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HOSPICE AND PALLIATIVE CARE FOR VA PATIENTS

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Abstract

Background: The Department of Veterans Affairs began providing hospice care to veterans in the mid-1970's. Since then, efforts to expand hospice care throughout VA have occurred on a regular basis. Most recently, in 2003 all facilities were required to establish hospice and palliative care teams. VA's ability to count the number of patients receiving hospice care has been limited to the occasional survey. In 2002 VA issued a directive specifying how facilities should code and count patients receiving hospice and palliative care services.

Objectives: This Data Brief is a first attempt to use the new coding information to count the number of patients. It also reports on hospice and palliative care utilization, including the number of VA patients who received Medicare hospice services in CY1999.

Methods: Patients were identified as having received hospice and palliative care services if they were identified in any of the VA NPCD inpatient or outpatient files as having been assigned ICD-9 Code V66.7 in FY2002. Patients were identified as having received Medicare hospice using the CY1998 and CY1999 Medicare hospice files.

Findings/Results: 8,738 patients were identified as receiving any hospice and palliative care services within VA in FY2002. An additional 927 received contract hospice services. Roughly three times as many VA enrollees (29,923) received Medicare hospice services. Ten percent (about 4,000) of all VA nursing home care unit patients received hospice and palliative care services. Of all VA patients who died inpatient at the VA in FY2002, 17% (4,706) received hospice and palliative care services.

BACKGROUND

Over the past 12 years, the Veterans Health Administration (VA) formalized its commitment to providing hospice and palliative care to VA patients. Involved in the provision of hospice care since the mid-1970s, VA issued its first official policy in the early 1990s. In 1992, VA issued two VHA Directives,¹ one requiring the formation of hospice consultation teams and the other requiring establishment of hospice programs. Taken together, the intent was for hospice care to be provided to veterans either directly by VA or by referring veterans to hospice care in the community (VHA, 1996). In 1996, VA's Extended Care Service issued a Hospice Program Guide designed to provide guidance on both the operational and clinical care aspects of hospice programs within VA (VHA, 1996). Also, hospice and palliative care services were integrated into the standard benefits package provided for by the VA 1996 Eligibility Reform Act. In 2001, VA sponsored the VA Hospice and Palliative Care Initiative designed to improve access to hospice and palliative care services, strengthen relationships between VA and non-VA organizations to improve the delivery of hospice care, provide palliative care education and establish a network of administrators, clinicians and educators interested in advancing exemplary hospice practices (VA, Undated). This initiative has resulted in several publications including a *Toolkit for Developing Hospice and Palliative Care Programs in Department of Veterans Affairs Medical Centers*. Most recently, in February 2003, VA issued VA Directive 2003-008 requiring each facility to establish hospice and palliative care teams.

VA's hospice and palliative care services differ from those covered by the Medicare program in several significant ways. First, VA hospice and palliative care is provided primarily as an inpatient program while Medicare hospice is provided mostly in the home. Second, VA philosophy is to provide hospice and palliative care to all patients needing such care regardless of life expectancy whereas Medicare hospice is provided only to those patients with a terminal illness whose life expectancy is less than six months. VA hospice and palliative care encourages the provision of hospice and palliative care services for chronic conditions such as congestive heart failure and chronic obstructive pulmonary disease. Also, VA hospice and palliative care, unlike Medicare, allows patients to choose to receive acute services for exacerbations of the illnesses for which they are receiving hospice and palliative care services.

Until recently, VA's ability to track the number of VA patients receiving either hospice and palliative care within VA or VA patients receiving the Medicare hospice benefit has been limited to the occasional survey² (Hickey et al., 1998; VA, 2002). In 2002, consistent methods of identifying patients receiving long-term care services within VA on an annual basis were implemented. VHA Directive 2002-038 - Hospice and Palliative

¹ VHA Directive 10-92-050 – Policy on Implementation of Hospice Consultation, April 30, 1992 and VHA Directive 10-92-091 – Policy on Implementation of Hospice Programs, September 8, 1992.

² A 1996 survey of hospice programs throughout the VA found that in 1996 a total of 11,316 VA patients were provided hospice care. Of these, 3,937 received inpatient VA hospice care. The remaining 7,379 patients were referred to care in the community (Hickey et al., 1998).

