



## PALLIATIVE CARE OR HOSPICE OR PATHWAYS?

The right service at the right time – **Talbot Hospice is so much more!**

	 Talbot Palliative Care	 Talbot Hospice	 Pathways
QUESTIONS	PALLIATIVE CARE	HOSPICE	PATHWAYS
<b>What is the focus?</b>	<p><b>Medical care with a focus for individuals with chronic, serious illnesses.</b> Focus is on providing treatment recommendations <b>to manage</b> or “palliate” <b>symptoms</b> associated with chronic, serious illnesses. Improve quality of life. May be undergoing aggressive or curative treatments – <b>an adjunct to current treatment regimes.</b> For patients between acute care and end of life.</p>	<p><b>Hospice care for individuals at end stage of life and ceased curative treatments</b>, when exhausted all medical treatments.  Hospice care <b>focuses on managing pain, symptoms,</b> and stress of end stage, serious illness during the terminal phase.  Hospice care team cares for the "whole person" - physical, emotional, social, and spiritual needs.</p>	<p>Is a <b>non-medical</b>, volunteer program of support services. Provides relief for caregivers, companionship to patients.</p>
<b>Is there a time limit?</b>	<p><b>Palliative care is appropriate at <i>any stage</i> of a serious illness.</b> <b>It is <u>not</u> time limited.</b> For individuals who are ‘upstream’ of a terminal prognosis. Also appropriate for individuals who qualify for hospice service, and may not be ready to elect hospice care could benefit from these services.</p>	<p>The terminal phase is defined by Medicare is an individual with a <b>life expectancy of 6 months or less</b> if the disease runs its natural course.  Patients on hospice could live longer than 6 months or less than 6 months. Hospice generally considered a shorter life span.</p>	<p>Generally offered to individuals in community with long-term chronic conditions, <b>1-2 years pre-hospice.</b> For those who need support yet are not interested or ready for hospice.</p>
<b>Who can receive this type of care?</b>	<p>Any individual with a <b>chronic, serious illness, regardless of life expectancy or prognosis.</b> <b>Individuals have symptoms &amp; needs to address.</b></p>	<p>Any individual with a <b>serious, end stage illness or diagnosis.</b> Hospice enrollment requires the individual has a terminal prognosis.</p>	<p>Any individual with a chronic illness generally considered “pre-hospice”.</p>
<b>What are overall program goals?</b>	<p>Goal is to <b>improve the quality of life</b> for an individual at any stage in a serious illness, whether the disease is curable, chronic, or life-limiting.  <b>To manage symptoms, help individuals maintain independence.</b> Reduce repeated hospitalizations and ER visits. Collaborate with community physicians.</p>	<p><b>Provide compassionate care at end of life.</b> Manage symptoms and promote comfort, dignity at end of life.  <b>Provide support for families and help them find solace during this transition and difficult time of life.</b></p>	<p>Offer support and companionship to the patient and caregiver.</p>
<b>How does one enroll?</b>	<p><b>Referral from Community physician</b>, such as primary physician, cardiologist, oncologist, etc.  Individuals/families can make referrals; however, the physician is contacted for formal referral.</p>	<p><b>Requires a physician referral and signed attestation of a terminal prognosis of 6 months or less.</b> Patient must meet hospice eligibility criteria. Individuals/families can make referrals; however, the physician is contacted for a formal referral. Earlier referrals help the patient &amp; family as hospice has more time to provide all our services.</p>	<p><b>Anyone can refer to Pathways.</b> No requirement of formal physician referral needed.</p>
<b>What services are provided?</b>	<p><b>Consultative visits.</b> Pain and symptom management, in-person and telephonic visits, help navigating treatment options, discussion about 5 wishes and end of life pro-active planning, referrals to community resources.</p>	<p><b>Pain and symptom management and medical care for end of life.</b> Nursing and personal hygiene care services.</p>	<p><b>Volunteer support services:</b> Companionship, transportation, errands by volunteers, etc. Relief for caregivers – allowing them time for selfcare &amp; healing</p>

	PALLIATIVE CARE	HOSPICE	PATHWAYS
<b>What services are provided?</b>	Treatment recommendations provided to Community physicians. Services provided Monday-Friday.	Interdisciplinary care by all members of the team (Nurses, hospice aides, chaplain, social workers, volunteers). Access to care 24/7 for any needs. Provides all medications, medical supplies and durable medical equipment related to terminal diagnosis. Bereavement services for up to 13 months after the death.	
<b>Can patients continue to receive curative treatments?</b>	<b>Yes</b> , individuals receiving palliative care may continue curative treatment modalities.	The goal of hospice is to provide comfort through pain and symptom management, psychosocial and spiritual support because <b>curative treatment modalities are no longer beneficial</b> .  Hospice should be considered at the point when the burden of any given curative treatment modalities outweighs the benefit coupled with prognosis.	<b>Yes</b> , individuals under Pathways can continue curative treatment modalities.
<b>Where are services provided?</b>	<b>Talbot Palliative Care</b> will provide services wherever the patient calls "Home" <ul style="list-style-type: none"> <li>• Private residence</li> <li>• Assisted Living Facility</li> <li>• Skilled Nursing Facility</li> </ul>	<b>Hospice care is provided in most care settings:</b> <ul style="list-style-type: none"> <li>• Home</li> <li>• Hospice House</li> <li>• Skilled Nursing Facility</li> <li>• Assisted Living Facility</li> <li>• Group Homes</li> <li>• Hospital (Inpatient levels of care only)</li> </ul>	<b>Pathways services can be provided in most care settings:</b> <ul style="list-style-type: none"> <li>• Home</li> <li>• Hospice House</li> <li>• Skilled Nursing Facility</li> <li>• Assisted Living Facility</li> <li>• Group Homes</li> </ul>
<b>Who provides these services?</b>	<b>Most palliative services are provided by a physician, nurse practitioner or nurse</b> with consultative support from multidisciplinary team (social worker, chaplain, pharmacist) Services provided in collaboration with the primary care physician & specialists through consultative services or co-management of the patient's disease process.	<b>Hospice care is provided by an interdisciplinary team</b> led by a physician, and include nurse practitioners, nurses, social workers, chaplains, volunteers, hospice aides, therapy disciplines and others. Services provided in collaboration with the attending physician.	<b>Volunteers and Pathways Program Coordinator</b>
<b>How long can an individual receive services?</b>	<b>Palliative care is not time-limited.</b> Length of time an individual can receive care will depend upon their symptoms and insurance coverage. Most individuals receive palliative care on an intermittent basis that increased over time as their disease progresses.	<b>Life expectancy of 6-months or less</b> if the disease runs its natural course.  <b>Hospice remains as long as the patient continues to meet eligibility criteria for hospice care.</b> Generally weeks to months, although patients may live much longer than 6 months.	<b>Generally 1-2 years</b> , based on individual's specific needs. Can be intermittent or continuous.
<b>Is it covered by insurance?</b>	<b>Palliative care is through Medicare Part B.</b> Covered by Medicaid and most commercial insurances.  Some treatments and medications may not be covered. May be subject to a co-pay according to the plan.	The <b>Medicare Hospice Part A Benefit</b> pays all related costs associated with the care related to the terminal prognosis as directed by CMS. Covered by Medicaid and most commercial insurances.	There is <b>no charge for Pathways</b> services. We do not receive reimbursement for Pathways services. <b>All services are gratis.</b>