



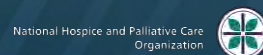
Caring for Veterans in Rural Areas At the End of Life

Webinar
Tuesday, November 13, 2012



Presenters

- Gwynn Sullivan, NHPCO
- Judi Lund Person, NHPCO
- Dr. Scott Shreve, Department of VA
- Caroline Schauer, Department of VA
- Kami Norland, National Rural Health Resource Center
- Joni Vallier, Hospice of Southwest Iowa
- Linda Todd, Hospice of Siouxland
- Joe Muench, Regional Hospice Services



Welcome!



Polling Questions – Please respond YES or NO:

1. *Do you work for VA?*
2. *Do you work for a community hospice provider?*
3. *Is your hospice a We Honor Veterans Partner?*
4. *Is your hospice or VA facility a member of a Hospice Veteran Partnership?*



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Objectives



- Outline the national perspective of caring for Veterans in rural areas
- Describe the VISN 23 Palliative Care Rural Initiative
- Integrate model programs to provide care for Veterans
- Identify resources to assist your efforts in caring for Veterans



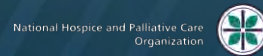
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Hospice and Rural Care

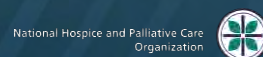
Judi Lund Person
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NHPCO & Rural Care



- Support for Rural Providers
- Rural Task Force
 - Issues with Critical Access Hospitals and Rural Health Clinics
 - Webinars specifically targeted to rural hospice providers
 - Resources and mentoring for rural hospices



NHPCO Future Directions



- Listen to rural providers and their issues
- Connect providers with available resources
- Develop webinars and tools/tip sheets specific to needs of rural providers
- How can we help?



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VA & Rural Care

Dr. Scott Shreve
Department of VA



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VA Mission, Core Values & Characteristics



VA Mission:

“...to care for him who shall have borne the battle and for his widow and orphan...”

VA Core Values:

“I CARE” - Integrity, Commitment, Advocacy, Respect and Excellence

VA's Hospice and Palliative Care Mission and Vision:

Honoring Veterans' Preferences

Reliable access to quality palliative care for all Veterans



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Office of Rural Health Mission



Improve access and quality of care for enrolled rural and highly rural Veterans by developing *evidence-based policies and innovative practices* to support their unique needs.

- Collaboration
- Innovation and Technology
- Best Practices in Rural Health



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How are rural Veterans different?



- Older, sicker, and poorer population
- Limited options for health care
 - Specialty Care
 - Mental Health Care
- Longer travel distances to receive care
- Lack of public transportation



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Patient and Caregiver Perspectives Rural Palliative Care



- Less informed about intent of care
- Limited perceived choices for venue of death
- Little about impact of rural life
 - Self-reliance, resilience and social support
- Little about technology
- Little about bereavement support



Robinson et al, J Pall Care 2009



Rural Community-Based Outpatient and Outreach Clinics



Training and Education

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Medical Professionals of 2 Million in Service


RHPI

Rural Health Professions Institute

- Rural health training for VISN teams
- Rural-centric online courses
- Live training broadcasts



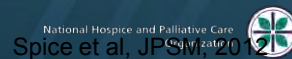
VA Defining
HEALTH EXCELLENCE
CARE in the 21st Century

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Gaps identified from up north...



- Need for education
- Linkages with urban resources
- Improve psychosocial competence
- Promote death in the home
- Expand volunteers
- Palliative care access (eg mobile unit)

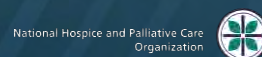


Spice et al, JPSM, 2012

Future Directions



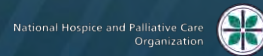
- Deepen our understanding of rural and highly rural Veterans and their needs
- Implement best practices, evidence-based strategies and innovative care delivery models across the VA system
- Enhance capacity to provide care for rural and highly rural Veterans
- Expand community collaborations and partnerships
- Guide VA and national policies affecting rural Veterans
- Continuously improve our services and programs through lessons learned





