**Question 1**

Outcome: All programs

Topic: DVA SES Staff

Hansard, p. 92

# **Senator JOHNSTON asked:**

**Senator JOHNSTON**—In the nature of getting smaller, I believe there is an addition to your SES service personnel, though.

**Mr Campbell**—No.

**Senator JOHNSTON**—No? Numbers have not increased since last estimates?

**Mr Campbell**—No, they have decreased, Senator.

**Senator JOHNSTON**—From what to what?

**Mr Campbell**—I do not have the exact figures here but, in the course of the last 12 months, there has been a decrease of three or four SES out of a base of about 34. I can get the exact figures for you, but there has certainly been a decrease.

**Senator JOHNSTON**—I would like to know that.

**Answer**

At 1 July 2008 there were 33 SES officers in the Department and as at 1 November 2009, there are 28 SES officers in the Department reflecting a reduction of 5 officers over that period.

Additionally the Department has 11 Statutory Office holders comprising the three members of the Repatriation Commission who are also members of the Military Rehabilitation and Compensation Commission, the Director, Office of Australian War Graves, the Principal Member and Senior Member of the Veterans Review Board and the five members of the Repatriation Medical Authority.

**Question 2**

Outcome: All programs

Topic: DVA Sports Carnival

Hansard, pp. 92–93

# **Senator JOHNSTON asked:**

**Senator JOHNSTON**—Then we have got another contract from 10 June 2008 to 23 May 2009 for $10,131 to plan and coordinate the DVA sports carnival. I am interested to know how that works. Is that for veterans or is that for staff?

**Mr Campbell**—No, it is for departmental staff.

**Mr Campbell**—Senator, can I take that on notice for the next half hour or so and I will get you some more details on that contract?

**Answer**

The Department of Veterans’ Affairs has been holding a sports carnival for departmental employees approximately every two years since the early 1960s.

The Department’s Social Club organises the event and staff have always paid for their own travel, accommodation and costs related to the Sports Carnival.

A person was contracted at a cost of $10,131 in 2008 to provide support for the Carnival held in 2009 and in 2007, a person was contracted at a cost of $34,174.

**Question 3**

Outcome: All programs

Topic: In-house training–Rushworth Consulting

Hansard, p. 93

# **Senator JOHNSTON asked:**

**Senator JOHNSTON**—Ron has obviously got some sports carnival arrangement skills. The other contract I want to talk about is one for $15,290 from 17 June 2009 to 17 June 2009—one day—for an in-house training course from Rushworth Consulting for up to 20 participants called Managing Writing for the Australian Public Sector, delivered by Francis Walsh. Am I right in saying that this cost $15,290 a day? Nice work if you can get it!

**Mr Campbell**—I do not have the detail of that one in front of me.

**Answer**

The course was held over two days from 27-28 July 2009. The 17 June was the date the invoice was approved.

The purpose of the course was to develop advanced, analytical writing skills for Australian Public Service employees who may be required to write reports, submissions, memorandums, briefs, minutes and correspondence. In total 20 participants attended the course, which allowed the Department to receive a 30 percent discount.

**Question 4**

Outcome: All programs

Topic: ODS Management Consulting Pty Ltd

Hansard, p. 93

# **Senator JOHNSTON asked:**

**Senator JOHNSTON**—I really would like you to tell me what is going on there, because I think that needs some answers. Next, there is a contract for a corporate planning day, delivered by ODS Management Consulting Pty Ltd from 28 May 2009 to 28 May 2009. It cost $10,120.

**Mr Campbell**—I know what that is, Senator. That was a planning day for several hundred people in the corporate division. It was not for one day. I see what you are saying about the terms of the contract, but there would have been a lot of preparatory work by ODS for that.

**Senator JOHNSTON**—How much preparatory work? Two days? Three days? Four days?

**Mr Campbell**—I would have thought that it would probably have been somewhere between one and three days.

**Answer**

ODS Management Consulting Pty Ltd completed two days of preparatory work for a cost of $3,080. The consulting group provided two consultants to facilitate the two day conference from 25-26 March 2009, for a cost of $6,160. Two nights accommodation for the two consultants was provided for a cost of $880.

**Question 5**

Outcome: All programs

Topic: HorizonOne Recruitment Pty Ltd

(Hansard. p. 93)

# **Senator JOHSTON asked:**

**Senator JOHSTON**—There is also a contract for $24,905 to HorizonOne Recruitment Pty Ltd from 5 December 2008 to 5 December 2008—one day. I take it that that is a commission.

**Mr Campbell**—Again, I would have to check that one, but my guess is that that is the date of the invoice. That is probably a firm assisting with recruitment action. I would have to check it.

**Answer**

Yes. HorizonOne were paid a one-off commission of $24,905 for finding a suitable candidate to manage the Department’s External Budgets section.

**Question 6**

Outcome: All Programs

Topic: Marisa Gerussi Consulting and Associates

Hansard, p. 94

# **Senator JOHNSTON asked:**

**Senator JOHNSTON**—If you could help me further with it, I would be obliged. For the period from 1 July 2008 to 10 August 2008, $24,420 was paid to Marisa Gerussi Consulting and Associates for the development of a communication guide.

**Mr Campbell**—I was not secretary at that time, so I cannot help you with that one, but I can get details about it.

**Answer**

Marisa Gerussi Consulting and Associates were contracted to develop a communication guide to provide DVA with materials to support greater consistency in internal and external communication. The guide is to help DVA staff to ensure all corporate publications and communications with members of the veteran community conform to a consistent standard. The total cost was $24,420.00.

**Question 7**

Outcome: All programs

Topic: Foxtel Services

Hansard, p. 100

# **Senator JOHNSTON asked:**

**Mr Campbell**—I have now got the information you were seeking about Foxtel.

**Senator JOHNSTON**—Beautiful.

**Mr Campbell**—We have 12 licences that are mainly used in the ACT within our national office in Woden. We pay for seven channels: they are the news, current affairs, Sky, CNN, BBC and those sorts of things for our parliamentary and media area. There are seven licences. We then have 12 licences for access to the parliamentary channel and we have a couple of other licences for the media people, me and the deputy president.

**Senator JOHNSTON**—What is the cost of all of that?

**Mr Campbell**—We are finding that out. I will take that on notice. But what we pay for is the news channels.

**Answer**

The Department currently pays $250 per month for the eleven licenses it has to access Foxtel television services.

**Question 8**

Outcome: All programs

Topic: Fraud cases–2 year comparative

(Hansard, p. 103)

# **Senator KROGER asked:**

# **Senator KROGER**—That is fine, Ms Spiers, if you want to provide me with that later. How does that stack up against, for instance, the last financial year—is it on the rise or is it static? How does it compare over the last couple of years?

**Ms Spiers**—I will have to take that on notice. I have lots of statistics here in front of me but those actual statistics I did not bring tonight, I apologise.

**Answer**

|  |  |  |  |
| --- | --- | --- | --- |
| **Potential fraud under investigation as at 31 October**  **for the 3 years from 2007-08 to 2009-10** | | | |
|  | **2007-08** | **2008-09** | **2009-10 (YTD)** |
| **TOTAL** | 229 | 175 | 104 |

**Question 9**

Outcome: All programs

Topic: Prime Ministerial Advisory Council/National Consultative Forums

Hansard, p. 104

# **Senator KROGER asked:**

**Senator KROGER**—I have a question in relation to the prime ministerial advisory council. We touched on this briefly at the last estimates and in June we were advised that the composition of the council would be determined fairly shortly.

**Mr Campbell**—No. The composition of the prime ministerial advisory council was determined late last year. Underneath the prime ministerial advisory council and the ex-service organisation roundtable there are four national consultative forums: mental health, operational matters, emerging issues and community and aged care. They were the groups that we were still finalising the membership of.

**Senator KROGER**—Yes, you are right.

**Mr Campbell**—To anticipate your question, I am quite happy to provide the committee with the membership of all four committees. That has been finalised

**Answer**

**Operational Working Party**

The Chair is Mr Gary Collins, the Executive General Manager of DVA.

The membership is:

|  |  |  |
| --- | --- | --- |
| **Organisation** | **Member** | **State** |
| Australian Federation of Totally and Permanently Incapacitated Ex‑servicemen and Women | Mr Ric Giblett | WA |
| Australian Peacekeeper and Peacemaker Veterans’ Association Inc. | Mr Michael Quinn | VIC |
| Defence Force Welfare Association and Royal Australian Regiment Association | LTCOL Ted Chitham | QLD |
| Legacy | Mr Ian Wills | ACT |
| Returned & Services League | CMDR John Hodges RAN (Retd) | NSW |
| Vietnam Veterans’ Association of Australia | Mr Ron Coxon OAM | TAS |
| Australian Special Air Service Association | LTCOL John Burrows (Retd) | WA |
| Prime Ministerial Advisory Council on Ex‑Service Matters | Ms Donna Reggett | QLD |

**National Health, Aged and Community Care Forum**

The Chair is Mr Shane Carmody, Deputy President of the Repatriation Commission.

The membership is:

|  |  |  |
| --- | --- | --- |
| **Organisation** | **Member** | **State** |
| Australian Federation of Totally and Permanently Incapacitated Ex‑servicemen and Women | Mr John Vincent | VIC |
| Legacy | Ms Hazel Bridgett | NSW |
| Partners of Veterans Association | Mrs Joy Herman | VIC |
| Returned & Services League | Mr Ross Smith | QLD |
| War Widows Guild | Mrs Diana Bland | NSW |
| Vietnam Veterans’ Association of Australia | Ms Jan Properjohn | ACT |
| Vietnam Veterans Federation of Australia | Mr Gerry Mapstone | ACT |
| Prime Ministerial Advisory Council on Ex‑Service Matters | CDRE Nick Helyer | NSW |

**Current and Former Members of the ADF – Emerging Issues Forum**

The Chair is BRIG Bill Rolfe AO (Rtd), the Repatriation Commissioner.

The membership is:

|  |  |  |
| --- | --- | --- |
| **Organisation** | **Member** | **State** |
| Australian Special Air Service Association | Mrs Kylie Russell | WA |
| Australian Peacekeeper and Peacemaker Veterans’ Association Inc. | Mr Allan Thomas | NSW |
| Defence Force Welfare Association | AIRCDRE Ian Scott | NSW |
| Injured Service Persons Association National | Mr Ray Brown | NSW |
| Partners of Veterans Association | SQNLDR Jennifer Dowling (Retd) | SA |
| Royal Australian Regiment Association | LTCOL Mike Dennis (Retd) | SA |
| Returned & Services League | Ms Anne Pahl | VIC |
| Vietnam Veterans Federation of Australia | Mr Dominic Pepe | SA |
| Prime Ministerial Advisory Council on Ex‑Service Matters | Ms Anne Pahl | VIC |

**National Mental Health Forum**

The Chair is BRIG Bill Rolfe AO (Rtd), the Repatriation Commissioner.

The membership is:

|  |  |  |
| --- | --- | --- |
| **Organisation** | **Member** | **State** |
| Australian Special Air Service Association | LTCOL David Lewis (Retd) | WA |
| Australian Federation of Totally and Permanently Incapacitated Ex‑servicemen and Women | Mr Gregory Blyth | SA |
| Australian Peacekeeper and Peacemaker Veterans’ Association Inc. | Ms Rheana Nation | VIC |
| Defence Force Welfare Association | CDRE Michael Dowsett RAN (Retd) | ACT |
| Partners of Veterans Association | Mrs Gail MacDonell | NSW |
| Returned & Services League | Mr Terry Meehan | QLD |
| Vietnam Veterans’ Association of Australia | Mr Brian McKenzie | TAS |
| Vietnam Veteran’s Federation of Australia | Mr Milton Kirk | WA |
| Prime Ministerial Advisory Council on Ex‑Service Matters | Mrs Gail MacDonell | NSW |

Additionally, the National Manager of the VVCS will attend all meetings as an ex-officio member.

Departmental and expert representation will be available to all forums as appropriate.

**Question 10**

Outcome 1, Program 1.2

Topic: Fuzzy Wuzzy Angels–1986 ex gratia payments

Hansard, p. 109

# **Senator BARNETT asked:**

**Senator BARNETT**—Were they one-off payments?

**Senator Stephens—**Yes, it was a payment of 1,000 kina to the fuzzy wuzzy angels.

**Senator BARNETT**—Are you happy to take on notice to provide further and better particulars regarding those 1986 payments as to whether the Australian Government made any contributions.

**Senator Stephens—**I can take that on notice.

**Answer**

In 1981 the Australian Government paid $3.25 million as full and final payment for men who served in the Papuan Infantry Battalion or New Guinea Infantry Battalions or the constabulary as part of a bilateral agreement that the PNG Government would be responsible for outstanding claims for PNG nationals who served during the Second World War. Of this amount, K3 million was set aside for the payment of gratuities to PNG ex‑servicemen. Carriers and other non-uniformed PNG nationals were not eligible.

In 1986 the PNG Government announced that surviving fuzzy wuzzy angels were eligible for a PNG Government payment of K1000 per person. The scheme proved to be an administrative and financial burden on the PNG Government and ceased operation in 1989.

At the December 1994 Ministerial Forum in Melbourne, representatives of the PNG Government raised the issue of further compensation for the carriers and asked for assistance in meeting the costs. The Australian Government requested that the PNG Government submit a detailed proposal for consideration. Despite issuing this invitation again in 1995, no proposal was ever received.

**Question 11**

Outcome 1, Program 1.1

Topic: Service Pensions–Torres Strait Islanders

Hansard, p. 111

# **Senator BOSWELL asked:**

**Senator BOSWELL**—Can you give me a very brief, two-minute, potted view of what has happened to the Torres Strait Islanders who were in active service and did not receive pensions? Have they all been fixed up?

**Mr Telford—**I will take that on notice. I do not know that.

**Senator BOSWELL**—They all joined up during the war and I do not believe they received any pension rights. It is a long time since I was involved in it but I understood they were being looked after. Could you take that on notice?

**Mr Telford—**I can certainly do that.

**Answer**

Torres Strait Islanders who rendered continuous full-time service as members of Australia’s defence forces during World War II are eligible for the same benefits and subject to the same eligibility criteria as other members of Australia’s defence forces with full-time service during World War II.

In 1991, Cabinet decided to recognise the contribution made by non-uniformed Australian Torres Strait Islanders who were under the military command of the Australian defence forces during World War II. Recognition included extending repatriation benefits. To give effect to this, determinations were made by the Minister for Veterans’ Affairs in March 1992 and December 1994, which deemed those non-uniformed Aborigines and Torres Strait Islanders as members of the Defence Force rendering continuous full-time service.

Benefits available under the *Veterans’ Entitlements Act 1986* included compensation benefits and income support pensions for eligible veterans and their dependants.

