

We Honor Veterans State Survey

Louisiana

January 2012

Demographic Information

What is your organization's current enrollment status in the We Honor Veteran's campaign?

	#	%		#	%		#	%
I'm not familiar with the We Honor Recruit	2	7%	Level 1 Partner	5	17%	Level 3 Partner	0	0%
	13	43%	Level 2 Partner	3	10%	Level 4 Partner	0	0%
						I don't know what level we are	2	7%
						Not yet, but hope to qualify soon	5	17%

What type of organization are you?

	#	%		#	%
<i>Free-standing hospice</i>	23	74%	<i>Homehealth-based hospice</i>	6	19%
<i>Hospital-based hospice</i>	1	3%	<i>Other healthcare organization</i>	1	3%

Is your organization urban, rural, mixed or highly rural?

	#	%		#	%
<i>Urban</i>	3	9%	<i>Mixed</i>	22	69%
<i>Rural</i>	7	22%	<i>Highly Rural</i>	0	0%

Does your organization serve Veterans in rural areas?

	#	%		#	%
<i>Yes</i>	25	89%	<i>No</i>	3	11%

Indicate VISN identified in service area

	#	%
<i>VISN16</i>	26	100%

Driving distance (miles) from your organization to nearest VA Medical Ctr

	#	%		#	%		#	%
<i>0 - 10</i>	7	23%	<i>11 - 20</i>	7	23%	<i>21 - 40</i>	2	6%
						<i>>40</i>	15	48%

Driving distance (miles) to nearest VA outpatient clinic

	#	%		#	%		#	%
<i>0 - 10</i>	13	43%	<i>11 - 20</i>	9	30%	<i>21 - 40</i>	3	10%
						<i>>40</i>	5	17%

Type of formal relationship, if any, you have with your local VA Medical Center

	#	%		#	%		#	%
<i>Contract</i>	2	6%	<i>PA</i>	5	16%	<i>None</i>	21	68%
						<i>Other:</i>	3	10%

Does your organization participate in a Hospice-Veteran Partnership?

	#	%		#	%
<i>Yes</i>	18	58%	<i>No</i>	13	42%

How much emphasis do you feel your state organization places on end-of-life care for Veterans?

MEAN

3.94



	# of Resp	None	Little	Some	Fair amount	Great deal
	31	0	3	6	12	10
		0%	10%	19%	39%	32%

KEY: Negative (1+2) ■ Neutral (3) ■ Positive (4+5) ■





We Honor Veterans State Survey

Louisiana

January 2012



Veteran Emphasis

Within the last two years, which, if any, of the following has taken place with your organization?

	MEAN		# of Resp	1 None	2 Little	3 Some	4 Fair amount	5 Great deal
Have increased our Veteran caseload	2.07		30	11 37%	9 30%	7 23%	3 10%	0 0%
Have received referrals from VA staff	1.97		30	10 33%	12 40%	7 23%	1 3%	0 0%
Have experienced increased awareness of the unique needs of Veterans	3.60		30	1 3%	8 27%	5 17%	4 13%	12 40%
Have found it easier to work with our local VA Medical Center or outpatient clinic	2.13		30	13 43%	7 23%	5 17%	3 10%	2 7%

VA/Community Interface

How do you rate your organization's understanding in the following areas?

	MEAN		# of Resp	1 Very Poor	2 Poor	3 Fair	4 Good	5 Very Good
Benefits to which Veterans are entitled	3.47		32	0 0%	1 3%	18 56%	10 31%	3 9%
How to assist Veterans access their benefits	3.31		32	0 0%	5 16%	15 47%	9 28%	3 9%
How to assist Veterans enroll in VA	3.25		32	1 3%	6 19%	12 38%	10 31%	3 9%

We Honor Veterans State Survey

Louisiana

January 2012

VA/Community Interface (cont.)

			1	2	3	4	5
		# of Resp	Very Poor	Poor	Fair	Good	Very Good
How to assist terminally ill Veterans with expedited enrollment in VA	2.91	32	3 9%	9 28%	11 34%	6 19%	3 9%
The needs of Veterans by war, trauma, or population	3.25	32	1 3%	5 16%	14 44%	9 28%	3 9%
Practical use of the Military History Checklist	3.39	31	2 6%	5 16%	9 29%	9 29%	6 19%
Key aspects of the VA's national hospice and palliative care program	3.56	32	0 0%	6 19%	9 28%	10 31%	7 22%
Key aspects of the hospice and palliative care program(s) of the VA Medical Center(s) closest to you	2.97	32	1 3%	7 22%	19 59%	2 6%	3 9%
Benefits of community organizations partnering with VA to better serve Veterans	3.06	32	1 3%	8 25%	13 41%	8 25%	2 6%

Business Relationship

How do you rate each of the following?








			1	2	3	4	5
		# of Resp	Very Poor	Poor	Fair	Good	Very Good
Your organization's ability to help Veterans access needed resources	3.37	30	0 0%	4 13%	14 47%	9 30%	3 10%
Availability of information outlining tools and processes hospices need to know to do business with VA	3.07	30	0 0%	7 23%	15 50%	7 23%	1 3%

We Honor Veterans State Survey

Louisiana

January 2012

Business Relationship (cont.)

