Veterans’ MATES 2020 Report

Keeping the veteran community well during COVID-19

Veterans’ Medicines Advice and Therapeutics Education Services program

An initiative of the Australian Government Department of Veterans’ Affairs
Throughout the COVID-19 pandemic, Veterans’ MATES has supported members of the veteran community to look after themselves through better use of medicines and health services. With a well-established grounding in theoretical models of behaviour change and health promotion, strong stakeholder engagement, use of big data and a commitment to ongoing innovation, Veterans’ MATES has had the agility to respond rapidly to the changing environment and needs of veterans and their families during this time.

The University of South Australia with support from the University of Adelaide’s Discipline of General Practice and School of Public Health, the Australian Medicines Handbook Ltd, the Drug and Therapeutics Information Service, NPS MedicineWise and HealthLink Ltd, delivers the current program on behalf of the Australian Government Department of Veterans’ Affairs.

Veterans’ MATES has been supporting members of the veteran community for over 16 years. It has reached more than 300,000 DVA clients and 33,000 GPs, as well as all pharmacies and aged-care facilities in Australia since inception. The provision of targeted and timely evidence based education for health professionals and DVA clients has achieved many positive health outcomes for DVA clients across a range of health issues affecting the veteran community.

This report highlights the program’s response to the health issues arising from the COVID-19 pandemic.

The Veterans’ Medicines Advice and Therapeutics Education Services (MATES) program is a multidisciplinary, collaborative venture developed by the University of South Australia’s Quality Use of Medicines and Pharmacy Research Centre with our core partners for the Australian Government Department of Veterans’ Affairs. We acknowledge our core partners:

• University of Adelaide
• Australian Medicines Handbook
• Drug and Therapeutics Information Service (DATIS)
• NPS MedicineWise
• HealthLink

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What is Veterans’ MATES?

Veterans’ MATES is a precision public health initiative for the veteran community, designed to support veterans and their families to manage their health. Using a whole of health care administrative claims data set containing more than 1 billion records, the program optimises the use of medicines and health care services through targeted education to DVA clients and their health professionals.

Administrative claims data are used to identify DVA clients who are at risk of medicine or health related problems and the health providers who treat them.

Identified DVA clients receive educational material that is tailored to their specific health care needs.

Doctors of DVA clients receive information on their prescribing for each individual client they treat with recommendations tailored for the care of each client.

Supporting educational material, developed with the help of clinical experts, is provided to the doctors of DVA clients, community pharmacies, accredited pharmacists and other health professionals involved in the care of DVA clients.

Collectively, since the program commenced,

- 500,000+ 500,000+ General Practitioner educational encounters have been provided.
- 1.5 Million 1.5 million targeted messages individually tailored for each DVA client’s health care needs have been sent to General Practitioners.
- 1.5 Million 1.5 million educational encounters delivering tailored health education and self-management advice have been provided to DVA clients.
- 100,000 100,000 DVA clients have benefited from the program as measured by changes in their health care.

- 79% 79% of DVA clients providing feedback have found the Veterans’ MATES material beneficial.
- 88% 88% of general practitioners providing feedback have found the Veterans’ MATES material beneficial.
- 95% 95% of pharmacists providing feedback have found the Veterans’ MATES material beneficial.
Agility to respond to COVID-19

With a well-established grounding in theoretical models of behaviour change and health promotion, methodologically rigorous big data analytics, strong stakeholder engagement and a commitment to ongoing innovation, Veterans’ MATES has had the agility to respond rapidly to the changing COVID-19 environment and needs of veterans and their families.

BIG DATA ANALYTICS

The DVA administrative data set was used to pinpoint DVA clients who would most benefit from support during the different stages of the COVID-19 pandemic.

Initially, algorithms were modified and phenotypes developed to identify those at most risk should they contract COVID-19. Later the data were used to target those most at risk of mental distress and anxiety.

Automated algorithms were developed to proactively monitor changes in access to health services throughout the pandemic.

ESTABLISHED FRAMEWORK

THAT PROMOTES LEARNING AND BEHAVIOUR CHANGE

With an established framework in place, Veterans’ MATES was able to rapidly adapt and deliver interventions with the knowledge that the principles of learning and behaviour change were still in place.

STRONG STAKEHOLDER ENGAGEMENT

The program’s long-term and genuine commitment to stakeholder consultation and engagement enabled us to call on our stakeholders to support an accelerated review process.