**Question 12**

Outcome 2, program 2.5

Topic: Dunt Review–Suicide in the Ex-Service Community

Hansard, p. 111

# **Senator KROGER asked:**

**Senator KROGER**—The Dunt review into suicide in the ex-service community–and we covered this a little bit last time around as well–reported in February 2009 and said: The Australian Institute of Health and Welfare Investigation into the cause of death of DVA clients by age/sex/conflict with a specific focus on suicide is well-advanced but not complete. Its results will be separately released. Where is that study at?

**Mr Douglas—**I am advised that it is still in preparation.

**Senator KROGER**—Do you have any idea about time frame or how long the process will take?

**Mr Douglas—**I am not aware of any. Unfortunately, it is probably a question best asked of the AIHW. We will take that on notice and ask them on your behalf.

**Answer**

The Australian Institute of Health and Welfare (AIHW) was contracted to investigate the cause of death of DVA clients by age/sex/conflict with a specific focus on suicide in late 2008. AIHW has undertaken preliminary work on this investigation. The Department and AIHW are currently clarifying apparent anomalies in the data and it is anticipated that these will be resolved in the next few months. Within the limitations of available data, it is proposed that findings will be issued in the first half of 2010.

**Question 13**

Outcome 2, Program 2.1

Topic: General Medical Consultations and Services

Written question on notice

# **Senator KROGER asked:**

Please provide a list and itemised cost of the services that DVA purchases from Medicare Australia in order to deliver to veterans. Which functions are Medicare Australia delivering for DVA? if any.

**Answer**

Medicare Australia processes claims for payment from providers who have treated DVA clients.

In the 2007-08 financial year (FY) DVA paid $16,367,027 to Medicare Australia. This was made up of fixed costs of $6,245,894, $10,011,068 in variable costs (provider claims) and $110,065 to produce DVA Repatriation Health Cards (Gold, White and Orange Cards).

In the 2008-09 FY the payment reduced to $15,244,060 - fixed costs of $6,305,882, $8,836,151 in variable costs and $102,027 to produce DVA Repatriation Health Cards.

Fixed costs are related to services and support provided under the contract that is not dependent on the number of claims processed or client contacts with Medicare Australia. This includes corporate services such as accommodation and payroll, IT support such as infrastructure and mainframe maintenance, and corporate administration such as audit functions.

Variable costs are related to the number of claims processed or client contacts with Medicare Australia. This includes such elements as manual and online claims processing, call centre costs, and mainframe usage.

**Question 14**

Outcome 2, Program 2.1

Topic: General medical consultations and services

Written question on notice

# **Senator KROGER asked:**

Please provide a list of the top 100 MBS services accessed by veterans, provided by GPs and Specialists as a cost to government.

**Answer**

Details are attached.

Notes

* The data is provided ranked first by cost then secondly by number of items paid. The ranking is based on services provided so far in financial year 2009-10.
* The data was extracted on 11 November 2009 from a system last refreshed on   
  29 October 2009.

