Submission No 38

Inquiry into the Care of ADF Personnel Wounded and Injured on Operations

Organisation: Department of Defence – Answers to Questions on Notice

Joint Standing Committee on Foreign Affairs, Defence and Trade

QUESTIONS ON NOTICE – COMMITTEES

Care of ADF Personnel Wounded and Injured on Operations - 19 March 2013

Q1: Rates of Mental Health Issues

Mr Robert MP asked on 19 March 2103, Hansard page 7:

Rear Adm. Walker: I do not have any specific breakdown available tonight on SF versus Army. I can go back to look at the prevalence study to see if we can pull that data out.

Mr ROBERT: That would be helpful, just noting the public commentary in terms of the high rate of multiple deployments in our SF community.

Rear Adm. Walker: We have some because that will be coming out shortly as a result of the prospective study into the Middle East area of operations deployment in the census study. That data will be available publicly within the next couple of months and that may well give us some information rather than anecdote.

Mr ROBERT: We will take that on notice, Admiral – anyone - Deputy Chief of Army, in terms of how we are going supporting those suffering from mental health issues.

Response:

The 2010 ADF mental health prevalence and wellbeing study provided a comprehensive overview of the mental health of Australian Defence Force (ADF) members, demonstrating that 22% of personnel had experienced a mental disorder in the 12 months prior to the study. There were insufficient numbers of Special Forces participants to allow prevalence rates of mental health disorders within this sub-group to be estimated. The Middle East Area of Operations (MEAO) census study report and the MEAO prospective study report are expected to be released in the comi ng months, but these reports do not include analysis of subgroups within the ADF, such as Special Forces. However, initial analysis of the mental health symptoms measured across all three studies has indicated that the Special Forces population is slightly healthier than the broader Army population despite the high operational tempo.

Since mid-2011, Joint Health Command has worked collaboratively with Special Operations Command on a performance and wellbeing framework to enhance the physical and mental health of Special Forces personnel. This framework acknowledges the potential impact of multiple combat deployments and includes initiatives to build psychological resilience, monitor health and physical performance and provide early intervention for emerging issues.

Joint Standing Committee on Foreign Affairs, Defence and Trade

QUESTIONS ON NOTICE – COMMITTEES

Care of ADF Personnel Wounded and Injured on Operations - 19 March 2013

Q2: Outsourcing of Healthcare Services

Senator Fawcett asked on 19 March 2013 Hansard page 7.

Senator FAWCETT: My impression over the course of this inquiry is that Defence has been very proactive in responding to the conflicts, from Iraq through Afghanistan, and that the system has improved considerably. It is probably still not perfect, but I want to put it on record that it is apparent that Defence has been working hard to make the system work well. Thank you for that. Clearly for people coming back to Australia part of the health care they receive depends on how you approach it. There has been a lot of controversy over the past few months about the outsourcing to Medibank of both the garrison, through Aspen, and the referrals to specialists. Can you give us a quick update on the status of that? Are all garrisons now covered? Have all the outsourcing models been put in place.

Response:

(1) Defence and Medibank Health Solutions (MHS) have finalised the transition of all services for the ADF Health Services contract and are commencing a steady business as usual state. In order to move the contract into this phase Defence is confident that:

(a) All garrisons have access to the required level of health services both on-base and off-base; and
(b) A sufficient level of outsourced arrangements are in place to ensure that ADF personnel continue to receive timely and clinically appropriate care within their locale.

(2) Defence and MHS acknowledge that throughout the contract term there will be workforce pressures for the on-base services due to critical workforce levels in the health industry especially in remote localities and areas of need. The current on-base services personnel fill rate is approximately 93 per cent nationally. Defence and MHS continue to work together on this issue to ensure sufficient fill rates for on-base personnel are achieved across the garrison environment; and that ADF personnel continue to receive timely access to high quality health care.

