Learning Objectives

- Compare and contrast palliative care and hospice care that includes funding, coverage of care and services, and models of delivery
WHAT is Palliative (pal-lee-uh-tiv) Care?

Palliative care is specialized holistic care for people with serious illnesses.

- It focuses on providing patients with relief from the symptoms, pain and stress of a serious illness—whatever the diagnosis and age.
- The goal is to improve quality of life for both the patient and the family.

Definition of Palliative Care

Palliative care focuses on expert assessment and management of pain and other symptoms, assessment and support of caregiver needs, and coordination of care. Palliative care attends to the physical, functional, psychological, practical, and spiritual consequences of a serious illness. It is a person- and family-centered approach to care, providing people living with serious illness relief from the symptoms and stress of an illness. Through early integration into the care plan for the seriously ill, palliative care improves quality of life for the patient and the family.

- NCP, 4th Edition

Palliative Care is a Bridge
WHAT are Some Benefits of Palliative Care Services?

- Provide relief from pain and other uncomfortable symptoms
- Assist in making difficult medical decisions
- Help coordinate care and navigate the often-complex health care system

WHAT are Some Benefits Of Palliative Care Services? Cont.

- Improve communication between the patient and health care community
- Solicit the goals for care from the patient and family
- Provide emotional and spiritual support and guidance to patients and their families

The Palliative Care Team

- Patient and Family
- Doctor
- Nurse
- Social Worker
- Chaplains/Counselor
- Pharmacist
- Dietician
- Volunteer
- Therapist
  - (PT, OT, ST, Music, Massage)

Models of Palliative Care

- Hospital
- Hospice
- Home health care
- Outpatient
- Long term care facilities
- Consult Teams
DISTINGUISHING PALLIATIVE CARE FROM HOSPICE CARE

Palliative Care
- Comfort Care
- Offered and provided at any time of diagnosis of a serious illness
- May be offered at the same time as curative treatment
- There may be limited financial coverage of palliative care

Hospice Care
- Comfort Care
- Care and services offered and provided for persons with a ‘terminal’ illness
- No longer receiving curative care but comfort care
- Benefit that includes coverage of the hospice team, medications, supplies, and bereavement care

Palliative Care Facts
- Palliative programs may look different
- There is little reimbursement for services
- There is no coverage of medications, treatments, therapies beyond the usual and customary insurance coverage
- There may be coverage of limited visits by the PC team

How to Make a Referral to Palliative Care
- Consider who is providing palliative care in your community
- Do you have written information on the providers of palliative care in your community?
- MNHP Palliative Care Directory https://www.mnhpc.org/palliative-care-directory/
Questions?

The Three Hospice Components*

HOSPICE CARE

We only live once, Snoopy.
Wrong! We only die once. We live every day!
Hospice Care

- Hospice (pronounced haw-spiss) care is a special kind of care that a patient and their family or loved ones choose.
- Hospice care helps patient’s with life-limiting illnesses live their final months in comfort and dignity.
- Hospice care is unique in that it also provides support to the patient’s family and caregivers.

Hospice Philosophy

- Hospice care is a special kind of caring that recognizes that quality of life should be encouraged and supported when quantity of life is limited.
- Hospice care helps patient’s with a life-limiting illness live their final months in comfort and with dignity.

Hospice Embraces the Following:

The patient has the right to:
- be informed of all options available and choose those options that meet your values, culture and beliefs
- live the remaining days as fully as possible
- to experience relief from physical, spiritual and emotional pain that frequently accompanies a life-limiting illness
Who Qualifies for Hospice Care?

- Terminally ill patient’s whose life expectancy is six months or less given the current progression of their disease process (any age-any diagnosis)
- Patients seeking palliative (comfort) care rather than curative treatment

Steps to Hospice Admission

- Referral: by anyone
- Eligibility: guidelines for terminal illness
- Election of benefit: by patient
- Revocation: by patient
- Discharge: by agency
- Recertification: by physician

Hospice Services

The hospice team will provide the following services to patients in their ‘home’

- Manage pain and other distressing symptoms
- Offer support and counseling for family members and loved ones
- Offer support for the emotional and spiritual aspects dying
- Teach family members skills to help them provide care
Levels of Care

- In-Home
- Respite
  - Relief for caregiver-max of 5 days paid by Medicare
- General In-patient (GIP)
  - Acute/crisis care
- Continuous Care
  - Crisis care in the ‘home’ setting primarily provided by skilled nursing more than 8 hours per 24 hours

Provide Medications and Treatments

- All medications and treatments related to the terminal and “related” conditions are covered as approved by hospice.
- This may include: radiation, chemotherapy, blood transfusions, etc. if provided for the relief of pain/suffering according to the patient’s goals for care.

Provide Medical Supplies

- Supplies related to the terminal condition are covered.

Examples:
- Wheelchair
- Walker
- Oxygen
- Wound care supplies
- Incontinent products
- Dressings
- Electric bed
- Other

Additional Considerations

- Emergency transportation
- Surgical procedures palliative in nature
- Short term dialysis
- Blood transfusions
- Other
HOSPICE TEAM

The Hospice Care Team

- Patient and Family
- Hospice Medical Director
- Attending MD or NP or PA
- Registered Nurse
- Social Worker
- Chaplains/Counselors
- Volunteers
- Pharmacist
- Dietician
- Therapists
  - (PT, OT, ST)

Additionally

- Integrative Therapies
  - Music
  - Massage
  - Animal/Pet
  - Other
What Role Does the “Family” Play?

- The patient and family are at the core of the hospice team and are at the center of all decision making.
- Family may include relatives, friends, neighbors, or extended family identified by the patient.

Who Pays for Hospice Care?

- Medicare hospice benefit - 100%
- Medical Assistance hospice benefit - 100%
- MN Care
- Most Health Plans
- Private Pay
- Several Long Term Care Insurances

Hospice in the Skilled Nursing Facility

- Hospice does provide services and visits to the patient/family as this is the patient’s ‘home’
- Hospice does not pay for the room and board charges
- Hospice and the SNF develop a plan of care that identifies ‘who does what’
- Hospice is required to professionally manage pain and symptoms
- A contractual arrangement between hospice and the SNF is required

Hospice in Assisted Living

- The hospice and AL do not need to have a formal contract
- Hospice doesn’t pay for room and board
- Hospice and AL collaborate on the plan of care
- Hospice and AL encourage the involvement of family
Hospice Facts

- A “DNR” order is not required
- Hospice is not only for patients with a cancer diagnosis
- Hospice is usually covered 100% by most payer sources
- Hospice enrollment doesn’t “cause death.”
- Morphine doesn’t “cause death.”
- Hospice is for the last months of life, not “days.”
- Hospice doesn’t require a patient to change physicians
- Hospice doesn’t limit access to emergency services or hospitalization

How to Make a Referral to Hospice

- Offer a list of the hospice providers in your area to the patient/family.
  - MDH Licensed Hospice Providers
  - MNHPC Provider Members
- While individual choice is important, the health care ‘system’ the patient is enrolled in may be important to choice and access
- Encourage the patient to make an appointment with his/her health care provider

Questions?

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