

## Goals & Objectives 2010 – CHAPCA/CHF Grant

- ▶ Goals:
  - National Initiative – Purpose:
    - Ensuring hospice and palliative care are reliably accessible
    - Establishing a sustainable infrastructure
  - California: CHAPCA – VA
  - VISN Model:
    - Educate community hospice providers about Veteran needs
    - Develop state and local relationships between hospice staff, the staff of VAMC's, and VSO's

## Goals and Objectives for Presentation

- ▶ Objectives:
  - Articulate the unique needs of Veterans at the end of life
  - Describe the partnership needed between hospice and VA to meet Veterans' needs
  - Briefly discuss rural and homeless data for California and Nevada and resources that are available

## Why Veterans?

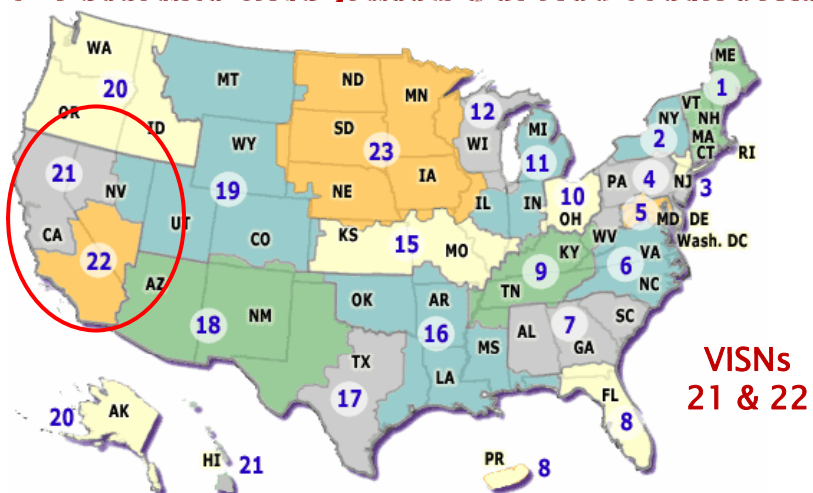
- ▶ More than 1 in every 4 deaths is a Veteran (29%)
- ▶ Number of Veteran deaths in California and Nevada
  - CA - 62,843
    - (1,981,109 Veterans living in CA)
  - NV - 6,607
    - (238,464 Veterans living in NV)

Currently <4% of deaths are in VA facilities

## Why Are We Talking About Veterans?

Pre-Test

## Veterans Health Administration 21 Veterans Integrated Service Networks



## VISN: Number of Deaths

- ▶ VISN 21 – 2011 over 30,000 Veteran deaths projected
- ▶ VISN 22 – 2011 over 37,000 Veteran deaths projected
- ▶ For the projected number of Veteran deaths per county, check out:  
<http://www.va.gov/VETDATA/does/Demographics/VetPop07-ov-final.pef>

## Goals

- ▶ Each of us will make a commitment to ask every admission if they are a Veteran
- ▶ Be aware that Veterans may have very special issues and needs, and know what to look for
- ▶ Overview of possible Veteran's Benefits for the patient and the family
- ▶ Have a better awareness on how to work with the VA
- ▶ Understand that VA is not one system, but many

## **The Military Checklist and Guide**

- ▶ A form and information developed by NHPCO and the VA
- ▶ Offers a variety of questions that every hospice program can use
- ▶ Take time now; save time later

**Military service can be a core experience in defining the way Veterans live AND the way they die**

## **Military History Checklist**

- ▶ Why is it important to use the checklist?
- ▶ In which war era or period of service did you serve?
- ▶ Overall, how do you view your experience in the military?
- ▶ Would you like your hospice staff/volunteer to have military experience, if available?

