



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care For Our Nation's Veterans



2nd Edition



National Hospice and Palliative Care
Organization



THE ARCHITECT OF AND CATALYST FOR SOCIAL CHANGE TO ADVANCE CARE AT THE END OF LIFE.



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

PLEASE NOTE:

All "Reader" CD pages have search capabilities. Just click on the Chapter name, Web or e-mail address or references to other sections and you will automatically be transferred. Click on the top of any page and you will be transferred back to the Table of Contents.



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Table of Contents

| | |
|--|----|
| Introduction | 3 |
| I. Considering Potential Partners | 7 |
| II. Forming a Hospice-Veteran Partnership | 11 |
| III. Building a Strong Foundation | 13 |
| IV. Conducting a Needs Assessment | 22 |
| V. Understanding Hospice and Palliative Care and the Medicare Hospice Benefit | 23 |
| VI. Exploring Veterans' Issues and the VA Health Care System | 26 |
| VII. Acknowledgements | 38 |
| VIII. APPENDIX | 39 |
| 2a: Sample Invitation to HVP Information Meeting | 40 |
| 2b: NHPCO Letter | 41 |
| 2c: VA Memo | 42 |
| 2d: Sample Agenda for HVP Information Meeting | 43 |
| 2e: Sample Handout for HVP Information Meeting | 44 |
| 2f: Sample Form to Assess Areas of Interest | 45 |
| 3a: Confirmation of Agreement: Leadership Committee | 46 |
| 3b: Sample Invitation to First HVP Meeting | 47 |
| 3c: Sample Agenda for First HVP Meeting | 48 |
| 3d: Sample HVP Fact Sheet | 49 |
| 3e: Sample HVP Vision, Mission and Objectives | 50 |
| 4a: Sample Survey Letter for Hospices | 51 |
| 4b: Sample Survey Tool for Hospices | 52 |
| 4c: Sample Survey Letter for VA Facilities | 56 |
| 4d: Sample Survey Tool for VA Facilities | 57 |
| 5a: Military Service History Pocket Card Fact Sheet | 62 |
| 5b: HVP Process and Outcome Measures | 64 |





HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

VA 101 TOOLKIT (IN VA DOCUMENTS FOLDER ON CD)

NOTE: For ease in locating the desired document, file names appear in *bold italics* after the document name below. For example:
VA 101: State Veterans Homes: *StateVetHomes*. To open this file, find *StateVetHomes* and double-click.

POWERPOINT SLIDE SETS

VA 101: Basic Training for Understanding the Department of Veterans Affairs: *BasicTraining*

VA 101: Hospice and Palliative Care in VA: *HospicePCVA*

VA 101: State Veterans Homes: *StateVetHomes*

VA 101: Hospice-Veteran Partnerships: *HVPartners*

ADDITIONAL RESOURCES

VA Alphabet Soup: *AlphabetSoup*

Veteran Certificates: *VetCerts*

VA Brochures and Booklets:

- ◆ VA Organizational Briefing Book May 2006: *BriefingBook*
- ◆ Summary of VA Benefits: *BenefitSummary*
- ◆ Veteran Population Model, VetPop 2004 Version 1.0 May 2007: *VetPopModel*
- ◆ Military History Pocket Card (PDF file): *PocketCard*
- ◆ VA Transforms End-of-Life Care for Veterans: *VATransforms*

Fact Sheets

- ◆ Burial Benefits Fact Sheet: *BurialBenefits*
- ◆ Department of Veterans Affairs Fact Sheet: *DVAFacts*
- ◆ Enrollment Priority Groups Fact Sheet: *EnrollPriority*
- ◆ Veterans Health Administration Hospice and Palliative Care Definitions Fact Sheet: *Definitions*
- ◆ Veterans Health Administration Hospice Care Referral and Purchase Procedures Handbook Fact Sheet: *RefProHand*
- ◆ Hospice-Veteran Partnership Fact Sheet: *HVPFacts*
- ◆ Military History Pocket Card Fact Sheet: *PocketCardFacts*

FAQs

- ◆ VA Prescriptive Authority and Collaboration with Community Hospice Programs (Community Version) FAQ: *PresAuthCoIFAQ*
- ◆ VA Hospice Policies FAQ: *PoliciesFAQ*

VHA Handbooks

- ◆ August 2004: Home Health and Hospice Care Reimbursement Handbook: *ReimbHandbook*
- ◆ March 2005: Community Hospice Care: Referral and Purchase Procedures: *CompHospCare*
- ◆ July 2006: Purchased Home Health Care Services Procedures: *PurchHHCare*

Introduction

Building Partnerships to Better Serve Veterans

A Population in Need of Quality End-of-Life Care

- ⊕ **Mr. C is an 86-year-old veteran** with end-stage heart failure and moderate dementia. After surviving some of the toughest fighting in World War II, he went on to earn a law degree and establish a successful practice. Mr. C never talked about the war with his family. They never thought to mention it to his doctors or the nursing home staff. Mr. C is haunted by memories from more than half a lifetime ago. Observing his frequent tears and periods of profound depression his family and the nursing home staff realize something is wrong but they don't know how to comfort him.
- ⊕ **Mrs. J is a 67-year-old veteran** who served as a nurse in Vietnam. She has been told by her doctor that she has less than six months to live. For the past two years, Mrs. J has been receiving treatment at a Department of Veterans Affairs (VA) Medical Center an hour away. Although she still wants to maintain contact with VA staff, she is no longer able to make the trip to the VA Medical Center and has decided to spend her remaining time in the comfort of her home.
- ⊕ **Mr. L is a 56-year-old veteran** with end-stage liver disease and a limited prognosis. He lost a leg in Vietnam and has struggled with alcohol abuse and depression since returning to the United States. Now homeless and with no income or family support, he is in a VA hospital after collapsing outside an office building.

These stories represent just a few of the more than 600,000 veterans who are expected to die each year well into the next decade. Many of these veterans could benefit from hospice care, an end-of-life care choice that provides dying patients and their loved ones with comfort, compassion and dignity.

Hospice care involves a patient-centered, team-oriented approach to expert medical care, pain management, and emotional and spiritual support. Care can be provided in a number of settings, including patients' homes, inpatient hospice units, hospitals, nursing homes, and long-term care facilities. At the center of hospice care is the belief that everyone has the right to die pain-free and with dignity.

The emotional and spiritual components of hospice care can be especially meaningful to veterans who often face issues near the end of life relating to their military experiences. Support is even more crucial for veterans who do not have a strong support network of family and friends.

A Fragmented System

Anyone who has tried to navigate the health care system in America knows that often there is fragmented communication and coordination of services among health care providers, public and private insurance companies, and patients and families. Even though the Department of Veterans Affairs (VA) is the largest integrated health care system in the country there are still issues. So how can we ensure veterans receive quality end-of-life care? It's an important question to answer--particularly when considering these facts from the VA:

- ⊕ **More than 1,800 veterans die every day. This represents a quarter of all deaths in America.**
- ⊕ **Approximately 85% of veterans do not receive care through the VA health care system.**
- ⊕ **Most veterans still die in the community; only 4% of veteran deaths occur in VA facilities.**

These statistics highlight the importance of partnerships among VA and community health providers as well as organizations that serve veterans. There is a great need for education about hospice care and how it can be accessed.



Hospice care is part of the basic eligibility package for veterans enrolled in the Veterans Health Administration (VHA). (See Title 38 Code of Federal Regulations (CFR) 17.38 (a)(1)(xi)(A). If hospice care is appropriate for enrolled veterans and has been approved by a VA physician, VA medical centers will either provide hospice care directly in their facilities or purchase it from community hospices.

All Medicare-eligible veterans, whether or not they are enrolled in VHA, have access to hospice care through Medicare. Veterans not eligible for Medicare may have hospice benefits through Medicaid or other private insurance. However, like 90% of all Americans, most veterans simply don't know that these options exist.

The need for education extends beyond the public to community hospice and VA providers as well. Many community hospices are unaware of the dedicated inpatient hospice units that exist in VA facilities. Likewise, VA facilities are often unfamiliar with the services community hospices can offer and how to work with them. There are also complex issues surrounding payment reimbursement and administration.

HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Hospice-Veteran Partnerships (HVPs)

With a focus on improving end-of-life care for veterans, the Department of Veterans Affairs established their Hospice and Palliative Care Initiative (VAHPC) in November of 2001. One of the programs launched by VAHPC is the National Hospice-Veteran Partnership (HVP) Program, which is working with the National Hospice and Palliative Care Organization, the Center for Advanced Illness Coordinated Care, and other end-of-life care advocates to create a national network of HVPs.



HVPs are coalitions of Department of Veterans Affairs (VA) facilities, community hospices, end-of-life care or community organizations and others working together to ensure that excellent care at the end of life is available for our nation's veterans and that support is available for their families. These partnerships can be community-based or statewide and may function independently or within an existing structure.

Some HVPs are hosted by state hospice and palliative care organizations or VA Medical Centers, while others are coordinated by end-of-life care coalitions. Participants include VA facilities, community hospices, State Veterans Homes and Veterans Service Organizations as well as other organizations that share the vision of improving end-of-life care for veterans and their families:

Once an HVP has been established, it begins developing in ways which will best serve veterans in its area. Each HVP is unique, but the following activities are examples of the many ways a partnership can have a positive impact:

- ✦ Conducting assessments to determine veterans' needs in the community
- ✦ Sharing information with veterans' groups about advance care planning, available resources, and care options
- ✦ Holding statewide events to educate community hospice providers and VA facilities about opportunities for partnership
- ✦ Establishing networks of mentors and experts to assist community hospices and VA facilities with staff and program development
- ✦ Developing speakers' bureaus for outreach activities to veterans service organizations, community agencies, and VA facilities
- ✦ Educating community agencies about veterans' issues and benefits
- ✦ Holding town meetings for veterans and their caregivers



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

The Hospice-Veteran Partnership Toolkit

The Hospice-Veteran Partnership Toolkit was designed to encourage new HVPs and strengthen existing partnerships. You can download it from NHPCO's Web site (www.nhpco.org/veterans).

These are the sections contained in the toolkit:

- I. **Considering Potential Partners**
- II. **Forming a Hospice-Veteran Partnership**
- III. **Building a Strong Foundation**
- IV. **Conducting a Needs Assessment**
- V. **Understanding Hospice and Palliative Care and the Medicare Hospice Benefit**
- VI. **Exploring Veterans' Issues and the VA Health Care System**
- VII. **Acknowledgements**
- VIII. **APPENDIX**

Sections I through IV offer guidance on creating an HVP and are intended to be followed sequentially. They include step-by-step guides, many suggestions, and sample communications to potential partners.

Sections V and VI provide information on topics relating to hospice care and the VA health care system. They can be used at any stage in the process to educate HVP members.

Sections VII and VIII contain acknowledgements and sample resources to use in getting started and maintaining your partnerships.

If you are interested in becoming part of the National HVP program, begin by finding out if an HVP already exists in your state or region. If an HVP has not yet been formed, you can use this toolkit to help get one started. Either way, you can get more information and assistance by contacting one of the following organizations:

Department of Veterans Affairs

Veterans Health Administration
810 Vermont Ave, NW
Washington, DC 20420

- ◆ **Christine Cody**, *National Program Manager, Hospice and Palliative Care*
E-mail: Christine.Cody@va.gov
Phone: 202/273-8537
- ◆ **Diane Jones**, *Project Administrator, Hospice-Veteran Partnership Program*
E-mail: djones@ethosconsult.com
Phone: 856/234-5878

National Hospice and Palliative Care Organization

1700 Diagonal Road, Suite 625
Alexandria, VA 22314
Phone: 703/837-1500
Fax: 703/837-1233

- ◆ **Donna Bales**, *Director State Relations*
E-mail: dbales@nhpco.org
Phone: 800/338-8619

I. Considering Potential Partners

The first step in forming a Hospice-Veteran Partnership is to identify all potential partners. This section of the toolkit lists various stakeholders who can play a role in increasing veterans' access to hospice and palliative care.

Suggestions for Potential Partners

State Hospice and Palliative Care Organizations

State hospice and palliative care organizations are statewide membership organizations dedicated to improving end-of-life care and expanding access to hospice care. Their members include hospice and palliative care providers as well as individuals and corporations.

- ◆ To find the state hospice and palliative care organization in your area, visit the National Hospice and Palliative Care Organization Web site (www.nhpco.org). On the home page, place the cursor over "About NHPCO" and when a list pops up, click on Council of States. This shows all the state hospice and palliative care organizations.
- ◆ Or call NHPCO's toll free helpline: 1-800/658-8898

Community Hospices

Community hospices provide medical care, pain management, and emotional and spiritual support to terminally ill patients and their families. While all community hospices will come into contact with veterans through their general work, some hospices have also developed formal relationships with Department of Veterans Affairs Medical Centers (VAMC).

- ◆ To locate community hospices in your area, visit the National Hospice and Palliative Care Organization Web site (www.nhpco.org). Click on "Find a Provider" on the left side of the home page. This will take you a screen which helps you find hospices by organization name, location (state, city or zip code) or other options.
- ◆ Or call NHPCO's toll free helpline: 1-800/658-8898.

