Australian Government
Department of Veterans' Affairs

DVA treatment cycle

At risk client framework

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Overview

The treatment cycle

A treatment cycle is up to 12 sessions or one year of allied health treatment – whichever ends first – that a Department of Veterans' Affairs (DVA) client receives from an allied health provider as a result of a general practitioner (GP) referral.

The treatment cycle supports high-quality care by improving GP and primary care involvement in allied health service delivery. It aims to increase communication between allied health providers and GPs, and enables GPs to more regularly review their clients' allied health treatment.

DVA clients with highly complex and specialised needs are expected to gain the most benefit from the treatment cycle.

For details of the treatment cycle, see the Guide to the Treatment Cycle for GPs and Allied Health Providers.

The At Risk Client Framework

In exceptional circumstances, a small percentage of DVA clients may be adversely affected by the treatment cycle requirements. These clients may need a tailored arrangement to deliver the benefits of increased communication and regular clinical review.

The purpose of the At Risk Client Framework is to identify and support these clients with tailored referral and review arrangements that are specific to their needs. GPs can use the framework to determine whether a client needs a tailored allied health referral arrangement for up to 12 months to achieve better quality of care.

DVA clients should be assessed under this framework based on their needs and circumstances at a specific point in time. Clients' needs and circumstances change over time, and clients are not expected to maintain their tailored referral and review arrangements indefinitely. They should return to the treatment cycle requirements when appropriate.

Who can do the assessment?

Only the client's usual GP should assess a client under the At Risk Client Framework. This is important because a tailored referral arrangement needs to be considered at the primary care level.

The client's usual GP is a GP who:

- has provided the majority of care to the client over the previous 12 months; or
- will be providing the majority of care to the client over the next 12 months; or
- is located at a medical practice that provided the majority of services to the client in the past 12 months or is likely to provide the majority of services in the next 12 months.

It is important that all DVA clients – and especially clients under this framework – have a usual GP, so they can receive high-quality primary care. If the client does not have a usual GP, they should discuss any need for tailored arrangements with the health professionals they are in contact with, or with DVA.

Criteria for assessment

Participation in the treatment cycle, as outlined above, is considered to be best practice for high-quality primary and allied health care, including for clients with complex care needs.

However, DVA recognises that sometimes multiple and complex factors may indicate that high-quality care is better served through a tailored referral arrangement.

These circumstances are to be considered exceptional, and only a very small percentage of clients would be expected to qualify for tailored referral arrangements. Complexity of a client's needs, by itself, is not considered sufficient because this might mean that increased GP involvement will improve quality of care.

There are two criteria for inclusion under the At Risk Client Framework, and both of these criteria must be met:

1. The client is experiencing
   - (a) complex psychosocial factors; or
   - (b) severe health conditions or needs that result in the treatment cycle having an adverse impact on their health, treatment and wellbeing; or
   - (c) severe functional impairments that result in the treatment cycle having an adverse impact on their health, treatment and wellbeing; or
   - (d) a combination of the above that results in the treatment cycle having an adverse impact on their health, treatment and wellbeing.

AND

2. The client's quality of care would be improved by tailored referral arrangements.

The focus should be on quality of care, and achieving better health and functional outcomes through a tailored arrangement. The GP should indicate how quality of care will be ensured.