	MEAN		# of Resp	1 Very Poor	2 Poor	3 Fair	4 Good	5 Very Good
Reliability and accuracy of contact information for the VA staff your organization needs to work with	3.20		30	1 3%	5 17%	12 40%	11 37%	1 3%
Approvals for VA-Paid hospice admissions to community hospice	3.00		29	4 14%	5 17%	9 31%	9 31%	2 7%
Approvals for VA-Paid hospice changes in levels of care	2.89		27	4 15%	6 22%	8 30%	7 26%	2 7%
Process for determining continued need for hospice services	3.59		27	0 0%	3 11%	10 37%	9 33%	5 19%
Reimbursement								
	MEAN		# of Resp	1 Very Poor	2 Poor	3 Fair	4 Good	5 Very Good
Timeliness of VA reimbursement for VA-Paid hospice care	3.00		22	3 14%	4 18%	6 27%	8 36%	1 5%
Access to reimbursement for all four levels of VA-Paid hospice care	2.95		20	2 10%	3 15%	10 50%	4 20%	1 5%
Your organization's experience in billing your local VA Medical Center	3.23		22	3 14%	2 9%	7 32%	7 32%	3 14%

We Honor Veterans State Survey

Louisiana

January 2012

Continuity of Care

	MEAN		# of Resp	1 Very Poor	2 Poor	3 Fair	4 Good	5 Very Good
Process to coordinate the transition of Veterans' care between your organization and your local VA Medical Center	3.45		20	1 5%	3 15%	5 25%	8 40%	3 15%
Process to coordinate VA-Paid admission to your organization's hospice inpatient unit	3.08		12	1 8%	2 17%	5 42%	3 25%	1 8%
Process to coordinate admission from the community to VA facility (inpatient HPC unit, acute care, long term care)	3.27		15	1 7%	2 13%	6 40%	4 27%	2 13%
Process to provide after-hour coverage for Veterans whose primary care is provided by a VA physician	3.13		15	1 7%	3 20%	6 40%	3 20%	2 13%

We Honor Veterans State Survey

Written Comments

January 2012

Louisiana

Veteran Emphasis

We are not getting very many referrals from our VA clinics or Medical centers and can not obtain a contract with the local Long term Care facility.

A greater need is seen in dealing with veterans experiencing the effects of PTSD.

We have tried multiple times to develop a working relationship with the VA Clinic here and the World War Veteran's Home but failed. The first biggest hurdle is getting approval to provide the care. We have had to write off charges for inpatient care for Veterans because we have been unable to get "pre-authorization." It usually takes a minimum of three days to obtain approval. They will pay the hospital to keep them (which you know is much more expensive) but won't approve hospice care. Payment is a continual issue. It takes forever to be reimbursed. It is not uncommon for us to provide services at no charge (we are the only non-profit hospice in this area) because we are not going to deny care because we can't get authorization. It is unfortunate that our veterans are treated this way.

We took over the Vidalia office in March 2011. We have not had and currently do not have any veterans on service.

Our local clinic is linked to the VA hospital I called and they told me that I could not provide services etc at the local clinic, that I needed to go to the VA Hospital. We have had two patients at the VA at the far end of our radius. Those contracts were on an individual basis. I have requested services by writing letters to the VFW and American Legions in our service area. I have one scheduled. I have provided materials in a personal interview with St. Michael's shelter for veterans in Lafayette. We are working with the committee for the Super Clinic in Lafayette hoping that this will help us partner with veterans needing health care and end of life care.

It is difficult to get in touch with the Hospice and palliative care manager at the medical center. at the out-patient clinic, no one knows who our palliative care contact person would be.

VA / Community interface

We have always asked veteran status. We are on electronic documentation so do not actually complete the checklist, but SW and nurses and Chaplains have the checklist to help jumpstart discussions with veteran patients. The veteran status and even stories about their role in war efforts, etc are shared at IDG. This has been done for years. Our veteran patients receive the same excellent care that all of our patients receive.

As stated earlier we have tried to develop partnerships and to work with both the clinic and the home but failed. The Military Check list is meaningless by the time they reach the stage of needing hospice care. Many of our veterans are homeless.

Our social worker has a better understanding about enrollment than the rest of us. We are learning.

Business Relationship

We have had patients that receive VA benefits, VA hospice benefit, and VA nursing home placement locally. Our billing dept works through that system as with any other insurance plans, Medicare, and Medicaid.

We have a hard time getting authorization. "You are good" but we don't get the actual auth's unless we repeatedly call.

Difficult to get in contact with VA managers; have been told "VA not paying for anymore hospice this year". Most of ours use their Medicare benefit

Louisiana (cont.)

Reimbursement

We have some that have still not been paid

We have attempted to obtain contract or to be eligible for referrals but have not directly recieved from local outpatient VA center.

Not only is it time consuming and takes forever to be reimbursed but those we have to go through for approval are rude and seldom return our calls

Have not had experience in any of the above

We have not billed any veteran related services.

Continuity of Care

No local VA hospital

Have had very limited assess to VA patients

Again, we do not recieve referrals and have not been able to build a relationship

If it is VA Pay they will not pay for care at our inpt unit

The after hour coverage always falls to our Medical Directors. It can take days to get coordination for admission.

We are working on developing our Veteran's program and establishing the contacts and protocols with procedures.