VA & Hospice: Working Together

Faculty

• Jane Bush, RN, Assistant Nurse Manager (jane.bush@va.gov)
• Kendra Deja, GNP-BC, LCSW (kendra.deja@va.gov)
• Michelle Gabriel, RN, MS, VISN 21 Palliative Care Coordinator (michelle.gabriel@va.gov)
• Ann Hablitzel, RN, BSN, MBA, CEO/Executive Director, Hospice Care of California (ahablitzel@hospicecareofca.org)
• Kimberly Hiroto, Ph.D., Psychology Postdoctoral Fellow (kimberly.hiroto@va.gov)
• Gary Hsin, MD, Attending (gary.hsin@va.gov)
• Julia Kasl-Godley, Ph.D. Psychologist (julia.kasl-godley@va.gov)
• Penny Phillips, MA, MDiv, BCC (penny.phillips2@va.gov)

Statistics

• 1 in 4 deaths is a veteran
• From 2000 – 2010:
  – Veterans age 75 plus was projected to increase from 4 million to 4.5 million
  – Veterans age 85 plus was projected to triple from 422 thousand to 1.3 million
• Those Veterans aged 65 to 84 are projected to increase between 2010 and 2015 as the Korean Conflict and Vietnam era cohorts age.
• Over 37 percent of the veteran population is 65 years old or older, compared with 13 percent of the general population.

http://www.nhpco.org/i4a/pages/Index.cfm?pageid=3537
Statistics

- Total number of veterans anticipated to die in 2010: 670,640
  - Of that, 264,318 will be from WWII (724 per day)
- For the next five years, projected number of veteran deaths exceed 600,000 nationwide.
- For VISN 21 in FY11, over 30,000 veteran deaths projected.
- For VISN 22 in FY11, over 37,000 veteran deaths projected.

Annual Veteran Deaths

A small percentage of veterans die as inpatients in VA facilities

How can the VA care for all the veterans dying in the community?
Introduction

- Military service is an acquired cultural experience that continues long after discharge.
- The cultural context of Veterans can have positive and negative impacts on their end-of-life care. It can be a source of strength and a source of conflict.
- ‘Culture’ refers to integrated patterns of human behavior that include the language, thoughts, communication, actions, customs, beliefs, values and institutions of racial, ethnic, religious or social groups.

By partnering with community hospices.
Demographics of Today’s Veterans

- 23.8 Million living Veterans
- 7.5% are women
- 14% of deployed US forces are women
- Largest group of Vets from Vietnam – 7.9 M
- 60% live in urban areas
- White male (primary gender and race)
- 2 M Vets from Iraq and Afghanistan are older and married (compared to other wars).

Experience of Service

- All volunteer forces for 35 years
- Vets share the cultural diversity of our country.
- Vets have a common bond of “having served.”
- Each generation has war; each generation produces Veterans.

Warrior Culture

- Most new recruits are young, fresh out of high school
  - Some search for adventure
  - Better economic circumstances
  - Search for adventure
  - Some to escape difficult circumstances
Basic Training

• Turns soldiers into squads
  – Discipline, Privilege, duty, connectedness
• Initiation into warrior class
  – Unique language, ‘battlemind’ training
  – One for all/all for one
  – Buddies = family
  – Stoicism promoted; ‘no pain, no gain’
  – Admitting fear, pain seen as sign of weakness

Veterans’ Unique Characteristics

• Combat or non-combat experience
• War or era they served
• POW’s
• PTSD [Note: Most soldiers are able to integrate the experience into their lives as naturally resilient people. VA is studying this group in depth.]
• Branch of service and their rank; Special Forces (ie., Green Berets, Navy Seals)
• Enlisted or drafted
• Family history of serving in military; current geographical (rural vs. urban)

