RACGP

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1 July 2016

Rear Admiral Ken Doolan AO RAN (Retd)
National President
Returned & Services League of Australia
PO Box 721
FYSHWICK ACT 2609

Dear Rear Admiral Doolan,

RE: Draft RSL 'Health Policy Issues – 2016' paper

Thank you for providing The Royal Australian College of General Practitioners (RACGP) with an opportunity to comment on the draft RSL 'Health Policy Issues – 2016' paper. The health of veterans is an area of interest for the RACGP. The RACGP Specific Interests faculty has a dedicated Military Medicine Working Group, chaired by Dr Nicole Curtis (currently serving Captain, RAN).

The RSL draft paper offers a comprehensive summary of the health-related issues facing current and former members of the Australian Defence Force (ADF), particularly regarding the current service delivery model and the recruitment and retention of permanent and reserve ADF medical officers.

The RACGP offers the following comments for your consideration.

Training in military health for GPs
The RSL draft paper asserts that the current system of care for former ADF members would be improved through the introduction of specific education regarding the effects of military service during civilian general practice training.

GP training is by definition very broad. Doctors undergoing GP training are expected to have a good knowledge of a vast range of presenting symptoms and their management. Their training program prepares them in managing uncertainty, undifferentiated illness, and complexity. The current *Curriculum for Australian General Practice* addresses 13 core skills and outlines over 38 contexts in which these core skills can be applied. Contextual units that are of particular relevance to the medical management of former and current members of the ADF include *MM16 Military Medicine* and *OM16 Occupational Medicine*. More information about these units is available at http://www.racgp.org.au/education/curriculum/2016-curriculum/. Also relevant could be *DB16 Individuals with Disabilities*, *MS16 Musculoskeletal and Sports Medicine*, *MH16 Men's Health*, *PS16 Psychological Health, AV16 Abuse and Violence,* and *AM16 Addiction Medicine*.

GPs are encouraged to continue learning over the course of their careers after completing their Fellowship. They are encouraged to develop their skills in response to the needs of their communities. GPs who provide care for current and ex-serving ADF members may strive to have the best possible understanding of the military environment in which their patients live and work. For example, they may

develop their skills in assessing medical suitability for service employment and deployment, workplace-based rehabilitation, and providing musculoskeletal medicine and men's health care.

To these ends, there are a number of existing avenues by which GPs might engage in further training in the area of military health, particularly with regard to care for patients who are former ADF members. For example, the RACGP's online learning platform *gplearning* at http://gplearning.racgp.org.au/ offers a course developed in conjunction with the Department of Veterans' Affairs (DVA) and Phoenix Australia entitled *Working with veterans with mental health problems*. The RACGP's journal Australian Family Physician (AFP) has recently devoted an issue to Veteran's Health, available at http://www.racgp.org.au/afp/2016/march/, which included a Continuing Professional Development activity on engaging with veterans and managing health issues affecting this population.

GPs can also opt to participate in a number of RACGP special interest groups, including the Military Medicine Working Group chaired by Dr Curtis. This group has undertaken work with a view to creating a Diploma of Military Medicine.

Establishing an online GP database

The RSL draft paper recommends establishment of an online database of GPs with specific experience in military health. It is envisaged that this database would be made available to ADF members seeking doctors with an appropriate understanding of the military environment, as well as the physical and mental health impacts of service in that environment.

While there may be benefits in establishing such a database, the RACGP is concerned that it has the potential to contribute to service fragmentation for patients. It could encourage patients to seek other doctors to take over part of their care. The RACGP believes that optimal care is provided under a patient-centred medical home model, in which patient have an ongoing relationship with one general practice and a 'personal doctor' who tends to their various healthcare needs across their lifespan. Such a model is particularly appropriate for the care of ex-serving ADF members and their families, in particular dealing with the intergenerational effects of military service referred to in the RSL draft paper.

The RACGP accepts that there are challenges with respect to applying a patient-centred medical home model for currently serving ADF members because of the high level of work-related mobility of ADF members and their families across Australia, compared to veterans and other civilians. In addition, part-time Reserve ADF members have only intermittent access to the military services provided by the ADF, which may not be balanced by their otherwise ongoing access to their normal civilian GPs.

Encouraging ADF members to sign up for a shared electronic health record

In a third recommendation, the RSL draft paper calls for the development of a campaign to encourage former ADF members to register for a shared electronic health record when available. Shared electronic health records can provide timely access to information not available via normal communication channels. To operate effectively, all health practitioners, including those in the secondary healthcare sector, must be invested in the development and adoption of this system. There

are challenges inherent to the current My Health Record that might prevent this. An effective campaign to promote the use of the My Health Record would need to address these issues and encourage uptake by patients and health practitioners alike.

'Non-Liability Health Care' (NLHC) conditions

Appropriate consideration should be given to expanding the list of NLHC conditions and the RACGP agrees that the process by which conditions are added to this list should be readily acceptable to interested parties. There should be good evidence to demonstrate a strong and direct relationship between the onset of a particular condition and ADF service before it is included on the NHLC list. Even so, the RACGP accepts that there are substantial challenges with respect to medical conditions that may be ascribed to military service, where such evidence is limited, contradictory, or not available.

Costings for the 'Through-Life Care' (TLC) model

The RACGP notes that the TLC model is intended to be based on the Department of Veterans' Affairs Coordinated Veterans Care (DVA CVC) program, which provides quarterly payments to support coordination of care in addition to payments to GPs and other providers for the delivery of services. As such, the information presented in the section on costs does not provide a full picture of the potential cost of the TLC program, as costs per patient in the DVA CVC program are not provided for comparison. As the TLC program appears to introduce case management services to those eligible and expand the conditions covered by the program, there in fact may be a significant increase in funding required to deliver this program to current and former ADF members.

Restoring dignity to the DVA claims process

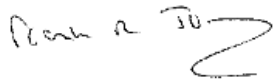
There are many faults inherent to the current DVA claims process. This system, which relies on the individual to demonstrate levels disease and disability for eligibility, creates a perverse incentive to magnify illness and functional impairment. As noted in the RSL draft paper, there are situations in which a successful claim prohibits the individual from taking income from work. The RACGP would support efforts to restore dignity to the claims process and better meet the healthcare needs of ADF members in the years that follow their service.

Potential for future collaboration

The RACGP is willing to collaborate further with the RSL to devise further strategies to assist GPs better address the health needs of current and former ADF members.

Once again, thank you for the opportunity to provide feedback.

Yours sincerely,



Dr Frank R Jones
President