Honoring and Caring for Veterans at the End of Life

October 20, 2006
Worcester VA
Developed by MHVP
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Education Sub-Committee
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What We’re Going to Talk About

- What are Hospice-Veteran Partnerships and why are they important?
- Who are the partners and what’s in it for them?
- Why you need to get involved and what resources are available
VA Progress in Palliative Care

- FY04 President’s Budget: first VA funding for home hospice
- 2004 per diem payment policy
- Increased hospice utilization
- Expansion of home & community-based care for FY 2007
VA Policy

Hospice and palliative care is a covered benefit - all enrolled veterans, all settings

"VA must offer to provide or purchase hospice & palliative care that VA determines an enrolled veteran needs." 38 CFR 17.36 and 17.38
The Vision for VA Palliative Care...

- Increase access (in and outside of VA)
- Improve quality (with accountability)
- Enhance staff expertise
What are Hospice-Veteran Partnerships?

- Coalitions of people and community organizations
- Coordinating services, exchanging ideas, sharing education
- Providing excellent care at the end of life for our nation’s veterans and their families
Vision for Hospice-Veteran Partnerships

- Seamless transitioning between VA and community hospice agencies (teamwork)
- Assure that veterans’ care needs are met
How can HVP help Veterans?

- Honors veterans’ preferences
- Standardizes VA response to community hospices
- Informs community response to veterans’ unique end-of-life issues
- Contributes to quantity and quality of care
- Eliminates “charity care” for veterans
How Can HVP Help VA?

- Honors veterans’ preferences
- Expands the interdisciplinary team
- Increases VA staff knowledge of the Medicare Hospice Benefit
- Frees up inpatient beds for incoming veterans
- Shares the job of caring for veterans with the community
How Can HVP Help Community Hospices?

- Clinical Care
  - honors veterans’ preferences
  - improves communication and continuity
  - expands understanding of veterans’ unique end-of-life issues

- Administrative
  - increases referrals
  - improves payment for services
  - clarifies interface between VA and community hospice policies and procedures
Massachusetts Veteran and VA Statistics

- 2000 census reported 559,000 veterans living in Massachusetts
- Of 56,000 deaths/year in MA, 14,000 are veterans (1 in 4)
- 3 VA medical centers:
  - Boston (West Roxbury, Jamaica Plain, Brockton)
  - Bedford
  - Northampton
- 17 Community Based Outpatient Clinics (CBOCs)
What is going on here? (% of inpatient deaths by venue nationally)

<table>
<thead>
<tr>
<th>Change</th>
<th>ICU</th>
<th>Acute</th>
<th>Nursing Home</th>
<th>Hospice</th>
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1,640 veterans
If there are available non-acute alternatives...

many veterans at the end of life will choose to return home or go to a hospice and palliative care unit.
% of Inpatient VA Deaths with a Palliative Care Consult
Palliative Care in VA Home-Based Primary Care (HBPC)

# of veterans served with v66.7 code
VA-Paid Home Hospice Care

![Graph showing the increase in VA-Paid Home Hospice Care from FY03 to FY05. The graph indicates a significant rise, especially noticeable between FY04 and FY05.](image-url)
Take home message...

- Help us work together to serve veterans
- Become local “change agents”
- Be patient with change as you learn the culture
- Palliative care is “value added” not necessarily an alternative
- Partnering will benefit many
Old Soldiers

The many hardships that were suffered,  
only they and they alone will know.  
But here and there a missing limb,  
is silent evidence that shows.

These old soldiers’ ranks are thinning,  
no longer do they pass in review.  
Yet their noble deeds will live forever,  
even though known by only a few.

Excerpt from Poem by Boston Veteran, Donald A. Chase
Community Hospices
Collaborating with the VA

Part 2
Landscape: Massachusetts Hospice

- Number of Hospices: 51
- Patients Served: 17,450
- Median Length of Stay: 23.5 days
- Palliative/bridge programs: 26
- Hospice Residences: 7
  - one residence also offers General Inpatient (GIP) level of care; 2 hospices planning GIP units
Availability of the Hospice Benefit

- Medicare
- Medicaid
- VA Benefit
- Commercial Insurance
- Free care
Two Criteria for Hospice

- Goal of care is palliative, not curative

- MD certifies that the patient has a life-limiting illness with a prognosis of 6 months or less, if the disease process runs its normal course
"MD need not know if specific individuals will die in six months, but rather that individuals who present in the same way, generally die in 6 months if the disease runs its normal course."