Culture comments

• Each era of service has its own unique culture which can influence the outcome of a soldier’s experience. WW2 Vets are more likely to have had areas of ‘safe haven’ than VN Vets who were often in immediate and constant physical danger. This resulted in a higher incidence of stress-related disorder. Korean Vets were often told not to discuss their military service and are sometimes overlooked in the discussion regarding the needs of Vets. A significant number of Korean Vets were POWs held by the Chinese, and subjected to torture and other mistreatment. So asking and understanding the military history of Vets is important.
**World War II**

- Almost all WWII Vets >80 years of age
- Many died or were wounded
- Pride in American victory over fascism
  - No TV coverage so public shielded from brutality
- Entire country supported war; came home as heroes; definite end to the war; “glories” of war
- Segregation
- Many have injuries from combat or environmental exposure
  - Radiation, mustard gas

**Cold War**

- Arms race
  - Radiation exposure to above ground nuclear testing
  - Anger/mistrust of gov’t, including VA
- Every VA has a registry physician for
  - Agent Orange, Gulf War Syndrome, and Ionizing radiation

**Korean Conflict**

- Unfamiliar to most Americans, never declared a war
- No clear victory
  - Some feel service unappreciated; Korean trauma largely forgotten
- Environmental exposure
  - Injuries from extreme heat and cold
  - Cold sensitivity
- Vets may minimize experiences
  - Many relive experiences
Vietnam War....

- Source of much angst for USA
- Extensive television coverage; war was "in our living rooms"
- Draft forced many into war they opposed
- Soldiers required to go on only one-year tours
- Controversial
  - Distrust of political leadership
  - First guerilla war
  - Had to separate combatants and civilians, soldiers could never let guard down
  - Hard to have sense of completion, sense of accomplishment

....Vietnam War

- Great physical, emotional, existential trauma
  - Severely wounded more likely to survive
  - Reintegration difficult
  - Alcohol/substance abuse
  - Many mental health issues, PTSD
  - Agent Orange
  - Hepatitis C
  - Traumatic Brain Injury, Polytrauma Injuries

Gulf War...

- Many exposed to environmental toxins
  - Burning oil fields
  - Depleted uranium, etc.
  - Multiple vaccinations
- Gulf War Syndrome
  - Memory loss
  - Fibromyalgia symptoms
...Gulf War

- Two conditions correlate with service
  - ALS
  - Respiratory problems
    - Asthma, exposure to high levels of smoke
- Young age means few need palliative care
  - Will change as population ages

OEF/OIF

- Early evidence suggests psychological toll will be worse than physical toll
  - Prolonged exposure to combat stress over multiple rotations
  - Several groups already reviewing care
  - Increasing incidence of suicide/attempts
  - Depression
  - PTSD
  - Traumatic Brain Injury

Culture ‘Clashes’

- Veterans generational cultural clashes have occurred and will continue to occur due to the very nature of military service at this time in history. Some WW2 Vets have a difficult time comprehending the Vietnam experience. Some saw these soldiers as ‘wimps’ who lost the war. The Veterans of Foreign Wars used to not allow Korean or Vietnam Vets to join because neither of those wars were officially declared ‘war’. This is no longer the case.
- Despite best efforts, clashes will occur. The key is to continue attempts to understand each perspective and take time to understand your own reactions. Failure to take the culture seriously means we choose to place our own values over those of differing backgrounds. Stereotyping, disregarding personal rights, etc, are examples of not respecting another’s culture.
Interventions for all Vets

• Create safety to build rapport, relationship.
• Thank Vet for his/her service! This may invite dialogue (or not). Some are quite shy about it; others will stand up taller and prouder. Many are still healing from their experience.
• Affirm the feeling aspect of your dialogue.
• Remember that stoicism might interfere with acknowledging emotional or spiritual or physical pain.
• Go slow, and listen for what is not being said.

Invitation

• Invitation to do a self-assessment:
  How do your own values/beliefs influence your attitudes toward WW2 Vets vs. Iraq/Afghanistan Vets? We must become aware of our own cultural beliefs and attitudes in order to be culturally competent for our Veterans.

  Seek to understand; never assume.

