

Hospice vs Palliative Care

What's the Difference?



IT'S BIGGER THAN YOU THINK

HOSPICE is most identified as a Medicare benefit and a defined form of palliative care that is for people whose doctor certifies that under the current course of the disease, **it would not surprise the physician if the patient passed away within the next six months.** As such, hospice is a generous form of end of life care for Medicare, Medicare Advantage, and many Commercial insurance plans that focuses on quality of life and length of life. The goal of hospice is a dignified, honored and organized end of life.

FOUR LEVELS OF HOSPICE

- Routine Home Care
- Continuous Care
- Respite Care
- General Inpatient Care

PALLIATIVE CARE is defined as a specialized approach to medical care that focuses on improving the quality of life for people with serious or life limiting illness. Typical focus is on relieving pain and symptom management.

BENEFITS	HOSPICE	PALLIATIVE CARE
Admit visit with NP/MD	✗	✓
Symptom management	✓	✓
Care overseen by an MD	✓	✓
RN visits at home	✓	✗
CNA visits at home	✓	✗
Chaplain visits at home	✓	✗
Social Worker visits at home	✓	✗
Related pharmacy paid for	✓	✗
Related durable medical equipment paid for	✓	✗
Related medical supplies paid for	✓	✗
24-7 RN on-call	✓	✗
Type of care	Holistic care provided by a team of individuals with visits by a variety of disciplines depending on the individuals' needs.	Medical management for pain and symptoms similar to a physician office visit.
Typical frequency of care	<ul style="list-style-type: none"> ■ 1-2 RN visits per week. ■ 2-4 CNA visits per week. ■ 1 SW visit per month or as needed. ■ 1 Chaplain visit per month and more frequently if desired. ■ All care providers increase visits as the patient approaches the end of life. ■ Bereavement support both before and then 13 months after the end of life. ■ MD led IDT meeting every 2 weeks to discuss patient care. ■ MD or NP visits are available for complex patient care needs. 	Initial visit by MD or NP in person. Follow-up, or subsequent visits may be in person or telephonic for medical management needs. These visits typically follow the structure of a physician office visit. An individual receiving palliative care services from a MD or NP are seen on average once monthly.