(CMS)
Where Hospice Care is Provided

In all settings:

- Individual homes
- Veterans Facilities
- Assisted Living Facilities
- Long-term care facilities
- Group homes/residences
- Hospitals
- Elderly housing
- Homeless shelters
MA Site of Hospice Deaths

- Home 55%
- Nursing Home 26%
- Hospital 11%
- Hospice Residence 5%
- Other 1%

Source: NHPCO Data Set 2004
MA Hospice Admissions by Diagnosis

- **Cancer** 52%
- **Non-cancer** 48%
  - heart 12%
  - dementia 9%
  - debility unspec. 8%
  - lung 7%
  - kidney 3%
  - stroke and coma 3%
  - motor-neuron 2%
  - liver 2%
  - other 1%
Unique Features of Hospice

- Holistic, patient-centered
- Patient, family as unit of care
- Comprehensive payment system
- Interdisciplinary team (IDT)
- Zero tolerance of pain and other symptoms
Unique Features of Hospice, cont’d

- Does not need to be homebound
- 24/7 on-call/triage
- 24/7 RN visit availability
- Volunteer support
- Spiritual support
- Bereavement services
Hospice Pain and Symptom Management Expertise

- Updated knowledge of pharmacology
- Advanced treatments and interventions
- Understanding of underlying disease and its relationship to the dying process
- Close monitoring/assessment for change in condition
- Careful titrating of medication
## Difference Between Hospice and Palliative Care/Bridge Programs

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<thead>
<tr>
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<th>Hospice</th>
<th>PC/Bridge</th>
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<tbody>
<tr>
<td>Social Services</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>Drugs/DME/Supplies</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>Family</td>
<td>yes</td>
<td>-----</td>
</tr>
<tr>
<td>Bereavement</td>
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</tr>
<tr>
<td>Spiritual care</td>
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<td>-----</td>
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<tr>
<td>Respite</td>
<td>yes</td>
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<tr>
<td>Homebound</td>
<td>no</td>
<td>yes</td>
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What Hospice Pays For

- **Per diem reimbursement**
  - Care coordination & case management
  - All direct care services
    - nursing, social work, HHA, OT, PT, spiritual care
  - Volunteer services
  - Bereavement services
  - All medications related to terminal illness
  - All equipment and supplies related to terminal illness
  - All diagnostic studies related to terminal illness
Benefits of Hospice Referrals

- Fewer crises
- Fewer Emergency Room visits
- Fewer hospitalizations
- Pain and symptoms well managed
- Decreased emotional & spiritual stress
- Increased comfort & dignity
- Increased participation in bereavement services
Benefits to Veteran

- Improved pain assessment and management
- Increase in the deaths at home vs hospital
- Better outcomes as LOS increases

(Miller, 2002; Teno 2004 and Miller 2003)
“Hospice patients live longer on the average than similar patients who did not choose hospice.”

Benefits to Veteran’s Family

“How people die remains in the memories of those who live on.”

Dame Cecily Saunders
Benefits to Veteran’s Family

- “Improved spousal survival”
  (Christakis, Social Science & Medicine, 2003)
- Increased family satisfaction
- Decreased economic burden
- Support for grief & loss
Identifying Veterans

Assessment questions hospices should ask upon admission:

- Are you a veteran?
- Did you see combat?
- Is there anything about your military service that still bothers you?
Communicating the Need for Hospice Services

- Provide information to your patients earlier in the process.
  - many families learn about hospice from other than patient’s physician
  - 50% said MD initiated discussion about hospice
  - only 22% MDs provided any info about hospice
  - initiation by MD most likely to result in immediate enrollment into hospice

(Casarett, JAGS, 2004)
“You matter because you are. You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but also to live until you die.”

