Quality of Hospice Care for Veterans in VA Nursing Homes and VA-Paid Community Nursing Homes

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Disclaimer: This material is based upon work supported by the Department of Veterans Affairs (VA), Veterans Health Administration (VHA). The views expressed in this article are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States Government.

VA commits to ensuring access to high-quality hospice

- Hospice care is associated with higher quality end-of-life (EOL) care.
- VA offers hospice in a Veterans clinically-appropriate setting of choice – home or facility.
- Facility-based hospice is an important option when EOL care needs exceed the capacity of home setting.

VA offers facility-based hospice in two ways

- VA Community Living Center (CLC)-based hospice
  – Hospice & Palliative Care (HPC) unit
  – General CLC unit
- Community nursing home (CNH)-based hospice
  – VA-contracted CNH for room and board
  – VA-contracted (or Medicare-financed) hospice delivered by a community hospice agency
- Option not part of Medicare's routine care hospice benefit
  – Medicare provides no coverage for nursing home room and board

Demand for CNH-based hospice care is increasing

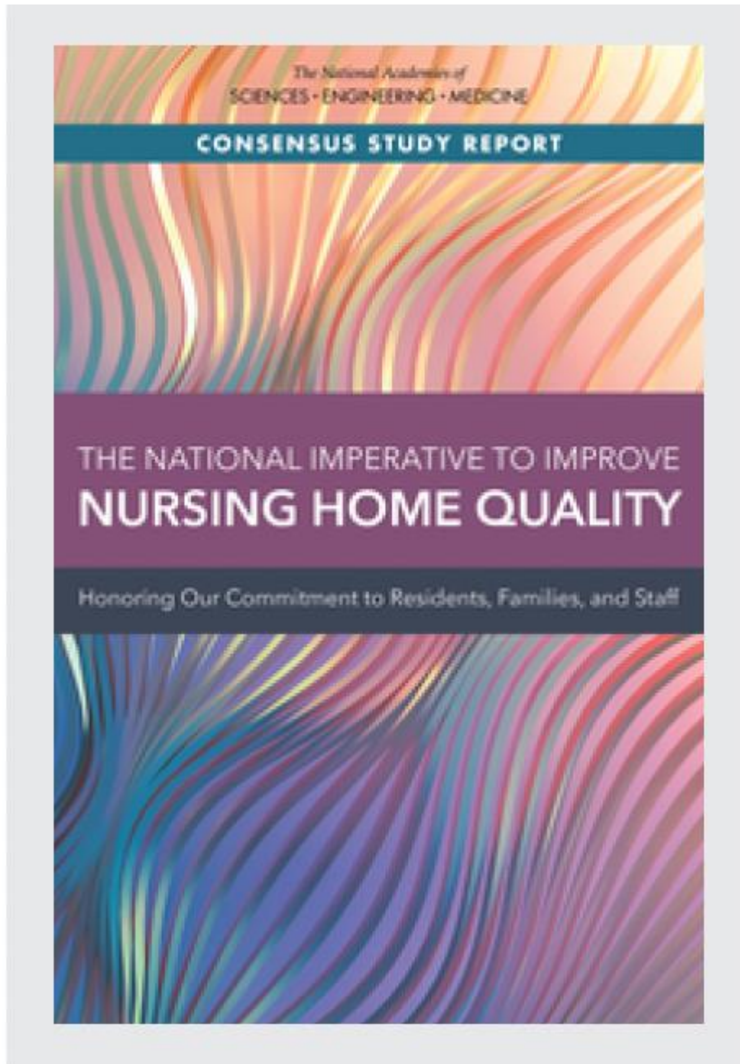
- Historically, vast majority of facility-based hospice care was provided in CLCs.
- Veteran need may soon exceed CLC supply
  - Rapidly aging demographic of Vietnam-era Veterans nearing EOL
  - CLC resources are, increasingly, focused on post-acute care
- More Veterans may elect CNH-based hospice
  - Increased access under CHOICE and MISSION Acts
  - Particularly beneficial option for Veterans who don’t live near a CLC

Nursing home setting is a critical venue for death

- More than one-quarter of all deaths among older adults in the United States occur in nursing homes.