End-of-Life Care Coalitions

End-of-Life Care coalitions are partnerships of individuals and organizations that work to identify community concerns and to generate action around end-of-life care issues, to promote conversations that enable individuals, their family members and friends, health care professionals, and others to openly address end-of-life care issues with each other, to encourage health care organizations, public-policy makers, and others to develop innovative end-of-life care policies and procedures, and to generate media and philanthropic attention to an often overlooked component of health care.

To locate end-of-life care coalitions:

- ◆ Visit the National Hospice and Palliative Care Organization Web site (www.nhpco.org). Click on "Member/Vendor Guide" on the left side of the home page. Click on the "Find a Coalition" link. The search function allows searches by organization name or state.
- ◆ Or call NHPCO's toll free helpline 1-800/658-8898 and ask for assistance in finding a coalition.



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Suggestions for Potential Partners, *cont.*

State Veterans Homes (SVHs)

State Veterans Homes are special long-term care facilities that serve qualified veterans and their spouses. These homes are owned and operated by the state, but through a federal-state partnership the VA is responsible for conducting annual surveys and providing funding for construction and per diems. State Veterans Homes may follow different state-specific policies, procedures and regulations.

- ◆ To locate state veterans home in your area visit the National Association of State Veterans Homes Web site (www.nasvh.org) Click on “Directory of State Homes” and click on the map or the drop-down list to produce a list of contacts for your state.
- ◆ Or call 301/899-7908.

Veterans Integrated Service Networks (VISNs)

VISNs are VA integrated networks of care that are focused on pooling and aligning resources to better meet veterans’ health care needs. The VA medical system consists of 21 VISNs. Although VISNs are organized geographically, some VISNs cover more than one state, and some states are covered by more than one VISN.

- ◆ To find the VISN(s) that cover your area, visit the VA Website (www.va.gov). Click on Find a Facility, located on the toolbar at the top of the page. Once you are in that section, click on the specific state to produce a list of all VA Medical Centers, Outpatient Clinics, and Vet Centers located within that state.
- ◆ You can also click on Veterans Health Administration on the left side of the Facilities Locator and Directory page to go to the VA map of VISNs. Click on the VISN that covers your area, and you will find contact information for the appropriate VISN.

VA Palliative Care Consult Team

Each VA Medical Center must designate a Palliative Care Consult Team consisting of, at a minimum, a physician, nurse, social worker, chaplain and administrator. The teams offer consultation throughout the medical center, assisting with planning and guidance on managing a patient's pain and other symptoms, especially when these are complex or difficult to control. The team also recommends policies and procedures to hospital management, assumes a leadership role in promoting the hospice concept of care, facilitates communications with community hospices and conducts educational programs for VA and community staff.

VA AACT Teams

AACT Teams are VISN-based interdisciplinary teams that provide leadership in hospice and palliative care program development and education to the VA facilities within each of their VISNs. They were created through the Accelerated Administrative and Clinical Training Program for Palliative Care (AACT), a national program of the VA Hospice and Palliative Care Initiative. Ask the VISN in your area to put you in touch with a representative from its AACT Team.



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Suggestions for Potential Partners, cont.

VA Medical Centers (VAMCs)

VA Medical Centers are hospital systems that serve veterans. Although the exact makeup of these systems will vary, most include ambulatory care and out-patient clinics, nursing home care programs, home care programs, and long-term care domiciliaries. VA Medical Centers are organized under VISNs. It is recommended that HVPs include a representative from each of the VA Medical Centers in their region or state.

- ◆ To find a VAMC that covers your area, visit the VA Web site (www.va.gov).
- ◆ Click on Find a Facility, located on the toolbar at the top of the page and click on the appropriate state. You will then be able to navigate to a list of VA facilities.

VA Community-Based Outpatient Clinics (CBOCs)

VA Community-Based Outpatient Clinics provide outpatient medical care to veterans. They are organized under VA Medical Centers.

- ◆ To locate CBOCs in your area, visit the VA Web site (www.va.gov). Click on “Find a Facility”, located on the toolbar at the top of the page and click on the appropriate state. You will then be able to navigate to a list of CBOCs.

Vet Centers

Vet Centers serve veterans and their families by providing a continuum of quality care that adds value for veterans, families and communities. Care includes professional readjustment counseling, bereavement counseling, community education, outreach to special populations, brokering services with community agencies and providing a key access link between veterans and other services in the U. S. Department of Veterans Affairs. There are 206 Vet Centers nationwide.

- ◆ To locate Vet Centers in your area, visit the VA Web site (www.va.gov). Click on “Find a Facility”, located on the toolbar at the top of the page and click on the appropriate state. You will then be able to navigate to a list of Vet Centers.

Veterans Service Organizations (VSOs)

Veterans Service Organizations are non-government organizations that advocate for and assist veterans, while also providing opportunities for veterans to get involved in the larger community. Their particular roles and activities will vary. A directory of all VSOs is available on the VA Web site (www.va.gov/vso).

- ◆ Three of the largest VSOs are Disabled American Veterans (www.dav.org), the American Legion (www.legion.org), and Veterans of Foreign Wars (www.vfw.org). Visit their national Web sites to find local contacts.
- ◆ Other VSOs serve veterans who have traditionally been underrepresented, for example, the American Coalition for Filipino Veterans (<http://usfilvets.tripod.com>) and the National Association for Black Veterans (www.nabvets.com)



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Suggestions for Potential Partners, *cont.*

Veteran Alumni Organizations (VAOs)

Veteran Alumni Organizations are groups of veterans who share common interests and experiences. The structure and activities of these organizations will vary.

- ◆ To find veteran alumni groups in your area, visit Vet Friends (www.vetfriends.com/organizations/index.cfm). Click on your state to produce a list of contacts.

Military Treatment Facilities (MTFs)

Military Treatment Facilities include military hospitals and clinics that provide primary and specialty care. They are designed to serve active duty and retired members of the uniformed services.

- ◆ To find MTFs in your area, use the online TRICARE Military Treatment Facilities Locator www.tricare.mil/mtf/.

State Departments of Veterans Affairs

Each state has a Department of Veterans Affairs, although the exact name, structure and services of the department will vary. All states have Veterans Service Officers, and you can usually locate a contact person by visiting your state's official Web site.

- ◆ State Department of Veterans Affairs can be found at [www.\[State\].gov](http://www.[State].gov), inserting the state abbreviation used by the postal service, e.g. for Texas: www.tx.gov. Due to the variability in how the Web sites are laid out, you may have to use the search function to locate the Veterans pages.
- ◆ Or, go to the National Association of State Directors of Veterans Affairs (www.nasdva.com), navigate to State VA Departments and click on the desired state.
- ◆ Or, go to www.google.com and search for "(your state) Department of Veterans Affairs".

Others

When considering potential partners, it is important to think about any and all groups that have contact with veterans. You may want to reach out to government agencies, universities, or military bases. Consider contacting your local AARP (www.aarp.org) and National Association for the Advancement of Colored People (www.naacp.org) chapters, or one of the many other organizations that serve seniors. Remember, each HVP is unique, so you should strive to include whatever partners can best reach veterans in your area. Once all the potential partners are identified, organize an Information meeting and bring as many groups as possible to your HVP table.

II. Forming a Hospice-Veteran Partnership (HVP)

To a great extent, the strength and impact of an HVP depends upon the experience and commitment of the members. Having many groups involved from the beginning helps you find the best combination of people, organizations, knowledge and skills to contribute to this partnership. Begin by forming a Planning Committee of at least one or two representatives from a state or community hospice organization and one or two representatives from a veterans' program. This committee guides the initial process of establishing the HVP through the following five steps:

1. Develop a List of Potential Members:

Using your contacts in the community and suggestions from Section I, compile as complete a list as possible of all potential partners.

2. Plan an Information Meeting:

An Information meeting presents the purpose and value of an HVP and helps you assess the interest in improving end-of-life care for veterans in your community. The Information meeting may help identify a variety of potential leaders for your HVP.

- ◆ Plan a place, date and time. Consider convenient times, which may be out of business hours, and a convenient location. If people are too geographically distant, consider scheduling a phone conference. For those who cannot attend, offer and provide prompt summary reports (e-mail or mail) of this and other meetings.
- ◆ Invite all potential partners to an Information meeting. *(See Sample 2a)**
- ◆ Develop an agenda for the meeting *(See Sample 2d)* Note: Each group needs to learn about the other groups represented in the HVP. At your first official HVP meeting, ask each group to present a brief description of their group.
- ◆ Develop a handout with objectives of the Information meeting, purpose of an HVP, brief descriptions of the Leadership Committee, identified workgroups, and responsibilities of HVP members *(See Sample 2e)*
- ◆ Develop a form to be completed at the meeting to determine attendees' relevant experience, areas of interest in leadership, projects, workgroups etc, to support the HVP and to gather any other names. *(See Sample 2f)*

* For potential partners who work with hospice, we recommend enclosing the official NHPCO letter, dated 12/1/05, signed by J. Donald Schumacher, PsyD, President and CEO of NHPCO, emphasizing its commitment to end-of-life care for veterans. *(See Sample 2b)*

* For potential partners who are part of the VA system, we recommend enclosing the official VA memo, dated 7/19/05, signed by James F. Burris, MD, Chief Consultant, Geriatric and Extended Care for the VA, encouraging participation in the National HVP Program. *(See Sample 2c)*

Or send a copy of both to every invitee.



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

3. Facilitate an Information Meeting:

We suggest you follow the sample annotated agenda (*See Sample 2d*)

After this meeting, the Planning Committee must complete the remaining two tasks:

4. Identify the Leadership Committee and Initial Projects

The Planning Committee reviews all information, including experience and interest, about those who attended the meeting. This information should be compared with the skills, experience, and diversity needed in members of the Leadership. The Planning committee then determines:

- ◆ Who to invite to be members of the Leadership Committee—which may or may not include members of the Planning Committee. They also identify which of these persons to invite to be Chair and Co-Chair, each one being clearly identified as representing hospice or veterans
- ◆ How to identify and prioritize projects (*See Section III, part 2*) along with potential leaders and project workgroup members, each being clearly identified as representing hospice or veterans.

All the invitations should be made by phone by a member of the Planning Committee, who should also send a letter of confirmation and thanks to those who accept. (*See Sample 3a*) If a person is unable to accept an invitation, thank them for their interest and ask if you could keep them on your contact list. There may be some who do not have the time or interest in those roles, but may be valuable resources for special issues or occasions.

5. Communicate

Send a summary of the meeting to all contacts, include the names of the organizations represented at the meeting and thank them for their interest and support. Announce the formation of the Leadership Committee, and let them know they will be identifying and prioritizing potential projects. Invite all your contacts to the first meeting of the HVP, including time and place (be sure you plan this with the Leadership Committee.) Ask each group to prepare a brief summary of their mission and activities with veterans and/or end-of-life issues. Provide contact information for at least one person representing hospice and one person representing veterans.

Note: Be sure to communicate promptly and to thank everyone for their support of your efforts!

Even if you plan to invite other specific people to join, don't wait to contact the ones you invited to the Information meeting. You want to maintain and encourage the enthusiasm generated at the Information meeting, and you want to recruit more partners.

III. Building a Strong Foundation

Each Hospice-Veteran Partnership is unique and will develop in ways which depend upon many different factors, including the community in which you work and the leaders who take on various tasks in your group. In this section of the toolkit, you will find suggestions for how your HVP might grow and develop. Having many groups and individuals involved as partners from the beginning can strengthen the HVP. It may also lead to misunderstandings. Building a strong foundation starts at the beginning of the partnership, by being clear and in agreement about the vision and mission of the HVP. Each group needs to learn about the mission and work of the other groups. Building a strong HVP also requires us to respect other partners, to listen to others' opinions, and to make a commitment to work with one another.

The structure of the HVP includes at least the Leadership Committee, and one or more leaders for each identified project.

1. The Leadership Committee

This committee is charged with determining how the HVP will be governed, and facilitating communication within the HVP.

We suggest that members of the Leadership Committee meet as soon as possible after accepting the positions, to work together on defining their responsibilities, and to plan the first meeting of the HVP, which they will hold as soon as possible.

Some questions and suggestions to help you begin defining responsibilities in governing the HVP:

- ◆ How many people will serve on this committee and for what period of time? What criteria are used to select members? How are replacements chosen?
- ◆ When and how will this committee meet? (Maybe in person every month, or a phone conference every month and an in-person meeting twice a year.)
- ◆ When will the HVP meet? (Maybe by phone every month, and an in-person meeting twice a year.)
- ◆ How will we plan and facilitate the HVP meetings? (Meetings planned by this committee, agenda and information on tasks accomplished or in progress sent about ten days in advance.)
- ◆ What are the expectations of the project leaders? (Reports on plans and activities sent before the HVP meetings, and responding to questions during the meetings.) How and when will the project leaders, all members of the project workgroups, all partners, and all the community, communicate with each other?
- ◆ Can we identify resource people? (Identify two people—one from VA, one from Hospice—to be called by the Leadership Committee for various areas of expertise.)



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

1. The Leadership Committee, *cont.*

Important and immediate actions:

- ◆ Working together, review and modify the sample Vision, Mission and Objectives, and the sample HVP Fact Sheet. Your HVP may not want to develop a great deal of paperwork but these two items in particular can help clarify your purpose, focus, and members.
- ◆ With the Planning Committee, plan and facilitate the first meeting of the HVP.
- ◆ Review veteran statistics for your state and share this information with people and organizations that you invite to join your HVP.
- ◆ VA has a rich online resource for data. To access this information, go to www.va.gov/vetdata and click on “Demographics” on the left hand side of your screen.

