Trauma Informed Care Initiative for Veterans on Hospice

“Addressing unseen suffering”

Scott T. Shreve, DO
National Director, Palliative and Hospice Care
Department of Veterans Affairs
Clinical Associate Professor
Penn State University, College of Medicine
Lincoln’s Promise:

“To Care for Those Who Borne the Battle and his widow and orphan…”

Mission of VA’s Palliative and Hospice Care Program:

To Honor Veterans’ Preferences for Care
Could Lincoln Have Known…

The impact of trauma on a “good death”

Scant peer-reviewed articles

97% of Veterans would die outside VA Facilities

Most with community hospice
PAIN IS WEAKNESS LEAVING THE BODY USMC
The average infantryman:

- in the WWII S. Pacific saw ~ 40 days of combat in 4 years
- in Vietnam ~ 240 days of combat in 1 year

Excerpt from a speech at “The Wall” Memorial Day 1993 by Lt. Gen. McCaffrey, Asst to Chairman of Joint Chiefs of Staff
We Honor Veterans Needs Survey
~180 Responding Hospice Programs

Does your organization?
1) Ask Veteran status?
2) Ask war era?
3) Screen for PTSD, Moral Injury and Suicide Intent?
4) Have the capacity to treat PTSD, Moral Injury and Suicide Intent?
5) See value in VA providing telemental health?

Summary of Responses
1) Largely “yes”
2) Largely “yes”
3) Evenly mixed “yes” and “no”
4) Majority “no”
5) Majority “agree” or “strongly agree”
Trauma Informed Care Initiative

Training

Access to Mental Health expertise

Implementation of Trauma Informed Care Plans

Improved care of trauma impacted Veterans on Hospice
Bringing VA Mental Health Expertise to Veterans on Hospice in their Home
Making it Happen!

**Training**  
*e.g., Free CEUs at* [https://vha.train.org/vha/login](https://vha.train.org/vha/login)  
- Make it routine (*e.g.*, new employee orientation)  
- Build into existing training infrastructure  
- Invite others, your competitors and local VA Medical Center staff

**Telemental Health**  
*When the Veteran or family needs this expertise*  
- To receive VA care, the Veteran must be enrolled  
- Accessing VA Telemental Health varies across facilities  
  - The VA Palliative Care team can likely direct you to the best Point of Contact (POC)  
  - Contact We Honor Veterans if you cannot identify an appropriate VA POC

**Trauma Informed Care**  
*Access the guide at:*  
- There’s no perfect screening instrument, check out [www.PTSO.va.gov](http://www.PTSO.va.gov)  
- Screening does not make a diagnosis but identifies risk  
- For suffering that’s challenging, please reach out for guidance or assistance
Some Big Questions?

1) Is VA engaging community partners in the care of seriously ill Veterans? [www.WeHonorVeterans.org]

2) Are we (VA and community hospices) effectively identifying and addressing the suffering of PTSD and Moral Injury at end of life? Evidence suggests not.

3) How can we empower hospice staff and families to better care for Veterans impacted by trauma? Collaborate to share resources
I MAY NOT HAVE A PHD
BUT I DO HAVE A DD-214

Only enrolled Veterans can receive care from VA
How complex is VA?

• Caring for 9 million+ enrollees (~half > 65yo)
• 154 facilities, 134 nursing homes, 1000+ Community Based Outpatient Clinics
• Largest medical education program in nation
• Fixed budget determined by Congress
  – Priorities often change and accumulate
• Continuum of Palliative and Hospice Care

Not every VA employee has heard about this initiative.
Key Performance Indicators
For FY2020…

Satisfaction/quality:
- Bereaved Family Survey (BFS) scores
- Integrated Clinical Service Line Measure

Access:
- Palliative telehealth (indirectly telemental health)
- Outpatient palliative care

Population Health:
- % of Veterans with Care Assessment Need (CAN) scores of 99 or 98 that received Palliative Care
- Trauma Informed Care Initiative
Driven by Veterans’ Preferences
Shift in Location of VA Inpatient Deaths from Acute Hospital+ICU to Hospice Care Beds

% of Inpatient deaths in acute setting (excl. hospice in acute)
% of Inpatient deaths in hospice treating specialty
National Average Bereaved Family Survey Scores