Summary

• Veterans will continue to return home to the USA from various military settings. Some will turn to the VA for healthcare and ultimately palliative and end-of-life care. It is important to understand the special needs of each individual and how their military service integrates into who they are, and what their health needs are.
Working with the VA

Michelle S. Gabriel, RN, MS
VISN 21 Palliative Care Coordinator

Why Partner with the VA

• Hospice is a basis entitlement for enrolled veterans
• Additional resources may be available

VA Structure

• Health Care Systems
  — Cover a certain geographic region
  — Contain many components (i.e. acute care hospital, CBOCS, CLCs)
• VISNs (Veterans Integrated Service Network)
  — Contains many regional health care systems
  — VISNs 21 and 22 cover the areas served by CHAPCA
• Vet Centers
Infrastructure of Hospice and Palliative Care

- VISN Program Managers
- Facility Palliative Care Coordinators

Interfacing with the VA

- Important to identify POC’s
  - Good place to start is to ask who the facility palliative care coordinator is (see handout)
- Work on building relationships with your local VA contacts

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 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 being enrolled
- Need to complete 10 – 10 EZ
  - Must have a copy of the DD 214
  - May need to complete the documentation for “catastrophically disabled” (which is the mechanism to qualify a veteran who is terminal desiring hospice)
- For dishonorable discharge cases

For enrolled veterans

- Ask permission to notify VA provider of veteran’s enrollment to hospice
For VA-Paid Hospice

• VA provider must order hospice evaluation and/or services in order for the agency to be reimbursed
• Work with your local facility

The Interplay of Medicare, MediCal/Caid & 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 an 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
• MediCal can pay for room and board if veteran qualifies
**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?
- Veteran can always change their mind

**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 of record
- VA reimburses at the Medicare daily rate
  - Need preauthorization for changes in the level of care
- Reauthorizations
- Work with facility contact to ensure pre-authorizations (i.e. for changes to level of care) or to resolve issues
Challenges

- Timely authorizations
- Timely payments
- Coordination of care between two agencies
- Who serves as attending of record?
  - A VA physician without a license to practice in the state the hospice is in cannot serve as attending of record

The Benefits 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

The Benefits of Both Worlds

- VA may be able to provide additional supplies (e.g. prosthetics, specialized beds, cushions, etc.) when appropriate
- For some veterans (depending on the facility), the VA will cover placement in a nursing home
- It is important to identify a point of contact with your local facility to assist in getting the best care for our veterans
**Additional Information**

- Presumptive Conditions
  - Certain conditions during certain periods of war
  - Can entitle veteran to additional benefits based on service connection (such as compensation and survivor benefits)
- Burial Benefits
- Dependent and Survivor Benefits

**Burial Benefits**

Most veterans are eligible for:
- Headstone
- Burial plot for veteran, spouse, dependent child in a national cemetery
- Burial flag and military funeral honors

**Burial Benefits**

- VA burial allowances are partial reimbursements of an eligible veteran’s burial & funeral costs.
- When cause of death is not service related—reimbursements described as two payments
  - A burial & funeral expense allowance
  - A plot or interment allowance
Who is Eligible?

• You may be eligible for VA burial allowance if:
  – You paid for a veteran’s burial or funeral, **AND**
  – You have not been reimbursed by another gov’t agency or some other source, **AND**
  – The veteran was discharged under conditions other than dishonorable.
• Other criteria must be met (i.e. receiving compensation from gov’t or having a service-related illness)

How Can You Apply?

• Fill our VA Form 21-530, Application for Burial Benefits
• Attach copy of veteran’s military discharge document (DD 214 or equivalent)
• Attach copy of death certificate, funeral and burial bills.
• Form can be downloaded at http://www.va.gov/vaforms/

Key Points for Burial Benefits

• Encourage pre-planning
• Locate a veterans military discharge papers, DD-214
• Call VA Regional Office to find out eligibility for burial benefits 1-800-827-1000
• Call VA Decedent Affairs Office