

## **OBJECTIVES**

- Define Palliative Care
- Define Hospice Care
- Discern Palliative Care for Hospice Care
- Learn where Palliative care

## WHAT IS PALLIATIVE CARE?

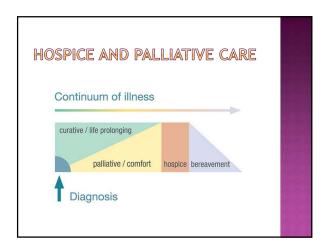
Palliative Care is care provided to patients
with a life limiting illness who are continuing
to receive curative/palliative treatments.
Hospice care is for patients with a life
expectancy of 6 months or less who have
chosen to focus on receiving comfort
treatments. Both Palliative Care and Hospice
focus on relieving suffering related to the
disease process and improving quality of life
for people of any age.

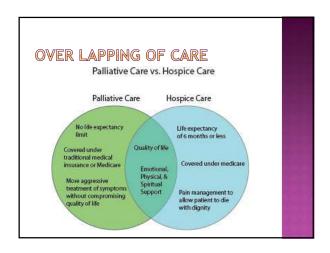
## WHAT IS HOSPICE CARE?

 Hospice care is for patients with a life expectancy of 6 months or less who have chosen to focus on receiving comfort treatments.

## THE DIFFERENCE

- Both palliative care and hospice care provide comfort. But palliative care can begin at diagnosis, and at the same time as treatment. Hospice care begins after treatment of the disease is stopped and when it is clear that the person is not going to survive the illness.
- Hospice care is most often offered only when the person is expected to live 6 months or less.





## MEDICATIONS/SUPPLIES/DME

 The patient is responsible for the medications, supplies, and DME. Medications, supplies, and DME related to the terminal illness and related co-morbidities are provided by the hospice.

Palliative Care

Hospice

## PALLITIVE CARE:

Palliative

Focuses on providing care for patients with serious illness. Services can be provided at the same time as curative care.

## HOSPICE

- HOSPICE
- An interdisciplinary approach to providing care for patients at the end of life that focuses on pain and symptom management. Comfort is the primary goal. The patients' physical, psychosocial, and spiritual needs are provided throughout the patient's care. Bereavement is provided throughout the patient's hospice care and provided to the family/caregiver for up to 12 months after the patient's death.

## PALLIATIVE CARE/HOSPICE CARE

- Physician order
- Diagnosis of a lifelimiting illness during any stage of the disease process.
- Physician Order
- Diagnosis of a terminal illness
- Certification by the attending physician and medical director certifying the patient has a prognosis of six months or less if the illness runs its normal course.

Palliative Care

Hospice

## PALLIATIVE CARE

- Disease education and assistance with choosing on treatment options
- $\ensuremath{\,\scriptstyle{\odot}}$  Pain and other symptom management
- Assistance and Support in coping with the stressors of living with a life-limiting illness

## HOSPICE

- Pain and other symptom management
- Improved quality of life
- Skilled Nurses-Assess the physical needs of the patient
- Social Workers-Assess the pychosocial needs of the patient and family.
- Chaplains-Assess the spiritual needs of the patient.
- Volunteers-Available to provide socialization to the nation!
- Hospice aides-provide individualized needs the patient made need related to a self care deficit.
- Homemakers-Provide light house-keeping.
- ARNP-Provide face to face visits prior to the third benefit period and as needed.
- Medical Director-provide Physician direction and reviews each patients medical record during the IDT meetings.

## **PALLIATIVE CARE:**

The interdisciplinary team includes a doctor, nurse practitioner, social worker, and a case manager. The nurse practitioner (an advanced nurse who functions similarly to a doctor) makes visits an average of once a month. A social worker is available, and a case manager offers visits and telephone support as needed. All care is coordinated with a patient's physician of choice.

