



Veterans with life-limiting illness: Baseline descriptors

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Background

- Veteran population is aging, many have serious, chronic and/or life-limiting illnesses
- Palliative care: emerging field
- VA health care system uniquely set up to research and address complex health issues

Objectives

- Describe seriously ill veteran population, their demographics, disease and functional status;
- Identify treatment preferences among veteran study population;
- Discuss policy implications associated with caring for seriously ill veterans.

Study Design

- Randomized Controlled Trial of Palliative Nurse Care Management
- Enrollment occurred between 8/04-11/06
- 400 veterans enrolled
- Two study arms: Palliative Care Management v. Usual Care

Study Design: Inclusion & Exclusion Criteria

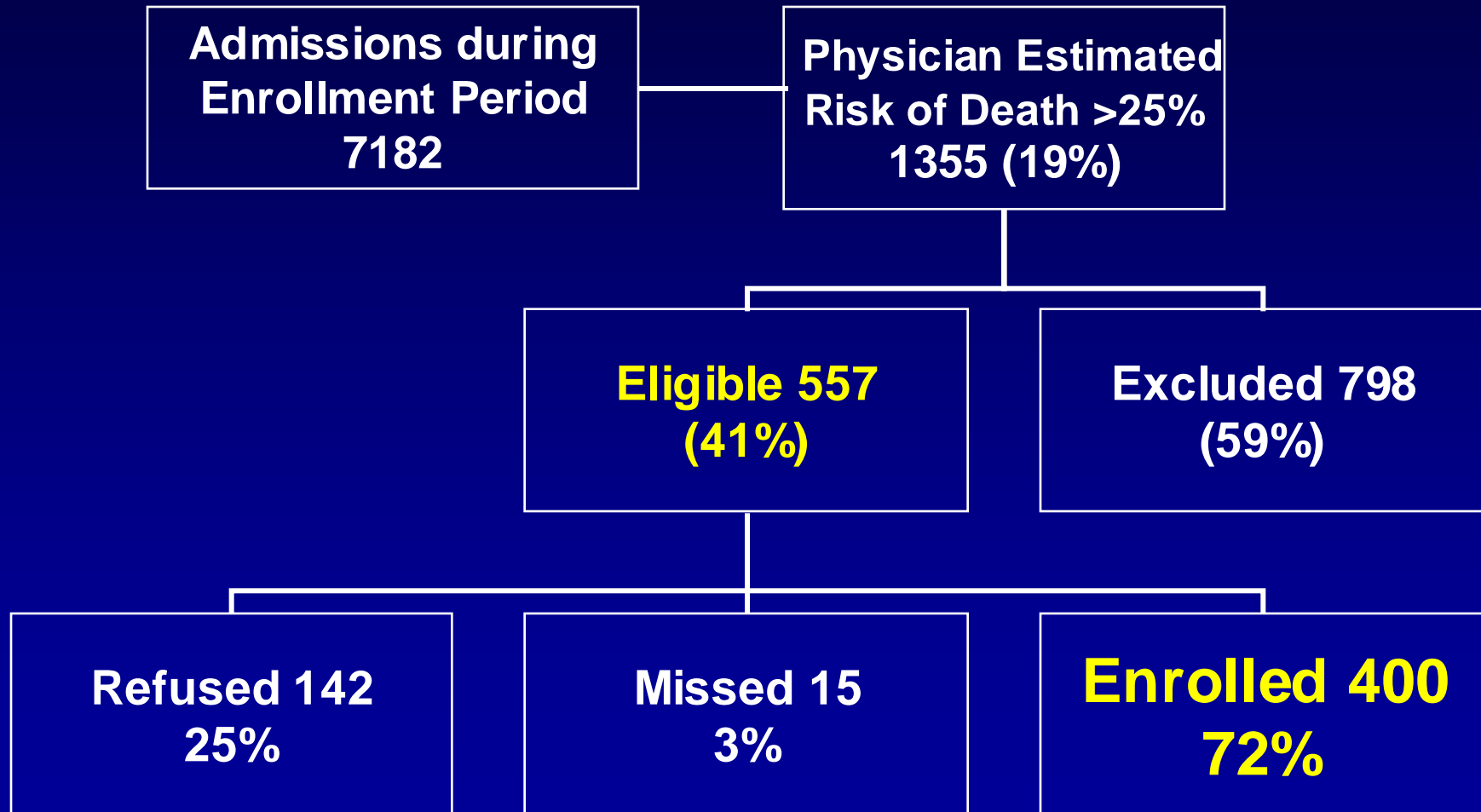
Inclusion Criteria

- Resident physician estimated risk of death in upcoming year > 25%

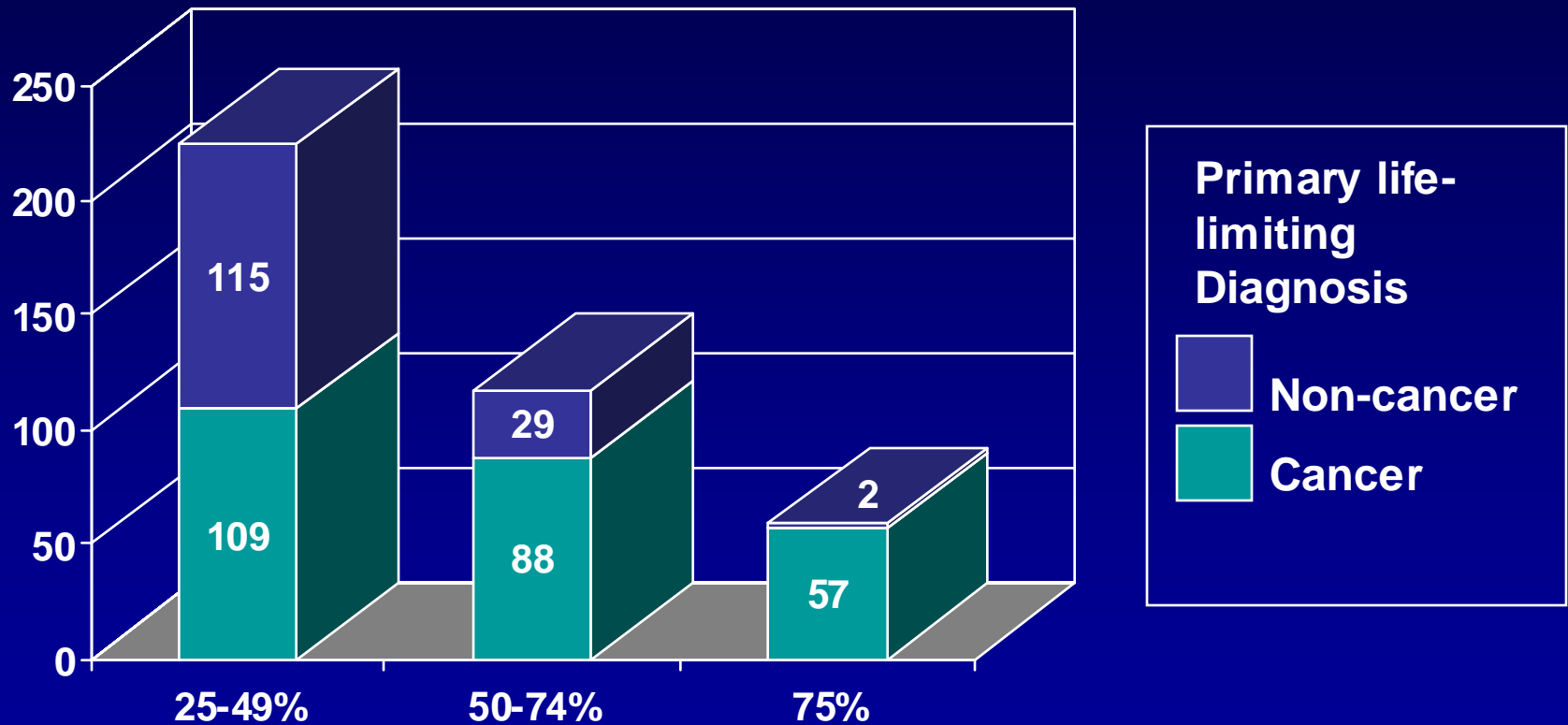
Exclusion Criteria

- Nursing home, hospice care
- Homeless/lack of telephone
- Cognitive impairment
- Already case managed
- Majority of care outside local VA system
- Too ill, unable to communicate verbally

