


**VA Hospice & Palliative Care:
“How Do You Plan When
the Future is Now?”**

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Challenges in Providing End-of-Life Care


- Curative vs. Palliative Care
- Acute vs. Chronic Care
- Hospital vs. Home based Care
- Reduce care to Reduce cost
vs. Improve care & Reduce cost

Adapted from Richard D. Bramley, MD
Kaiser Permanente

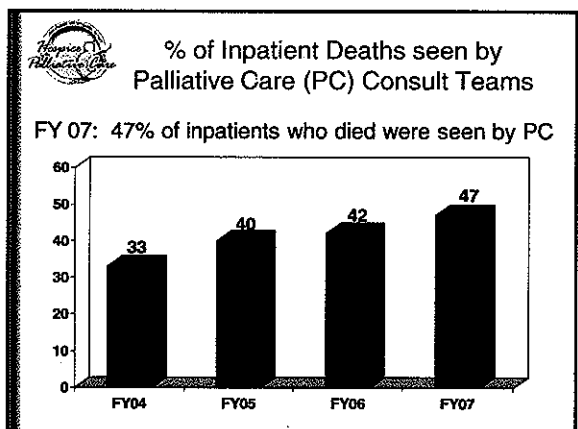
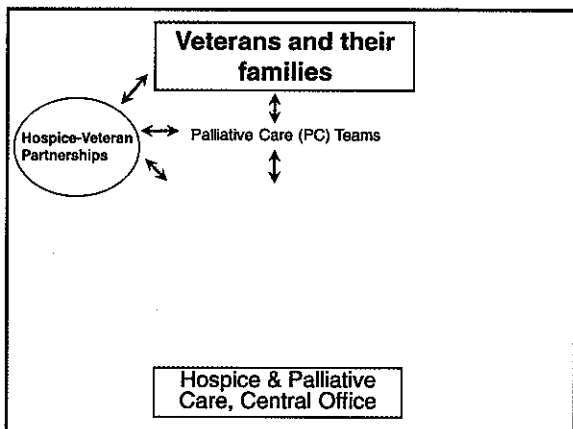


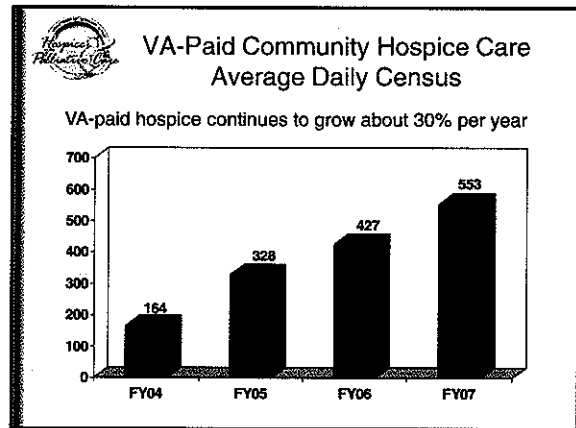
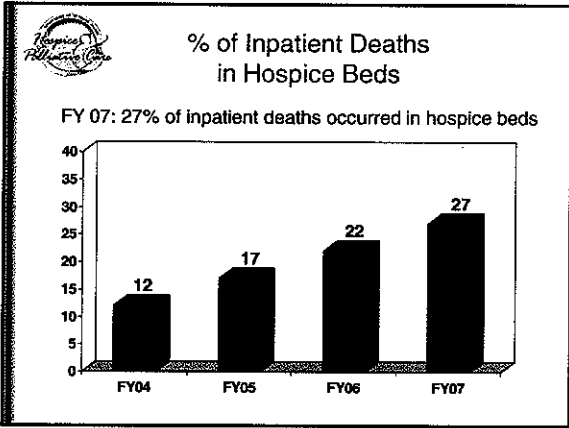
**Honoring Veterans' Preferences
for Care at the End of Life**

Mission of the Hospice and
Palliative Care Program



- Access • Quality • Expertise

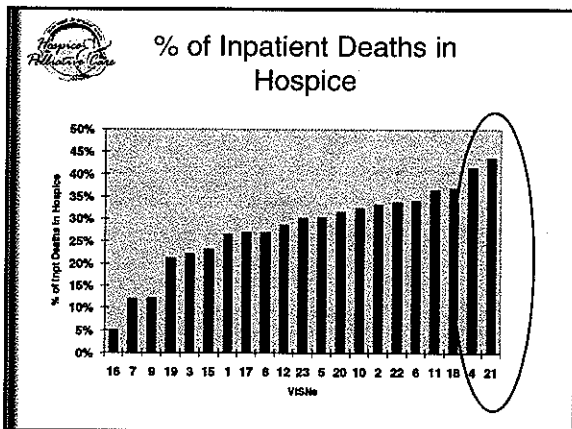
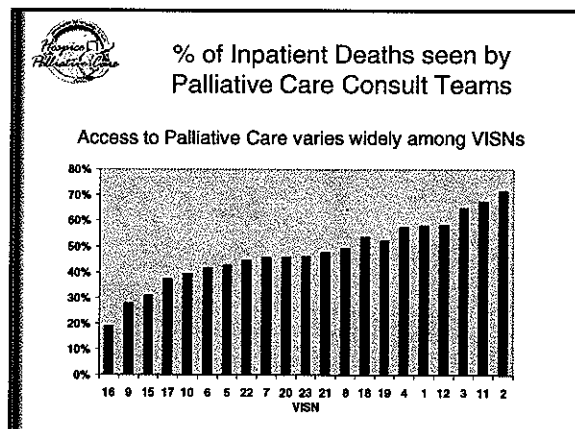




