Honoring and Caring for Veterans at the End of Life

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VA Boston
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
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)
  - Bedford
  - Northhampton
- 17 Community Based Outpatient Clinics (CBOCs)
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
Landscape: Massachusetts Hospice

- Number of Hospices: 51
- Patients Served: 16,540
- Median Length of Stay: 15.4 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
<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Home</td>
<td>55%</td>
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<tr>
<td>Nursing Home</td>
<td>26%</td>
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<tr>
<td>Hospital</td>
<td>11%</td>
</tr>
<tr>
<td>Hospice Residence</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
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</table>

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

- 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

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

- **Per diem reimbursement**
  - Care coordination & case management
  - All direct care services
    - Nursing, social work, HHA, OT, PT
  - Volunteer services
  - Bereavement services
  - All medications related to terminal illness
  - All DME related to terminal illness
  - All diagnostic studies related to terminal illness
  - All patient supplies 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)
Benefits to Veteran

“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 Mission

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

Abraham Lincoln
DVA Strategic Plan

Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation
VA Boston Facilities 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 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
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
- If not enrolled in VA need DD 214 and income verification
  - contact Assist Chief, Medical Administration Service (MAS) 857 364-4265
  - contact Chief, MAS 857 364-5269
- If deemed ineligible due to enrollment Priority level 8, may be considered for enrollment Priority level 4 (catastrophically disabled level)
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
VA Hospice Benefit

- 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:

- 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 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 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
- After hours MD coverage and DEA number
Pharmacy and Medications

- **All Enrolled Veterans/VA Benefit:**
  - Hospice diagnosis--Hospice agency’s pharmacy
  - Other conditions--VA Pharmacy
  - Mail-out Refill number 857 364-4419 or 800 865-3384

- **Not Enrolled Veterans on Medicare Benefit:**
  - Hospice diagnosis--hospice covers cost and supplies
  - Other conditions--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 Options for Inpatient Hospice Care

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

- **Billing information:**
  - Fee Basis Supervisor: 857-364-5890

- **Clinical and/or VA funding information:**
  - Continuing Care Office: 857-364-5700/5703 and 857-364-5697
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