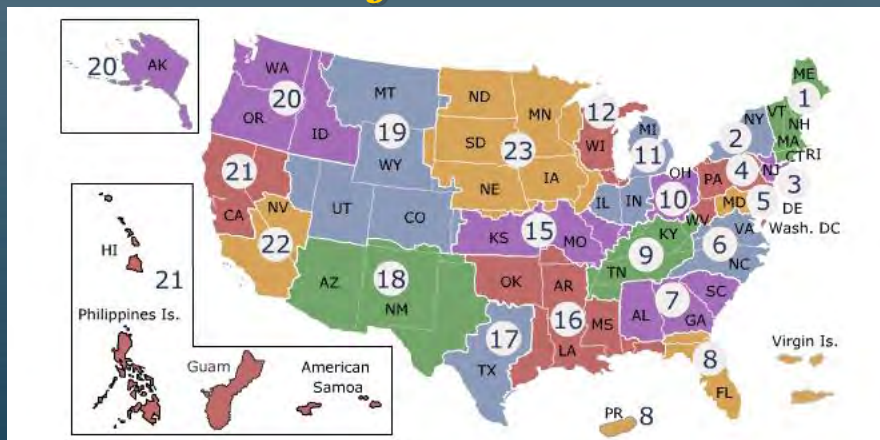
VISN 23 Palliative Care Rural Initiative (PCRI)

Caroline Schauer
Department of VA



VISN 23 PCRI

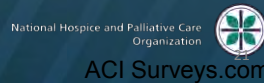
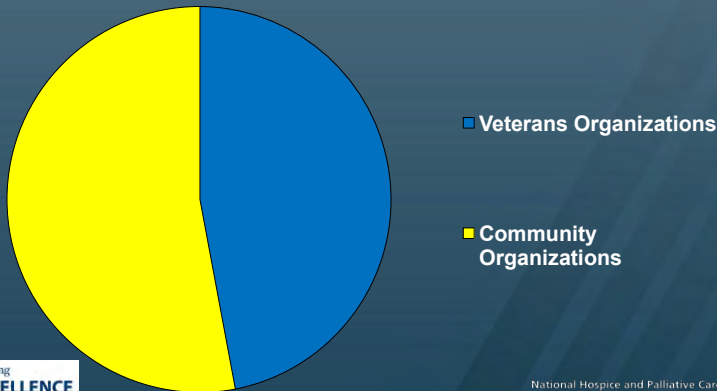
**Veterans Health Administration
21 Veterans Integrated Service Networks**



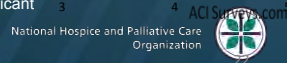
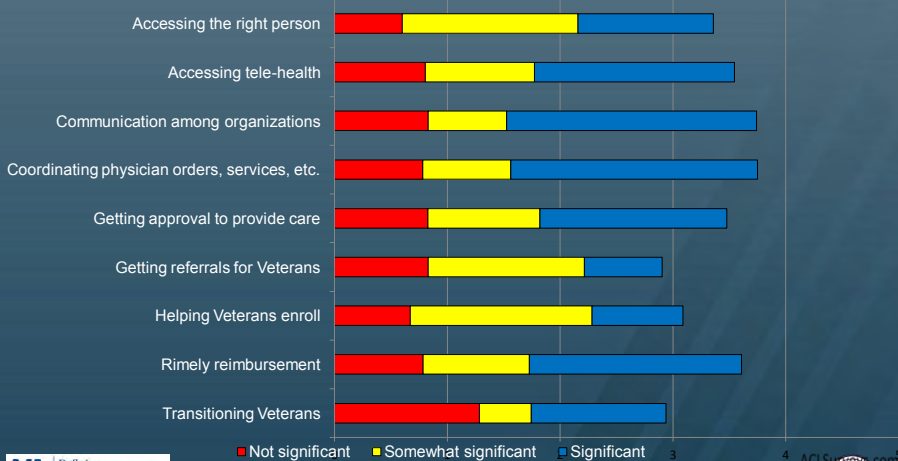
Minnesota Rural Hospice Veteran Partnership Conference Kick Off St. Cloud, MN, October 2010



