Session packet: hospice and palliative care

This packet contains:

* A brief guide for the session leader on how to conduct the session
* A hospice handout for the session attendees
* A sign in sheet for the session

*All materials in this packet can be adapted to fit your professional development program goals, your practice’s procedures and to include information from organizations you may partner with to deliver palliative care services.*

*\*Please note that practice guidelines frequently change. This packet is only an example and may not include the latest recommendations. Update these materials to include the latest treatment guidance and statistics before training your staff.*

**Session leader guide**

Tips for making this a successful session:

* Begin as close to the start time as possible, even if others are still joining the group.
* Have printouts of the handout available for attendees to follow along with the presentation and take with them after the session to refresh their knowledge.
* If you use a registry to keep track of patients from your practice who are referred to hospice or palliative care, it may be helpful to share the number of patients referred and discuss general patient characteristics with the attendees.
* If you have handouts or brochures that you give to patients to educate them about end-of-life care, hospice options or palliative care, it may be useful to bring them to the session to discuss with the group.
* Consider taking advantage of the STEPS Forward™ module “End-of-life planning with your patients” as well as the corresponding training materials to teach your team about initiating end-of-life conversations and filling out patient-centric advanced directives.

*Use the following handout as a discussion guide during the session.*

**Hospice and palliative care handout**

Hospice

**What is hospice?**

* Hospice is “a team-oriented approach to expert medical care, pain management and emotional and spiritual support expressly tailored to the patient's needs and wishes.”1
* Hospice is for patients whose illness, disease or condition is unlikely to be cured and hospice care focuses on patient comfort and quality of life.
* The goal is to enable a patient to have an alert, pain-free life and to live each remaining day as fully as possible.
* Hospice care also aims to provide reassurance to patients and their families to decrease fear and anxiety.

# Who receives hospice care?

# It is not surprising that people often associate hospice with cancer. In the mid-1970s, when the hospice model was introduced in the US, most patients receiving hospice care had cancer.

# Today, more than half of hospice patients have other illnesses that make them medically eligible for hospice care, including late-stage heart, lung or kidney disease, and advanced Alzheimer’s disease or dementia.

# Hospice was also once exclusively for adults, but now many hospice programs accept infants, children and adolescents.

# Patients receiving hospice care include those with:

# Advanced pulmonary diseases including chronic obstructive pulmonary disease (COPD), pulmonary fibrosis, cystic fibrosis, pulmonary hypertension or any other lung disease that causes reduced pulmonary efficiency in patients who have complex care requirements.

# Advanced dementia caused by Alzheimer’s disease, vascular dementia caused by transient ischemic attacks (TIAs), Parkinson’s disease and Huntington’s disease, among others. Over time, as dementia increasingly affects a patient’s memories, personality and behavior, it is common for families to feel emotionally, physically and financially overextended and look to hospice for support.

# Advanced cardiac disease, which includes conditions that reduce the blood flow to the heart and damage the heart muscle, leading to heart failure (poor heart pumping function) and cardiac arrhythmias (abnormal heartbeat).

# Who delivers hospice care?

* A multidisciplinary team of physicians, nurses, hospice aides, social workers, bereavement counselors and volunteers work together to address the individual physical, social, emotional and spiritual needs of each patient and family.

**Where is hospice care delivered?**

* The hospice team provides care to patients in their own home or in a home-like setting.
* Sometimes hospice is located on a specific unit in a hospital or as part of sub-acute rehabilitation, and less often, in a free-standing facility.

**What services are provided?**

* Hospice provides specialized care services including:
* Symptom management
* Pain management
* Emotional support
* Spiritual support
* Psychosocial intervention
* Coaching for the family to help them care for the patient
* Bereavement counseling

