

CHERP Policy Brief

VOLUME 5, ISSUE 1: SUMMER 2009

The evolution of the PROMISE project exemplifies how research can work to improve health care quality.



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Improving End-of-Life Care for Veterans



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Context: The Department of Veterans Affairs (VA) provides health care to a rapidly-aging population of five million Veterans. By 2010 the number of Veterans over the age of 85 will be triple what it was in 2000. One of the challenges of providing care to older patients is ensuring quality care at the end of life. While hospice and palliative care provide many benefits critical to a “good death,” in 2002 few VA health care facilities offered these services.

Background

VA's Comprehensive End-of-Life Care Initiative is a new, large-scale effort to increase access to high-quality hospice and palliative care services among Veterans. The initiative is built on policies enacted in 2003 when VA leadership adapted payment structures, paving the way for palliative care consult programs and hospice relationships at every facility. At the same time, the VA developed a national palliative care fellowship program and local facilities began collaborating with community hospices. The changes have resulted in greater access to palliative care for hospitalized Veterans (from 29% in 2003 to 42% in 2006) and a three-fold increase in the use of hospice services among outpatients (from 8% in 2003 to 22% in 2006).

Along the way, Veterans and their families provide viewpoints that are critical to shaping and assessing the quality of VA's end-of-life care services. This CHERP Policy Brief outlines how Veteran and family member perspectives are a central part of this health care improvement process.

Creating the FATE survey

- Surveying grieving relatives immediately after a Veteran's death can be challenging. The investigators determined that a family survey administered approximately two months after a Veteran's death offered the most feasible and sensitive solution for obtaining information about the end-of-life experiences of all patients and their families.
- The Family Assessment of Treatment at the End of life (FATE) survey was developed through a process of in-depth, conversational interviews with Veterans' family members and reviews by a panel of palliative care providers.

Validation of the FATE survey showed that hospice and palliative care benefitted veterans and their families and that end-of-life care varied across VA facilities.

- The resulting FATE survey has 32 items and takes an average of 14 minutes to complete. It asks family members to focus on the last month of a Veteran's life and includes specific questions about the patient's well-being and dignity, the communication between the family and care providers, care around time of death, emotional and spiritual support, symptom management, respect for treatment preferences, site of death (i.e., access to inpatient facility of choice), access to home care services, and access to services after the patient's death.
- The FATE questionnaire is designed so that scores reflect the percentage of complete responses indicating optimal patient care at the end of life. Thus, a higher score is better because it means that more patients received the best care possible.
- Across five VA sites, the survey method proved to be feasible and it allowed investigators to interview the families of 55% of recently-deceased patients (n=524). The families who completed the FATE survey were similar to those who did not.
- Patients seen by a palliative care consult service in the last month of life had higher scores compared to those who were not (mean score of 66 versus 52; $p<0.001$).
- Patients referred to hospice also had higher scores compared to those who were not (67 versus 49; $p<0.001$).
- Patients who received hemodialysis in the last month of life had lower FATE scores (45 versus 60; $p=0.024$), as did patients who received mechanical ventilation in an intensive care unit (46 versus 64; $p<0.001$) and patients for whom resuscitation was attempted (55 versus 63: $p=0.006$).
- When Veterans received palliative care consultations, their families rated care more highly, and families believed that earlier consultations were particularly valuable. The adjusted data also showed substantial differences across VA sites, suggesting variation in end-of-life care.

Using FATE among Patients with Cancer

- The investigators examined FATE scores for a sample of 262 Veterans who died of cancer within the original validation sample. Typical of the VA population, most patients were male (256; 98%) and elderly (mean age, 72; range 27 to 98 years). Adjusted data revealed that patients with and without cancer had similar overall FATE scores.
- Compared to patients without cancer, patients with cancer were more likely to receive a palliative care consultation and to enroll in hospice. Patients with cancer who received a palliative care consultation or hospice referral had higher FATE scores than those who did not.
- As in the larger sample, FATE scores varied considerably across VA sites among patients with cancer, and these variations persisted after adjusting for patient age and race. There was no variation in scores among patient demographic groups (e.g., race, age or comorbid illness). This finding suggests that local factors probably contribute to the quality of end-of-life care.
- Both palliative care consultations and hospice care increased scores on all aspects of the FATE survey ($p<0.001$ for all). Among patients who received a palliative care consult, higher scores were associated with earlier referrals. Similarly, earlier hospice enrollments were associated with higher FATE scores.
- Investigators augmented FATE cancer sample findings with information from medical records documenting the processes of care that Veterans experienced at the end of life.
- The records revealed that patients who received more intrusive medical care generated worse FATE scores than those patients who received palliative care or those who had Do Not Resuscitate orders.

