

Greater Los Angeles VA- Palliative Care Building Community Connections for Veterans on Hospice

NHPCO/VA Webinar
June 8, 2023

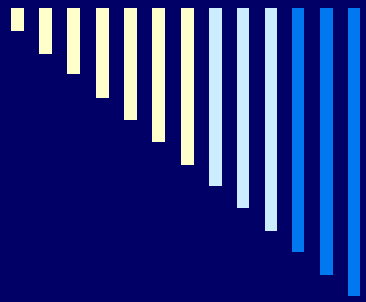
VA-GLAHS Palliative Care
Deborah Moran, MD, FACP and Andrea Lenertz, RN, MPH

VA Hospice Community Partners: Alicia Meyer, SW and
Rouben Virabov, PA



Building Community Connections VA-GLAHS Palliative Care Team

Andrea Lenertz RN, MPH
Megan Taylor-Ford, PhD
Deborah Moran, MD, FACP



Overview

- Brief definitions
 - Palliative Care
 - Hospice
- Intro to the Building Community Connections Initiative; VA-GLAHS
- VISN 22 Palliative Care



Palliative Care and Hospice

- Hospice is the most intense form of Palliative Care
 - Prognosis
 - Goals
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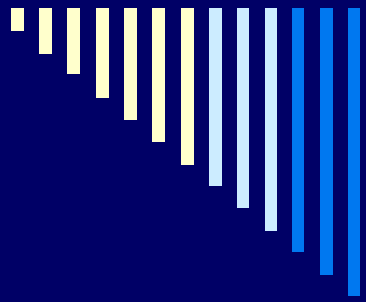
Building Community Connections for Veterans on Home Hospice, Part I

- ❑ Vast majority of Veterans die outside of VA facilities—majority with home hospice services
 - ❑ Congressional mandate to improve the care Veterans impacted by trauma on hospice
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Building Community Connections for Veterans on Home Hospice, Part I cont'd

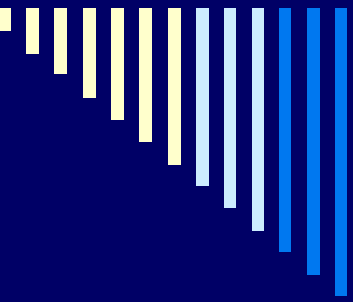
- Development and dissemination of training programs specific to Veterans on Hospice
 - More than 1,000 community hospice staff (across the country) educated
 - Post Traumatic Stress Disorder (PTSD)
 - Moral Injury
 - Suicide ideation
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Building Community Connections for Veterans on Home Hospice, Part II

- Established a collaborative team in support of accessing VA
 - telemental health
 - caregiver/respite services and
 - education to community hospice partners

- Consultative support for community hospice staff



VA-GLAHS Expanding Provider Reach to Community Hospice Partners; Identified Process

- Chart review of all home hospice referrals with attention to trauma history
 - Individualized contact with the identified hospice agency
 - Education provided to that agency by Palliative Care Registered Nurse
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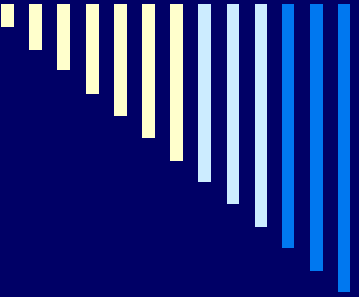
VA-GLAHS Identified Process, cont'd

- Hospice agencies communicated directly with VA Palliative Care prompting a health psychology consult
 - Health Psychologist met with the Veteran via a tele-mental health consult and provides ongoing specialized tele-mental health services
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VA-GLAHS Identified Process, cont'd

- Dissemination of VA caregiver/respice support and burial/survivorship benefits.



