

The

HOSPICE ★ VETERAN PARTNERSHIP Toolkit



Rallying Points
Improving Community End-of-Life Care Through Coalitions

Last Acts Partnership
Advocating Quality
End-Of-Life Care



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. Now, as he lies in bed, 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 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 674,000 veterans who are expected to die this year. Many of these veterans could benefit from hospice care, an end-of-life care option that provides dying patients and their loved ones with comfort, compassion, and dignity.

Hospice care involves a 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 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 agencies, and patients and families. So how can we ensure veterans receive quality end-of-life care? It's an important question to answer—particularly when considering these facts:

- More than 1,800 veterans die each day. This represents a quarter of all deaths in America.
- Approximately 85 percent of them do not receive care through the Department of Veterans Affairs (VA) health care system.
- Most veterans who are enrolled in the VA health care system still die in the community.
- Only four percent of veterans die 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). If hospice care is appropriate for enrolled veterans—and other funding is not available—VA medical centers will either provide hospice care directly in their facilities or purchase it from community hospice agencies.

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 percent of 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 hospice agencies 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 Partnerships

With a focus on improving end-of-life care for veterans, the Department of Veterans Affairs established the VA 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 Rallying Points, 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 statewide or community-based partnerships dedicated to increasing veterans' access to hospice and palliative care. Their goals are to strengthen relationships between community hospices and VA providers and educate veterans and their caregivers about end-of-life care options.

Some HVPs are being hosted by existing Rallying Points end-of-life care coalitions, while others are being coordinated by state hospice organizations or VA medical centers. Participants include VA and community health providers 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 a strategic plan to 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

The Hospice-Veteran Partnership Toolkit

The Hospice-Veteran Partnership Toolkit was designed to encourage new HVPs and strengthen existing partnerships. It is available in print form for easy reference and as a CD-ROM to help you quickly customize worksheets and other documents. Below is a list of the sections the toolkit contains:

- I** Considering Potential Partners
- II** Forming a Steering Committee
- III** Building a Strong Foundation
- IV** Conducting a Needs Assessment
- V** Developing a Strategic Plan
- VI** Understanding Hospice and Palliative Care and the Medicare Hospice Benefit
- VII** Exploring Veterans' Issues and the VA Health System
- VIII** Working Together to Build Solutions

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

The final three sections provide background information on topics relating to hospice care and the VA health system. They can be used at any stage in the process to educate various HVP members.

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:

■ **Rallying Points National Office**

1620 Eye Street, NW
Suite 202
Washington, DC 20006-4017
Telephone: 800-341-0050
Fax: 202-296-8352
E-mail: rallyingpoints@partnershipforcaring.org

■ **Rallying Points Regional Resource Centers (<http://www.rallyingpoints.org>)**

Life's End Institute: Missoula Demonstration Project

320 East Main Street
Missoula, MT 59802
Telephone: 888-728-1613
Fax: 406-543-7769
Contact: Lilly Tuholske (lillyt@missoulademonstration.org)

Midwest Bioethics Center

1021 Jefferson Street
Kansas City, MO 64105
Telephone: 800-344-3829
Fax: 816-221-2002
Contact: Jacqueline Talman (jtalman@midbio.org)

The Hospice of the Florida Suncoast

300 East Bay Drive
Largo, FL 33770
Telephone: 866-523-2413
Fax: 727-523-2414
Contact: Kathy Brandt (kathybrandt@thehospice.org)

■ **National Hospice & Palliative Care Organization (NHPCO)**

1700 Diagonal Road, Suite 625
Alexandria, Virginia 22314
Telephone: 703-837-1500
Fax: 703-837-1233
Contact: *Your State Hospice and Palliative Care Organization*

- Go to <http://www.nhpc.org>.
- Click on *Inside NHPCO* and select *Council of States Home* from the drop-down menu.
- Click on *Council of States Contact Information*.

Considering Potential Partners

The first step in forming a Hospice-Veteran Partnership (HVP) is to identify your potential partners. In this section of the toolkit, you will learn about the various stakeholders who can play a role in increasing veterans' access to hospice and palliative care.

OVERVIEW OF POTENTIAL PARTNERS

Rallying Points Coalitions

Rallying Points coalitions are statewide or community-based coalitions dedicated to improving care and caring for those nearing the end of life. Their members include representatives from hospices, long-term care facilities, hospitals, and other organizations.

To find Rallying Points coalitions in your area, call 800-341-0050 or visit the Rallying Points Web site (<http://www.rallyingpoints.org>). Click on *Where Coalitions are Located* and use the map to produce a list of contacts.

State Hospice Organizations

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

To find the state hospice organization in your area, call 800-658-8898 or visit the National Hospice and Palliative Care Organization Web site (<http://www.nhpco.org>). Go to the *Inside NHPCO/Login* section, select *Council of States Home*, and click on *Council of States Contact Information*.

Community Hospice Agencies

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

To locate community hospice agencies in your area, call 800-658-8898 or visit the National Hospice and Palliative Care Organization Web site (<http://www.nhpco.org>). Go to the *Hospice & Palliative Care Information* section and select *Find a Provider*.

State Veterans Homes

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 the VA is responsible for their oversight.

To locate state veterans homes in your area, call 631-444-VETS or visit the National Association of State Veterans Homes Web site (<http://www.nasvh.com>). Click on *Directory of State Veterans Homes* and use the map to produce a list of contacts.

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 covers your area, visit the VA Web site (<http://www.va.gov>). Enter the *Health Benefits & Services* section and click on *VHA Facilities Locator*. Once you are in that section, click on the map. You will be taken to a second map that contains numbers. Click on the number that is covering your area, and you will find contact information for the appropriate VISN. You may also click on a specific state to produce a list of all the VA medical centers, outpatient clinics, and Vet Centers located within that state.

VA AACT Teams

AACT Teams are VISN-based interdisciplinary teams that provide leadership in hospice and palliative care program development to VA facilities. 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.

VA Medical Centers

VA medical centers are hospital systems that serve veterans. Although the exact makeup of these systems will vary, they often 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 locate VA medical centers in your area, visit the VA Web site (<http://www.va.gov>). Enter the *Health Benefits & Services* section and click on *VHA Facilities Locator*.

VA Community-Based Outpatient Clinics

VA community-based outpatient clinics provide outpatient medical care to veterans. They are organized under VA medical centers.

To locate community-based outpatient clinics in your area, visit the VA Web site (<http://www.va.gov>). Enter the *Health Benefits & Services* section and click on *VHA Facilities Locator*.

Veterans Service Organizations

Veterans service organizations (VSOs) 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.

Three of the largest VSOs are Disabled American Veterans (<http://www.dav.org>), the American Legion (<http://www.legion.org>), and Veterans of Foreign Wars (<http://www.vfw.org>). You can visit their national Web sites to find local contacts.

Other VSOs, such as the American Coalition for Filipino Veterans (<http://usfilvets.tripod.com>), serve veterans who have traditionally been underrepresented. A directory of VSOs is available on the VA Web site (<http://www.va.gov/vso>).

National Association for Black Veterans

The National Association for Black Veterans (NABVETS) provides direct services to 65,000 veterans and advocacy on behalf of 240,000. The association has regional and state commands, as well as designated state chapters. NABVETS accomplishes its goals through partnerships with community-based and veterans organizations; federal, state and local governments; human service agencies and concerned citizens.

To locate a chapter in your area, visit the NABVETS Web site <http://www.nabvets.com> and click on *Chapters and Regions*.

Veteran Alumni Organizations

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 (<http://www.vetfriends.com/organizations>). Click on your state to produce a list of contacts.

Military Treatment Facilities

Military treatment facilities (MTFs) 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 as well as their families.

To find MTFs in your area, use the online *TRICARE Military Treatment Facilities Locator* (<http://www.tricare.osd.mil/mtf/Main.cfm>).

State Departments of Veterans Affairs

Each state has a Department of Veterans Affairs, although the exact structure and services of the department will vary. You can usually locate a contact person by visiting your state's official Web site, which can be found at [http://www.\[STATE\].gov](http://www.[STATE].gov).

Other

When considering potential partners, it's important to think about other groups that have contact with veterans. You may want to reach out to government agencies, universities, or military bases. Consider contacting your local AARP and National Association for the Advancement of Colored People (NAACP) 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.

Forming a Steering Committee



Once you have identified all of your potential partners, the next step is to form a Hospice-Veteran Partnership (HVP) steering committee. This committee will probably be composed of at least 15 to 20 members and should represent as many of the stakeholders as possible.

In this section of the toolkit, you will learn about the role of the HVP steering committee. We have also included several tools to help you identify and reach out to the various types of partners you may wish to include.

The Role of the HVP Steering Committee

Purpose

The purpose of the HVP steering committee is to form a partnership to provide leadership, technical assistance, and recommendations for program development in three main areas:

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

Structure

Initially, we recommend appointing a chair and vice chair to provide leadership and guidance. It is helpful if one of these roles is filled by someone who is part of the Department of Veterans Affairs (VA) system and the other by someone who is familiar with community hospice agencies. The HVP steering committee should also include representatives of the following stakeholders:

- Rallying Points Coalitions
- State Hospice Organizations
- Community Hospice Agencies
- State Veterans Homes
- Veterans Integrated Service Networks (VISNs)
- AACT Teams
- VA Medical Centers (all in your region or state)
- VA Community-Based Outpatient Clinics
- Veterans Service Organizations (VSOs)

- Veteran Alumni Organizations
- Military Treatment Facilities
- State Department of Veterans Affairs
- Other Partners

When selecting a steering committee, it is important to invite persons with a range of professional skills. You may have some members with clinical or administrative backgrounds and others who specialize in communications, fund raising or even corporate compliance. This diversity will enable your HVP to tap into a variety of resources.

Responsibilities

Following an initial face-to-face meeting, the HVP steering committee can convene primarily by monthly conference calls. Members of the committee will be asked to contribute in the following ways:

- Representing the interests of their stakeholder group
- Participating in monthly conference calls
- Building HVP membership
- Functioning as a resource to the steering committee and 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

SAMPLE LETTER TO POTENTIAL STEERING COMMITTEE MEMBERS

NOTE: When corresponding with potential partners that are part of the VA medical system, we recommend enclosing the official VA memo that explains the National HVP Program and encourages them to participate. A copy of this memo in pdf format is included later in this section.

Dear [TITLE] [NAME]:

A new partnership is forming with the goal of improving end-of-life care for veterans, and you have been identified as a potential steering committee member. The Hospice-Veteran Partnership (HVP) of [STATE] will be part of a national network of HVPs established through the Department of Veterans Affairs (VA) Hospice and Palliative Care Initiative.

As a member of the HVP steering committee, you would be called upon to provide leadership, technical assistance, and recommendations for program development in the following areas:

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

The time commitment would be only a few hours a month and much of the work could be done through periodic conference calls. If you have any questions, please feel free to contact us at [PHONE NUMBER] or [E-MAIL].

If you are unable to serve on the steering committee, we would appreciate it if you could forward this letter to a colleague who might be willing to represent your organization. Thank you for your support!

Sincerely,

[FULL NAME]

Chair

Hospice-Veteran Partnership of [STATE/REGION]

**HOSPICE-VETERAN PARTNERSHIP (HVP)
STEERING COMMITTEE RESPONSE FORM**

Please fax your response by [DATE] to [FAX NUMBER] or e-mail [E-MAIL].

Name: _____

Organization: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Areas of Expertise: _____

- Yes, I will serve on the HVP steering committee.
- No, I will not be able to serve on the HVP steering committee.