## What's So Special About the Veteran's End-of-Life Experience?

- ▶ Military culture and training influences a soldier's life and death (Battlemind)
- ▶ War may leave men and women with physical and mental wounds
- ▶ Post-traumatic stress symptoms may surface at end of life, even if previously undiagnosed
- ▶ Military experiences and relationships may also be a source of strength and comfort

## Veteran Population

- ▶ Gulf War - 37 years old
- ▶ Vietnam War - 60 years old
- ▶ Korean War - 76 years old
- ▶ World War II - 84 years old
- ▶ Sixty percent (60%) of the nation's Veterans live in urban areas
- ▶ States with the largest Veteran population are CA, FL, TX, PA, NY and OH, respectively
- ▶ These 6 states account for 36% of total Veteran population

## Influences

- ▶ Branch of service
- ▶ Rank
- ▶ Age
- ▶ Combat or non-combat

## Military Culture

- Big Boys Don't Cry
- No Pain, No Gain
- The More It Hurts, The Better
- Fear/Pain is a Sign of Weakness
- Few Good Men (Marines)
- Stoicism

## Characteristics by War

- ▶ World War II: Heroes
- ▶ Korea: Ignored
- ▶ Vietnam: Shamed

## World War II

**December 7, 1941 – December 31, 1946**

- ▶ Fighting occurred on the continents of Europe, Asia, Africa and in the Atlantic and Pacific Oceans
- ▶ Service was carried out under severe winter conditions, in the harshest of deserts, and in the hottest, most humid tropical climates
- ▶ Joining up, or being drafted, meant that you were in the military for the duration

## WWII – Unique Health Risks

- ▶ Infectious Diseases
- ▶ Wounds
- ▶ Frostbite / Cold Injury
- ▶ Mustard Gas Testing
- ▶ Exposure to Nuclear Weapons
- ▶ Nuclear Cleanup

## Cold War “Atomic Veterans”

Cold War: 1945 – 1990s

- ▶ Exposure to radiation has been associated with a number of disorders including leukemia, various cancers, and cataracts
- ▶ Unique Health Risks
  - Nuclear Testing
  - Nuclear Cleanup

## **Korean War – Unique Health Risks**

**June 25, 1950 – July 27, 1953**

Many Veterans who have experienced cold injuries will be living with long-term and delayed problems including:

- ▶ Peripheral Neuropathy
- ▶ Skin Cancer in Frostbite Scars (heels, earlobes)
- ▶ Arthritis in Involved Areas
- ▶ Nocturnal Pain
- ▶ Cold Sensation

## **Vietnam War**

**1957 – 1975**

- ▶ Vietnam Veterans now 50 to 75 years old
- ▶ By 2014, 60% of Veterans over the age of 65 will be Vietnam Veterans

## **Vietnam War – Unique Health Risks**

- ▶ Length and Time of Service
- ▶ Infectious Diseases
- ▶ Mental Health Issues: PTSD, Depression
- ▶ Substance Abuse
- ▶ Hepatitis C
- ▶ Environmental Hazards
- ▶ Exposure to Agent Orange

## **Vietnam War – Agent Orange**

- ▶ Herbicide used to kill unwanted plants and to remove leaves from trees that otherwise provided cover for the enemy
- ▶ Used to protect US troops
- ▶ No special Agent Orange (AO) tests are available – no way to show that AO or other herbicides caused individual medical problems
- ▶ VA makes a presumption of AO exposure for Vietnam Veterans

## **Vietnam War – Agent Orange**

Sufficient Evidence of an association with Agent Orange

- ▶ Chronic Lymphocytic Leukemia (CLL)
- ▶ Soft-tissue Sarcoma (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma, or mesothelioma)
- ▶ Non-Hodgkin's Lymphoma
- ▶ Hodgkin's Disease

## **Vietnam War – Agent Orange**

Limited or Suggestive Evidence of an Association with Agent Orange

- ▶ Respiratory Cancers (lung/bronchus, larynx, or trachea)
- ▶ Prostate Cancer
- ▶ Multiple Myeloma
- ▶ Type 2 Diabetes Mellitus

## **Gulf War – Unique Health Risks**

**August 1990 – June 1991**

- ▶ Exposure to Smoke
- ▶ Chemical or Biological Agents
- ▶ Immunizations
- ▶ Infections

## **Gulf War – Medical Issues**

- ▶ Multi-symptom-based medical conditions reported to occur more frequently, including:
  - Fibromyalgia
  - Chronic Fatigue Syndrome
  - Multiple Chemical Sensitivity
- ▶ Increased risk for symptoms of psychiatric illness, including:
  - Post Traumatic Stress Disorder (PTSD)
  - Anxiety
  - Depression
  - Substance Abuse