Care Workload Capture, specifies how medical centers should identify patients receiving hospice and palliative care in its national administrative databases.

This analysis is a first step in quantifying the numbers of VA enrollees identified as receiving hospice and palliative care provided within the VA and by Medicare. Using selected codes specified in VA's directive, this Data Brief reports on the number of patients identified as receiving VA hospice and palliative care services in FY2002. It also looks at the total number of hospice and palliative care days utilized by VA patients, the number of hospice and palliative care days to date of death and the number of VA inpatients who die inpatient within the VA who are identified as receiving hospice and palliative care services. Although the directive was not fully implemented in FY2002, this analysis provides an initial baseline. Finally, using a combination of CY1998 and 1999 Medicare data, this Data Brief reports the numbers of VA enrollees receiving Medicare hospice services in FY1999.

Key findings of these analyses include:

- In FY2002, 8,738 VA patients were identified as receiving any hospice and palliative care service within VA and 927 received contract hospice services.
- 10% (4,214) of all VA nursing home care unit patients received hospice and palliative care services within VA at some time during FY2002.
- At least 62% of patients identified as receiving hospice and palliative care services in FY2002 died that year.
- Over 70% of those who died did so within 90 days of their first date of receiving VA hospice and palliative care services.
- Of all VA patients who died inpatient at the VA in FY2002, 17% (4,706) received hospice and palliative care services.
- In FY1999, 29,923 VA enrollees received Medicare hospice services. Of these 16,280 (54%) also received VA services during FY1999.

METHODOLOGY

VA Hospice and Palliative Care Data

The number of unique VA patients identified as receiving hospice and palliative care in FY2002 is based on VA utilization data. Patients were counted as having received hospice and palliative care if ICD-9 Code V66.7 was listed as a diagnosis in any of their inpatient or outpatient observations for that fiscal year. According to the ICD-9-CM Codebook, V66.7 is defined as an "encounter for palliative care." Subheadings include "end-of-life care," "hospice care" and "terminal care." V66.7 is always a secondary diagnosis with the underlying disease coded first.

Data Limitations

No assumptions can be made as to the consistency with which ICD-9 V66.7 was used throughout the VA during FY2002. The possible lack of consistency may lead to either underestimation or overestimation of the number of patients receiving hospice and palliative care. Underestimation might occur as a result of some VA networks (VISNs) not yet emphasizing use of V66.7. Overestimation may occur if patients who are assigned the V66.7 code did not receive hospice and palliative care services. For example, 14% (1,239) of all patients identified in this analysis were identified solely on the basis of receiving a V66.7 code assigned as a secondary diagnostic code to a phone call. While some phone calls may legitimately reflect the provision of hospice and palliative care services (such as a call by a chaplain or a physician) it is not possible to determine which calls should be interpreted this way. Given the preliminary and exploratory nature of this analysis, the evaluation team chose to include all patients assigned a V66.7 code, without making any judgment at this time about the validity of the coding for the services received.

For FY2002, no differentiation can be made as to which patients received palliative care and which patients received care meeting the stricter hospice definition.

Medicare Hospice Data

The number of VA patients receiving Medicare hospice services in FY1999 is based on an analysis of the Medicare hospice files obtained under a reuse agreement with the Massachusetts Veterans Epidemiology Research and Information Center (MAVERIC). The MAVERIC files included all patients with VA care at anytime between FY1991 and FY1999 who were enrolled in Medicare. Medicare hospice standard analytic files contain monthly records for each month in which a patient received hospice services from a certified Medicare hospice agency. Total overall days of care were calculated using the “claim through date” and “claim from date”. Date of death is determined by using a combination of variables (“National Claims History (NCH) Patient Status Indicator Code,” “Patient Discharge Status Code” and “NCH Beneficiary Date”) as well as information in the Medicare denominator file. To create FY1999 equivalent files, the evaluation team combined the last three months of CY1998 claims with the first nine months of CY1999 claims.

Patients listed in the Medicare hospice files are cross-referenced with FY1999 VA patients to determine how many VA patients receiving Medicare hospice services also received VA services in that fiscal year.