- More than one-third of nursing home residents receive hospice services.

Concerns have been raised about nursing home quality



- In 2022, National Academies of Sciences, Engineering, and Medicine published a 600 page report on nursing home quality.
- Deemed the delivery of nursing home care in the U.S. as largely "ineffective, inefficient, fragmented, and unsustainable".
- Specifically pointed to a severe lack of patient- and family-centered data about the quality of EOL care in nursing homes.

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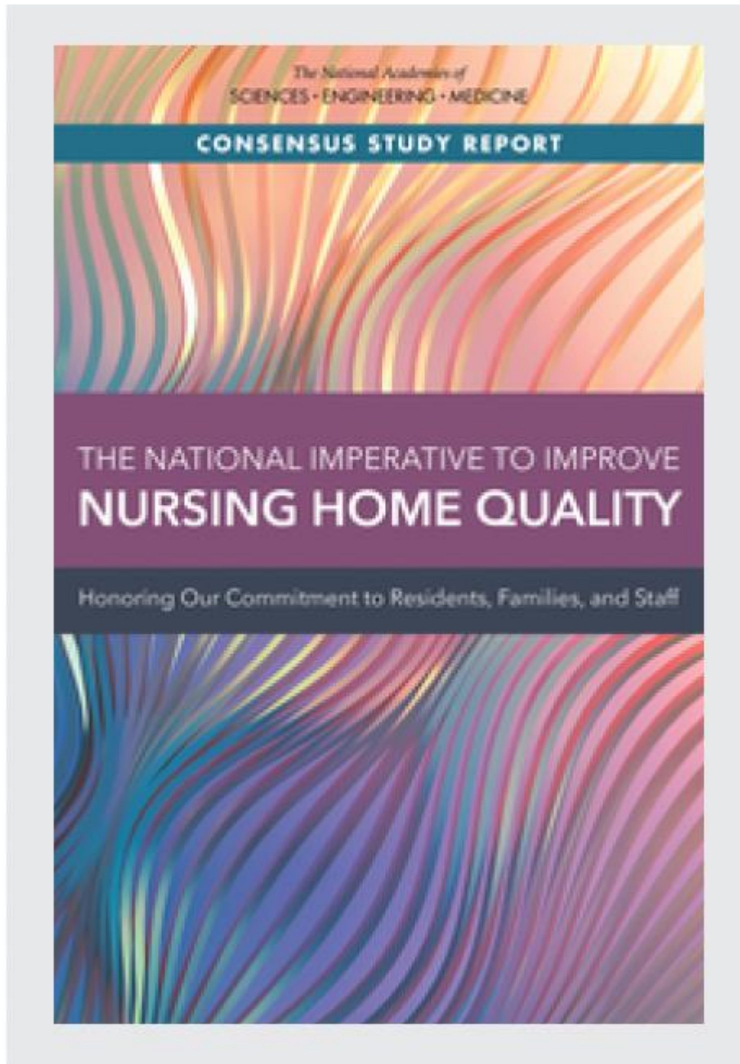

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- Specifically pointed to a severe lack of patient- and family-centered data about the quality of EOL care in nursing homes.
  - **Highlighted that the VA does collect such data in VA nursing homes.**

Veteran Experience Center (VEC)

- Quality improvement program funded by the National Hospice and Palliative Care Program Office within Department of Veterans Affairs (VA) Geriatrics and Extended Care program.
- Goals:
  - To identify unwanted sources of variation in the quality of end-of-life (EOL) care provided to Veterans and to improve the care of seriously ill Veterans across the VA health care system.
  - To define and disseminate processes of care ("Best Practices") that contribute to improved outcomes (e.g., communication, spiritual support, symptom management).

Bereaved Family Survey (BFS)

- Provides data about families' perceptions of the care the deceased Veteran received during the last month of life.

- Since 2010, the BFS has been administered to families of ALL Veterans who died in a VA medical center nationwide.
  - Includes all acute/intensive care units, **community living centers (CLC),** and inpatient hospice/palliative care units.

