



DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF INSPECTOR GENERAL

Office of Healthcare Inspections

VETERANS HEALTH ADMINISTRATION

National Review of Hospice
and Palliative Care at the
Veterans Health
Administration



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Findings from a National Review of Hospice and Palliative Care

The VA Office of Inspector General (OIG) conducted a healthcare review of how hospice and palliative care (HPC) services are used at the Veterans Health Administration (VHA).

How the OIG Conducted the Review

The OIG interviewed HPC subject matter experts from VHA, three of the nations' top non-VA cancer centers, and the We Honor Veterans program.¹ The OIG reviewed relevant VHA directives, handbooks, and policies; HPC workload reports; the electronic health records (EHRs) of selected patients within the fiscal year 2017 study period and who had a newly diagnosed malignant cancer; and fiscal year 2018 HPC consults. Also reviewed were HPC-related databases and medical literature on a variety of topics, including VHA cancer registries, evaluation and treatment, predictive modeling, end-of-life care decision making, quality of care, and concurrent care. The OIG conducted the review in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

Background

Studies show that HPC services improve patients' quality of life and lower medical costs and unnecessary hospitalizations. However, knowing when to offer HPC is challenging when providers are unable to easily predict how much longer a patient will live.² Some patients and families have trouble accepting end-of-life care. They may not want to give in to the disease, are unable to accept their condition as terminal, and associate the offer of HPC as the provider giving up on a cure for their disease.³

¹ US News Health. (2018) Best Hospitals for Cancer. <https://health.usnews.com/best-hospitals/rankings/cancer>. (The website was accessed on August 15, 2018.)

² Mor V, Joyce N, Cote D, et al. The Rise of Concurrent Care for Veterans with Advanced Cancer at the End of Life. *Cancer*. 2015; 122:782–790; Dying in America, Improving Quality and Honoring Individual Preferences Near the End of Life. Committee on Approaching Death: Addressing Key End of Life Issues. *Institute of Medicine*. ISBN 978-0-309-30310-1 | DOI 10.17226/18748.

³ Zimmerman, C et al. Perceptions of Palliative Care Among Patients with Advanced Cancers and their Caregivers. *CMAJ*, July 12, 2016, 188(10); Elizabeth K. Vig, et al. Why Don't Patients Enroll in Hospice? Can We Do Anything About It? *Society of General Internal Medicine*. 2010; 25(10):1009–19.

Summary of the OIG Findings Related to Review Questions

Does Administrative Data Accurately Identify When HPC Care Is Provided?

The OIG reviewed the population of patients newly diagnosed with malignant cancer as this diagnosis is more likely than other diagnoses to require HPC services.⁴ The OIG examined a sample of the patients for which the administrative data indicated that no HPC consult was performed. The OIG reviewed the EHRs of those patients to understand how many HPC-related conversations and consults occurred for patients with a cancer diagnosis where data indicated no HPC consult had occurred. The OIG determined that 10.3 percent of the sampled patients had a formal HPC consult or an HPC-related interaction/conversation without documenting an HPC consult or designating a stop code.⁵

Are HPC Consults in the Administrative Data Correctly Linked to an HPC Stop Code?

To examine a different aspect of HPC, the OIG identified whether completed HPC consults were linked to required stop codes used to measure HPC workload.⁶ Documentation of workload included the use of stop codes to identify the associated clinic and the services provided, and if VHA required consults to have an associated clinic.⁷

The OIG found 81,078 completed HPC consults in fiscal year 2018. From this total, 63,641 (78.5 percent) consults were appropriately linked to an HPC stop code (351 or 353); 15,917 (19.6 percent) consults had hospice or palliative care in the title without the correct HPC stop code assigned; and 1,520 (1.9 percent) consults had hospice or palliative care in the title and no stop code assigned.

Conclusion

The administrative data did not reflect all HPC services provided by VHA. Inaccurate administrative data means that VHA has an incomplete understanding of how much HPC service it is providing or how much is needed, which could affect allocation of resources and planning.

⁴ Johnny Kao, et al. Clinical Predictors of Survival for Patients with Stage IV Cancer Referred to Radiation Oncology. *PLoS ONE* 2015 e:10(4); The OIG defined “newly diagnosed” as patients diagnosed in fiscal year 2017 without a previous diagnosis of the same malignant cancer within five years.

⁵ For this portion of the analysis, the OIG reviewed 165 patients’ EHRs.

⁶ VHA Directive 2008-041, *Hospice and Palliative Care Workload Capture*, August 4, 2008. This directive expired August 31, 2013, and has not been renewed.

⁷ VHA Directive 1232(1), *Consult Processes and Procedures*, August 23, 2016, (amended September 23, 2016).

In summary, this review identified areas for which VHA has opportunities to ensure that HPC consults are documented and coded accurately to inform and account for HPC services. The OIG made one recommendation.

Recommendation 1

The Under Secretary for Health ensures the development and implementation of a consistent and standardized approach for hospice and palliative care documentation, consult management, and coding.⁸

Comments

The Executive in Charge, Office of the Under Secretary for Health, concurred with the recommendation and provided an acceptable action plan. (See appendix A, pages 4–5.) The OIG will follow up on the planned actions until they are completed.



JOHN D. DAIGH, JR., M.D.
Assistant Inspector General
for Healthcare Inspections

⁸ The recommendation directed to the Under Secretary for Health was submitted to the Executive in Charge who has the authority to perform the functions and duties of the Under Secretary for Health.

Appendix A: Under Secretary for Health Comments

Department of Veterans Affairs Memorandum

Date: July 9, 2019

From: Executive in Charge, Office of the Under Secretary for Health (10N)

Subj: OIG Draft Report, National Review of Hospice and Palliative Care at the Veterans Health Administration (VIEWS 01259700)

To: Assistant Inspector General for Healthcare Inspections (54)
Director, GAO/OIG Accountability Liaison Office (VHA 10EG GOAL Action)

Thank you for the opportunity to review and comment on the Office of Inspector General (OIG) National Review of Hospice and Palliative Care at the Veterans Health Administration. I concur with OIG's report.

If you have any questions, please email Karen Rasmussen, M.D., Director, GAO Accountability Liaison Office at VHA10EGGOALAction@va.gov.

(original signed by:)

Richard A. Stone, M.D.
Executive in Charge

Comments to OIG's Report

Recommendation 1

The Under Secretary for Health ensures the development and implementation of a consistent and standardized approach for hospice and palliative care documentation, consult management, and coding.

Concur.

Executive in Charge Comments

The Veterans Health Administration (VHA) Hospice and Palliative Care program will update VHA's policy for workload capture to include a plan for educating the field on appropriate documentation procedures and submit the policy for concurrence.

The Hospice and Palliative Care program will perform a national chart review to identify facilities that have documented hospice or palliative care workload without the appropriate stop codes. The findings from this chart review will be shared with Veterans Integrated Service Network Palliative Care Program Managers for dissemination to include education on appropriate workload documentation.

The Hospice and Palliative Care program will incorporate in discussions with Cerner, workload capture into VHA's transition to the Cerner electronic healthcare record.

Status:

In Progress

Target Completion Date:

March 2020

OIG Contact and Staff Acknowledgments

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