2. Focus Areas for Suggested HVP Projects

Note: We have defined a project workgroup as a group of people with similar interest and expertise, and a project as a targeted activity being worked upon by HVP volunteers convened for the purpose of completing the project. Because projects require specific skill sets and expertise, is important to cast a wide net when recruiting volunteers to participate in project workgroups.

a. Community Outreach

- ◆ Plan education programs for the community to raise awareness about the HVP and the need for better end-of-life care for veterans.
- ◆ Distribute information about hospice and palliative care to veterans’ service organizations, end-of-life coalitions, veteran alumni groups, and other community partners that have contact with veterans.
- ◆ Develop a list of speakers who can educate members of veterans’ service organizations and veteran alumni groups about end-of-life care needs and options.
- ◆ Conduct a special training session for members of veterans’ service organizations or veteran alumni groups who wish to volunteer in community hospices and VA facilities.
- ◆ Provide information to local military bases about how personnel and their families can volunteer in VA facilities and community hospices.
- ◆ Convene town hall meetings to engage the community in end-of-life issues and share information on how hospice care can be accessed.

2. Focus Areas for Suggested HVP Projects, cont.

b. Legal and Regulatory Issues

- ◆ Identify legal, regulatory, and policy barriers that exist between community hospice and VA providers.
- ◆ Address existing barriers.
- ◆ Create a list of community hospice and VA contacts along with their related areas of expertise.
- ◆ Create a mechanism (Web-based speakers' bureau, resource list, etc.) to allow hospice and VA providers to quickly identify and make contact with the expert that best meets their needs.
- ◆ Watch for frequently asked questions (FAQs) in NHPCO print and e-newsletters.

c. Provider Education:

- ◆ Develop and make available a list of speakers to educate VA staff and volunteers about hospice and end-of-life care.
- ◆ Develop and make available a list of speakers to educate hospice staff and volunteers about end-of-life care, needs and options for veterans.
- ◆ Include a module about end-of-life care for veterans at Education for Physicians on End-of-Life Care (EPEC) and End-of-Life Nursing Education Consortium (ELNEC) events.
- ◆ Include veterans-related workshops in community, regional and state hospice and palliative care educational conferences.
- ◆ Develop hospice and palliative care teaching modules, educational materials, and other resources related to veterans' end-of-life needs for distribution to community health care providers and end-of-life care community coalitions.
- ◆ Distribute information at regional and state educational conferences for health care providers on end-of-life issues specific to veterans.



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

2. Focus Areas for Suggested HVP Projects, *cont.*

d. Research and Evaluation

- ◆ Review all current research related to end-of-life care and issues for veterans and disseminate this information among HVP members.
- ◆ Partner with a university or academic medical center to research end-of-life issues relating to veterans and their military experience.
- ◆ Assess the strength of VA-hospice relations in your area and evaluate the effectiveness of various HVP activities: Ten HVP process and outcome measures have been developed by the National Hospice Veteran-Partnership Program for this purpose. A list of the measures and suggestions for their use are included in the *Appendix, Section 5b*.
- ◆ For statistics on veterans go to www.va.gov/vetdata and click on “Demographics” on the left hand side of your screen. Or go to NHPCO’s Veterans Web page (www.nhpco.org/veterans), click on “Veterans Statistics” and select “Demographics” on the left hand side of your screen.

e. Member Recruitment

- ◆ Identify potential HVP members and conduct a recruitment campaign.
- ◆ Announce new projects as they are identified and widely disseminate invitations for volunteers to participate in them.
- ◆ Include the invitation to join your HVP in all outreach activities

f. Fundraising

- ◆ Identify potential sources of funding or donated services to facilitate the work of the HVP.
- ◆ Use the expertise of HVP members to write proposals.
- ◆ Explore local and state sources of funding for specific projects that will benefit the veterans living in your state.
- ◆ Partner with other organizations to share projects and associated costs.



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Other Ideas for HVP Members

1. VA-Hospice Relationship Building

- ◆ Recruit mentors to provide ongoing support for emerging VA-community hospice relationships.
- ◆ Create a database of experts who would be available on an as-needed basis to provide guidance in program development, clinical issues, educational programs, academic relationships, etc.
- ◆ Hold educational events to clarify VA and hospice terminology, formalize the process for referring patients, and explain reimbursement policies.
- ◆ Conduct specialized training for volunteers who will work with veterans
- ◆ Convene roundtable meetings to discuss further hospice-VA collaboration. Suggested issues and challenges include the following:
 1. Working with VA physicians who do not have a DEA number or do not have a local license;
 2. Providing the Medicare Hospice Benefit to veterans residing in state veterans homes and community nursing homes that contract with VA facilities;
 3. Understanding issues relating to medications, durable medical equipment, and biologicals;
 4. Addressing confusion surrounding VA-provided and community hospice-provided inpatient care.
 5. Bringing in an expert who can offer guidance on forming contracting and sharing agreements.
 6. Conducting joint staff development activities.

2. Encouraging Changes in Other Organizations:

Another way your HVP can have an impact is by encouraging participants to make changes within their own organizations.

On the next page is a sample checklist for ways hospices can enhance their service to veterans and work more closely with local VA facilities. You may wish to share this checklist with community hospices in your HVP, and then develop other checklists for various HVP members such as VA facilities, VA programs, State Veterans Homes, Vet Centers, Veterans' Service Organizations, etc.

Checklist for Hospices: Enhancing Services to Veterans

3. Form an internal task force to examine clinical and administrative systems and processes related to providing quality care to veterans. Goals of the task force might include:

- Identify barriers to accessing hospice services by veterans and develop a plan to eliminate or reduce these barriers.
- Develop an outreach strategy to increase access to hospice care by veterans

Potential task force members might include:

- Clinical Director
- Admission Manager
- Psychosocial Manager
- Accounting Manager
- Community Liaison Manager
- Community Relations Staff
- Inpatient/Residential Manager
- Education Coordinator
- Quality Improvement Manager

4. Educate staff and volunteers about the unique end-of-life experiences of veterans.

- Work with the local VA clinical staff to develop and implement an educational program on veterans at the end of life.
- Integrate veterans' issues into hospice staff and volunteer orientation.
- Create self-learning resources for staff and volunteers.
- Understand the demographics of veterans living in your state. For statistics on veterans, go to www.va.gov/vetdata and click on "Demographics" on the left hand side of your screen. Or go to NHPCO's Veterans Web page (www.nhpco.org/veterans), click on "Veterans Statistics" and select "Demographics" on the left hand side of your screen.



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Checklist for Hospices: Enhancing Services to Veterans, *cont.*

5. Collect military and combat status from patients or their families upon admission.

- Revise intake/admission forms, database, and protocol to include:

Veteran: Yes No

Enrolled in the VHA: Yes No

Military Branch: Air Force

Army Coast Guard

Navy Marine Corps

Combat Experience: _____

Other Military Experience: _____

6. Incorporate the following questions into the admission process or psychosocial assessment:

- Are you a veteran?
- Did you see combat?
- What was that like for you?
- Is there anything about your military experience that is still troubling you?

7. Explore options to enhance services to veterans.

- Collect military status of volunteers and staff. (see above)
- Revise volunteer and employee applications.
- Ask employees and volunteers who are veterans if they would like to participate in veteran outreach activities or staff education programs.

8. Review care planning processes in relation to the unique end-of-life needs of veterans.

- Expand psychosocial assessment to include specific questions related to military and combat experiences.
- Train all clinical staff and volunteers about veterans' unique end-of-life experiences.
- Develop tools and resources to teach and remind staff about the importance of assessing for veteran-specific issues.



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Checklist for Hospices: Enhancing Services to Veterans, *cont.*

9. Designate a liaison to troubleshoot continuity and care issues with the local VA facility:

- Assign one person to work with VA facilities.
- The liaison can meet with any of the following VA staff to discuss ways to enhance continuity of care:
 - VISN AACT Team
 - PCCT physician, nurse, social worker, chaplain or administrator
 - Community Health Nurse Coordinator
 - Social services staff
 - Hospice/palliative care staff
 - Community-Based Outpatient Clinic (CBOC) director or social worker

10. Develop relationships with State Veterans Homes in your service area.

- Invite State Veterans Home staff to participate in educational activities
- Offer education on advance directives, hospice and palliative care to veterans and their families
- Participate in ceremonies and activities held by the State Veterans Home

11. Recognize patients, family members, volunteers, and staff on Veterans' Day and other occasions.

- Highlight veterans' issues in the hospice newsletter.
- Recognize veterans at staff meetings, volunteer support meetings, and other events.
- Give patients, family members, volunteers, and staff a small token of appreciation on Veterans' Day.
- Have a Veterans' Day event at your facility.

12. Create a special certificate to be posted on the door of military veterans at residential or inpatient facilities. For sample certificates, go to NHPCO's Veterans Web page (www.nhpco.org/veterans) and click on Sample Certificate Templates for Honoring Veterans (www.nhpco.org/files/public/veterans/veterans_certificates.ppt).

- Offer each newly admitted veteran the option of having a special certificate placed on his or her door.
- Provide the ability to customize certificates to reflect military experience, special honors, etc.



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Short Checklist for Hospices: Enhancing Services to Veterans

Does the full list above seem overwhelming? Then start small!

You can “jump start” your program to improve hospice care of veterans in two simple ways:

- 1. Education about veterans’ specific end-of-life issues for all Intake/Admission RNs, Social Workers, Counselors and On Call staff, and provide them with a * General Military Service History Pocket Card (available at www.va.gov/oa/pocketcard). Later you can add education for all staff and volunteers—see number 2 of above checklist on page 17.
- 2. a. Collect military status from patients or their families upon admission by revising intake/admission forms to include:

Veteran: Yes No
 Enrolled in the VHA: Yes No

b. Add to the admission and psychosocial assessments:

Military Branch: Air Force
 Army Coast Guard
 Navy Marine Corps

Combat Experience: _____
 Other Military Experience: _____

After completing these two steps you’ll probably find enthusiasm and interest will spread from those you have educated to other staff and volunteers. This can alter the climate for learning and facilitate addressing all aspects of the checklist.

IV. Conducting a Needs Assessment

In deciding how to focus the efforts of your Hospice-Veteran Partnership (HVP), you might start with assessing the status of relationships among key stakeholders in your area. This section of the toolkit gives suggestions and sample tools to help you conduct a survey of VA facilities and community hospices.

It can be particularly helpful to survey twice: first, when beginning the HVP as it will help identify which areas might be priorities for your HVP. Then repeat the same survey one year later to determine how well you have changed major barriers and where to focus your energy next.

In the appendix of this document, there are two versions of the sample survey. One is designed to survey community hospices and the other is designed to survey veterans' facilities. You can use the surveys as they are or modify them to reflect the needs of your HVP. There are also sample letters from the HVP contacts to either the hospices or to the VA programs. These letters introduce the HVP program, ask stakeholders to complete the surveys, and request information about existing agreements between community hospices and VA facilities. There are also two "official" documents. One, dated 7/19/05 is a memo to appropriate VA personnel from James F Burris, MD, Chief Consultant, Geriatrics and Extended Care SHG, Department of Veterans Affairs. The other, dated 12/1/05 is to all members of NHPCO from J. Donald Schumacher, PsyD, President and CEO, National Hospice and Palliative Care Organization. We recommend sending copies of these documents with the surveys as they both speak to the significance of the HVP program and the commitment of both organizations to developing partnerships between veterans organizations and community hospices.

Distribute the letters and surveys to partners and potential HVP members in your area, requesting them to complete and return the survey to you by a specific date. Then compile and analyze the responses, draft a report summarizing your conclusions and share the report with members of the HVP. You may also want to develop additional surveys—or modify this one—for other types of partners such as State Veterans Homes, community nursing homes, and military hospitals.

You may want to conduct a Web-based survey rather than mailing out paper questionnaires or e-mailing electronic versions of the survey. Contact Diane Jones (djones@ethosconsult.com) at the National HVP Program for details and to post your survey on SurveyMonkey®. Responses to your survey will be sent to you as an Excel file, ready for you to analyze.

Note: VA staff may need to inquire about the existence of required processes to follow in order to conduct a survey in their VA Medical Centers.

V. Understanding Hospice and Palliative Care and the Medicare Hospice Benefit

Many of the 674,000 veterans who die each year are Medicare beneficiaries. Yet, like 90 percent of Americans, most of them don't realize that there is a hospice care benefit available through the Medicare program.

In this section of the toolkit, you will find tools to help educate various members of your Hospice-Veteran Partnership (HVP) as well as the public. We have included general information on hospice and palliative care, an overview of the Medicare Hospice Benefit, and suggestions for other resources.

Overview of Hospice and Palliative Care

What is Hospice?

Considered to be the model for quality, compassionate care for people facing a life-limiting illness or injury, hospice care involves a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes. Support is provided to those the patient loves as well. At the center of hospice care is the belief that each of us has the right to die pain-free and with dignity, and that our families will receive the necessary support to allow us to do so.