SAMPLE MEMO TO VISNS

NOTE: When seeking support from a VISN, you should send a memo through one of your HVP's VA partners. Be sure to also enclose the official VA memo that explains the National HVP program and encourages VISNs to participate. A copy of that memo in pdf format is included later in this section.

MEMORANDUM

Date: [DATE]

From: [NAME OF VA REPRESENTATIVE FROM HVP]

Subject: Hospice-Veteran Partnership of [STATE/REGION]

To: [NAME], Director, VISN [#]

Thru: [NAME], Director, [NAME OF VA FACILITY]

Thru: [NAME], Chief of Staff, [NAME OF VA FACILITY]

1. I am pleased to inform you about the creation of the Hospice-Veteran Partnership (HVP) of [STATE/REGION]. This coalition of VA and non-VA providers will work to improve care for seriously ill and dying veterans in VISNs [#(s)].
2. Key to the success of our HVP is support from your VISN in two specific areas:
 - We are in the process of establishing a steering committee and are requesting a representative from your office. The time commitment should not exceed three hours a month and much of the work will be done through periodic conference calls. VISN representation and coordination are essential for the success of this exciting and important venture.
 - As our HVP develops, we will be planning outreach campaigns and education events. We would appreciate any assistance you might be able to offer in identifying sources of funding or other resources.
3. For more information about the HVP program, please refer to the attached memorandum dated December 18, 2002, that was sent to all VISN directors from the Geriatrics and Extended Care Strategic Healthcare Group in the Office of Patient Care Services. A national program of the VA Hospice and Palliative Care Initiative, HVP is supported by the Office of Geriatrics and Extended Care, the Office of Academic Affiliations, and the Office of Employee Education. If you have any questions about this initiative, please feel free to contact me at [PHONE NUMBER] or [E-MAIL].

[NAME, PROFESSIONAL DEGREES]

OFFICIAL VA MEMO

The memo on the following page explains the National HVP Program and gives VISNs and VA facilities permission to participate. It should be included in your initial correspondence with potential VA partners.

**Department of
Veterans Affairs**

MEMORANDUM

Date: December 18, 2002

From: Acting Chief Consultant, Geriatrics and Extended Care SHG, Department of Veterans Affairs, Washington, DC

Subj: Hospice – Veterans Partnerships

To: VISN Directors, Clinical Managers, Facility Directors and Chiefs of Staff

1. The purpose of this memorandum is to inform VISN and facility leadership of a national strategy to facilitate veterans' access to community hospice services. Hospice-Veterans Partnerships (HVP) is a program of the VA Hospice and Palliative Care Initiative (VAHPC), a two-year project launched by Geriatrics and Extended Care Strategic Healthcare Group and the Office of Academic Affiliations. A primary goal of HVP is to facilitate veterans' access to community hospice services by:

- Creating continuity across settings of care for seriously ill and dying veterans;
- Addressing local cultural and procedural barriers and misperceptions that exist 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.

2. State hospice organizations from around the country are planning to contact the Hospice and Palliative Care (HPC) Points of Contact that have been identified in each VA facility. They will be asking the HPC Points of Contact to help locate the best person in the VA facility with whom community hospice providers can work.

3. Because Secretary Anthony Principi and Under Secretary for Health Robert Roswell have indicated their desire for VA to work more closely with community providers, Geriatrics and Extended Care SHG would appreciate your support of these activities by giving the HPC Points of Contact or their designees encouragement and time to work with community hospices.

4. Attached is information regarding HVP and the VA Hospice and Palliative Care Initiative, including:

- Hospice-Veterans Partnerships Fact Sheet
- VA Hospice and Palliative Care Initiative Fact Sheet

5. If you have any questions or need additional information, please do not hesitate to contact Tom Edes, M.D., Chief, Home and Community Based Care, at (202) 273-8543 or Thomas.Edes@hq.med.va.gov.

/s/

Marsha Goodwin, RN, MSN

Attachments

**SAMPLE CONFIRMATION LETTER TO
STEERING COMMITTEE MEMBERS**

Dear Steering Committee Member:

Thank you again for agreeing to serve on the Hospice-Veteran Partnership (HVP) steering committee. We look forward to working with you to ensure that all of our area's veterans have access to excellent end-of-life care.

As a member of the steering committee, you will be called upon to provide leadership, technical assistance, and recommendations for program development. Below are some examples of how you can contribute to the goals of our HVP.

- Representing the interests of your stakeholder group
- Participating in monthly conference calls
- Building HVP membership
- Serving as a resource to the steering committee and other HVP members
- Seeking funding to support HVP activities
- Conducting statewide and regional education 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

Our first meeting will be held at [LOCATION] on [DATE]. After this initial meeting, the steering committee will convene primarily by conference call.

We are sending this preliminary notice to remind you to save the date. Directions to the meeting location, an agenda, and a list of committee members will be provided closer to the meeting. Please confirm your attendance by contacting [NAME] at [PHONE NUMBER] or [E-MAIL].

We look forward to meeting with you!

Sincerely,

[FULL NAME]
Chair
Hospice-Veteran Partnership of [STATE/REGION]

**HOSPICE-VETERAN PARTNERSHIP
STAKEHOLDER WORKSHEET**

Type of Stakeholder	Name of Organization	Contact Information
Rallying Points Coalitions (state and community)		
State Hospice Organization		
Community Hospice Agencies		
State Veterans Homes		
VISN(s)		
AACT Team(s)		
All VA Medical Centers in your region or state		

Type of Stakeholder	Name of Organization	Contact Information
VA Community-Based Outpatient Clinics		
Veterans Service Organizations (VSOs)		
Local contact from the National Association for Black Veterans		
Veteran Alumni Organizations		
Military Treatment Facilities (MTFs)		
State Department of Veterans' Affairs		
Other		

Building a Strong Foundation



Once the Hospice-Veteran Partnership (HVP) steering committee has been established, its members can work together to define the role and structure of your HVP. In this section of the toolkit, you will find several tools to help you prepare for your first meeting. Remember that each HVP is unique, so feel free to customize these tools in whatever way is most helpful to you.

SAMPLE AGENDA FOR THE FIRST HVP STEERING COMMITTEE MEETING

Hospice-Veterans Partnership Steering Committee Agenda for [DATE] Meeting

Agenda Item

- 1 Call to order and introductions
- 2 Overview of Hospice-Veteran Partnerships
- 3 Introduction to Rallying Points and its resources
- 4 Discussion of current status of VA-hospice relations in the state
- 5 Review of suggested HVP mission, vision, and objectives
- 6 Creation of HVP workgroups
- 7 Schedule of future meetings
- 8 Adjournment

OVERVIEW OF HOSPICE-VETERAN PARTNERSHIPS

One way to give steering committee members an overview is by providing copies of the introduction to this toolkit.

INTRODUCTION TO RALLYING POINTS

Rallying Points

Rallying Points is a Robert Wood Johnson Foundation initiative to assist statewide and community-based coalitions in improving care and caring for those nearing the end of life. HVPs can tap into Rallying Points' resources through any of the following three approaches:

- Becoming part of an existing Rallying Points coalition
- Working with existing Rallying Points coalitions
- Registering as a new Rallying Points coalition

Below is an overview of some of the resources Rallying Points provides. For more information, visit the Rallying Points Web site (<http://www.rallyingpoints.org>) or contact the Rallying Points National Coordinating Center at 800-341-0050.

Community Tool-Box Center

The Rallying Points Web site features a series of “how-to” articles on capacity-building topics such as strategic planning, fund raising, and media relations. These articles were developed by The Community Tool Box, a national organization that provides online technical assistance to local organizations trying to improve health care in their communities. To access the Community Tool-Box Center, visit the Rallying Points Web site (<http://www.rallyingpoints.org>) and click on *Community Tool-Box Center*.

Rallying Points Certificate Program

The Rallying Points Certificate Program offers Rallying Points coalitions expert consultation in a variety of areas. Examples of program topics include community engagement, diversity and cultural outreach, fundraising and grant development, and media outreach. For more information, visit the Rallying Points Web site (<http://www.rallyingpoints.org>) and click on *Coalition Assistance & Information*.

Regional Resource Centers

Rallying Points has three Regional Resource Centers that provide technical assistance, advice, and materials to Rallying Points coalitions.

Life's End Institute: Missoula Demonstration Project assists Rallying Points coalitions from Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, and Wyoming. To contact this resource center, call Lilly Tuholske at 888-728-1613 or e-mail lillyt@lifes-end.org.

Midwest Bioethics Center assists Rallying Points coalitions from Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, Texas, West Virginia, and Wisconsin. To contact this resource center, call Jacqueline Talman at 800-344-3829 or e-mail jtalman@midbio.org.

The Hospice of the Florida Suncoast assists Rallying Points coalitions from Alabama, Connecticut, Delaware, Florida, Georgia, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Mississippi, New Jersey, New Hampshire, New York, North Carolina, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, and Washington, D.C. To contact this resource center, call Kathy Brandt at 866-523-2413 or e-mail kathybrandt@thehospice.org.

National Resource Center on Diversity in End-of-Life Care

The National Resource Center on Diversity in End-of-Life Care serves as the focal point for promoting and supporting diverse voices within the end-of-life care movement. It is a clearinghouse for research findings, best practices, and technical resources. To contact this resource center, call toll-free 866-670-6723, e-mail altacon@aol.com, or visit <http://www.nrcd.com>.

SAMPLE VISION, MISSION, AND OBJECTIVES

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***

Increase the number of VA referrals to community hospice agencies by 25 percent this year.

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.

Complete five outreach presentations to veterans service organizations to educate their membership about hospice and palliative care services by the end of this year.

SUGGESTED HVP WORKGROUPS

Governance and Leadership

This workgroup is charged with determining how the HVP will be governed and identifying sources of funding.

Legal and Regulatory Issues

This workgroup is charged with exploring barriers to collaboration between community hospices and VA facilities and working with all stakeholders to build solutions.

Education, Research, and Outreach

This workgroup is charged with planning education programs for the steering committee, HVP, and larger community. It is also tasked with raising awareness about the HVP and the need for better end-of-life care for veterans. Additional activities can focus on collaborating with universities and academic medical centers to conduct research related to veterans' end-of-life issues and the barriers that inhibit or prevent meeting the needs of terminally ill veterans.

Member Recruitment

This workgroup is charged with identifying potential HVP members and conducting a recruitment campaign.

Conducting a Needs Assessment

IV

In deciding how to focus the efforts of your Hospice-Veteran Partnership (HVP), it is helpful to understand the status of relations among key stakeholders in your area. This section of the toolkit can help you conduct a survey of VA facilities and community hospice agencies. You may wish to develop additional questionnaires for other types of partners such as state veterans homes, community nursing homes, and military hospitals.

CHECKLIST FOR CONDUCTING A NEEDS ASSESSMENT

- Draft separate questionnaires for different types of partners.
- Prepare a letter that explains the HVP program, asks stakeholders to complete the questionnaires, and requests copies of existing agreements between community hospices and VA facilities.
- Distribute the letter and questionnaires to partners and potential HVP members in your area.
- Compile and analyze the responses.
- Draft a report summarizing your conclusions.
- Share the report with members of the HVP.

SAMPLE LETTER TO POTENTIAL PARTICIPANTS

Dear [COMMUNITY HOSPICE/VA FACILITY]:

I am writing you on behalf of the Hospice-Veteran Partnership (HVP) of [STATE/REGION], a partnership of community 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.