## **OEF/OIF – Unique Health Risks**

### **▶ 2001 – Present**

- ▶ Infectious Disease
- ▶ Cold Injury

## **OEF/OIF – Additional Risks**

- ▶ Combined Penetrating, Blunt Trauma, and Burn Injuries (Blast Injuries)
- ▶ Traumatic Brain or Spinal Cord Injury
- ▶ Vision Loss
- ▶ Traumatic Amputation
- ▶ Multi-drug Resistant Acinetobacter
- ▶ Mental Health Issues

## Haunted by Combat ...

“War means something different to those of us that have looked through the sights of a rifle at another human being’s face. Collateral damage means something different to those of us that have seen the lifeless body of a 9-year-old girl caught in the crossfire. Or for those of us that have struggled to save the life of a 7-year-old boy. I’ve only mentioned a fraction of what still haunts me from Iraq. I’ve been diagnosed with PTSD ...”

*- An Iraq Veteran from New Jersey  
(Meagher, 2007, p. xix)*

## Veterans at Risk for Under-Treatment of Pain

- ▶ Elderly
- ▶ Non-verbal or cognitively impaired
- ▶ Uninsured/underserved
- ▶ History of addiction
- ▶ PTSD

## **Military Sexual Trauma / Sexual Assault (MST)**

- ▶ Any repeated, unwelcome, threatening, sexual behavior
- ▶ Pressure for sexual favors, (to achieve rank, to prevent knowledge of homosexuality – real or imagined)
- ▶ 54% of women and 23% of men reported having experienced sexual harassment
- ▶ Rates of attempted or completed sexual assault were 3% for women and 1% for men

## **Possible Mental Health Consequences of Sexual Trauma**

- ▶ PTSD
- ▶ Panic Disorder
- ▶ Generalized Anxiety Disorder
- ▶ Depression
- ▶ Suicide
- ▶ Substance Abuse
- ▶ Eating Disorders

## Possible Reactions to Care

- ▶ Outbursts of tears, anger, shame or guilt
- ▶ Appearance of memory problems or avoidance
- ▶ Patient seeming to be “not completely in the room”
- ▶ Physical restlessness or combativeness
- ▶ Attempts to “elope” or “bolt” from unit/home/room

## Triggers for MST: Hospice Care

- ▶ Touching, washing, massage
- ▶ Insertion of medications, enemas, feeding or breathing tubes
- ▶ Assisted transfers
- ▶ Oral care
- ▶ Applying lotions or oils

## **Tips for Lessening Trauma**

- ▶ Explain all care and its purpose even if the Veteran does not appear to be alert
- ▶ Ask permission and offer to stop if patient requests
- ▶ Language - use non-threatening terms

## **Loss, Grief and Bereavement**

- ▶ Veterans and their families all experience losses
- ▶ Veteran's grief can be unique
- ▶ Stoicism
- ▶ An interdisciplinary care approach

## **Influences of the Military on Bereavement Care (Veterans)**

- ▶ Stoicism
- ▶ For “cry babies” or a “pity party”
- ▶ Death of a loved one can trigger PTSD or activate grief
- ▶ Brotherhood
- ▶ Estrangements, forgiveness/reconciliations issues

## **Influence of the Military of Bereavement Care (Veterans)**

- ▶ Isolation
- ▶ Past experience with violent mutilating death
- ▶ No time to mourn the death of comrades
- ▶ Anger/bitterness towards how they have been treated

## **Influence of Military on Bereavement: Family Members**

- ▶ Stoicism
- ▶ Validate influence
- ▶ Frequent relocation
- ▶ Validate influence of PTSD on family
- ▶ Caring for someone with PTSD may increase caregiver burden

## **Homeless Veterans**

- ▶ 23% of the homeless population are Veterans
- ▶ 13% of all sheltered homeless adults are Veterans
- ▶ 47% of homeless Veterans served during the Vietnam Era
- ▶ 33% were stationed in a war zone
- ▶ 89% received an honorable discharge

## Causes of Veteran Homelessness

- ▶ Shortage of affordable housing, livable income and limited access to health care
- ▶ Lingering effects of Post Traumatic Stress Disorder (PTSD)
- ▶ Substance abuse
- ▶ Lack of family and social support networks

## Stand Downs for Homeless Veterans

- ▶ Events to provide outreach to the homeless
- ▶ Coordinated among local VA medical centers, other government and community agencies serving the homeless
- ▶ For locations of Stand Downs - [www.va.gov/homeless](http://www.va.gov/homeless)

## Rural Veterans

- ▶ 40% of Veterans enrolled in VA live in areas that are considered rural
- ▶ 75% of rural Veterans are over the age of 65
- ▶ More than 44% of US military recruits come from rural areas. In contrast, 14% come from major cities.