Hospice care is usually provided in a patient's home. Hospice care may also be provided in freestanding hospice centers, hospitals, and nursing homes and other long-term care facilities. Hospice services are available to patients of any age, religion, ethnicity, or illness. Hospice care is covered under Medicare, Medicaid, most private insurance plans, HMOs, and other managed care organizations.

What is Palliative Care?

Palliative care extends the principles of hospice care to a broader population that could benefit from receiving this type of care earlier in their illness or disease process. No specific therapy is excluded from consideration. An individual's needs must be continually assessed and treatment options should be explored and evaluated in the context of the individual's values and symptoms. Palliative care, ideally, would segue into hospice care as the illness progresses.



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Overview of Hospice and Palliative Care, *cont.*

How does Hospice Care work?

Often a family member serves as the primary caregiver and, when appropriate, helps make decisions for the terminally ill individual. Please note that hospice defines “family” as whomever the patient says is important to him/her, and that most hospices do not require a primary caregiver. Hospice care is provided by a team of specifically trained professional and volunteers. The hospice team provides care that meets each patient’s individual needs for pain management and symptom control. The team usually consists of:

- ◆ The patient’s personal physician
- ◆ Hospice physician (or medical director)
- ◆ Registered Nurses
- ◆ Home Health Aides
- ◆ Social Workers
- ◆ Clergy or other counselors
- ◆ Trained volunteers
- ◆ Speech, physical, and occupational therapists, if needed.

Members of the hospice staff make regular visits to assess the patient and provide additional care or other services. Hospice staff is on-call 24 hours a day, seven days a week.

What services are provided?

Among its major responsibilities, the hospice interdisciplinary team:

- ◆ Manages the patient’s pain and symptoms
- ◆ Assists the patient with the emotional, family and spiritual aspects of dying
- ◆ Provides needed medicines, medical supplies, and equipment
- ◆ Coaches the family on how to care for the patient;
- ◆ Provides special services like speech and physical therapy consultations when needed
- ◆ Provides short-term inpatient hospice care if the patient has a crisis with pain or any other symptom, or if the caregiver needs respite time;
- ◆ Provides bereavement care and counseling to surviving family and friends.

Source: National Hospice and Palliative Care Organization.



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Additional Resources

⊕ National Hospice and Palliative Care Organization

The National Hospice and Palliative Care Organization (NHPCO) (www.nhpco.org) is the oldest and largest membership organization representing hospice and palliative care programs and professionals in the United States. It is committed to improving end-of-life care and expanding access to hospice care with the goal of enhancing quality of life for people who are terminally ill and providing support to family and friends. The NHPCO Helpline phone number is 1 800/658-8898.

NHPCO also has Web pages dedicated to veterans' issues at www.nhpco.org/veterans.

⊕ Caring Connections: It's About How You LIVE!

Caring Connections, (www.caringinfo.org) offered through NHPCO, is designed to provide veterans and their families with information about hospice, palliative care, grief, care-giving, advance directives, and other end-of-life issues; the **Community Outreach** section offers resources for communities working to improve end-of-life care

⊕ Official U.S. Government Site for People with Medicare

The U.S. Medicare Web site (www.medicare.gov) includes a 14-page guide to the Medicare Hospice Benefit, which is also available in large print and Spanish. This is the link to the standard print document: www.medicare.gov/Publications/Pubs/pdf/02154.pdf

Instructions to find the guide on the Web:

1. Go to the homepage of the Official US Government Medicare Web site at www.medicare.gov/default.asp
2. Scroll down on the homepage until you see the "Search Tools" section.
3. Find and click on the link "Find a Medicare Publication".
4. Type the phrase, "Medicare Hospice Benefit" in the section provided under "Search by Keyword." Click on the "Go" button.
5. Click on the link that describes the version you want: "View Adobe PDF – 02154," "View Adobe Large Print PDF – 02154 LE, or the Spanish version. You must have Adobe Reader to view the guide.

VI. Exploring Veterans' Issues and the VA Health System

Many veterans are covered by Medicare or private insurance and choose to receive care solely through the private sector. Even veterans who are served primarily by the Department of Veterans Affairs (VA) health care system occasionally are served by non-VA providers. For this reason it's important for everyone who has contact with veterans to be familiar with issues of special concern to them.

This section of the toolkit can help you educate non-VA partners about veterans' unique experiences as well as the VA health care system. We have included suggestions for extra resources.

Military Service History Card

The Military Service History Card was developed by the VA Office of Academic Affiliations. Its purpose is to help persons who serve veterans develop a better rapport with them and understand their unique experiences. The card suggests several options that invite veterans to share their stories. (See Appendix 5a. *Military Service History Pocket Card Fact Sheet*).

Additional insight into special veterans, issues can be found on the card's supporting Web site www.va.gov/oa/pocketcard

For additional resources, including selected articles, abstracts, and bibliographies, refer to the **Office of Academic Affiliations** at www.va.gov/oa/

- ◆ Veterans Health Initiative Independent Study Courses
- ◆ Available on VA's INTRANET only: vaww.sites.lrn.va.gov/vhi/
- ◆ Office of Public Health and Environmental Hazards
- ◆ Available on VA's INTRANET only: vaww.vhaco.va.gov/pubhealth/
- ◆ Information for Veterans about Eligibility for Compensation and Pension Benefits (www.vba.va.gov/bln/21/index.htm)

Department of Veterans Affairs Veteran Data and Information Web Site

This site (www.va.gov/vetdata) is managed by the Department of Veterans Affairs Office of Policy and is designed to provide you with a variety of data and information about veterans. It includes socio-economic data, the demographic characteristics of veterans, the geographical distribution of the veteran population, and other statistical data and information by veteran program. The Office of Policy continually updates this site based on the most recent data from veteran surveys and other research.



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

VA Health Administration 101

Overview

The Department of Veterans Affairs (VA) provides many health services for United States veterans, including hospice and palliative care services, under the Veterans Health Administration (VHA). Created in 1946 as the Department of Medicine & Surgery, the VHA served more than 5 million veterans in 2004.

The VHA provides health care through 21 Veterans Integrated Service Networks (VISNs) that are organized geographically. Their purpose is to pool and align resources to better meet local health care needs and provide greater access to care. In addition, VHA also conducts research and education, and provides emergency medical preparedness.

Each VISN contains VA Medical Centers (VAMCs), which are hospital systems that serve veterans. These systems include some or all of the following services: inpatient hospital care, ambulatory care and out-patient clinics, nursing home care programs, home care programs, and long-term care domiciliaries. As of this time, there are over 150 VAMCs, more than 880 ambulatory care and outpatient clinics, 134 nursing home care programs, 100 home care programs, and 42 residential rehabilitation treatment programs.

VISNs also oversee Vet Centers, which provide psychological counseling for war-related trauma, counseling for veterans sexually assaulted or harassed while on active duty; case management services and social services and bereavement counseling for veterans and family members. There are 206 Vet Centers in the United States.

Eligibility for Medical Services

Who is eligible for VA medical benefits and how is it determined? The Veterans Health Care Eligibility Reform Act of 1996 established the Medical Benefits Package for enrolled veterans. An enrolled veteran is someone who has successfully completed the application process, has had eligibility verified, and has been assigned to a VA facility.

Veterans can initiate the enrollment process by completing VA form 10-10EZ. The 10-10EZ may be obtained by visiting, calling, or writing to any VA health care facility or veterans' benefits office. Veterans can also call toll-free at 1-877-222-VETS (1-877-222-8387) or access the form on the internet at www.va.gov/1010ez.htm. Hospice staff at VA facilities may be available to facilitate the enrollment process.

In general, veterans who have been honorably discharged from active service are eligible for benefits. Active service is defined as full-time service as a member of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or as a commissioned officer in the Public Health Service, the Environmental Services Administration, or the National Oceanic and Atmospheric Administration. Additional special groups and those dishonorably discharged, imprisoned, or paroled may be eligible for benefits and should contact a VA regional office to verify eligibility.

VA Health Administration 101, cont.

Eligibility for Medical Services, cont.

Although most veterans must enroll to receive health care benefits, some veterans under specific circumstances are exempt from enrollment. The exceptions are as follows:

- ◆ Veterans who have a service-connected (one incurred while on active duty) disability of 50 percent or more
- ◆ Veterans who want care for a disability (determined by the military) incurred or aggravated in the line of duty that has not been rated by the VA within one year of discharge
- ◆ Veterans who want care for a service-connected disability only

Are there any costs associated with receiving health care benefits from the VA?

Once eligibility has been determined and enrollment complete, veterans are assigned a priority group. Services are provided to enrolled veterans regardless of priority group, but some veterans may be charged a co-payment for services depending on their annual household income. Veterans in Priority Groups 4, 6 and 7 (*See Priority Groups listed below*) may be required to pay a co-pay, as they do not have a service-connected disability or their disability does not qualify for compensation.

The VA utilizes a Geographic Means Test to determine whether or not veterans will be charged a co-payment for services received. The annually adjusted Geographic Means Test performed by the Department of Housing and Urban Development (HUD) is used in combination with figures for Standard Metropolitan Statistical Areas (SMSAs), which is adjusted periodically to reflect changes in local economies. This combination is used to adjust the Federal standard for maximum household income for benefits to reflect local cost of living for veterans.

VA Health Administration 101, *cont.*

What are the Priority Groups?

The priority groups range from one to eight, with one being the highest priority for enrollment. Under the Medical Benefits Package, the same services are generally available to all enrolled veterans. As of January 17, 2003, the VA is not accepting new Priority Group 8 veterans for enrollment (veterans falling into Priority Groups 8e and 8g.)

Group 1

- ◆ Veterans with service-connected disabilities rated 50 percent or more disabling

Group 2

- ◆ Veterans with service-connected disabilities rated 30 percent to 40 percent disabling

Group 3

- ◆ Veterans who are former POWs
- ◆ Veterans awarded the Purple Heart
- ◆ Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty
- ◆ Veterans with service-connected disabilities rated 10 percent to 20 percent disabling
- ◆ Veterans awarded special-eligibility classification under Title 36, U.S.C., Section 1152 “benefits for individuals disabled by treatment or vocational rehabilitation”

Group 4

- ◆ Veterans who are receiving aid and attendance or household benefits
- ◆ Veterans who have been determined by the VA to be catastrophically disabled

Group 5

- ◆ Non service-connected veterans and non-compensable (no paid benefits) service-connected veterans rated zero-percent disabled whose annual income and net worth are below the established VA Means Test threshold
- ◆ Veterans receiving VA pension benefits
- ◆ Veterans eligible for Medicaid benefits



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

VA Health Administration 101, *cont.*

What are the Priority Groups?, *cont.*

Group 6

- ◆ Compensable (paid benefits) zero-percent, service-connected veterans
- ◆ World War I veterans
- ◆ Mexican Border War veterans
- ◆ Veterans solely seeking care for disorders associated with:
 - ❖ Exposure to herbicides while serving in Vietnam
 - ❖ Exposure to ionizing radiation during atmospheric testing or during the occupation of Hiroshima or Nagasaki
 - ❖ Disorders associated with service in the Gulf War
 - ❖ Any illness associated with service in combat in a war after the Gulf War or during any period of hostility after November 11, 1998

Group 7

Veterans who agree to pay specified co-payments with income and/or net worth above the VA Means Test threshold and income below the HUD geographic index.

- ◆ Sub-priority a: Non-compensable, zero-percent, service-connected veterans who were enrolled in the VA Health Care System on a specified date and who have remained enrolled since that date
- ◆ Sub-priority c: Non service-connected veterans who were enrolled in the VA Health Care System on a specified date and who have remained enrolled since that date
- ◆ Sub-priority e: Non compensable, zero-percent, service-connected veterans not included in Sub-priority a above
- ◆ Sub-priority g: Non service-connected veterans not included in Sub-priority c above

Group 8

Veterans who agree to pay specified co-payments with income and/or net worth above the VA Means Test Threshold and the HUD geographic index

- ◆ Sub-priority a: Non compensable, zero-percent, service-connected veterans enrolled as of January 16, 2003, and who have remained enrolled since that date
- ◆ Sub-priority c: Non service-connected veterans enrolled as of January 16, 2003, and who have remained enrolled since that date
- ◆ Sub-priority e: Non compensable, zero-percent, service-connected veterans applying for enrollment after January 16, 2003
- ◆ Sub-priority g: Non service-connected veterans applying for enrollment after January 16, 2003



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

VA Health Administration 101, cont.

Medical Benefits

What benefits are contained within the Medical Benefits Package? The following services are available through the VA:

Medical Benefits Package (Standard Benefits)

What benefits are contained within the Medical Benefits Package? The following standard benefits as listed on VA's Health Benefits Web page (www.va.gov/healtheligibility/coveredservices/StandardBenefits.asp) are available through the VA:

Preventive Care Services

- ◆ Immunizations
- ◆ Physical Examinations
- ◆ Health Care Assessments
- ◆ Screening Tests
- ◆ Health Education Programs

Ambulatory (Outpatient) Diagnostic and Treatment Services

- ◆ Emergency outpatient care in VA facilities
- ◆ Medical
- ◆ Surgical (*including reconstructive/plastic surgery as a result of disease or trauma*)
- ◆ Chiropractic Care
- ◆ Mental Health
- ◆ Bereavement Counseling
- ◆ Substance Abuse

Hospital (Inpatient) Diagnostic and Treatment

- ◆ Emergency inpatient care in VA facilities
- ◆ Medical
- ◆ Surgical (*including reconstructive/plastic surgery as a result of disease or trauma*)
- ◆ Mental Health
- ◆ Substance Abuse

Medications and Supplies

- ◆ Prescription medications (*Generally, they must be prescribed by a VA provider and be available under VA's national formulary system*)
- ◆ Over-the counter medications
- ◆ Medical and surgical supplies

VA Health Administration 101, cont.

