

Honoring our Veterans



Understanding and Meeting the End of Life Needs of Veteran Patients and Families

Innovative
Hospice Care®
VITAS

Thad V. Jaracz LTC. Army (RET.)
Sr. Director Corporate Services
Vitas Healthcare

NHPCO-We Honor Veterans Survey of Providers

- 94% provide care to veterans
- 43% have no specific programs for Veterans
- Why do some have specific programs???
 - 84%- It's just the right thing to do
 - 89%- Caring for Veterans is an extension of our commitment to community
 - 86%- It is a privilege to honor those that have served
 - 84%- We are confident in our ability to provide quality end-of-life care to Veterans
 - 29%- It was a good business opportunity

Vitas Commitment to Veteran Patients

- It is the right thing to do
- Honor them for their service and sacrifice
- Veterans and families have unique end of life needs
- We improve patient care when we understand those needs
- Veterans make up a large portion of our patient population
 - 20% of admissions
 - Approx. 11,000 annually
 - 2500 ADC

Vitas Commitment To Veteran Patients

As a company, Vitas is committed to honoring America's Veterans for their service to our country

We honor them for their service and sacrifices by recognizing who they are, what they have done and by understanding the potential impact of their military service on their end of life experience

We aim to honor Veterans' preferences for care at the end of life by understanding their unique needs and by providing them with respect, recognition, comfort and compassion through dignified quality end of life care.

Discussion Topics

- *Perspective of a community provider*
- *Veteran demographics*
- *Unique and Generational Needs of Veterans and Families*
- *Elements of a Veterans' Program*
- *Results*



The Journey Begins

Are there Veterans and families in our communities that could benefit from end of life care?

Do Veterans and families have unique end of life needs?

Can community hospice staff meet the unique needs of Veteran patients and families?

Will patient care improve for Veteran patients and families?

Veteran Demographics

Veteran Demographics

- 23.1 million living Veterans.
- Over 600,000 deaths annually thru 2016
 - 1800 Veteran deaths per day
 - 25% of all deaths annually are veterans
- 39% of Veterans are over 65
- 900 WWII Veterans die daily
- 7.4mil Vietnam era Veterans (largest group)

Veteran Demographics (cont.)

Nationally

- 653K Veteran deaths in 2010
- 73K Average Daily Census (ADC)

California

- 1.9mil living Veterans
- 59K deaths
- 52K over 65 deaths
- 6,500 ADC

Who Cares for our Veterans at the End of Life?

- Approx. 33% are enrolled/eligible for VA healthcare (7.8mil)
- 159,000 enrolled deaths annually
 - Approx. 4% of Veteran deaths occur in the VA
- 15 mil are not enrolled/eligible for VA healthcare
- VA paid ADC of 989 to community hospice providers (2d qtr 2010)
- 75% of Enrollees are dual eligible (VA and Medicare/Medicaid)

The vast majority of Veterans will die in the community

Unique Needs of Veterans

**Each War has its Own Culture
And Unique Risks**

Unique Needs of Veteran Patients

- **Veterans experiences can affect their EOL experience**
 - **Type of combat or prisoners of war (POW)**
 - **The branch of service**
 - **Rank**
 - **Whether they were enlisted or drafted**
 - **War period in which they served**

Veteran Population

- Median age of all living veterans
 - 61 for men
 - 47 for women
- Median ages by period of service
 - Gulf War, 37 years old
 - Vietnam War, 60 years old
 - Korean War, 76 years old
 - WW II 84 years old

World War II

- December 7, 1941-December 31, 1946
- 16 million served
- 291,000 battle deaths
- 671,846 wounded
- 433 Medals of Honor
- Operations in the Pacific-Asia-Europe

World War II

- Heroes
- Nation behind the war
- War glamorized
- Victory Gardens
- Women in munitions factories
- Total national commitment
- You were in for the duration



