Planning Palliative Care for Homeless Veterans at the End of Life

Evelyn Hutt MD  
Jacqueline Jones RN, PhD  
Karen Albright PhD  
Mary Weber RN, PhD  
Tom O’Toole, MD  
Sung-Joon Min, PhD  
Emily Whitfield, PhD  
Hannah Dischinger, BS

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evelyn.hutt@va.gov
Vignettes

• Terminally ill veteran assigned to the top bunk in a respite shelter
• Shelter unwilling to take terminally ill veteran on high dose opioids
• Veteran living in the Ft Collins sewer system unable to get his newly required oxygen down the metal ladder to his ‘home’
### Goals

- Characterize existing approaches to the care of homeless veterans at EOL
- Understand barriers and facilitators to providing excellent EOL care for homeless veterans
- Develop a program framework for meeting their needs that can be tested and replicated across the nation

### Objectives

- Survey existing VA programs
- Visit 4 geographically diverse VAMCs to conduct interviews and focus groups
- Conduct a National Program and Policy Development Forum with focus group representatives, stakeholders and policy makers
Survey Results

• 50 of 152 (33%) VAMCs completed the survey
• VAMCs treated an average of 9.4 homeless veterans at EOL annually.
• Lack of appropriate housing was the most critical challenge.
• EOL programs expressed somewhat more concern about lack of appropriate care site and care coordination than did homelessness programs.
Study Overview

Region A
- Focus Groups
- Frontline Stakeholder
- Middle Manager
- Interviews
- Homeless Veterans
- Local Decision Makers

Region B
- Focus Groups
- Frontline Stakeholder
- Middle Manager
- Interviews
- Homeless Veterans
- Local Decision Makers

Region C
- Focus Groups
- Frontline Stakeholder
- Middle Manager
- Interviews
- Homeless Veterans
- Local Decision Makers

Region D
- Focus Groups
- Frontline Stakeholder
- Middle Manager
- Interviews
- Homeless Veterans
- Local Decision Makers

National Policy and Program Development Forum
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Findings

• Symptom management in the context of addiction, unstable housing and behavioral health problems is challenging.

• Current housing options are too often limited to places that insist on functional independence and a “clean and sober” lifestyle.

• Discontinuity of care between and within VA systems restricts EOL care delivery.

• VA regulations challenge collaboration with community providers, to the detriment of frail, vulnerable homeless Veterans.

• Dedicated homeless and EOL program staff collaborate informally
National Policy and Program Development Forum

During the study’s final year, a National Policy and Program Development Forum is bringing together focus group participants from each site with national VA palliative and homelessness care leadership to develop policies, collaborations and programs to facilitate high quality EOL care for homeless Veterans.

evelyn.hutt@va.gov
Potential Ways to Improve Care

- Educate EOL providers about needs of those with unstable housing and homeless care providers about palliative care.
- Educate EOL and homeless care providers about VA structure, eligibility, housing and EOL resources.
- Facilitate ongoing informal communication among VA and non-VA homeless and palliative care providers.
- Promulgate more flexible housing criteria for those needing palliative care.
- Establish policy that gives HV at EOL priority housing access.
- Pilot test intense collaboration between HPACT and VA EOL providers (perhaps via HBPC).