

## Evaluation of VA Comprehensive End-of-Life Care Initiative

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**Objectives:** This project addresses the basic questions: What is the state of VA hospice care in the baseline year before the start of a 3-year, \$150 million (or more) initiative to expand and improve the program? and What was the impact of the initiative? To answer these questions, this study aims are to: 1) Update the 1998 Report to Congress on VA hospice, which presented basic descriptive data on the numbers of VA patients receiving such care through VA, their families' satisfaction with the care, and estimates of the costs of the mandated hospice teams at that time; 2) Measure the status of VA hospice and palliative care as of 2008 to serve as a baseline for evaluating the initiative in 2010 or beyond; and 3) Measure the changes that can be attributed to the initiative.

**Research Design:** This study is retrospective and observational in design. We use VA patient care databases and Medicare claims data to provide counts of patients receiving hospice or palliative care nationally and by VISN for the years 2005 through 2009.

**Methodology:** We use both descriptive and multivariate statistical methods to provide baseline information for a future evaluation. Our objectives will be met through 3 tasks as follows:

1. Compile information from administrative reports and directives to describe and categorize hospice programs nationally.
2. Conduct analyses to establish baseline information and trends with respect to veterans' demographics and coverage for hospice care
3. Conduct survival analyses to provide background information about targeting hospice performance measures for veterans who die inpatient in VA.

**Findings:** The provision of hospice care has roughly doubled within VA inpatient units, primarily through the transfer of long-term care patients. The mean age of hospice patients in FY 2009 was 77.0 years and only 2.5% of these patients were women. These characteristics are related since women are a much smaller proportion of the older Veteran cohorts (e.g., WWII or Korea) than of the younger ones (e.g., Gulf War I). The provision of hospice care to rural patients is roughly in proportion to rural patients' use of VA services overall.

**Clinical Relationships:** This evaluation concerns a major clinical initiative that will expand hospice inpatient units, clinical staffing, staff education and family satisfaction measurement.

**Impact/Significance:** This project will provide the national director of hospice and palliative care with information that can be used to evaluate his national initiative to improve these VA services.