Enclosed you will find a questionnaire as well as additional information about our HVP. We are hoping you will participate in our survey and also share with us any formal or informal agreements you have with local [COMMUNITY HOSPICES/VA FACILITIES].

If you have any questions, please feel free to contact us at [PHONE NUMBER] or [E-MAIL]. Thank you for your time and for helping further our mission!

Sincerely,

[NAME]
Chair
Steering Committee
Hospice-Veteran Partnership of [STATE/REGION]

Enclosures: questionnaire, fact sheet

SAMPLE QUESTIONNAIRE FOR COMMUNITY HOSPICES

Survey of Community Hospice Programs

This survey is part of a national effort to understand the existing relationships (if any) between VA facilities and community facilities providing hospice care. THANK YOU for completing the survey and for your participation in this important project.

INSTRUCTIONS:

Responses to this survey can be entered electronically or manually. (NOTE: In order to enter the data electronically, this form must be locked. To lock for data entry click on *View*, then on *Toolbars* and scroll down to *Forms*. Click on *Forms* to open the Forms toolbox. Click on the padlock icon to lock.)

- To respond **electronically**, click on the gray-shaded boxes representing your choices and, where indicated, type in written responses. When you have completed the survey, click on the *Save* icon on your toolbar. To return the survey, click on *Forward* and e-mail to

_____.

- To respond **manually**, print the survey, complete it as directed, and fax the completed survey to

_____.

1. Do you ask every patient what his or her veteran 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 previous calendar year?

- ___ Number served (from data logs or other source)
___ Estimated number served
___ We don't track referrals from VA facilities

4. How many veterans referred from State Veterans Homes did you serve in calendar year 2002?

- ___ Number served (from data logs or other source)
___ Estimated number served
___ We don't track referrals from State Veterans Homes

5. We are trying to understand how community hospice agencies get paid for the services they provide to veterans that have been *referred to them by VA providers*. Please rank the payors listed below by the frequency with which you are reimbursed where 1 = most frequent source of reimbursement.

- | | |
|---|-----|
| Medicare | ___ |
| Medicaid | ___ |
| TriCare /Champus | ___ |
| HMO | ___ |
| Private Insurances | ___ |
| Private pay | ___ |
| Fee-for-service basis contract with the VA facility | ___ |
| Free of charge (charity) | ___ |
| Other (list) ___ | ___ |

Additional comments: _____

6. We are trying to determine how frequently community hospices are asked to donate their services to veterans who have been referred to them by VA providers. Please rank the type of reimbursement arrangements your agency has with VA providers where 1 = most frequent type of reimbursement arrangement.

Per Diem _____
 Fee-for-service basis _____
 Sharing agreement _____
 Services were donated by the organization(s) _____
 Private pay _____

Other (please describe) _____

Additional comments: _____

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

Factors related to community

hospice-specific barriers in in <i>partnering</i> with VA organizations	No Barrier	Minor Barrier	Major Barrier	Barrier
Community hospice staff have inadequate knowledge about VA policies and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community hospice physician issues (hospice physician unable to cover for VA physician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community hospice staff have no knowledge of how to contact VA facility designated hospice point-of-contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuity of care issues (Community hospice has no mechanism for communicating status of referred veteran to VA staff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of knowledge about certain illnesses that may be more common in veterans (e.g., Post Traumatic Stress Disorder (PSDT), Agent Orange exposure, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other barriers (please describe) _____

Additional comments: _____

8. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA physician issues (DEA number, State license, 24/7 availability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospice unable to secure contract with VA facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA payment issues (no mechanism to bill VA for veterans not eligible for the Medicare hospice benefit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defining responsibilities for medications, treatments, medical equipment, and transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other barriers (please describe) _____

Additional comments: _____

9. Do you do targeted outreach activities to veterans?

Yes No

10. If the answer to question #9 is yes, please rank the type of outreach activities your agency has done with VA providers where 1 = most frequent type of activity.

- ___ Veteran-targeted education and training
- ___ Veterans/family support groups
- ___ Veteran-targeted publications
- ___ Outreach to Veterans Service Organizations
- ___ Media use (Public Service Announcements, articles, etc.)
- ___ Other

Additional comments: _____

11. Do you know who the designated community hospice 'points-of-contact' (the VA provider you could call for hospice related questions regarding veterans you are serving) are for VA facilities in your service area?

Yes No

12. If the answer to #12 is yes, please list the hospices and contact names:

a.	_____	_____	_____	_____
	VA	NAME OF CONTACT	TELEPHONE	E-MAIL
b.	_____	_____	_____	_____
	VA	NAME OF CONTACT	TELEPHONE	E-MAIL
c.	_____	_____	_____	_____
	VA	NAME OF CONTACT	TELEPHONE	E-MAIL
d.	_____	_____	_____	_____
	VA	NAME OF CONTACT	TELEPHONE	E-MAIL
e.	_____	_____	_____	_____
	VA	NAME OF CONTACT	TELEPHONE	E-MAIL

13. We are planning an effort 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

a. Most difficult issues:

b. Least difficult issues:

14. 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?

a. _____

b. _____

c. _____

d. _____

e. _____

15. 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 champion) in a statewide veterans' outreach/education program on improving access to end-of-life care for veterans?

a. _____
NAME TELEPHONE E-MAIL

b. _____
NAME TELEPHONE E-MAIL

c. _____
NAME TELEPHONE E-MAIL

d. _____
NAME TELEPHONE E-MAIL

e. _____
NAME TELEPHONE E-MAIL

Individual completing form: _____

Your role in your organization: _____

Organization name: _____

Organization address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

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

SAMPLE QUESTIONNAIRE FOR VA FACILITIES

Survey of Department of Veterans Affairs Facilities

This survey is part of a national effort to understand the existing relationships (if any) between VA facilities and community agencies providing hospice care to VETERANS WHO ARE ENROLLED IN THE VETERANS HEALTH CARE SYSTEM. Thank you for completing the survey and for your participation in this important project.

INSTRUCTIONS:

Responses to this survey can be entered electronically or manually. (NOTE: In order to enter the data electronically in the designated fields, this form must be locked. To lock for data entry click on *View*, then on *Toolbars* and scroll down to *Forms*. Click on *Forms* to open the Forms toolbox. Click on the padlock icon to lock.)

- To respond **electronically**, click on the gray-shaded boxes representing your choices and, where indicated, type in written responses. When you have completed the survey, click on the *Save* icon on your toolbar. To return the survey, click on *Forward* and e-mail to

_____.

- To respond **manually**, print the survey, complete it as directed. Write any comments on the backs of the survey pages. Fax the completed survey to _____, making sure you fax both sides of the pages if you have included comments.

1 Do you refer terminally ill veterans who are patients in your VA facility to community hospice agencies?
 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. How many veterans did you refer to community hospice(s) in the last calendar year?
____ Number referred (from data logs or other source)
____ Estimated number referred
____ We don't track referrals to community hospices

Additional comments: _____

4. In the past year, to which of the following community agencies and VA facilities have you referred veterans for hospice or palliative care services?

Hospice Agency or VA Facility	Never	Rarely	Somewhat Often	Very Often
Community hospice agency for home-based care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community hospice agency for inpatient-based care (e.g., care provided by a hospice agency in a hospice inpatient unit or in a non-VA nursing home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Home Health Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA designated inpatient hospice unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA Medical Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA Nursing Home Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Veterans Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (list) _____

Additional comments: _____

5. For those veterans you refer to community hospices, does your VA facility pay the hospices for the services they provide if the veteran is uninsured or underinsured?

Yes No

Additional comments: _____

6. Please rank order the frequency of ways in which community hospices are paid for services they provide to veterans you refer to them where 1 = most frequent type of payment.

Per Diem _____
 Fee-for-service basis _____
 Sharing agreement _____
 Private pay _____
 None (no payments made for hospice services) _____

____ Other (please describe) _____

Additional comments: _____

7. Please rank order the payors listed below by the frequency with which community hospices are paid for the services they provide to veterans you refer to them where 1 = most frequent source of payment.

Medicare	_____
Medicaid	_____
TriCare/Champus	_____
HMO	_____
Private Insurances	_____
Hospice has contract with the VA facility	_____
Private pay (veteran pays out of pocket)	_____
VA does not purchase hospice services	_____
Other (please describe)	_____

Additional comments: _____

8. We are trying to understand some of the 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 some of the legal/regulatory barriers that exist between community hospices and VA facilities	No Barrier	Minor Barrier	Barrier	Major Barrier
VA policies regarding accreditation requirements (JCAHO, CHAP, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some hospices require too much documentation to certify the 6 month prognosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some hospices limit the type of treatments patients can get, especially if they are considered to be "curative" or "aggressive."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospices are required to provide medications, DME and biologicals related to the terminal illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans enrolled in community hospice have to revoke hospice to be admitted to a VA facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other legal/regulatory barriers you have encountered (please describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments: _____

9. 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	Somewhat Good	Good	Excellent
Communication between community hospice and VA staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case management assistance for outpatient cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of care delivered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support to veterans and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support to VA facility and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability of hospice to provide care that meets the unique needs of veterans at the end of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments: _____

10. 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 community hospices may have problems working with them

	No Barrier	Minor Barrier	Barrier	Major Barrier
VA staff do not communicate effectively with community hospice staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA staff do not understand the Medicare Hospice Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA physicians do not have DEA numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA physicians are not always available 24/7 to respond to community hospice staff who are caring for their veteran patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA facilities do not reimburse community hospices for the services they provide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community hospice medical director/physicians are not available to coordinate care for veterans after hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other barriers you have encountered (please describe) _____

 Additional comments: _____

15. In your opinion, please list specific resources that will be helpful to you in facilitating quality end-of-life care for veterans who need hospice and palliative care services in the community

- a.
- b.
- c.
- d.
- e.

Please provide any other comments: _____

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

- a. _____
NAME TELEPHONE E-MAIL
- b. _____
NAME TELEPHONE E-MAIL
- c. _____
NAME TELEPHONE E-MAIL

17. Name of VA staff person completing form: _____

Your role in your organization: _____

VA Facility name: _____

VA Facility address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

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

SAMPLE HVP FACT SHEET

Please customize as appropriate to reflect your HVP's mission, vision, and activities.

Hospice-Veteran Partnership of [STATE/REGION]

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

The Hospice-Veteran Partnership (HVP) of [STATE/REGION] is a partnership of end-of-life care advocates and hospice and Department of Veterans Affairs (VA) professionals 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.

Why were we formed?

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 services 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
- Strengthening relationships between community hospices and VA facilities
- Improving veterans' access to hospice and palliative care across all sites and levels of care

Who are our members?

Our HVP includes representatives from Rallying Points end-of-life care coalitions, the state hospice organization, community hospice agencies, VA facilities, state veterans homes, veterans service organizations, military hospitals, and other organizations and individuals interested in improving end-of-life care for veterans.

How can you get involved?

For more information about joining the HVP of [STATE/REGION], contact [FULL NAME] at [PHONE NUMBER] or [E-MAIL]. To learn more about the VA Hospice and Palliative Care Initiative, contact Diane Jones at 202-273-8379 or Diane.Jones@hq.med.va.gov.

Developing a Strategic Plan

V

Once you have evaluated the needs assessment, you will be ready to start developing a strategic plan. The first step in this process is refining your Hospice-Veteran Partnership's (HVP's) mission, vision, and objectives. Then, you can brainstorm action items that will help further your cause.

In this section of the toolkit, you will find a worksheet to help you develop your strategic plan. We have also included suggestions for HVP activities and success stories from the field.