**What determines medical eligibility and insurance coverage of hospice care?**

* *Medical eligibility*: A hospice physician and a second physician (often the individual’s attending physician or specialist) must certify that the patient’s life expectancy is six months or less if the illness, disease or condition runs its typical course.
	+ If the individual lives longer than six months and their condition continues to decline, they may be recertified by a physician or nurse practitioner for additional time in hospice care. There is no time limit for hospice care.
	+ If a hospice patient’s condition improves, they may be discharged from hospice care. The patient can become eligible for hospice again if his or her condition begins to decline.
* *Insurance coverage*: The vast majority of hospice programs follow Medicare requirements to provide the following, as necessary, to manage the illness that requires hospice care:
	+ Time and services of the care team, including visits to the patient’s location by the hospice physician, nurse, medical social worker, home-health aide and chaplain/spiritual adviser
	+ Medication for symptom control or pain relief
	+ Medical equipment such as wheelchairs or walkers and medical supplies including bandages and catheters
	+ Physical and occupational therapy
	+ Speech-language pathology services
	+ Dietary counseling
	+ Any other Medicare-covered services needed to manage pain and other symptoms related to the terminal illness, as recommended by the hospice team
	+ Short-term inpatient care (e.g., when adequate pain and symptom management cannot be achieved in the home setting)
	+ Short-term respite care (e.g., temporary relief from caregiving to avoid or address “caregiver burnout”)
	+ Grief and loss counseling for the patient and family members
* While hospice care is generally covered by Medicare, Medicaid and many insurance providers, most hospice programs accept all patients regardless of their ability to pay.

Palliative care

**What is palliative care?**

* Palliative care relieves suffering and improves quality of life for patients suffering from a chronic illness.

**How is palliative care different from hospice?**

* Palliative care is different than hospice in that it relieves symptoms of a disease or disorder whether or not that disease or disorder can be cured. Hospice is a specific type of palliative care for people who likely have six months or less to live and are not using curative treatments.
* In other words, hospice care is always palliative, but not all palliative care is hospice care.

**Who receives palliative care?**

* People of any age and at any stage of a serious illness, whether that illness is curable, chronic or life-threatening, may receive palliative care.
* Examples of conditions that may be treated with palliative care include:
	+ Cancer
	+ Kidney failure
	+ Lung disease
	+ Heart disease
	+ HIV/AIDS
	+ Amyotrophic lateral sclerosis (ALS, or Lou Gehrig’s disease)

**Who delivers palliative care?**

* Palliative care is delivered by doctors in the palliative medicine subspecialty.
* An interdisciplinary palliative care team may include a doctor who specializes in palliative medicine, a nurse, pharmacist, social worker, dietitian and volunteers.
* Palliative care programs are often available through hospice programs.

**Where is palliative care delivered?**

* The hospice team provides care to patients in their own home or in a home-like setting.
* Sometimes hospice is located on a specific unit in a hospital or as part of sub-acute rehabilitation, and less often, in a free-standing facility.

**What services are provided?**

* Palliative care services can include:
* Pain management
* Nutritional guidance
* Integrative therapies
* Physical and/or occupational therapy
* Counseling, support groups and family meetings
* Referrals to mental health providers
* Referrals to resources to help with financial counseling, transportation or housing issues

**What determines insurance coverage for palliative care?**

* Many private insurance companies and health maintenance organizations (HMOs) offer palliative care and hospice benefits.
* Medicare (mostly for people 65 and older) offers hospice benefits and the extra Medicare plan (Part B) offers some palliative care benefits.
* Medicaid coverage of hospice and palliative care for people of limited incomes varies by state.

**References**

1. National Hospice and Palliative Care Organization. Hospice care. <http://www.nhpco.org/about/hospice-care>. Updated July 23, 2015. Accessed February 11, 2016.
2. Hospice Foundation of America. End-of-life support and resources. <http://hospicefoundation.org/End-of-Life-Support-and-Resources>. Accessed February 11, 2016.
3. National Hospice and Palliative Care Organization and the Hospice Action Network. The Medicare Hospice Benefit. <http://www.nhpco.org/sites/default/files/public/communications/Outreach/The_Medicare_Hospice_Benefit.pdf>. Published October 2015. Accessed February 11, 2016.
4. Hospice Foundation of America. Paying for care. <http://hospicefoundation.org/End-of-Life-Support-and-Resources/Coping-with-Terminal-Illness/Paying-for-Care>. Accessed February 11, 2016.
5. National Institutes of Health U.S. National Library of Medicine. What is palliative care? <https://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000536.htm>. Updated May 11, 2014. Accessed February 11, 2016.

Adapted with permission from Vanguard Medical Group medical assistant professional development training materials.

*Source: AMA. Practice transformation series: medical assistant professional development. 2016.*

Medical assistant professional development sign in sheet

Topic: Hospice and palliative care

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