Dame Cecily Saunders
VA Referrals to Community Hospices

Part 3
VA Mission

“To care for him who shall have borne the battle and for his widow and his orphan.”

Abraham Lincoln
Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation.
VA Boston Health Care System and Clinics

- Medical Centers
  - West Roxbury (inpatient)
  - Jamaica Plain (clinics)
  - Brockton (long-term care and palliative care beds)

- Community Based Outpatient Clinics (CBOCs)
  - Worcester
  - Lowell
  - Causeway (Boston)
  - Framingham
  - Quincy
  - Dorchester
VA Bedford Facilities and Clinics

- Bedford Medical Center
  - (781) 687-2000
- Community Based Outpatient Clinics (CBOCs)
  - Fitchburg (978) 342-9781
  - Gloucester (978) 282-0676
  - Haverhill (978) 372-5207
  - Lynn (781) 595-9818
VA Policy on Hospice Care

- Hospice and palliative care is a covered benefit -- all enrolled* veterans, all settings
- “VA must offer to provide or purchase hospice and palliative care that VA determines as enrolled veteran needs” 38CFR 17.36 and 17.38

* an enrolled veteran has registered with the VA health care system
How to Check VA Eligibility and Coverage

- Ask the patient:
  - Are you a vet?
  - Are you enrolled in the VA health care system?
  - If yes, do you have a primary care provider in the VA system for us to call?
  - If not, are you interested in enrolling in the VA system?
VA Eligibility for Hospice Benefit

- All enrolled veterans are eligible
- If not enrolled in VA there are two requirements
  - need DD 214 (Military Separation Papers)
  - income verification
VA Eligibility for Hospice Benefit

- **Boston contacts:**
  - Assist. Chief, Medical Administration Services (MAS) (857) 364-4265
  - Chief, MAS (857) 364-5269

- **Bedford contacts:**
  - Patient Services Assistants
    - Barbara Gravito (781) 687-2597
    - Jill Byron (781) 687-2275
VA Eligibility for Hospice Benefit

- Enrolled veterans are grouped into 8 categories called levels.
- If a veteran is currently in an ineligible level due to income/assets, the veteran may be considered for enrollment in a different level due to the need for end of life care (Catastrophically Disabled)
VA Hospice Benefit Criteria

- Diagnosed with a life-limiting illness
- Treatment goals focused on comfort rather than cure
- Has a life expectancy, deemed by a VA physician, to be six months or less if the disease runs its normal course
- Accepts hospice care
Bundled services mirror the Medicare Hospice Benefit

Per diem payment - VA uses locally calculated Medicare Hospice Benefit rates

4 levels of care
- Routine home care
- Continuous care
- Inpatient Respite
- General Inpatient
VA Benefit for Hospice Inpatient Services

- 3 Options: (require pre-approval)
  - Inpatient care at a VA facility
  - VA purchases inpatient hospice services in nursing home
  - VA purchases inpatient hospice services from community provider at locally negotiated rates
VA Boston Referral Sources to Community Hospice

- Palliative Care Consult Team (PCCT)
- Community Health Nurse Coordinator (CHNC)
- Inpatient Discharge Planners
- Outpatient RN Case Manager
- Outpatient Social Worker
VA Bedford Referral Sources to Community Hospice

- Medicare referrals from primary Care provider
- VA Benefit referral screened by:
  - The Palliative Care Consult Team
    - Carol Webber (781) 687-3206
  - Supervisory Social Worker for Long-Term Care
    - Elaine Finneral (781) 687-2451
VA Referrals to Community Hospice, cont’d

- **Care Plan**
  - Treatment issues identified and coordinated
  - Hospice controls care plan

- **Communication/Coordination**
  - VA requires ongoing coordination/communication to ensure services fit the patient’s need
  - Both hospice and VA identify primary liaisons
Information Provided by the VA on Admission

- Physician of record/attending physician
- Clinical contact
- Mental health clinician
- After hours MD coverage and DEA number
  - If none, discuss coverage with hospice medical director prior to admission
Pharmacy and Medications