Medical Benefits, cont.

What services are not provided under the Medical Benefits Package?

The following services are NOT provided:

- ◆ Abortion/abortion counseling
- ◆ In vitro fertilization
- ◆ Medications and medical devices not approved by the FDA (*unless the facility is conducting clinical trials*)
- ◆ Gender alterations
- ◆ In-patient or out-patient care for a veteran with services provided by another federal agency's institution
- ◆ Membership in spas and health clubs

For a detailed list of all services and specific requirements, go to www.va.gov/health_benefits/.

Hospice and Palliative Care Benefits

The Veterans' Health Care Eligibility Reform Act of 1996 (Title 38 Code of Federal Regulations § 17.36 and 17.38) and the Veterans Millennium Health Care and Benefits Act of 1999 (Public Law 106-117) place hospice and palliative care as covered services on par with any other medical care service as authorized in the Medical Benefits Package. VA Medical Centers (VAMCs) must offer to provide or purchase hospice care when VA determines that an enrolled veteran needs it. VAMCs must also provide palliative care services through consultation teams that include a physician, nurse, social worker, and chaplain. Palliative care teams offer consultation throughout a medical center, assisting with planning and guidance on managing a patient's pain and other symptoms, especially when these are complex or difficult to control.

The following Directives and Handbooks related to Hospice and Palliative Care are published by VHA. These documents are available for download on the VA's publications Web site: www.va.gov/vapubs/.



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

VA Health Administration 101, cont.

Directives

⊗ **VHA Directive 2002-038: Workload Capture for Hospice & Palliative Care**

This Directive defines VHA responsibility in providing Hospice and Palliative Care (HPC) and VHA Policy on coding for HPC. Guidance is provided for ensuring consistent coding and facilitating accurate tracking of HPC workload in all settings to fulfill mandates of Public Law 106-117, the Veterans Millennium Health Care and Benefits Act of 1999.

⊗ **VHA Directive 2003-008: Palliative Care Consult Teams**

This Directive establishes Palliative Care Consult Teams (PCCT) and their roles at each VHA facility.

Handbooks

⊗ **VHA Handbook 1140.3: Home Health and Hospice Care Reimbursement Handbook**

This Handbook provides direction for establishing reimbursement rates for Home Health and Hospice Care Services.

⊗ **VHA Handbook 1140.5: Community Hospice Care: Referral and Purchase Procedures**

This Handbook describes the procedures for the referral and purchase of hospice services from community providers, including hospice care provided at home or in an institution as an inpatient. It describes the options and procedures for meeting the hospice needs of enrolled veterans through the working relationships between Department of Veterans Affairs (VA) facilities and community hospice agencies. This Handbook specifies:

- a. The process for referring a veteran to a community agency for hospice care;
- b. The coverage and payment structure for purchased hospice care;
- c. VA's options for providing or purchasing inpatient hospice care.

⊗ **VHA Handbook 1140.6: Purchased Home Health Care Services Procedures**

This Handbook provides procedures for the implementation of national policy for utilization of home health care services purchased and monitored by VHA; it provides instruction for purchasing an array of necessary and accessible in-home services, and mandates the monitoring necessary to ensure that home care resources utilized by veterans are of high quality and are used effectively and efficiently.

VA Health Administration 101, *cont.*

Eligibility and Access

Veterans enrolled in VA health services may receive hospice and palliative care services through VA health care facilities. This might include consultation by a palliative care consult team, placement in a defined hospice unit within a VA facility, hospice care provided in a VA nursing facility, and/or home care services directed toward palliative care of the patient in the home. While most VA facilities have inpatient palliative care services and home care, they rarely have home hospice programs. If a veteran desires to receive hospice care in his or her own home, he or she has a choice of electing the Medicare Hospice Benefit or VA-paid hospice care through a contractual arrangement with the community hospice.

Burial Benefits

Veterans and members of the armed forces (Army, Navy, Air Force, Marine Corps, and Coast Guard) who were honorably discharged, and not guilty of a capital offense, are eligible for burial in a VA national cemetery. With certain exceptions, service beginning after September 7, 1980, as an enlisted person, and service after October 16, 1981, as an officer, must be for a minimum of 24 months or the full period for which the person was called to active duty. (Examples of exceptions include those serving less than 24 months in the Gulf War or reservists who were federalized by Presidential Act.)

A veteran's family may be eligible for a VA Burial Allowance if they:

- ◆ Paid for a veteran's burial or funeral AND
- ◆ Have not been reimbursed by another government agency or some other source, such as the deceased veteran's employer AND
- ◆ The veteran was discharged under conditions other than dishonorable.
- ◆ In addition, at least one of the following conditions must be met:
 - ◆ The veteran died because of a service-related disability OR
 - ◆ The veteran was receiving VA pension or compensation at the time of death OR
 - ◆ The veteran was entitled to receive VA pension or compensation but decided not to reduce his/her military retirement or disability pay OR
 - ◆ The veteran died in a VA hospital or while in a nursing home under VA contract, or while in an approved state nursing home

VA Health Administration 101, cont.

How much does the VA pay for burial services?

For service-related deaths on or after September 11, 2001, the VA will pay \$2,000. If the veteran is buried in a VA national cemetery, some or all of the cost of moving the deceased may be reimbursed.

For non-service-related deaths, the VA will pay up to \$300 toward burial and funeral expenses, and a \$300.00 plot-interment allowance for deaths after December 1, 2001. If the death occurred while the veteran was in a VA hospital or under contracted nursing home care, some or all of the costs for transporting the deceased's remains may be reimbursed.

How can one apply for burial benefits?

One can apply by filling out VA Form 21-530, Application for Burial Allowance. A proof of the veteran's military service (DD 214), a death certificate, and copies of funeral and burial bills that have been paid must be attached. For more information, go to www.vba.va.gov/bln/21/Milsvc/Docs/Burialeq.doc.

Information regarding burial of unclaimed, indigent veterans can be found at www.vba.va.gov/bln/21/Topics/Indigent/index.htm



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

VA Alphabet Soup

This table contains commonly used Department of Veterans Affairs (VA) acronyms.

| | |
|-----------|---|
| AACT | Accelerated Administrative and Clinical Training Program |
| ACO | Assistant Chief of Staff |
| ACOS/EC | Associate Chief of Staff for Extended Care |
| AMVETS | American Veterans of World War II, Korea, and Vietnam |
| BVA | Blinded Veterans Association www.bva.org |
| CBOC | Community-Based Outpatient Clinic (under management of a medical center, but not physically located in a medical center) |
| CHAMPUS | Civilian Health and Medical Program of the Uniformed Services |
| CHAMPVA | Civilian Health and Medical Program of the Department of Veterans Affairs |
| CMO | Chief Medical Officer |
| CHNC | Community Health Nurse Coordinator |
| CNO | Chief Network Officer |
| CO | Central Office |
| COS | Chief of Staff |
| CPRS | Computerized Patient Record System |
| CPS | Claims Processing System |
| DAV | Disabled American Veterans www.dav.org |
| DOM | Domiciliary (under management of a medical center) |
| EES | Employee Education System |
| GEC | Geriatrics and Extended Care |
| GRECC | Geriatric Research, Education, and Clinical Center |
| HBPC | Home-Based Primary Care |
| HVAC | House Veterans Affairs Committee http://veterans.house.gov |
| NCA | National Cemetery Administration www.cem.va.gov |
| NCE | National Center for Ethics www.ethics.va.gov |
| NHCU | Nursing Home Care Unit |
| OAA | Office of Academic Affiliations www.va.gov/oaa |
| OPC (ORC) | Outpatient Clinic (Outreach Clinic) |



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

VA Alphabet Soup, *cont.*

| | |
|-----------|---|
| OPC (ROC) | Outpatient Clinic (Outpatient Clinic located at Veterans Benefit Regional Office) |
| OPC (SOC) | Outpatient Clinic (Satellite Outpatient Clinic) |
| PCS | Office of Patient Care Services |
| POCs | Points of Contact |
| POW | Prisoner of War |
| PTSD | Post-Traumatic Stress Disorder National Center for PTSD: www.ncptsd.va.gov/ncmain/index.jsp |
| PVA | Paralyzed Veterans of America www.pva.org |
| SVAC | Senate Veterans Affairs Committee http://veterans.senate.gov/ |
| SVH | State Veterans Homes www.nasvh.com |
| TAPC | Training and Program Assessment for Palliative Care www.va.gov/oaaf/flp |
| VA | Department of Veterans Affairs www.va.gov |
| VACO | VA Central Office |
| VAHPC | VA Hospice and Palliative Care Initiative |
| VAM&ROC | VA Medical and Regional Office Center |
| VAMC | Department of Veterans Affairs Medical Center |
| VAMROC | Veterans Affairs Medical and Regional Office Center |
| VBA | Veterans Benefits Administration www.vba.va.gov |
| VERA | Veterans Equitable Resource Allocation System (allocates funds fairly according to the number of veterans having the highest priority for health care) |
| VEV | Vietnam Era Veterans |
| VFW | Veterans of Foreign Wars www.vfw.org |
| VHA | Veterans Health Administration www.va.gov/health_benefits |
| VISN | Veterans Integrated Services Network www.va.gov/sta/guide/home.asp |
| VISTA | Veterans Health Information Systems and Technology Architecture (automated environment that supports day-to-day operations at local VA health care facilities) www.va.gov/vista_monograph |
| VSO | Veterans Service Organizations www.va.gov/vso |

VII. Acknowledgements

Many, many people contributed to the development of the initial Hospice-Veteran Partnership Toolkit. In this edition, some sections of the Toolkit have been updated, and there are some additions.

We would again like to thank those who assisted with the first edition.

- | | |
|--|------------------------------|
| CARLA ALEXANDER, MD | MARY LABYAK, MSSW, ACSW |
| F. AMOS BAILEY, MD | JUNE LELAND, MD |
| KENNETH A. BERKOWITZ, MD, FCCP | DIANE LEWIS |
| KATHY BRANDT | KARL LORENZ, MD, MSHS |
| JAMES BRECKENRIDGE, PhD | JUDI LUND PERSON, MPH |
| DAVID CASARETT, MD, MA | HUGH MADDY, MDIV, DRE |
| VICTOR CHANG, MD | DONNA MARTIN, RN, MSN |
| MYRA CHRISTOPHER, BS | KEITH MEADOR, MD, THM, MPH |
| MARGARET CLAUSEN, CAE | EVERT MELANDER, MBA |
| ELIZABETH COBBS, MD | JANET NEIGH |
| CHRISTINE CODY, RNC, MSN | DWIGHT NELSON, MSW |
| WILLIAM CONTE, CEO | EDWIN OLSEN, MD, JD |
| PATRICK DALY, MD | V.J. PERIYAKOIL, MD |
| THOMAS EDES, MD | STEPHANIE PINCUS, MD, MBA |
| MICHAEL FINEGAN, MPA | KANDYCE POWELL |
| JON FULLER, MD | ELOISE PRATER, RN, BA, BSN |
| MARSHA GOODWIN, RN, MSN | TINA PURSER LANGLEY |
| GERALDINE D. GREANY-HUDSON, RN, MS, APNP | JOANNE REIFSNYDER, PhD, RN |
| JAMES HALLENBECK, MD | CHRISTINE RITCHIE, MD |
| KATHLEEN HAYES, MS, RN | MARGARET RUDNIK, BS, MBA |
| MICHELE HAYUNGA | JENNIFER SCHARFENBERGER, MPA |
| HAZEL JACKSON, RN, MN | PAT SEALY, RN, MSN |
| LINDA JOHNSON, PhD | SCOTT SHREVE, DO |
| DIANE JONES, MSW | LYNN SPRAGENS, MBA |
| KAREN KAPLAN, ScD, MPH | BRAD STUART, MD |
| MARTHA KEARNS, MSN, FNP | DANIEL TOBIN, MD |
| DALE KNEE | JAMES TULSKY, MD |
| MICHAEL KUSSMAN, MD | DAVID WOLLNER, MD |

*The people who were most involved in this revision are **Diane Jones, Christine Cody, Kandyce Powell, Judi Lund Person** and **Emil Zuberbueller**. We are grateful for the advice and assistance received from many people during this process.*

VIII. Appendix

| | |
|--|-----------|
| 2a: Sample Invitation to HVP Information Meeting | 40 |
| 2b: NHPCO Letter | 41 |
| 2c: VA Memo | 42 |
| 2d: Sample Agenda for HVP Information Meeting | 43 |
| 2e: Sample Handout for HVP Information Meeting | 44 |
| 2f: Sample Form to Assess Areas of Interest | 45 |
| <hr/> | |
| 3a: Confirmation of Agreement: Leadership Committee | 46 |
| 3b: Sample Invitation to First HVP Meeting | 47 |
| 3c: Sample Agenda for First HVP Meeting | 48 |
| 3d: Sample HVP Fact Sheet | 49 |
| 3e: Sample HVP Vision, Mission and Objectives | 50 |
| <hr/> | |
| 4a: Sample Survey Letter for Hospices | 51 |
| 4b: Sample Survey Tool for Hospices | 52 |
| 4c: Sample Survey Letter for VA Facilities | 56 |
| 4d: Sample Survey Tool for VA Facilities | 57 |
| <hr/> | |
| 5a: Military Service History Pocket Card Fact Sheet | 62 |
| 5b: HVP Process and Outcome Measures | 64 |



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 2a

Invitation to a Hospice-Veteran Partnership Information Meeting

Dear [Title] [Name]:

We invite you to join us at an Information meeting to explore the possibility of developing a Hospice-Veterans Partnership (HVP) in our area. The purpose of an HVP is to improve end-of-life care for veterans and we think that your organization might be interested in:

- Increasing awareness and knowledge about veterans' end-of-life care needs and options
- Strengthening relationships between hospices, VA programs and community organizations
- Improving veterans' access to hospice and palliative care across all sites and levels of care

The Hospice-Veteran Partnership we form will be part of a national network of HVPs established through the Department of Veterans Affairs (VA) and the National Hospice and Palliative Care Organization (NHPCO).

