Australian Government
The Repatriation Commission

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Ms Naomi Bleeser
Committee Secretary
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Ms Bleeser

The Repatriation Commission supported by the Department of Veterans' Affairs (DVA) has a long history of providing and funding access to health care to members of the veteran community. In recent years through supporting the Military Rehabilitation and Compensation Commission this has been extended to supporting the rehabilitation needs of Australian Defence Force personnel.

This experience in meeting the health care needs of the veteran community has provided the Commissions with insight to the issues for and future challenges of delivering health care. DVA has been actively working with both the Department of Health and Ageing and with the National e-Health Transition Authority to support the development of the Healthcare Identifier, and consider its implications for the veteran community.

The Commission recognises the significant potential benefit to health care delivery and health outcomes for the veteran community realisable through e-health, and dependent on the successful implementation of this enabling infrastructure.

It is with this in mind that I would like to submit the attached document.

Yours sincerely

Ian Campbell
President

9 March 2010

ENCL

Submission to the Australian Senate Inquiry into the Healthcare Identifiers Bill 2010 and Healthcare Identifiers (Consequential Amendments) Bill 2010

The Repatriation Commission and Military Rehabilitation and Compensation Commission (Commissions) have responsibility under the *Veterans' Entitlements Act 1986* (VEA), the *Military Rehabilitation and Compensation Act 2004* (MRCA) and the *Australian Participants in British Nuclear Tests (Treatment) Act 2006* (APTA) for the provision of health services to eligible persons and their dependants. This responsibility is administered on the Commissions' behalf by the Department of Veterans' Affairs (DVA). In addition, DVA administers the *Safety, Rehabilitation and Compensation Act 1988* (SRCA) for Australian Defence Force service related workers compensation.

In the Australian context, DVA is uniquely placed as the sole funder of health and health related services for eligible veterans and war widows (veterans). In the 2009-10 Budget, DVA's projected expenditure was $4.9 billion for health and health related services. These services include (in 2008-09):

- hospital treatment through both public and private hospitals (343,700 admissions at a cost of $1.68 billion);
- access to pharmaceuticals under the Repatriation Pharmaceutical Scheme (14.4 million pharmaceutical items were dispensed at a cost of $475 million);
- medical services, including pathology and diagnostic services (cost of $836 million);
- allied health services (3.5 million services for $282.3 million);
- dental (102,500 card holders assessed services at a cost of $106.3 million);
- community nursing (31,000 card holders received community nursing services at a cost of $114 million);
- Veterans' Home Care (79,000 card holders assessed services at a cost of $87 million);
- Rehabilitation Appliances Program (98,400 card holders assessed services at a cost of $111 million);
- Repatriation Transport Scheme (at a cost of $146.4 million);
- aged care (25,300 card holders living in residential aged care facilities at a cost of $962 million);
- hearing services (103,700 card holders assessed services at a cost of $54.2 million); and
- mental health services.

As at December 2009, DVA's treatment population – that is those with entitlement to DVA funded health care – numbered approximately 263,400. DVA's treatment population is an older population where:

- 67 per cent are aged 75 or more;
- 75 per cent are aged 65 or more; and
- 91 per cent are aged 55 or more.

Significantly, in these older cohorts, DVA's treatment population represents a sizable proportion of the total population, with for:

- 75-79 age group – representing 4 per cent of the total;
- 80-84 age group – representing 13 per cent with 12 percent males and 14 percent females of the total; and
- 85 and over – representing 27 per cent with 40 percent males and 20 percent females of the total.

DVA considers this is an important issue for consideration in communicating e-health changes and is progressing, in consultation with the Department of Health and Ageing and National e-Health Transition Authority, a strategy for communication with the veteran community, particularly those in the older age cohorts.

Importantly, while the majority of the DVA treatment population is within the older aged cohorts, significant challenges and responsibilities exist for the portfolio in meeting the health care and rehabilitation needs of veterans from more recent conflicts, including the greater use technology based approaches.

DVA participation in the Healthcare Identifiers Service

DVA is identified in the Health Care Identifiers Bill 2010, alongside Medicare Australia, as a trusted source for the provision of demographic data to enable automatic assignment of IHIs to DVA clients.

This provision reflects the arrangements operating for DVA clients and will allow veterans and war widows who receive treatment benefits through DVA, to automatically be assigned the IHI. Exchange of data between DVA and the HI Service to support automatic assignment of IHIs will take place in accordance with the privacy arrangements specified in the Health Care Identifiers Bill 2010.

The HI Service will hold only enough information to clearly identify the person. No clinical information or medical records will be stored in the HI Service.

In terms of client files maintained by the Department, quite separate from individual clinical records kept by health care providers, the use of the DVA file number will continue to be the prime source of identifying veterans and war widows in their dealings with the Department and in accessing DVA funded health care.

Importantly, the IHI will not replace the DVA file number and DVA Gold, White and Orange cards as the identifier for accessing DVA services.

DVA as an innovator in health care delivery

DVA's unique position in health care delivery in Australia has allowed it to introduce a number of innovative initiatives to improve the quality of patient care and outcomes, such as a pay for performance initiative with key private hospitals and the Veterans' Medicines Advice and Therapeutics Education Service (MATES) initiative in the area of quality use of medicines. These initiatives are supported by DVA's integrated information framework which provides information on the services accessed by and funded for veterans. This integrated information framework also supports service monitoring and evaluation, and informs purchasing arrangements with service providers, most notably private hospital arrangements.

In the e-health area, DVA's initiatives included participation in a trial of the use of smartcards (DVA was responsible for evaluating the consumer segment of the Brisbane Waters Smartcard Trial in 2004), exploring models for coordinated care for chronic disease which incorporated an electronic shared record, and a range of initiatives including the use of patient focused internet information resources and tele-counselling for mental health needs.

DVA is also working closely with the Department of Defence as it develops its e-health system, known as Joint eHealth Data Information (JeHDI). DVA has a strong relationship with the Centre for Military and Veterans' Health (CMVH), which was jointly established with the Department of Defence. The Centre is an internationally-unique academic, community and military partnership innovatively seeking solutions to military and veterans' health issues. CMVH's e-health charter is to investigate and assist in improving health care delivery for veterans and military personnel through the application of technology in an integrated e-health environment.

Advancements in e-health are a priority area in delivering improved health care and health outcomes for veterans. Veterans continually identify portability of personal clinical information as important to them. This was validated during the evaluation of the smartcard trial where veterans identified the inconvenience and nuisance of continually having to retell their health story to numerous healthcare providers, separate from any practical considerations due to the complex nature of their health.

The Commissions, supported by DVA, look for an active role in the implementation of healthcare identifiers and subsequent e-health initiatives, to promote improved health care and health outcomes for the veteran community, and to, where appropriate, use the unique position of DVA to inform developments for the broader community.