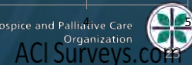
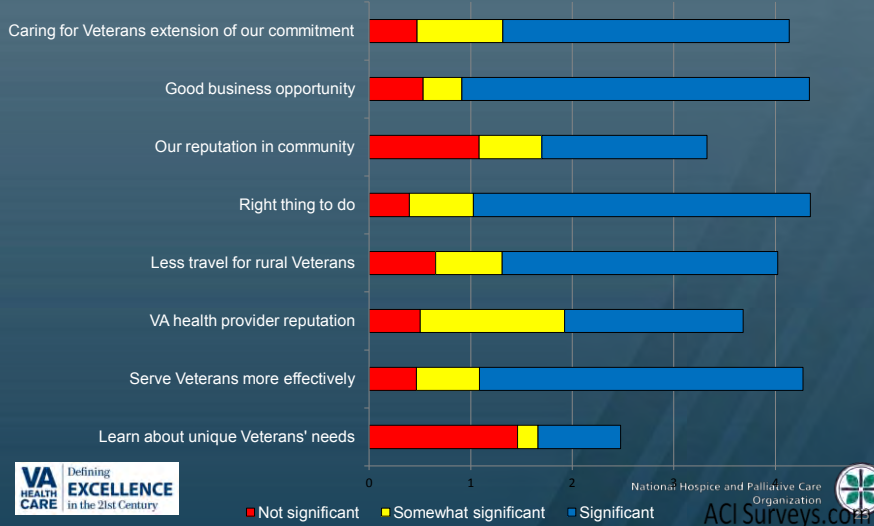
Conference Attendance by Organizational Type



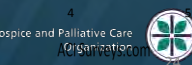
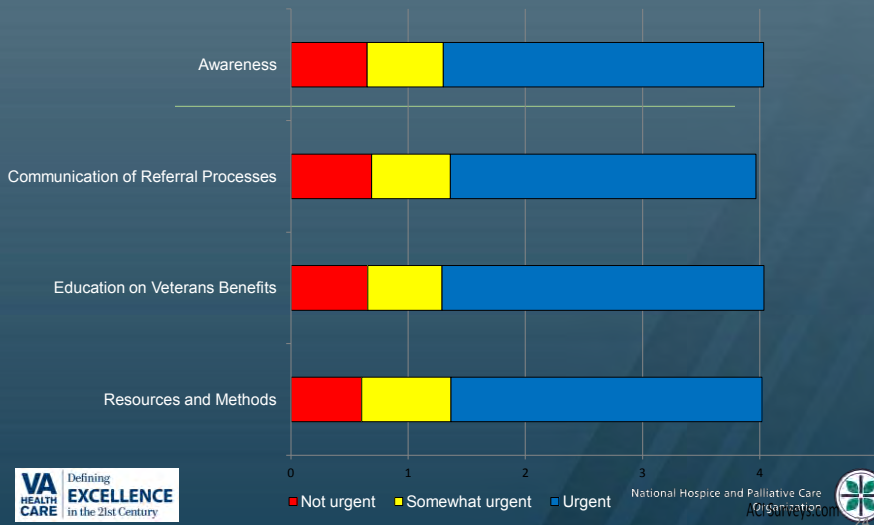
Significance of BARRIERS to Collaboration



Significance of BENEFITS of Collaboration



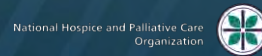
Urgency in Addressing End-of-Life Health Care Needs



The Palliative Care Rural Initiative (PCRI)