(3) Defence is confident that ADF personnel have continued to receive timely, clinically appropriate care within their locale during the transition to the new off-base services arrangements. Whilst there were initial concerns regarding the sufficiency of the off-base service provider numbers Defence and MHS have worked through the sufficiency concerns to ensure appropriate access for the ADF. MHS continue to monitor, review and grow the off-base service provider list and will do so through the

life of the contract to ensure appropriate, timely access is available to the ADF; and also ensure that it is aligned with Defence's changing healthcare needs. Defence will continue to work with MHS throughout the contract term to ensure ADF personnel have access to appropriate care through the off-base service provider arrangements.

Joint Standing Committee on Foreign Affairs, Defence and Trade

QUESTIONS ON NOTICE – COMMITTEES

Care of ADF Personnel Wounded and Injured on Operations - 19 March 2013

Q3: Statistics and Satisfaction Rates

Senator Fawcett asked on 19 March 2013 Hansard page 7.

Senator FAWCETT: ...and then on notice I would be interested if you come back to us with any stats you are collecting in terms of differences in waiting times for people to see medical support, whether it be doctors or allied health professionals on garrison, or satisfaction rates and wait times etcetera for specialists. That would be a useful trend to look at before and after that implementation.

Response:

ON-BASE WAIT TIMES

Defence's "wait time" statistics measure the number of days until the first available appointment for a number of services. A number of factors impact on wait times including position vacancies across the Defence's health workforce (including ADF and APS), baseline security clearance (which affects their effectiveness in the facility and their access to electronic health systems), corporate knowledge regarding policy and processes, short notice deployments, increases in demand by the single Services and seasonal variations.

The table below compares the wait times for March 2013 (post contract) with the wait times for October 2012 (pre contract). There may be some seasonal impact on the wait times when comparing the month of March to October.

Type of appointment	**Number of facilities wait time improved**	**Number of facilities wait time remained the same**	**Number of facilities wait time increased**
Non-urgent medical appointment	16	25	10
Non-urgent mental health appointment	10	24	6
Non-urgent psychology appointment	16	18	7
Non-urgent physiotherapy appointment	8	24	8
On-urgent dental appointment	14	18	8

Off-Base Wait Times

Prior to the implementation of the ADF Health Service Contract, Defence did not previously collect external specialist appointment wait times as there was no system in place to do so. The implementation of the Central Appointments Team under the ADF Health Service Contract has given Defence increased visibility of external specialist wait times.

When referring an ADF member to an external specialist the referring health practitioner is required to identify the referral priority (Routine, Clinically Urgent or Operationally Urgent) and the Service Delivery Priority (Priority 1: Less than 7 days, Priority 2: 7 to 28 days and Priority 3: Greater than 28 days). The Central Appointments Team books specialist appointments in accordance with the referral and service delivery priority identified by the referring health practitioner.

The average national wait time for an appointment with the following medical specialists booked through the Central Appointments Team is:

a) Orthopaedic Surgeon - 16 days (business days)

b) Dermatologist - 22 days

c) General Surgeon - 17 days

d) Obstetrician/Gynaecologist - 18 days

e) Otolaryngologist/Head Neck surgeon - 22 days

Satisfaction Rates

Defence undertook a customer satisfaction survey from 1 August to 31 October 2012. This survey was intended to provide a baseline of customer satisfaction prior to entering into the ADF Health Service Contract. The next iteration of the survey is scheduled to commence in September 2013. The final report is still pending however the following data is provided.

Of the 5,341 valid survey respondents who provided responses about their visit:

- 82.8 per cent were seen within 30 minutes of their scheduled appointment;
- 34.6 per cent were able to get an appointment in less than one week;
- 23.4 per cent took more that three weeks to get a non-urgent medical appointment;
- 74.2 per cent agreed that access to the health service they required was available in a reasonable timeframe;
- 73.3 per cent indicated that they were satisfied or very satisfied with the health service provided; and
- 64.0 per cent agreed or strongly agreed that the overall quality of the health service they received was excellent.

