

# Transforming VA Care at the End of Life

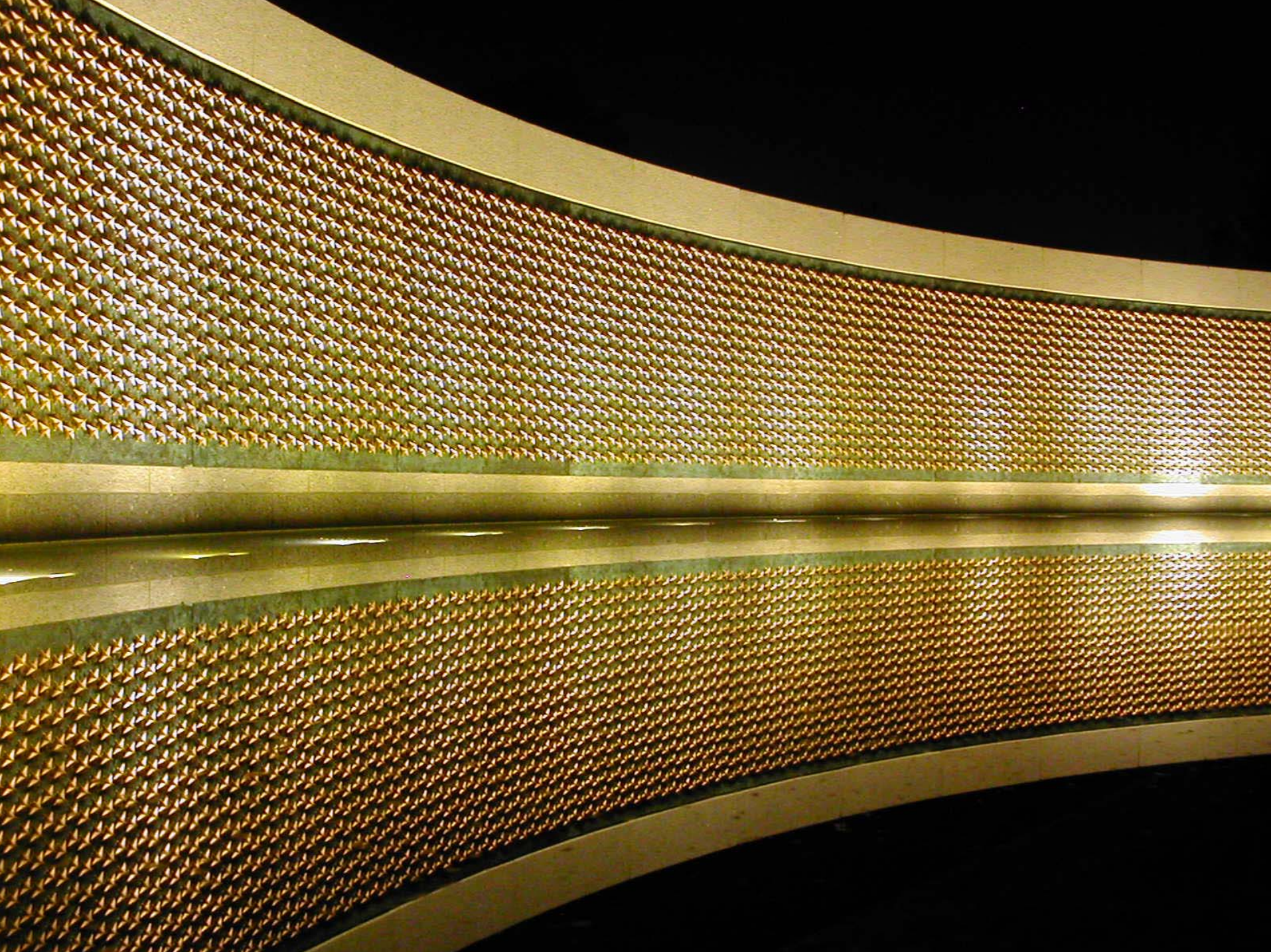
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# VA Transformation in Care at the End of Life

- Challenges: Access, Culture, Economics, Infrastructure, Training, Policy, Quality, Reliance on community partners
- Solutions
- More challenges: Rural, Homeless, late-life PTSD, Reliability, Disability, Sustainability
- More solutions
- Emphasis: the broad Palliative Care

# Demographics: Hospice & Palliative Care is a VA Priority

- Of all Americans who die this year, over one-fourth will be Veterans
- 1800 veterans die every day
- The number of veteran deaths is increasing by about 8% every year



# VA Issues in Hospice and Palliative Care - 2001

- How many veterans does VA provide H&PC to each year?
- How does VA purchase hospice?
- *Who can I contact about H&PC?*

