Learning Objectives

- Be Able To:
  1. Identify and distinguish between services offered by the VHA, VISN, and the VBA, and will have an understanding of services that may be referred or purchased by the VA to aid in palliative care.
  2. Understand opportunities for serving Veterans through collaboration with the VA in transitions of care between hospitals, hospices and home settings, with particular attention on the status of the eligible Veteran including familiarity with terms such as enrollment, vesting, service-connected disability, and catastrophic disability.
  3. Participants will understand the benefits of serving Veterans in collaboration with the VA, and how to improve quality care of through membership on the Hospice Veteran Partnership and participation in the We Honor Veterans campaign.

US Department of Veterans Affairs

- Health Care
  - Veterans Health Administration
    - Honorably discharged Veterans (VHA)
- Benefits
  - Veterans Benefits Administration
  - Service Members & Survivors (VBA)
- Burials & Memorials
  - National Cemetery Administration
    - Service members, Veterans, and family members

http://www.va.gov/

Veterans Health Administration (VHA)

- Biggest health care provider in the country
- 22 Veterans Integrated Service Networks (geographic regions)
- Medical Centers
- Ambulatory Care and Outpatient Clinics
- Nursing Home, Home Care, and Domiciliary programs
- Counseling Centers
- Other facilities

VA Health Care Benefits are Portable

Veterans Receiving Health Care

- VHA Serves 6.8 Million Veterans
- General Guidelines for Medical Benefits:
  - Honorably discharged from active service
  - Fit into a priority group for service
  - Enrolled + Vested

Priority Groups

- One
  - Veterans with service connected disabilities rated 50% or more disabling
  - Veterans determined by VA to be unemployed due to VA service connection
- Two
  - Veterans with VA service-connected disabilities rated 30-40% disabling
- Three
  - Veterans who are former POWs
  - Veterans awarded the Purple Heart Medal
- Four
  - Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty
  - Veterans with VA service connected disabilities rated 10-20% disabling
  - Veterans awarded special eligibility classification
  - Veterans who are receiving Aid & Attendance or housebound benefits
  - Veterans who have been determined by the VA to be catastrophically disabled.
Enrollment Priority Groups

- **Five**
  - Non service connected Veterans and non-compensable SC Veterans rated 0% disabled whose annual income is below the established VA Means Test threshold
  - Veterans receiving VA pension benefits
  - Veterans eligible for Medicaid benefits

- **Six**
  - World War I Veterans
  - Compensable 0% SC Veterans
  - Veterans exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki

- **Seven**
  - Veterans who served in a theater of combat operations after November 11, 1998

- **Eight**
  - Other see...


Enrollment

To access health care @ the VA:
- Complete VA form 10-10EZ
- Copy of discharge papers
- Call 1-877-222-VETS (222-8387)
- Go to a VA facility

**Vesting**

Health care visit (H&P) with PCP

*Expedited Enrollment through Catastrophic Disability*
- Permanent disability
- Review of medical records
- Dependent in 3 or more ADLs
- Katz Scale
- Chief of Staff approval

Veterans in the Community

- **Veteran Population Today**
  - 8% of our population
  - Estimated 51% over the age of 65
  - Vietnam Veterans = largest living cohort
    - 1/3rd of Veteran population (50% over 65)

- **Enrolled Veteran Demographics**
  - 121,000 without shelter
  - 40% live in rural communities
  - No spouse (65%)
  - Low income (median < 10K)
  - PTSD in about 15%/31% over lifetime

(1) Daratsos, Oxford Textbook of Palliative Social Work, 2011; (2) from NHPCO, 2010, reported in ELNEC – For Veterans, 2010; (3) and US Congress Joint Economic Commission, 2009, as reported in ELNEC for Veterans, 2010

Veteran Integrated Service Networks (VISN)

VA Locations In VISN 20*

- Anchorage, Alaska
- Boise, Idaho
- Portland, Oregon
- Puget Sound, WA (Seattle/American Lake)
- Roseburg, OR
- Spokane, WA
- Walla Walla, WA
- White City, OR