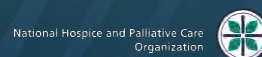
- NHPCO awarded eighteen national grants in 2009 to community hospices
 - “Reaching Out: Quality Hospice and Palliative Care for Rural and Homeless Veterans” : Community hospice agencies working collaboratively with their local VA
- VISN 23 was asked to implement 5 of the successful models developed and measure the outcomes
 - VISN 23 awarded the contract for this project to the National Rural Health Resource Center one year ago



The Palliative Care Rural Initiative (PCRI)



- The National Rural Health Resource Center was contracted to:
 - Survey all hospice agencies within VISN 23
 - Develop a Request for Proposal system to allow interested hospice agencies to apply. Five were selected.
 - Track at least 3 Outcome Measures from each participant. They chose to track over 40 Measures!
 - Provide VISN 23 with quarterly and final reports
 - Develop a report detailing the current reimbursement mechanisms
 - Create a dissemination model



VA Lessons Learned



- All 8 of our medical facilities in VISN 23 needed to present a consistent message regarding VA-paid Hospice Care
- VA staff didn't always know how to utilize the four levels of care using a care management approach
- We had not explored purchasing community palliative care services and discovered opportunities for collaboration and meeting Veteran needs



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National Rural Health Resource Center

Kami Norland
National Rural Health Resource Center



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Purpose of the Veterans Community Hospice Survey



To assemble information from community hospice organizations in VISN 23 regarding:

- Location and type of hospice facility
Awareness of hospice services available to Veterans
- Level of interest in receiving funding support from PCRI



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Methodology of the Veterans Community Hospice Survey



- Survey questions developed by the PCRI team and inspired by the National Hospice of Palliative Care Veterans Survey
- Hospice organizations identified from supplied database
- 101 surveys returned
- 42% response rate



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Survey Summary



- Majority of respondents provide hospice services to rural areas
- Respondents place a special emphasis on providing end-of-life-care to Veterans
- Respondents observe an increase in patient referrals from the VA
- Coordination efforts between hospice, nursing home, respite care and the VA were rated as good or very good



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PCRI Challenges



- Understanding the VA structure, operations, & perspective
- Reframing perception of hospice and palliative care services
- Implementing the Military History Checklist into an electronic medical record
- Identifying community change- agents
- Time management



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PCRI Successes



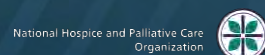
- Strengthened relationships with regional VA facilities
- Built relationships with Veteran service groups (CVSOs, American Legion, VFW)
- Created a train-the-trainer curriculum for hospice staff/volunteers
- Recruited Veteran volunteers and liaisons
- Honored Veterans with recognition ceremonies



PCRI Lessons Learned



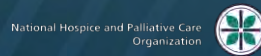
- Find champion liaison within the VISN
- Build Veterans care into the overall hospice strategic plan
- Offer training and orientation on Veteran perspective
- Implement the Military History Checklist into an electronic medical record
- Identify hospice and community change-agents
- Recognize Veterans as heroes





Vet-to-Vet Volunteer Program

Joni Vallier
Hospice of Southwest Iowa



Vet-to-Vet Volunteer Program



- In January of 2012, Hospice of Southwest Iowa (HSI) was awarded a grant to develop a Veteran to Veteran Volunteer Program
- Funding assisted HSI to improve the quality of our Veteran Centric Hospice program



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Hospice of Southwest Iowa



Funding from the Grant:

- Allowed for further development of a Vet to Vet volunteer program
- Provided a stipend for a Veteran Champion selected from the community to be an ambassador of our program
- Encouraged our Program to collect data for Quality Measures
- Improved staff and volunteer training and participation
- Provided community education and outreach especially to rural areas



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Helping a dream become reality...



- HSI Staff were able to cite services available to Veterans
- HSI Staff provided recognition of the unique needs of rural and urban vets, such as identifying signs of PTSD, and respecting the need to 'talk' or 'not talk' about the vets' service experience
- Assisted to identify ways to build service excellence for Veterans in hospice with policy updates, use of the military history checklist, use of website to explain service to the general public



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Helping a dream become reality...



