

Project Number: RRP 06-323

Project Title: Implementing a Metric for VA Hospice Referrals: Phase I, Develop the Triggers

Principal Investigator: Ann M. Hendricks, Ph.D.

Anticipated Impacts on Veterans' Healthcare:

By developing algorithms that identify patients at high risk of dying who might benefit from hospice and palliative care, this project will provide physicians and other VA clinicians with an additional, objective method/tool of determining whether or not to suggest hospice or palliative care to the patient. The provision of hospice and palliative care is often seen as contributing significantly to the quality of care received as perceived by end-of-life patients and their families. Additionally, there is also some data that suggests that palliative and hospice care reduce costs of care through reductions in acute interventions during the final weeks or months of life.

Project Background/Rationale: This project is in response to Central Office's need to develop a method to systematically identify patients who might benefit from hospice. Dr. Scott Shreve, the National Director, Hospice and Palliative Care has been encouraged by Drs. Agarwal and Burriss to develop such a method. Doctors tend to refer terminally ill patients to hospice very late or not at all, though the evidence suggests that many of these patients and their families perceive timely entry (30-60 days before death) into hospice programs as improving the quality of their care. There are three phases to this project. The first, which is the focus of this proposal, is to identify trigger events that mark patients at risk for dying within 6 to 12 months. The second phase will be implementation of the triggers; the third, evaluation of their impact. Research support needs for those phases may be required in future.

Project Objectives: The objectives of this project are: (1) to work with an expert panel to identify diagnoses or events in inpatient, outpatient and long term care settings that could trigger a referral to the hospice and palliative care team; (2) to create computer algorithms for the triggers using data elements available in the various national VA databases; (3) to determine the prevalence of the triggers by applying them to various national VA databases; and (4) to test the final triggers agreed on by the expert panel by merging patients identified with the triggers with mortality data to see how predictive the triggers are.

Project Methods: The HCFE research team will support the national program by identifying ICD-9 codes, bedsections and clinic stops that correspond to each of the triggers. Once the algorithms are created they will be applied to the FY2005 and 2006 VA inpatient, outpatient and long term care patient databases. This will establish the prevalence of patients with these characteristics. Additionally, once patients are identified, the patient data will be merged with the mortality database soon to be released by VIREC to determine the predictive capabilities of the algorithms. Dr. Shreve will assess how best to make these triggers available to clinicians, possibly by including them as reminder reports in the CPRS system. Incorporation of the triggers into CPRS is not a part of this project.