| **Top 100 Cost DVA paid Medical Items** | |  |  |  |  | (ranked on available data to date for cost in 09/10) | | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 06/07 | | 07/08 | | 08/09 | | 09/10 | |  |
|  |  | Service Paid Amount | Service Quantity | Service Paid Amount | Service Quantity | Service Paid Amount | Service Quantity | Service Paid Amount | Service Quantity |  |
| 00023 | Category 1 - Professional Attendances A01 - General Practitioners A01 - General Practitioners - Level B Surgery consultation - Level B. | $67,761,393.13 | 1,870,439 | $66,274,505.80 | 1,790,854 | $65,903,578.06 | 1,729,012 | $17,603,058.00 | 456,640 | 1 |
| 00116 | Category 1 - Professional Attendances A04 - Consultant Physician (other than in psychiatry) A04 - All Consultant Physician (other than in psychiatry) - Surgery or Hospital Subsequent Consultant Physician attendance. | $59,530,644.40 | 738,114 | $66,925,188.42 | 722,435 | $65,303,929.22 | 689,159 | $13,301,256.00 | 139,287 | 2 |
| 00036 | Category 1 - Professional Attendances A01 - General Practitioners A01 - General Practitioners - Level C Surgery Consultation - Level C. | $29,865,607.50 | 435,591 | $28,018,425.45 | 399,801 | $23,070,579.15 | 319,013 | $6,092,051.75 | 83,176 | 3 |
| 00035 | Category 1 - Professional Attendances A01 - General Practitioners A01 - General Practitioners - Level B Consultation at a Residential Aged Care Facility - Level B | $12,608,974.42 | 276,802 | $14,731,499.70 | 288,667 | $17,577,897.93 | 317,449 | $4,875,884.11 | 87,742 | 4 |
| 00105 | Category 1 - Professional Attendances A03 - Specialist A03 - Specialist - Surgery or Hospital Subsequent Specialist Attendance. | $18,124,266.87 | 399,377 | $19,519,767.10 | 374,389 | $19,027,505.07 | 356,776 | $4,181,238.70 | 77,822 | 5 |
| 42702 | Category 3 - Therapeutic Procedures T08 - Surgical Operations T08 - 09 - Ophthalmology Lens extraction and insertion of artificial lens- ASSIST PROCESSING ONLY PAYABLE WITH CERTAIN OTHER SERVICES. | $18,185,689.35 | 17,971 | $20,454,363.95 | 16,902 | $19,501,044.65 | 15,703 | $4,172,367.50 | 3,324 | 6 |
| 10991 | Category 8 - Miscellaneous Services M1 - Management of Bulk-Billed Services M1 - All Management of Bulked-Billed Services A medical service to which an item in this table (other than this item or item 10990) applies if: | see the bottom of this table for equiv in 06/07 | | $16,125,508.70 | 1,690,966 | $15,801,585.15 | 1,623,893 | $4,118,030.80 | 420,208 | 7 |
| 00110 | Category 1 - Professional Attendances A04 - Consultant Physician (other than in psychiatry) A04 - All Consultant Physician (other than in psychiatry) - Surgery or Hospital Initial Consultant Physician Attendance. | $21,340,363.00 | 132,370 | $21,920,278.82 | 118,703 | $20,189,821.20 | 106,810 | $4,072,901.10 | 21,394 | 8 |
| 00104 | Category 1 - Professional Attendances A03 - Specialist A03 - Specialist - Surgery or Hospital Initial Specialist Attendance. | $17,705,103.28 | 195,611 | $19,078,981.79 | 183,922 | $18,294,238.34 | 172,351 | $3,910,249.35 | 36,568 | 9 |
| 66512 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical General chemistry x 5 or more. | $215,348.90 | 12,436 | $182,563.90 | 10,258 | $14,200,785.90 | 797,931 | $3,629,363.60 | 203,909 | 10 |
| 65070 | Category 6 - Pathology Services P01 - Haematology P01 - All Haematology Erythrocyte count, haematocrit | $9,942,376.05 | 618,718 | $11,513,159.45 | 669,586 | $11,835,894.10 | 688,168 | $3,010,236.60 | 176,557 | 11 |
| 10990 | Category 8 - Miscellaneous Services M1 - Management of Bulk-Billed Services M1 - All Management of Bulked-Billed Services A medical service to which an item in this table (other than this item or item 10991) applies | see the bottom of this table for equiv in 06/07 | | $10,374,263.30 | 1,646,885 | $9,661,924.35 | 1,498,677 | $2,478,929.00 | 381,373 | 12 |
| 00702 | Category 1 - Professional Attendances A14 - Health Assessments All Health Assessments Enhanced Primary Care Health Assessment | $7,350,335.42 | 27,626 | $7,205,407.57 | 26,457 | $7,213,817.94 | 25,637 | $2,037,819.10 | 7,159 | 13 |
| 73928 | Category 6 - Pathology Services P10 - Patient Episode Initiation P10 - All Patient Episode Initiation of a patient episode by collection of a specimen for 1 or more services. See long description (F9). | $1,354,498.40 | 77,846 | $8,103,925.35 | 465,724 | $7,754,554.80 | 445,666 | $2,001,020.20 | 115,003 | 14 |
| 42740 | Category 3 - Therapeutic Procedures T08 - Surgical Operations T08 - 09 - Ophthalmology Paracentesis | $1,898,668.07 | 6,124 | $4,278,103.13 | 12,023 | $5,656,384.05 | 15,281 | $1,634,741.40 | 4,304 | 15 |
| 00033 | Category 1 - Professional Attendances A01 - General Practitioners A01 - General Practitioners - Level B Consultation at a Hospital - Level B | $8,632,994.16 | 167,274 | $8,104,517.46 | 152,944 | $7,702,810.52 | 140,854 | $1,551,733.28 | 28,272 | 16 |
| 58503 | Category 5 - Diagnostic Imaging Services I3 - Diagnostic Radiology I3 - 06 - Thoracic Region Chest | $7,790,563.52 | 169,198 | $7,400,360.33 | 160,750 | $6,795,819.78 | 147,449 | $1,541,874.95 | 33,393 | 17 |
| 55113 | Category 5 - Diagnostic Imaging Services I1 - Ultrasound I1 - 2 - Cardiac Cardiac U/S | $6,341,855.85 | 29,066 | $6,504,887.59 | 29,498 | $6,722,081.00 | 30,204 | $1,502,740.60 | 6,761 | 18 |
| 65120 | Category 6 - Pathology Services P01 - Haematology P01 - All Haematology Prothrombin time (including INR) | $5,495,639.19 | 432,025 | $5,991,667.00 | 426,551 | $5,744,760.40 | 409,032 | $1,466,899.60 | 106,298 | 19 |
| 00132 | Category 1 - Professional Attendances A04 - Consultant Physician (other than in psychiatry) A04 - All Consultant Physician (other than in psychiatry) - Treatment and Management Plan Consultant physician (other than in psychiatry) referred patient treatment and management plan - surgery or hospital |  |  | $3,864,950.60 | 11,914 | $6,611,937.15 | 20,070 | $1,458,317.35 | 4,394 | 20 |
| 11700 | Category 2 - Diagnostic Procedures and Investigations D1 - Miscellaneous Diagnostic Procedures and Investigations D1 - 06 - Cardiovascular ECG | $5,115,964.00 | 161,153 | $5,817,310.40 | 155,691 | $5,708,484.30 | 149,685 | $1,367,173.70 | 35,377 | 21 |
| 56507 | Category 5 - Diagnostic Imaging Services I2 - Computed Tomography I2 - All Computed Tomography Computed Tomography - scan of upper abdomen and pelvis | $6,758,709.45 | 14,094 | $6,356,618.30 | 13,268 | $6,231,175.59 | 12,989 | $1,366,402.35 | 2,847 | 22 |
| 00024 | Category 1 - Professional Attendances A01 - General Practitioners A01 - General Practitioners - Level B Home visit - Level B | $6,311,366.41 | 106,292 | $5,622,982.78 | 93,039 | $5,397,938.00 | 86,511 | $1,296,194.55 | 20,586 | 23 |
| 73930 | Category 6 - Pathology Services P10 - Patient Episode Initiation P10 - All Patient Episode Initiation of a patient episode. | $828,803.60 | 46,810 | $4,650,089.30 | 262,685 | $4,625,437.30 | 261,317 | $1,257,096.40 | 71,004 | 24 |
| 00700 | Category 1 - Professional Attendances A14 - Health Assessments All Health Assessments Enhanced Primary Care Health Assessment | $4,486,611.42 | 23,911 | $4,414,741.91 | 22,967 | $4,533,015.35 | 22,818 | $1,235,490.90 | 6,140 | 25 |
| 17610 | Category 3 - Therapeutic Procedures T06 - Anaesthetics T06 - All Examinations by an Anaesthetist Pre-anaesthesia brief consultation | $3,315,287.04 | 64,238 | $5,759,433.72 | 93,024 | $5,718,258.19 | 90,256 | $1,224,874.41 | 19,172 | 26 |
| 00306 | Category 1 - Professional Attendances A08 - Consultant Psychiatry A08 - All Consultant Psychiatry 45-75 min Psychiatrist Consequence | $4,402,646.55 | 23,094 | $5,157,433.45 | 23,198 | $4,997,501.70 | 21,981 | $1,218,124.70 | 5,317 | 27 |
| 72816 | Category 6 - Pathology Services P05 - Tissue Pathology P05 - All Tissue Pathology Histo complexity level 3, 1 spec | $4,647,318.31 | 59,367 | $4,934,627.80 | 56,676 | $4,745,766.05 | 54,555 | $1,166,347.30 | 13,414 | 28 |
| 00304 | Category 1 - Professional Attendances A08 - Consultant Psychiatry A08 - All Consultant Psychiatry 30-45 min Psychiatrist Consequence | $4,383,229.85 | 31,647 | $5,136,350.80 | 31,887 | $5,113,505.35 | 31,045 | $1,153,866.00 | 6,951 | 29 |
| 56001 | Category 5 - Diagnostic Imaging Services I2 - Computed Tomography I2 - All Computed Tomography CT Brain w/o contrast | $4,887,098.78 | 25,112 | $4,906,981.58 | 25,234 | $4,919,314.59 | 25,281 | $1,096,846.75 | 5,635 | 30 |
| 00721 | Category 1 - Professional Attendances A15 - Multidisciplinary Health Care Plans & Case Conferences All Multidisciplinary Health Care Plans & Case Conferences GP management plan for a patient living in the community or for a private patient being discharged from hospital. | $3,545,477.70 | 25,425 | $4,020,767.76 | 28,057 | $4,024,912.86 | 27,164 | $1,095,923.70 | 7,299 | 31 |
| 51303 | Category 3 - Therapeutic Procedures T09 - Assistance at Operations T09 - All Assistance at Operations Assistant at Operation | $4,703,511.90 | 15,282 | $5,436,810.77 | 14,849 | $5,437,538.51 | 15,543 | $951,733.37 | 2,755 | 32 |
| 69333 | Category 6 - Pathology Services P03 - Microbiology P03 - All Microbiology Urine Culture | $3,145,072.35 | 165,565 | $3,517,574.35 | 170,281 | $3,563,130.60 | 172,235 | $908,891.15 | 43,910 | 33 |
| 00043 | Category 1 - Professional Attendances A01 - General Practitioners A01 - General Practitioners - Level C Consultation at Residential Aged Care Facility - Level C | $2,689,576.78 | 32,532 | $3,146,057.31 | 34,789 | $3,138,485.60 | 32,201 | $879,134.55 | 8,917 | 34 |
| 13873 | Category 3 - Therapeutic Procedures T01 - Miscellaneous Therapeutic Procedures T01 - 10 - Management/Procedures in Intensive Care MANAGEMENT OF A PATIENT IN AN INTENSIVE CARE UNIT | $5,357,210.00 | 18,937 | $5,127,892.50 | 17,737 | $4,806,788.35 | 16,274 | $841,883.80 | 2,826 | 35 |
| 56807 | Category 5 - Diagnostic Imaging Services I2 - Computed Tomography I2 - All Computed Tomography CT chest/abd/pelv | $3,400,550.40 | 6,076 | $3,424,251.70 | 6,124 | $3,500,769.65 | 6,256 | $798,420.00 | 1,426 | 36 |
| 32093 | Category 3 - Therapeutic Procedures T08 - Surgical Operations T08 - 02 - Colorectal Fibreoptic Colonoscopy | $3,515,868.00 | 7,008 | $3,484,666.70 | 6,510 | $3,668,441.75 | 6,715 | $766,783.35 | 1,392 | 37 |
| MT02 | DVA items DVA Non-MBS Items All DVA Non-MBS Items Non-MBS (Low cost) | $2,106,403.08 | 9,245 | $2,525,383.10 | 16,623 | $3,448,702.15 | 24,844 | $739,122.50 | 5,356 | 38 |
| 32090 | Category 3 - Therapeutic Procedures T08 - Surgical Operations T08 - 02 - Colorectal Fibreoptic Colonoscopy | $3,599,667.75 | 10,087 | $3,594,870.13 | 9,301 | $3,475,035.00 | 8,826 | $732,990.60 | 1,852 | 39 |
| 66596 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical Iron studies | $2,249,627.50 | 75,227 | $2,747,323.20 | 83,229 | $2,880,908.55 | 87,100 | $719,761.40 | 21,978 | 40 |
| 00712 | Category 1 - Professional Attendances A14 - Health Assessments All Health Assessments Attendance by a medical practitioner | $1,444,152.55 | 6,874 | $2,151,821.42 | 10,003 | $2,548,043.16 | 11,478 | $698,071.95 | 3,100 | 41 |
| 49518 | Category 3 - Therapeutic Procedures T08 - Surgical Operations T08 - 15 - Orthopaedic Knee | $2,530,145.31 | 1,608 | $3,157,726.50 | 1,588 | $3,285,453.25 | 1,615 | $682,733.25 | 333 | 42 |
| 00044 | Category 1 - Professional Attendances A01 - General Practitioners A01 - General Practitioners - Level D Surgery consultation - Level D. | $3,657,475.82 | 36,584 | $3,348,225.28 | 32,676 | $2,559,045.11 | 24,202 | $672,846.60 | 6,279 | 43 |
| 66716 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical TSH | $2,316,195.51 | 100,991 | $2,721,252.35 | 107,072 | $2,718,933.45 | 106,882 | $668,026.80 | 26,509 | 44 |
| 72823 | Category 6 - Pathology Services P05 - Tissue Pathology P05 - All Tissue Pathology Histo complexity level 4, 1 specimen | $2,460,951.06 | 27,227 | $2,567,280.10 | 26,225 | $2,532,585.15 | 25,885 | $665,333.40 | 6,803 | 45 |
| 00001 | Category 1 - Professional Attendances A01 - General Practitioners A01 - General Practitioners - Emergency, after hours Urgent attendance - after hours, at a place other than consulting rooms. | $2,519,870.13 | 20,429 | $2,602,330.00 | 20,435 | $2,768,488.28 | 20,761 | $659,660.37 | 4,886 | 46 |
| 61307 | Category 5 - Diagnostic Imaging Services I4 - Nuclear Medicine Imaging I4 - All Nuclear Medicine Imaging Myocard perfusion study | $3,225,632.71 | 3,905 | $3,082,379.21 | 3,722 | $2,752,136.80 | 3,315 | $639,168.00 | 770 | 47 |
| 42788 | Category 3 - Therapeutic Procedures T08 - Surgical Operations T08 - 09 - Ophthalmology Laser Capsulotomy | $2,348,245.23 | 6,185 | $2,735,100.82 | 6,352 | $2,827,908.52 | 6,452 | $634,646.10 | 1,437 | 48 |
| 66602 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical Red cell folate + serum B12 | $1,831,998.87 | 46,030 | $2,392,284.75 | 54,778 | $2,526,337.05 | 57,777 | $634,497.00 | 14,670 | 49 |
| 66608 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical Vitamin D | $874,791.10 | 22,166 | $1,473,639.30 | 34,343 | $2,115,465.20 | 49,214 | $608,465.00 | 14,300 | 50 |