The Information Meeting will be held at [time] on [day and date] at [location.]

If you are unable to attend this meeting, we would appreciate your forwarding this letter to a colleague who might be willing to represent your organization.

If you have any questions, please feel free to contact either of us by phone or e-mail.

Sincerely,

Full Name [Hospice contact]

Full Name [VA contact]

Phone

Phone

E-mail

E-mail

Attachments:

Department of Veterans Affairs (VA) memo, dated 7/19/05 and signed by James F. Burris, MD, Chief Consultant, Geriatrics and Extended Care SHG, VA.

National Hospice and Palliative Care Organization (NHPCO)'s memo, dated 12/1/05 and signed by J. Donald Schumacher, PsyD, President and CEO, NHPCO.

HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 2b

NHPCO Letter

National Hospice and Palliative Care
Organization



December 1, 2005

To all members of the National Hospice and Palliative Care Organization (NHPCO),

NHPCO maintains an ongoing commitment to supporting the Department of Veterans Affairs (VA) Hospice and Palliative Care Initiative (VAHPCI) including the formation of Hospice-Veteran Partnerships (HVPs.)

What is an HVP?

Some hospices and palliative care providers form partnerships with VA facilities and programs. These Hospice-Veteran Partnerships (HVPs) work together to improve end-of-life care for veterans. Hospice staff and VA staff provide information to each other, and to patients and families, such as: what services they provide and who is eligible for care, and how to resolve issues related to referral and reimbursement. They provide each other with formal education and resources about their specific knowledge and skills. And they may also provide---jointly---community education programs or speakers to raise the level of awareness of veterans' end-of-life care issues.

Why do we need HVPs?

More than 1,800 veterans die every day in this country, with only a small percentage of those deaths occurring in VA facilities. Every month, 54,000 veterans are dying in the homes and communities in which they live. Many veterans who fought in World War II need end-of-life care now, and the number of older veterans needing such care continues to rise. Many veterans may not know about---or have access to---hospice and palliative care; and many hospices may not know which patients are veterans and what end-of-life issues which are specific to veterans may arise.

What are the Benefits of HVPs?

The various organizations benefit from knowing more about each other's services. VA programs may benefit from hospices' experience with end-of-life care, and hospices may benefit from education about issues which may develop towards the end of life in veterans. And patients, families and communities benefit because the increased knowledge of staff of each provider leads to more appropriate and timely referrals, and better veteran-specific end-of-life needs.

Honoring our nation's veterans includes supporting them throughout their lives, and hospices have the particular privilege of providing care at the end of their lives.

NHPCO encourages all our members to learn more about end-of-life issues for veterans and to either join a HVP in your community, or start one!

Sincerely,

A handwritten signature in blue ink that reads "J. Donald Schumacher".

J. Donald Schumacher, PsyD
President & CEO

HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 2c

VA Memo



UNITED STATES
DEPARTMENT OF VETERANS AFFAIRS

MEMORANDUM

DATE: July 19, 2005
FROM: Chief Consultant, Geriatrics and Extended Care SHG, Department of Veterans Affairs, Washington, DC
SUBJ: National Hospice-Veteran Partnership Program
TO: VISN Directors, Facility Directors, Chiefs of Staff and Clinical Managers

The purpose of this memorandum is to remind VISN and facility leadership of an ongoing national strategy to facilitate veterans' access to community hospice services. The National Hospice-Veteran Partnership Program (HVP) is administered by the VA Hospice and Palliative Care program in the Geriatrics and Extended Care Strategic Healthcare Group. Through participation in HVPs, VA facilities provide improved access to community hospice services for veterans, whether paid for by the VA, Medicare/Medicaid or other third party payer, in the following ways:

- Promoting continuity of care across settings for seriously ill and dying veterans;
- Addressing local cultural and procedural barriers and misperceptions to promote improved collaboration between VA facilities and community hospices; and
- Identifying and honoring the preferences of veterans who want to be cared for at home in the last phase of their lives.

VISN Accelerated Administrative and Clinical Training (AACT) team members, Geriatrics and Extended Care staff and state hospice and palliative care organizations are working together with community organizations and agencies to form HVPs for VA facilities across the country. The hospice point of contact at each facility will be the initial VA focal point for establishing HVPs and collaborating with community hospices.

In recognition of VA's efforts to honor veteran's preferences and expand access to non-institutional care, Geriatrics and Extended Care SHG would appreciate your support of HVP activities by giving the hospice points of contact/designees encouragement and time to work with the AACT teams and community hospices, to strengthen community partnerships.

Attached is a Hospice-Veteran Partnership Fact Sheet that provides additional information about this important and exciting national program.

If you have any questions or need additional information, please do not hesitate to contact Scott T. Shreve, DO, Director, Hospice and Palliative Care at (717) 228 -5946 or Scott.Shreve@med.va.gov.

(signed by)

James F. Burris, M.D.



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 2d

Hospice-Veteran Partnership (HVP) Information Meeting

AGENDA

1. Welcome and introductions

2. Objectives of the meeting*

3. Purpose of an HVP*

4. Components of an HVP*
 - HVP Leadership Committee*

 - HVP Project Workgroups*

5. Questions and Answers

6. Next Steps

7. Interest forms to facilitators

8. Thanks and closure

**For all items indicated with an “*” we suggest you put the information into a power point presentation, or onto flip charts, and handouts.*



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 2e

Handout for Hospice-Veteran Partnership Information Meeting

The Objectives of the Information Meeting are:

1. To describe the purpose and value of a Hospice-Veteran partnership (HVP)
2. To assess level of interest in a HVP among attendees
3. To allow participants to identify which of the following areas they would like to work in: leadership, workgroups, and/or projects

The Purpose of a Hospice-Veteran Partnership:

1. Education: Raise awareness about veterans' end-of-life care needs and options
2. Relationships: Strengthen relationships between community hospices and VA facilities
3. Access: Improve veterans' access to hospice and palliative care at all sites and levels of care

The Components of an HVP:

1. Leadership Committee
2. HVP Project Workgroups involved in:
 - Community outreach
 - Legal/regulatory issues
 - Provider Education
 - Research and evaluation
 - Member recruitment
 - Fundraising
3. Resources

Responsibilities of HVP members include:

- Representing the interests of their stakeholder group
- Building HVP membership
- Functioning as a resource to other HVP members
- Seeking funding to support HVP activities
- Conducting statewide and regional educational events for HVP members
- Making recommendations for hospice and palliative care services for veterans
- Supporting outreach efforts to raise awareness about veterans' end-of-life needs

For further information, please contact:

| | |
|-----------------------------|------------------------|
| Full name (Hospice contact) | Full name (VA contact) |
| Phone | Phone |
| E-mail | E-mail |



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 2f

Assessment of Areas of Interest in the Hospice-Veteran Partnership

BEFORE YOU LEAVE . . . Please complete this form and give it to us. Thank you.

1. Name: _____ E-mail: _____ Phone: _____

Organization: _____ Fax: _____

2. Are you a veteran? Yes No

3. Please circle 0 for none, 1 for some, and 2 for extensive, to indicate the following experience. If you circle 1 or 2, briefly describe the length and type of experience.

I have experience working with veterans 0 1 2 _____

I have experience working with hospice 0 1 2 _____

4. Please circle 0 for none, 1 for some and 2 for great to indicate your level of interest in serving in the HVP Leadership.

0 1 2 _____

5. Please circle 0 for none, 1 for some and 2 for great to indicate your level of interest in the areas where we need workgroups.

Community outreach 0 1 2 _____

Legal/regulatory issues 0 1 2 _____

Provider Education 0 1 2 _____

Research and evaluation 0 1 2 _____

Member recruitment 0 1 2 _____

Fundraising 0 1 2 _____

6. Do you know of any other individuals or organizations we might invite to join the HVP? _____

7. Do you have any other comments? _____

Thank you for attending this Information meeting, we hope you found it interesting and useful; and that you will want to help with the development of the HVP. The Leadership Committee will be in touch with you within two weeks.



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 3a

Confirmation of Agreement to Serve on the Leadership Committee

Dear [Name]

Thank you for agreeing to serve on the Leadership Committee of the newly forming Hospice-Veteran Partnership. (HVP) The purpose of the HVP is to:

- Raise awareness about veterans' end-of-life care needs and options (Education)
- Strengthen relationships between community hospices and VA facilities (Relationships)
- Improve veterans' access to hospice and palliative care at all sites and levels of care (Access)

As a member of the Leadership Committee your role will include providing leadership to, and governing of, the HVP.

Please complete the form below with your contact information and check the box indicating whether you are willing to serve on the Leadership Committee.

Thank you.

| | | |
|---------------------|------------|---------------|
| Name: _____ | | |
| Organization: _____ | | |
| Address: _____ | | |
| _____ | | |
| Phone: _____ | Fax: _____ | E-mail: _____ |

- Yes, I will serve on the Leadership Committee
- No, I will not be able to serve on the Leadership Committee

Please sign and date: _____

and return to _____
[name]



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 3b

Invitation to the First Meeting of the Hospice-Veteran Partnership

Dear [Title] [Name]:

About one month ago, representatives of various organizations (see attached list) met to explore the possibility of forming a Hospice-Veteran Partnership (HVP). The purpose of an HVP is to improve end-of-life care for veterans by:

- Increasing awareness and knowledge about veterans' end-of-life care needs and options
- Strengthening relationships between hospices, VA programs and community organizations
- Improving veterans' access to hospice and palliative care across all sites and levels of care

We invite you to join us at the first meeting of our newly formed Hospice-Veteran Partnership (HVP) at [time] on [day and date] at [location.]

If you attended our Information meeting, we thank you for your interest. If you didn't attend that meeting we welcome you to this meeting, and if you are unable to attend this meeting, we would appreciate your forwarding this letter to a colleague who might be willing to represent your organization.

The Hospice-Veteran Partnership we form will be part of a national network of HVPs established through the Department of Veterans Affairs (VA) and the National Hospice and Palliative Care Organization (NHPCO).

If you have any questions, please feel free to contact either of us by phone or e-mail.

Sincerely,

| | |
|-----------------------------|------------------------|
| Full Name [Hospice contact] | Full Name [VA contact] |
| Phone | Phone |
| E-mail | E-mail |

Attachments:

Department of Veterans Affairs (VA) memo, dated 7/19/05 and signed by James F. Burris, MD, Chief Consultant, Geriatrics and Extended Care SHG, VA.

National Hospice and Palliative Care Organization (NHPCO)'s memo, dated 12/1/05 and signed by J. Donald Schumacher, PsyD, President and CEO, NHPCO.

Sample 3c

Hospice-Veteran Partnership First Meeting

AGENDA

1. Welcome and Introductions

2. Objectives of the Meeting

3. Summary of Activities Thus Far

4. Leadership Committee:
Present drafts, and invite feedback re:
 - Hospice-Veteran Partnership of [STATE/REGION] Fact Sheet
 - Vision, Mission, and Objectives of the Hospice-Veteran Partnership of [STATE/REGION]

5. Leadership Committee introduces Project Workgroup Chairs, who:
 - Appeal for more members if necessary
 - Will provide a summary of their planned activities at the next meeting

6. Questions and Answers

7. Tasks for Organizations
A representative of each organization will give a 5-10 minute summary of their work, followed by questions and answers. Depending on the number of groups, you might want to have 2 or 3 organizations speak at each subsequent meeting.

8. Next Meeting

9. Thanks and Closing



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 3d

Hospice-Veteran Partnership of [state/region] Fact Sheet

What is the Hospice-Veteran Partnership of [STATE/REGION]?

The Hospice-Veteran Partnership (HVP) of [STATE/REGION] is a partnership of state hospice and palliative care organizations and/or community hospices with Department of Veterans Affairs (VA) professionals and programs, and other end-of-life care advocates working together to ensure that excellent end-of-life care is available for our nation's veterans and their families. Our partnership is part of a national network of HVPs, established by the VA Hospice and Palliative Care Initiative and the National Hospice and Palliative Care Organization.

What is our Purpose?

