Massachusetts January 2012

Demographic	Information
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Demographic informati	IUII																	
What is your organization's			llment stat	us in the W	е Но			paigr	1?									
	#	%				#	%				#	%					#	%
I'm not familiar with the We Honor	2	17%		Level 1 Pa	rtner	1	8%			Level 3 Partner	1	8%	I	don't k	now w	hat level we are	3	25%
Recruit	3	25%		Level 2 Pa	artnei	0	0%			Level 4 Partner	0	0%		Not :		t hope to lify soon	2	17%
What type of organization a	re vo	ou?						#	%								#	%
	٠				Fre	e-stand	ing hospice	5	42%				Home	health-	based	hospice	6	50%
					Hos	pital-ba	sed hospice	0	0%				Other hed	althcar	e orga	nization	1	8%
Is your organization urban,	rura	l. mixed						#	%								#	%
or highly rural?		-,					Urban	2	17%							Mixed	9	75%
.							Rural	1	8%						High	ly Rural	0	0%
Does your organization serve	o Vo	taranc in			#	%		#	%									
rural areas?		terans in		Yes	7	58%	No	5	42%									
Indicate VISN identified in s	ervi	ce area		******	#	%												
				VISN1	7	100%												
Driving distance (miles) from	n yo	ur			#	%		#	%		#	%		#	%			
organization to nearest VA	Medi	ical Ctr		0 - 10	3	25%	11 - 20	4	33%	21 - 40	4	33%	>40	1	8%			
Duiving distance (miles) to n		a 4 3 7 A			#	%		#	%		#	%		#	%			
Driving distance (miles) to n outpatient clinic	eare	St VA		0 - 10	4	36%	11 - 20	4	36%	21 - 40	3	27%	>40	0	0%			
outputient emile				0-10	7	3070	11 - 20	7	3070	21 - 40	3	2170	>40	U	0 70			
Type of formal relationship,					#	%		#	%		#	%		#	%			
have with your local VA Med	dical	Center		Contract	1	8%	PA	0	0%	None	11	92%	Other:	0	0%			
Does your organization part	icina	ite in a			#	%		#	%									
Hospice-Veteran Partnership	-			Yes	6	50%	No	6	50%		1		2	3		4		5
•										# of						Fair		Great
				IEAN						Resp	None		Little	Some		amount		deal
How much emphasis do you		-		3.75				_		12	0		1	5		2		4
organization places on end-o Veterans?	t-lif(e care for	•								0%		8%	42%		17%		33%
v eterans:		KEY:	Negative ((1+2)	Nei	utral (3)	P _t	ositiv	e (4+5)									
		11111.	110gailve ((114)	110	uuui (3)	1 (,5161 41	C (¬13)									

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Veteran Emphasis											
Within the last two years, which, if any, of the follo	owing has taken place with your organization?		1	2	3	4	5				
		# of	3.7	T toda	g .	Fair	Great				
	MEAN	Resp 12	None 4	Little 3	Some 4	amount 1	deal O				
Have increased our Veteran caseload	2.17	14	33%	25%	33%	8%	0%				
into increased our resource suscensive		•	3370	20 /0	55,0	0,0	070				
	1.92	12	5	4	2	1	0				
Have received referrals from VA staff	1.92		42%	33%	17%	8%	0%				
		12	1	2	2	5	2				
Have experienced increased awareness of he unique needs of Veterans	3.42		8%	17%	17%	42%	17%				
•											
Have found it easier to work with our local	2.50	12	3	4	2	2	1				
A Medical Center or outpatient clinic			25%	33%	17%	17%	8%				
VA/Community Interface How do you rate your organization's understandin	no in the following areas?		1	2	3	4	5				
to your the your engineering	g in the journing to the same	# of	Very	=	-	-	Very				
	MEAN	Resp	Poor	Poor	Fair	Good	Good				
· · · · · · · · ·	3.58	12	1	0	5	3	3				
Senefits to which Veterans are entitled			8%	0%	42%	25%	25%				
T		11	1	0	4	3	3				
Now to assist Veterans access their benefits	3.64		9%	0%	36%	27%	27%				
		12	2	2	3	4	1				
How to assist Veterans enroll in VA	3.00	12	17%	17%	25%	33%	8%				