WORKSHEET FOR DEVELOPING A STRATEGIC PLAN

Additional guidance is available in the Community Tool-Box Center section of the Rallying Points Web site (<http://www.rallyingpoints.org>). Click on capacity-building tools and look under Planning for Action.

Name of Hospice-Veteran Partnership
Vision
Mission
Objectives
1.
2.
3.

Action Item 1

What is this action item?

Which objective will it further?

What steps need to be taken?

Step	Person Responsible	Resources Needed	Deadline

How will the outcome be evaluated?

Action Item 2

What is this action item?

Which objective will it further?

What steps need to be taken?

Step	Person Responsible	Resources Needed	Deadline

How will the outcome be evaluated?

Action Item 3

What is this action item?

Which objective will it further?

What steps need to be taken?

Step	Person Responsible	Resources Needed	Deadline

How will the outcome be evaluated?

SUGGESTIONS FOR HVP ACTIVITIES

Community Outreach

- Distribute information about hospice and palliative care to veterans service organizations, 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.

Legal and Regulatory

- 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 enable hospice and VA providers to quickly identify and make contact with the expert that best meets their needs.
 - Publish frequently asked questions in print and Web-based newsletters.

Provider Education

- 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.
- Develop VA-related workshops for regional and state educational conferences for health care providers.
- 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.
- Distribute information at regional and state educational conferences for health care providers on health and end-of-life issues specific to veterans.

Research

- Partner with a university or academic medical center to research end-of-life issues relating to veterans and their military experiences.

- Conduct research to assess the strength of VA-hospice relations in your area and to evaluate the effectiveness of various HVP activities.

VA-Hospice Relationship Building

- Recruit mentors to provide ongoing support to 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.
- Convene a forum to discuss challenges to collaboration. Suggested topics include: working with VA physicians who do not have a DEA number or do not have a local license; providing the Medicare Hospice Benefit to veterans residing in state veterans homes and community nursing homes that contract with VA facilities; understanding issues relating to medications, durable medical equipment, and biologicals; and addressing confusion surrounding VA-provided and community hospice-provided inpatient care.
- Bring in an expert who can offer guidance on forming contracting and sharing agreements.
- Conduct joint staff development activities.

IDEAS FOR HVP MEMBERS

Another way your HVP can have an impact is by encouraging participants to make changes within their own organizations. Below is a sample checklist for how community 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, state veterans homes, veterans service organizations, etc.

Checklist for Community Hospices

Special thanks to Kathy Brandt, director of the Rallying Points Eastern/Southern Regional Resource Center, for preparing this checklist.

- Form an internal task force to examine clinical and administrative systems and processes related to providing quality care to veterans.
 1. Goals of the task force can include:
 - Identify barriers to accessing hospice services by veterans and develop a plan to eliminate or reduce these barriers.
 - Explore options to enhance services to veterans.
 - Develop an outreach strategy to increase access by veterans.

2. Potential task force members include:

- Clinical director
- Admission leader
- Psychosocial leader
- Accounting/MIS
- Community liaison
- Community relations staff
- Inpatient/residential manager
- Education coordinator

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

1. Revise intake/admission forms, database, and protocol.

2. Include:

Veteran: Yes No

Military Branch: Air Force Army Coast Guard

Marine Corp Navy

Combat experience: _____

Other military experience: _____

■ Collect military status of volunteers and staff.

1. See list above.

2. Revise volunteer and employee applications.

3. Request that volunteer coordinators and supervisors collect information for current volunteers and staff.

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

1. Expand psychosocial assessment to include specific questions related to military and combat experiences.

2. Train all clinical staff and volunteers about veterans' unique end-of-life experiences.

3. Develop tools and resources to teach and remind staff about the importance of assessing for veteran-specific issues.

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

1. Work with the local VA clinical staff to develop and implement an educational program on veterans at the end of life.

2. Integrate veterans' issues into hospice staff and volunteer orientation.

3. Create self-learning resources for staff and volunteers.

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

1. Assign one person to work with VA facilities.

2. The liaison can meet with any of the following VA staff to discuss ways to enhance continuity of care:
 - VA medical director
 - Nursing director
 - VA staff physicians
 - Social services staff
 - Hospice/palliative care staff
 - Veteran home director
 - Community-Based Outpatient Clinic (CBOC) director
- Recognize patients, family members, volunteers, and staff on Veteran's Day and other occasions.
 1. Highlight veterans' issues in the hospice newsletter.
 2. Recognize veterans at staff meetings, volunteer support meetings, and other events.
 3. Give patients, family members, volunteers, and staff a small token of appreciation on Veteran's Day.
 4. Have a Veteran's Day event at your facility.
 - Create a special certificate to be posted on the door of military veterans at residential or inpatient facilities.
 1. Offer each newly admitted veteran the option of having a special certificate on his or her door.
 2. Provide the ability to customize certificates to reflect military experience, special honors, etc.

HVP SUCCESS STORIES

Profile: HVP of Florida

As the first Hospice-Veteran Partnership (HVP) in the nation, the HVP of Florida is serving as a model for other state hospice organizations and end-of-life care coalitions. Inspired by a National Hospice and Palliative Care Organization Council of States presentation about the National HVP Program, Sue Homant, executive director of Florida Hospices and Palliative Care, Inc. (FHPC), asked Diane Jones, VAHPC Project Administrator, to work with her and the FHPC board of directors to establish a Florida initiative to address veterans' needs. Kathy Brandt, director of the Rallying Points Eastern/Southern Regional Resource Center, became involved as a consultant and resource shortly thereafter.

Within a few months, the Florida statewide steering committee had assembled and organized workgroups. The HVP decided to focus on four key areas to improve end-of-life care for veterans:

- Education: Conducting statewide and regional educational seminars to encourage VA organizations and hospices to learn from each other to better serve Florida's veterans, and identifying other education opportunities for end-of-life professionals and the public.

- **Broadening/Creating Coalitions:** Increasing awareness of and access to hospice and end-of-life services available to veterans through community coalitions and partners, and identifying projects and programs to achieve this goal.
- **Legal/Regulatory:** Identifying potential regulatory and legislative barriers, and identifying solutions to barriers for improving veterans' access to care and services.
- **Funding:** Identifying and obtaining funding to support HVP projects.

Although the HVP is still in the early phases of development, it is already moving forward with a number of exciting activities.

- A survey of hospices and VA facilities was conducted to determine scope of services and awareness.
- Florida Hospices and Palliative Care Organization's Annual Symposium will include two sessions related to end-of-life care for veterans, including a session on veterans' unique end-of-life experiences.
- The partnership is developing resources for a statewide "Thank a Veteran" campaign in November to coincide with National Hospice Month and Veteran's Day.
- A statewide education event is being planned, and technology venues for such an event are being researched, along with in-person education options.

To learn more about the HVP of Florida, contact Sue Homant at 850-878-2632 or suehospice@aol.com.

Profile: HVP of Maine

Established in October 2002, the Hospice-Veteran Partnership of Maine is a VA-based HVP with strong support from the Maine Hospice Council, the Maine Veterans Homes, Maine's statewide Rallying Points coalition, and the Maine Consortium for Palliative Care and Hospice. Hosted by Togus VA Medical & Regional Office Center, the HVP holds monthly conference calls and has begun meeting quarterly in person.

In addition to its core partners, the HVP includes representatives from VA community-based outpatient clinics and home health and hospice agencies. It has also begun reaching out to local veterans service organizations.

The HVP is governed by a steering committee of 15 members. Participants include social workers, nurses, chaplains, compliance officers, and CEOs.

One of the HVP's top priorities is to conduct a formal needs assessment of VA facilities, state veterans homes and home hospice agencies. In the meantime, it has already begun tackling issues that emerged during conference calls and meetings.

The HVP recently formed a subcommittee to increase the pool of hospice volunteers. As part of its efforts, the HVP is working with veterans service organizations to inform their members about volunteer opportunities.

Training hospice volunteers has been a challenge in the past because of the expense and time involved in bringing in an outside trainer. To address this barrier, the HVP is developing a train-the-trainer program. Employees at VA facilities and state veterans homes will be taught to train volunteers, which will allow these organizations to conduct orientations whenever the need arises.

Another focus of the HVP is helping VA facilities work more closely with home hospice agencies. For example, the HVP is beginning to look into some of the complex issues surrounding referral and purchase of hospice services. One of the key goals is to bridge the terminology gap between the VA health system and the Medicare-oriented community hospice system.

Looking ahead, the HVP hopes to conduct community outreach on advance directives and end-of-life care. It will also work to increase the availability of inpatient hospice care—both in VA facilities and freestanding community hospices.

To learn more about the HVP of Maine, contact Patrick Daly at 207-941-8160 or Patrick.Daly@med.va.gov.

Understanding Hospice and Palliative Care and the Medicare Hospice Benefit

VI

Many of the 674,000 veterans who will die this 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 and Palliative Care?

Considered to be the model for quality, compassionate care for people facing a life-limiting illness or injury, hospice and palliative care involve 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 the patient's loved ones as well. At the center of hospice and palliative 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 focuses on caring, not curing and, in most cases, care is provided in the patient's home. Hospice care also is 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, race, or illness. Hospice care is covered under Medicare, Medicaid, most private insurance plans, HMOs, and other managed care organizations.

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.

How does hospice care work?

Typically, a family member serves as the primary caregiver and, when appropriate, helps make decisions for the terminally ill individual. 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.

The hospice team develops a care plan 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);
- Nurses;
- Home health aides;
- Social workers;
- Clergy or other counselors;
- Trained volunteers; and
- Speech, physical, and occupational therapists, if needed.

What Services Are Provided?

Among its major responsibilities, the interdisciplinary hospice team:

- Manages the patient's pain and symptoms;
- Assists the patient with the emotional and psychosocial and spiritual aspects of dying;
- Provides needed drugs, medical supplies, and equipment;
- Coaches the family on how to care for the patient;
- Delivers special services like speech and physical therapy when needed;
- Makes short-term inpatient care available when pain or symptoms become too difficult to manage at home, or the caregiver needs respite time; and
- Provides bereavement care and counseling to surviving family and friends.

Source: National Hospice and Palliative Care Organization.

THE MEDICARE HOSPICE BENEFIT



ISSUE BRIEF
VOL. 2, NO. 9, 2001

This ongoing series provides information on how to develop programs to educate Medicare beneficiaries and their families. Additional information about this and other projects is available on the Center for Medicare Education's Web site: www.MedicareEd.org. This material may be reprinted only if it includes the following: Reprinted with the permission of the Center for Medicare Education.

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The Medicare Hospice Benefit

ABOUT THIS BRIEF

November is national hospice month. Since 1983, Medicare has covered hospice services for beneficiaries with terminal illnesses. However, relatively few people know that this benefit exists. In this brief we discuss how the Medicare hospice benefit works—who is eligible, what it covers (and doesn't cover) and how you can help your clients access this benefit.

Coping with a terminal illness is a difficult experience both for the dying person and for his or her loved ones. When facing tough decisions on end-of-life care, patients and families often ask the following questions:

- What kind of end-of-life care is available?
- Where will I receive this care?
- How will I pay for it?

That's why it's so critical to have the right information at the right time: to help your clients and their caregivers understand more about hospice care and the benefits for which they are eligible under Medicare. Baby Boomers are rapidly becoming "Senior Boomers," and helping them to understand these issues is critical.