% Excellent + Very Good

FY2010: 81%
FY2011: 82%
FY2012: 83%
FY2013: 86%
FY2014: 85%
FY2015: 85%
FY2016: 86%
FY2017: 86%
FY2018: 88%
FY2019: 88%
BFS Community Comparisons

VA inpatient hospice care outscored community hospice care by 4% points (84% vs. 80%) on the overall rating

- VA’s BFS overall rating (9 or 10 out of 10) to the national ‘Hospice CAHPS’
- VA sample size N=2,465
- Concern over an “apples” to “oranges” comparison (VA hospice care largely in CLCs, whereas community hospice largely in the home)
“…implementation of hospice care protocols tailored to the unique end-of-life care needs of combat veterans as potentially beneficial for Vietnam-era veterans…

…the implementation of a pilot program to develop the techniques, best practices and support mechanisms to serve these veterans…”
Focus Group Finding
(one of many)

“More than Veterans of other wars, Vietnam Veterans are likely to have avoided discussing, reflecting on, and processing their service trauma. Leaving their experiences unprocessed can create a barrier to finding peace as they near end of life.”
Selected Focus Group Findings

“I hear him while he's sleeping and dreaming, I hear all of it. I hear about the bombs coming in and trying to save his men and telling them not to do that. "Get back. That may be an explosion". It’s more recently it's like that...when he's taking naps during the day, it's like that constantly. **He's reliving everything** he went through.”

Army Veteran Spouse/Caregiver

“You’ll hear stories they’ve never told anyone...you can tell when you look at their spouse that they’ve never heard any of this and it’s disturbing to them, but yeah, you’re the one that **will hear some of these stories for the first time.**”

Hospice Nurse
Vietnam Era Veterans
Perhaps a Precursor of Things to Come

<table>
<thead>
<tr>
<th></th>
<th>Vietnam-era N=45,860 (52.3%)</th>
<th>WWII-Post-Korean eras N=41,666 (47.6%)</th>
<th>Total N=87,526</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% Service Connected*: %</td>
<td>23.4</td>
<td>8.2</td>
<td>16.2</td>
</tr>
<tr>
<td>Top 5 mental health/substance abuse comorbid conditions: %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression*</td>
<td>33.0</td>
<td>23.5</td>
<td>28.4</td>
</tr>
<tr>
<td>Anxiety*</td>
<td>18.4</td>
<td>13.5</td>
<td>16.1</td>
</tr>
<tr>
<td>Alcohol abuse*</td>
<td>24.0</td>
<td>5.7</td>
<td>15.3</td>
</tr>
<tr>
<td>Post-traumatic stress disorder (PTSD) *</td>
<td>16.5</td>
<td>5.7</td>
<td>11.3</td>
</tr>
<tr>
<td>Other mental health disorders*</td>
<td>10.8</td>
<td>9.2</td>
<td>10.0</td>
</tr>
<tr>
<td>Drug abuse*</td>
<td>11.8</td>
<td>2.0</td>
<td>7.2</td>
</tr>
</tbody>
</table>

*all are statistically significant, p<0.001
Empower Community Hospices

Overview

Care Planning Guide
PTSD Consultation Program
Trauma Informed Care
Suicide Prevention
Moral Injury
PTSD

Quality

Expertise

Non-VA Champions
(14 state hospice associations)

Protocols and Training

VA Telemental Health

Empower Community Hospices
Today's divisiveness has roots in Vietnam

An Interview with Ken Burns
https://www.youtube.com/watch?v=xPyBjFireWo

PBS Documentary- The Vietnam War
http://www.pbs.org/kenburns/the-vietnam-war/home/
Also available on Netflix
Thank you

[VHA TRAIN](https://vha.train.org/vha/login) Online, free CEUs on Moral Injury (1086813), PTSD (1086808), Suicide Prevention (1086811) and more

**Same trainings without CEUs to include Q&A sessions:**


Suicide Prevention for Veterans on Hospice - [https://www.youtube.com/watch?v=SOpLyc1QBvQ&feature=youtu.be](https://www.youtube.com/watch?v=SOpLyc1QBvQ&feature=youtu.be)

Moral Injury for Veterans on Hospice - [https://www.youtube.com/watch?v=jHQTrw17wf8&feature=youtu.be](https://www.youtube.com/watch?v=jHQTrw17wf8&feature=youtu.be)

**For guidance on PTSD or Moral Injury**


**Good news article** about VA’s end of life care

The End.