Compliments and Complaints

The transparency and tracking of compliments and complaints has improved over the past year due to the implementation of new systems and processes as well as increased awareness of ADF members of the processes to report issues.

Thirty eight compliments were received in February 2013. This is the highest number recorded since September 2010. These compliments relate to treatment, professional conduct and administration.

There were 75 complaints recorded for January 13 and 138 complaints recorded for February 2013. This number of complaints is set against the context of respectively 34,152 and 54,694 episodes of clinical treatment delivered by Defence in January and February 2013. Further context is provided by noting that in January and February 2012 the number of episodes of clinical treatment delivered by Defence was respectively 26,986 and 48,380. The most common causes for complaints in January and February 2013 are access, communication and information; and treatment.

Current Activity

Defence is currently undertaking a review of its workforce with the intention of identifying the appropriate craft group and number of personnel required to provide efficient and effective health services to ADF members at each health facility. Defence is continuing to work with Medibank Health Solutions to develop strategies to recruit to vacant positions which have proven difficult to fill. We will also continue to cross level the workforce between the facilities and seek single Service support as required in order to maximise service delivery at each location.

Joint Standing Committee on Foreign Affairs, Defence and Trade

QUESTIONS ON NOTICE – COMMITTEES

Care of ADF Personnel Wounded and Injured on Operations - 19 March 2013

Q4: Employment Numbers On-Base Pre and Post-Health Services Contract Rollout

Senator Furner asked on 19 March 2013, Hansard page 8:

CHAIR: I have a supplementary question to Senator Fawcett's first question in respect of the Medicare transition. My understanding is that there are 36 on base psychologists, 163 off base psychiatrists and 859 off base psychologists. What I would like to know on notice is how that relates to the number of health providers prior to the Medicare transition. Rear Adm. Walker: Essentially there has been no change to the on base staff. CHAIR: For how long? Rear Adm. Walker: Prior to the contract or now. In fact, in terms of APS or ADF members, there has been no reduction in those numbers, in a sense. Positions have not been changed or abolished. We have always relied on external mental health providers, in terms of psychiatrists and psychologists, around the country. CHAIR: My question is: how does that relate to the relativities of now as opposed to pre the new contract? Rear Adm. Walker: As I say, there has been no change in the numbers of people that we would have employed in ADF or APS on-base prior to the contract or post the contract. As for contracted staff, again, I do not know whether those numbers are correct, but we have always used external providers for additional support. So there has been no decrease in providers. CHAIR: All right. Thanks. Air Marshal Binskin: Can I just address one part of the question from Senator Fawcett earlier - you were talking about numbers on bases, and we will give you the statistics for before and after. One thing the new contract has allowed us to do is adjust the numbers of providers at the different bases. As you know, we have moved Defence units around - 7RAR going to Adelaide was one of those - and this contract being put in place allowed us to adjust the numbers of medical personnel to match the numbers of people that we have on bases as well. I think you will see that when you see the stats.

Response:

Prior to the new contract Defence delivered services to the Australian Defence Force (ADF) via seven different prime contractor arrangements. Under these arrangements there were 745 full time equivalent (FTE) personnel engaged to deliver health care services on-base. Under the new contract Medibank Health Solutions (MHS) are engaged to provide 808 FTE personnel in the delivery of health care services on-base.

Specific to MHS, Defence provides access at on-base facilities through a multi-disciplinary mental health team. This on-base mental health team consists of ADF personnel, Australian Public Service (APS) personnel and contracted personnel engaged as social workers, psychologists and mental health nurses. In support of the on-base Mental Health Team; off-base service providers are utilised on an as-required basis, as deemed clinically appropriate.

The actual number of contracted personnel in the on-base mental health team has increased slightly subsequent to the transition to the new ADF Health Services contract. The total number of mental health professionals engaged prior to the new contract was 32 FTE and post the new contract is 36 FTE. Psychologists made up 17.5 FTE previously and now make up 18.5 FTE of the total numbers of mental health professionals respectively.