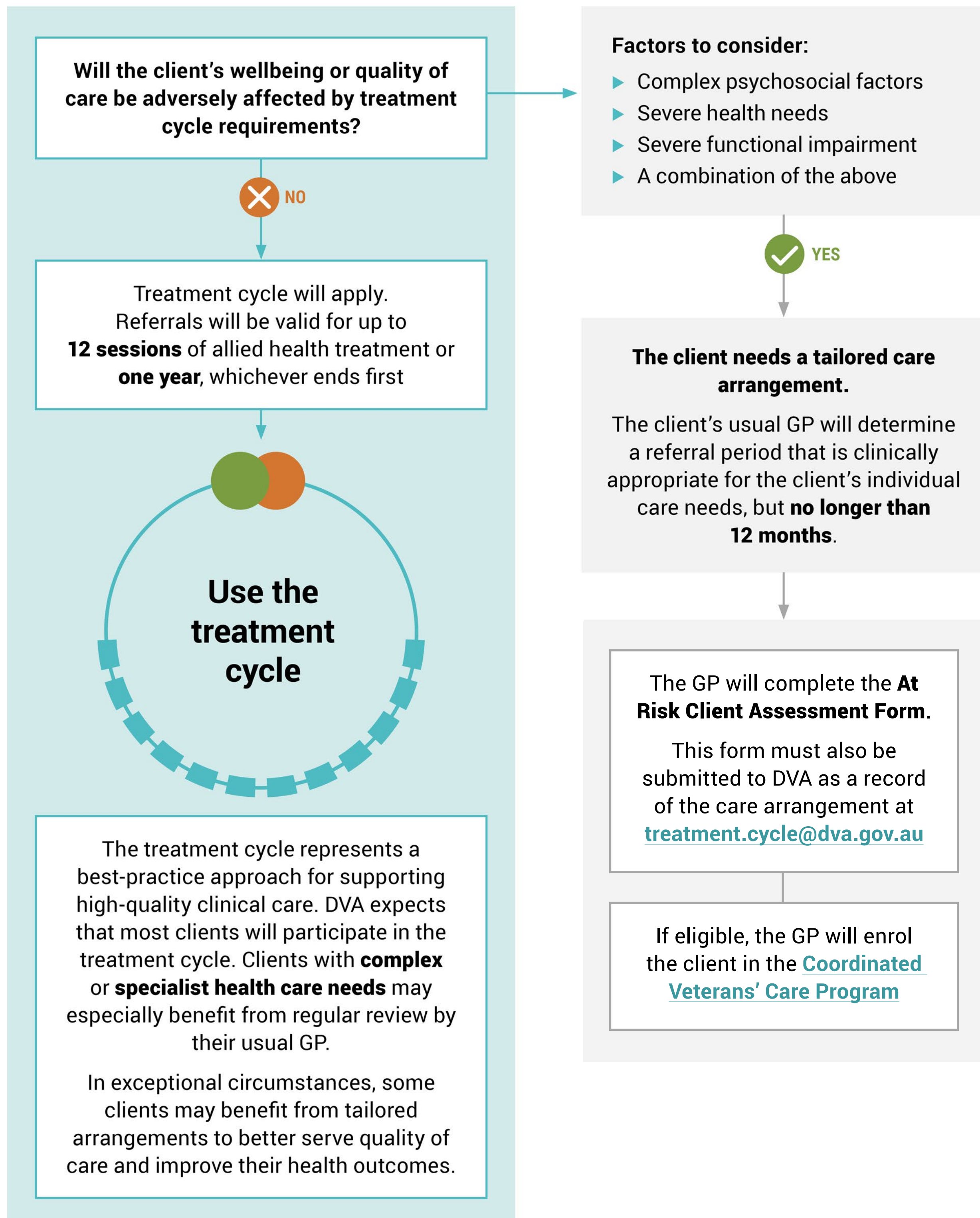
Process for establishing tailored referral arrangements

The process for establishing a tailored referral arrangement is as follows:

1. DVA clients must be assessed by their usual GP, who will determine if the client's health, wellbeing or quality of care would be adversely affected by the treatment cycle requirements. See Guide to the Treatment Cycle for GPs and Allied Health Providers for details of the treatment cycle requirements.
2. If the GP determines that the client needs a tailored referral arrangement, the GP must explain their assessment in the At Risk Client Assessment Form.
3. The GP must select a tailored referral and review arrangement from the following options, and explain their selection
   - (a) If eligible, enrol the client in the Coordinated Veterans' Care Program, with care coordination under that program's guidelines.
   - (b) Referrals are valid for three months. Allied health providers must send an End of Cycle Report at the end of a referral period.
   - (c) Referrals are valid for six months. Allied health providers must send an End of Cycle Report at the end of a referral period.
   - (d) Referrals are valid for one year. Allied health providers must send an End of Cycle Report at the end of a referral period.
4. The GP must email the At Risk Client Assessment Form to DVA at treatment.cycle@dva.gov.au as a record of the client's care arrangement.
5. The Patient Care Plan should be updated by the allied health provider to reflect the tailored referral and review arrangements.
6. The GP should advise all allied health providers providing services to the client that the client is subject to tailored arrangements under the At Risk Client Framework. This information can be included with the referral to the allied health provider. With the client's permission, the GP may provide a copy of the completed At Risk Client Assessment Form to the client's allied health providers.
7. The GP should monitor the tailored referral and review arrangement to ensure that it continues to meet the client's care needs.
8. Tailored arrangements should cease when they are no longer clinically necessary. The GP must inform DVA if tailored arrangements stop by emailing treatment.cycle@dva.gov.au. The GP should also inform the client's allied health providers through a new referral, if required.
9. All clients with a tailored referral arrangement must be reviewed within 12 months, and a new At Risk Client Assessment Form lodged with DVA if the client still requires tailored care arrangements.

Decision tree

The following decision tree will help GPs decide whether their client needs tailored referral arrangements.



Case study

Simon is a new DVA client who has the following characteristics:

- He lives alone in his own home, two hours outside a regional centre.
- He experiences significant agoraphobia and social avoidance due to chronic posttraumatic stress disorder.
- He has chronic pain due to a back injury, and finds driving for long periods difficult.
- He has diabetes that needs ongoing care from a podiatrist.

Simon's usual GP is working with him to encourage him to adhere to mental health treatment, which includes both medication and cognitive behavioural therapy.

Simon is currently attending a:

- psychologist once a week
- physiotherapist once a week
- psychiatrist once a month
- podiatrist twice a month.

Simon can currently tolerate appointments outside his home three times a week. Preparing for and attending these appointments induces significant distress and fatigue. The GP has established good communication channels with Simon's allied health providers and psychiatrist so that they can make appropriate arrangements for Simon. For example, Simon usually attends the first appointment of the day because he finds waiting rooms a difficult environment. These arrangements might change over time, but currently this is as much as Simon can reasonably manage.

Under treatment cycle arrangements, Simon would need to see his GP at least every two months given his current level of sessions with his psychologist.

However, given his social circumstances, his agoraphobia, his location, the need for travel arrangements, and the good communication between the GP, allied health providers and psychiatrist, a tailored three-monthly review and referral arrangement would better serve Simon's quality of care.

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DVA treatment cycle

At Risk Client Assessment Form for use by GPs

DVA client details	
Name	DVA file number
DOB	
Address	

Reasons why the client needs tailored referral and review requirements. The treatment cycle is considered best practice for quality of care. In exceptional circumstances, a tailored referral arrangement may better suit the client. You must explain how you have determined that the client's health, treatment or wellbeing is being adversely affected by the treatment cycle requirements.

Allied health services required (list all allied health providers currently providing services to the client. If more than 2, provide details on a separate page)
Allied health profession
Name
Provider number
Contact details
Allied health profession
Name
Provider number
Contact details

Tailored referral and review arrangements (select one)
If eligible, enrol the client in the Coordinated Veterans' Care program, with care coordination under that program's guidelines. Annual referral arrangements can be used.
Referrals valid for three months. Allied health providers must send an End of Cycle Report at the end of a referral period.
Referrals valid for six months. Allied health providers must send an End of Cycle Report at the end of a referral period.
Referrals valid for up to one year. Allied health providers must send an End of Cycle Report at the end of a referral period.

Declaration by GP

I have assessed the client, and have determined that they need the selected tailored referral and review arrangements because their health, treatment or wellbeing is being adversely affected by the treatment cycle requirements.

GP name	
GP provider number	
Practice name and address	
Phone	
Fax	
GP signature	Date