Surprisingly, many people do not realize that there is an all-inclusive hospice care benefit available through the Medicare program. In fact, national research conducted by the National Hospice Foundation showed that 90 percent of Americans don't know that Medicare pays for hospice care (see below).

Since 1983, the Medicare Hospice Benefit has enabled millions of terminally ill people and their families to receive end-of-life care that emphasizes comfort, compassion and dignity. In this brief we outline the eligibility requirements and services covered under the Medicare Hospice Benefit.

Some interesting facts...

Research conducted by the National Hospice Foundation found that most Americans over the age of 45 are completely unaware of hospice services.¹ For example:

- Nearly 80 percent do not think of hospice as a choice for end-of-life care.
- Approximately 75 percent do not know that hospice care can be provided at home.
- Less than 10 percent know that hospice provides pain relief for the terminally ill.
- 90 percent don't know that Medicare pays for hospice.

What Is Hospice Care?

The hospice philosophy holds that end-of-life care should emphasize quality of life. At the center is the belief that each of us has the right to die pain-free and with dignity, and that our families and friends should receive the necessary support to allow us to do so. The focus is on caring, not curing.

Hospice is about the living that goes on during the time between the diagnosis of a life-threatening illness and death, and the goal is to treat the whole person, not the disease. It involves a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to a patient's needs and wishes. Support is extended to his or her loved ones as well.

In most cases, care is provided in a patient's home. However, hospice care is also provided in free-standing hospice facilities, hospitals, and nursing homes and other long-term care facilities. Hospice services are available to patients of any age, religion, race, or illness. Currently most hospice patients are Medicare beneficiaries.²

HOW DOES HOSPICE CARE WORK?

Typically, a family member or friend serves as the primary caregiver and, when appropriate, helps make decisions for the terminally ill individual. Members of the hospice staff make regular visits to assess the patient and provide additional care or other services. Hospice staff are on call 24 hours a day, seven days a week. In addition, in hospice, care does not end with the patient's death; rather, it continues, with up to 13 months of bereavement counseling for the patient's family and other loved ones.

Working closely with the patient and his or her family, the hospice team develops a care plan that focuses on the patient's well-being and the need for pain management and symptom control. The plan outlines the medical and support services required such as nursing care, personal care (i.e., dressing, bathing, etc.), social services, physician visits, counseling and homemaker services. It also identifies the medical equipment, tests, procedures, medication and treatments necessary to provide high-quality comfort care. In addition to the patient himself or herself, the hospice team usually consists of:

- The patient's family/caregiver
- The patient's personal physician
- Hospice physician (or medical director)
- Nurses
- Home health aides
- Social workers
- Clergy or other counselors
- Trained volunteers
- Speech, physical and occupational therapists, if needed

What Is the Medicare Hospice Benefit?

The Medicare program consists of two parts:

- Part A** - Hospital Insurance
- Part B** - Medical Insurance

Hospice care is available as a benefit under Medicare Part A. The Medicare Hospice Benefit is designed to meet the unique needs of those who have a terminal illness, providing them and their loved ones with special support and services not otherwise covered by Medicare. Under the Medicare Hospice Benefit, people with Medicare who enroll in hospice elect to receive non-curative treatment and services for their terminal illness by waiving the standard Medicare benefits for treatment of a terminal illness. However, they may continue to access standard Medicare benefits for treatment of conditions unrelated to their terminal illness.

WHO IS ELIGIBLE FOR HOSPICE BENEFITS UNDER MEDICARE?

Hospice benefits are available to Medicare beneficiaries who:

- Have Medicare Part A
- Are certified by their doctor and the hospice medical director as terminally ill and having a life expectancy of six months or less.
- Sign a statement choosing hospice care using

the Medicare Hospice Benefit, rather than curative treatment and standard Medicare covered benefits for their terminal illness.

- Enroll in a Medicare-certified hospice program.

WHAT IS COVERED UNDER THE MEDICARE HOSPICE BENEFIT?

The Medicare Hospice Benefit covers the following services as long as they relate to the terminal diagnosis and are outlined in the patient's care plan:

- Physician services for the medical direction of the patient's care, provided by either the patient's personal physician or a physician affiliated with a hospice program.
- Regular home care visits by registered nurses and licensed practical nurses to monitor the patient's condition, provide appropriate care and maintain patient comfort.
- Home health aide and homemaker services (such as dressing and bathing) that address the patient's personal needs.
- Chaplain services for the patient and/or loved ones, if desired.
- Social work and counseling services.
- Bereavement counseling to help patients and their loved ones with grief and loss.
- Medical equipment (i.e., hospital beds).
- Medical supplies (i.e., bandages and catheters).
- Drugs for symptom control and pain relief.
- Volunteer support to assist the patient and loved ones.
- Physical, speech and occupational therapy.
- Dietary counseling.

However, as mentioned earlier, hospice enrollees also still receive standard Medicare benefits for treatment of conditions that are unrelated to their terminal illness. (For more information about Medicare health plans or to receive a Medicare handbook, call 1-800-MEDICARE, or 1-800-633-4227.)

DOES THE BENEFIT PAY FOR HOSPICE CARE IN A PLACE OTHER THAN A PERSONAL RESIDENCE?

Sometimes a patient does not or cannot reside in a private home. The Medicare Hospice Benefit also reimburses for hospice services that are delivered in freestanding hospice facilities, hospitals, and nursing homes and other long-term care facilities. *However, the benefit does not cover expenses for room and board.* In some instances, Medicaid may cover these expenses for eligible patients. For more information about Medicaid, consult your state or local Medicaid or medical assistance office.

DOES IT COVER CONTINUOUS CARE (A SPECIAL LEVEL OF HOSPICE CARE) AT HOME?

If there is a brief, acute episode that requires additional care to manage pain or acute medical symptoms, nursing care may be covered on a continuous basis to maintain the patient at home. Skilled nursing, home health aide services or a combination of both may be covered on a 24-hour basis during periods of crisis, but care during these periods must be predominantly nursing care.

DOES THE BENEFIT COVER GENERAL INPATIENT CARE?

If a hospice inpatient admission is necessary for a patient because of a crisis or an acute episode that cannot be handled at home, the hospice team will arrange for the patient's stay in a freestanding hospice facility hospital, nursing home or other long-term care facility that is Medicare-certified.

IS THERE ANY RELIEF PROVIDED FOR FAMILY OR FRIENDS WHO CARE FOR HOSPICE PATIENTS?

On occasion caregivers may, need a break, or respite, from daily caregiving. To give caregivers relief, respite care may be provided in a Medicare-approved facility such as a freestanding hospice facility hospital, nursing home or other long-term care facility, which is covered by Medicare for up to five days at a time.

WHAT IS NOT COVERED?

The following services are *not* covered under the Medicare Hospice Benefit:

- Services for conditions unrelated to the terminal illness.
- Services for the terminal diagnosis that are not called for in the hospice care plan or arranged by the hospice program.
- Services provided by a hospice program that is not Medicare-certified.

WHAT COSTS ARE COVERED? AND WHAT ARE THE OUT-OF-POCKET COSTS FOR PEOPLE WITH MEDICARE?

Medicare pays the hospice provider directly for a patient's hospice care. The Medicare reimbursement for hospice care is a set rate per day. There are four hospice rates, which are linked to the four levels of hospice care: routine home care, general inpatient care, respite care and continuous care.

Patients may have to pay no more than five percent³ up to \$5 for each prescription for outpatient drugs for pain relief and symptom control. The hospice patient may also be responsible for five percent of the Medicare-approved amount for inpatient respite care.

DO BENEFICIARIES FORFEIT THEIR MEDICARE COVERAGE IF THEY CHOOSE HOSPICE CARE?

Not at all. Beneficiaries retain full Medicare coverage for any health-care needs not related to the terminal diagnosis, even if they elect hospice care. However, they must continue to pay the applicable deductible and coinsurance amounts under the Original Medicare Plan or the co-payments under a Medicare managed care plan.

WHAT IF SOMEONE IS ENROLLED IN A MEDICARE MANAGED CARE PLAN?

A hospice-eligible patient who is enrolled in a Medicare managed care plan may choose any Medicare-certified hospice provider. *Authorization from the managed care plan is not required.*

HOW LONG CAN SOMEONE RECEIVE HOSPICE CARE?

This is an area in which there has been a great deal of confusion because of the rule requiring that hospice patients have six months or less to live. *Patients can continue to receive hospice care for as long as the physicians continue to re-certify the terminal illness.* Two 90-day benefit periods of care are followed by an unlimited number of 60-day periods, as long as the patient is eligible (i.e., certified by his or her doctor and the hospice medical director as terminally ill with a life expectancy of six months or less if the disease runs its normal course).

CAN A PATIENT CHANGE HIS OR HER HOSPICE PROVIDER?

Yes. A hospice patient has the right to change hospice providers once per benefit period; however, the newly chosen hospice program must also be Medicare-certified.

CAN SOMEONE OPT OUT OF HOSPICE CARE?

A hospice patient has the right to stop receiving hospice care at any time, for any reason. If someone chooses to stop hospice care, they will automatically go back to receiving all of their benefits from Original Medicare or his or her chosen Medicare+Choice plan. On occasion, a terminally ill hospice patient's health improves, or his or her illness goes into remission. A patient's condition may become stable to the point that the hospice team and physician(s) believe the patient cannot be certified as terminally ill (having a life expectancy of six months or less) and therefore is no longer eligible for the benefit. However, at any point in time, a patient can return to hospice care, as long as the eligibility criteria is met and certification by the physician(s) and hospice team is received.

Additional Resources

MEDICARE HOSPICE BENEFITS

<http://www.medicare.gov/Publications/Pubs/pdf/02154.pdf>

Available through the Medicare.gov Web site (in English, Spanish and large print versions), this guide offers an explanation of Medicare's hospice care coverage. (Also available by calling 1-800-MEDICARE or 1-800-633-4227.)

NATIONAL HOSPICE FOUNDATION

<http://www.hospiceinfo.org>

HOSPICE FOUNDATION OF AMERICA

<http://www.hospicefoundation.org>

These sites offer a wealth of information about hospice, including how to find and select a hospice in your community. The National Hospice Foundation site includes its publication, *Hospice Care: A Consumer's Guide to Selecting a Hospice Program*.

HOW CAN I FIND A MEDICARE-CERTIFIED HOSPICE PROGRAM?

The National Hospice and Palliative Care Organization (NHPCO), which represents most hospice programs in the United States, has a hospice locator program consisting of its members. To find an

NHPCO member hospice, call NHPCO's HelpLine at 1-800-658-8898 or log on to its Web site at <http://www.nhpc.org/database.htm>. You can also find Medicare-certified hospice programs through your state hospice association, state health department, other health-care professionals, clergy, or local phone directories.

2003 Medicare Premium Amounts

PART A (HOSPITAL INSURANCE) PREMIUM

Most people do not pay a monthly Part A premium because they (or a spouse) have 40 or more quarters of Medicare covered employment.

- \$316.00 per month (For those individuals who are not otherwise eligible for premium-free hospital insurance and have less than 30 quarters of Medicare covered employment).
- \$174.00 per month (For those individuals who are not otherwise eligible for premium-free hospital insurance and have 30-39 quarters of Medicare covered employment).

PART B (MEDICAL INSURANCE) PREMIUM

- \$58.70 per month. (Medicare+Choice plans may charge an additional premium.)

2003 Original Medicare Plan Deductible and Coinsurance Amounts

PART A: (HOSPITAL INSURANCE)

Deductible

- \$840.00 (per benefit period)

Coinsurance

- \$210.00 a day for the 61st - 90th day each benefit period.
- \$420.00 a day for the 91st - 150th day for each lifetime reserve day (total of 60 lifetime reserve days - non-renewable).