Clinical and editorial committee members were committed to ensuring the normal review processes could adapt to new rapid timelines whilst maintaining the program’s rigorous review standards.

Stakeholder members provided ‘on the ground’ feedback helping the Veterans’ MATES response to be relevant to the immediate needs of health professionals and DVA clients during the pandemic.

COMMITMENT TO ONGOING INNOVATION

Throughout 2019 Veterans’ MATES trialled digital delivery direct to GPs clinical desktop via a series of small pilots.

The COVID-19 rapid response required the timely delivery of information directly to the doctors caring for DVA clients.

Veterans’ MATES was in a position to fast-track e-delivery as a result of our trial.

Over 75,000 COVID-19-related messages containing patient specific feedback were delivered directly to the clinical desktop of more than 11,000 doctors via secure electronic messaging in HL7 format, enabling integration of information directly into the patient’s clinical record.
Keeping the veteran community well during COVID-19

LATE MARCH 2020
Identifying DVA clients at high risk of poor outcomes if they contract COVID-19

EARLY APRIL 2020
Detecting and monitoring access to care during COVID-19

LATE APRIL 2020
Helping at-risk DVA clients maintain access to health services during COVID-19

EARLY JULY 2020
Helping DVA clients manage COVID-19 related emotional distress

Ongoing monitoring of DVA clients missing out on care
RAPID RESPONSE: Identifying DVA clients at high risk of poor outcomes if they contract COVID-19

The first case of COVID-19 in Australia was on 25 January 2020; by 3 March 2020 there were 29 cases. Cases escalated to over 5,200 by 3 April 2020.

In March 2020 Veterans’ MATES developed a series of algorithms to determine the prevalence of the risk factors for poor COVID-19 outcomes in the DVA population.

REVIEWING THE EVIDENCE

Early descriptive and observational studies of patients with COVID-19 in China, Italy and the USA identified risk factors for people with poor outcomes from COVID-19.

EARLY DESCRIPTIVE AND OBSERVATIONAL STUDIES

IDENTIFYING THE RISK FACTORS

Risk factors include: increasing age and male gender, in addition to the morbidities of hypertension, chronic heart disease, diabetes, chronic airways disease, cerebrovascular disease, chronic liver disease, chronic renal failure, current malignancy and a suppressed immune system or otherwise immunocompromised.

IDENTIFYING THE RISK FACTORS

RECOGNISING POOR OUTCOMES

Poor outcomes include the need for hospitalisation, intensive care admission or death.

IDENTIFYING THOSE MOST VULNERABLE

Multiple co-morbidities, particularly across multiple body systems, have the potential to make people increasingly vulnerable.

79% had at least one morbidity that was a risk factor for poor outcomes from COVID-19 in addition to their age. 50% had two or more risk factors in addition to their age.

79% 50%

One in five had 3 or more risk factors across multiple body systems. The most common combination was cardiovascular disease, respiratory disease and treatment with medicines with immunomodulating effects.

REVIEWING THE EVIDENCE

IDENTIFYING THE RISK FACTORS

RECOGNISING POOR OUTCOMES

IDENTIFYING THOSE MOST VULNERABLE

Analysis of the DVA data identified 103,000 DVA clients aged 70 years and above. 11,000 were living in residential aged care (RAC).

103,000 11,000

79% 50%

1+ RISK FACTOR 2+ RISK FACTORS
PROPORTION OF DVA CLIENTS 70 YEARS OR OLDER WITH RISK FACTORS FOR POOR OUTCOMES WITH COVID-19

MULTI-MORBIDITY PROFILE OF DVA CLIENTS AT RISK OF POOR OUTCOMES WITH COVID-19

Interpreting this graph: The bottom left chart (row chart) indicates the prevalence of each morbidity in the DVA population aged 70 years and over. The top right chart (bar chart) indicates the prevalence of the most common combinations of morbidities. Combinations are indicated by the connected dots on the bottom right chart. Combinations with prevalence smaller than 1% are not shown.
Major social distancing restrictions came into effect across Australia from the week commencing 23 March 2020. Social distancing measures included stay at home recommendations, particularly for persons at high risk of poor outcomes if they were to develop COVID-19.