## Quality Assessment & Performance Improvement (QAPI)

### Performance Measures

- ▶ Collect Data: Chart Audits
- ▶ Specific Indicators
  - Military Checklist is completed
  - Pain Control
  - Family Satisfaction

## Eligibility and Benefits

### Eligibility for Hospice

- ▶ Hospice services are part of the “basic benefit package”
- ▶ Veteran has a choice as to who pays for hospice
- ▶ Routine home care versus other levels of hospice care

## For VA–Paid Hospice

- ▶ VA provider must order hospice services
- ▶ Must work with the Healthcare System that serves your area

## For Eligible But Non–Enrolled Veterans

- ▶ First step – assist with enrollment
  - 1–877–222–VETS (8387)
  - May be easier to make contact with your local facility’s admission and eligibility office (A & E)
- ▶ Criteria to be enrolled
  - Need to complete 10–10EZ
    - <https://www.1010ez.med.va.gov/sec/vha/1010ez>
    - Must have a copy of the DD 214. If Veteran does not have a copy go to <http://www.archives.gov/veterans/evetrecs/index.html>
    - May need to complete the documentation for “catastrophically disabled”

## Criteria to be Enrolled

A variety of factors determine eligibility:

- ▶ Discharge or separated for medical reasons, early out, or hardship
- ▶ Served in theater of combat operations within the past 5 years
- ▶ Discharge from military because of a disability (not pre-existing)
- ▶ Former Prisoner of War

## Criteria to be Enrolled

- ▶ Received a Purple Heart Medal
- ▶ Receive VA pension or disability benefits
- ▶ Receive state Medicaid benefits

## The Interplay of Medicare, MediCal and VA

### Basic Information

- ▶ Veteran may be dually eligible for Medicare (or other insurance) and VA benefits
  - It is the Veteran's choice as to who should pay for hospice services
- ▶ VA is not a form of insurance
  - If VA is listed as prime by Medicare, then the Veteran or an authorized agent must call Coordination of Benefits to switch to Medicare if that is the selected payer source

## Which Payer is Prime?

- ▶ When Veteran is dually covered, it is the *Veteran's choice*
- ▶ Things to consider:
  - Which payer is in the Veteran's best interest?
  - How will coordination of care work?

## When Medicare May Be Better

- ▶ When Veteran lives far away from a VA Medical Center
  - Transport to a local facility for GIP may be more challenging
  - Transport to a VA facility may not be covered
- ▶ Pre-authorization for changes in the levels of care can delay needed services
  - Important to foster relationships with staff who can assist in the authorization process

## If VA is the Payer

- ▶ Requires a VA physician's order for hospice
  - Not all VA docs are licensed in the state they practice in
  - Need to identify who will be the attending physician(s) of record
- ▶ VA Reimburses at the Medicare daily rate
  - Need preauthorization for changes in the level of care
- ▶ Reauthorizations

## Challenges

- ▶ Timely authorizations
- ▶ Timely payments
- ▶ SSI benefits application processed after death/VA benefit application stops with death
- ▶ Coordination of care between two agencies
- ▶ Who serves as attending physician(s) of record?
  - Not all VA physicians are licensed in the state they practice in
  - Not all VA physicians have a DEA number
  - Some VA physicians would prefer that the agency's medical director serve as attending physician of record

## **The Benefit of Both Worlds**

- ▶ Earlier enrollment in hospice services for Veterans receiving certain palliative therapies
- ▶ VA can pay for or provide palliative treatments such as:
  - Palliative radiation
  - Palliative chemo
  - Blood transfusions

**VA/Community Hospice  
Relationships  
Providing the Best Care for  
our Veterans**

## VA–Hospice Relationships

How to build VA/Hospice relationships:

- ▶ Access the right person in the VA system
- ▶ Identify Veteran’s specific needs
- ▶ Developing an ongoing VA/Hospice meeting schedule
- ▶ Utilize Hospice–Veteran Partnership Toolkit  
<http://www.growthhouse.org/veterans>