| 57341 | Category 5 - Diagnostic Imaging Services I2 - Computed Tomography I2 - All Computed Tomography CT Interventional | $2,234,766.70 | 4,819 | $2,171,429.81 | 4,687 | $2,308,971.95 | 4,982 | $604,290.00 | 1,305 | 51 |
| 30192 | Category 3 - Therapeutic Procedures T08 - Surgical Operations T08 - 01 - General Premalignant Skin Lesions | $2,305,462.42 | 62,570 | $2,610,059.51 | 58,100 | $2,405,591.66 | 52,713 | $600,390.57 | 13,009 | 52 |
| 55114 | Category 5 - Diagnostic Imaging Services I1 - Ultrasound I1 - 2 - Cardiac U/S | $2,629,085.68 | 12,067 | $2,461,085.41 | 11,248 | $2,330,806.00 | 10,568 | $591,508.75 | 2,675 | 53 |
| 20142 | Category 3 - Therapeutic Procedures T10 - Relative Value Guide for Anaesthesia T10 - 01 - Head Initiation of management of Anaesthesia for lens. | $3,095,045.20 | 18,047 | $2,963,747.99 | 16,901 | $2,814,895.30 | 15,694 | $576,890.10 | 3,189 | 54 |
| 38218 | Category 3 - Therapeutic Procedures T08 - Surgical Operations T08 - 06 - Cardio-Thoracic Selective Coronary Arteriography with Right or Left Heart Catheterisation | $3,061,296.20 | 4,396 | $2,942,751.85 | 4,025 | $2,930,376.00 | 3,902 | $559,231.85 | 744 | 55 |
| 00133 | Category 1 - Professional Attendances A04 - Consultant Physician (other than in psychiatry) A04 - All Consultant Physician (other than in psychiatry) - Treatment and Management Plan Consultant physician (other than in psychiatry) review of referred patient treatment and management plan - surgery or hospital. |  |  | $975,152.80 | 5,980 | $2,424,945.66 | 14,683 | $555,461.45 | 3,340 | 56 |
| 57350 | Category 5 - Diagnostic Imaging Services I2 - Computed Tomography I2 - All Computed Tomography CT Spiral angiography | $2,577,242.05 | 5,059 | $2,627,958.99 | 5,161 | $2,573,524.40 | 5,049 | $553,140.00 | 1,085 | 57 |
| 37203 | Category 3 - Therapeutic Procedures T08 - Surgical Operations T08 - 05 - Urological Prostatectomy Endoscopic | $2,874,558.47 | 2,442 | $2,962,150.25 | 2,114 | $2,790,641.15 | 1,953 | $549,989.50 | 382 | 58 |
| 00037 | Category 1 - Professional Attendances A01 - General Practitioners A01 - General Practitioners - Level C Home visit - Level C | $3,195,490.81 | 34,644 | $2,859,686.96 | 30,378 | $2,226,700.77 | 22,813 | $544,852.40 | 5,503 | 59 |
| 00725 | Category 1 - Professional Attendances A15 - Multidisciplinary Health Care Plans & Case Conferences All Multidisciplinary Health Care Plans & Case Conferences GP review of GPs management plan. | $1,650,019.27 | 23,525 | $1,667,281.12 | 23,214 | $1,842,251.74 | 24,825 | $536,879.00 | 7,154 | 60 |
| 10900 | Category 1 - Professional Attendances A10 - Optometric Services A10 - Optometric Consultations Comprehensive Initial Consultation | $2,647,633.50 | 44,091 | $2,639,787.00 | 41,479 | $2,572,045.75 | 39,492 | $527,300.80 | 8,032 | 61 |
| 45451 | Category 3 - Therapeutic Procedures T08 - Surgical Operations T08 - 13 - Plastic & Reconstructive Free Grafting | $1,881,859.63 | 4,065 | $2,099,025.05 | 3,927 | $2,168,035.28 | 3,981 | $514,983.30 | 951 | 62 |
| 00302 | Category 1 - Professional Attendances A08 - Consultant Psychiatry A08 - All Consultant Psychiatry 15-30 min Psychiatrist Con | $1,713,922.75 | 18,856 | $2,043,795.00 | 19,523 | $2,108,921.45 | 19,694 | $513,172.40 | 4,756 | 63 |
| 00723 | Category 1 - Professional Attendances A15 - Multidisciplinary Health Care Plans & Case Conferences All Multidisciplinary Health Care Plans & Case Conferences Team care arrangements co-ordinated and developed by the GP. | $1,288,052.44 | 11,662 | $1,589,623.74 | 14,009 | $1,763,050.77 | 15,020 | $511,272.70 | 4,299 | 64 |
| 25015 | Category 3 - Therapeutic Procedures T10 - Relative Value Guide for Anaesthesia T10 - 23 - Anaesthesia /Perfusion Modifying Units - Other Anaesthesia, Perfusion or Assistance at Anaesthesia. | $2,580,978.99 | 90,272 | $2,475,012.67 | 84,707 | $2,403,548.73 | 80,391 | $500,162.21 | 16,589 | 65 |
| 31285 | Category 3 - Therapeutic Procedures T08 - Surgical Operations T08 - 01 - General Basal cell carcinoma or squamous cell carcinoma removal | $1,800,592.30 | 10,031 | $2,122,704.76 | 9,669 | $2,118,789.92 | 9,446 | $497,740.65 | 2,185 | 66 |
| 61421 | Category 5 - Diagnostic Imaging Services I4 - Nuclear Medicine Imaging I4 - All Nuclear Medicine Imaging Bone Study | $2,824,279.83 | 5,919 | $2,482,370.13 | 5,182 | $2,248,176.03 | 4,689 | $491,829.80 | 1,026 | 67 |
| 31270 | Category 3 - Therapeutic Procedures T08 - Surgical Operations T08 - 01 - General Basal cell carcinoma or squamous cell carcinoma removal | $1,935,572.15 | 9,528 | $2,229,927.27 | 9,077 | $2,207,030.38 | 8,838 | $489,843.55 | 1,958 | 68 |
| 10996 | Category 8 - Miscellaneous Services M2 - Services Provided by Practice Nurse on behalf of Medical Practitioner M2 - All Services provided by Practice Nurse Treatment of a person's wound (other than normal aftercare) provided by a practice nurse | $1,539,913.50 | 130,205 | $1,728,150.52 | 142,248 | $1,817,437.64 | 143,948 | $485,953.70 | 37,991 | 69 |
| 73938 | Category 6 - Pathology Services P10 - Patient Episode Initiation P10 - All Patient Episode Initiation Initiation of a patient episode | $332,257.40 | 33,904 | $1,882,567.25 | 192,084 | $1,879,246.40 | 191,762 | $485,745.95 | 49,565 | 70 |
| 56307 | Category 5 - Diagnostic Imaging Services I2 - Computed Tomography I2 - All Computed Tomography CT chest, with contrast | $2,474,584.15 | 6,194 | $2,312,447.76 | 5,792 | $2,159,073.57 | 5,402 | $472,635.00 | 1,182 | 71 |
| 56223 | Category 5 - Diagnostic Imaging Services I2 - Computed Tomography I2 - All Computed Tomography Computed tomography - scan of spine, lumbosacral region, | $2,073,680.93 | 8,659 | $2,002,232.61 | 8,363 | $1,973,806.85 | 8,242 | $465,960.00 | 1,945 | 72 |
| 55238 | Category 5 - Diagnostic Imaging Services I1 - Ultrasound I1 - 3 - Vascular Duplex scan unilat lower limb | $1,991,379.90 | 13,846 | $1,903,548.61 | 13,239 | $1,889,680.48 | 13,079 | $457,702.75 | 3,169 | 73 |
| 13876 | Category 3 - Therapeutic Procedures T01 - Miscellaneous Therapeutic Procedures T01 - 10 - Management/Procedures in Intensive Care Central Venous Pressure | $2,729,581.23 | 33,097 | $2,746,243.40 | 31,270 | $2,550,433.40 | 28,404 | $453,980.25 | 5,013 | 74 |
| 30196 | Category 3 - Therapeutic Procedures T08 - Surgical Operations T08 - 01 - General Skin cancer - removal of | $1,757,881.37 | 16,165 | $1,978,156.30 | 15,919 | $1,898,810.98 | 15,099 | $443,706.25 | 3,509 | 75 |
| 55274 | Category 5 - Diagnostic Imaging Services I1 - Ultrasound I1 - 3 - Vascular Duplex scan bilat carotid | $2,413,586.59 | 14,626 | $2,151,677.76 | 13,030 | $1,981,863.21 | 11,992 | $438,779.45 | 2,654 | 76 |
| 31265 | Category 3 - Therapeutic Procedures T08 - Surgical Operations T08 - 01 - General Basal cell carcinoma or squamous cell carcinoma removal | $1,695,809.10 | 11,199 | $2,001,948.46 | 10,885 | $1,963,447.65 | 10,357 | $437,983.68 | 2,281 | 77 |
| 72824 | Category 6 - Pathology Services P05 - Tissue Pathology P05 - All Tissue Pathology Histo complexity level 4, 2 to 4 specimens | $1,632,768.26 | 12,423 | $1,654,518.10 | 11,635 | $1,714,148.85 | 12,048 | $437,145.60 | 3,072 | 78 |
| 55244 | Category 5 - Diagnostic Imaging Services I1 - Ultrasound I1 - 3 - Vascular Duplex scan unilat lower limb | $1,976,428.61 | 12,672 | $1,976,718.99 | 12,675 | $1,941,170.82 | 12,474 | $431,922.60 | 2,762 | 79 |
| 11712 | Category 2 - Diagnostic Procedures and Investigations D1 - Miscellaneous Diagnostic Procedures and Investigations D1 - 06 - Cardiovascular Multi Channel ECG Monitoring and Recording | $1,838,496.54 | 11,134 | $1,957,917.55 | 10,371 | $1,892,396.20 | 9,802 | $427,884.65 | 2,197 | 80 |
| 20740 | Category 3 - Therapeutic Procedures T10 - Relative Value Guide for Anaesthesia T10 - 06 - Upper Abdomen Initiation of management of Anaesthesia for upper gastrointestinal endoscopic procedures. | $2,144,548.05 | 14,996 | $2,000,908.53 | 13,700 | $2,045,536.47 | 13,683 | $427,828.55 | 2,838 | 81 |
| 57521 | Category 5 - Diagnostic Imaging Services I3 - Diagnostic Radiology I3 - 01 - Extremities Lower limb | $1,994,344.85 | 48,223 | $1,904,936.33 | 46,082 | $1,843,796.11 | 44,572 | $427,464.80 | 10,322 | 82 |
| 56501 | Category 5 - Diagnostic Imaging Services I2 - Computed Tomography I2 - All Computed Tomography Computed Tomography - scan of upper abdomen and pelvis | $1,818,743.30 | 4,728 | $1,829,364.04 | 4,764 | $1,879,083.83 | 4,883 | $418,380.00 | 1,087 | 83 |
| 61425 | Category 5 - Diagnostic Imaging Services I4 - Nuclear Medicine Imaging I4 - All Nuclear Medicine Imaging Bone Study | $1,158,265.50 | 1,940 | $1,301,155.00 | 2,170 | $1,559,611.65 | 2,598 | $415,038.70 | 691 | 84 |
| 72817 | Category 6 - Pathology Services P05 - Tissue Pathology P05 - All Tissue Pathology Histo complexity level 3, 2+ specimen | $1,562,120.76 | 17,785 | $1,693,894.50 | 17,386 | $1,655,755.75 | 16,991 | $412,116.05 | 4,229 | 85 |
| 30071 | Category 3 - Therapeutic Procedures T08 - Surgical Operations T08 - 01 - General Biopsy of Skin/ Mucous Mem | $1,300,808.87 | 31,463 | $1,629,422.66 | 32,341 | $1,694,405.40 | 33,007 | $411,014.51 | 7,829 | 86 |
| 30473 | Category 3 - Therapeutic Procedures T08 - Surgical Operations T08 - 01 - General Oesophagoscopy, Gastroscopy, Duodenoscopy or Panendoscopy | $2,110,957.16 | 13,798 | $2,074,810.85 | 12,426 | $2,019,710.70 | 11,972 | $404,331.28 | 2,377 | 87 |
| 00003 | Category 1 - Professional Attendances A01 - General Practitioners A01 - General Practitioners - Level A Surgery Consultation - Level A | $944,453.79 | 56,865 | $1,026,667.09 | 60,578 | $1,234,628.88 | 70,507 | $403,726.05 | 22,834 | 88 |
| 12203 | Category 2 - Diagnostic Procedures and Investigations D1 - Miscellaneous Diagnostic Procedures and Investigations D1 - 10 - Other Diagnostic Procedures And Investigations Sleep Apnoea Investigation | $1,649,256.55 | 2,645 | $1,846,845.50 | 2,803 | $1,894,388.85 | 2,800 | $402,977.85 | 592 | 89 |
| 15269 | Category 3 - Therapeutic Procedures T02 - Radiation Oncology T02 - 3 - Megavoltage Radiation oncology treatment | $2,065,932.30 | 12,210 | $2,397,980.27 | 12,424 | $2,172,566.57 | 11,364 | $400,735.80 | 2,004 | 90 |
| 11709 | Category 2 - Diagnostic Procedures and Investigations D1 - Miscellaneous Diagnostic Procedures and Investigations D1 - 06 - Cardiovascular ECG Recording | $1,373,669.00 | 8,041 | $1,659,406.05 | 8,016 | $1,651,082.15 | 7,798 | $400,675.50 | 1,872 | 91 |
| 73934 | Category 6 - Pathology Services P10 - Patient Episode Initiation P10 - All Patient Episode Initiation of a patient episode | $197,691.30 | 11,168 | $1,263,546.65 | 71,387 | $1,375,649.50 | 77,722 | $394,019.70 | 22,261 | 92 |
| 13870 | Category 3 - Therapeutic Procedures T01 - Miscellaneous Therapeutic Procedures T01 - 10 - Management/Procedures in Intensive Care MANAGEMENT OF A PATIENT IN AN INTENSIVE CARE UNIT | $2,200,111.50 | 5,765 | $2,151,662.10 | 5,506 | $2,117,315.55 | 5,303 | $387,524.55 | 964 | 93 |
| 49318 | Category 3 - Therapeutic Procedures T08 - Surgical Operations T08 - 15 - Orthopaedic Hip | $1,555,186.15 | 1,006 | $2,049,962.80 | 1,037 | $1,893,235.05 | 937 | $385,257.60 | 189 | 94 |
| 56301 | Category 5 - Diagnostic Imaging Services I2 - Computed Tomography I2 - All Computed Tomography CT chest, w/o contrast | $1,606,928.60 | 5,453 | $1,667,855.85 | 5,661 | $1,629,919.15 | 5,529 | $378,665.00 | 1,284 | 95 |
| 66719 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical Thyroid function tests | $1,354,337.49 | 41,857 | $1,542,473.65 | 43,573 | $1,493,307.55 | 42,161 | $366,656.80 | 10,464 | 96 |
| 66518 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical Investigation of cardiac or skeletal muscle damage | $1,518,398.09 | 78,118 | $1,498,546.05 | 73,510 | $1,449,878.50 | 71,085 | $364,933.20 | 18,066 | 97 |
| 11221 | Category 2 - Diagnostic Procedures and Investigations D1 - Miscellaneous Diagnostic Procedures and Investigations D1 - 02 - Ophthalmology Full quantitative computerised perimetry performed by a specialist etc | $1,510,838.35 | 20,252 | $1,664,487.85 | 19,562 | $1,635,660.25 | 18,800 | $364,034.15 | 4,153 | 98 |
| 31280 | Category 3 - Therapeutic Procedures T08 - Surgical Operations T08 - 01 - General Basal cell carcinoma or squamous cell carcinoma removal | $1,349,387.91 | 10,427 | $1,662,845.34 | 10,506 | $1,628,161.77 | 9,994 | $362,064.15 | 2,166 | 99 |
| 59925 | Category 5 - Diagnostic Imaging Services I3 - Diagnostic Radiology I3 - 13 - Angiography Selective coronary arteriography | $2,072,691.25 | 6,229 | $1,883,049.80 | 5,665 | $1,854,933.70 | 5,569 | $354,626.90 | 1,062 | 100 |
| MT99 | Category 1 - Professional Attendances A01 - General Practitioners A01 - All Non Grouped General Practitioners Used by LMOs to claim the DVA Supp. Paymt for all eligible services including Level A Consultations rendered on or after 1/5/07 - See F9. | $14,447,628.90 | 3,267,511 |  |  |  |  |  |  |  |
| MT98 | Category 1 - Professional Attendances A01 - General Practitioners A01 - All Non Grouped General Practitioners Used by LMOs to claim the DVA Supp. Paymt for all eligible services including Level A Consultations rendered on or after 1/5/07 - See F9. | $1,819,704.70 | 212,676 |  |  |  |  |  |  |  |