The mission of our HVP is to establish an enduring network of hospice and VA professionals, veterans, volunteers, and other interested organizations working together to provide quality care through the end of life for veterans. Our HVP was formed to provide leadership, technical assistance, and program development recommendations in the following areas:

- ◆ Raising awareness about veterans' end-of-life care needs and options (education)
- ◆ Strengthening relationships between community hospices and VA facilities (relations)
- ◆ Improving veterans' access to hospice and palliative care across all sites and levels of care (access)

Who are our Members?

Our HVP includes representatives from the state hospice and palliative care organization, end-of-life community coalitions, community hospices, VA facilities, state veterans' homes, veterans' service organizations, military hospitals, and other organizations and individuals interested in improving end-of-life care for veterans. [LIST HERE THE ORGANIZATIONS REPRESENTED BY YOUR MEMBERS.]

How can you get Involved?

For more information about joining the HVP of [STATE/REGION], please contact:

| | |
|-----------------------------|------------------------|
| Full name (Hospice contact) | Full name (VA contact) |
| Phone | Phone |
| E-mail | E-mail |

To learn more about Hospice Veterans Partnerships, and/or the VA Hospice and Palliative Care Initiative, and/or the National Hospice and Palliative Care Organization, contact:

- ◆ **Christine Cody**, *National Program Manager, Hospice and Palliative Care*
E-mail: Christine.Cody@va.gov
Phone: 202/273-8537
- ◆ **Donna Bales**, *Director State Relations*
E-mail: dbales@nhpco.org
Phone: 800/338-8619
- ◆ **Diane Jones**, *Project Administrator, Hospice-Veteran Partnership Program*
E-mail: djones@ethosconsult.com
Phone: 856/234-5878



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 3e

Vision, Mission, and Objectives

VISION, MISSION, AND OBJECTIVES OF THE HOSPICE-VETERAN PARTNERSHIP OF [STATE/REGION]

⊕ Vision

All [STATE/REGION] veterans should have quality hospice and palliative care at the time and place of need.

⊕ Mission

The mission of the Hospice-Veteran Partnership (HVP) of [STATE/REGION] is to establish an enduring network of hospice and VA professionals, volunteers, and other interested organizations working together to provide quality services through the end of life for all of our area's veterans.

⊕ Objectives

- a. Increase the number of VA referrals to community hospice agencies by 25 percent this year.
- b. Launch a state- or region-wide campaign to encourage all community hospices to collect information about veteran status upon admission and report data annually to the HVP
- c. Conduct a statewide educational and networking program by the end of this year to help VA facilities and community hospices develop new relationships or enhance existing ones.
- d. By the end of one year, complete five outreach presentations to veterans' service organizations to educate their membership about hospice and palliative care services.
- e. By the end of one year, complete five outreach presentations to hospice organizations to educate their membership about special needs of veterans at the end of life.



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 4a

Letter to Potential Hospice Survey Participants

Dear [HOSPICE]:

We are writing to you on behalf of the Hospice-Veteran Partnership (HVP) of [STATE/ REGION], a partnership of community hospices and Department of Veterans Affairs (VA) professionals dedicated to improving end-of-life care for veterans. As part of our efforts, we are trying to learn more about how hospices and VA facilities work together in our area.

Attached you will find letters of support from the National Hospice and Palliative Care Organization and the Department of Veterans Affairs and a survey tool. We hope you will participate in our survey and also share with us any formal or informal agreements you have with local [VA FACILITIES].

For further information, please contact:

| | |
|-----------------------------|------------------------|
| Full name (Hospice contact) | Full name (VA contact) |
| Phone | Phone |
| E-mail | E-mail |

For the Hospice-Veterans Partnership of [STATE/REGION]

Attachments:

Survey tool

National Hospice and Palliative Care Organization (NHPCO)'s letter, dated 12/1/05 and signed by J. Donald Schumacher, PsyD, President and CEO, NHPCO.

Department of Veterans Affairs (VA) memo, dated 7/19/05 and signed by James F. Burris, MD, Chief Consultant, Geriatrics and Extended Care SHG, VA.



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 4b

Survey for Community Hospices

This survey is part of a national effort to understand the existing relationships (if any) between VA facilities and community hospices and to determine the effect (if any) of Hospice-Veterans Partnerships (HVPs) on these relationships.

THANK YOU for completing the survey and for your participation in this important project. After completing the survey, please return to HVP of (STATE/REGION) by e-mail: _____ or by fax: _____

1. Do you ask every patient what his or her veteran/military status is?
 Yes No

2. Do you receive referrals from VA facilities?
 Yes No

3. If the answer to question # 2 is yes, how many veterans referred from VA facilities did you serve in the last calendar year?
_____ Number referred
_____ Number served
_____ We don't track referrals from VA facilities

4. How many veterans referred from State Veterans Homes did you serve in the last calendar year?
_____ Number referred
_____ Number served
_____ We don't track referrals from State Veterans Homes

5. We are trying to understand how community hospices get paid for the services they provide to veterans who have been referred to them by VA providers. Please indicate if you receive reimbursement from any of the payors listed below.

| | | |
|----------------------|------------------------------|-----------------------------|
| Medicare | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medicaid | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TRICARE/Champus | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| HMO | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Private Insurances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Private pay | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Per Diem arrangement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (list) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Additional comments: _____

HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 4b, cont.

Survey for Community Hospices, cont.

6. We are trying to understand some of the existing community **hospice-specific barriers** to partnering with VA organizations. Please rate the following barriers judging from your perceptions from no barrier to major barrier.

| Factors related to community hospice-specific barriers in partnering with VA organizations | NO BARRIER | MINOR BARRIER | BARRIER | MAJOR BARRIER |
|--|------------|---------------|---------|---------------|
| Community hospice staff have inadequate knowledge about VA policies and regulations | | | | |
| Community hospice physician issues (hospice physician unable to cover for VA physician) | | | | |
| Community hospice staff have no knowledge of how to contact VA facility designated hospice point-of-contact | | | | |
| Continuity of care issues (Community hospice has no mechanism for communicating status of referred veteran to VA staff) | | | | |
| Lack of knowledge about certain illnesses that may be more common in veterans (e.g., Post Traumatic Stress Disorder (PSDT), Agent Orange exposure, etc.) | | | | |
| Other barriers (please describe) | | | | |
| Additional comments: | | | | |

HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 4b, cont.

Survey for Community Hospices, cont.

7. We are trying to understand some of the existing VA-specific barriers that community hospices have in partnering with VA organizations. Please rate the following barriers from no barrier to major barrier.

| Factors related to VA-specific barriers in partnering with VA organizations | NO BARRIER | MINOR BARRIER | BARRIER | MAJOR BARRIER |
|--|------------|---------------|---------|---------------|
| VA staff have inadequate knowledge about the Medicare Hospice Benefit | | | | |
| VA physician issues (DEA number, State license, 24/7 availability) | | | | |
| Hospice unable to secure contract with VA facility | | | | |
| VA determines the scope and frequency of hospice services rather than allowing the hospice to control the veteran's plan of care as related to the terminal illness. | | | | |
| VA payment issues (no mechanism to bill VA for veterans not eligible for the Medicare hospice benefit) | | | | |
| Defining responsibilities for medications, treatments, medical equipment, and transportation | | | | |
| Continuity of care issues (no designated VA contact; VA changes plan of care without notifying hospice; veteran is admitted to VA facility without knowledge of hospice) | | | | |
| Other barriers (please describe) | | | | |
| Additional comments: | | | | |

8. Do you do targeted outreach activities to veterans?

- Yes No

9. If the answer to question #8 is yes, please indicate how many of the following outreach activities your agency has done with VA providers in the last year.

- | | |
|--|--|
| <input type="checkbox"/> Veteran-targeted education and training | <input type="checkbox"/> Outreach to Veterans Service Organizations |
| <input type="checkbox"/> Veterans/family support groups | <input type="checkbox"/> Media use (<i>Public Service Announcements, articles, etc.</i>) |
| <input type="checkbox"/> Veteran-targeted publications | <input type="checkbox"/> Other |

Additional comments:



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 4b, cont.

Survey for Community Hospices, cont.

10. Each VA facility in your service area has a designated “point of contact” for you to call for hospice related questions regarding veterans you are serving. Do you know who they are?

Yes No

11. If the answer to #10 is yes, please list the VA facilities and contact names:

VA Facility: _____ Contact: _____
Phone: _____ E-mail: _____
VA Facility: _____ Contact: _____
Phone: _____ E-mail: _____

12. We plan to improve care of terminally ill veterans by increasing communication between VA facilities and community hospices. Please share with us the most difficult issues and the least difficult issues in referring and coordinating care for veterans who need home hospice care?

Most difficult issues:

Least difficult issues:

13. In your opinion, what specific resources will be helpful to you in facilitating quality end-of-life care for veterans who need hospice and palliative care services?

14. Would your organization be interested in participating in a statewide veterans’ outreach/education program on improving access to end-of-life care for veterans?

Yes No

Additional comments:

15. Are there people in your organization who would be interested in participating (sitting on committees, become a local facilitator) in a statewide veterans’ outreach/education program on improving access to end-of-life care for veterans?

Name: _____ Phone: _____ E-mail: _____

Name: _____ Phone: _____ E-mail: _____

Name and role of individual completing this form:

Organization name and address: _____

Phone _____ Fax: _____ E-mail: _____

Thank you for your help in this national effort to improve care for terminally ill veterans!



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 4c

Letter to Potential Veterans Facilities Survey Participants

Dear [VA PROGRAM]:

We are writing to you on behalf of the Hospice-Veteran Partnership (HVP) of [STATE/ REGION], a partnership of community hospices and Department of Veterans Affairs (VA) professionals dedicated to improving end-of-life care for veterans. As part of our efforts, we are trying to learn more about how community hospices and VA facilities work together in our area.

Attached you will find letters of support from the National Hospice and Palliative Care Organization and the Department of Veterans Affairs and a survey tool. We hope you will participate in our survey and also share with us any formal or informal agreements you have with local [HOSPICES].

For further information, please contact:

| | |
|-----------------------------|------------------------|
| Full name (Hospice contact) | Full name (VA contact) |
| Phone | Phone |
| E-mail | E-mail |

For the Hospice-Veteran Partnership of [STATE/REGION]

Attachments:

Survey tool

Department of Veterans Affairs (VA) memo, dated 7/19/05 and signed by James F. Burris, MD, Chief Consultant, Geriatrics and Extended Care SHG, VA.

National Hospice and Palliative Care Organization (NHPCO)'s letter, dated 12/1/05 and signed by J. Donald Schumacher, PsyD, President and CEO, NHPCO.

HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 4d

Survey of Department of Veterans Affairs (VA) Facilities

This survey is part of a national effort to understand the existing relationships (if any) between VA facilities and hospices providing care to **VETERANS WHO ARE ENROLLED IN THE VETERANS HEALTH CARE SYSTEM**, and to determine the effect, if any, of Hospice-Veteran Partnerships (HVP)s on these relationships.

THANK YOU for completing the survey and for your participation in this important project. After completing the survey, please return to HVP of (STATE/REGION) by e-mail: _____ or by fax: _____

1. Do you refer terminally ill enrolled veterans to community hospices?
 Yes No

2. If you have NOT referred enrolled veterans to any community hospices, please state why not (*and please go to question 8*).

We don't refer enrolled veterans to community hospices because:

3. In the past year, how often have you referred veterans in need of hospice or palliative care services to the following service settings?

| Community and VA service settings | NEVER | RARELY | FAIRLY OFTEN | VERY OFTEN |
|--|-------|--------|--------------|------------|
| Community hospice for home-based care | | | | |
| Community hospice for inpatient hospice care provided in a hospice inpatient unit or in a non-VA nursing home) | | | | |
| Community Home Health Agency for palliative care | | | | |
| VA designated inpatient hospice unit | | | | |
| VA Medical Center acute bed | | | | |
| VA Nursing Home Unit | | | | |
| State Veterans Home | | | | |
| Other (list) | | | | |
| Additional comments: | | | | |

HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 4d, cont.

Survey of Department of Veterans Affairs (VA) Facilities, cont.

4. For veterans you refer to community hospices, indicate which of the following payors reimburse the hospices for their services.

- | | |
|--|--|
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Private Insurances |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> VA has agreement with hospice |
| <input type="checkbox"/> TRICARE/Champus | <input type="checkbox"/> VA does not purchase hospice services |
| <input type="checkbox"/> HMO | |
| <input type="checkbox"/> Other (please describe) _____ | |

Additional comments: _____

5. We are trying to understand some of the perceived legal/regulatory barriers that exist between **community hospices and VA facilities**. Please rate the following barriers from no barrier to major barrier.

| Factors related to perceived legal/regulatory barriers that exist between hospices and VA facilities | NO BARRIER | MINOR BARRIER | BARRIER | MAJOR BARRIER |
|---|------------|---------------|---------|---------------|
| VA policies regarding accreditation requirements (JCAHO, CHAP, etc.) | | | | |
| VA contracting policies and regulations | | | | |
| Some hospices require a primary caregiver in the home who is able to assume responsibility for most of the patient's care. | | | | |
| Some hospices require too much documentation to certify the 6 months or less prognosis. | | | | |
| Some hospices limit the type of treatments patients can get, especially if they are considered to be "curative" or "aggressive." | | | | |
| Hospices are required to provide medications, DME and biologicals related to the terminal illness. | | | | |
| Veterans enrolled in community hospice have to revoke hospice to be admitted to a VA facility. Other legal/regulatory barriers you have encountered (please describe) | | | | |
| Additional comments: | | | | |

HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 4d, cont.