# VA Issues in Hospice and Palliative Care - 2001

- 28,000 veterans/yr die as VA inpatients
- Half would choose palliative care if available
- *In 2001, 38% of VA facilities had no inpatient palliative care*
- *25% not MC eligible, 65% not married, median income <\$10K/yr*

# VA Issues in Hospice and Palliative Care - 2001

- 76,000 enrolled veterans/yr die outside VA facilities
- *20% are not MC eligible*
- *Half of VA facilities did not purchase hospice care*
- *27% of VA facilities did not refer to hospice*
- 20% MC decedents vs 5% veterans use hospice

# USA Issues in Hospice and Palliative Care

- 1.2 million died in US hospitals
- *58% had no pain management programs*
- *87% had no palliative care programs*
  - American Hospital Association, 2000





*Mission of  
VA Hospice & Palliative Care*

**To Honor Veterans'  
Preferences for Care at the  
End of Life**

# InnoVAtion: VA Transformation in Care at the End of Life

1. Policy: Convert “fee for service” to “per diem;” Teams
2. Clinical program and staff development: Establish palliative care programs and training at every VA facility
3. Community collaboration: Establish national Hospice-Veteran Partnership Program
4. Outcome measurement: Measures that promote veteran-centered care; access; take advantage of VA’s substantial technologic infrastructure
5. Marketing and finance; Elevate expectations; establish VA budget for hospice & palliative care

- Edes T, Shreve S, Casarett D. J Am Geriatr Soc 2007

# VA Hospice & Palliative Care (HPC)

## 2001

## 2003

- No reliable data
- No communication network for HPC
- 38% no inpatient HPC programs
- 11,000 died in VA facilities with no HPC programs
- Workload capture
- HPC Point of Contact at every VA
- Palliative care teams in every VA
- All Networks trained in HPC program development (AACT)

# VA Progress in Palliative Care

## 2001

- Low use of community hospice
- Many unaware of hospice benefits
- Half of VA facilities purchased no home hospice care
- 27% did not refer

## 2004

- Hospice-Veteran Partnerships: State based; hospice handbook
- Revised policy c/w CMS
- FY04 VA Budget for home hospice – first in VA history
- National standards for home hospice purchase

# VA Progress in Palliative Care

2001

- Few trained in palliative care
- Unrecognized differences for combat veterans
- Low use in all settings

2004

- Fellowships; EPEC and ELNEC; Web; CAPC
- Acknowledge differences, improved approach to EOL care
- Hospice-Veteran Partnerships;  
Escalating use;  
Elevating expectations

# Palliative Care Surging

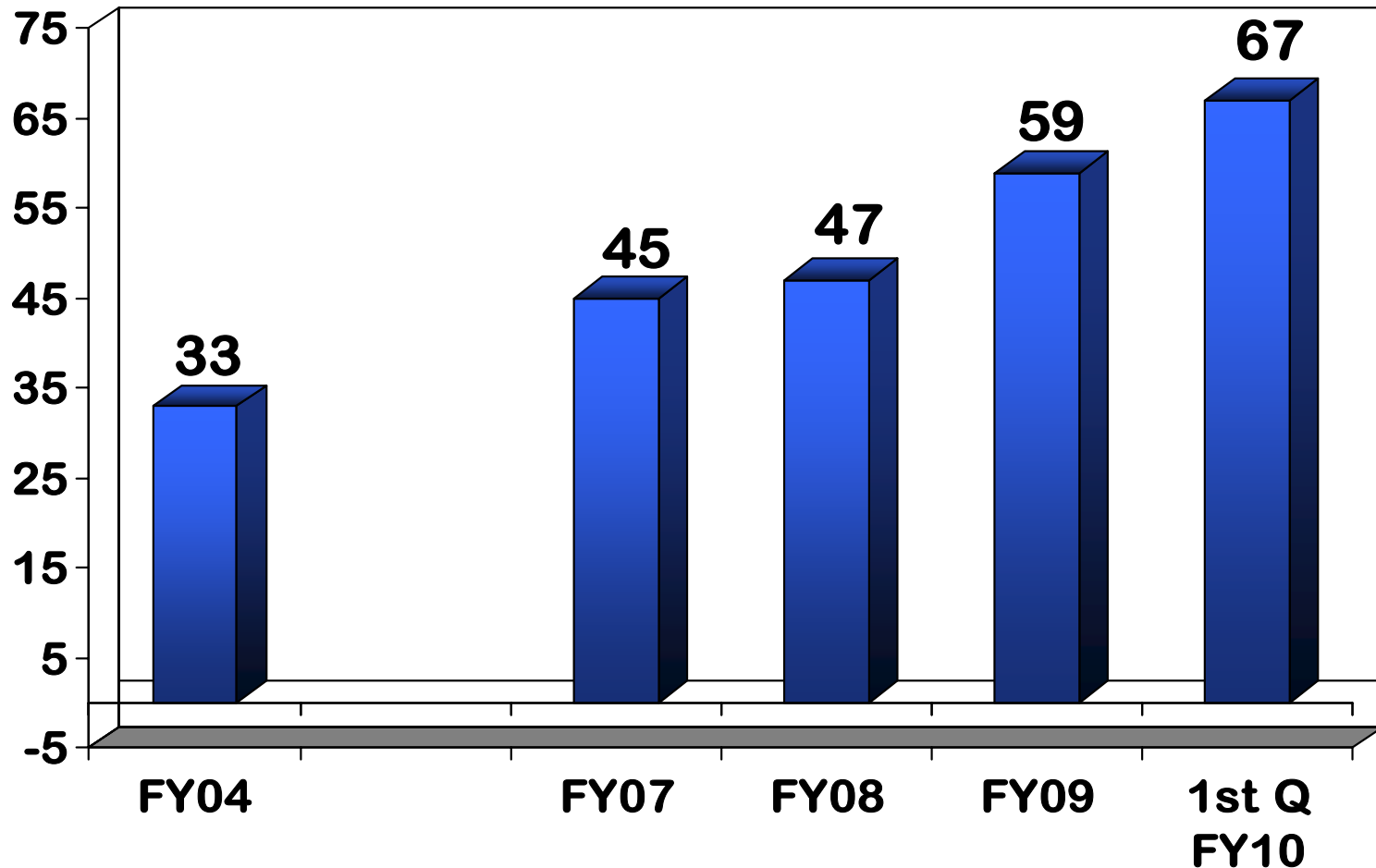
- Increase from 15% to 25% of US hospitals having palliative care program in 2003
  - 84% of VA hospitals had palliative care programs in 2003
- S Morrison et al, J Palliative Med, Dec 2005