Comparisons of VA hospice and palliative care and Medicare hospice care need to be interpreted carefully in light of differences between the two programs (e.g. eligibility requirements, place of service and scope of services).

FINDINGS

Numbers of Patients Receiving VA Hospice and Palliative Care Services

Of 8,748 VA patients with any V66.7 code in FY2002, 4,999 (57%) had utilization in a VA long-term care program at some point during FY2002 (Table 1). Overall, in FY2002, 70% of people receiving hospice and palliative care services were age 65 or older and 96% were male.

Table 1: Number of Long-Term Care and Total Unique Patients Receiving Hospice and Palliative Care Services by Age and Gender, FY2002

	Any Long-Term Care	No Long-Term Care	Total VA
Total	4,999	3,749	8,748
<i>By age</i>			
<65	1,166 22%	1,490 40%	2,656 30%
65+	3,833 78%	2,259 60%	6,092 70%
<i>By gender</i>			
Male	4,828 97%	3,535 94%	8,363 96%
Female	171 3%	214 6%	385 4%

Table 2 shows that the majority of patients (72%) were identified as receiving services while inpatient at the VA or while receiving a long-term care inpatient or outpatient service. Twenty-eight percent received hospice and palliative care services while receiving other (not long-term care) outpatient VA care. Of those 28%, half (1,238) were identified as receiving hospice and palliative care because a telephone call was so coded.

Table 2: Patients Identified as Receiving Hospice and Palliative Care Services by Inpatient/Outpatient Location, FY2002

	Number of Patients	%
Total	8,748	100%
Inpatient or Long-Term Care program (service)	6,291	72%
Outpatient program (service) only	2,457	28%
<i>Phone only</i>	1,238	50%

Table 3 reports the number and percentage of patients in each long-term care program who received VA hospice and palliative care services in FY2002. Four thousand, two-hundred and fourteen nursing home patients received hospice and palliative care services during FY2002. This number is 10% of the 40,644 patients who received VA nursing home care unit care. It is important to note that the data does not specify where hospice

and palliative care services were received. While, especially for patients in nursing homes, the probability is high that these services were received in a nursing home, they may also have been received while the patient was receiving some other type of inpatient or outpatient care prior to admission to the nursing home.

Table 3: Number of Long-Term Care Patients Receiving VA Hospice and Palliative Care Services by Type of Program, FY2002

Long-Term Care Program	Total patients in program	Received Hospice and Palliative Care in VA	
		Number of patients	Percent of patients
Nursing Home Patients	40,644	4,214	10%
Geriatric Evaluation and Management Nursing Home	1,570	94	6%
Geriatric Evaluation and Management Inpatient	1,708	60	4%
Respite Care	1,306	149	11%
Home Based Primary Care	22,446	682	3%
Adult Day Health Care	2,711	38	1%
Geriatric Clinics	56,448	552	1%
Alzheimer's Dementia	2,486	20	1%
Community Residential Care	10,447	52	1%

Other long-term care programs with relatively large percentages of patients receiving hospice and palliative care services at some location within the VA are the Respite Care program (11% of patients) and the Geriatric Evaluation and Management NH program (6% of patients). Six hundred eighty-two patients enrolled in the Home Based Primary Care program and 552 enrolled in geriatric clinics received hospice and palliative care services.

Days of Care Associated with V66.7

Counting days of hospice and palliative care based on assignment of the V66.7 code poses significant challenges. To minimize inconsistencies and missing information, the evaluation team counted days of care for the 5,307 patients (61% of the total) with the code in certain³ inpatient care files. Total number of days associated with a V66.7 code was calculated by subtracting the admission date from the discharge date for each patient record. This method of counting days overestimates the number of days of hospice and palliative care actually provided by an unknown amount. This overestimate is due primarily to the fact that the patient record summarizes services and diagnoses received by the patient over a period of time. The code is associated with the period of time not the specific day(s) on which services were provided. If, for example, the record covers a period of 60 days and includes a V66.7 code, there is no way to know whether the

³ Files considered included any main acute and/or extended care discharge or census file.

services associated with the V66.7 code were provided as of the first day of the record or the last day of the record or somewhere in between.