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- **Expanded in 2020 to include families of Veterans who received hospice services in VA-contracted nursing homes.**

BFS Methods

- Administered by mail/phone/online 4-6 weeks after the Veterans death to the next-of-kin
- Established validity and reliability
- English and Spanish versions
- Response rate: 40-50%

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Department of Veterans Affairs Survey
for «Vet_First» «Vet_Last» «Vet_Suffix»,

Thank you for taking the time to complete this survey. This survey is funded by the Department of Veterans Affairs to find out how well the VA is taking care of its Veterans near the end of their lives. We want to know if we are providing the best possible care to our Veterans and whether there is anything we could be doing better. Your opinions are important to us, so please tell us what you think. Your participation is voluntary and confidential. If you choose not to participate, it will not affect your benefits in any way.

If you have any questions about the survey, please don't hesitate to call us at the PROMISE Center on our toll-free number, 1-877-503-5817, and leave a message with your name, number, and reference #«CNUM»«FAC» and we will call you back as soon as possible.

FIRST PART

HOW TO FILL OUT THE SURVEY
- Please choose ONLY one answer per question.
- Please fill in each circle completely, like this: ●
  Do not fill it like this: ✓ ✗
- Do not write comments in the answer choice area. There are two open ended questions on page 4, please save any comments for those questions.

ESTIMATED TIME: 10 MINUTES

* THE OFFICE OF MANAGEMENT AND BUDGET HAS APPROVED THIS SURVEY UNDER OMB NUMBER 2900-0701 IN ACCORDANCE WITH SECTION 3507 OF THE PAPERWORK REDUCTION ACT OF 1995. WE ESTIMATE THAT IT WILL TAKE ABOUT 10 MINUTES TO ANSWER THESE QUESTIONS. YOUR RESPONSES WILL BE USED TO MEASURE VETERANS' AND THEIR FAMILIES' PERCEPTIONS OF THE HEALTHCARE VA PROVIDES. YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL. IF YOU CHOOSE NOT TO PARTICIPATE, IT WILL NOT AFFECT YOUR BENEFITS IN ANY WAY.

BFS Measures

- 20 items (2 are open-ended)
  - Overall rating of Veterans care in last 30 days of life (National Quality Forum-endorsed performance measure)
  - 3 established factors
    - Communication and Care (5 items)
    - Emotional/Spiritual Support (3 items)
    - Death Benefits (2 items)
  - Single items related to symptom management (e.g. pain, post-traumatic stress) and care coordination

Little is known about the quality of CNH-based hospice

- Study Objective: Compare the quality of EOL care provided to Veterans in CNH- vs. CLC-based hospice care.

- Data Source: Bereaved Family Survey (BFS) data for Veterans who died in CNH- vs. CLC-based hospice care between October 2021-March 2022.