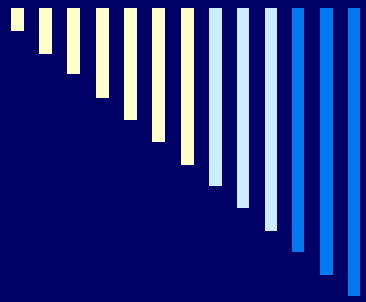
Outcomes: Telemental Health and Non-mental health hospice care

- Increased volume of VA telemental health encounters
 - Expanded non-telemental health care to Veterans on hospice
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Outcomes

- Improved access to VA services and benefits for Veterans on home hospice who have been impacted by trauma
 - Supplemented the hospice care plan with services and benefits not otherwise available
 - Promoted collaboration across VISN 22 HPC teams
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VA-GLAHS Identified Process and Outcomes

- Readily reproducible
 - Four-fold increase in access
 - FY21 two encounters and FY22 nine encounters
 - Increased non-mental health virtual hospice care encounters from
 - 186 encounters (FY21) and 291 encounters (FY22)



VA-GLAHS Identified Process and Outcomes

- Bereavement resources

- Including death certificate completion information
 - Forty-five Community Hospice Staff
 - Nine VA staff



Voices of Hospice Community Partners

Alicia Meyer, SW Roze Room Hospice	Rouben Virabov, PA Bonum Hospice
<ul style="list-style-type: none">-VA Telemental Health-VA Homemaker Program-Placement (CNH or VA inpt hospice unit)	<ul style="list-style-type: none">-Hospice admission/discharge-Non-covered hospice meds-VA care coordination (paracentesis, XRT, chemo)



Building Community Connections





Building Community Connections

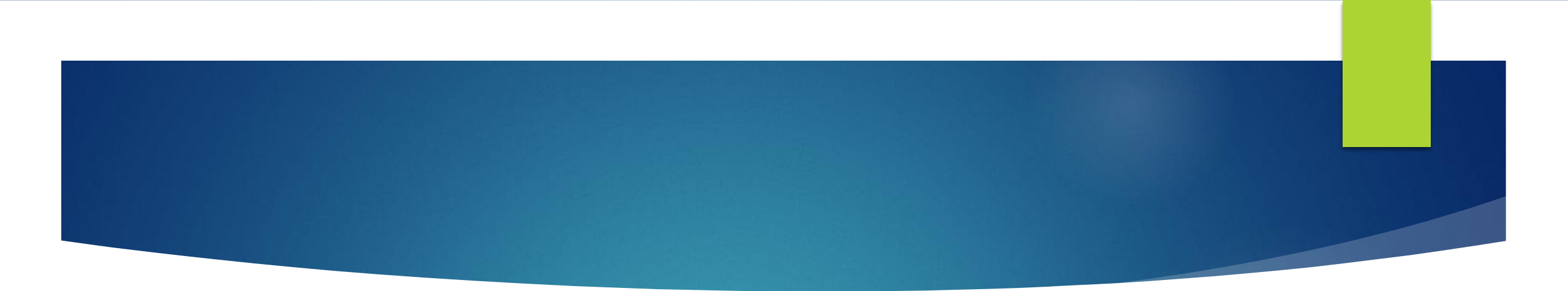
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CHIEF HOSPICE/PALLIATIVE CARE, VA PITTSBURGH
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VA Palliative and Hospice care addresses the unique challenges that Veterans and their family members face

VA Resources and Strengths

- Mental Health Needs distressing symptoms (PTSD, Moral Injury, and Suicidal Ideation) producing better end of life outcomes.
- Family Support
- PACT Act Disease Specific Conditions
- Specialized programs, benefits(burial etc.)

VA is a leader in the delivery of mental health and palliative care services



Mental health staffing and expertise is still needed to treat Veterans with a history of wartime deployment who may be struggling with trauma symptoms, PTSD, moral injury, and/or suicidal ideation

- ▶ Only 28% of community hospice staff feel equipped to manage all situations related to a Veteran's mental health at end of life (post-traumatic stress disorder (PTSD), moral injury and suicide ideation).
- ▶ For Veterans screening positive in at least one domain (PTSD, Moral Injury, risk of suicide, depression, anxiety) few are aware of and use VA services.

* NHPCO HVP Evaluation and VA Community Connection Needs Final FY22 Survey (March 2023)

Building Community Connections

- ▶ Congress initially addressed this gap between Veteran need and service provision through the Consolidated Appropriations Act of 2018 (Public Law 115–141), which tasked VA with the creation of pilot programs to begin to identify and respond to the trauma-related mental health needs of terminally ill Vietnam Veterans through telehealth services.