*Plus Community Based Outpatient Clinics...*

"If you've been to one VA... you've been to one VA."
Veteran Unique Health Risks

- WWII
  - Infectious diseases
  - Wounds
  - Exposure to nuclear weapons or cleanup
  - What Theatre? Pacific, Europe, Africa

- Korea
  - Cold injury, exposure to nuclear weapons, chemical warfare

- Cold War
  - Nuclear testing
  - Wearability
  - Length & time exposure
  - Exposure to Agent Orange

- Vietnam
  - Length & time of service
  - Exposure to Agent Orange
  - Infectious Disease – Hep C

- Persian Gulf War (GIF, OEF)
  - Exposure to Smoke
  - Immunizations
  - Chemical or Biological Agents
  - Depleted Uranium (DU)
  - Infectious

- Service related continuing concerns
  - Mental Health – PTSD, Depression
    - Substance Abuse
    - Homelessness
    - Military Sexual Trauma

134,713 VA patients died somewhere else**
21,759 VA patients died as inpatients in VA facilities

98,319 VA patients who used Medicare hospice died

123,000 “Recent Users” of VA died somewhere else
**2/3 of all the VA patients who died each year had been “recent users”; patients who used VA services within 2 to 3 years before they died

**Slide courtesy of Dr. Carol Luhrs, CELC Implementation Center

One Quarter of All American Deaths are Veterans
In 2007 - 304,791 VA patients died

We Honor Veterans
A National Awareness and Action Campaign

www.WeHonorVeterans.org

Tri-State Inland Northwest Hospice Veteran Partnership

- More than 20 Hospice Agencies in Our Catchment Area.
- Working together to improve access and quality of care for Veterans.
  - Steering Committee
  - Conference Calls
  - Palliative Care Forum

- Addressing Barriers to Care
- Partnering to Serve
- Helping to educate about the unique needs of Veterans
- Providing assistance to navigate systems and access to care
- Honoring Veterans

Tri-State Inland Northwest
HVP WHV Stars

WHV LEVEL
Recruit
- Blue Mt. Hospice, John Day, OR
- Gentiva Hospice, Pullman, WA
- Heart n Home Hospice, LaGrande, OR
- Lower Valley Hospice, Sunnyside, WA
- Oregon Hospice Association, Portland, OR
- St. Joseph’s Family Hospice, Lewiston, ID

Level One
- Hospice at the Chaplaincy, Richland, WA
- Kittitas Valley HH & Hospice, Ellensburg, WA
- Yakima Regional HH & Hospice, Yakima, WA

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WHV Stars continued...

Level Two
- Assured Hospice, Moses Lake, WA
- Yakima Valley Memorial Hospice, Yakima, WA
- Washington State Hospice & Palliative Care Organization

Level Three
Coming soon...

Level Four Superstars
- Heart n Hospice of Baker City, OR
- Walla Walla Community Hospice, Walla Walla, WA

Our Home Base at the WWVA

Part of Home and Community Based Services

Programs:
- Purchased Skilled Home Care (Home Health)
- Community Nursing Home
- Adult Day Health Care*
- Home Maker Home Health Aide (H/HHA)
- Respite Care
- Geriatric Extended Care (GEC)
- Geriatric Evaluation and Management (GEM)
- Caregiver Support
- Complementary and Alternative Medicine (CAM)
- Medical Foster Home*
- Hospice & Palliative Care
- Home Based Primary Care (HBPC)

*Not enrolling at this time

What is Palliative Care?

Palliative care is specialized medical care for people with serious illnesses.
- Pain & symptom relief
- Improve quality of life for patient and family
- Be an extra layer of support for family and primary care team
- Provided by an interdisciplinary team

Palliative care is appropriate at any age and at any stage in a serious illness, and can be provided together with curative treatment.