Prior to the MHS contract Defence did not have formal agreements with any off-base health care providers and services were sourced via any registered health professional within the civilian community on a clinically appropriate basis. Under the MHS contract Defence can still access any registered health professional within the civilian community, however, Defence now has access to a list of 176 psychiatrists and 920 psychologists who are pre-credentialed and approved with MHS.

In recognition of the varying clinical requirements and changing geographical requirements of the ADF, Defence will continue to work with MHS throughout the contract term to ensure ADF personnel have access to appropriate care

Joint Standing Committee on Foreign Affairs, Defence and Trade

QUESTIONS ON NOTICE – COMMITTEES

Care of ADF Personnel Wounded and Injured on Operations – 19 March 2013

Q5: Budget Pressures on Health Capability

Senator Fawcett asked on 19 March 2013 Hansard page 8.

Senator FAWCETT: This is my last question, and I am happy for you to provide the answer on notice. Clearly, since 2009 there have been ongoing cost growth pressures across the ADF that correspond with decreases in budget allocations. The government has worked with Defence to get appropriate decisions about your priorities, and we have heard through a number of estimates sessions that that has caused Defence to have to make decisions about where you spend the money, where the priorities are - and we accept that. What I would like to know is: in the area of health, from Joint Health Command and any other areas that feed into that, where are those trade-offs being made?
Can you give an indication of the areas where you have taken a hit or reduced some capability as a result of the budgetary pressures that have been placed on you. Rear Adm. Walker: Senator, we have not reduced the type or quantity of, or eligibility for, any health services, other than where it has been shown, based on evidence, that that would not be an appropriate treatment. If someone needs a treatment, it is provided. The cost is not the factor that decides whether or not you have treatment; it is all about your clinical need and the evidence base for having that treatment. There are no treatment services that are not provided on the basis of any budgetary restrictions. The whole point of us moving to the new contract arrangements was to better understand and manage our health budget in an environment where we knew we were being overcharged for services, which then increases the pressure on the budget. Whilst I have not been able to articulately say it before, it is not cost-cutting, because we have never refused anyone treatment; but it is about trying to manage our health budget in a more responsible way. Senator FAWCETT: Admiral Walker, you misunderstood my question. I am not accusing you of cost-cutting by making this change. I am asking you: if you look at your health capability as having fundamental inputs into capability, then where are the pressure points where you have had to make trade-offs over that?

Response:

The Department of Defence has not reduced the type or quantity of, or eligibility for, any health care services provided to Australian Defence Force (ADF) personnel unless it has been shown, based on evidence, that the service would not be an appropriate treatment. Any decision regarding the treatment to be provided to ADF personnel is based on the clinical need and the evidence base for having that treatment. Department of Defence budgetary restrictions have not impacted the provision of health care services to ADF personnel and there has been no reduction to health capability as a result of the budgetary pressures facing the Department.

Joint Standing Committee on Foreign Affairs, Defence and Trade

QUESTIONS ON NOTICE – COMMITTEES

Care of ADF Personnel Wounded and Injured on Operations - 19 March 2013

Q6: ADF Alcohol Policy

Mr Adams provided in writing on Friday 19 March 2013.

Within the culture of the ADF is there still an open bar policy at bases, and how is alcohol management being addressed?

Response:

Defence provides funding support to over 130 bars and clubs on bases around Australia, and provides bar services as part of mess facilities. Bars and clubs play an important role in Service culture and ethos. In 2012, Defence agreed to reforms to reduce and standardise bar opening hours and promote responsible management of bars across Defence. This change is consistent with initiatives being developed under Defence's *Pathway to Change Strategy* and the complementary ADF Alcohol Management Strategy. Further phases of bar reform, including consistency in bar management and alcohol pricing across Defence bars, will be finalised over the coming months for implementation later in 2013 and in 2014.

Defence provides a comprehensive suite of alcohol, tobacco and other drug services to ADF members. This includes mandatory awareness briefs, psycho-education workshops and access to a stepped care approach to appropriate garrison-based interventions in a primary care setting and referral to external specialist treatment and rehabilitation services as required.