**“The future is now,
it’s just unevenly distributed”**

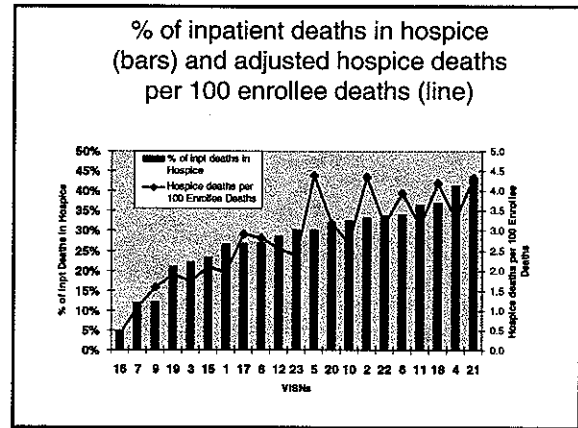
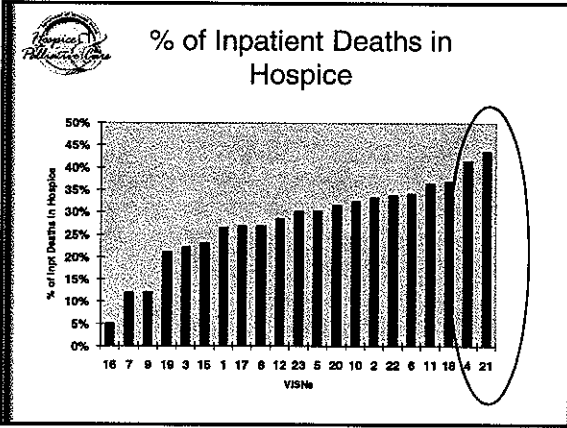
William Gibson
Science Fiction writer

Courtesy Bruce Kinosian, MD



**Jim Cooper wants you to
know his story**

Palo Alto, CA
VISN 21



Is there reliable access to end of life care?

- **Access** • Quality • Expertise
 - Inpatient
 - Staffing of Palliative Care Teams
 - Inpatient Hospice/Palliative Care Beds or preferably Units
 - Home
 - Hospice-Veteran Partnerships
 - State level organization
 - Facility level relationships

Are quality measures impacting care?

- Access • **Quality** • Expertise
 - VISN Level Coordination
 - Oversight and reporting to leadership
 - Guidelines for end of life care in nursing homes
 - Bereaved Family Member Quality Surveys
 - "The Voice for Veterans"
 - Driver for quality interventions, "sharing successes"

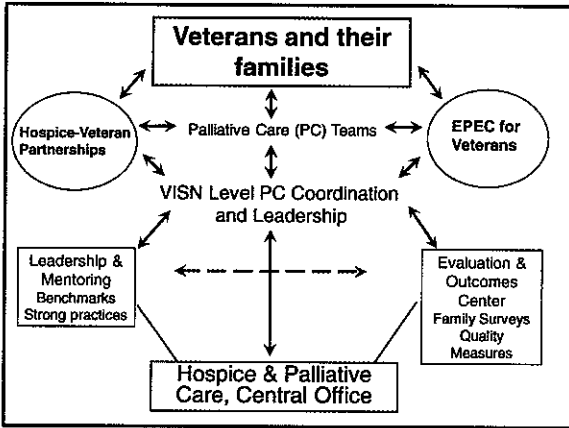

Do staff have the skills to deliver quality end of life care?

- Access • Quality • **Expertise**
 - Veteran-centered curriculum for End of Life Care
 - Education for Palliative & End of Life Care (EPEC) for Veterans
 - For Palliative Care Teams
 - For all staff caring for veterans at the end of life (including Spanish)
 - Mentoring & Leadership
 - Share expertise
 - Disseminate strong practices

Hospice and Palliative Care

Domains for action:


- Access**
 - Staff palliative care teams with VISN oversight
 - Collaborate with community hospices
 - Outreach (eg homeless, rural)
- Environment**- designated palliative or hospice care units
- Quality**- regular, routine reporting of outcome measures which impact care (eg bereaved family member quality surveys)
- Expertise**- to address the unique needs of veterans at end of life

Support for Palliative Care Teams

- Pro rated funding to VISNs for:
 - Facility PC teams (minimums)
 - VISN level coordinator and 0.5 clinical champion
- Senior VA leadership memo to support and direct funding
- Build a VISN PC coordinator network


PC- Palliative Care



EPEC for Veterans

- Negotiate memorandum of understanding
- Begin curriculum development
- Initial “Train the trainer” conference (40)
- Professional Development Workshop (60)
- Support dissemination within VISNs
- Follow up


EPEC-Education on Palliative and End of Life Care



Leadership and Mentoring

- Negotiate memorandum of understanding
- Integrate VA in to existing CAPC leadership center training
- Plan for establishing VA PC leadership centers
- Develop VA specific resources


CAPC-Center to Advance Palliative Care



Evaluation and Outcomes Center

- Negotiate a memorandum of understanding
- Build on bereaved family member surveys
- Integrate outcomes with care
 - To share successes across VISNs
 - To assist leadership and mentoring
 - To show the value of palliative care

HPC-Hospice and Palliative Care



Establish Units

- Request for Proposals
- Aligned with “culture transformation”
- Minimum of \$1.5 million (entire wing)
- Establish a “unit” and enhance palliative care program
- Site visits upon completion



Program Evaluation

- Was the money spent effectively?
- Which components of the initiative worked best?
- What “unknowns” can be answered from existing data?
- Has end of life care in VA improved?



Palliative Care is “value added”

Now is the time for action