# HPC Annual Report – FY09

- 59% of VA inpatient deaths had an associated palliative care consult
- Days from initial Pall Care consult to death: 45 days (37 in FY05; 27 in FY04)
- 33% of inpt deaths occurred in hospice beds (22% FY08; 17% FY05; 8% FY03)
- 100% of VAMCs purchased home hospice

# % of Inpatient Deaths seen by Palliative Care (PC) Consult Teams

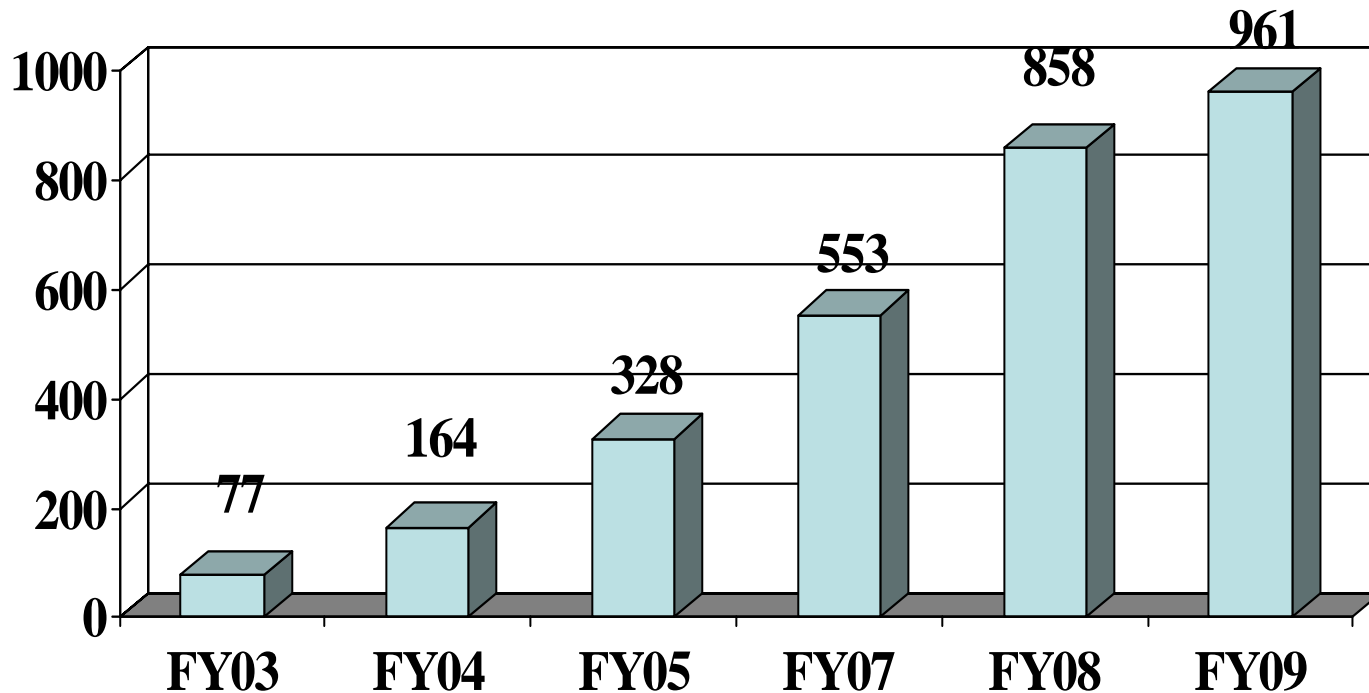
FY11: 60% appears to be an achievable benchmark