# Palliative Care-Enhanced Model Survivorship Paln & Symptom Management Management Palliative Care Palliative C

## PALLIATIVE CARE VERSUS HOSPICE AFTER HOURS: 8am-5pm • 24/7 • After Hours: Call your PCP or visiting ER such as Dispatch Health, or 911 if a true emergency • 24/7 • Always call the Hospice Team before 911, they understand your hospice needs the best

Palliative Care

Hospice

## WHERE IS PALLIATIVE CARE PROVIDED?

- Home
- Skilled Nursing Facility
- Assisted Living Facility
- Hospital

## WHERE IS HOSPICE PROVIDED

- Home
- Skilled Nursing Facility
- Assisted Living Facility
- Nursing Facilities
- Group homes
- Inpatient requires inpatient level of hospice care, needs to be in a contracted facility with 24-hour registered



## PALLIATIVE CARE IS REIMBURSED BY PART B MEDICARE:

 As with any consultative service, insurance will be billed for the physician's services. Medicare Part B will pay 80% of these charges; the remainder is billed to either a secondary insurance or to the patient. We are committed to providing services regardless of insurance coverage or ability to pay.

## HOSPICE CARE IS REIMBURSED BY MEDICARE PART A, PRIVATE INSURANCE, MEDICAID ADVANTAGE

Medicare Part A services pay 100%. Most Medicaid programs pay for Hospice 100%, most private insurance have a hospice benefit, and are sometimes associated with a co-pay or co-insurance.

# DEVELS OF CARE • ONE LEVEL OF CARE • FOUR LEVELS OF CARE • ROUTINE • RESPITE • GENERAL INPATIENT • CONTINUOUS CARE PALLIATIVE CARE HOSPICE

## **RESTRICTIONS**

- PALLIATIVE CARE
- THE PATIENT DOES NOT HAVE TO WAIVE AGGRESSIVE TREATMENT FOR THE TERMINAL ILLNESS.
- WAIVES CURATIVE TREATMENT FOR THE TERMINAL ILLNESS AND RELATED COOMORBIDITIES

Palliative Care

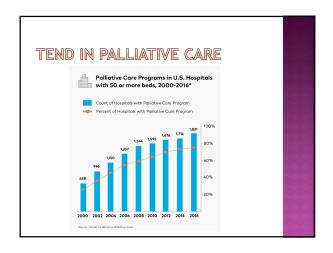
Hospice Care

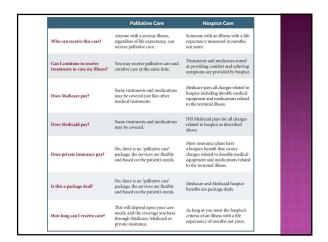
## CONDITIONS OF PARTICIPATION

- NO CONDITIONS OF PARTICIPATION AT THIS TIME.
- FEDERAL CONDITION
   OF PARTICIPATION AND
   STATE REGULATIONS
   IN MOST STATES.

PALLIATIVE CARE

HOSPICE





## REVIEW

PALLIATIVE CARE: THE PATIENT MAY CONTINUE TO RECEIVE AGGRESSIVE TREATMENT.

HOSPICE CARE: THE PATIENT WILL RECEIVE AN INTERDISCIPLINARY APPROACH FOR THE TERMINAL ILLNESS AND THE HOSPICE TEAM AVAILABLE 24 HOURS A DAY-7 DAYS A WEEK. INITIAL BEREAVEMENT AND POST BEREAVEMENT AVAILABLE FOR THE FAMILY/CAREGIVER. HOSPICE PROVIDES SPIRITUAL AND PSYCHOSOCIAL CARE FOR THE PATEINT AND FAMILY.

## REFERENCES

- $_{\odot}$   $\,$  World Health Organization: Cancer Pain Relief. 1986. WHO website 2013
- Biasco G, Tanzi S and Bruera E. Early palliative care: how? J Pall Med 2013, 16(5):466-470
- 8 Smith T, Temin S, Alesi E et al. American Society of Clinical Oncology provisional clinical opinion: the integration of palliative care into standard oncology care. J Clin Oncol 2012 (10;30):880-7. Doi: 10.1200/JCO.2011.38.5161.
  Epub 2012 Feb 6
- Temel J, Greer J, Muzikansky M et al. Early Palliative Care for Patients with Metastatic Non-Small Cell Lung Cancer. NEJM 2010;363:733-42
- https://getpalliativecare.org/resources/.../2018-growth-snapshot-graph-with-source/