## VA Healthcare System Expectations

- ▶ Partnering with the VA to provide the best end of life care for our Veterans
- ▶ Agencies’ willingness to train staff on the unique needs of Veterans
- ▶ Collaboration on the plan of care for the Veteran
- ▶ Identification of Veterans receiving hospice
- ▶ Reporting back to facilities quality data collected by the agency, including family satisfaction

## Fostering Partnerships

Fostering a partnership between local VA facilities and Community Based Hospice Programs

- ▶ Identify points of contact on both sides
- ▶ Periodically check in to see how things are going on both sides
- ▶ Commit to work together
- ▶ Establish a process within each VA Healthcare System that outlines:
  - Who to call
  - What to expect

## Ideas to Foster Relationships

- ▶ Regular dialog between agencies and VA points of contact
- ▶ Ask VA to participate in local and regional CHAPCA meetings
- ▶ Increase staff awareness and sensitivity

## VA/Hospice Partnerships

- ▶ Develop on-going plan for sustainable VA/Hospice partnership that is not dependent on one person
- ▶ Plan to co-manage resources through collaborative education and practice
  - VA Hospice Benefit, VA Respite Care
- ▶ Identify effective Veteran centered bereavement program, including survivor benefits

There are two other critical groups that need to participate for better Veteran care – staff, and of course, Veterans

## Veteran Involvement

- ▶ Meet your local Veteran Services Organizations
- ▶ Recruit Volunteers from Veterans groups to work with your program
- ▶ Develop Vet to Vet Program (train Veterans to talk to Veterans about hospice)

## Please Remember ...

- ▶ All VA enrolled Veterans are entitled to VA payment of hospice care across all settings, regardless of their service connection
- ▶ VA and hospice partnerships can improve Veterans' access to care and services they need at the end of life
- ▶ Understanding the possible special needs of Veterans will assure better quality in the care we provide
- ▶ Knowing about Veterans benefits can help us help our patients and their families

## General Benefit Information

[www.vba.va.gov](http://www.vba.va.gov)

- ▶ Compensation and Pension
- ▶ Survivor's Benefits
- ▶ Life Insurance
- ▶ Education
- ▶ Home Loans
- ▶ Vocational Rehabilitation

## Burial and Memorial Benefits

- ▶ Reimbursement for burial expenses if veteran is enrolled and eligible
- ▶ Burial Flag to drape a coffin or accompany the urn given to next-of-kin as a keepsake
- ▶ Funeral Honors
  - Folding and presenting the US Flag
  - Playing "Taps"
- ▶ Presidential Memorial Certificate – available to next-of-kin, relatives and friends
- ▶ Government headstone or niche marker
- ▶ Burial in a VA National Cemetery

## References

## **Locating Information**

Veterans Benefits Administration (VBA)

[www.vba.va.gov](http://www.vba.va.gov)

[www.vba.va.gov/survivors](http://www.vba.va.gov/survivors)

Veterans Health Administration (VHA)

[www.va.gov/health](http://www.va.gov/health)

National Cemetery Administration (NCA)

[www.cem.va.gov](http://www.cem.va.gov)

## **Insurance & Benefit Resources**

Life Insurance Home Page

[www.insurance.va.gov/inForceGliSite/default.htm](http://www.insurance.va.gov/inForceGliSite/default.htm)

Dependents & Survivors Benefits Home Page

[www.vba.va.gov/survivors/index.htm](http://www.vba.va.gov/survivors/index.htm)

If additional information is needed, the Veteran's  
next-of-kin or legal representative should call  
the VA at 1-800-827-1000

## Veterans Services Representative (VSR)

- ▶ Available at Regional Offices and at some VA Healthcare Systems
- ▶ Role of VSR
  - Explains Benefits

Assists Veterans who need help in applying for disability, pension and other related VA benefits

## Veteran Service Officers

State Veterans Service Officers  
[www.va.gov/statedva](http://www.va.gov/statedva)

County Veterans Service Officers  
[www.nacvso.org](http://www.nacvso.org)

Advocate for Veterans and their dependents

## **National Veterans Service Organizations**

- ▶ VFW – Veterans of Foreign Wars
- ▶ DAV – Disabled American Veterans
- ▶ FRA – Fleet Reserve Association
- ▶ PVA – Paralyzed Veterans of America
- ▶ VVA – Vietnam Veterans of America
- ▶ American Legion

For information on these and many more:

[www.va.gov/vso](http://www.va.gov/vso)