World War II—Unique Health Risks

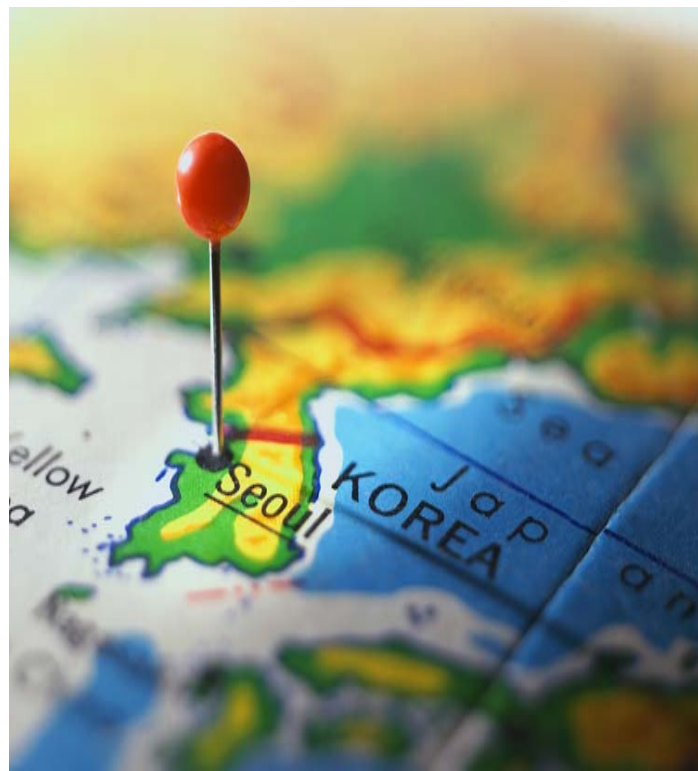
- **Infectious diseases**
- **Wounds**
- **Frostbite/cold injury**
- **Mustard Gas testing**
- **Exposure to nuclear weapons**
- **Nuclear cleanup**

Korean War

- June 25, 1950–July 27, 1953
- 5.7 million served
- 33,741 battle deaths
- 103,000 wounded
- 131 Medals of Honor

Korean War

- Not Classified as a war
- Police action
- Conflict
- Forgotten War
- Experiences minimized



Korean War-Unique Health Risks

- Cold injuries including frostbite and immersion foot
- Cold related problems may worsen with age
- Diabetes and peripheral vascular disease
- Higher risk for amputations
- 5000 cold injury casualties 1950-51

Korean War-Unique Health Risks

- Skin cancer in frostbite scars
- Arthritis in involved areas
- Chronic tinea pedis
- Fallen arches and stiff toes
- Nocturnal pain and cold sensation

Vietnam War

- Aug 24, 1964–Jan 27, 1975
- 8.7mil served
- 3.4mil deployed to SEA
- 47,424 Battle deaths
- 10,785 other deaths
- 153,303 wounded
- 238 Medals of Honor



The longest, most unpopular and divisive war America ever fought

Vietnam War

- Extensive television coverage
- War was not won
- Civilian casualties
 - Baby killers
- New warfare tactics
 - No safe areas
- Lack of unit cohesiveness
- Return to a bitter and divided nation

For many Vietnam Veterans, the wounds will never heal



Vietnam War

- Vietnam Veterans now 50 to 75 years old
- By 2014, 60% of Vets over 65 will be Vietnam Vets
- Will we be ready to provide care?
 - Mental Health Issues: PTSD, Depression
 - Substance abuse
 - Hepatitis C
 - Agent Orange

Vietnam War—Unique Health Risks

- Length and time of service
- Infectious diseases
 - Hepatitis C (63% of tested)
- Bacterial and fungal infections
- Skin diseases
- Exposure to Agent Orange



Agent Orange

- There are no tests available to show that Agent Orange caused individual medical problems
- VA makes a presumption of Agent Orange exposure to Vietnam Veterans
 - Especially important for hospice providers
- Diseases
 - Lung cancer, Prostate cancer, Hodgkin's and Non-Hodgkin's Lymphoma, Sarcomas, Multiple Myeloma, Chronic Lymphocytic Leukemia
 - Birth Defects (Spina Bifida), Diabetes, Peripheral Neuropathy, Parkinson's

NHPCO-Comprehensive End-Of-Life Initiative

Base Year Final Report

“Many hospice folks were the flower children of the past, anti-war and anti gun; this is a tough mix with a vet as a patient.”

