Challenges of Providing End of Life Care for Homeless Veterans
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GOALS AND OBJECTIVES
1. Characterize existing approaches to the care of homeless veterans at EOL
   • E-mail survey of programs serving either homeless or EOL populations at Veterans Affairs Medical Centers (VAMCs)
2. Understand barriers and facilitators to providing excellent EOL care for homeless veterans
   • Site visits: 1 pilot, then 4 cities
   • Site selection criteria
     - Substantial homeless population
     - VAMC with either strong EOL or HV program or both
     - 2 multi-disciplinary focus groups of EOL and homelessness care providers in and outside VA
3. Develop a program framework for meeting their needs that can be tested and replicated across the nation

BACKGROUND
• More than 76,000 US veterans are Homeless (HV)
• Mean age at death: 34-47
• Cancer and heart disease are the leading causes of death over age 45
• Homeless Veterans who are at end of life (EOL) do not fit easily into programs designed for either group

RESULTS
- 50/152 VAMCs responded to e-mail survey
- Average of 9.4 HV at EOL annually per responding VAMC

Qualitative Results from Site Visits Revealed 6 Themes:

- Theme: In spite of HV’s declining health, with comprehensive independent living or realistic plans to abstain, current housing options are too often limited to places that insist on functional independence and a ‘clean and sober’ lifestyle.
  Supportive Quotes:
  - “They’re not allowed to get to certain recovery tools, you know, if what they want to do is die clean and sober I want to help them do that... but if they have a peer support specialist...”

- Theme: Symptom management within the context of addiction, unstable housing and behavioral health problems is challenging.
  Supportive Quotes:
  - “They’re seeing a lot of pain..." (FG, Site D)

- Theme: Discontinuity of care between systems restricts EOL care delivery.
  Supportive Quotes:
  - “I think the VA needs to get organized..." (FG, Site A)

- Theme: VA regulations pose significant challenges to collaboration with community providers.
  Supportive Quotes:
  - “I’m not gonna give them... Nobody’s gonna do that..." (KII, Site B)

- Theme: Dedicated homeless and EOL program staff collaborate informally.
  Supportive Quotes:
  - “They’re not allowed to get to certain recovery tools..." (FG, Site A)

- Theme: Promising models include maximization of VA-community partnerships and use of peer support by formerly homeless Veterans.
  Supportive Quotes:
  - “We’re going to have a platform that we can share..." (FG, Site C)

CONCLUSIONS
• Multiple personal, clinical, and structural factors impede care of homeless veterans at EOL.
• Facilitating appropriate rehousing is critical.
• Access to expert management of pain and functional decline will be essential.
• Improving care will require effective collaboration across multiple disciplines and care systems

NEXT STEPS
The National Program and Policy Development Forum, comprised of national leadership and focus group representatives, is developing policy enhancements, pilot programs, cross-silo education and communication to improve care for HV at EOL

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