| **Top 100 Count DVA paid Medical Items** | |  |  |  |  | (ranked on available data to date for services provided in 09/10) | | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 06/07 | | 07/08 | | 08/09 | | 09/10 | |  |
|  |  | Service Paid Amount | Service Quantity | Service Paid Amount | Service Quantity | Service Paid Amount | Service Quantity | Service Paid Amount | Service Quantity |  |
| 00023 | Category 1 - Professional Attendances A01 - General Practitioners A01 - General Practitioners - Level B Surgery consultation - Level B. | $67,761,393.13 | 1,870,439 | $66,274,505.80 | 1,790,854 | $65,903,578.06 | 1,729,012 | $17,603,058.00 | 456,640 | 1 |
| 10991 | Category 8 - Miscellaneous Services M1 - Management of Bulk-Billed Services M1 - All Management of Bulked-Billed Services A medical service to which an item in this table (other than this item or item 10990) applies if: | see the bottom of this table for equiv in 06/07 | | $16,125,508.70 | 1,690,966 | $15,801,585.15 | 1,623,893 | $4,118,030.80 | 420,208 | 2 |
| 10990 | Category 8 - Miscellaneous Services M1 - Management of Bulk-Billed Services M1 - All Management of Bulked-Billed Services A medical service to which an item in this table (other than this item or item 10991) applies | see the bottom of this table for equiv in 06/07 | | $10,374,263.30 | 1,646,885 | $9,661,924.35 | 1,498,677 | $2,478,929.00 | 381,373 | 3 |
| 66512 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical General chemistry x 5 or more. | $215,348.90 | 12,436 | $182,563.90 | 10,258 | $14,200,785.90 | 797,931 | $3,629,363.60 | 203,909 | 4 |
| 65070 | Category 6 - Pathology Services P01 - Haematology P01 - All Haematology Erythrocyte count, haematocrit | $9,942,376.05 | 618,718 | $11,513,159.45 | 669,586 | $11,835,894.10 | 688,168 | $3,010,236.60 | 176,557 | 5 |
| 00116 | Category 1 - Professional Attendances A04 - Consultant Physician (other than in psychiatry) A04 - All Consultant Physician (other than in psychiatry) - Surgery or Hospital Subsequent Consultant Physician attendance. | $59,530,644.40 | 738,114 | $66,925,188.42 | 722,435 | $65,303,929.22 | 689,159 | $13,301,256.00 | 139,287 | 6 |
| 73928 | Category 6 - Pathology Services P10 - Patient Episode Initiation P10 - All Patient Episode Initiation Initiation of a patient episode by collection of a specimen for 1 or more services. See long description (F9). | $1,354,498.40 | 77,846 | $8,103,925.35 | 465,724 | $7,754,554.80 | 445,666 | $2,001,020.20 | 115,003 | 7 |
| 65120 | Category 6 - Pathology Services P01 - Haematology P01 - All Haematology Prothrombin time (including INR) | $5,495,639.19 | 432,025 | $5,991,667.00 | 426,551 | $5,744,760.40 | 409,032 | $1,466,899.60 | 106,298 | 8 |
| 00035 | Category 1 - Professional Attendances A01 - General Practitioners A01 - General Practitioners - Level B Consultation at a Residential Aged Care Facility - Level B | $12,608,974.42 | 276,802 | $14,731,499.70 | 288,667 | $17,577,897.93 | 317,449 | $4,875,884.11 | 87,742 | 9 |
| 00036 | Category 1 - Professional Attendances A01 - General Practitioners A01 - General Practitioners - Level C Surgery Consultation - Level C. | $29,865,607.50 | 435,591 | $28,018,425.45 | 399,801 | $23,070,579.15 | 319,013 | $6,092,051.75 | 83,176 | 10 |
| 00105 | Category 1 - Professional Attendances A03 - Specialist A03 - Specialist - Surgery or Hospital Subsequent Specialist Attendance. | $18,124,266.87 | 399,377 | $19,519,767.10 | 374,389 | $19,027,505.07 | 356,776 | $4,181,238.70 | 77,822 | 11 |
| 73930 | Category 6 - Pathology Services P10 - Patient Episode Initiation P10 - All Patient Episode Initiation Initiation of a patient episode. | $828,803.60 | 46,810 | $4,650,089.30 | 262,685 | $4,625,437.30 | 261,317 | $1,257,096.40 | 71,004 | 12 |
| 73938 | Category 6 - Pathology Services P10 - Patient Episode Initiation P10 - All Patient Episode Initiation Initiation of a patient episode | $332,257.40 | 33,904 | $1,882,567.25 | 192,084 | $1,879,246.40 | 191,762 | $485,745.95 | 49,565 | 13 |
| 69333 | Category 6 - Pathology Services P03 - Microbiology P03 - All Microbiology Urine Culture | $3,145,072.35 | 165,565 | $3,517,574.35 | 170,281 | $3,563,130.60 | 172,235 | $908,891.15 | 43,910 | 14 |
| 10996 | Category 8 - Miscellaneous Services M2 - Services Provided by Practice Nurse on behalf of Medical Practitioner M2 - All Services provided by Practice Nurse Treatment of a person's wound (other than normal aftercare) provided by a practice nurse | $1,539,913.50 | 130,205 | $1,728,150.52 | 142,248 | $1,817,437.64 | 143,948 | $485,953.70 | 37,991 | 15 |
| 00104 | Category 1 - Professional Attendances A03 - Specialist A03 - Specialist - Surgery or Hospital Initial Specialist Attendance. | $17,705,103.28 | 195,611 | $19,078,981.79 | 183,922 | $18,294,238.34 | 172,351 | $3,910,249.35 | 36,568 | 16 |
| 11700 | Category 2 - Diagnostic Procedures and Investigations D1 - Miscellaneous Diagnostic Procedures and Investigations D1 - 06 - Cardiovascular ECG | $5,115,964.00 | 161,153 | $5,817,310.40 | 155,691 | $5,708,484.30 | 149,685 | $1,367,173.70 | 35,377 | 17 |
| 73931 | Category 6 - Pathology Services P10 - Patient Episode Initiation P10 - All Patient Episode Initiation Initiation of a patient episode | $50,816.05 | 21,162 | $365,889.65 | 152,338 | $363,568.75 | 151,489 | $84,798.70 | 35,332 | 18 |
| 58503 | Category 5 - Diagnostic Imaging Services I3 - Diagnostic Radiology I3 - 06 - Thoracic Region Chest | $7,790,563.52 | 169,198 | $7,400,360.33 | 160,750 | $6,795,819.78 | 147,449 | $1,541,874.95 | 33,393 | 19 |
| 73932 | Category 6 - Pathology Services P10 - Patient Episode Initiation P10 - All Patient Episode Initiation Initiation of a patient episode | $226,558.75 | 21,996 | $1,352,557.25 | 131,313 | $1,300,700.35 | 126,284 | $337,603.15 | 32,778 | 20 |
| 66536 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical HDL | $539,628.97 | 53,210 | $1,096,785.15 | 97,492 | $1,320,612.40 | 117,390 | $335,242.20 | 30,202 | 21 |
| 00033 | Category 1 - Professional Attendances A01 - General Practitioners A01 - General Practitioners - Level B Consultation at a Hospital - Level B | $8,632,994.16 | 167,274 | $8,104,517.46 | 152,944 | $7,702,810.52 | 140,854 | $1,551,733.28 | 28,272 | 22 |
| 66716 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical TSH | $2,316,195.51 | 100,991 | $2,721,252.35 | 107,072 | $2,718,933.45 | 106,882 | $668,026.80 | 26,509 | 23 |
| 00003 | Category 1 - Professional Attendances A01 - General Practitioners A01 - General Practitioners - Level A Surgery Consultation - Level A | $944,453.79 | 56,865 | $1,026,667.09 | 60,578 | $1,234,628.88 | 70,507 | $403,726.05 | 22,834 | 24 |
| 73934 | Category 6 - Pathology Services P10 - Patient Episode Initiation P10 - All Patient Episode Initiation Initiation of a patient episode | $197,691.30 | 11,168 | $1,263,546.65 | 71,387 | $1,375,649.50 | 77,722 | $394,019.70 | 22,261 | 25 |
| 66596 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical Iron studies | $2,249,627.50 | 75,227 | $2,747,323.20 | 83,229 | $2,880,908.55 | 87,100 | $719,761.40 | 21,978 | 26 |
| 00110 | Category 1 - Professional Attendances A04 - Consultant Physician (other than in psychiatry) A04 - All Consultant Physician (other than in psychiatry) - Surgery or Hospital Initial Consultant Physician Attendance. | $21,340,363.00 | 132,370 | $21,920,278.82 | 118,703 | $20,189,821.20 | 106,810 | $4,072,901.10 | 21,394 | 27 |
| 00024 | Category 1 - Professional Attendances A01 - General Practitioners A01 - General Practitioners - Level B Home visit - Level B | $6,311,366.41 | 106,292 | $5,622,982.78 | 93,039 | $5,397,938.00 | 86,511 | $1,296,194.55 | 20,586 | 28 |
| 17610 | Category 3 - Therapeutic Procedures T06 - Anaesthetics T06 - All Examinations by an Anaesthetist Pre-anaesthesia brief consultation | $3,315,287.04 | 64,238 | $5,759,433.72 | 93,024 | $5,718,258.19 | 90,256 | $1,224,874.41 | 19,172 | 29 |
| 73939 | Category 6 - Pathology Services P10 - Patient Episode Initiation P10 - All Patient Episode Initiation Initiation of a patient episode | $40,091.85 | 16,701 | $205,798.17 | 85,727 | $184,995.80 | 77,082 | $45,984.00 | 19,160 | 30 |
| 10993 | Category 8 - Miscellaneous Services M2 - Services Provided by Practice Nurse on behalf of Medical Practitioner M2 - All Services provided by Practice Nurse Immunisation provided to a person by a practice nurse | $934,184.88 | 78,441 | $1,051,905.73 | 85,919 | $1,093,100.85 | 85,657 | $235,649.90 | 18,419 | 31 |
| 66518 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical Investigation of cardiac or skeletal muscle damage | $1,518,398.09 | 78,118 | $1,498,546.05 | 73,510 | $1,449,878.50 | 71,085 | $364,933.20 | 18,066 | 32 |
| 73926 | Category 6 - Pathology Services P10 - Patient Episode Initiation P10 - All Patient Episode Initiation Initiation of a patient episode. | $108,422.75 | 13,142 | $614,292.90 | 74,445 | $593,302.55 | 71,913 | $146,726.25 | 17,785 | 33 |
| 25015 | Category 3 - Therapeutic Procedures T10 - Relative Value Guide for Anaesthesia T10 - 23 - Anaesthesia /Perfusion Modifying Units - Other Anaesthesia, Perfusion or Assistance at Anaesthesia. | $2,580,978.99 | 90,272 | $2,475,012.67 | 84,707 | $2,403,548.73 | 80,391 | $500,162.21 | 16,589 | 34 |
| 66551 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical Glycosylated Haemoglobin | $620,598.86 | 40,301 | $859,188.45 | 50,277 | $974,981.50 | 57,024 | $249,562.30 | 14,767 | 35 |
| 66602 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical Red cell folate + serum B12 | $1,831,998.87 | 46,030 | $2,392,284.75 | 54,778 | $2,526,337.05 | 57,777 | $634,497.00 | 14,670 | 36 |
| 66608 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical Vitamin D | $874,791.10 | 22,166 | $1,473,639.30 | 34,343 | $2,115,465.20 | 49,214 | $608,465.00 | 14,300 | 37 |
| 72816 | Category 6 - Pathology Services P05 - Tissue Pathology P05 - All Tissue Pathology Histo complexity level 3, 1 spec | $4,647,318.31 | 59,367 | $4,934,627.80 | 56,676 | $4,745,766.05 | 54,555 | $1,166,347.30 | 13,414 | 38 |
| 30192 | Category 3 - Therapeutic Procedures T08 - Surgical Operations T08 - 01 - General Premalignant Skin Lesions | $2,305,462.42 | 62,570 | $2,610,059.51 | 58,100 | $2,405,591.66 | 52,713 | $600,390.57 | 13,009 | 39 |
| 65123 | Category 6 - Pathology Services P01 - Haematology P01 - All Haematology Coagulation - 2 tests | $1,020,399.57 | 50,992 | $1,067,922.70 | 51,892 | $1,020,419.25 | 49,541 | $249,716.80 | 12,183 | 40 |
| 66656 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical Prostate specific antigen | $709,175.55 | 38,712 | $820,555.60 | 40,071 | $829,662.40 | 40,478 | $228,050.20 | 11,234 | 41 |
| 66719 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical Thyroid function tests | $1,354,337.49 | 41,857 | $1,542,473.65 | 43,573 | $1,493,307.55 | 42,161 | $366,656.80 | 10,464 | 42 |
| 57521 | Category 5 - Diagnostic Imaging Services I3 - Diagnostic Radiology I3 - 01 - Extremities Lower limb | $1,994,344.85 | 48,223 | $1,904,936.33 | 46,082 | $1,843,796.11 | 44,572 | $427,464.80 | 10,322 | 43 |
| 66800 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical Quantitation in blood | $779,786.33 | 44,828 | $806,893.75 | 43,767 | $779,677.95 | 42,273 | $186,150.00 | 10,200 | 44 |
| 25000 | Category 3 - Therapeutic Procedures T10 - Relative Value Guide for Anaesthesia T10 - 22 - Anaesthesia /Perfusion Modifying Units - Physical Anaesthesia, Perfusion or Assistance at Anaesthesia. | $1,269,902.16 | 44,398 | $1,258,424.62 | 43,088 | $1,277,448.34 | 42,716 | $274,973.06 | 9,120 | 45 |
| 00043 | Category 1 - Professional Attendances A01 - General Practitioners A01 - General Practitioners - Level C Consultation at Residential Aged Care Facility - Level C | $2,689,576.78 | 32,532 | $3,146,057.31 | 34,789 | $3,138,485.60 | 32,201 | $879,134.55 | 8,917 | 46 |
| 69306 | Category 6 - Pathology Services P03 - Microbiology P03 - All Microbiology Micro/cult skin | $896,221.95 | 28,232 | $1,016,830.10 | 29,930 | $1,129,883.40 | 33,237 | $288,116.00 | 8,474 | 47 |
| 10900 | Category 1 - Professional Attendances A10 - Optometric Services A10 - Optometric Consultations Comprehensive Initial Consultation | $2,647,633.50 | 44,091 | $2,639,787.00 | 41,479 | $2,572,045.75 | 39,492 | $527,300.80 | 8,032 | 48 |
| 66500 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical General chemistry x 1 | $282,839.16 | 31,323 | $313,565.15 | 32,161 | $316,881.30 | 32,505 | $77,766.00 | 7,976 | 49 |
| 00053 | Category 1 - Professional Attendances A02 - Other Non-referred Attendances A02 - Other Non-referred Attendances - Surgery Surgery Consultation - Standard | $724,901.25 | 32,534 | $708,769.30 | 31,348 | $726,472.63 | 31,077 | $189,007.80 | 7,966 | 50 |
| 73924 | Category 6 - Pathology Services P10 - Patient Episode Initiation P10 - All Patient Episode Initiation Initiation of a patient episode. | $81,166.90 | 5,493 | $420,801.55 | 28,514 | $431,852.25 | 29,271 | $117,121.50 | 7,940 | 51 |
| 30071 | Category 3 - Therapeutic Procedures T08 - Surgical Operations T08 - 01 - General Biopsy of Skin/ Mucous Mem | $1,300,808.87 | 31,463 | $1,629,422.66 | 32,341 | $1,694,405.40 | 33,007 | $411,014.51 | 7,829 | 52 |
| 66560 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical Microalbumin quantitation in urine | $434,624.28 | 23,805 | $542,429.55 | 26,566 | $583,384.15 | 28,500 | $152,766.00 | 7,544 | 53 |
| 00721 | Category 1 - Professional Attendances A15 - Multidisciplinary Health Care Plans & Case Conferences All Multidisciplinary Health Care Plans & Case Conferences GP management plan for a patient living in the community or for a private patient being discharged from hospital. | $3,545,477.70 | 25,425 | $4,020,767.76 | 28,057 | $4,024,912.86 | 27,164 | $1,095,923.70 | 7,299 | 54 |
| 00025 | Category 1 - Professional Attendances A01 - General Practitioners A01 - General Practitioners - Level B Consultation at an Institution other than a Hospital or Residential Aged Care Facility - Level B | $2,264,113.37 | 49,803 | $1,810,828.96 | 39,488 | $1,414,558.15 | 29,627 | $346,489.30 | 7,178 | 55 |
| 00702 | Category 1 - Professional Attendances A14 - Health Assessments All Health Assessments Enhanced Primary Care Health Assessment | $7,350,335.42 | 27,626 | $7,205,407.57 | 26,457 | $7,213,817.94 | 25,637 | $2,037,819.10 | 7,159 | 56 |
| 00725 | Category 1 - Professional Attendances A15 - Multidisciplinary Health Care Plans & Case Conferences All Multidisciplinary Health Care Plans & Case Conferences GP review of GPs management plan. | $1,650,019.27 | 23,525 | $1,667,281.12 | 23,214 | $1,842,251.74 | 24,825 | $536,879.00 | 7,154 | 57 |
| 10918 | Category 1 - Professional Attendances A10 - Optometric Services A10 - Optometric Consultations Subsequent optometrical consultation | $1,161,459.57 | 38,816 | $1,218,190.42 | 38,248 | $1,199,625.71 | 36,811 | $233,005.80 | 7,093 | 58 |
| 00304 | Category 1 - Professional Attendances A08 - Consultant Psychiatry A08 - All Consultant Psychiatry 30-45 min Psychiatrist Cons | $4,383,229.85 | 31,647 | $5,136,350.80 | 31,887 | $5,113,505.35 | 31,045 | $1,153,866.00 | 6,951 | 59 |
| 57712 | Category 5 - Diagnostic Imaging Services I3 - Diagnostic Radiology I3 - 02 - Shoulder or Pelvis Hip Joint | $1,403,777.53 | 31,982 | $1,361,178.35 | 31,031 | $1,274,428.15 | 29,100 | $301,372.05 | 6,887 | 60 |
| 72823 | Category 6 - Pathology Services P05 - Tissue Pathology P05 - All Tissue Pathology Histo complexity level 4, 1 specimen | $2,460,951.06 | 27,227 | $2,567,280.10 | 26,225 | $2,532,585.15 | 25,885 | $665,333.40 | 6,803 | 61 |
| 55113 | Category 5 - Diagnostic Imaging Services I1 - Ultrasound I1 - 2 - Cardiac Cardiac U/S | $6,341,855.85 | 29,066 | $6,504,887.59 | 29,498 | $6,722,081.00 | 30,204 | $1,502,740.60 | 6,761 | 62 |
| 50124 | Category 3 - Therapeutic Procedures T08 - Surgical Operations T08 - 15 - Orthopaedic Joint or Other Synovial Cavity,Aspiration of, Injection into | $730,362.72 | 26,276 | $873,416.95 | 25,073 | $900,739.65 | 25,295 | $231,640.95 | 6,421 | 63 |
| 00044 | Category 1 - Professional Attendances A01 - General Practitioners A01 - General Practitioners - Level D Surgery consultation - Level D. | $3,657,475.82 | 36,584 | $3,348,225.28 | 32,676 | $2,559,045.11 | 24,202 | $672,846.60 | 6,279 | 64 |
| 00700 | Category 1 - Professional Attendances A14 - Health Assessments All Health Assessments Enhanced Primary Care Health Assessment | $4,486,611.42 | 23,911 | $4,414,741.91 | 22,967 | $4,533,015.35 | 22,818 | $1,235,490.90 | 6,140 | 65 |
| 65126 | Category 6 - Pathology Services P01 - Haematology P01 - All Haematology Coagulation - 3 tests | $543,354.50 | 19,941 | $648,732.60 | 22,904 | $668,455.40 | 23,582 | $169,535.70 | 6,046 | 66 |
| 66655 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical Prostate specific antigen | $484,681.15 | 26,365 | $583,182.35 | 28,486 | $565,434.75 | 27,591 | $121,170.70 | 5,969 | 67 |
| 56001 | Category 5 - Diagnostic Imaging Services I2 - Computed Tomography I2 - All Computed Tomography CT Brain w/o contrast | $4,887,098.78 | 25,112 | $4,906,981.58 | 25,234 | $4,919,314.59 | 25,281 | $1,096,846.75 | 5,635 | 68 |
| 00037 | Category 1 - Professional Attendances A01 - General Practitioners A01 - General Practitioners - Level C Home visit - Level C | $3,195,490.81 | 34,644 | $2,859,686.96 | 30,378 | $2,226,700.77 | 22,813 | $544,852.40 | 5,503 | 69 |
| 69354 | Category 6 - Pathology Services P03 - Microbiology P03 - All Microbiology Blood culture 1 set | $726,230.02 | 24,352 | $757,218.50 | 24,487 | $698,729.15 | 22,584 | $169,606.10 | 5,481 | 70 |
| MT02 | DVA items DVA Non-MBS Items All DVA Non-MBS Items Non-MBS (Low cost) | $2,106,403.08 | 9,245 | $2,525,383.10 | 16,623 | $3,448,702.15 | 24,844 | $739,122.50 | 5,356 | 71 |
| 00020 | Category 1 - Professional Attendances A01 - General Practitioners A01 - General Practitioners - Level A Consultation at a Residential Aged Care Facility - Level A | $269,019.46 | 12,243 | $361,663.10 | 14,437 | $494,399.28 | 18,231 | $143,157.90 | 5,330 | 72 |
| 00306 | Category 1 - Professional Attendances A08 - Consultant Psychiatry A08 - All Consultant Psychiatry 45-75 min Psychiatrist Cons | $4,402,646.55 | 23,094 | $5,157,433.45 | 23,198 | $4,997,501.70 | 21,981 | $1,218,124.70 | 5,317 | 73 |
| 05020 | Category 1 - Professional Attendances A22 - GP After Hours Attendances (Other) A22 - All GP After Hours Attendances (Other) After hours consultation | $944,541.00 | 20,104 | $981,946.39 | 20,334 | $1,018,658.97 | 20,250 | $267,682.10 | 5,252 | 74 |
| 13876 | Category 3 - Therapeutic Procedures T01 - Miscellaneous Therapeutic Procedures T01 - 10 - Management/Procedures in Intensive Care Central Venous Pressure | $2,729,581.23 | 33,097 | $2,746,243.40 | 31,270 | $2,550,433.40 | 28,404 | $453,980.25 | 5,013 | 75 |
| 00001 | Category 1 - Professional Attendances A01 - General Practitioners A01 - General Practitioners - Emergency, after hours Urgent attendance - after hours, at a place other than consulting rooms. | $2,519,870.13 | 20,429 | $2,602,330.00 | 20,435 | $2,768,488.28 | 20,761 | $659,660.37 | 4,886 | 76 |
| 00302 | Category 1 - Professional Attendances A08 - Consultant Psychiatry A08 - All Consultant Psychiatry 15-30 min Psychiatrist Con | $1,713,922.75 | 18,856 | $2,043,795.00 | 19,523 | $2,108,921.45 | 19,694 | $513,172.40 | 4,756 | 77 |
| 65096 | Category 6 - Pathology Services P01 - Haematology P01 - All Haematology Blood group & examination of serum | $790,559.70 | 19,975 | $807,668.35 | 19,416 | $813,456.60 | 19,532 | $184,267.30 | 4,466 | 78 |
| 00132 | Category 1 - Professional Attendances A04 - Consultant Physician (other than in psychiatry) A04 - All Consultant Physician (other than in psychiatry) - Treatment and Management Plan Consultant physician (other than in psychiatry) referred patient treatment and management plan - surgery or hospital |  |  | $3,864,950.60 | 11,914 | $6,611,937.15 | 20,070 | $1,458,317.35 | 4,394 | 79 |
| 42740 | Category 3 - Therapeutic Procedures T08 - Surgical Operations T08 - 09 - Ophthalmology Paracentesis | $1,898,668.07 | 6,124 | $4,278,103.13 | 12,023 | $5,656,384.05 | 15,281 | $1,634,741.40 | 4,304 | 80 |
| 00723 | Category 1 - Professional Attendances A15 - Multidisciplinary Health Care Plans & Case Conferences All Multidisciplinary Health Care Plans & Case Conferences Team care arrangements co-ordinated and developed by the GP. | $1,288,052.44 | 11,662 | $1,589,623.74 | 14,009 | $1,763,050.77 | 15,020 | $511,272.70 | 4,299 | 81 |
| 72817 | Category 6 - Pathology Services P05 - Tissue Pathology P05 - All Tissue Pathology Histo complexity level 3, 2+ specimen | $1,562,120.76 | 17,785 | $1,693,894.50 | 17,386 | $1,655,755.75 | 16,991 | $412,116.05 | 4,229 | 82 |
| 65060 | Category 6 - Pathology Services P01 - Haematology P01 - All Haematology Hb,ESR or viscosity 1 or more tests | $123,762.23 | 16,675 | $126,951.25 | 15,971 | $129,229.20 | 16,257 | $33,259.00 | 4,210 | 83 |
| 66566 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical Blood Gases | $699,831.72 | 21,165 | $675,005.60 | 19,691 | $593,480.15 | 17,309 | $142,488.15 | 4,197 | 84 |
| 66695 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical Quant one hormone | $366,835.95 | 13,088 | $428,903.10 | 13,993 | $471,921.45 | 15,375 | $127,712.00 | 4,160 | 85 |
| 11221 | Category 2 - Diagnostic Procedures and Investigations D1 - Miscellaneous Diagnostic Procedures and Investigations D1 - 02 - Ophthalmology Full quantitative computerised perimetry performed by a specialist etc | $1,510,838.35 | 20,252 | $1,664,487.85 | 19,562 | $1,635,660.25 | 18,800 | $364,034.15 | 4,153 | 86 |
| 66599 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical Serum B12 or folate | $377,978.72 | 17,229 | $404,336.60 | 16,896 | $428,737.10 | 17,849 | $98,158.75 | 4,133 | 87 |
| 65129 | Category 6 - Pathology Services P01 - Haematology P01 - All Haematology Coagulation - 4 or 4+ tests | $689,416.79 | 20,280 | $640,478.10 | 17,747 | $644,737.50 | 17,862 | $145,342.40 | 4,067 | 88 |
| 57715 | Category 5 - Diagnostic Imaging Services I3 - Diagnostic Radiology I3 - 02 - Shoulder or Pelvis Pelvic Girdle | $1,230,246.90 | 20,943 | $1,244,379.34 | 21,247 | $1,011,895.55 | 17,051 | $240,975.40 | 4,056 | 89 |
| 69318 | Category 6 - Pathology Services P03 - Microbiology P03 - All Microbiology Micro/cult pathogenic micro-orgs sputum | $517,430.90 | 16,194 | $549,656.00 | 16,188 | $526,536.20 | 15,495 | $137,677.85 | 4,049 | 90 |
| 69321 | Category 6 - Pathology Services P03 - Microbiology P03 - All Microbiology Micro/cult post op wounds | $757,050.44 | 16,586 | $761,678.05 | 15,733 | $742,148.75 | 15,322 | $177,133.20 | 3,656 | 91 |
| 11721 | Category 2 - Diagnostic Procedures and Investigations D1 - Miscellaneous Diagnostic Procedures and Investigations D1 - 06 - Cardiovascular Implanted Pacemaker | $1,232,501.20 | 16,140 | $1,405,938.40 | 16,336 | $1,425,302.05 | 16,202 | $321,008.40 | 3,613 | 92 |
| 05028 | Category 1 - Professional Attendances A22 - GP After Hours Attendances (Other) A22 - All GP After Hours Attendances (Other) After hours consultation | $561,913.63 | 9,656 | $772,365.97 | 11,922 | $966,953.49 | 13,704 | $254,825.40 | 3,586 | 93 |
| 30196 | Category 3 - Therapeutic Procedures T08 - Surgical Operations T08 - 01 - General Skin cancer - removal of | $1,757,881.37 | 16,165 | $1,978,156.30 | 15,919 | $1,898,810.98 | 15,099 | $443,706.25 | 3,509 | 94 |
| 00880 | Category 1 - Professional Attendances A15 - Multidisciplinary Health Care Plans & Case Conferences All Multidisciplinary Health Care Plans & Case Conferences Case Conference - Consultant Physician in Geriatric or Rehabilitation Medicine. Attendance by a consultant physician | $674,682.55 | 12,848 | $930,459.25 | 15,492 | $1,033,776.90 | 16,837 | $213,245.50 | 3,445 | 95 |
| 00133 | Category 1 - Professional Attendances A04 - Consultant Physician (other than in psychiatry) A04 - All Consultant Physician (other than in psychiatry) - Treatment and Management Plan Consultant physician (other than in psychiatry) review of referred patient treatment and management plan - surgery or hospital. |  |  | $975,152.80 | 5,980 | $2,424,945.66 | 14,683 | $555,461.45 | 3,340 | 96 |
| 42702 | Category 3 - Therapeutic Procedures T08 - Surgical Operations T08 - 09 - Ophthalmology Lens extraction and insertion of artificial lens- ASSIST PROCESSING ONLY PAYABLE WITH CERTAIN OTHER SERVICES. | $18,185,689.35 | 17,971 | $20,454,363.95 | 16,902 | $19,501,044.65 | 15,703 | $4,172,367.50 | 3,324 | 97 |
| 57703 | Category 5 - Diagnostic Imaging Services I3 - Diagnostic Radiology I3 - 02 - Shoulder or Pelvis Shoulder/Scapula | $718,650.46 | 14,026 | $707,011.24 | 13,793 | $667,753.66 | 13,020 | $166,100.00 | 3,235 | 98 |
| 66650 | Category 6 - Pathology Services P02 - Chemical P02 - All Chemical Malignacy assoc antigens | $291,327.49 | 12,964 | $311,175.65 | 12,592 | $319,240.65 | 12,903 | $78,988.00 | 3,224 | 99 |
| 20142 | Category 3 - Therapeutic Procedures T10 - Relative Value Guide for Anaesthesia T10 - 01 - Head Initiation of management of Anaesthesia for lens. | $3,095,045.20 | 18,047 | $2,963,747.99 | 16,901 | $2,814,895.30 | 15,694 | $576,890.10 | 3,189 | 100 |
| MT99 | Category 1 - Professional Attendances A01 - General Practitioners A01 - All Non Grouped General Practitioners Used by LMOs to claim the DVA Supp. Paymt for all eligible services including Level A Consultations rendered on or after 1/5/07 - See F9. | $14,447,628.90 | 3,267,511 |  |  |  |  |  |  |  |
| MT98 | Category 1 - Professional Attendances A01 - General Practitioners A01 - All Non Grouped General Practitioners Used by LMOs to claim the DVA Supp. Paymt for all eligible services including Level A Consultations rendered on or after 1/5/07 - See F9. | $1,819,704.70 | 212,676 |  |  |  |  |  |  |  |