Table 4: Total Number of Associated Inpatient Hospice and Palliative Care Days by Selected Time Intervals (Percent of patients in each category)

	Any LTC ^a	No LTC ^a	All
N	4,105	1,202	5,307
0-14 days	48%	69%	53%
15-30 days	19%	17%	19%
31-60 days	15%	9%	14%
61-90 days	7%	2%	6%
91-180 days	7%	2%	6%
6 mo – 1 yr	4%	1%	3%

^a LTC = long-term care

Table 4 groups patients who received hospice and palliative care services in FY2002 according to how many total days of care they received, and then reports the percentage of all patients in each group. Of all patients, 53% had 14 days or fewer associated with a V66.7 code. More specifically, 69% of patients not receiving long-term care had 14 days or fewer associated with a V66.7 code compared to 48% of patients receiving any type of long-term care service. Interestingly, particularly keeping in mind the possibility of overestimation, this percentage is in line with a national study on hospice utilization that reports 43% of CY1998 hospice users receive less than 2 weeks of hospice care before death (GAO, 2000).

The mean number of days associated with a V66.7 code was 32 (not shown) and the median number of days was 13 (not shown). Table 4 suggests that the mean number of days is skewed towards the high end by the small percentage of patients using very many days.

Hospice and Palliative Care Patient Deaths

Of 8,748 people identified as receiving hospice and palliative care during FY2002, the evaluation team identified 5,413 (62%) who died in FY2002 (Table 5). This analysis looks both at all patients who received hospice and palliative care services in FY2002 and who died in that year and at a more limited cohort of patients – those who received services during the first six months of FY2002 who died during FY2002. Looking at the latter group allows for a longer follow-through period to assess date of death. Following these patients through the end of FY2002, the evaluation team found that 71% of patients died, an additional 9% of patients. This subanalysis suggests that by mid-2003, an additional 78 patients in the full cohort would be expected to have died.

Table 5: Number of Patients Receiving Hospice and Palliative Care Services Dying by End of FY2002

	Total Patients	Patients Who Died	Alive at End of FY2002
Full Year Cohort	8,748	5,413 (62%)	3,335 (38%)
1st Six Months Cohort	4,479	3,162 (71%)	1,317 (29%)

Table 6 groups patients who died in FY2002 according to how many days there were between their first date of service⁴ and their date of death. Analysis is presented for both the full year and 1st six month cohorts. By either method, over 40% of patients who die do so within 14 days of their first date of service. Over 70% die within 60 days. The 1st six months cohort has a slightly different distribution than does the full year due to the longer overall follow-through period for that cohort.

Table 6: Total Number Days Between 1st Date of Hospice and Palliative Care Service and Date of Death by Selected Time Intervals (Percent of patients in each category)

	Full Year Cohort		1st Six Months Cohort	
Total	5,513	100%	3,162	100%
Died within				
0-14 days	2,508	46%	1,306	41%
15-30 days	977	18%	531	17%
31-60 days	851	16%	489	15%
61-90 days	421	8%	269	9%
91-180 days	448	8%	359	11%
6 mo - 1 yr	208	4%	208	7%

In FY2002, 27,992 patients died while they were VA inpatients (including long-term care). Of these 4,706 (17%) received hospice and palliative care services.⁵ While not precisely comparable, a possible point of reference comes from a Medicare Payment Advisory Commission (MedPac) study that found 23% of all Medicare patients who died in FY2000 received hospice services (MedPac, 2002).

⁴ Again note, that overcounting of number of days between the 1st day of service and the date of death may possibly result in an underestimation of the number of patients in any particular category. This is due, as explained in the above section titled Days of Care Associated with V66.7, to uncertainty about the true first date of service for inpatients.

⁵ This analysis looked only at patients who died while a patient at the VA as identified in any of the National Patient Care Database main files, but who received VA hospice and palliative care services anywhere within VA.

Medicare Hospice Services – FY1999

Table 7 shows that 29,923 VA patients received Medicare hospice services in FY1999. The total number of patients receiving Medicare hospice services for FY1999 was 445,146 (CMS). VA patients therefore comprise approximately 7% of all patients receiving Medicare hospice services. (VA patients were about 8% of the 40 million Medicare enrollees that year.)