Skilled Nursing Facility Coinsurance

- \$105.00 a day for the 21st - 100th day each benefit period.

PART B: (MEDICAL INSURANCE)

Deductible

- \$100.00 per year.

For more information, visit <http://www.medicare.gov>.

Sign up additional people to receive our issue briefs:

Name: _____	Name: _____
Title: _____	Title: _____
Company: _____	Company: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____

Send via mail, fax, or e-mail. Contact information listed below.

¹ National Hospice Foundation, *Public Opinion Survey*, <http://www.hospiceinfo.org/public/articles/index.cfm?cat=13>, 1999.

² National Hospice and Palliative Care Organization, *NHPCO Facts and Figures*, <http://www.hospiceinfo.org>, 1999.

About the Author

The National Hospice and Palliative Care Organization (NHPCO) is committed to improving end-of-life care and expanding access to hospice care with the goal of profoundly enhancing quality of life for people dying in America and their loved ones.



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Fax: 202-783-4266
Email: info@MedicareEd.org
Web site: www.MedicareEd.org

ADDITIONAL RESOURCES

Partnership for Caring

<http://www.partnershipforcaring.org>

Partnership for Caring is a national nonprofit organization that partners individuals and organizations in a powerful collaboration to improve how people die in our society. Among other services, Partnership for Caring operates the only national crisis and information hotline dealing with end-of-life issues and provides state-specific living wills and medical powers of attorney. Its Web site includes a wealth of consumer information on hospice and palliative care.

National Hospice and Palliative Care Organization

<http://www.nhpc.org>

The National Hospice and Palliative Care Organization (NHPCO) 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 profoundly enhancing quality of life for the dying and their loved ones. The NHPCO Web site features several consumer resources in its *Hospice & Palliative Care Information* section.

Official U.S. Government Site for People with Medicare

<http://www.medicare.gov>

The U.S. Medicare Web site includes a 16-page guide to the Medicare Hospice Benefit. To download the booklet, click on *Publications* and then do a search for *Medicare Hospice Benefits*.

VII

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 system occasionally are seen 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 also included suggestions for additional resources.

MILITARY SERVICE HISTORY CARD

The Military Service History Card was developed by the VA Office of Academic Affiliations. Its purpose is to help people who serve veterans develop a better rapport with them and understand their unique experiences. The card suggests several questions that invite veterans to share their stories. Additional insight into special veterans' issues can be found on the card's supporting Web site (<http://www.va.gov/oa/pocketcard>).

 <p>Department of Veterans Affairs</p> <p>Answers to these questions will provide information helpful in understanding patients' medical problems and complaints, and will help you establish rapport and working partnerships with your veteran patients.</p> <p>For additional resources, including selected articles, abstracts, and bibliographies, refer to the Office of Academic Affiliations web site. www.va.gov/oa/pocketcard/</p> <p>Veterans Health Initiative Independent Study Courses vaww.sites.lrn.va.gov/vhil</p>	<h3>MILITARY SERVICE HISTORY</h3> <ul style="list-style-type: none"> • Tell me about your military experience. • What did you do? • When and where did you serve? • How has it affected you? <p><i>If your patient answers "Yes" to any of the following questions, ask "Can you tell me more about that?"</i></p> <ul style="list-style-type: none"> • Were you a prisoner of war? • Did you see combat, enemy fire, or casualties? • Were you wounded or hospitalized? • Did you participate in any experimental projects? • Do you have a claim pending or do you have a service-connected condition? <p>provided by Office of Academic Affiliations June 2003</p>
<h3>UNIQUE HEALTH RISKS</h3> <p>WWII Infectious diseases • Wounds Exposure to nuclear weapons or cleanup • What theatre? <i>Pacific • Europe • Africa</i></p> <p>KOREA Cold Injury • Lasting effects?</p> <p>COLD WAR Nuclear Testing</p> <p>VIETNAM Length & time of service • Exposure to Agent Orange • Infectious Diseases</p> <p>GULF WAR Exposures to Smoke • Immunizations Chemical or Biological Agents Depleted Uranium (DU) • Infections</p> <p>PEACE TIME Exposures • Experiences Peacekeeping Deployment</p>	<h3>ISSUES OF CONCERN</h3> <p>It is recommended that all veterans be asked these questions.</p> <p>HEPATITIS C VIRUS (HCV) INFECTION</p> <ul style="list-style-type: none"> • Are you a Vietnam-era veteran? • Did you have a blood transfusion before 1992? • Have you ever injected drugs such as heroin or cocaine? <p>PAIN AS THE FIFTH VITAL SIGN</p> <ul style="list-style-type: none"> • Are you having pain now? • On a scale of 0 - 10, how would you rate your pain? <p>HOMELESSNESS</p> <ul style="list-style-type: none"> • Where do you live? • Who lives with you? • What have you done for a living? <p>SEXUAL HARASSMENT AND TRAUMA</p> <ul style="list-style-type: none"> • Have you ever experienced physical, emotional, or sexual harassment or trauma? • Is this causing you problems now? • Do you want a referral? <p>PTSD (POST TRAUMATIC STRESS DISORDER) if you suspect PTSD, refer to web site for more info http://www.va.gov/oa/pocketcard/</p>

VETERANS HEALTH ADMINISTRATION 101

Special thanks to the following individuals who prepared this guide:

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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 today serves more than 6.8 million veterans.

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 163 VAMCs, more than 850 ambulatory care and outpatient clinics, 137 nursing home care programs, 73 home care programs, and 43 domiciliaries.

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 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 <http://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.

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 four, six, and seven (See Priority Groups listed below) may be required to pay a co-pay, as they did not have a service-connected disability or their disability did 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.

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

- Nonservice-connected veterans and noncompensable (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

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
 - Subpriority a: Noncompensable, 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
 - Subpriority c: Nonservice-connected veterans who were enrolled in the VA Health Care System on a specified date and who have remained enrolled since that date
 - Subpriority e: Noncompensable, zero-percent, service-connected veterans not included in Subpriority a above
 - Subpriority g: Non service-connected veterans not included in Subpriority 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
 - Subpriority a: Noncompensable, zero-percent, service-connected veterans enrolled as of January 16, 2003, and who have remained enrolled since that date
 - Subpriority c: Nonservice-connected veterans enrolled as of January 16, 2003, and who have remained enrolled since that date
 - Subpriority e: Noncompensable, zero-percent, service-connected veterans applying for enrollment after January 16, 2003
 - Subpriority g: Nonservice-connected veterans applying for enrollment after January 16, 2003

Medical Benefits

What benefits are contained within the Medical Benefits Package?

The following services are available through the VA:

Basic Care

- Hospital or outpatient medical, surgical, or mental health care, and care for substance abuse
- Prescription coverage under the VA national formulary
- Emergency care in a VA medical center
- Emergency care in a non-VA facility (with specific requirements)
- Bereavement counseling
- Rehabilitative services (not vocational services)
- Consultation, counseling, training, and mental health services for family members or legal guardian
- Durable medical equipment, prosthetic and orthotic devices (including eyeglasses and hearing aids)

- Home health services
- Reconstructive plastic surgery (required as a result of disease or trauma)
- Respite, hospice, and palliative care
- Payment of travel expenses (with specific requirements)
- Pregnancy and delivery
- Completion of forms

Preventive care services provided include periodic medical exams, health education, drug use monitoring and education, and mental health and substance abuse services.

What services are not provided under the Medical Benefits Package?

Services **NOT** provided include:

- 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 http://www.va.gov/health_benefits.

Hospice and Palliative Care Benefits

The Veterans Millennium Health Care and Benefits Act of 1999 (Public Law 106-117) contained provisions for providing hospice and palliative care services to eligible veterans. Hospice and palliative care are covered services on equal priority with any other medical care service as authorized in the Medical Benefits Package, and must be appropriately provided in any outpatient setting and in any inpatient bed location.

Who is eligible for what?

Veterans enrolled in VA health services (see eligibility requirements outlined earlier) 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 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 elects home hospice care—and does not have Medicare or other insurance—the VA can pay for that care by contracting with a non-VA community hospice agency.

Burial Benefits

What burial benefits are available for veterans and their family members?

Veterans and members of the armed forces (Army, Navy, Air Force, Marine Corps, 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

How much does the VA pay for burial services?

For a service-related death, the VA will pay up to \$1,500 toward burial expenses for deaths prior to September 10, 2001. For deaths on or after September 11, 2001, 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 nonservice-related deaths, the VA will pay up to \$300 toward burial and funeral expenses, and a \$150 plot-interment allowance for deaths prior to December 1, 2001. The plot-interment allowance is \$300 for deaths on or after December 1, 2001. If the death occurred while the veteran was in a VA hospital or under contracted nursing home care, some of 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 <http://www.vba.va.gov/bln/21/Milsvc/Docs/Burialeq.doc>.

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

VA Palliative Care Initiatives

What is the history of palliative care in the VA?

The VA has a substantial history of embracing palliative care. In 1992 the VA implemented a new policy indicating that all veterans should be provided access to a hospice program, either within the VA system or through referral to a community hospice agency. Additional initiatives include the adoption in 1999 of pain as a 5th vital sign within all VA facilities; the VA Faculty Leaders Project for Improved Care at the End of Life (1998–2000), intended to educate faculty and expand palliative care information contained in the curriculum for general internal medicine residencies; and a one-year Training and Program Assessment for Palliative Care (TAPC) Project conducted in 2001 to identify and describe hospice and palliative care programs within the VA, create resources to facilitate the development of hospice and palliative care programs, and explore the viability of initiating palliative care fellowship programs.

The TAPC project revealed significant findings, including:

- Forty-one percent of survey respondents indicated their facility had a hospice or palliative care consult team.
- Twenty-nine percent reported not having referred a patient to a local hospice program in the last year.
- Few facilities required specialized training or certification in hospice and palliative care.
- Few facilities provided training on the coordination of care between the VA health care system and community agencies, grief and bereavement, or how to communicate bad news to patients.

Results of TAPC lead to the development of the TAPC Toolkit (<http://www.va.gov/flp>) and the implementation of the VA Interprofessional Palliative Care Fellowship program at six VAMC sites. TAPC also launched the VA Hospice and Palliative Care Initiative (VAHPC) in November 2001. This two-year project was funded in part by generous grants from the National Hospice and Palliative Care Organization and the Center for Advanced Illness Coordinated Care. It has focused on improving veterans' access to hospice and palliative care services within the VA and in the community and included efforts to improve end-of-life care education and facilitate the development of local VA/hospice partnerships.

What are some specific initiatives currently underway?

The VA has mandated that all VA facilities are required to have a Palliative Care Consultative Team (PCCT) in place by May 2003. The directive makes recommendations for involvement of nursing, medicine, social work, and chaplain services and requires facilities to submit an annual report to VA Central Office regarding their activities.

An Accelerated Administrative and Clinical Training (AACT) Program was developed to assist every VISN in meeting the PCCT directive and enhancing palliative care activities at each VAMC. This program uses a train-the-trainer approach to create VISN Palliative Care teams to perform site visits and assist local facilities in expanding hospice and palliative care services and educational activities.