In April 2020 Veterans’ MATES analysed the DVA data to determine the effect of the COVID-19 pandemic on access to routine health care services. Ongoing monitoring of service use has continued to detect changes in access to care.
CHANGE IN MEDICAL AND PSYCHOLOGIST ATTENDANCES

Percentage difference in 4 weeks claims in April 2020 to 4 weeks claims in February 2020

CHANGE IN MEDICAL ATTENDANCES IN DVA CLIENTS WITH AN ACCEPTED DISABILITY OF PTSD

Mode of Medical Attendances in April 2020

Percentage difference in 4 weeks claims in April 2020 to 4 weeks claims in February 2020

Percentage difference in 4 weeks claims April 2020 to 4 weeks claims April 2019

Mode of Medical Attendances in April 2020

Percentage

GP attendances
GP mental health plans
Psychiatrist attendances
Psychologist attendances

% face to face in April 2020
% videohealth in April 2020
% telehealth in April 2020
RAPID RESPONSE: Helping at-risk DVA clients maintain access to health services during COVID-19

The Australian government announced a national health plan to deal with the secondary effects of the health and economic crisis caused by COVID-19 on 11 March 2020.

IDENTIFYING THE PROBLEM

A large drop in medical attendances during March and April 2020 highlighted the need to encourage at-risk individuals to continue to access health services.

IDENTIFYING THE MOST VULNERABLE

The same population at highest risk of poor outcomes from COVID-19 have significant health care needs.

SERVICES TO SUPPORT ACCESS TO HEALTHCARE MADE AVAILABLE

On 13 March telehealth consultation services provided by doctors, nurses and mental health workers were made available under Medicare for people aged over 70, and people with chronic diseases.

On 13 March a medicines delivery service was made available for people at greater risk from the virus.

On 28 April 2020, Veterans’ MATES commenced the rapid response roll-out to DVA clients at increased risk of poor outcomes if they contract COVID-19 and their health care providers. The aim was to promote the importance of ongoing health care and the services available to support access to health care during the pandemic.

RAPID RESPONSE DISTRIBUTION

<table>
<thead>
<tr>
<th>DVA clients received the intervention</th>
<th>Doctors received the intervention via e-delivery</th>
<th>Doctors received the intervention via post</th>
<th>Residential Aged Care Facilities received the intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>70,620</td>
<td>11,375</td>
<td>8,975</td>
<td>2,731</td>
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</tbody>
</table>

RAPID RESPONSE DISTRIBUTION BY STATE

<table>
<thead>
<tr>
<th>State</th>
<th>DVA clients</th>
<th>Doctors</th>
<th>RACFs</th>
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<tbody>
<tr>
<td></td>
<td>19,186</td>
<td>4,247</td>
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<td>13,631</td>
<td>4,271</td>
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<td></td>
<td>1,692</td>
<td>329</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>2,148</td>
<td>562</td>
<td>76</td>
</tr>
</tbody>
</table>

*Doctors who practice at more than one site may have received intervention via e-delivery and post

*RACF – residential aged-care facility
RESOURCES FOR DVA CLIENTS AT INCREASED RISK

Keep up with your usual care.
Seek treatment when needed.
Face to face, video and telephone consultations are available.

Continue taking your medicines.
Your medicines can be delivered to your home.

Get your influenza vaccination.

SECURE, ACTIONABLE ELECTRONIC MESSAGES DIRECT TO THE DOCTOR’S CLINICAL DESKTOP SOFTWARE

Identifies DVA patient at increased risk of poor outcomes due to age and comorbidity profile

Identifies specific vulnerability of the patient

Provides recommended actions

EVIDENCE SUMMARIES FOR DOCTORS AND DIRECTORS OF RESIDENTIAL AGED CARE FACILITIES

Three practical things you can do:

1. Maintain regular contact with your healthcare providers. Your pharmacist and your general practitioner can provide support in your home, and help you to arrange your usual medicines or supplies. The pharmacy can deliver your medicines to your home, if you are not able to get to your pharmacy. If you are unable to speak on the phone, your pharmacist can make arrangements for you.

2. Continue taking your medicines as prescribed.
Take your medicines as prescribed by your doctor or pharmacist. If you normally take medicines as a treatment, they should be continuing at the usual dose, unless otherwise advised by you or your pharmacist. If you usually take a medicine because of COVID-19, you should continue taking it as prescribed.