Enrollment



Physician Estimated Risk of Death in Upcoming Year



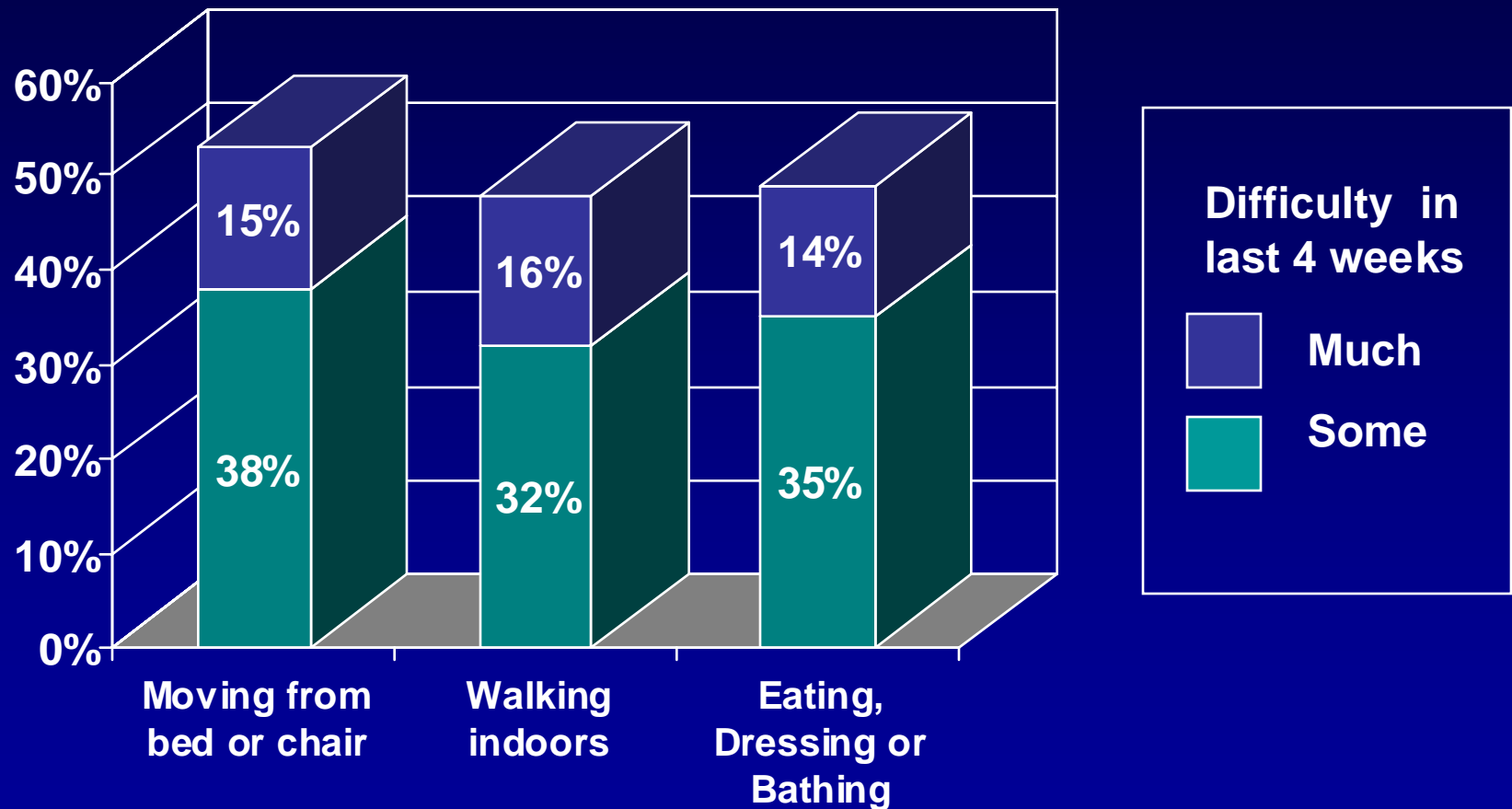
Data Collection

- Baseline data collected via 30-40 minute face-to-face structured interviews
- Baseline measures assessed:
 - Demographics
 - Functional status
 - Symptoms
 - Care preferences

Patient descriptors (n=400)

Mean age	63
Min/Max age	30 /90
% male	97%
Self-Reported Race/Ethnicity:	
White	48%
Black/African-American	27%
Latino/Hispanic	11%
Other	13%
% cancer diagnosis	65%
Education (% beyond high school)	67%
% not in a committed relationship	57%
% live alone	30%
% screened positive for depression	43%
% died < 1 year	50%

Functional Status: Basic Activities of Daily Living



Baseline Symptoms

Bothered “Quite a Bit” or “An Extreme Amount” During Previous Seven Days	
Lack of Energy	70%
Pain**	65%
Difficulty Sleeping	55%
Shortness of Breath ⁺	50%
Dry Mouth	46%
Weight Loss**	35%

**** Veterans with cancer reported more often**

**+ Veterans with non-cancer illnesses reported more often
(p-value < 0.05)**

Treatment Preferences

Have discussed treatment preferences with providers	53%
Have a living will	34%
Would prefer care to focus on relieving pain rather than extending life	63%
Would accept if illness significantly worsened:	
Hospital Admission	92%
Major Surgery	74%
CPR	64%
Feeding Tube*	35%
Intubation	26%

* Includes respondents with feeding tubes at baseline

Generalizability

- Selection criteria
- Sample predominantly male
- Hospitalized patients may have more acute symptom severity
- Veterans are not representative of general population (poorer health status, lower SES)

Conclusions

- Veterans with serious illness have high symptom burden, limited functional status, complex needs
- Veterans have conflicting care preferences, complicating advanced care planning and treatment delivery

Policy Implications

- Current care systems are insufficient and may need additional components
- VA patient education may need to be enhanced to improve goals of care discussions
- Further studies on integrative palliative care and advance care planning are needed

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