



DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington, DC 20420

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National Hospice and Palliative Care Organization
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Dear Ben, Aparna, Torie and all the *We Honor Veteran Partners*:

I am deeply honored to receive the *We Honor Veterans* Leadership Award from the National Hospice and Palliative Care Organization (NHPCO), thank you! Over the past decade, the Department of Veterans Affairs (VA's) collaboration with NHPCO in the *We Honor Veterans* program has led to more than 3,000 community hospice agencies committing to improved care of terminally ill Veterans, nationwide training on trauma-informed care, smoother transitions of terminally ill Veterans to and from VA medical facilities and importantly, greater recognition of the military service and sacrifice these Veterans and their families endured. Over these past decades of caring for Veterans on an inpatient hospice unit, I've learned a lot from terminally ill Veterans and their families about how to live, even when life is difficult and perhaps more importantly, how to die well. Let me share just a few reflections.

"Tell me, what else should I have done? Doesn't everything die at last, and too soon? Tell me, what is it you plan to do with your one wild and precious life?"
Mary Oliver

I'm not a Veteran. My father served in WWII and being at his side during the suffering of his final hours contributed to me spending most of my career in hospice and palliative care at the VA. I didn't ask my father about his military service during WWII and only occasionally heard about the 40-foot swells he experienced in the South China Sea during his Navy tours. I wish I had gently inquired more about my father's military service, mostly to better understand what it meant to him, though I know it was a source of pride. Unlike when my father died, community hospices are now routinely asking "are you a Veteran?" and just as importantly, these agencies are better educated on how to meet the unique needs of Veterans in their final days. Thank you.

Making Change Happen When Change is Difficult

The opportunities to care for and learn from aging and dying Veterans has been priceless as are the lessons learned in implementing change across our country's largest integrated healthcare system. Simply put, in every organization and culture, there are those that thrive ("bright spots"), despite not having additional resources or benefits³. Through seemingly uncommon approaches, VA's Palliative and Hospice Care Program identified and learned from these "bright spots", extending these strong practices widely,

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while using local champions as ambassadors for change (note, this approach differs greatly from the more typical “top down” mandate). Promoting the changes needed across VA required empowerment of local champions who then tailor the changes needed to the unique culture in each facility. When this approach was blended with the passion of VA palliative teams, these “bright spots” became the nucleus for collaborative networks, within VA and among community hospices, to come together to become part of a bigger palliative team, to improve care. Along the way, we realized an important piece was missing, we needed the “Voice of Veterans” and their families to guide us on where to focus our efforts.

Let the “voice of Veterans” be heard!

Interviewing seriously ill Veterans, especially in the last month of life, is fraught with uncertainty so VA did the next best thing by developing, validating, and implementing a national survey of bereaved family members to guide quality improvement efforts for care, in the last month of life and for all seriously ill Veterans. These bereaved family respondents provide meaningful feedback to frontline staff on how good (or bad) care was in the last month of life. Frontline care teams get to “hear” direct quotes from family members who responded anonymously to the survey, along with seeing the numeric ratings of quality. As VA care teams are “in relationship” with Veterans and their families, these survey findings provide critically important feedback to VA staff and leaders on how facilities and care teams compare to peers, promoting healthy competition to excel. Taking this a step further, VA has taken the bold step of publishing bereaved family survey scores for hospice care in Community Living Centers⁴ (VA’s version of nursing homes) with impressive results as compared to hospice care in non-VA community nursing homes⁵ and comparable to the quality ratings of hospice care in the home⁶. The survey findings for VA care have fostered quality improvements (e.g., the spread of “bright spots”) resulting in the highest scores in the history of this survey, with 80% of families rating care in the last month of life as “top box” (rating of “9” or “10” on a scale of 0 to 10), up from 62% a decade ago. These scores are more impressive when you realize these scores reflect feedback from the families of Veterans that died in all VA inpatient care settings, not just those getting hospice or palliative care.

“I accept that death offers not only the expected reflection on life and mourning but an opportunity for a unique form of growth and healing.”
(Zachary S. Sager, MD⁶)

I’m back at my desk reviewing the charts of hospice patients to see how they did overnight. I’m also writing out some condolences to the families of Veterans we’ve recently lost on our hospice unit. The cards have an American flag on the outside and are blank on the inside to allow me to customize it for each family. As I write out the card, I take a quick look at my notes in the chart. This is a time of reflection, an opportunity to commend these families on the care and support they provided their Veteran during his/her difficult time. As I reflect on the lives lost, I have a sense of gratitude and fulfillment in bringing comfort and peace to many. As I wind down my career as a VA hospice physician, I’m struck by how therapeutic writing these notes are, for me the writer

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and hopefully for the families, as the memories of their loved ones takes their place in all of us. Thank you.

Warmly,



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