



## VIETNAM VETERANS, PEACEKEEPERS & PEACEMAKERS ASSOCIATION OF AUSTRALIA, (NSW BRANCH) Inc.

*AFFILIATED WITH THE VIETNAM VETERANS FEDERATION OF AUSTRALIA Inc.*

***SUPPORTING ALL WHO SERVE AND HAVE SERVED***

### **New DVA 12 step programme for allied health referral process A new DVA imposed inconvenience**



UNDER current DVA arrangements, a GP may refer a client to physiotherapists and other allied health services for up to a year at DVA's expense (except for dental and optical, for which no referral is required). For chronic conditions, the GP can make an ongoing referral.

**Under the new arrangements, which will be in place from 1 July 2019, GPs will only be able to make a referral to physiotherapists and other allied health services at DVA's expense for up to 12 sessions or one year, whichever comes sooner. This new arrangement will also apply to those clients with a chronic condition.** Dental and optical services will still not need a GP referral.

The new arrangements will be called the 'treatment cycle'.

At the end of the treatment cycle, the allied health provider will report back to the GP who will assess whether further treatment is required. If it is needed, the GP may refer the client for a further treatment cycle at DVA's expense of up to 12 sessions, or may refer them to another provider if that better suits the patient's needs, or may consider another type of treatment.

The treatment cycle will not impose any hard 'cap' or limit on the number of clinically required services. DVA clients will receive as many services as determined to be clinically necessary by their GP.

But it's not that simple.

What about the veteran who is having two separate conditions treated by the same physio or osteopath etc; a leg and shoulder condition for instance.

It that 12 treatments each or only 6 each.

Or is the solution to have separate physios treat each condition so each condition can have 12 treatments before new referrals are necessary?

And what about the delays in getting an appointment to see a GP in some areas, particularly in some Regional areas. It can take weeks. And, to add to the inconvenience, there is often a considerable distance to be travelled.

And what about veterans on long term treatment plans such as those who undergo weekly physiotherapy. They will need a doctor's appointment every 3 months to get another referral.

And why 12 visits? DVA tells us they chose 12 times a year because it is the average number of times veterans visit their GPs.

But being an average, it is calculated from the many veterans who have fewer and many veterans who have more, visits.

It makes no sense to make an average number apply to everyone.

Why not a number of visits recommended by the GP.

Now there's a thought.

After all the GP knows what's medically necessary. GPs might judge that some 'treatment cycles' should be less than 12 and some, particularly for chronic conditions, more.

In other words, DVA's 'pick a number, any number' imposition is silly.

It creates a suspicion that its just another DVA strategy to save money knowing that the extra effort and travel imposed under this new nuisance scheme will deter veterans from seeking necessary treatment?

In fact, figures in the last Federal Budget strengthen that suspicion. The new scheme was forecast to save \$40 million dollars over the next four years.