- Provided recognition of Vets and military family members through Pinning ceremonies
- Developed a Vet to Vet Volunteer Training Manual, program brochures, etc
- Generated positive excitement from staff with the ability to provide Veteran centric services to Vets and their families
- PCRI provided resources such as webinars to assist HSI program success



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Hospice of Southwest Iowa



The success of this Veteran to Veteran Volunteer program and all services provided to Veterans by Hospice of Southwest Iowa relies on the dedication of all of the leadership, staff and volunteers of this program.

A special 'Thank You' goes out to **Erika Sayles, MSW, Volunteer Coordinator** and **Stacy Schultz, Community Development Coordinator** who have made it their mission to ensure Hospice of Southwest Iowa provides excellent care to Veterans and their families at end of life!



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Contact information:

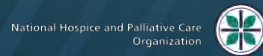
Joni Vallier, RN Operations Director

Hospice of Southwest Iowa

www.hospiceofsouthwestiowa.org

712-352-1389

Joni.vallier@alegent.org

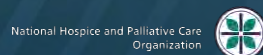


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Vet-to-Vet Volunteer Program

Linda Todd

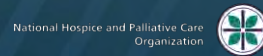
Hospice of Siouxland



Grant Funding



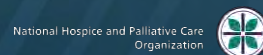
- Veterans Integrated Service Network 23 Palliative Care Rural Initiative (PCRI) contracts with National Rural Health Resource Center to develop hospice agency grants
- 7 month grant running
 - January-July 2012
- Rural focus



Goal



- Create a Vet-to-Vet Program which recruits and trains Veterans to be hospice volunteers for fellow Veteran patients in our rural counties.



Project Objectives



- Inform and engage Hospice and PACE staff about the special needs of Veterans
- Recruit and train Veteran volunteers for patient care and outreach activities
- Provide Vet-to-Vet services for Veterans enrolled in hospice or palliative care programs



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Project Outcomes



- Training materials developed for staff and volunteers
- (78) employees trained on caring for Veterans
- Developed system for tracking Veteran patients and complete military history checklist



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Project Outcomes



- Identified Veteran champions in the rural areas to assist in the recruitment and training of volunteers
- Outreach to (44) Veteran service organizations during the grant period for volunteer recruitment and raising awareness of hospice and palliative care services



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Project Outcomes



- (26) Veteran volunteers were recruited and trained
- (23) Veteran patients have received volunteer services from a Veteran



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Next Steps



- Ongoing expansion of the Vet-to-Vet volunteer program
- Expand the Vet-to-Vet volunteer program to urban counties



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Community Partnerships

Joe Muench
Regional Hospice Services



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Regional Hospice and Palliative Care



- Serving all or portions of 10 counties in Northwest Wisconsin, Upper Michigan
- Unique partnership with 5 critical access community hospitals
- Average daily census of 52



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Community Partnership Model



- Increase rural Veterans' access to hospice and palliative care services
- Emphasis on homeless or living in highly rural areas
- Develop protocols for referring, enrolling, transitioning, and providing services for eligible Veterans.
- Outreach activities to inform community about Veterans and benefits they may be entitled to
- Create a coalition of VA and other community agencies to address issues faced by area Veterans



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Project Activities



- Develop and distribute Reaching Out Toolkit using the existing toolkit developed by HOPE Hospice (Make revisions/additions to the toolkit based on input from VA Partners)
- Form coalition with County Veteran Service officers
- Do a community presentation on Veterans and their unique care needs



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Project Tasks



- Train RHS staff and volunteers on special needs of Veterans, the reaching out Toolkit and how to use and the end-of-life benefits available to Veterans
- Train Hospice Staff on and begin using the Military Health History Checklist
- Ask other health organizations to screen for Veterans



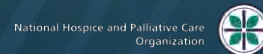
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Successes



