Honoring and Caring for Veterans at the End of Life

September 19, 2006
Northampton VA Medical Center
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
Massachusetts Hospice-Veteran Partnerships

Part 1
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
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>
</tr>
</thead>
<tbody>
<tr>
<td>FY06 3rd Qtr</td>
<td>1%</td>
<td>4%</td>
<td>4%</td>
<td>9%</td>
</tr>
<tr>
<td>FY05</td>
<td>26</td>
<td>34</td>
<td>19</td>
<td>21</td>
</tr>
<tr>
<td>FY04</td>
<td>27</td>
<td>38</td>
<td>23</td>
<td>12</td>
</tr>
</tbody>
</table>

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

- FY03
- FY04
- FY05
Palliative Care in VA Home-Based Primary Care (HBPC)

# of veterans served with v66.7 code
VA-Paid Home Hospice Care
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
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
<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Hospices</td>
<td>51</td>
</tr>
<tr>
<td>Patients Served</td>
<td>16,540</td>
</tr>
<tr>
<td>Median Length of Stay</td>
<td>15.4 days</td>
</tr>
<tr>
<td>Palliative/bridge programs</td>
<td>26</td>
</tr>
<tr>
<td>Hospice Residences</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>one residence also offers General Inpatient (GIP) level of care; 2 hospices planning GIP units</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Service</th>
<th>Hospice</th>
<th>PC/Bridge</th>
</tr>
</thead>
<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>
<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, spiritual care
  - Volunteer services
  - Bereavement services
  - All medications related to terminal illness
  - All equipment & 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)
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 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
Mission of VA’s Hospice & Palliative Care Program

To Honor Veteran’s Preferences for Care at the End of Life

- Symptom and pain management
- Preference of Location
- Preference of Provider
- Preference of Payer Source
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
Northampton VAMC and Clinics (CBOC)

- **Medical Center**
  - Leeds MA (Inpatient LTC, Palliative Care)
    - 413-584-4040

- **Community Based Outpatient Clinics**
  - Springfield 413-584-4040 ext. 6080
  - Pittsfield 413-499-2672
  - Greenfield 413-773-8428
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
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

- **Northampton VA contact:**
  - Enrollment and Eligibility
    - Pat Hammerle, 413-582-3091
    - Eleanor Korsak, 413-584-4040 ext. 2083
    - Maryann Lyman, 413-584-4040 ext. 3100
Nationally 4% of all veterans who die receive inpatient EOL care from VA
* VA Inpatient deaths 28,000/yr (N= 25)
  - 25% not Medicare eligible
  - 65% not married
  - Median income < $10,000/year
* VA Outpatient deaths 76,000/yr (N= 808)
  - 20% are not Medicare eligible (161 potential shared clients between VA and community hospice agencies) * Source: Scott T. Shreve, D.O. National Director Hospice and Palliative Care, VHA
VA Hospice Benefit Criteria

- Diagnosed with a life-limiting illness
- Treatment goals focused on comfort rather than cure
- Has a life expectancy of 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 the locally calculated Medicare Benefit rates
3 Inpatient 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
Northampton VA Referral Sources to Community Hospice

- VA Physicians
- Palliative Care Consult Team (PCCT)
- Community Health Nurse Coordinator (CHNC)
- Inpatient Discharge Planners
- Outpatient RN Case Managers
- Outpatient Social Workers
- Veteran patients and their families
- Community agencies
Home and Community Based Care Team (HCBC)

- Referrals screened & coordinated by: HCBC Team  584-4040
  - Michelle Blouin-Burelle, RN ext. 2229
  - Stanley Modrzakowski, RN ext. 2228
  - Richard McNeil, RN ext. 2258
  - Connie Kononitz, MSW ext. 2148
VA Referral Process to Community Hospice

- Client Demographics
- Diagnosis/ Medical History/Prognosis/Social interaction
- Medications & Treatments
- Special Needs
- VA Physician Contact
- Community Health Nurse Contact
- Care Plan
  - Treatment issues identified and coordinated
  - Hospice provider develops care plan
Pharmacy and Medications

- **Enrolled Veterans/VA Benefit:**
  - Hospice medication—Bundled price; or Veteran preference
  - Other diagnoses--VA Pharmacy
  - Northampton Pharmacy Medication
  - 413-584-4040 ext. 3028
  - Northampton Mail-out Refill number 413-584-4040 ext. 2839
Community Hospice-VA Communication

Notification of Changes
- Change in Patient Condition/Care Plan/VA Physician
- Change in Level of Care/LTC Screening
- Change in Authorization of Service/CHN Coordinator
Northampton Options for Inpatient Hospice Care

- Contact LTC Screening Team
  - Christine Giers, 584-4040 ext. 2137
  - Douglas Cadiz, 582-3038
Northampton VA Post Traumatic Stress Disorder (PTSD)

- For enrolled veterans, refer back to VA mental health provider
- For veterans without VA provider:
  - If ambulatory, refer to Northampton Primary Mental Health clinic: 413-582-3010
  - If homebound, consider assessing for PTSD or treat symptoms
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)
Who to Call with Questions
Northampton VA?

- **Billing Information--Outpatient Hospice Services:**
  - Geriatrics Program Support Assistant, Cindy Kolodzinski, 582-3141
- **Clinical and/or VA authorization information:** 413-584-4040
  - Community Health Nurses; Stanley, 2228; Richard, 2258; Michelle, 2229
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
SOLDIERS’ HOME IN HOLYOKE

"CARE WITH HONOR AND DIGNITY"
CARE WITH HONOR AND DIGNITY
Overview

- Established in 1952
- Governed by a 7 member Board of Trustees appointed by the Governor
- Accredited by the Joint Commission on Accreditation Of Healthcare Organizations
- Inspected annually by the Department of Veteran Affairs (Northampton VAMC)
Mission

- Provide the best healthcare possible within our available resources to eligible veterans who reside in the Commonwealth of Massachusetts
ELIGIBILITY

- Veteran as defined by Massachusetts General Laws, Chapter 4, Section 7, clause 43
- Honorable discharge
- Present copy of discharge DD-214
Ineligible for services

- Service-connected cases
- Industrial Accident cases
- Automobile accident cases involving insurance and liability of another
Services

- Long Term Care Nursing
- Outpatient Department with specialty clinics including:
  - Optometry, Ophthalmology, Orthopedics, Dentistry, ENT, Minor surgery, Podiatry, Urology, Hematology, Nephrology, and Cardiology
Healthcare services

- Domiciliary Care
- Social Work Department
- Supportive Care Services
- Veteran housing units at Chapin Mansion and McGruder House
- Pastoral Care Services
Comfort Care Services

- 14 bed Comfort Care Unit, in future will increase to 18 beds
- Contracts with 3 local Hospice agencies
  - Hospice Life Care, Holyoke VNA
  - Bay State Hospice and VNA
  - VNA & Hospice of Cooley Dickinson
- Member of the Massachusetts Hospice-Veteran Partnership
Focus of care

- Veterans have special needs at the end of life
- Pain and Symptom Management
- Incorporate the Interdisciplinary Care Planning Process along with Hospice input
- Follow the Dying Person’s Bill of rights
- Recognize the right to die with honor and dignity
Admissions

- Contact Admissions office
- 413-532-9475 ext. 1139
- John Beaton, Admissions Coordinator
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
The **Vision** for VA Palliative Care...

- **Increase access** (in and outside of VA)
- **Improve quality** (with accountability)
- **Enhance staff expertise**