- **All Enrolled Veterans/VA Benefit:**
  - Hospice diagnosis--Hospice orders from agency’s pharmacy and covers cost
  - Other diagnoses--VA Pharmacy
  - Bedford Pharmacy Medication (800) 838-6331
  - Boston Mail-out Refill number (857) 364-4419 or (800) 865-3384

- **Not Enrolled Veterans on Medicare Benefit:**
  - Hospice diagnosis--Hospice orders from agency’s pharmacy and covers cost
  - Other diagnoses--Medicare Part D, other supplemental insurance or self-pay
Community Hospice-VA Communication

- Changes in patient condition
  - Hospice notifies either VA contact (usually referral source) or physician
  - Change in care plan that requires involvement of VA physician
- Changes in level of care
  - Requires VA authorization
VA Boston Options for Inpatient Hospice Care

- Call Brockton VA Clinical Coordinator, Palliative Care Center: 774 826 1426
- or
- LTC Coordinator: 774 826-1863
VA Bedford Options for Inpatient Care

- Call the Palliative Care Consult Team
  - Carol Webber (781) 687-3206
- Call the Supervisory Social Worker for Long-term care
  - Elaine Finneral (781) 687-2451
Post Traumatic Stress Disorder (PTSD) Boston VA

- For enrolled veterans, refer back to VA mental health provider
- For veterans without VA provider:
  - If ambulatory, refer to Worcester VA MHC clinic: (508) 856-0104
  - If homebound, consider assessing for PTSD or treat symptoms

National Center for PTSD: (857) 364-4143
Bedford VA PTSD Contacts

- For enrolled veterans:
  - Dr. Karen Ryabchenko
    (781) 687-3189
- If not enrolled:
  - Jacob Remo, Lowell Vet Center
    (978) 453-1151
Worcester VA Mental Health Contacts

- For enrolled veterans:
  - Dr. Lorraine Cavallaro,
    (508) 856-0104

- If not enrolled:
  - Tom Boyle, Worcester Vet Center
    (508) 753-7902
  - consider getting the patient enrolled
For PTSD at End of Life

- Treat symptoms (e.g., anxiety, insomnia)
- Make sure their stories are heard
- Put trauma into perspective in their lives
- Deal with PTSD effects (e.g., mending relationships, giving/accepting affection, getting affairs in order)
Community Hospice-VA Communication

- **Patient discharge alive from hospice**
  - VA and hospice agree on hospice discharge

- **Patient death**
  - Home death: hospice notifies VA
  - VA death: VA notifies hospice
Who to Call with Questions
Boston/Bedford VA

- **Billing Information--Outpatient Hospice Services:**
  - Fee Basis Supervisor: (857) 364-5890

- **Clinical and/or VA funding information:**
  - Continuing Care Office: (857) 364-5700/5703 and (857) 364-5697
Who to Call with Questions--Bedford VA

- For inpatient billing:
  - Supervisory Social Worker Elaine Finneral (781) 687-2451
Veterans’ Community Resources

Part 4
MA Veteran Service Officers

- Unique to Massachusetts
- Appointed by each town in MA > 12,500 population
- Administers state veteran benefits under Chapter 115
- Website: For state VA benefits, veterans’ organizations and list of VSOs:

www.sec.state.ma.us/CIS/CISvet/vetother.htm
Soldiers’ Homes

- Two state-run facilities for dormitory and long-term care needs
  - Chelsea Soldiers Home Admissions Office (617) 887-7146
  - Holyoke Soldiers Home Admissions Office (413) 532-9475 x1139
    - 18 comfort care beds
VA Soldier’s Home
Eligibility Requirements

- Massachusetts resident
- General and honorable discharge from military service
- Military service for 180 days (or 90 days if wartime)
- Veteran’s discharge papers (DD214) has this information
Veteran’s Homestead

- 12 bed veteran’s residence for honorably discharged (DD214) homeless veterans
- Federal and state funding; 30% of veteran’s income
- Located in Fitchburg
- Contracts with local hospice programs
- Contact: Brenda Brousseau, Administration/Case Manager 978 353-0234
VA Burial Benefits

- Burial in National/State cemeteries
- Headstone/flag/plot allowance
- Burial allowances based on eligibility
  - http://www.cem.va.gov/burial.htm
  - 1 800-827-1000