Advances in Geriatrics

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The Palliative Care on the Road Program: Assessing Needs, Attitudes, and Barriers

Since its inception in 1987, the San Antonio Geriatric Research, Education and Clinical Center (GRECC), based at the South Texas Veterans Health Care System (STVHCS) in San Antonio, has played a major role in innovating and disseminating new approaches to clinical care for older veterans. This GRECC has long received national attention for its accomplishments in establishing the connection between caloric restriction and longevity. And since the 1990s, it has been a pioneer in developing educational and clinical programs on hospice and palliative medicine (HPM). This newly recognized subspecialty[1] provides interdisciplinary care, with a focus on the relief of suffering, to chronically and terminally ill patients and their families. The San Antonio GRECC houses one of six VA-funded interprofessional HPM fellowship programs in the United States, and the Accreditation Council for Graduate Medical Education recently has accredited this fellowship.

The VHA has focused increasingly in recent years on developing strong HPM programs, and it has called upon the San Antonio GRECC and the STVHCS to play an important role in this development. The Veterans' Health Care Eligibility Reform Act of 1996 (Title 38 of the U.S. Code of Federal Regulations §17.38) mandated the VHA to provide HPM services to eligible veterans who need them. VHA Directive 2008-041, issued in August 2008, defined VHA responsibility with regard to providing HPM and VHA policy on coding for HPM. In fiscal year 2008, the VHA provided an increasing flow of resources to ensure access to HPM to all veterans.

Around the same time, the VHA charged the San Antonio GRECC and the STVHCS geriatrics and extended care (GEC) department with providing HPM education and mentoring to all HPM programs in VISN 17. This was an ambitious charge, as VISN 17 serves a population of over one million veterans residing in 134 counties.

The STVHCS GEC/San Antonio GRECC interdisciplinary team's first step toward meeting this charge was to initiate the Palliative Care on the Road Program, which was aimed at assessing HPM needs, barriers, and attitudes throughout VISN 17. The interdisciplinary team traveled to three VISN 17 facilities—the Audie L. Murphy Memorial Veterans Hospital, San Antonio, TX; the Dallas VA Medical Center, Dallas, TX; and the Olin E. Teague Veterans' Center, Temple, TX—that were in the beginning stages of developing HPM programs. At each facility, the team conducted a focus group session (Figure 1), in which it interviewed practitioners about HPM. The team later used these practitioners' responses, along with such resources as the Education on Palliative and End-of-Life Care Project and the Center to Advance Palliative Care, to construct an HPM curriculum and provide three training sessions (Figure 2).

During the three Palliative Care on the Road Program focus groups, which lasted about 90 minutes each, the interdisciplinary team used standard focus group methodology to facilitate group discussion on HPM.[2] All interdisciplinary practitioners work-

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The VHA's Geriatric Research, Education and Clinical Centers (GRECCs) are designed for the advancement and integration of research, education, and clinical achievements in geriatrics and gerontology throughout the VA health care system. Each GRECC focuses on particular aspects of the care of aging veterans and is at the forefront of geriatric research and clinical care. For more information on the GRECC program, visit the web site (http://www1.va.gov/grecc/). This column, which is contributed monthly by GRECC staff members, is coordinated and edited by Kenneth Shay, DDS, MS, director of geriatric programs for the VA Office of Geriatrics and Extended Care, VA Central Office, Washington, DC.

ing in VISN 17 HPM programs were eligible to participate in the groups, and a total of 36 practitioners chose to do so. These participants included 22 nurses, who had an average of 10 years of experience in the VHA; four physicians, who had an average of 14.5 years of VHA experience; and 10 others, who had an average of seven years of VHA experience.

The focus groups were intended specifically to assess VISN 17 needs and barriers with regard to the four resources essential to the successful mainstreaming of HPM programs as identified by Periyakoil and Von Gunten: "mentors," "medium," "message," and "maintenance."[3] According to these physician authors, it is important for HPM program staff to utilize visionary leaders who are perceived as HPM experts and can energize others in a new field where there is little guidance (mentors); build communication skills that meet patients' and families' needs (medium); demonstrate an understanding of HPM's meaning, which includes comfort for both patients and their family members (message); and have a passion for providing quality patient care (maintenance).[3] The focus groups also were intended to assess needs and barriers with regard to the HPM concept of "total pain"—that is, the understanding that pain can be physical, social, spiritual, or psychological.[4]

PROGRAM RESULTS

Visionary leaders

Focus group participants did not identify individuals in their HPM programs as charismatic leaders. Although participants said that their programs included leaders with a passion for HPM, these leaders were not recognized as mentors—partly due to the fact that they had not yet received formal education in palliative care. Many participants said they were eager for leaders in their programs to complete HPM board certification, as such certification would demonstrate legitimate expertise to build the HPM programs.