**Questions 15,16,17,18 and 19**

Outcome 2, Program 2.2

Topic: Veterans’ hospital services

Outcome 2, Program 2.4

Topic: Veterans’ Community Care and Support

Written question on notice

# **Senator KROGER asked:**

Under the Council of Australian Government (COAG) Agreement, Specific Purpose Payments will now be made by Treasury to state and territory Treasuries.

Q15) What are the defined benchmarks that Specific Purpose Payments for veterans’ services will be measured against?

Q16) How and when will the COAG Reform Council report on delivery of veterans’ services?

Q17) Will the spending on veterans’ services be itemised in the reporting process?

Q18) Will the budget papers show the split of spending on veterans’ services itemised out and if not why not?

The Budget Papers states that; *‘so long as states meet these benchmarks, they have full budget flexibility to allocate funds within that sector as they see fit to achieve the mutually agreed objectives for that sector'.*

Q19) How will DVA ensure that this change to the funding arrangements will ensure that every dollar allocated for veteran programs and services will be spent on veterans’ programs and services and not appropriated for state-based policies or go to general revenue?

**Answer**

Q15) **Hospitals**

The Specific Purpose Payment (SPP) for veterans’ services allowed for a one-off payment to be made in 2008-09 to ‘cash out’ residual liability provided under the Repatriation General Hospitals program for payments of a non-treatment nature (for example, accrued leave credits and supplementation of staff entitlements related to staff transfers) in accordance with agreements reached on integration of Repatriation General Hospitals into the State public hospital system.

The Department of Veterans’ Affairs (DVA) divested its hospitals to the states in New South Wales, Victoria, Tasmania and South Australia. At the time of each divestment, agreement was reached in regard to specific payments made to/for staff. These arrangements were only for staff members working at the nominated facility at the time of the divestment and for the period they continued to work at that facility. Where the states’ responsibilities for these payments were less than applied under Commonwealth arrangements it was agreed DVA would pay the difference between the two rates to the state.

The Commonwealth Treasury negotiated with the specific states’ Treasuries to provide funds to cover the future liabilities.

**Veterans’ Home Care Program**

The Department previously had Deed of Agreement arrangements with the States and Territories to ensure that all veterans had access to the full range of Home and Community Care (HACC) services.

In the 2008-2009 Federal Budget, the payments made under these arrangements were reclassified as a SPP for *Home and Community Care Services for Veterans.*

The management of the payments is now the responsibility of Treasury, while the contractual arrangements remain the responsibility of the Department. The SPPs are provided as grants to the States and Territories. The purpose of the SPP is that the money should be used to ensure that all veterans are able to access the full range of HACC services.

States and Territories are required to report annually that the funds were spent in accordance with the SPP agreements.

Q16) **Hospitals**

The SPP’s made under these arrangements do not directly affect the provision of services to veterans. They were made to ‘cash out’, by means of a one-off payment, residual liability provided under the Repatriation General Hospitals program for payments of a non-treatment nature (for example, accrued leave credits and supplementation of staff entitlements related to staff transfers). This was in accordance with agreements reached on the integration of Repatriation General Hospitals into the State public hospital system.

**Veterans’ Home Care Program**

The Department previously had Deed of Agreement arrangements with the States and Territories to ensure that all veterans had access to the full range of Home and Community Care (HACC) services.

In the 2008-2009 Federal Budget, the payments made under these arrangements were reclassified as a SPP (SPP) for *Home and Community Care Services for Veterans.*

The SPP for Home and Community Care Services for Veterans is provided as grants to the States and Territories. The Agreements state that the money should be used to ensure that all veterans are able to access the full range of HACC services.

Q17) **Hospitals**

No. The SPP’s were made to ‘cash out’ residual liability provided under the Repatriation General Hospitals program for payments of a non-treatment nature (for example, accrued leave credits and supplementation of transferred staff entitlements) in accordance with agreements reached on integration of Repatriation General Hospitals into the State public hospital system. These payments do not directly relate to the provision of services to the veteran community.

**Veterans’ Home Care Program**

No. The SPP’s are provided as grants to the States and Territories. The Agreements state that the money should be used to ensure that all veterans are able to access the full range of Home and Community Care services.

Q18) **Hospitals**

No, the Portfolio Budget Statements do not provide this level of detail.

The payments made were one-off payments to three states, ie NSW, Victoria and South Australia and were made to ‘cash-out’ residual liability provided under the Repatriation General Hospitals program for payments of a non-treatment nature.

**Veterans’ Home Care Program**

No, the Portfolio Budget Statements do not provide this level of detail.

The SPP for Home and Community Care Services for Veterans is provided as a grant to the states and territories. The management of these payments is the responsibility of Treasury.

**Q19) Hospitals**

There has not been any change to the funding for veterans’ programs and services as a result of this measure. The SPP was made to ‘cash-out’ residual liability provided under the Repatriation General Hospitals program for payments of a non-treatment nature.

**Veterans’ Home Care Program**

States and Territories are required to report annually that the funds were spent in accordance with the SPP agreements.

**Questions 20 and 22**

Outcome 2, program 2.2

Topic: Veterans’ hospital services

Written question on notice

# **Senator KROGER asked:**

In the June Budget Estimates (hearings) it was said that the Department meets the full cost of hospital services for Gold Card holders.

(a) Please provide a breakdown by month and location of the number of DVA clients over the past five years being treated/admitted to public and private hospitals in all states and territories.

(b) Please provide the financial breakdown by month and location of DVA payments to state and territory public and private hospitals for DVA Gold Card holders and all DVA dependants.

**Answer**

Details are attached in a separate document.

Notes

In the “Card” column, “G” denotes Gold Card holders and “W” denotes White Card holders.

Public hospitals

* Most states do not have finalised costing arrangements for 2008-09.
* For Queensland, pricing is still to be finalised for 2006-07 onwards.
* Data records related to admissions in 2008-09 are still being supplied and reconciled.
* Normal data processes see public hospital data received and reconciled between 2-12 months after hospital separation (these times are dependent upon individual state/territory contracts), leading to the significant lag demonstrated in the data.

Private hospitals

* The data was extracted on 10 November 2009
* September and October 2009 monthly figures are incomplete due to a delay by hospitals in supplying/processing data.
* Normal data processes see private hospital data received 6 weeks in arrears. Again this leads to the significant lag demonstrated in the data.

**Question 21**

Outcome 2, program 2.2

Topic: Veterans’ hospital services

Written question on notice

# **Senator KROGER asked:**

In the June Budget Estimates (hearings) it was said that the Department meets the full cost of hospital services for Gold Card holders.

How often is the DVA payment increased for services in public and private hospitals? What is the indexation used?

**Answer**

DVA increases the fees paid to public and private hospitals on an annual basis.

**Public Hospitals**

DVA negotiates annual indexation adjustments with each state and territory. To assist in this process DVA draws on various sources including National Hospital Cost Data, relevant health indexation measures and specific costs applicable to each jurisdiction. In addition, the services of an independent financial consultant are used to provide a state specific report assessing the key cost drivers within that state or territory. The reports detail the methodology and basis for the indexation proposed.