“You know vets are very patriotic people and hospice should try to have patriotic people work with them”

Gulf War

- August 2, 1990-February 28, 1991
- 700,000 Deployed
- 294 deaths
- 458 wounded



Gulf War-Unique Health Risks

- Exposure to toxic agents
- Exposure to environmental and waste hazards
- The preventative medicines and vaccines they received
- Depleted Uranium



Gulf War

- No unique syndrome, illness or symptom in deployed Gulf War Veterans
- Multi symptom-based conditions reported to occur more frequently include Fibromyalgia, Chronic fatigue syndrome and multiple chemical sensitivity
- Greater risk for symptoms of psychiatric illness, particularly PTSD, anxiety, depression and substance abuse
- Exacerbation of asthma associated with oil well fire has been indicated
- Persian Gulf Veterans 2 times more likely to develop ALS as other Veterans

Innovative
Hospice Care®

VITAS®

Operation Enduring Freedom (OEF) Operation Iraqi Freedom (OIF)

- 9 years
- Repeated deployments
- About 225,000 currently deployed
- 5648 deaths
- 35,865 wounded

OEF/OIF—Unique Health Risks

- Exposure to smoke
- Chemical or biological agents
- Immunizations
- Infections
- Depleted Uranium (DU)

OEF/OIF—Additional Risks

- Combined penetrating Blunt trauma injuries
- Traumatic brain or spinal cord injuries
- Vision loss
- Traumatic amputation
- Multi-drug resistant acinetobacter
- Leishmaniasis (sandfly-transmitted infection of the skin)
- Mental Health Issues

Unique Needs of Veterans

Military Culture

Military Culture

- Indoctrinated into the culture of the military
- Big boys don't cry
- No pain no gain
- Disdain for tears and fears
- "A Few Good Men"
- Impacts the remainder of life's experiences

Impact of the Trauma of War

- Traumatic events can be re-experienced
- “Triggers” or changes can recreate trauma even if experiences have been dormant for a long time
 - Chronic disease
 - Change in living situation from independent to ALF or to Skilled Nursing Facility
 - Life limiting illness
 - Life review

Does Not Happen To All

- Not all combat veterans experience trauma re-occurring
 - Some Veterans have integrated their combat experience
 - Other Veterans experience intrusive recollections when faced with trauma in current life experience
- Important to be aware that this can happen and how to react to it

Forgiveness is the cornerstone Healing

- Many Veterans have faced killing of others
- Kill or be killed
- Innocent victims of the war as casualties
- The loss of fellow soldiers
- Guilt over experiences
- Guilt over survival when others have died

For Those that Care for Combat Veterans

- Open the door to conversation regarding topics that are hard to hear
- Be willing to suffer with and behold the stories of the combat veteran
- Be aware that some of the experiences have not been spoken about in many years
- You may hear things that have never been spoken about before
- Caregivers can feel bad that they never knew what their loved one experiences
- Healing can occur for many Veterans if they can externalize their experiences

Possible Outcomes

- **Mental Health Issues**

- **Substance Abuse**

- **Social Isolation**

- **Depression**

- **Suicide**

- **Post Traumatic Stress Disorder (PTSD)**

Possible Outcomes

- Other service related issues
 - Homelessness
 - Military sexual trauma
- Illnesses/conditions associated with specific war periods
 - Cold weather injuries
 - Agent Orange exposure
 - Exposure to radiation

So—What do we know

- There are a lot of Veterans that need EOL care
- They have unique needs depending on
 - The war
 - Their involvement
 - Support of their fellow citizens
 - Impact of military culture
- Community providers often need additional training



Vitas Veterans' Initiative

Just One Solution

A stylized, wavy graphic of the American flag, featuring a blue field with white stars and red and white stripes, positioned at the bottom of the slide.