Funding Objectives

- ▶ Raise Awareness on benefits and services available for seriously ill and dying Veterans to include trauma informed care.
- ▶ Develop specialized VA Palliative Tele-Mental Services to help “fill the gap” in trauma related mental health services available for Veterans who are terminally ill in the home.

Three Areas of Effort



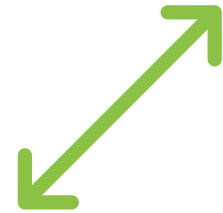
Partner

partnering with community agencies



Support

supporting rural VA facilities and



Expand

expanding access to telepalliative care regionally.

Internal and External Stakeholders

- Pittsburgh Veteran Community Partnership
- Pennsylvania Hospice and Palliative Care Network (NHPCN),
- PA Department of Military and Veterans Affairs (State Veterans Homes),
- VA Pittsburgh/Altoona Caregiver Support Programs
- VA Pittsburgh Suicide Prevention, Behavioral Health, Palliative Chaplaincy

Provided Statewide Education

- PTSD, Moral Injury, Suicide Prevention (We Honor Veterans)
- Care Giver Support
- State Veterans Nursing Home Program
- Enrollment
- Burial Benefits
- Survival Benefits
- VA Benefits For Seriously Ill Veterans and Their Families

Building Community Connections

Caring for Seriously Ill Veterans and their Families

July 22, 2022 | 9 to 11 a.m.

Learn about caregiver support benefits and services for seriously ill and dying Veterans.

- **Overview of VA Caregiver Support Programs | 9–10 a.m.**
Program of Comprehensive Support for Family Caregivers (PCAFC)
Program of General Caregiver Support Services (PGCSS)
- **Network Questions and Answers | 10–10:15 a.m.**
Relationship Building
- **Veteran Centered Snapshots | 10:15–11 a.m.**
Identifying Spiritual Distress of Veterans and Caregivers
Psychological and Spiritual Support

Questions? Contact Deb Goral at 412-360-1984 or deborah.goral@va.gov

Sponsored by the Veteran Community Partnership (VCP) VCP ensures Veterans and their caregivers have access to the widest range of choices and services. VCP in Pittsburgh is a group of community and VA members who work together to empower Veterans and caregivers.



**Join with
Microsoft Teams:**

<https://bit.ly/3zFKRwn>

Join by phone:

1-872-701-0185

Phone Conference ID

165 320 867#

*Presented by VA Pittsburgh
and VA Altoona healthcare
systems.*

Developed Specific Exclusion/Inclusion Criteria

Please note that the following conditions are considered disqualifying:

- Delirium
- Moderate-severe dementia
- Over-sedation
- Agitation

I confirm I have read the guidelines for requesting this CVT consult: Yes/No

Veteran is independently capable of and willing to participate in treatment via CVT/VVC (other than with the assistance of technology): Yes/No

Does the veteran have a history of deploying to a combat zone/hostile region?
Yes/No

Veteran has a history of trauma/PTSD/moral injury: Yes/No

Prognosis of veteran **-(i.e., Severe Life Limiting Illness)**

Provisional psychiatric diagnosis:

Reason for request: (more specific details)

Veteran location (i.e., home address or location of where the veteran is physically located):

Medical provider POC (i.e., name, telephone number):

Funding for Expansion of Palliative and Palliative Tele-mental Services *FY-23

- **Expand Capacity for VHA Palliative and Tele-mental Services Clinical Resource Hub (CRH)**
- Expand Access to Palliative Tele mental consult
- Screen “All” out-patient home hospice referrals for specialized Palliative Tele mental services
- Develop Inter-Facility (IFC) Palliative Tele mental Consult for use at additional VISN 4 Sites
- Create “Patient-Provider” facing education materials (Scripting Tool etc.)
- Pilot first at sites with established Tele-Palliative Care (WB, Erie , Altoona)
- Train VISN and community providers on VHA Palliative Care and specialized Tele mental Services

Bridge the Gap in Accessing VA Services

It is time to take full advantage of partnering with VA facilities to ensure terminally ill Veterans have ready access to VA specialized telemental health services, caregiver/respite support , education on VA burial/survivorship benefits, that are typically not available from community hospices.



A Community Perspective

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A Call to Action: Our Duty

Our collective responsibility, *and our duty*, as a healthcare professional is not only to care for our patients but to ensure we connect them to all resources and care that can be helpful for him/her as well as for their family and loved ones.

