



Palliative and Hospice Care

1. Palliative and Hospice Care. Palliative and Hospice Care (PHC) collectively represent a continuum of comfort-oriented and supportive services provided by an interdisciplinary team in the home, community, outpatient, community living centers (CLC), or inpatient settings for persons with serious illness. PHC includes a focus on quality of life and comfort as a significant aspect of the treatment plan for a person with serious illness. While palliative care supports a balance of comfort measures and life-prolonging measures, both hospice and palliative care seek to achieve the goals of care as well as support and provide bereavement care to the Veteran's family.

The goal of PHC is to achieve the best possible quality of life and highest practicable level of well-being through relief of suffering, control of symptoms, and restoration of functional capacity while remaining sensitive to personal, cultural, and religious values, beliefs, and practices.

2. Palliative care is a broader term that includes hospice care but does not require the presence of an imminently terminal condition (prognosis of 6 months or less). Palliative care may include a balance of comfort measures and life-prolonging interventions that vary across a wide spectrum.

3. Hospice Care is a part of the continuum of palliative care, intended for individuals diagnosed with a known terminal condition with a prognosis of 6 months or less if the disease runs its normal course. The Veteran or surrogate makes an informed decision to receive hospice care and this care is delivered by an interdisciplinary team with expertise in this area.

Hospice care in all settings is a benefit for all enrolled Veterans (as part of the VA Medical Benefits Package as authorized under 38 CFR § 17.38(a)(1)(xi)(A) meeting the following criteria:

- (a). Have a life expectancy as deemed by a VA physician, to be 6 months or less if the disease runs its normal course. Note: this is consistent with the prognosis requirement of the Medicare hospice benefit.
- (b). Have treatment goals focused on comfort rather than cure, though this does not exclude disease modifying treatments.
- (c). Veteran makes an informed decision to choose hospice care and to forego curative treatment for the terminal condition.

Department of Veterans Affairs (VA) must offer to purchase or provide palliative and hospice care for Veterans determined to need such care. If an enrolled Veteran chooses VA to be the payer, then VA is responsible for purchasing or providing hospice services. Veteran choice of payer applies even if the Veteran is eligible for hospice under Medicare or Medicaid.

Hospice care, including VA-purchased community hospice care, covers hospice diagnosis-related visits by interdisciplinary staff, medications, supplies, durable medical equipment and ancillary

services as outlined in the plan of care. Community hospices provide bereavement support for the family. VA purchases, provides or refers for hospice care for more than 20,000 Veterans each year. This figure is anticipated to grow as the Veteran population ages.

As established in the medical literature (NEJM 2010; Journal of Palliative Medicine 2010), involvement of palliative care earlier in the course of a potentially life-limiting illness may extend life, improve certain symptoms, and reduce avoidable hospital admissions.

VA is making palliative care available earlier and outside of the hospital. In FY21, 29% of Palliative Care consults were conducted in the outpatient setting; compared to 21% in FY09.

4. Honoring Veterans Preferences. VA’s success in transforming care at the end of life is reported in a 2017 Health Affairs* article demonstrating that Veterans who used both VA and Medicare had higher rates of hospice use in 2014 (46.7%) than non-Veteran Medicare enrollees (41.5%). This is a notable acceleration in VA compared to Medicare since 2000, when the hospice use rate among Medicare decedents was 20% while only 5% among Veteran decedents.

*Miller SC, Intrator O, Scott W, Pibbs C, Kinoshian B, Allman R, Edes T. (2017). Increasing Veterans’ Hospice Use: The Veterans Health Administration’s Focus on Improving End-of-Life Care. Health Affairs, 36(7): 1274-1282.

5. Community Partners. Because the majority of the more than 500,000 Veterans dying each year die outside VA facilities, the National Hospice and Palliative Care Organization (NHPCO) and VA created the *We Honor Veterans* program (www.WeHonorVeterans.org) to build a collaborative network among community hospice agencies and VA Medical Centers to support and educate community hospice agencies in providing Veteran-centric end of life care. More than 80% of community hospice agencies nationwide (~5,200) have made a commitment to improve the care of Veterans on hospice.

For over a decade, VA has led the nation in providing palliative care, with services available in every VA Medical Center.