3. Get your influenza vaccination.
How to receive your private influenza vaccine (if you have been offered one). The vaccine is the best way to prevent influenza. Consider taking your private influenza vaccine through the national immunisation program. It is available at participating pharmacies and general practices. It is also available through the national immunisation program.

For your regular medicines, please call or email your pharmacist.

Keep up with your usual care.
Seek treatment when needed.
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RAPID RESPONSE: Helping DVA clients manage COVID-19 related emotional distress

As part of the national health plan, measures to support the mental health and wellbeing of Australians were implemented from 29 March 2020.

 IDENTIFYING THE PROBLEM

Efforts to contain the COVID-19 outbreak have resulted in increased isolation, significant changes in financial circumstances and anxiety due to health concerns and risk of COVID-19 infection, all of which culminate in increased risk of mental distress and poor mental health outcomes.

 IDENTIFYING THOSE MOST AT RISK

Mental distress during this time can range from mild to severe, with potential for exacerbation or relapse of mental ill-health in those with existing mental illness or prior history of mental illness.

 FINDING PRACTICAL SOLUTIONS

For some DVA clients, simple techniques to support management of emotions or distressing thoughts will be sufficient for them to manage mild distress.

On 6 July 2020, Veterans’ MATES commenced the rapid response roll-out to DVA clients with prior or existing mental health vulnerabilities and their health care providers. The aim was to highlight to general practitioners their DVA clients most at risk of suffering additional mental distress during the COVID-19 pandemic and provide information to identified DVA clients on simple measures they can use at home to reduce distress and the services available to support them.

RAPID RESPONSE DISTRIBUTION

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Three actions to enhance and protect your mental well-being during and after COVID-19

1. Understand the stress response
   - When we are feeling stressed, our body gets ready to react quickly to dangerous situations to keep us safe. This is how we have evolved to respond to threats in our environment.
   - Sometimes this response can be re-initiated and persist well after the perceived threat has passed. The stress response can include a range of physical and emotional symptoms, such as increased heart rate, shallow breathing, muscle tension, and negative thoughts.

2. Calm distressing emotions
   - Techniques such as deep breathing and mindfulness can help calm distressing emotions. You can find a 90-second grounding tool by High Res, DVA here: https://highres.dva.gov.au/highres/#!/tools/guided-grounding

3. Replace negative thoughts
   - Negative thoughts can make us feel worse about our situation. It’s important to try and replace them with more positive, accurate thoughts.
   - For example, instead of focusing on what you can’t control, try to focus on what you can control. This can help you feel more in control and reduce feelings of anxiety.

COVID-19 has changed how we experience distress. For some DVA patients, attending the need for the condition to be reassessed or modified may be appropriate. It’s important to talk with your healthcare provider about any changes or concerns you may have.

For general comments and feedback please contact MATES.comments@unisa.edu.au

VETERANS’ MATES

Identifies DVA patient at increased risk of poor outcomes due to prior or existing mental health vulnerabilities

Identifies specific vulnerability of the patient

Provides recommended actions

EVIDENCE SUMMARIES FOR DOCTORS AND PHARMACISTS

Practical ways to help your patients manage distress during and after COVID-19

Three actions to enhance and protect your mental well-being during and after COVID-19

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87,400 DVA clients have received targeted COVID-19 health information.

21,600 general practitioners have received targeted and tailored information about their patients.

9,000 pharmacists have received COVID-19 health information.

2,700 aged care facilities have received COVID-19 health information.

75,000 encrypted targeted e-messages delivered directly to the General Practitioners’ electronic medical record (EMR) system.

Thank you for your recent Veterans’ MATES document. It made me feel that someone actually cares about my health and supplied tips to assist myself and wife, in control and handling the COVID-19 virus.

We found the information most useful – it made me or us feel that to the DVA department we are not just another number. The personal touch even from such a large department makes us feel just that little more special, and respected as seniors in the community.

Note: we have been quite concerned re the COVID-19 virus – as we are in the 70+ age group and have had to rely on family etc for assistance. Also on the .... I had surgery, ... this also put more pressure on us to ensure we stayed healthy.

I am so very grateful to your department for the assistance and service you constantly offer to ease the pressures always and now in particular, by providing so thoroughly, the information provided concerning the ‘COVID-19’ issue.

Again many thanks to all.