We are human beings, we are NOT a diagnosis, and we should address all facets of life!!!

Never forget your touchstone – why are you in healthcare and why do you do what you do?

We always strive to do our best.....

By knowing what is out there.....

And with

What are Best Practices?

Best Practice



①

We know what we know.....

②

We know what we don't know...

BUT

③

**We don't know what we don't know....
and this is where our journey begins**

What are Best Practices?

Best Practice



①

We know what we know.....

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We don't know what we don't know....
and this is where our journey begins

UNTIL WE ASK -- UNTIL WE LISTEN

What do we know?

- ▶ The Department of Veterans Affairs runs programs benefiting Veterans and members of their families.
- ▶ They have a ton of resources



What we don't Know?



- HOW DO WE ACCESS IT?
- WHAT RESOURCES ARE THERE?
- WHERE DO I START?
- WHAT IS MY PATIENT'S ELIGIBILITY?
- WHAT WILL HE/SHE QUALIFY FOR?
- HOW MUCH TIME WILL THIS TAKE?
- HAS THIS EVERY HAPPENED TO YOU?

We need a lot by way of education because we don't know and understand creates fear.

-Charles Kimball

What We Don't Know?

▶ WHAT OBSTACLES WILL I FACE?

- ▶ Patients are fearful to face the process and tackle the giant system; it is long and involved. The end will justify the means – ***up to us to help them understand and to utilize our own resources and relationships.***
- ▶ Caregivers don't want to make one more call they are overwhelmed -- ***help them make that call/do it with them/obtain a great phone number to start so they are not tossed around the system***

What We Don't Know? OBSTACLES *Continued ...*

- ▶ When a patient may be in distress or overwhelmed, they aren't thinking clearly/logically/realistically. -- ***Its our duty to help educate and advocate***
 - ▶ More than 90% of all community hospitals and physician offices do not require intake to ask if the patient is a Veteran or if they served. -- ***ask the questions, advocate for them, incorporate questions into evaluations, by all disciplines***

What We Don't Know?

WHAT RESOURCES ARE THERE? WHAT WILL HE/SHE QUALIFY FOR?

▶ **Veteran Benefits**

- ▶ Community health providers may not understand, inquire, or evaluate a Veterans medical condition being attributed to their service – these are the '*Presumptive Conditions*' – and they vary by what time served, when and where – *various war eras are associated with specific diagnostics with identified, designated benefits. That Veteran is entitled to those benefits. Benefits that they may not even be aware exists – our duty to again **educate** and **advocate**.*

What We Don't Know?

WHAT RESOURCES ARE THERE? WHAT WILL HE/SHE QUALIFY FOR?

▶ **Civilian Benefits**

- ▶ Of 19 million Veterans, 9 million are enrolled in VA health care
- ▶ 47% of enrolled Veterans are over age 65
- ▶ 70% of Veterans **receive additional health care from non-VA sources**
- ▶ The vast majority of Veterans projected to expire this year (551,255 source VetPop 2016) **will do so outside VA facilities**, with the majority of them receiving home hospice services

- ▶ *Note: A Veteran may have Military, VA and Civilian Benefits!*

We Are Making Strides

In alliance with national efforts, we can see that that trauma informed education and screening is improving within community agencies.

- ▶ 63 % Staff trained to screen for PTSD moral Injury and suicide ideation
- ▶ 70% Veterans routinely screened for PTSD moral Injury and suicide ideation

** NHPCO HVP Evaluation and VA Community Connection Needs Final FY22 Survey (March 2023)*

Our work together continues.....

- **Advocate for Veterans** to sign up for VA benefits
- **Ask new patients/Residents** “Have you served?”
- **Create a consistent pathway** for referral to your local VA
- **Partner to educate** on Veteran specific needs, benefits, conditions etc.
- **Leverage Resources** with specialized agencies
- **Promote peaceful transitions** and continuity of care for all Veterans

**Thank you for
Listening**

Questions

Deborah A. Goral, MS, FAC-P/PM

Health System Specialist | VA Pittsburgh

Palliative Care Program Manager | VISN 4

Co-Chair | Pittsburgh Veteran Community Partnership

412.360-1984 | deborah.goral@va.gov

Serving Veterans from the heart!