Using VA's comprehensive Computerized Patient Records System improved the methodology of the survey.

- o The 36 patients who died in an intensive care unit had worse scores than other patients (mean score, 45 v. 65 respectively; $p < 0.001$). The 26 patients who were mechanically ventilated on the day of death also had worse scores than those who were not (mean score, 51 vs. 62 respectively; $p < 0.001$).
- o Conversely, the 152 patients who had a Do Not Resuscitate order in their record had higher scores than patients who did not (mean score 62 vs. 57; $p = 0.002$). Similarly, patients who died in a palliative care unit had better scores than patients who did not (mean score 72 vs. 57, respectively; $p < 0.001$).
- The results of the FATE validation led VA researchers and leadership to obtain Office of Management and Budget approval for use of a 14-item shortened version. This survey is less burdensome for respondents yet it captures information similar to that obtained in the longer version.

From FATE to PROMISE

- PROMISE (Performance Reporting and Outcomes Measurement to Improve the Standard of care at End-of-life) is a quality measurement center supported by VA's Comprehensive End-of-life Care Initiative.
- Based at the Center for Health Equity Research and Promotion (CHERP) in the Philadelphia VA Medical Center, PROMISE seeks to identify and reduce unwanted variation in end-of-life care across the VA, identify best practices in palliative care, and foster improvement in end-of-life care for Veterans across the VA healthcare system.
- PROMISE is a multi-site evaluation program that in FY09 involves 12 Veterans Integrated Service Networks (VISN) and will be VA-wide (21 VISNs) in FY10
- PROMISE staff use the short version of the FATE, known as the Bereaved Family Survey (BFS), in combination with medical record reviews, to measure the quality of end-of-life care that Veterans receive in the VA healthcare system.
- The information from medical records and the surveys is tabulated on an ongoing basis and reported quarterly to facilities, VISN leadership, and Veteran Affairs Central Office (VACO). In the first six months, the PROMISE team completed almost 1800 interviews and over 3000 medical record reviews at 43 VA facilities. The survey will be a VA performance measure starting in FY10.
- For more information about PROMISE please see www.cherp.research.va.gov.

Implications

The VA PROMISE project represents the nation's leading effort to measure and improve the quality of end-of-life care.

Using a combination of medical record data and family reports, the PROMISE approach to measuring the quality of end-of-life care is highly exportable to other settings. Health care systems can:

- Use medical record review (chart abstraction) to define the prevalence of processes of care such as pain assessment or documentation of a surrogate decision-maker;
- Employ surveys of family members to elicit opinions about the quality of end-of-life care that their loved ones received;
- Ensure rapid reporting of meaningful data to front line providers and leaders who can use these results to guide clinical care and policy.

The FATE instrument anchors a sweeping initiative to improve care at the end of life across the VA Health Care System.

The PROMISE approach to measuring the quality of end-of-life care is highly exportable to other settings.

This issue of the CHERP Policy Brief was based on the following publications: 1) Finlay E, Shreve S, Casarett D. *Nationwide Veterans Affairs quality measure for cancer: the family assessment of treatment at end of life*. J Clin Oncol. 2008 Aug 10;26(23):3838-44.; 2) Casarett D, Pickard A, Bailey FA, Ritchie CS, Furman CD, Rosenfeld K, Shreve S, Shea J. *A nationwide VA palliative care quality measure: the family assessment of treatment at the end of life*. J Palliat Med. 2008 Jan-Feb;11(1):68-75.; 3) Casarett D, Pickard A, Amos Bailey F, Ritchie C, Furman C, Rosenfeld K, Shreve S, Shea JA. *Important aspects of end-of-life care among Veterans: implications for measurement and quality improvement*. J Pain Symptom Manage. 2008 Feb;35(2):115-25. Epub 2007 Nov 28. 4) Edes T, Shreve S, Casarett D. *Increasing access and quality in Department of Veterans Affairs care at the end of life: a lesson in change*. J Am Geriatr Soc. 2007 Oct;55(10):1645-9. and 5) Casarett D, Pickard A, Bailey FA, Ritchie C, Furman C, Rosenfeld K, Shreve S, Chen Z, Shea JA. *Do palliative consultations improve patient outcomes?* J Am Geriatr Soc. 2008 Jan 28; 56: 593-599.

CHERP Policy Brief is published by the Center for Health Equity Research and Promotion (CHERP), a VA HSR&D Center of Excellence. Contact the editor via email: Carson.Clark@va.gov

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The mission of the Center for Health Equity Research and Promotion (CHERP) is to improve equity and quality in health and health care among Veterans and other populations.

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