

## **ADEA**

### **Health Insurers and Private Practice (HIPP) Working Group**

#### Draft Terms of Reference

##### **Aim**

To support increased community access to diabetes self-management education (DSME), through better recognition and reimbursement of DSME by Australian health insurance funds.

##### **Membership**

The committee / working group will comprise up to eight (8) members appointed by the ADEA Board of Directors. Members should be currently working in, or have a strong interest, in private practice. One group member will be a representative of the ADEA Board.

Representation will come from across state and territory branches, from both urban and rural settings, and members will demonstrate commitment to working together to achieve positive outcomes.

There will be capacity to co-opt additional ADEA members or external expertise to support the working group as required.

The Chair will be elected from the ADEA members of the group. In the absence of the Chair, one of the other ADEA members will run the meeting.

One member will be appointed at each meeting to record the minutes and will circulate them among the group members within two weeks of the meeting.

The term of office for the HIPP Working Group is 2 years. During this period any vacant positions may be filled by either nominating a member with the required experience and interest, or by advertising and expression of interest through the ADEA membership.

##### **Purpose**

- Collect data on current diabetes support programs, and recognition and reimbursement arrangements for credentialed diabetes education services among health insurers
- Develop campaign materials and strategy to improve DSME access for people with diabetes using health insurance supported services
- Provide input to ADEA reviews of existing materials (brochures, position statements, standards of practice etc) which may form part the information supporting any campaign on DSME access

- Develop resources for ADEA and the broader membership in private practice regarding health insurance and DSME issues

## Process

Teleconferences will be held monthly, usually on the first Tuesday of the month at 5pm EST (reverting to 5pm EST after daylight saving concludes).

March 2<sup>nd</sup>

April 6<sup>th</sup>

May 4<sup>th</sup>

June 8<sup>th</sup>

July 6<sup>th</sup>

August 3<sup>rd</sup>

September - to be confirmed, ? face to face at ASM 1-3<sup>rd</sup> or alternatively telecom on the 7<sup>th</sup>

October 5<sup>th</sup>

November 9<sup>th</sup>

December 7<sup>th</sup>

What is the accepted quorum?

An agenda will be prepared and circulated 1 week prior to all meetings


How long meeting will go for (usually max 1.5 hr for teleconference)

## Reporting and Communication

Who will minute, and who receives copies of the minutes

The committee / working group will consult with the ADEA Board before commencing new projects on behalf of ADEA.

The committee / working group will circulate draft documents to the Board for review prior to dissemination to the general membership for comment. All documents will be identified as "draft" including a version number until adopted (or ratified) by ADEA.

The  committee / working group is accountable to the Board which has the power to suspend or remove ADEA members

## Funding and Administrative Support

Detail what supports, need to submit budget bid, arrangements for agreed expenses

## Related policies and Procedures

Insert relevant policies and procedures

## Review Date

Set review date for the terms of reference, usually a maximum of two years from the date of ratification.