Outcomes

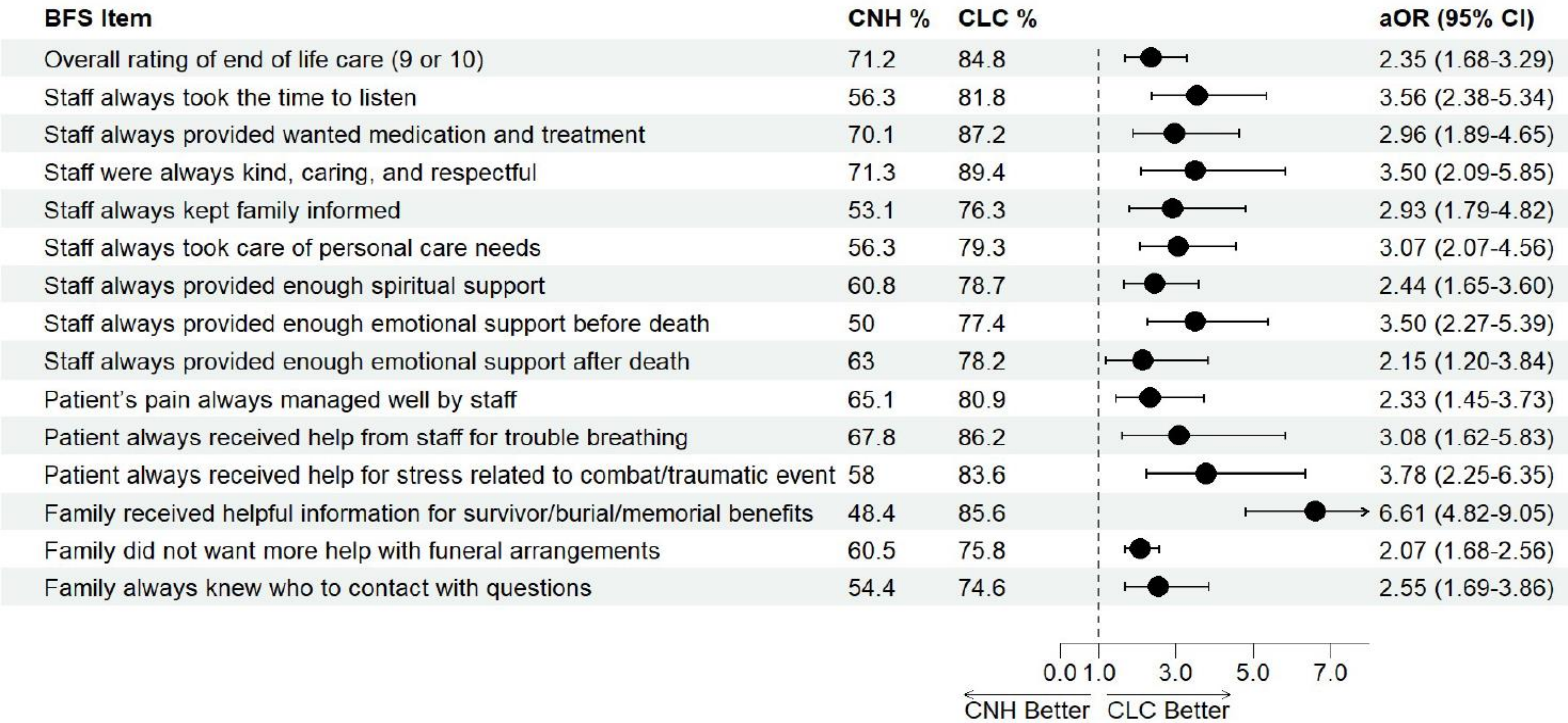
- Primary Outcome: BFS overall rating item
  - Dichotomized as “9” or “10” (“excellent”) vs. all other responses

- Secondary Outcomes:
  - BFS Factors
    - Communication and Care
    - Emotional/Spiritual Support
    - Death Benefits
  - Symptom management items

Selected Characteristics of Veterans in CNH vs. CLC Hospice (n=1,238 Veterans)

Characteristics	CNH Hospice (n=226)	CLC Hospice (n=1,012)	P value
Age (mean)	84	80	<0.001
Race			<0.001
Non-Latinx White	84%	77%	
Non-Latinx Black	3%	13%	
Other/Unknown	13%	10%	
Next of Kin Relationship			<0.001
Spouse/Partner	54%	37%	
Other	46%	63%	
Length of hospice stay (median)	54	10	<0.001

Quality of EOL Care substantially better in CLC vs. CNH Hospice



BFS Item	CNH %	CLC %	aOR (95% CI)
Overall rating of end of life care (9 or 10)	71.2	84.8	2.35 (1.68-3.29)
Staff always took the time to listen	56.3	81.8	3.56 (2.38-5.34)
Staff always provided wanted medication and treatment	70.1	87.2	2.96 (1.89-4.65)
Staff were always kind, caring, and respectful	71.3	89.4	3.50 (2.09-5.85)
Staff always kept family informed	53.1	76.3	2.93 (1.79-4.82)
Staff always took care of personal care needs	56.3	79.3	3.07 (2.07-4.56)
Staff always provided enough spiritual support	60.8	78.7	2.44 (1.65-3.60)
Staff always provided enough emotional support before death	50	77.4	3.50 (2.27-5.39)
Staff always provided enough emotional support after death	63	78.2	2.15 (1.20-3.84)
Patient's pain always managed well by staff	65.1	80.9	2.33 (1.45-3.73)
Patient always received help from staff for trouble breathing	67.8	86.2	3.08 (1.62-5.83)
Patient always received help for stress related to combat/traumatic event	58	83.6	3.78 (2.25-6.35)
Family received helpful information for survivor/burial/memorial benefits	48.4	85.6	6.61 (4.82-9.05)
Family did not want more help with funeral arrangements	60.5	75.8	2.07 (1.68-2.56)
Family always knew who to contact with questions	54.4	74.6	2.55 (1.69-3.86)