With the first HPM board certification examination administered only six months ago (in October 2008), the first wave of certified, specialized physicians did not populate the field until February 2009. In that month, however, 87% of 1,454 physicians passed their board examination.[5] Currently, there are six HPM board certified physicians working within the STVHCS.

Communication skills

The participants recognized strong communication skills as one of the cornerstones of HPM, and they correctly emphasized the importance of communicating both with other staff and with patients and their family members. One participant said that "communicating with the staff who are at the bedside, getting their input, listening to their suggestions, [and] listening to what they're telling you" can lead to positive outcomes. Other participants highlighted family meetings as a venue for facilitating communication with patients and their family members. A nurse explained how the team physician works with families:

> She meets with families practically weekly, depending on our veteran's health…. She is excellent about meeting with families at their convenience, not hers, to make them understand what's going on with the transition and the end of life. That's an important part of her job and I think the patients and their families really respect that….

Some participants reported that educating patients and their family members is a key role of palliative care communication. When asked what was important when practicing palliative care, one participant responded, "Educating the patient and the families on what to expect, the process of the disease or illness." Participants said that staff members need more training, however, on how to communicate with patients and families.

Participants said they were eager for leaders in their programs to complete HPM board certification.

Figure 1. Palliative Care on the Road Program focus group session at the Dallas VA Medical Center.

Figure 2. Palliative Care on the Road training session at the Olin E. Teague Veterans' Center.

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Understanding HPM

The participants showed a strong understanding of HPM's meaning, correctly defining HPM as entailing comfort for both patients and family members. This definition has been reinforced regularly throughout the VHA, and it clearly has had an impact.

In discussing their understanding of pain management, however, the participants generally focused on physical pain without mentioning the social, spiritual, or psychological aspects of suffering that are involved in a comprehensive pattern of care.[4] Therefore, it could be beneficial for the VHA to emphasize all four types of pain in its messages about HPM.

Passion for quality care

The participants showed a great deal of passion for providing quality HPM—an unsurprising result in a field that typically attracts providers with such a passion. Many participants reported high job satisfaction. Many also reported that work-related experiences were what led them to become involved in HPM. A chaplain summarized her journey by saying that serving as a trauma chaplain "has helped me [with HPM] because I've dealt with so much death. But here it's more about relationship—not just the patient, but also the family." Other participants explained that they were motivated to join HPM when witnessing poor end-of-life care in acute settings.

Barriers

When asked about barriers to the implementation of HPM services, participants said that HPM programs in VISN 17 needed more time to accomplish their tasks, more money to supplement their costs, and more education and training for their staff members. These barriers have become easier to overcome since VA Directive 2008-041 was issued. In response to the directive, the VA has provided more resources (mainly monetary) to most of the VISNs to distribute to HPM programs. Scott Shreve, DO, the VA's national director of hospice and palliative care, and James Hallenbeck, MD, the VA's medical director of hospice, were instrumental in the acquisition of these resources.

Feedback indicated a need for the VHA to emphasize the social, spiritual, and psychological aspects of pain.

THE RIGHT TIME FOR HPM

Results of the Palliative Care on the Road Program indicate that VISN 17 has the key elements in place to expand a successful continuum of HPM services. The focus group participants expressed a strong understanding of HPM and the communication skills that it requires, along with a passion for quality care that can help to sustain and maintain HPM programs. Although the participants did not perceive the leaders in their programs as mentors, this perception could change once more leaders receive HPM board certification. The participants said that they faced time-management and monetary barriers to implementing high quality HPM programs, and their feedback indicated a need for the VHA to emphasize the social, spiritual, and psychological aspects of pain and to provide HPM staff with communication training. With the resources recently provided by the VA, the aim is to overcome these barriers.

This is the right time for HPM at the VA. The VHA and many GRECCs are fully committed to the development of HPM. Resources have been distributed to all VA facilities to start or to enhance HPM programs, and additional funds are committed to facilities who wish to develop local HPM services further. Thus, the VHA is providing an example in mainstreaming HPM, with the ultimate goal of delivering compassionate care and relief of suffering for veterans and their families.

Author disclosures

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