Hospice Care vs Palliative Care

Easing the burden of illness, Improving quality of life

Seasons Hospice and Palliative Care
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Objectives
After completing this course the learner will be able to:

• Define Palliative Care
• Explain how Palliative Care differs from Hospice
• List common conditions and symptoms treated by Palliative Care

Palliative Care Defined

• Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.
Palliative care:

• Provides relief from pain and other distressing symptoms;
• Affirms life and regards dying as a normal process;
• Intends neither to hasten or postpone death;
• Integrates the psychological and spiritual aspects of patient care;

• Offers a support system to help patients live as actively as possible until death;
• Offers a support system to help the family cope during the patient's illness and in their own bereavement;
• Uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;

• Will enhance quality of life, and may also positively influence the course of illness;
• Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.
Palliative Care and Hospice Differences

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<tr>
<th>Palliative Care</th>
<th>Hospice</th>
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<tbody>
<tr>
<td>Comparable to a house call practice or a subspecialist (such as cardiology or pulmonology)</td>
<td>Medicare benefit program</td>
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<tr>
<td>Consults / visits provided by MD or NP for symptom management related to an advanced illness</td>
<td>Services provided by interdisciplinary team including physicians, nurses, social workers, chaplains, music therapists, home health aides, volunteers, etc.</td>
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<tr>
<td>Visits occur anywhere from every day to once per month based on clinical needs</td>
<td>Visits occur usually twice per week by nurse, and twice per week by home health aide. Physicians visit PRN.</td>
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<td>No requirement for prognosis of less than 6 months</td>
<td>Required to have a prognosis of 6 months or less</td>
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<tr>
<td>Services are consultation based. Curative measures can be maintained (chemo, radiation, surgeries, dialysis, etc.)</td>
<td>Services are comprehensive and include DME, medications related to terminal diagnosis, 24 hour support</td>
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<tr>
<td>Patient can be accessing home health or skilled nursing days</td>
<td>Patients forego skilled rehab, home health and curative treatments</td>
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Palliative Care and Hospice Differences

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<tr>
<td>Billed through Medicare Part B</td>
<td>Billed through Medicare Part A</td>
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<tr>
<td>Palliative specialist receives Medicare, Medicaid and private insurance reimbursement depending on billing code (CPT and ICD-10)</td>
<td>Hospice receives a per diem rate from Medicare depending on the level of care (4 levels)</td>
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<tr>
<td>Patient is responsible for copay based on consultation rate</td>
<td>Insurance reimburses case-by-case, carve out for certain treatments, such as TPN</td>
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Palliative Care

• Can be provided along with other therapies intended to prolong life, such as chemotherapy or radiation therapy
• Includes those tests or investigations needed to better understand and manage distressing clinical complications
• Important to note: patient can have a life expectancy of more than 6 months but still have a chronic and ultimately terminal illness

Chronic Illnesses Addressed by Palliative Care include:

• Cancer
• Congestive heart failure
• Chronic kidney disease
• Chronic pulmonary disease
• Dementia (unspecified and Alzheimer-type)
• Liver disease
• Cerebrovascular disease/CVA
• Parkinson’s disease
• HIV/AIDS
Palliative Care vs Hospice

- Elderly female with past medical history of end stage COPD status post multiple hospitalizations
- Goals of care included maximal independence, peaceful end of life, refer to hospice once skilled days have been exhausted
- Symptoms included debility and dyspnea
- Advanced directives needed to be addressed and updated

Would this patient be more appropriate for palliative care or hospice care?

Palliative Care vs Hospice

- 63 year old women who was diagnosed with lung cancer
- Not aware that she was “stage 4” until a new oncologist took on her case
- Wanted to continue radiation therapy even though she was very weak and in a lot of pain
- She had goals to get “affairs in order”
- Difficulty eating due to dyspnea

Would this patient be more appropriate for palliative care or hospice care?