**Private Hospitals**

DVA negotiates an annual indexation adjustment with its contracted private hospital providers. The services of an independent financial consultant are used to develop the proposed adjustment. The report details the methodology and basis for the indexation proposed and is based on a composite of indexes, weighted according to the costs relevant to the delivery of hospital services. For example, the 2009 indexation was based on the Wage Price Index, the Consumer Price Index (CPI), and the Health CPI Hospital and Medical Services and Pharmaceuticals Sub-Groups.

**Question 23 &24**

Outcome 2, program 2.3

Topic: Veterans’ pharmaceutical benefits

Written question on notice

# **Senator KROGER asked:**

The following questions relate to the review into the cost of pharmaceuticals for war caused disabilities.

1. Given that in June it was stated that it was not possible to determine the number of veterans taking medication related to war-caused disabilities, how will the review make estimates on these numbers for budgetary purposes?
2. How will the review determine what is a war-related medication and will a list of war related medications be publically released?

**Answer**

(a) and (b)

As previously advised, it is not possible to determine the number of veterans taking medication related to war-caused disabilities. Veterans have access to a range of medications as listed on the Repatriation Pharmaceutical Benefits Scheme (RPBS). Whilst it is possible to identify medications taken by individual veterans, these medications may or may not be taken as a result of the war-caused disability. For example, some medications such as Valium can be prescribed to treat an accepted disability such as Post Traumatic Stress Disorder but can also be used to treat another condition not related to the veteran’s accepted disability such as a muscle relaxant for musculoskeletal disorder.

The review is not complete and as such any potential Budgetary impact which may arise from a decision to implement the review findings has not been estimated. Pending finalisation of the review, any changes to current arrangements resulting from possible implementation of the review findings will be a matter for consideration by Government.

**Question 25**

Outcome 2, program 2.3

Topic: Veterans’ pharmaceutical benefits

Written question on notice

# **Senator KROGER asked:**

The following questions relate to the review into the cost of pharmaceuticals for war-caused disabilities.

When will consultations take place with ex-service organisations for the purposes of the review?

**Answer**

The review is not yet complete. The timing of consultations is yet to be finalised, but it will be during the 2009-10 financial year.

**Question 26**

Outcome 2, program 2.3

Topic: Veterans’ pharmaceutical benefits

Written question on notice

# **Senator KROGER asked:**

The following questions relate to the review into the cost of pharmaceuticals for war-caused disabilities.

How will pharmacists be reimbursed for recording war-related medications and what is the estimated cost?

**Answer**

The review is not yet complete. Pending finalisation of the review, any changes to current arrangements resulting from possible implementation of the review findings, will be a matter for consideration by Government.

**Questions 27, 28, 29, 30, 31 and 32**

Outcome 2: Program 2.3

**Topic: Veterans’ pharmaceutical benefits**

(Written question on notice)

# **Senator KROGER asked:**

Pharmaceutical Benefits Scheme (PBS)–delayed chemotherapy drugs efficiency arrangements (2008-09 Budget savings measure).

Q 27) What will the impact be on expected savings to the Repatriation PBS from the delay in delivery on this Budget measure?

Q 28) What is the revised cost to the RPBS of the continued delay in delivery of this Budget measure?

Q 29) Given that the Government has delayed this measure again, and intends to discuss it as part of the 5th Community Pharmacy Agreement, what is the timing of this process?

Q 30) Has the failure to deliver this saving reduced access to new drugs on the RPBS?

Q 31) Minister Roxon says that without this measure it would have been unlikely to list Avastin for bowel cancer on the PBS and hence presumably the RPBS. Does this mean that if she is not able to deliver this measure that Avastin will be delisted from the PBS and RPBS?

Q 32) How many high cost cancer drugs are recommended for listing on the RPBS but are not listed because of the failure to implement this savings measure?

**Answer**

Q 27) The expected saving, as currently published in the Portfolio Budget Statements, is around $3.3m per annum. Until such time as the date is decided for this measure, an estimate of the expected impact on savings is not available.

Q 28) As no new commencement date has been decided for this measure, the cost impact of the delay in delivery cannot be estimated.

Q 29) The 5th Community Pharmacy Agreement and the chemotherapy drugs efficiency arrangements are both managed by the Department of Health and Ageing.

Q 30) No.

Q 31) No with regard to the RPBS.

Q 32) None.

**Question 33**

Outcome 2, program: 2.5

Topic: Veterans’ counselling and other health services

Written question on notice

# **Senator KROGER Helen** **asked:**

Research on post-traumatic stress disorder.

Please outline the services that the Australian Centre for Post-traumatic Mental Health (ACPMH) provides to the Department of Veterans’ Affairs (DVA)?

**Answer**

ACPMH provides DVA with:

* research to underpin best practice in veteran and military mental health and treatment, particularly Post-Traumatic Stress Disorder (PTSD);
* provision of expert advice on the development and implementation of specific guidelines or criteria for establishing, maintaining and measuring outcomes for treatment and psycho-educational programs;
* provision of advice on policy and service development issues relating to veterans’ mental health issues;
* development and conduct of training for DVA staff regarding veterans’ mental health issues; and
* literature review on post-traumatic mental health and related issues.

**Question 34**

Outcome 2, program 2.5

Topic: Veterans’ counselling and other health services

Written question on notice

# **Senator KROGER** **asked:**

Research on post-traumatic stress disorder.

How much funding has the ACPMH received annually from the DVA over the last 10 years? Can this please be broken down by: a) Year; b) Project; and c) Core funding?

**Answer**

Summaries of ACPMH project funding and core funding by year are provided at tables A and B respectively.

| **Table A: ACPMH Individual Research Project Funding Summary 2000–2009** | | | | | | | | | | |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Official Order** | **Project Title** | **2000-01** | **2001-02** | **2002-03** | **2003-04** | **2004-05** | **2005-06** | **2006-07** | **2007-08** | **2008-09** | **2009-10 - To date** | **Project Total** |
|  | ***Standing Deed (research projects and services funding)*** | - | - | - | - | - | - | - | - | - | - | - |
|  | DVA Mental Health Datamart (ARP0510) | - | - | - | - | $82,727 | $36,782 | - | - | - | - | **$119,509.00** |
|  | Pathways to care in veterans previously compensated for a mental health condition | - | $91,659 | $164 | - | - | - | - | - | - | - | **$91,823.00** |
| - | Education Officer - Mental Health Resources for DVA Staff | - | - | - | - | - | - | $120,000 | $120,000.00 | $120,000.00 | - | **$360,000.00** |
| - | Gregg Review: Expert advice provided to Ron McLeod | - | - | - | - | - | - | - | $10,000 | - | - | **$10,000.00** |
| - | Stepping Out Evaluation | - | - | - | - | - | - | - | $21,120 | - | - | **$21,120.00** |
| 03/2007 | VVCS Cognitive Processing Therapy (ARP0622) | - | - | - | - | - | - | $77,900 | $133,900 | $72,430 | $70,470 | **$354,700.00** |
| 04/2007 | Algorithm - Treatment of Acute Stress Disorder and PTSD | - | - | - | - | - | - | -- | $146,000 | $40,000 | - | **$186,000.00** |
| 05/2007 | Evaluation of DVA Mental Health Initiatives | - | - | - | - | - | - | - | $569,293.52 | $212,341.92 | $106,170.96 | **$887,806.40** |
| 08/2007 | Government Plan for DVA - Training of Mental Health Workers | - | - | - | - | - | - | - | $297,674 | - | - | **$297,674.00** |
| 09/2007 | Government Plan for DVA - Lifecycle Initiatives | - | - | - | - | - | - | - | $401,920 | - | - | **$401,920.00** |
| 12/2007 | VVCS Mental Health Outcomes (ARP0712) | - | - | - | - | - | - | - | - | - | $32,180 | **$32,180.00** |
| 03/2008 | Lifecycle Initiative - Rehabilitation (Phase 2) | - | - | - | - | - | - | - | - | $260,700 | $71,900 | **$332,600.00** |
| 05/2008 | Lifecycle Initiative - Hard to Engage (Phase 2) | - | - | - | - | - | - | - | - | $120,000 | $30,000 | **$150,000.00** |
| 06/2008 | Lifecycle Initiative - Competency Training (Phase2) | - | - | - | - | - | - | - | - | $552,326 | $300,000 | **$852,326.00** |
| 07/2008 | Psychosocial Rehab (ARP0618) | - | - | - | - | - | - | - | - | $63,000 | $63,810 | **$126,810.00** |
| 08/2008 | Review of VVCS Programs for Young Veterans | - | - | - | - | - | - | - | - | $39,360 | - | **$39,360.00** |
| 09/2008 | Review of Stepping Out | - | - | - | - | - | - | - | - | $15,000 | - | **$15,000.00** |
| 10/2008 | Evidence-Based Practice (ARP0710) |  | - | - | - | - | - | - | - | $22,545 | $39,120 | **$61,665.00** |
| 05/2009 | Redevelopment of VVCS Mental Health Group Programs | - | - | - | - | - | - | - | - | - | $30,000 | **$30,000.00** |
| - | State Training | $274,500 | $231,100 | $432,500 | - | $211,200 | $132,100 | - | - | - | - | **$1,281,400.00** |
| - | Commissioned Research | - | $100,825 | - | $18,767 | - | - | - | - | - | - | **$119,592.00** |
|  | **Total** | **$274,500** | **$423,584** | **$432,664** | **$18,767** | **$293,927** | **$168,882** | **$197,900** | **$1,699,907.52** | **$1,837,002.92** | **$842,950.96** | **$6,190,085.40** |

**NOTE: Details for 1999-00 for this question would require a significant diversion of resources and therefore DVA is unable to provide this information. As specific research projects were conducted under the core funding prior to 2006 this may not include all individual projects and is not necessarily a comprehensive list.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table B: ACPMH Core Funding Summary 2000–2009** | | | | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Official Order** | **Project Title** | **2000-01** | **2001-02** | **2002-03** | **2003-04** | **2004-05** | **2005-06** | **2006-07** | **2007-08** | **2008-09** | **2009-10 - To date** | **Core Total** |
|  | ***Funding Agreement (core funding)*** | $321,687 | $1,354,100 | $1,354,100 | $1,354,100 | $1,354,100 | $1,354,100 | $1,182,550 | $1,011,000 | $1,068,683 | $563,183 | **$10,917,604** |
| 01/2007 to 01/2011 | PTSD Program Quality Assurance | - | - | - | - | - | - | $75,000 | $150,000 | $150,000 | $100,000 | **$475,000** |
| 02/2007 to 02/2011 | VVCS Program Monitoring | - | - | - | - | - | - | $35,000 | $70,000 | $70,000 | $35,000 | **$210,000** |
|  | **Total** | **$321,687** | **$1,354,100** | **$1,354,100** | **$1,354,100** | **$1,354,100** | **$1,354,100** | **$1,292,550** | **$1,231,000** | **$1,288,683** | **$698,183** | **$11,602,604** |

**NOTE: Details for 1999-00 for this question would require a significant diversion of resources and therefore DVA is unable to provide this information. Specific research projects were conducted under the core funding prior to 2006.**

**Question 35**

Outcome 2, program 2.5

Topic: Veterans’ counselling and other health services

(Written question on notice)

# **Senator KROGER** **asked:**

Research on post-traumatic stress disorder.

What research has been funded specifically into the treatment of post-traumatic stress disorder in veterans, if any? Please provide copies of that research, if applicable.

**Answer**

The following research has been funded by DVA into the treatment of post-traumatic stress disorder:

* **Guidelines for the treatment of adults with Acute Stress Disorder & PTSD - Clinical Algorithm**

The algorithm was designed as a brochure with a tear off section specifically designed for General Practitioners (GPs) to use during consultations and provides basic information about the identification and management of those affected by traumatic events. A web-based version was developed to enable the algorithm to be accessed via computer. The practitioner guide is available to the public on the ACPMH website at [www.acpmh.unimelb.edu.au](http://www.acpmh.unimelb.edu.au)

This project started in October 2007 and was completed in September 2008.

* **PTSD Quality Assurance Project**

This project accredits, manages and reports on the compliance with and outcomes of the PTSD Quality Assurance program for DVA PTSD programs, contracted by DVA PTSD Providers.

This commenced in January 2002 and is an ongoing accreditation DVA project. Thirty-one reports have been provided to date.

* **The effectiveness of Cognitive Processing Therapy (CPT) for Veterans and Veterans’ Families Counselling Service (VVCS) clients with post-traumatic stress disorder (PTSD)**

The trial is an intervention within the VVCS service setting, aimed to reduce the severity of PTSD and the co-morbidity of other mental health conditions in veteran clients. If the treatment is found to be effective it may be implemented within VVCS. The trial aims to enhance the awareness and skills of VVCS staff in the delivery of evidence based approaches for the treatment of PTSD. The increased emphasis on the provision of such interventions in secondary care settings is an integral component of the DVA Mental Health Strategy and the DVA mental health service reforms.

This project started in June 2007 and is expected to be completed in May 2010.

* **Promoting the use of evidence-based psychological treatment of post-traumatic mental health problems**

The project’s purpose is to develop and evaluate a model for building sustainable workforce capacity around best practice for the treatment of Acute Stress Disorder and Post-traumatic Stress Disorder. Treatment recommendations from the *ACPMH Australian treatment guidelines for adults with Acute Stress Disorder and PTSD* are being implemented by the project and are based upon recognised guideline dissemination and implementation models. The project includes evaluation and, if found to be successful, may be implemented throughout VVCS.

This project started in March 2009 and is expected to be completed in March 2011.

**Question 36**

Outcome 2, program 2.5

Topic: Veterans’ counselling and other health services

(Written question on notice)

# **Senator KROGER asked:**

Research on post-traumatic stress disorder.

The ACPMH has received funding of $363,941 since September 2008 for four research projects. What are these projects and how will they help improve provision of DVA services to veterans with post-traumatic stress disorder?

**Answer**

The projects being carried out by ACPMH are part of the Government’s 2007 election commitment to implement an Australian Defence Force Mental Health Lifecycle Package.

The overall aims of the mental health research projects are to:

* improve transition from defence to civilian life for the member and their family; and
* improve rehabilitation and support services; and
* improve access to timely mental health treatment including PTSD.

The research projects are:

* **Transition Pilot Project and Family Support Trial in Townsville**

The research project aims to improve transition support services for ADF members at risk of or experiencing mental health problems, including PTSD, together with their family members, who are making the transition from military to civilian life. The project is based on forming collaborative interactions between stakeholders involved in providing services to the ADF members, as well as improving effectiveness of the services provided. Participants in the collaborative include health, rehabilitation, counselling, chaplaincy, transition, family and entitlements and compensation service providers.

* **Study into the Barriers to Rehabilitation (in two parts)**

The aim of this study is to determine whether there are systemic barriers to successful rehabilitation for DVA clients.