Of VA patients receiving Medicare hospice services, 91% were 65 and older and 9% were under age 65. This is in contrast to VA patients receiving VA hospice and palliative care in FY2002 of whom 30% receiving hospice and palliative care are under age 65. Also, this is in contrast to a demographic breakdown of all 1996 Medicare hospice recipients which showed that 5% of all Medicare recipients receiving hospice are under 65 (Gage et al., 2000). The percentage of male VA patients receiving FY1999 Medicare hospice services (95%) is similar to the percentage of male VA patients receiving FY2002 hospice and palliative care services (96%).

Table 7: VA Patients Receiving FY1999 Medicare Hospice Services by Age and by Gender

	Number of Patients	Percent of Total
TOTAL	29,923	100%
<i>By age</i>		
<65	2,580	9%
65+	27,343	91%
<i>By gender</i>		
Male	28,299	95%
Female	1,192	4%
Missing	432	1%

Table 8 provides information about whether VA patients receiving FY1999 Medicare hospice services also received VA services in FY1999 as well as whether the type of care received was long-term care or not. Of the 29,923 patients receiving Medicare hospice care in FY1999, 16,280 (54%) received some VA care during the same fiscal year. Of those, 3,047 (19%) received long-term care VA services and 13,233 (81%) received no long-term care VA services. The remaining 13,842 (46%) of patients receiving Medicare hospice services were VA patients during a previous fiscal year.

Table 8: VA Patients in FY1999 Medicare Hospice; by VA Patient Status

	Number of Patients	Percent
Medicare Hospice	29,923	100%
VA Patient in FY1999	16,280	54%
Any Long-Term Care FY1999	3,047	19%
No Long-Term Care FY1999	13,233	81%
VA patient: pre-FY1999 only	13,643	46%

Table 9 shows that as a percentage of total patients relatively few VA long-term care patients enrolled in Medicare receive Medicare hospice services.

Table 9: Number (%) of VA Long-Term Care Patients Enrolled in Medicare Receiving Medicare Hospice Services; by VA Long-Term Care Program

Long-Term Care Program	Total patients FY1999	Number (%) enrolled in Medicare	Number in hospice	% of those enrolled in Medicare receiving hospice services
Nursing Home Patients	39,781	31,932 (80%)	1059	3%
Geriatric Evaluation and Management Nursing Home	1,236	1,082 (88%)	41	4%
Geriatric Evaluation and Management Inpatient	3,041	2,607 (86%)	85	3%
Respite Care	1,117	1,009 (90%)	24	2%
Home Based Primary Care	22,169	17,200 (78%)	815	5%
Adult Day Health Care	3,084	2,581 (84%)	40	2%
Geriatric Clinics	43,887	38,127 (87%)	652	2%
Alzheimer's Dementia	2,240	1,798 (80%)	24	1%
Community Residential Care	11,780	6,949 (59%)	92	1%
Contract Community Nursing Home	16,381	13,135 (64%)	692	5%
Contract Skilled Home Care	11,005	7,092 (64%)	124	2%
Contract Hospice Care	724	350 (48%)	17	5%
Total (Unduplicated)	155,696	108,405 (70%)	3,047	2%

Table 10 groups patients who received Medicare hospice services in FY1999 according to how many total days of Medicare hospice care they received and then reports the percentage of patients in each group. Forty-one percent of patients received between 0-14 days. Eighty-five percent received between 0-60 days. Eleven percent received more than 6 months of services. The mean number of days was 49 and the median number was 22. The mean number of days for all patients receiving Medicare hospice services in CY1999 was 44.5 (CMS).

**Table 10: Total Number of Medicare Hospice Days for All VA Patients Receiving Medicare Hospice Services; FY1999
(Percent of patients in each category)**

	% All Medicare Patients
N	29,923
0-14 days	41%
15-30 days	18%
31-60 days	16%
61-90 days	9%
91-180 days	5%
6 mo – 1YR	11%

Table 11 examines the number of VA patients admitted to Medicare hospice care in FY1999 and who died by the end of FY1999. This analysis is limited to those patients whose first date of service is in FY1999, effectively reducing the population size studied by 2,745, from 29,923 to 27,178. Excluded are those patients receiving care in FY1999 who also received care in FY1998 or before. Similar to the analysis of patients who were identified as receiving VA hospice and palliative care services and who died, this analysis looks both at all patients and a more limited cohort of patients whose care began during the first six months of this year. Looking at the latter group, in essence, provides a longer follow-through period to assess date of death. For the full year cohort, 80% of patients with a first date of service in FY1999 died by the end of FY1999. For the 1st six months cohort, 96% of patients with a first date of service in FY1999 died by the end of the fiscal year.

