



IMPROVING HEALTH CARE DECISION MAKING NEAR THE END OF LIFE FACT SHEET

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INTRODUCTION

The Veterans Health Administration (VHA) serves a Veteran population that is increasingly racially and ethnically diverse and rapidly aging. Equitable access to high-quality care for all Veterans is a major tenet of the VA healthcare mission. The Office of Health Equity (OHE) champions the elimination of health disparities and achieving health equity for all Veterans.

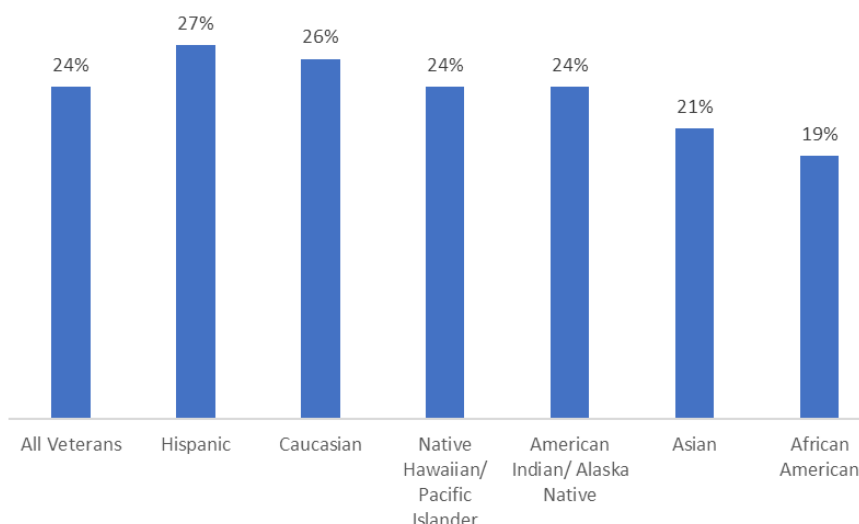
The National Center for Ethics in Health Care (NCEHC) serves as VA's authoritative resource for addressing the complex ethical issues that arise in patient care, health care management, and research.

ADDRESSING HEALTH DISPARITIES IN HEALTH CARE DECISION MAKING

VHA implemented the Life Sustaining Treatment Decision Initiative (LSTDI) to ensure that all Veterans at high risk of a life-threatening event have their values, goals, and preferences for life-sustaining treatments elicited through high quality goals of care conversations (GoCC) and documented in the electronic health record.

From a sample of 85,657, NCEHC found that 24% of VHA's sickest Veterans had goals of care and life-sustaining treatment (LST) decisions documented in the LST progress note/order set in the electronic health record. This rate was about the same for eligible Hispanic, Caucasian, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander Veterans. Rates of GoCCs were slightly lower for eligible Asian and African-American Veterans.

Rates of Goals of Care Conversations Among Highest Risk Veterans



USING POLICY TO REDUCE DISPARITIES

The Office of Health Equity supports VA researchers, clinicians, and policy makers who work to reduce health disparities by targeting interventions aimed at Veteran groups at higher risk for poor health outcomes. Health outcomes are closely connected to a Veteran's health status, social environment, and socioeconomic status.

Through LSTDI, the National Center for Ethics in Health Care is working to ensure that all seriously ill Veterans are provided with the opportunity to engage in high quality GoCC and establish an LST plan, regardless of social characteristics such as race or ethnicity.

The LSTDI supports implementation of these practices at all VA Medical Centers. Goals of care conversations training is available for clinicians



who may be involved in these discussions, including physicians, nurse practitioners, physician assistants, nurses, social workers, psychologists, and chaplains. This training helps to empower clinicians to initiate a proactive GoCC with high-risk patients, leading to shared decisions about life-sustaining treatments (LSTs) such as artificial nutrition, ventilator support, or cardiopulmonary resuscitation. Since LSTDI was implemented nationally in VHA, nearly 140,00 Veterans with advanced illness have had at least one GoCC with their clinical providers. 55% of GoCCs have been initiated in the hospital, followed by outpatient (37%) and nursing home (8%) settings. One goal of LSTDI is to increase the proportion of GoCCs that occur in outpatient care - earlier in the course of serious illness, while the Veteran has decision-making capacity and prior to a health crisis.

By empowering all individuals involved in a Veteran's care to proactively initiate and document these important conversations, VHA is working to ensure that all Veterans receive care near the end of life that is fully aligned with their values and preferences and disparities in end of life care are eliminated.

For more information about making health care decisions visit:

https://www.ethics.va.gov/for_veterans.asp

For more information about the Life Sustaining Treatment Decision Initiative visit:

<https://vaww.ethics.va.gov/LST.asp>

For more information about the Office of Health Equity visit: <https://www.va.gov/healthequity/>

References

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