The first part of this study is to evaluate the introduction by DVA of an online Needs Assessment tool including assessing the comprehensiveness and quality of completion, and the factors that act as barriers or enablers to its use.

The second part is trialling the introduction of a new appropriate, sustainable outcome measure to be used by DVA contracted rehabilitation providers. Both areas of study seek to inform improvements in rehabilitation processes for current and former serving members who require vocational, medical and psychosocial rehabilitation services.

* **Study into Hard to Engage Clients**

The aim of this research project is to trial a range of interventions including assertive follow up to engage with veterans who are not receiving any mental health support.

This project will assist DVA to improve services to veterans with post-traumatic stress disorder. For example, providing recommendations on ways to promote the earlier identification of PTSD and other mental health disorders and strategies to improve access to treatment for those veterans and their families who currently do not access treatment, with a particular focus on those making the transition from military service to civilian life.

* **Training for Secondary Mental Health Workers**

As a result of research by ACPMH in 2007-08, a training package for secondary mental health workers was developed and is being delivered nationally.

**Question 37**

Outcome 2, program 2.5

Topic: Veterans’ counselling and other health services

(Written question on notice)

# **Senator KROGER asked:**

Research on post-traumatic stress disorder.

Has any research been funded by the DVA on the role of the family and involvement of family members in treatment and management of post-traumatic stress disorder in veterans? If so, please provide a copy of that research.

**Answer**

While there has been no direct funding provided for research on the role of the family and involvement of family members in treatment and management of posttraumatic stress disorder (PTSD), in recognition that PTSD is a significant disorder, DVA has worked closely with the Australian Centre for Posttraumatic Mental Health (ACPMH) in the development of the *Australian Guidelines for the Treatment of Adults with Acute Stress Disorder and Posttraumatic Stress Disorder*. These guidelines are approved by the National Health and Medical Research Council and endorsed by the Royal Australian and New Zealand College of Psychiatrists and the Australian Psychological Society. They are also supported by the Department of Defence.

The guidelines are integral in improving veterans’ access to mental health services and ensuring health practitioners better understand the mental health issues experienced by veterans and serving defence personnel so they receive best practice treatment and care. They are a significant development in the promotion of evidence-based treatment for mental health problems.

DVA’s ongoing relationship with ACPMH ensures the Department is able to implement world‑class programs in posttraumatic and general mental healthcare, and increase mental health awareness across the veteran community and mental health practitioners.

In August 2007, the Australian Government announced $13.5 million for DVA to establish the Family Study Program, an ongoing research program (2008-2016) to assess the impact of service on the health and welfare of the families of deployed personnel, including Vietnam veterans and subsequent deployments, such as Timor-Leste.

The Vietnam Veterans' Family Study will help the Government to better understand the health and wellbeing of the families of Vietnam veterans. It will look at the physical, mental and social health of veterans’ families and increase our knowledge about the longer term effects of serving in Vietnam for veterans and their family members. An important part of the study will be to compare mortality rates in Vietnam veterans’ families with the families of servicemen who did not go to Vietnam.

Information from this study will not only identify potential health issues but will also assist in the development of services to more accurately meet the needs of families of defence force personnel. The study will provide much needed information on the impact of military service on family functioning and the health and well-being of children of military families. The outcomes of this study will inform and assist in the development of government policy.

The Timor-Leste Family Study commenced late June 2009 with the engagement of a study consortium including UniQuest and the Centre for Military and Veterans’ Health.

**Question 38**

Outcome 2, program 2.5

Topic: Veterans’ counselling and other health services

Written question on notice)

# **Senator KROGER asked:**

Research on post-traumatic stress disorder.

Has the ACPMH evaluation of DVA mental health initiatives been completed? Please provide:

1. a list of the Divisions of General Practice selected for the evaluation;
2. the number of veterans surveyed; and
3. the age of the veterans surveyed.

**Answer**

The Evaluation of DVA mental health initiatives commenced in 2007 and will be completed in June 2010.

**(a) Divisions of General Practice**

ACT ACT Division of General Practice

NSW Tweed Valley Division of General Practice

Macarthur Division of General Practice

Central Sydney General Practice Network

Nepean Division of General Practice

NT Top End Division of General Practice

QLD Townsville General Practice Network

GP Partners Brisbane

Sunshine Coast Division of General Practice

Gold Coast Division of General Practice

SA Adelaide Hills Division of General Practice

Adelaide Northern Division of General Practice

VIC Peninsula General Practice Network

Albury Wodonga Regional General Practice Network

General Practitioners Association Geelong

TAS General Practice North

WA Great Southern General Practice Network

1. **Veterans surveyed**

A total of 3,301 veterans were surveyed across the Divisions of General Practice

**(c) Age of Veterans Surveyed**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | <55 | 55-74 | 75+ | Total |
| Male | 794 | 970 | 578 | 2342 |
| Female | 151 | 217 | 591 | 959 |
| Total | 945 | 1,187 | 1,169 | 3,301 |

**Question 39**

Outcome 2, program 2.5

Topic: Veterans’ counselling and other health services

Written question on notice

# **Senator KROGER** **asked:**

Research on post-traumatic stress disorder.

# How is the research conducted by the ACPMH contributing to the best practice for the veteran community? Please list the projects in which this has happened.

**Answer**

The following research has contributed to best practice in the veteran community:

* **Guidelines for the treatment of adults with Acute Stress Disorder & Post-Traumatic Stress Disorder (PTSD)–Clinical Algorithm**

The research provides GPs and other mental health professionals with an assessment tool to identify PTSD identification and management information for the benefit of the veteran community. These guidelines and the clinical algorithm were published in 2008. They are publicly available on the internet at [www.acpmh.unimelb.edu.au](http://www.acpmh.unimelb.edu.au)

* **PTSD Quality Assurance Project**

This project ensures high quality PTSD treatment programs are provided for the veteran community. This ensures annual clinical monitoring and assessment of DVA funded PTSD programs in Australia.

* **The effectiveness of Cognitive Processing Therapy (CPT) for Veterans and Veterans’ Families Counselling Service (VVCS) clients with post-traumatic stress disorder (PTSD)**

This trial increases the best practice and range of PTSD treatment provided to the veteran community and if the trial is effective the approach may be incorporated into core business by VVCS. The trial will be completed by 30 June 2010 and the evaluation report will be available September 2010.

* **Promoting the use of evidence-based psychological treatment of post-traumatic mental health problems**

The project increases best practice counselling treatment by VVCS for the veteran community and if the project is effective it may be incorporated into clinical practice by VVCS counsellors. Evaluation of the impact of the implementation of the treatment protocol and training on best practice uptake at eight months will be completed in March 2010.

**Question 40**

**Outcome 2, program 2.5**

**Topic: Veterans’ counselling and other health services**

Written question on notice

# **Senator KROGER asked:**

Concerns about suicide rates in the veteran community and adequacy of services.

To the best of DVA’s awareness, how many DVA clients have committed suicide over the last five years?

**Answer**

The Department only records a veteran’s cause of death, including suicide, when a claim for benefits in respect of that death is made. During the last five years, 1 January 2004 to 31 December 2008, the Department has accepted 30 veteran suicides as service related.

**Question 41**

Outcome 2, program 2.5

Topic: Veterans’ counselling and other health services

Written question on notice

# **Senator KROGER** **asked:**

Concerns about suicide rates in the veteran community and adequacy of services.

Over the past five years, how many veterans with unsuccessful claims have committed suicide?

**Answer**

An accurate response to this question is not available. The only time the Department collects information about a veteran’s death, other than the date it occurred, is in a case where a claim for benefits is made by a surviving dependant.

**Question 42**

Outcome 2, program 2.5

Topic: Veterans’ counselling and other health services

Written question on notice

# **Senator KROGER** **asked:**

Concerns about suicide rates in the veteran community and adequacy of services.

How many veterans who are already on a rate of pension which provides automatic dependent benefits such as war widow/widowers pension and Gold Card benefits have committed suicide in the last five years?

**Answer**

This information is not recorded. In the case of automatic benefit eligibility no claim is lodged and the Department only records the date of death provided by the relevant registry of births, deaths and marriages.

**Question 43**

Outcome 3, program 3.3

Topic: Fuzzy Wuzzy Angels commemorative medallion

Hansard, p. 107

# **Senator BARNETT asked:**

**Senator BARNETT**—My questions relate to the provision of the Fuzzy Wuzzy Angels Commemorative Medallion and the compensation payable. I am asking for a status report with respect to that and specifically the number of applications that have been made to date, the expressions of interest that have been made to date and the number of medals that have been provided to date. …Can you provide us with an update?

**Mr Collins—**Four fuzzy wuzzy medallions have been given so far: three to ex fuzzy wuzzy angels and one to a widow of a fuzzy wuzzy angel. Another two have gone through the proof process and are before the New Guinea authorities for final approval. I believe there are about another 20 currently under investigation. The investigation process is essentially that two senior members of their local community in New Guinea vouch for the individuals as being ex fuzzy wuzzy angels because clearly there is no documentation. It is a fairly loose proof of identity process.

**Senator BARNETT**—Thank you for that. Can we now go into the particulars of those four granted to date. Do you have the names and the date of the granting of the medallions?

**Mr Collins—**I do not have the names of them. The first medallion was presented on 23 July, on Papua New Guinea Remembrance Day. The three others were presented—

**Mr Collins—**The first one was presented by the Minister. The three others were presented by the High Commissioner in New Guinea on 2 September.

**Senator BARNETT**—You will take on notice the names for those?

**Answer**

The four Fuzzy Wuzzy Angels Commemorative Medallion recipients and dates of presentation are:

* Mr Wesley Akove, 23 July 2009;
* Mr Nepe Kumanyal, 2 September 2009;
* Mr Raga Naime, 2 September 2009; and
* Mrs Anna Boino, 2 September 2009.

**Question 44**

Outcome 3, program 3.3

Topic: Fuzzy Wuzzy Angels commemorative medallion

Hansard, p. 107

# **Senator BARNETT asked:**

**Senator BARNETT**—I can understand that, Mr Campbell. That is entirely sensible. But once they have been provided I am sure you will. The 20 under investigation, as it were: can you advise when they were nominated and how long it has taken to investigate their creditworthiness and validity?

**Mr Collins**—I cannot tell you exactly when all the claims came in.

**Senator BARNETT**—You can take that on notice?

**Mr Collins**—We can certainly take that on notice. It is not a difficult process, but what we need to do is be able to get some senior people in the villages to be able to vouch for the individuals.

**Senator BARNETT**—I fully understand. I am trying to get an understanding of how long all this takes. Is it weeks or months? I would like to know when the nominations were made and then how long the investigations take place. I am more than happy for you to take that on notice.

**Answer**

The length of time between a claim being lodged, assessment of the application and final approval by the PNG Government Awards Committee varies between claims.

Applications are lodged in person or by post at the Australian High Commission in Port Moresby. If an application is fully completed, including all signatures required for verification that the claimant is a Fuzzy Wuzzy Angel, Departmental staff and historians can assess the application within 14 days. If the application is not complete and further information is required from the applicant, it can take several weeks before the application can be assessed. Often additional information is required in writing, taking several weeks through an erratic postal system.

Once an application have been through the Departmental process, it is sent to the PNG Government’s Awards Committee. The Committee requires up to three months to provide final approval of medallion recipients.

**Question 45**

Outcome 3, program 3.3

Topic: Fuzzy Wuzzy Angels commemorative medallion

Hansard, p. 109

# **Senator BARNETT asked:**

**Senator BARNETT**—Can you advise the committee how many fuzzy wuzzy angels, based on your best estimates, provided support to the Australian services during the Second World War?

**Mr Collins**—Our estimate at the time we were looking to produce the medallion was in the vicinity of 50,000.

**Senator BARNETT**—So we have an estimate of about 50,000 that provided service to the Australian diggers and yet we have granted four medallions, we have got two proofs and we have got 20 under investigation and we only have had 120-odd representations. Does it concern you that we have only received that many?

**Mr Collins**—At the time we looked to do the medallion our estimate was that in the vicinity of 1,200 to 1,500 fuzzy wuzzy angels or their widows may well have still been alive.

**Senator BARNETT**—When was that?

**Mr Collins**—That was in April last year.

**Senator BARNETT**—That was your best estimate.

**Mr Collins**—Yes.

**Senator BARNETT**—You can take it on notice to confirm that.

**Answer**

Yes. The Department’s estimate as at April 2009 was that there could be in the vicinity of 1,200 to 1,500 Fuzzy Wuzzy Angels or their widows/widowers still alive. The Australian New Guinea Administrative Unit (ANGAU) employed 50,000 to 55,000 indigenous Papuans and New Guineans from 1942 to 1945. The Department undertook calculations based on the PNG 2000 Census population statistics and World Health Organisation mortality rate statistics. As there are no records available, the Department cannot provide a specific number of living Fuzzy Wuzzy Angels or surviving widows/widowers.

The incomplete nature of the available statistics means that any calculation of numbers is qualified. DVAs advice from persons consulted in PNG was to proceed on the basis of the maximum estimate. As the project has evolved, this advice appears to have been too optimistic.

**Question 46**

Outcome 3, program 3.2

Topic: War Graves–Fromelles dig

Written question on notice

# **Senator TROOD asked:**

It is understood that each soldier will be buried with full military honours next year at a Commonwealth War Graves cemetery, currently being built in Fromelles. Has the Department considered the protocol if a family member desires for the family member’s remain to be returned to Australia?

**Answer**

Responsibility for the graves of Commonwealth casualties of the two world wars rests with the Commonwealth War Graves Commission (CWGC), which is based in the United Kingdom.

After the First World War, the Governments of the Commonwealth nations that made up the Commission agreed that the remains of members of the Commonwealth forces who died during the war would not be exhumed and removed to another country or repatriated. This decision was reaffirmed after the Second World War.

The prospect of general repatriation after both wars was clearly impractical because of the enormous numbers of war dead buried in thousands of sites around the world. There was also some evidence of a sentiment within the Armed Forces that the remains of those who fell together as comrades should rest together in death. Moreover, to have allowed private repatriation would have prejudiced the Commission’s policy that the dead should be commemorated equally as a symbol of the equality of sacrifice each had made in the nation’s name. Private repatriation would have favoured those families with means.

The Commission’s policy is that Commonwealth war dead should, as far as possible, be interred close to the place at which they met their death and be allowed to rest in peace, provided safe burial can be assured. Accordingly, when war dead such as those at Fromelles are recovered today they are buried in the nearest practical war cemetery.

At Fromelles, the CWGC has decided to build a new cemetery, the Fromelles (Pheasant Wood) Military Cemetery, for interment of the recovered remains. Reinterment will commence on 30 January 2010, and a special commemoration will be conducted on 19 July 2010, the 94th anniversary of the Battle of Fromelles.