New model
This is an outpatient model

Life Prolonging Therapy

Concurrent care

Palliative Care

Hospice

Moves palliative care earlier in the course of an illness, not just at the end of life

Slide courtesy of Dr. Carol Luhrs, CELC Implementation Center
Outpatient Palliative Care

- “A new frontier”  
  Mier and Beresford (2008).

- “the beginning of end of life”  

We have been on the leading edge.

“Never underestimate the power of a small group of committed people to change the world. In fact, it is the only thing that ever has.”

-Margaret Mead

Challenges of Rural Palliative Care

- Lower levels of health coverage
- Higher rates of chronic illness
- Known Barriers
  - Transportation
  - Access/Travel (costs)
  - Health Professional Shortages
  - Preferences for local care
  - Medicare certified Hospice agencies
- Known Possibilities
  - Technology assisted care
  - Phone, tele-health and telemedicine
  - Home Based Care
  - Collaboration with local communities/organizations
  - Outreach

Francoer, Murty and Sandowski “Special Considerations in Rural And Inner-City Areas, Oxford Textbook of Palliative Social Work Altsi and Oke-Green, 2011

Walla Walla’s Program

- Encompasses both Hospice & Palliative Care Consultation & supportive services:
  - PC serves ~300 pts/families per year
  - Hospice serves ~150 pts/families per year

Development of WWVAMC’s Palliative Care service began in 2010

Palliative Care Consult Team = MD, RN, LICSW, Chaplain, and Administrative Support

Home Based Primary Care (HBPC)

- Complex chronic disease?
- No skilled need; not homebound?
- Prognosis of several years?
- Not ready for nursing home?

Comprehensive, longitudinal primary care delivered in the home by an Interdisciplinary team: Nurse, Social Worker, Primary Care Provider, Therapist, Dietitian, Pharmacist, Psychologist.

Targets patients with complex, chronic, disabling disease when routine clinic-based care is not effective.

VA Outpatient Care

Patient Aligned Care Teams (PACT) VA’s Medical Home Model

“The provision of comprehensive primary care services that facilitates communication and shared decision-making between the patient, his/her primary care providers, other providers and the patient’s family.”

Health Research and Educational Trust 2010

Replaces episodic care based on illness and patient complaints with coordinated care and a long term healing relationship.

Patient’s Patient Aligned Care Team (PACT)

Team members
Clinical Pharmacy Specialist
Social Work
Nutrition
Clinical Nurse Leader
Case Managers
Integrated Behavioral Health

Teammate
Provider
RN Care Manager
Clinical Associate
Clinical Associate

Patient
Case Finding

Need? Age?

Frequent Flyers?

Care Assessment Need Score (CAN)

Would you be surprised?

Geriatric Extended Care Referral...

- Cancer
- CHF or COPD
- ≥4 hospitalizations in 6 months
- Recent ICU stay - 5 days or more
- End Stage Liver/Renal
- Neurodegenerative Diseases
- Advanced Dementia

- WWVAMC Outpatient Primary Care Providers
- All clinic visits 2010 where care was provided for CHF, Metastatic Disease, or COPD
- These visits made up 10-30% of encounters

Addressing Referrals

In Clinic Telephone or Telehealth

- Goals of care discussion
- Advance Directives
- Pain & Symptom Management
- Support for Placement or Community Resources
- Support for VA programs & services
- Caregiver Burden
- Hospice education
- Bereavement

Recommendations made to patient, family and PACT team. Care Coordination to assist in addressing unmet needs, obtaining resources. Monitoring and follow-up with changes in condition.

Consultation Role

- The Rules
  - "...not in control about what happens to the patient or even if their recommendations get followed."
  - Provide no direct care without agreement of provider.
  - Work collegially and collaboratively.

Attention to the whole person and family.


Hospice Associated Benefits

- Based on Medicare Model
  - Per diem, all four levels of care
- Veteran may receive concurrent care
- Encouraged to maintain PCP
- No co-pays
- Temporary Long Term Care
- Ambulance Travel
- Additional services on exceptional basis
  - what hospice agency does not customarily provide

Questions?