Quality of EOL care high across CLC unit types

BFS Item	General CLC Ward with Hospice (n=316)	Hospice and Palliative Care Unit within CLC (n=1,012)	Adjusted Odds Ratio (95% CI)
Overall rating of 9 or 10	81.9%	85.1%	1.3 (0.9-1.9)
Staff always provided wanted medication and treatment.	86.8%	86.8%	1.0 (0.7-1.5)
Staff were always kind, caring, and respectful	89.7%	89.2%	1.0 (0.6-1.5)
Staff always provided enough emotional support before death.	74.1%	78.4%	1.3 (0.9-1.8)
Patient's pain always managed well by staff	80.7%	80.4%	1.0 (0.7-1.4)
Patient always received help needed from staff for re-experiencing stress or emotions related to combat or another trauma.	85.1%	82.3%	0.8 (0.5-1.4)

Limitations

- Potential unmeasured confounders
  - Lack of clinical data on Veterans who received CNH-based hospice
  - Lack of information about structural characteristics of CNHs and hospice agencies (e.g. staffing levels).
- Limited ability to address the "why" and "how" questions
  - Call for qualitative research to understand barriers and facilitators to the delivery of high-quality EOL care in CNH-based hospice in order to guide efforts to improve care.

Conclusions

- Markedly higher quality of EOL care in CLC vs. VA-contracted CNH-based hospice care.
  - Percentage of bereaved family members who reported excellent overall care was 13 percentage points higher in CLC vs. CNH hospice.
  - Quality gaps of even greater magnitude for range of specific EOL care domains
    - Largest gaps: PTSD management, emotional support, and guidance around VA survival and funeral benefits.
- CLC quality advantage held regardless of whether hospice care provided in CLC-based hospice units or general CLC units.

Potential contributors to disparities documented

- Differences in hospice care delivery
  - CLC-based hospice provided in country's only integrated health care system & one that has made EOL care a focus over past 20 years.
  - VA-contracted CNH-based hospice provided by combination of CNH staff and community-based hospice staff.
    - Quality is a function of quality of care by each and quality of their coordination.

Potential contributors to disparities documented

- CNH and community hospices not prepared for unique EOL needs of Veterans (e.g. PTSD, Post-traumatic Stress Disorder).
- VA may provide insufficient support to Veterans in CNH-based hospice and their families (e.g. help with accessing burial benefits).

Recommendations for Policy and Practice

- **VA holds significant leverage to improve the quality of CNH-based hospice care through contracting process.** Consider inclusion of BFS scores in CNH-based hospice care contracting policies.
- VA's efforts to improve CNH-based hospice care should include particular focus on PTSD management, emotional support, and guidance about VA survivor and funeral benefits.
- Expansion of "We Honor Veterans" program into VA-contracted CNHs.
- Consider mobilizing VA CNH Oversight nurses and social workers to provide more concrete support and assistance to hospice patients.

Learning Objectives

1. Learner will appreciate that the nursing home setting is a critical venue for death in U.S.
2. Learner will understand how family-reported quality of end-of-life care is much better when Veterans receive hospice in VA nursing homes than in community nursing homes.
3. Learner will appreciate potential contributors to these quality disparities.
4. Learner will be able to brainstorm ways we can improve hospice care in community nursing homes nationally.

Questions/Comments?

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Supplementary slides just in case audience requests more detail about study methods.

Data Source and Sample

- Data Sources
  - Bereaved Family Survey (BFS)
  - VA Corporate Data Warehouse (CDW)
- Sample
  - Inclusion Criteria:
    - Veterans who received hospice care in a VA-contracted CNH or VA CLC
    - Died between October 2021-March 2022
    - Next of kin completed BFS (response rate 41%)

Exposure

- Setting of Hospice Care
  - VA-contracted CNH
    - Identified using CDW, as well as keyword search for “hospice” and “CNH” in clinical notes.
  - VA CLC
    - Identified using VA hospice bed designation code (treating specialty 96).