Innovative
Hospice Care®
VITAS

Vitas Veteran Initiative

- **Began in 2005**

- **Understand and meet the unique end of life needs of Veterans**
- **Raise awareness of Vitas staff to Veterans' EOL issues**
- **Improve the level of care for Veteran patients**
- **Focus on all Veterans not just VA patients**

Veteran Initiative—Initial Steps

- Identified Veteran opportunity by program
- Began capturing Veteran data on all admissions
- Better understanding of unique Veteran needs
- Developed training and support materials
- Piloted in several programs

Basic Veteran Program



Innovative
Hospice Care®
VITAS

Basic Veteran Program--Components

- Organization
- Training
- Identification and recognition
- Clinical issues
- Veteran benefits
- Veteran volunteers
- Bereavement and Memorials

Basic Veteran Program--Organization

- ID a staff member/members to organize and implement
- ID and seek assistance of staff military Veterans
- Establish a focus group to set goals and guide implementation
- Develop relations with Veterans' organizations
- Develop relations with VA and MHS facilities

Basic Veteran Program--Training

Includes

- Awareness of unique EOL issues of Veterans
 - Wounded Warrior Series
- Use of corporate developed WINKS-THINKS-VETS self study and other training resources
- NHPCO developed Veteran resources
- In-depth training for selected staff
 - Clinical-Benefits-Volunteers-Bereavement
- Training for community Veteran organizations and community referral sources
- Training with VA and MHS staffs

Basic Veteran Program—Identify and Recognize

- Identify veteran patients at admission and collect military history
- Use this information to assist in care planning
- Thank the Veteran for their service (For many you will be the only one that ever has)
- Provide some recognition for the Veteran's service

Basic Veteran Program—Clinical Issues

Train staff to identify and address veteran clinical issues

- Mental Health Issues
- Service related illnesses and conditions
 - Associated with specific war periods
 - Presumptive Diagnosis
- Homeless veterans
- Military sexual trauma

Basic Veteran Program—Veteran Benefits

Staff knowledgeable of Veteran benefits

- Death Benefits
- Survivor benefits
- Pension benefits
 - Special Monthly Pension (Incl A&A)
- Compensation benefits
 - Special Monthly Compensation (Incl A&A)

Basic Veteran Program—Veteran Volunteers

Veteran Volunteers available for veteran patients

- Veteran patients often respond positively to other veterans
- Recruit volunteers from the Veteran community
- Veteran focused volunteer training available

Basic Veteran Program—Veteran Volunteers-Cont

- Responsibilities might include
 - Reminiscing, life-story telling
 - Replacing lost medals
 - Assistance with Veteran benefits
 - Special visits to Veterans on important dates
 - ✓ Veteran's Day
 - ✓ Memorial Day
 - ✓ Jul 4th etc

Basic Veteran Program— Bereavement and Memorials

- Bereavement support to Veterans and families
- Memorial and Recognition Events
 - Community activities
 - Facility activities
 - VSO and VA Activities

Basic Veteran Program—Local Activities

Including

- Stand-downs with local VA
- Dignity Memorial Homeless Veterans Burial Program
- Honor Flight
- Tuskegee Airman
- Keeping the Spirit of '45 Alive
- VA and MHS staff training with Vitas



Vitas Veteran Demographics

- Admit approx 11K Veterans annually
- 20% of admissions are veterans
- 24 programs over 20% veterans
- 12 programs over 25% veterans
- 2 programs over 40% veterans

Veteran Admits Increasing

Something to Think About

It is the VETERAN, not the preacher, who has given us freedom of religion.

It is the VETERAN, not the reporter, who has given us freedom of the press.

It is the VETERAN, not the poet, who has given us freedom of speech.

It is the VETERAN, not the campus organizer, who has given us freedom to assemble.

It is the VETERAN, not the lawyer, who has given us the right to a fair trial.

It is the VETERAN, not the politician that has given us the right to vote.

Something to Think About

It is the VETERAN who salutes the Flag



And, it is the veteran who served under the Flag

Innovative
Hospice Care®
VITAS



**Thanks for all that you do each day for
Veteran patients and families**

Innovative
Hospice Care®
VITAS