Additionally, Defence is working closely with the Department of Veterans' Affairs in adapting its health promotion initiative, *The Right Mix – Your Health & Alcohol,* to the needs of current serving ADF members. This includes promotion of the recently released the smart phone application *On Track with The Right Mix.*

Cultural reform with regard to responsible alcohol use in the ADF is being progressed through Defence's Pathways to Change reform program and development of a comprehensive ADF alcohol management strategy.

The Australian Drug Foundation has been contracted to assist with the development of the strategy and formulation of single Service implementation plans in collaboration with each Service and Joint Health Command. The strategy is informed by and addresses the recommendations arising from the *Independent Review of Alcohol use in the ADF* conducted by Professor Margaret Hamilton in 2011.

Implementation of the strategy will strengthen the ADF approach to alcohol management by providing education and information to ADF members about responsible alcohol use; managing the availability and supply of alcohol; providing support and treatment to those who require it; and monitoring and responding to alcohol related incidents.

To support implementation of the strategy, the ADF will implement four specific resources developed with the assistance and expert advice of the Australian Drug Foundation. These include:

(a) A review of the Defence alcohol policy aligning Defence policy with evidence based national alcohol and other drug policy;
(b) An alcohol behaviours expectations statement which outlines the standards expected for responsible use of alcohol in the ADF;
(c) A leader's guide to alcohol management which provides guidance to ADF commanders in relation to all aspects of alcohol use in the ADF with a particular focus on prevention and early intervention; and
(d) A hospitality management program designed to provide guidelines for Defence in the planning and conduct of events where alcohol will be available.

These resources are important tools that will enhance the ADF's existing alcohol, tobacco and other drugs service.

Joint Committee on Foreign Affairs, Defence and Trade

QUESTIONS ON NOTICE – COMMITTEES

Inquiry into the Care of Australian Defence Force Personnel Wounded and Injured on Operations Hearing – 19 March 2013

Ms Brodtmann asked on Tuesday 19 March 2013 (Hansard page 4):

Ms Brodtmann: Great. The other thing is from the Defence families association. They also spoke to us about the disconnect on a D-number between Defence and DVA, and they were proposing a sort of identity number that would follow an ADF individual throughout the course of their career from serving to being a veteran. I understand that there is a bit of work being done on that with the famous PMKeyS program, and I would be grateful for an update on where that is at. The other suggestion that they made - and I will take this quickly in committee - is the concept of a case manager not just for the individuals that are presenting to DVA but also for their families. There is a lot of misunderstanding amongst the families about what support is available to them, sometimes what the signs are. The suggestion was that we possibly have a case manager or a one-stop shop sort of centre across ADF-DVA and possibly DCO. I would be grateful for your thoughts on that.

Response:

Defence is currently engaging with the Department of Veterans' Affairs in relation to a number of joint initiatives including the possibility of a single identification number that works across both the Departments of Defence and Veterans' Affairs. The aim of a single ID would be to reduce complexity and resolve proof of identification from the start of a member's service by using an existing numbering system rather than introducing an additional number. This proposal will require further consultation and scoping.

Defence, through Joint Project 2080 Phase 2b.1a, has proposed to implement a 'Single Person ID' and new 'Person Model' within its organisation. This 'Single Person ID' will be integrated into PMKeys and will improve the ability to track individuals through a variety of relationships within Defence, over time. Defence is currently progressing through the design release of this phase of the project.

Defence will continue to consult with the Department of Veterans' Affairs and other relevant stakeholders in relation to the possibility of a single identification number.

In addition to the advice provided at the Hearing by MAJGEN (rtd) Chalmers regarding DVA case management for clients and families, the Defence Family Helpline (DFH) operated by the Defence Community Organisation is also available to support serving ADF members and their families. The DFH is a 24/7 service which is able to provide information, support and referral to other agencies (including DVA) as required.