Survey of Department of Veterans Affairs (VA) Facilities, cont.

6. We are trying to understand **VA staff perceptions** about the quality of care community hospices provide to veterans. Please rate the following items on a scale of poor to excellent.

| Factors related to quality of care provided to veterans by community hospices | POOR | FAIRLY GOOD | GOOD | EXCELLENT |
|---|------|-------------|------|-----------|
| Communication between hospice and VA staff | | | | |
| Case management assistance for outpatient cases | | | | |
| Quality of care delivered | | | | |
| Support to veterans and families | | | | |
| Support to VA facility and staff | | | | |
| Ability of hospice to provide care that meets the unique needs of veterans at the end of life | | | | |
| Additional comments: | | | | |

7. We are trying to understand **VA staff perceptions** of why community hospices may have problems working with them. Please rate the following factors from no barrier to major barrier.

| Factors related to VA staff perceptions of why hospices may have problems working with them | NO BARRIER | MINOR BARRIER | BARRIER | MAJOR BARRIER |
|---|------------|---------------|---------|---------------|
| VA staff do not communicate effectively with community hospice staff | | | | |
| VA staff do not understand the Medicare Hospice Benefit | | | | |
| VA physicians do not have DEA numbers | | | | |
| VA physicians are not always available 24/7 to respond to community hospice staff caring for their veteran patients | | | | |
| VA facilities do not reimburse community hospices for the services they provide | | | | |
| Community hospice medical director/physicians are not available to coordinate care for veterans after hours | | | | |
| Other barriers you have encountered (please describe) | | | | |
| Additional comments: | | | | |



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 4d, cont.

Survey of Department of Veterans Affairs (VA) Facilities, cont.

8. Please help us understand how hospice/palliative care is introduced to terminally ill veterans in your facility by putting in rank order the modes of communication listed below where 1 = most frequently used mode of communication.

- Conversation between physician and veteran about prognosis and care options
- Education of patient and family by other VA staff about prognosis and care options
- Patient/family initiate discussion about prognosis and care options
- Hospice brochures/other communication materials
- Other (please describe)
- Additional comments:

9. Do you know the name of community hospice providers you should call for referrals or hospice-related questions regarding veterans you are serving?

- Yes No

10. If the answer to #9 is yes, please list the hospices and contact names:

| | |
|----------------|----------------|
| Hospice: _____ | Contact: _____ |
| Phone: _____ | E-mail: _____ |
| Hospice: _____ | Contact: _____ |
| Phone: _____ | E-mail: _____ |

11. We plan to improve care of terminally ill veterans by increasing communication between VA facilities and community hospices. Can you please share with us the *most* difficult issues and the *least* difficult issues in referring and coordinating care for veterans who need home hospice care.

Most difficult issues:

Least difficult issues:

12. Please list specific knowledge, skills and resources that will help ensure quality end-of-life care for veterans needing hospice and palliative care services in the community

Please provide any other comments:



HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 4d, cont.

Survey of Department of Veterans Affairs (VA) Facilities, cont.

13. Please list the names and contact information for persons at your facility who would be interested in participating (sitting on committees, becoming a local facilitator) in a statewide veterans' outreach/education program on improving access to end-of-life care for veterans.

Name: _____ Phone: _____ E-mail: _____

Name: _____ Phone: _____ E-mail: _____

Name and role of VA staff person completing this form:

Organization name and address: _____

Phone _____ Fax: _____ E-mail: _____

Thank you for your help in this national effort to improve care for terminally ill veterans!

HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 5a

Military Service History Pocket Card Fact Sheet

Answers to these questions will provide information helpful in understanding patients' medical problems and complaints, and will help you establish rapport and therapeutic partnerships with military service members and veterans.

Answers to these questions will also provide a basis for timely referral to specialized medical resources.

For additional resources, including selected articles, abstracts, and bibliographies, please consult the following web sites:

Office of Academic Affiliations
www.va.gov/oa/pocketcard/

Veterans Health Initiative Independent Study Courses
vaww.sites.lrn.va.gov/vhi/

Office of Public Health and Environmental Hazards
vaww.vhaco.va.gov/pubhealth

Information for Veterans about Eligibility for Compensation and Pension Benefits
www.vba.va.gov/bin/21/index.htm

General Military Service History

- Tell me about your military experience.
- When and where do you/did you serve?
- What do you/did you do while in the service?
- How has military service affected you?

If your patient answers "Yes" to any of the following questions, ask:
"Can you tell me more about that?"

- Were you a prisoner of war?
- Did you see combat, enemy fire, or casualties?
- Were you wounded, injured or hospitalized?
- Did you ever become ill while you were in the service?



provided by: **Office of Academic Affiliations** August 2005

HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 5a, cont.

Military Service History Pocket Card Fact Sheet, cont.

Unique Health Risks

WWII/KOREA

Cold Injury
Exposure to nuclear weapons
(including testing or cleanup)
Chemical warfare agent experiments

COLD WAR

Nuclear Testing

VIETNAM

Agent Orange Exposure
Hepatitis C

GULF WARS

Exposures to Smoke
Leishmaniasis
Immunizations
Chemical or Biological Agents
Depleted Uranium (DU)

OPERATION IRAQI FREEDOM/ OPERATION ENDURING FREEDOM (OIF/OEF)

Combined penetrating, blunt trauma
and burn injuries (blast injuries)
Traumatic brain or spinal cord injury
Mental health issues
Vision loss
Traumatic Amputation
Multi-drug resistant Acinetobacter
Leishmaniasis
Depleted Uranium (DU)

Issues of Concern

It is recommended that certain military service members and all veterans be asked the following questions:

GENERAL

- Do you have a claim pending for illness or injury related to your military service?
- Do you have a service-connected condition?
- Do you know how to initiate a claim if you think you might be entitled? (answer: call VBA at 1-800-827-1000)
- Did you participate in any experimental projects?
- Were you exposed to any unusual or toxic substances while in the service?

HEPATITIS C VIRUS (HCV) INFECTION

- Did you have a blood transfusion before 1992?
- Have you **ever** injected drugs such as heroin or cocaine?

HOMELESSNESS

- Where do you live? • Is your housing secure?
- Are you in any danger of losing your housing?

SEXUAL HARASSMENT, ASSAULT AND/OR TRAUMA

- Have you ever experienced physical, emotional, or sexual harassment or trauma?
- Is this causing you problems now?
- Do you want a referral?

PTSD (POST TRAUMATIC STRESS DISORDER)

In your life, have you ever had an experience so frightening, horrible, or upsetting that, in the past month, you...

- Have had nightmares about it or thought about it when you did not want to?
- Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
- Were constantly on guard, watchful, or easily startled?
- Felt numb or detached from others, activities, or your surroundings?

Sample 5b

Hospice-Veteran Partnership Process and Outcome Measures

RANKED INDICATORS

Note: The indicators have been organized in tiers and ordered within each tier by level of importance.

 **First tier numbered in order of importance:**

Are we improving veterans' access to hospice and palliative care? It is recommended that these national measures be on the "Must DO" list for all HVPs. It is also data capture that must be included in any national survey efforts.

1. Number of veterans being served by community hospices
2. HVP has name and contact information of VA HPC liaison(s) at each facility in state and makes this information available to all hospices in state
3. Number of education sessions among providers of care for veterans in all settings

 **Second tier numbered in order of importance:**

Are we meeting veterans' needs? These are optional national measures for all HVPs and represent data that should routinely be collected by HVPs.

1. Number of education sessions for veterans and their families
2. Post Death family satisfaction survey (results from VA survey and NHPCO family satisfaction survey)
3. Number of referrals from hospice to VA for assistance with care, benefits, or services
4. Number of and percent of community hospices that have written agreements with VA facilities and State Veterans Homes

 **Third tier numbered in order of importance:**

Are we paying attention to the strength and sustainability of our infrastructure? These are "Must Do" measures for all HVPs and represent data that will help an HVP evaluate the strength and sustainability of their infrastructure.

1. HVP membership: number of stakeholder organizations represented
2. Number of HVP projects ongoing and completed
3. Number of HVP meetings (face-to-face, conference calls, other media)

HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 5b

Hospice-Veteran Partnership Process and Outcome Measures

SUMMARY OF MEASURES BY FEASIBILITY AND APPROPRIATENESS

Feasibility: A measure is feasible if it would require minimal effort, time, and expense to assess accurately.

Appropriateness: A measure is appropriate if it accurately reflects the success of an HVP. One test of this is whether a successful HVP would score high on this measure and a less successful HVP would not. Another way of thinking of this is whether a measure might be influenced by outside factors. For instance, if a well-run HVP might score poorly on a measure due to factors beyond its control, that measure would not be appropriate.

| Measure | Feasibility: Level of effort, time, and expense to assess accurately | Appropriateness: the degree to which the measure accurately reflects the success of an HVP | Suggestions for Implementing |
|---|--|--|---|
| TIER 1 MEASURES | | | |
| Number of veterans being served by community hospices | Moderate: Requires community hospices to document veteran status and HVPs to collect and report the data | High: reflects the primary purpose of HVPs | This is a multi-step process that would evolve over time and require buy-in from community hospices <input type="checkbox"/> Appoint a workgroup to lead process <input type="checkbox"/> Encourage all community hospices in state to collect and report veteran status data <input type="checkbox"/> Produce annual report <input type="checkbox"/> Use QI process to target improvement activities |
| HVP has name and contact information of VA HPC liaison(s) at each facility in state and makes this information available to all hospices in state | Moderate: Requires HVPs to collect the contact information, develop a plan for dissemination, and update regularly | High: this is basic information that is key to community hospices and VA facilities working collaboratively | <input type="checkbox"/> Collect and regularly update VA contact information <input type="checkbox"/> Disseminate the contact information to all community hospices in the state (e.g., post information on Web site) |
| Education sessions among providers of care for veterans in all settings | Moderate: Requires HVPs to track their state-wide and local outreach activities | High: Successful HVPs provide educational activities that result in overcoming institutional barriers, enhancing communication and advancing collaboration | <input type="checkbox"/> Track state-wide HVP professional education presentations (face-to-face meetings, workshops presented at state and national conferences, etc.) <input type="checkbox"/> Track educational and staff development activities between VA Medical Centers and the community organizations in the local catchment area |

HOSPICE-VETERAN PARTNERSHIP TOOLKIT

Ensuring Excellent Care for Our Nation's Veterans

Sample 5b, cont.

Hospice-Veteran Partnership Process and Outcome Measures, cont.

| Measure | Feasibility: Level of effort, time, and expense to assess accurately | Appropriateness: the degree to which the measure accurately reflects the success of an HVP | Suggestions for Implementing |
|---|---|---|---|
| TIER 2 MEASURES | | | |
| Provision of education sessions for veterans and their families | Moderate: Requires HVPs to track their state-wide and local outreach activities | High: Successful HVPs are educating all veterans about their entitlement to end-of-life care | <input type="checkbox"/> Track state-wide HVP outreach activities <input type="checkbox"/> Track outreach activities of VA Medical Centers and the community organizations centers and the community organizations in the local catchment area |
| Post Death family satisfaction survey (results from VA survey and NHPCO family satisfaction survey) | Moderate: Requires HVPs to collect results of family satisfaction surveys from community hospices and VA facilities | High: Successful HVPs are facilitating the provision of high quality end-of-life care for veterans | <input type="checkbox"/> Hospices are required to collect and report family satisfaction data – responses from veteran families could be stratified and analyzed separately <input type="checkbox"/> VA is developing and implementing a veteran-specific family satisfaction instrument |
| Number of referrals from hospice to VA for assistance with care, benefits, or services | Moderate: Requires HVP to collect data from community hospices | Moderate: Successful HVPs are increasing the ability of community hospices to help veterans access benefits to which they are entitled | <input type="checkbox"/> Track the number of referrals for assistance by community hospices to VA Medical Centers |
| Number and proportion of hospices with written agreements with VA Medical Centers | Moderate: Requires HVP to collect data from community hospices | Moderate: Successful HVPs are increasing the number of community hospices working with VAMCs | <input type="checkbox"/> Track the number of community hospices with written agreements with VAMCs |
| TIER 3 MEASURES | | | |
| HVP membership-specialty and organizations represented | High: Requires HVP to track its membership organizations | High: Successful HVPs are increasing the number of organizations that understand veterans' end-of-life needs and provide appropriate services to meet those needs | <input type="checkbox"/> Track the number of member organizations actively involved in the HVP |
| Number of HVP projects ongoing and completed | High: Requires HVP to track its activities and outcomes | High: Successful HVPs are actively involved in projects that advance the mission, involve the membership, and evaluate outcomes | <input type="checkbox"/> Track the number of state-wide and local projects <input type="checkbox"/> Track overall evaluation of each project <input type="checkbox"/> Report successful projects with membership |
| Number of HVP meetings | High: Requires HVP to track its virtual and face-to-face meetings | High: Successful HVPs have leadership and an infrastructure that promotes regular communication, strategic planning, and momentum to carry out its mission | <input type="checkbox"/> Track the number of conference calls or other virtual meetings <input type="checkbox"/> Track the number of face-to-face meetings |