Statistical Analyses

- Descriptive statistics
  - t-tests for continuous variables
  - chi-square tests for categorical variables
- Adjusted logistic regression models
  - Adjusted for age, sex, race/ethnicity, next-of-kin relationship and education, and length of hospice stay.
  - Applied inverse probability weights to account for BFS nonresponse

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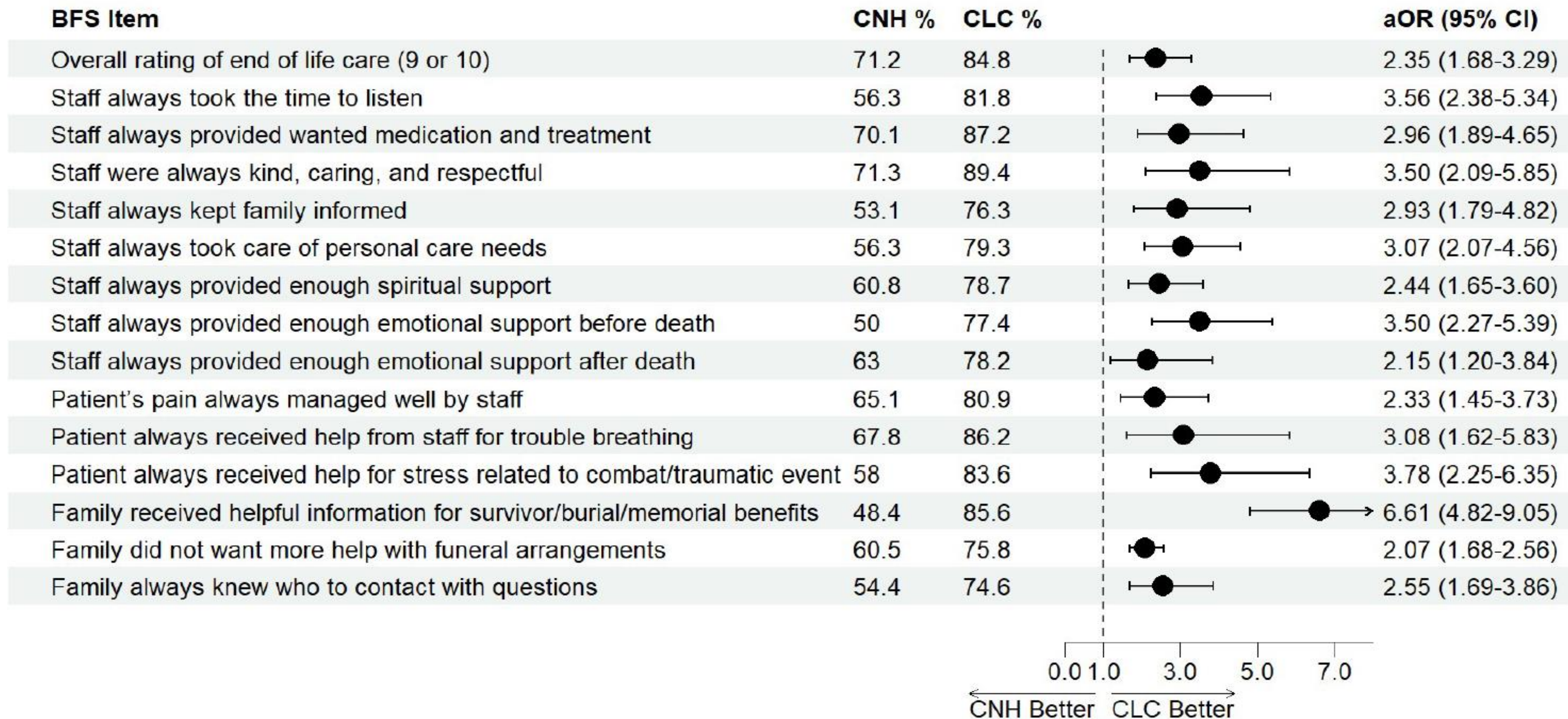
Length of hospice stay (median, IQR)	54 (147)	10 (29)	<0.001

Comparing Quality of EOL Care in CNH vs. CLC Hospice



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