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VA/Community Interface (cont.)		# of Resp	1 Very Poor	2 Poor	3 Fair	4 Good	5 Very Good
How to assist terminally ill Veterans with expedited enrollment in VA	3.17	12	1 8%	2 17%	5 42%	2 17%	2 17%
The needs of Veterans by war, trauma, or population	3.42	12	1 8%	2 17%	3 25%	3 25%	3 25%
Practical use of the Military History Checklist	2.82	11	2 18%	3 27%	3 27%	1 9%	2 18%
Key aspects of the VA's national hospice and palliative care program	3.08	12	1 8%	2 17%	5 42%	3 25%	1 8%
Key aspects of the hospice and palliative care program(s) of the VA Medical Center(s) closest to you	2.92	12	2 17%	2 17%	3 25%	5 42%	0 0%
Benefits of community organizations partnering with VA to better serve Veterans	3.08	12	1 8%	3 25%	2 17%	6 50%	0 0%
Business Relationship How do you rate each of the following?			1	2	3	4	5
	MEAN	# of Resp	Very Poor	Poor	Fair	Good	Very Good
Your organization's ability to help Veterans access needed resources	3.33	12	1 8%	0 0%	6 50%	4 33%	1 8%
Availability of information outlining tools and processes hospices need to know to do business with VA	2.83	12	1 8%	4 33%	4 33%	2 17%	1 8%

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Business Relationship (cont.)			# of	1 Very	2	3	4	5 Very
Reliability and accuracy of contact information for the VA staff your organization needs to work with	MEAN 3.30		Resp 10	Poor 1 10%	Poor 1 10%	Fair 4 40%	Good 2 20%	Good 2 20%
Approvals for VA-Paid hospice admissions to community hospice	3.36		11	1 9%	0 0%	6 55%	2 18%	2 18%
Approvals for VA-Paid hospice changes in levels of care	3.00		11	2 18%	0 0%	6 55%	2 18%	1 9%
Process for determining continued need for hospice services	3.18		11	2 18%	0 0%	5 45%	2 18%	2 18%
Reimbursement				1	2	3	4	5
Timeliness of VA reimbursement for VA- Paid hospice care	MEAN 2.82		# of Resp 11	Very Poor 2 18%	Poor 1 9%	Fair 6 55%	Good 1 9%	Very Good 1 9%
Access to reimbursement for all four levels of VA-Paid hospice care	2.40		10	3 30%	2 20%	3 30%	2 20%	0 0%
Your organization's experience in billing your local VA Medical Center	3.00		11	2 18%	0 0%	6 55%	2 18%	1 9%

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Continuity of Care			1	2	3	4	5		
	MEAN	# of Resp	Very Poor	Poor	Fair	Good	Very Good		
Process to coordinate the transition of			1	1	3	4	0		
Veterans' care between your organization and your local VA Medical Center	3.11		11%	11%	33%	44%	0%		
Process to coordinate VA-Paid admission to your organization's hospice inpatient unit	2.57	7	2 29%	0 0%	4 57%	1 14%	0 0%		
Process to coordinate admission from the community to VA facility (inpatient HPC unit, acute care, long term care)	3.11	9	1 11%	2 22%	2 22%	3 33%	1 11%		
Process to provide after-hour coverage for Veterans whose primary care is provided by a VA physician	2.67	9	2 22%	2 22%	2 22%	3 33%	0 0%		

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Written Comments January 2012

Massachusetts

Veteran Emphasis

We do Veteran appreciation awards for our Hospice patients and give them a plaque and a visit. Their family is invited and it is very well received. We had a Veteran's appreciation luncheon for the Vet agents in our community. We identify every patient who is a veteran.

We work better with the outpatient clinic. Our local VA has not been responsive to our involvement and insists that patients be discharged from hospice services before entering a VA facility. Families have found this difficult since they have already established a relationship with our staff.

Excellent program that we would like to see grow and expand. I would like to see more resources provided to state hospice organizations in order to better support local hospices in this endeavor.

We have had some preliminary discussions with one of the VA's locally and would like to develop this relationship further.

VA / Community interface

VA still remains hard to work with especially with eligibility and having a provider make home visit if veteran is unable to get to a VA facility. We actually had provider refuse to make visit to veteran -- he had to go to VAMC. I do not understand why they will not take PCP or Hospice medical director's information to use for eligibility.

Business Relationship

Our hospice has additional learning needs in these areas.

Our Local VAMC feels the patient should use their Medicare benefit but will do so if veteran asks to us VA benefit.

Reimbursement

These are not applicable as of yet.