Table 11: Number of Patients Receiving Medicare Hospice Services Dying by End of FY1999

	Total Patients	Patients Who Died	Alive at the End of FY1999
Full Year Cohort	27,178	21,636 (80%)	5,542 (20%)
1st Six Months Cohort	9,601	9,215 (96%)	386 (4%)

Table 12 groups patients who died in FY1999 according to how many days there were between their first date of service and their date of death. Looking first at the 1st six months cohort, 50% died within 14 days and 88% within 2 months. The full year cohort percentages are slightly less, showing 47% dying within 14 days and 72% within 2 months.

Table 12: Total Number of Days Between 1st Date of Hospice Care and Date of Death by Selected Time Intervals (Percent of patients in each category)

	Full Year Cohort		1 st Six Months Cohort	
Total	21,636		9,215	
<i>Died within</i>				
0-14 days	10,086	47%	4,622	50%
15-30 days	4,165	19%	1,916	21%
31-60 days	3,486	16%	1,550	17%
61-90 days	1,652	8%	691	8%
91-180 days	876	4%	244	3%
6 mo - 1 yr	1,371	6%	192	2%

Table 13 examines the overlap between patients who received VA hospice and palliative care in FY1999 and those who received Medicare hospice services. Overall, it looks as if about 15% of patients receive both VA hospice and palliative care services and Medicare Hospice services. To fully understand why this overlap occurs, further research is necessary. Of patients dying inpatient at the VA in FY1999, 1,096 (4%) received Medicare hospice services.

Table 13: Number of Patients Receiving VA Hospice and Palliative Care and Medicare Hospice Services in FY1999

	Number patients receiving VA Hospice and Palliative Care services	Number w/ Medicare Hospice	Percent
All VA Patients	5,783	872	15%
Any VA Long-Term Care	3,182	479	15%
Nursing Home Patients	2,559	342	13%
No VA Long-Term Care	2,601	393	15%

SUMMARY/CONCLUSIONS

This preliminary analysis identified 8,748 patients as receiving hospice and palliative care services within the VA. This is in addition to 927 patients identified as receiving contract hospice and palliative care services.

It is important to note that this is the first attempt to count hospice and palliative care patients using the V66.7 code specified in the July 2002 directive. Certain limitations exist. Both overestimation and underestimation may occur.

Though the extent of the services received by these patients is unknown, it is clear that many more patients may receive hospice and palliative care services than is indicated by the counts of contract care patients.

Of the 8,748 patients identified as receiving hospice and palliative care services, 57% were in a long-term care program at some point during the year. Of those, the majority were in a VA nursing home program. The fact that 43% of patients identified as receiving hospice and palliative care services were not in any type of long-term care suggests that continued development of hospice and palliative care services in settings other than long-term care is essential.

Additionally, this preliminary analysis finds that in FY1999, 29,923 VA patients were identified as receiving Medicare hospice services. Of those, 54% also received VA care in FY1999.

Fifty-three percent of patients identified as receiving VA hospice and palliative care received between 0-14 total days of care and 41% of VA patients receiving Medicare hospice services received between 0-14 total days of hospice care. These numbers, though not directly comparable, are similar to numbers in a national study showing 43% of CY1998 hospice users received less than 2 weeks of hospice care before death (GAO, 2000).

Comparisons of VA hospice and palliative care and Medicare hospice care need to be interpreted carefully in light of differences between the two programs (e.g. eligibility requirements, place of service and scope of services).

Looking forward towards FY2003, all facilities will have had a full year to implement the July 2002 directive. In addition to identifying patients using the ICD-9 V66.7 code, patients in VA nursing homes receiving a more limited definition of hospice care will be able to be identified as will patients receiving hospice and palliative care in contract community nursing homes.

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