# VA-Paid Home Hospice Care

**Average Daily Number of Veterans Receiving  
VA-Paid Home Hospice Care**



# Impact of Palliative Care consultation vs usual care

- Documentation of discussion about the Veteran's goals of care: 94% vs. 84%
- Presence of advance directive: 56% vs. 46%
- Documented chaplain visit: 38% vs. 24%
- Documentation of bereavement contact after the Veteran's death: 42% vs. 8%

D Casarett

All with  $p < 0.001$ , 5200 chart reviews,  
PC=palliative care

# When hospice is available, many will use it

(absolute % change in inpatient deaths by venue nationally)

	ICU	Acute	Nursing Home	Hospice
Change	2 % ↓	4 % ↓	15 % ↓	21 % ↑
FY09	25 %	34 %	8 %	33 %
FY04	27 %	38 %	23 %	12 %

*~4,000 veterans impacted yearly*

# What is PTSD ?

- Posttraumatic Stress Disorder (35% Veterans; 7% gen)
- **Response to trauma** - an intensely stressful event, involving actual or threat of serious harm or death to self or others. Traumatic events classified as:
  1. Abuse
  2. Catastrophe
  3. Violent attack
  4. **War, battle, and combat**
    - **Death**
    - **Explosion**
    - **Gunfire**

# Dominant Features of PTSD

PTSD characterized by **four types of symptoms:**

1. **Re-experiencing** – nightmare, flashback
2. **Avoidance** - of places, reminders or memories of the trauma
3. **Emotional numbing** – detachment
4. **Arousal** - difficulty concentrating, easily startled, anger, sleep problems.

# Types of PTSD

1. **Acute PTSD** - less than 3 mos
2. **Chronic PTSD** - symptoms 3 mos or more
3. **Delayed onset PTSD** - symptoms first appear at least 6 mos after traumatic event

# Initial questions

Deborah Grassman - You decide when. Listen. Non-judgmental.

Are you a veteran? Or, served in military?

What branch of the service were you in?

Did you experience combat?

You must have seen some horrible things in combat. Does any of that still bother you?

# Recognition and Management of PTSD Emerging at End of Life

1. Incorporate into VA training; EPEC-V
2. Hospice Veteran Partnerships – educate community
3. Work with NHPCO – conferences, DVD, homeless
4. Resources:
  - VA Hospital or Veterans Center [www.va.gov](http://www.va.gov)
  - Mental Health, Chaplain, or Social Work service
  - National Center for PTSD ([www.ncptsd.va.gov](http://www.ncptsd.va.gov))
5. VA Home Based Primary Care – added mental health provider to every team



## *What is VA Home-Based Primary Care (HBPC) ?*

- Comprehensive, longitudinal primary care
- Delivered in the home
- By an Interdisciplinary team: Nurse, Physician, Social Worker, Rehabilitation Therapist Dietitian, Pharmacist, Psychologist
- Targets patients with complex, chronic, disabling disease
- When routine clinic-based care is not effective

*For those “too sick to go to clinic”*

*Beales J, Edes T; Clin Geriatr Med, 2009*

# Costs of Care Before vs During HBPC

(per patient per year) n = 11,333

	Before HBPC	During HBPC	Change
<b>Total Cost of VA Care</b>	<b>\$38,168</b>	<b>\$29,036*</b>	<b>- 24%</b> <b>P &lt; 0.0001</b>
Hospital	\$18,868	\$7026	- 63%
Nursing home	\$10,382	\$1382	- 87%
Outpatient	\$6490	\$7140	+ 10%
All home care	\$2488	\$13,588*	+ 460%

# Challenge: Eliminate demarcation of “Hospice” and “Palliative Care”

## Strategies:

1. VA Home Based Primary Care
  - Targets advanced chronic disabling disease
  - Soon in CMS with “Independence at Home”
2. Change VA policy to reflect a unified term - “Hospice and palliative care”
3. Demonstrate clinical and financial impact of providing care across the continuum





# VA Transformation in Care at the End of Life

- Honor Veterans Preferences for care at the end of life
- Identified, RESOLVED major care lapses
- Multifaceted concurrent comprehensive
- Driven by quality and performance metrics
- Veteran-centered care: Goals; PTSD; Home Based Primary Care
- Strive for “hospice and palliative care” in all settings