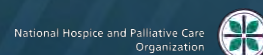
- **CVSO's:** We have had great success in working with the local CVSO's. We are invited to attend semi-annual meetings
- **Partnerships:** Key to success is having existing partnerships with other agencies and be willing to put the effort forth to develop new partnerships
- **Community presentation:** This event had good attendance and was a great networking opportunity - over 25 different organizations represented



More Successes



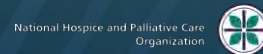
- VA Hospice and Palliative Care Teams: Strengthened working relationship through efforts of project
- Trained all internal staff and volunteers and now is part of new employee and volunteer orientation
- Recognition of Veterans – Pins and Certificates, given by Veteran Hospice Volunteers
- Use of Documentary “Consider the Conversation”



Opportunities



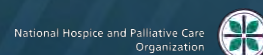
- Native American population: struggle to get involved - no attendance at community presentation
- Nursing homes: Challenge in staff training – limited funding/resources/time
- Limited time of grant
- Internal staff time – juggling other projects



Next Steps



- Finalize and distribute toolkits
- Vet to Vet Volunteer Program
- Veteran Stories
- Honor Flights
- Continue to meet with VA Clinics, Medical Centers and CVSO's



Final Thoughts



- Community Partnerships are critical to making a difference
- Don't do it to increase census but to help Veterans
- End result? *We are helping more Veterans than we ever thought possible at end-of-life. Helping them heal, tell their stories, go for rides on golf carts to enjoy the outdoors, participate in "Honor Flights", to enjoy their time with family and friends and to get the most out of their remaining days. And . . . we were all able to thank them for what they did for all of us and our country. I urge you to do the same!*



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Hospice-Veteran Partnerships

Caroline Schauer
Department of VA



National Hospice and Palliative Care Organization



VISN 23

Hospice Veteran Partnerships



- Hospice Veteran Partnerships have allowed VISN 23 to have many successful partnerships that were not part of the PCRI project
- Hospice Veteran Partnerships were established in 4 of our 5 states by 2007
- Partnerships can get stale when there is no recognized mission, vision, or common goal



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VISN 23

Hospice Veteran Partnerships



- “We Honor Veterans” provided a need to meet and collaborate in each state
- Measurable success in Minnesota where rural agencies were engaged first and urban agencies were brought into the campaign later. This success occurred only through collaboration with the Minnesota Network of Hospice and Palliative Care
- Most difficult in the Dakotas where many of the agencies are rural, so the meetings and education offerings have been virtual.



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VISN 23

Hospice Veteran Partnerships



- State Hospice Organization collaboration has been the key to success.
 - The Nebraska Hospice Veteran Partnership is formalized, meets regularly, and holds an annual conference
- State agencies, and community healthcare partners as well as County Veteran Service Officers have participated in some meetings but this is an area we need to improve upon



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VISN 23

Hospice Veteran Partnerships



- We will continue to pursue active collaboration at the local and state level to better understand the challenges and issues each organization faces
- It has worked well to utilize the VISN 23 HPC Manager as the final arbitrator when issues cannot be resolved at a local level
- The VISN 23 HPC Manager and Clinical Champion need to continue to have active involvement in all Hospice Veteran Partnerships



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VISN 23 Hospice Veteran Partnerships



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WHV Support



- Online - www.WeHonorVeterans.org
 - Centralized Information
 - Educational Resources
 - Free Online Courses
 - Free Webinars
 - PowerPoints
 - Best Practices
 - Partner Networking and Recognition
- Technical Assistance - veterans@nhpco.org



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Additional Resources



NHPCO - www.nhpco.org

- *Providing Hospice and Palliative Care in Rural and Frontier Areas, Toolkit*

National Rural Health Resource Center - www.ruralcenter.org

VA Office of Rural Health - www.ruralhealth.va.gov

Rural Assistance Center - www.raonline.org

National Rural Health Association - www.ruralhealthweb.org

National PACE Association - www.pace.org

- Rural PACE resources

National Rural Health Day - November 15, 2012

- <http://celebratepowerofrural.org>



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*Thank you for all your great work and
service for those who have served us!*



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