



## VA Launches Program to Assist Dying Veterans

Efforts by the VA to improve end-of-life care for veterans have gained momentum with the recent completion of a new training curriculum—the Education on Palliative and End-of-Life Care for Veterans Project—which began its rollout in October 2010 and will be introduced to 170 VA medical centers (VAMCs) by the end of 2011.

This year, an estimated 670,000 former soldiers are expected to die of cancer, heart disease, stroke, and other ailments. All veterans are entitled to hospice and palliative care under a national directive that was issued by the VA in 2008. The new project, developed by researchers from Northwestern University Feinberg School of Medicine in Chicago, Illinois, and the University of Alabama at Birmingham, is designed to educate VA doctors, nurses, chaplains, social workers, and psychologists about the best practices for veterans who don't have long to live.

The program will focus on pain treatment, patient-doctor communication, and decision-making about end-of-life treatment. It also will address the 4 psychosocial issues that have a high prevalence in the veteran population: posttraumatic stress disorder, homelessness, substance abuse disorders, and military sexual trauma.

Some veterans are so invested in stoicism—a grin-and-bear-it attitude fostered in the military—they won't admit to pain, thus blocking the caregivers' ability to relieve suffering. Other veterans may have mixed feelings about the medications used in palliative care, as some are closely

related to illegal drugs, such as heroin. Veterans who once abused drugs or alcohol may fear becoming addicted to these medications. "We need to be aware of and sensitive to all veterans' needs," says Amos Bailey, MD, a co-chair of the project, noting plans to open 50 new palliative care and hospice units in VA facilities over the next 5 years.

Recognizing that most veterans die outside VAMCs, the VA also recently unveiled a partnership with the National Hospice and Palliative Care Organization, We Honor Veterans ([wehonorveterans.org](http://wehonorveterans.org)), devoted to addressing issues related to military service that arise at the end of life. The goals of this partnership are to improve veterans' access to hospice and palliative care across all sites and levels of care, to strengthen the relationship between community hospice and VA facilities, and to initiate comprehensive end-of-life community engagement plans designed to reach veterans.

## TRICARE Coverage Extended for Dependents Up to Age 26

The signing of the National Defense Authorization Act (NDAA) of fiscal year 2011 into law enables TRICARE to provide coverage to eligible military dependents up to age 26 years; coverage previously ended at age 21 years, or age 23 years for full-time college students. A premium-based TRICARE Young Adult (TYA) program is expected to be available later this spring.

The fiscal year 2011 NDAA, signed by President Barack Obama on January 7, 2011, ensures that the DoD offers benefits similar to those

that all American families receive under the Patient Protection and Affordable Care Act, which took effect in March 2010. "Fortunately for our beneficiaries concerned about health care coverage for their adult children, the law signed by the president includes opportunities for military families to elect this new premium-based plan retroactive to January 1," said TRICARE Deputy Director Rear Adm. (Dr.) Christine Hunter.

Qualified young adults who are unmarried and are not offered employer-sponsored health care coverage will be eligible to purchase TYA coverage on a month-to-month basis. Premium costs are not yet finalized, but the NDAA specifies that rates must cover the full cost of the program and will be based on commercial insurance data regarding the costs of providing care.

Initially, the benefit offered will be a premium-based TRICARE Standard/Extra benefit. Later this year, they intend to rollout the TRICARE Prime and TRICARE Prime Remote plans, including overseas options, and the Uniformed Services Family Health Plan. Eligible family members who receive health care between now and the date the program is fully implemented may want to purchase TYA retroactively and should save their receipts. Premiums will have to be paid back to January 1, 2011, to obtain reimbursement.

For adults who need health care insurance but no longer qualify for TRICARE, officials advise exploring the Continued Health Care Benefit Program—a premium-based program that offers transitional coverage for 18 to 36 months. Coverage must be purchased within 60 days of losing TRICARE eligibility.

## Task Force Report Focuses on Pain Management

For nearly 200 years, pain caused by battlefield injuries has been treated as a short-term symptom, typically with morphine as the go-to pain reliever. Today, however, wounded service members often travel thousands of miles in 1 day, causing this singular approach to pain relief to become less effective. Furthermore, the viewpoint on pain has changed over the years: What once was considered a temporary consequence of injury, now is being seen as a disease process that often requires long-term management.

In light of this assessment, an army task force was chartered in August 2009 to standardize pain management through coordinated efforts with the DoD and the VA. The task force, which includes medical specialists from the army, navy, air force,

TRICARE Management Activity, and the VA, aims to develop a comprehensive approach to pain management that is holistic, multidisciplinary, and multimodal in its approach.

A detailed final report was issued in May 2010 containing more than 100 recommendations on improving and standardizing pain management. Included in the report, is the need to incorporate integrative medicine modalities, such as yoga and acupuncture, to decrease the tendency for medication-only treatment of pain. Another task force recommendation calls for a comprehensive pain assessment and an outcome registry to better track the effectiveness of pain management procedures and techniques. Threaded throughout most of the recommendations is the need for an increase in communication, education, and awareness.

The report cited that pain management is similar to a team sport. Using

that analogy, the army is synchronizing efforts with the Military Health System to develop the patient-centered medical home, which focuses on creating a care team structured around the patient's needs. The army is establishing integrated pain management hubs at medical centers in the United States and abroad using the medical home concept. Pain specialists will be communicating with each other, with the patient at the center.

In order to improve the entire well-being of our soldiers and their families, the report also recommends an integration of the army's pain management strategy with the Comprehensive Soldier Fitness Program, the Army Suicide Task Force, and other army and DoD initiatives.

For a complete copy of the task force recommendations, visit [http://www.armymedicine.army.mil/reports/Pain\\_Management\\_Task\\_Force.pdf](http://www.armymedicine.army.mil/reports/Pain_Management_Task_Force.pdf). ●