In local communities, partnerships are being developed between VA professionals and community hospices. A Hospice-Veteran Partnership (HVP) is a partnership of people and community organizations working together to ensure excellent care at the end of life that is available for our Nation's veterans and their families. The mission of HVPs is to establish enduring networks of hospice and VA professionals, veterans, volunteers, and other interested organizations working together to provide quality services through the end of life for all veterans. The National HVP Program is a program of the Department of Veterans Affairs (VA) Hospice and Palliative Care Initiative, and individual HVPs have been developed in numerous states and regions throughout the country.

What are examples of exemplary initiatives within the VA health care system?

A number of outstanding palliative care initiatives have been developed under the auspices of the Veterans Health Administration.

- The Geriatric Research Education Clinical Center (GRECC) at the Edith Nourse Rodgers Memorial Veterans Hospital in Bedford, MA, under the leadership of Ladislav Volicer, MD, has done pioneering work in the palliative care of patients with advanced dementia.
- Dan Tobin, MD, director of the Center for Advanced Illness Coordinated Care and the Life Institute, has successfully integrated advanced illness and end-of-life coordinated care programs within the VA Healthcare Network Upstate NY and the VA New England Healthcare System (15 hospitals and over 60 outpatient centers).
- Six interdisciplinary palliative care fellowship sites were established in 2001, creating the first fellowship of its kind in the Nation.
- Principal Investigators James Hallenbeck, MD, and James Breckenridge, PhD, VA Palo Alto Healthcare System, are conducting a study funded by the Robert Wood Johnson Foundation (RWJF) to investigate the demographics of dying in the VA. Dr. Hallenbeck is the Palliative Care hub site director and, along with Panagiota Caralis, MD, Miami VA Medical Center, was a co-recipient of the 2002 David M. Worthen Award for Academic Excellence.
- Kenneth Rosenfeld, MD, VA Greater Los Angeles Healthcare System, was one of the 22 RWJF-funded *Promoting Excellence in End of Life Care* sites and implemented a new program, "Critical Pathways for Poor-Prognosis Conditions." Dr. Rosenfeld also created the "Wit Film Project," an innovative medical training program using the Emmy Award-winning HBO film adaptation of "Wit" to advance education on end-of-life care.

- David Casarett, MD, MA, at the Philadelphia Veterans Administration Medical Center, is involved in research efforts to understand and improve the way that patients near the end of life make health care decisions.
- Vyjeyanthi Periyakoil, MD, VA Palo Alto Healthcare System, funded by a grant from the National Institutes of Health, is creating the VA Palliative Care Network, a Web-based education and communication resource for VA clinicians and educators and a Web board to link VA and community hospice providers.
- Currently, the Veterans Administration and the National Hospice and Palliative Care Organization have joined in a national collaborative effort to develop partnerships between VA facilities and community hospices that will promote coordination and seamless provision of palliative care to veterans in the community. Rallying Points is a major supporter of this national effort.

Information contained in this document was taken directly from the 2003 Department of Veterans Affairs Federal Benefits for Veterans and Dependents Booklet, the Hospice and Palliative Care Services in the Department of Veterans Affairs: A Report of the TAPC Project Survey, and information documents published on the Veterans Administration Web site (<http://www.va.gov>).

VISN FACILITY LISTING (continued)

VISN 9

VAMC Huntington, WV
VAMC Lexington, KY
VAMC Louisville, KY
VAMC Memphis, TN
VAMC Mountain Home, TN
VA Tennessee Valley HCS:
• VAMC Murfreesboro, TN
• VAMC Nashville, TN

VISN 23

VA Black Hills HCS:
• VAMC Fort Meade, SD
• VAMC Hot Springs, SD
VAM&ROC Fargo, ND
VAMC Minneapolis, MN
VAH&ROC Sioux Falls, SD
VAMC St. Cloud, MN

VISN 17

VA Central Texas HCS:
• VAMC Marlin, TX
• VAMC Temple, TX
• VAMC Waco, TX
VA North Texas HCS:
• VAMC Bonham, TX
• VAMC Dallas, TX
VA South Texas Veterans HCS:
• VAMC Kerrville, TX
• VAH San Antonio, TX

VISN 21

VA C. California HCS, CA
VAM&ROC Honolulu, HI
VARO&OPC Manila, PI
VA N. California HCS
VA Palo Alto HCS:
• VAMC Livermore, CA
• VAMC Palo Alto, CA
VA Sierra Nevada HCS, NV
VAMC San Francisco, CA

VISN 10

VAMC Chillicothe, OH
VAMC Cincinnati, OH
VAMC Cleveland, OH
VAOPC Columbus, OH
VAMC Dayton, OH

VA Central Iowa HCS:
• VAMC Des Moines, IA
• VAMC Knoxville, IA
VA NE - W. IA HCS:
• VAMC Omaha, NE
• VAMC Grd Island, NE
• VAMC Lincoln, NE
VAMC Iowa City, IA

VISN 18

VA New Mexico HCS
VA Amarillo HCS
VA West Texas HCS
El Paso VA HCS
VAMC Phoenix, AZ
VA Northern Arizona HCS
VA Southern Arizona HCS

VISN 22

VA Southern Nevada HCS, NV
VAH Loma Linda, CA
VA Long Beach HCS, CA
VA San Diego HCS, CA
VA Greater Los Angeles Health Care System:
• VAOPC Los Angeles, CA
• Sepulveda OPC, CA
• VAMC West Los Angeles, CA

VISN 11

VA Ann Arbor HCS, MI
VAMC Battle Creek, MI
VA Illiana HCS
VAMC Detroit, MI
VAMC Indianapolis, IN
VA Northern Indiana HCS:
• VAMC Fort Wayne, IN
• VAMC Marion, IN
VAMC Saginaw, MI

VISN 15

VAH Columbia, MO
VA Eastern Kansas HCS:
• VAMC Leavenworth, KS
• VAMC Topeka, KS
VAMC Kansas City, MO
VAMC Marion, IL
VAMC Poplar Bluff, MO
VAMC St. Louis, MO
VAM&ROC Wichita, KS

VISN 19

VAM&ROC Cheyenne, WY
VA Eastern Colorado HCS:
• VAMC Denver, CO
• VA S. Colorado HCS, CO
VAMC Grand Junction, CO
VA Montana HCS:
• VAM&ROC Ft. Harrison, MT
• VA Eastern Montana HCS
VA Salt Lake City HCS, UT
VAMC Sheridan, WY

VISN 12

VA Chicago HCS:
• VAMC Chicago (LS), IL
• VAMC Chicago (WS), IL
VAH Hines, IL
VAMC Iron Mountain, MI
VAH Madison, WI
VAMC Milwaukee, WI
VAMC North Chicago, IL
VAMC Tomah, WI

VISN 16

VAMC Alexandria, LA
VA Gulf Coast HCS
VAMC Fayetteville, AR
VAMC Houston, TX
VAMC Jackson, MS
VA Central Arkansas Veterans HCS
VAMC Muskogee, OK
VAMC New Orleans, LA
VAMC Oklahoma, City, OK
VAMC Shreveport, LA

VISN 20

VA Alaska HCS & RO
VAMC Boise, ID
VAMC Portland, OR
VA Puget Sound HCS:
• VAMC American Lake, WA
• VAMC Seattle, WA
VA Roseburg HCS, OR
VAMC Spokane, WA
VAMC Walla Walla, WA
VA DOM White City, OR

VA ALPHABET SOUP

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

AACT	Accelerated Administrative and Clinical Training Program
ACOS	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 of America
CBOC	Community-Based Outpatient Clinic (under management of a medical center, but not physically located in a medical center)
CHAMPUS	Civilian Health & Medical Program of the Uniformed Services
CHAMPVA	Civilian Health and Medical Program of the Department of Veterans Affairs
CMO	Chief Medical Officer
CNHC	Community Nursing Home Care
CNO	Chief Network Officer
CO	Central Office
COS	Chief of Staff
CPRS	Computerized Patient Record System
CPS	Claims Processing System
DAV	Disabled American Veterans
DOM	Domiciliary (under management of a medical center)
EES	Employee Education System
GEC	Geriatrics and Extended Care http://www.va.gov/vhaethics
GRECC	Geriatric Research, Education, and Clinical Center
HBPC	Home-Based Primary Care
HVAC	House Veterans Affairs Committee
HVP	Hospice-Veteran Partnership
NCA	National Cemetery Administration http://www.cem.va.gov
NCE	National Center for Ethics http://www.va.gov/vhaethics
NHCU	Nursing Home Care Unit
OAA	Office of Academic Affiliations http://www.va.gov/oa
OPC(ORC)	Outpatient Clinic (Outreach Clinic)

OPC(ROC)	Outpatient Clinic (Outpatient Clinic located at Veterans Benefit Regional Office)
OPC(SOC)	Outpatient Clinic (Satellite Outpatient Clinic)
OPT	Outpatient Clinic PCN Palliative Care Network (Currently under development—announcement and Web address will be posted on http://www.va.gov/oaa/flp)
PCS	Office of Patient Care Services
POCs	Points of Contact
POW	Prisoner of War
PTSD	Post-Traumatic Stress Disorder
PVA	Paralyzed Veterans of America
SVAC	Senate Veterans Affairs Committee
SVH	State Veterans Homes
TAPC	Training and Program Assessment for Palliative Care
VA	Department of Veterans Affairs http://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 http://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
VHA	Veterans Health Administration http://www.va.gov/health_benefits
VISN	Veterans Integrated Services Network http://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 http://www.va.gov/vista_monograph)
VSO	Veterans Service Organization http://www.va.gov/vso/default.asp

ADDITIONAL RESOURCES

Office of Academic Affiliations

<http://www.va.gov/oa>

The Veterans Health Administration (VHA) conducts the largest coordinated education and training effort for health care professionals in the Nation. Under the direction of the Chief Academic Affiliations Officer, the Office of Academic Affiliations has a substantial impact on the current and future health workforce of the VA health care system and the Nation. VHA has affiliations with 107 of the nation's 126 medical schools and over 1,200 educational institutions. In Fiscal Year 2002, more than 76,000 students received clinical training in VA facilities.

VA End-of-Life and Palliative Care Web Site

<http://www.va.gov/oa/flp/default.asp>

Highlights include:

- **Creating & Expanding Hospice & Palliative Care Programs in VA**

http://www.va.gov/oa/flp/NLB_Final_April2002.ppt

Microsoft PowerPoint 2M: This PowerPoint slide set, presented to the National Leadership Board on April 16, 2002, provides a succinct overview and financial rationale for creating and expanding hospice and palliative care programs in VA facilities. It can be downloaded and tailored for use by individuals interested in presenting a case for promoting hospice and palliative care program development activities in their own facilities.

- **VA Training & Program Assessment of Palliative Care (TAPC) Project**

http://www.va.gov/oa/flp/TAPC_toolkit/TAPC_survey.doc

Microsoft Word document 1.3 Kb 50 pages: The TAPC Survey was divided into three parts, including (1) clinical services, staff development, and competency requirements (2) administrative support, and (3) training and research. By benchmarking the types and scope of services as well as the prevalence of training in hospice and palliative care now, programs can be developed or enhanced to meet our Nation's veterans' growing demand for quality care at the end of life.

- **Toolkit for Developing Hospice and Palliative Care Programs**

http://www.va.gov/oa/flp/TAPC_toolkit/TAPC_Toolkit.doc

Microsoft Word document 3.7 Mb 118 pages: Created for local champions seeking to improve care through the end of life for veterans and their families, this toolkit aims to help clinical and administrative staff expand existing or develop new palliative care and hospice programs in Department of Veterans Affairs health care facilities.

