



AMA submission to the Evaluation of the Department of Veterans' Affairs Allied Health Treatment Cycle Arrangements

evaluationproject@qut.edu.au

Responses to survey questions:

Where is your organisation located? (please select all that apply)

ACT

Type of Organisation	Organisation Name
Professional Association - Medical / General Practitioners	Australian Medical Association

In your opinion, how well have the treatment cycle changes been implemented?

The AMA welcomed the changes to the Treatment Cycle. From the perspective of GPs the changes align with regular referral practices and provide patients with improved quality of care through better coordination. Subsequent feedback from members has been positive.

In your opinion, how effective has DVA's communication strategy been in educating stakeholders about the treatment cycle changes?

The Department of Veterans' Affairs (DVA) engaged with the peak bodies regarding concerns over the DVA's previous referral arrangements, particularly the potential over-servicing of DVA clients. DVA worked with peak bodies in designing the new arrangements and provided an appropriate amount of time to enable practices to prepare for the changes.

The AMA is aware that the DVA has provided information regarding the Treatment Cycle through the following channels:

- media statement ahead of the changes to the Treatment Cycle taking affect,
- information on the DVA website,
- targeted information leaflets for providers (available on DVA website), and

- multiple articles on Provider News, which are then also shared with peak bodies for circulation to their members

Despite this, the AMA has had some anecdotal feedback from members that would suggest that further information and education about the changes is required to improve overall awareness.

In your opinion, how have you or your organisation, as DVA stakeholders, engaged with the arrangements?

The AMA was involved in Health Providers Partnership Forum (HPPF) discussions (including in its earlier guise of the Health Consultative Forum) regarding the need to review referral arrangements for allied services, having made earlier representations to the HCF and HPPF. The AMA also provided a [submission](#) to the Review of Dental and Allied Health Arrangements in 2016.

This submission highlighted that GP referral is the basis of a shared care arrangement between the GP and allied health provider, and that there was a need for more formal reporting back from allied health providers to the referring GP to ensure continuity of care and clinical accountability. The AMA welcomed the outcome of the review and the introduction of the Treatment Cycle.

The AMA also contributed to the DVA Treatment Cycle Clinical Workshop, through our HPPF representative, and worked with the DVA on the provider notes, clinical resources, and Vulnerable Client Exemption Framework regarding the Treatment Cycle.

The AMA, through its Council of General Practice and GP Network Newsletter, provided updates to GPs regarding the introduction of the changes to DVA referral arrangements for dental and allied health services, their implementation, the implementation of the Vulnerable Client Exemption Framework a Treatment Cycle, and this review.

What is your, or your organisations, opinion on the outcomes of the treatment cycle changes? (consider improved quality of care and improved care coordination)

The AMA strongly supports the introduction of the Treatment Cycle as it ensures:

- improved care coordination,
- clinical appropriateness of services provided, and
- greater stewardship of the allied health services funded by the DVA.

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Contact

Michelle Grybaitis
Senior Policy Advisor, Policy Department
Ph: (02) 62705496
mgrybaitis@ama.com.au