Palliative Care Network

The VA Palliative Care Network (PCN) is an Internet-based virtual learning community for the Department of Veterans Affairs. A section of the PCN will be devoted to fostering VA-community communication and promoting relationships. This public section of the Web site is currently under development. Information about the availability of PCN and links will be posted on <http://www.va.gov/oa>.

Health Services Research and Development (HSR&D)

<http://www.hsrd.research.va.gov/#overview>

The Health Services Research and Development Service (HSR&D) pursues research at the interface of health care systems, patients, and health care outcomes.

VA National Ethics Center

<http://http://www.va.gov/vhaethics>

The National Center for Ethics promotes ethical health care practices throughout the VA by serving as a resource center for consultations, education, research, ethics program development, and dissemination of information and educational materials. VA staff with VA Intranet access can join the discussion in the Networking section of the Ethics Center Web site and get the Hotline Calls schedule at vawww.va.gov/vhaethics.

Directory of Veterans Service Organizations (VSO)

<http://www.va.gov/vso/default.asp>

Veterans service organizations are national, state, and county advocacy and service organizations that play an important role in helping veterans identify and access services and benefits from the VA.

VA Pain Management Directive 2003-021

<http://www.va.gov/publ/direc/health/direct/12003021.pdf>

This Veterans Health Administration (VHA) directive provides policy and implementation guidance for the improvement of pain management consistent with the VHA National Pain Management Strategy and compliance with generally accepted Pain Management Standards of Care.

The Center for Health Equity Research and Promotion (CHERP)

<http://www.hypnoclients.com/inprogress/cherp>

The Center for Health Equity Research and Promotion (CHERP) has been designated by the VA as a national HSR&D Center for Excellence in Health Services Research. CHERP has funded 11 local projects seeking answers to a broad array of health disparity questions such as: How can end-of-life services be made more ethnically appropriate? It is currently working with VISN 4.

Working Together to Build Solutions

VIII

The Department of Veterans Affairs (VA) health care system has evolved differently from the Medicare-driven private sector, which has often made it challenging for the two systems to work together. However, collaboration is essential to ensuring that veterans receive end-of-life care at the right time and the right place.

In this section of the toolkit, you will find guidelines to help strengthen relationships between community hospices and VA facilities. You can also check the Rallying Points Web site ([http:// www.rallyingpoints.org](http://www.rallyingpoints.org)) for periodic updates and additional resources.

VA GUIDELINES FOR REFERRAL AND PURCHASE OF COMMUNITY HOSPICE CARE

VA Guidelines for Referral and Purchase of Community Hospice Care

As a system, the Department of Veterans Affairs (VA) Veterans Health Administration (VHA) needs to consistently and reliably use community hospice resources to help meet the hospice and palliative care needs of veterans. This document provides guidance to VA staff and community hospice agency staff on how they can work together to honor veterans' preferences for care through the end of life.

A. Summary of Veteran Eligibility and VA Policies Relating to Hospice Care

1. Hospice and palliative care is a covered benefit for all enrolled veterans (§17.38 Medical Benefits Package). VA must offer to provide or purchase hospice care that VA determines that an enrolled veteran needs. (38 Code of Federal Regulations (CFR) 17.36 and 17.38) A veteran in need of hospice services has a right to choose whether such services are to be provided through the VA or Medicare.
2. If a veteran in need of hospice services is not eligible for hospice care through Medicare, Medicaid or private insurance, or chooses to have hospice services provided through VA, then VA is responsible for providing or purchasing the needed services.
3. VA Medical Centers have authorization to purchase needed hospice and palliative care services, with all purchases going through the fee file system. (Contract Home Care and Hospice Directive, 2003)

B. VHA Definitions of Hospice and Palliative Care

1. The VHA defines *hospice and palliative care* as all care in which the primary goal of treatment is comfort rather than cure in a person with advanced disease that is life-limiting and refractory to disease-modifying treatment; this includes bereavement care to the veteran's family.
2. The term *hospice*, as differentiated from *palliative care*, is used within the VHA to denote care in the terminal phase of illness. This distinction is important, because veterans are exempt from the extended care co-payment when hospice care is being provided in a VA Nursing Home Care Unit (NHCU) or in a contracted Community Nursing Home (CNH). The VHA defines *hospice care* as all care provided to veterans who meet four criteria:
 - Diagnosed with a life-limiting illness
 - Treatment goals focus on comfort rather than cure
 - Life expectancy is determined by a VA physician to be six months or less if the disease runs its normal course, consistent with the prognosis component of the Medicare hospice criteria
 - Accepts hospice care

NOTE: Recognizing that prognosis cannot be predicted with certainty, physicians are advised to use the National Hospice and Palliative Care Organization's "Medical Guidelines for Determining Prognosis in Selected Non-Cancer Diseases, Second Edition" (<http://aspe.hhs.gov/daltcp/reports/impquesa.htm#appendixC>). While these prognostic guidelines are useful in determining eligibility for the Medicare hospice benefit, they are to be used as a guide, not a rigid requirement. Some patients appropriate for hospice will survive longer than six months. Periodic reevaluation of patients, their prognoses, and their expected benefit from hospice care needs to be documented in the care plan.

C. VA Process for Making Referrals to Community Hospice Agencies

1. VA primary care and specialty care providers, members of the interdisciplinary team (physicians, nurses, physician assistants, social workers, chaplains), or the patient and family may identify the need for hospice services. In addition, the VA treatment team (inpatient, outpatient, Home Based Primary Care, or Adult Day Care), community hospital treatment teams, or contract nursing home teams may also identify the need for hospice services. A VA physician must make the determination of need for hospice, and make the referral contact or sign the referral form to the hospice agency.
2. If community hospice referral is appropriate, the following information should be provided to the community hospice agency:
 - Name and contact number of the person making the referral
 - Demographic and insurance information and payment source
 - Name and telephone numbers of the legal decision maker
 - Brief medical summary (history and physical exam, recent progress notes, list of medications and treatments, scan/X-ray and lab reports related to the advanced illness)
 - Name, telephone number, and fax number of the physician who will follow the patient
 - Any information and documentation about discussions relating to advance directives or the resuscitation status of the patient
3. The Community Health Nurse Coordinator or designee will identify community hospice agencies in the patient's geographical area, assist the veteran and family in choosing the hospice, and contact the hospice to initiate the referral.

D. Community Hospice Agency Process for Making Referrals to the VA

1. Community hospices are advised to make a practice of asking all potential patients if they are veterans. If a veteran is already enrolled in and receiving care through the VA, the community hospice agency is encouraged to call the veteran's preferred VA Medical Center and ask for the Community Health Nurse Coordinator or designee, or speak with the veteran's primary care provider or social worker. Some VA facilities may have a VA Home-Based Primary Care (HBPC) or a Palliative Care team coordinator. To find the local VA Medical Center, visit www.va.gov. Click on *Health Benefits & Services*, and then select *Locate a VA Medical Center*.

2. If a veteran is not enrolled in or receiving care through the VA—and is not eligible for hospice care under Medicare, Medicaid or private insurance—then the hospice is advised to contact the closest VA Medical Center to initiate the enrollment process. It may be helpful to ask for a social worker, the Community Health Nurse Coordinator or designee, or VA Palliative Care team coordinator to assist in the enrollment process.

E. VA Guidelines for Purchasing Hospice Care

1. If a veteran in need of hospice services is not eligible for any of the coverage options described below, then the VA is responsible for purchasing or providing the needed services.
 - Medicare Hospice Benefit: Veterans can access the Medicare hospice benefit if they have Medicare Part A and meet the following criteria:
 - Certified by their physician and the hospice medical director as terminally ill with a life expectancy of six months or less if the disease runs its normal course
 - Sign a statement choosing hospice care using the Medicare hospice benefit, rather than curative treatment and standard Medicare-covered benefits for their terminal illness
 - Willing to enroll in a Medicare-approved hospice program
 - Private insurance: Veterans with private insurance may have a hospice benefit. VA staff and the community hospice can work together to inquire about benefit coverage.
 - Medicaid: Veterans with Medicaid may be able to access a Medicaid hospice benefit, depending upon state-specific criteria and availability. VA staff may need to assist the veteran in applying for Medicaid.

F. VA Process for Purchasing Community Hospice Agency Services

1. The VA may purchase hospice services through VA funding in the following ways, with all purchases entered through the Fee File system:
 - Contract for services
 - Basic Ordering Agreement
 - Bid
2. Hospice is to be purchased as a comprehensive package of bundled services, and paid at a per diem rate. VA will pay the Medicare per diem rate for that locale.

G. Medicare Hospice Coverage

1. The Medicare hospice benefit covers four levels of care:
 - Routine home care
 - General inpatient care
 - Respite care
 - Continuous care

2. Medicare Hospice Benefit services include all care needed for comfort and palliation of symptoms related to the terminal diagnosis, including, but not limited to:
 - Physician services
 - Nursing care
 - Social work services
 - Chaplain services
 - Home health aide and homemaker services
 - Medications for symptom control and pain relief related to the hospice diagnosis, including infusion pumps or intravenous therapy, if necessary
 - Medical equipment (such as hospital bed, wheelchair, oxygen, and oxygen equipment)
 - Medical supplies (varies by agency).
 - Short-term inpatient care, including respite care
 - Continuous care at home during periods of crises
 - Physical and occupational therapy
 - Speech therapy
 - Volunteer services
 - Dietary counseling
 - Counseling to help the veteran and family with grief and loss
 - Radiation or chemotherapy if necessary for the control of a symptom related to the terminal diagnosis.
 - Transportation to and from facilities for necessary treatments
3. The Medicare Hospice Benefit does not cover:
 - Care unrelated to the terminal diagnosis
 - Long-term custodial care
 - Services not included in the hospice plan of care
4. Reference: Medicare Hospice Manual, Publication 21, Chapter II (230).
5. The fee-for-service approach may be used to purchase additional community services needed to supplement care provided by the Medicare hospice agency. For example, VA Medical Centers may purchase additional needed home health aide care that is beyond the scope of Medicare coverage.
6. VA staff are to follow these steps relating to authorization for purchase of bundled services:
 - The request for hospice services should be initiated through the primary care or specialty care provider and the veteran's health care team based on a clinical assessment.
 - Each facility must designate an official to approve and authorize hospice services.
 - Authorization should include what care will be provided and for what frequency and duration and method of reimbursement.
 - Completed authorizations should be forwarded to the fee file unit for final processing and payment.

- If care is required beyond the current authorization period, follow these same steps for reauthorization.

7. Invoices must include:

- Full name and address of the community hospice
- Veteran's name, social security number, and diagnosis code
- The number of days or services billed
- The level-of-care category, per diem rate or fee for service

H. Hospice Coverage in a Community Nursing Home (CNH)

1. If a veteran is eligible for Medicare nursing home care, then needed hospice services will likely be available through Medicare as well. A patient may have long-term coverage of nursing home care by Medicaid.
2. If a veteran is residing in a nursing home, needs hospice care, but is not eligible for Medicare hospice services, then VA is to assure that the veteran is able to get those needed hospice services. VA may pay for hospice services as long as they do not overlap with services covered by the Medicaid nursing home provision.
3. Veterans are free to elect their Medicare benefit. VA is obliged to ensure that there is no double-billing for medications related to the terminal diagnosis. VA does not recognize any substitution by hospice staff for NH staff and therefore does not reduce its per diem rate, other than for meds, as above.
4. For CNH patients with no Medicare coverage, but needing and requesting hospice care, VA will add a flat, consultation amount, presently \$60 per diem for hospice care. The CNH makes the arrangements.

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