Palliative Care vs Hospice

- 101 year old female with dementia and Grade I congestive heart failure on palliative care service for over one year
- Stable until September 2016 when she sustained a couple of falls and began intermittent wandering at night
- November 2016 suffered a right femur fracture and underwent an ORIF
- Post-operatively suffered from increased lethargy, albumin dropped below 2
- Decrease in functionality

Would this patient be more appropriate for palliative care or hospice care?
Potential Palliative Conditions

- “The Usual Suspects” – progressive life-limiting illness
  - Incurable cancer
  - Progressive, advanced organ failure (heart, lung, kidney, liver)
  - Advanced neurodegenerative illness (ALS, Alzheimer’s Disease)
- Sudden fatal medical condition
  - Acute stroke
  - Withholding or withdrawing life-sustaining interventions (ventilation, dialysis, pressors, food/fluids…)
  - Trauma – eg. head injury
  - Ischemic limbs, gut
  - Post-cardiac arrest ischemic encephalopathy

Symptoms often managed by Palliative Care:

- Pain
- Dyspnea
- Nausea and Vomiting
- Cachexia and Anorexia
- Pruritus
- Anxiety/Depression
- Delirium
- Constipation
- Restlessness and agitation
- Sleep disorders
- Fatigue

Positive Impact of Palliative Care Involvement

- 91 year old female diagnosed with CHF, renal failure and COPD
- 20-25% ejection fraction
- Oxygen dependent 4L NC, desat without NC O2
- Hospitalized for edema of lower extremities
- Returned to facility with a LifeVest
- Family/resident were told that LifeVest would improve heart function
Positive Impact of Palliative Care Involvement

- 89 year old women diagnosed with dementia
- Having syncopal episodes at Memory Care Unit
- Palliative Care NP found out that episodes were occurring primarily in the morning
- Palliative Care NP collaborated with attending MD to change long acting beta blocker from being given in the evening to being given in the morning (with parameters)
- No further syncopal episodes
- Avoided injury, hospitalization, workup and overall improved quality of life.

Positive Impact of Palliative Care Involvement

- 55 year old female with early onset of Alzheimers with behavioral issues. Past medical history of bipolar disorder, post traumatic stress disorder and obsessive compulsive disorder
- Goals of care are psychological comfort (improved behaviors and compliance)
- Symptom of increased agitation
- Weight loss
- Full code

Potential Palliative Care Interventions

- Control of:
  - Pain
  - Dysphagia
  - Nausea
  - Vomiting
- Variable:
  - Transfusions
  - Infections
  - Hypercalcemia
  - Tube Feeding
  - Dialysis
- Generally Not Palliative:
  - CPR
  - Ventilation
  - Highly burdensome interventions
  - Infections
  - Transfusions
  - Hypercalcemia
  - Dialysis
  - Tube Feeding
  - Infections
  - Transfusions
  - Hypercalcemia
  - Dialysis
  - Tube Feeding
Advanced Care Planning/Goals of Care

• Health care proxy/surrogate decision maker
• Establishing wishes in the event of serious illness or acute event
• Clarifying code status
• Family meetings
• Communication/Documentation of patient wishes to the rest of the health care team.

Palliative Care Triggers

• You would not be surprised if the resident/patient died within 12-18 months
• You’re aware the resident/patient has 3 or more chronic illnesses and is on multiple medications
• You’ve noticed the resident/patient’s goals of care are inconsistent, he/she lacks an advanced directive, or there’s disagreement among family members about the plan of care
Palliative Care Triggers

- You’ve had to send the resident/patient to the hospital at least twice in the last 6 months
- You’ve had trouble controlling the resident’s/patient’s physical or psychological symptoms
- You’ve noticed the resident/patient is becoming more difficult to feed, is losing weight, or has a declining functional status

Overall Benefit of Palliative Care Consultations

- Reduced symptom burden of chronic/terminal illness
- Early integration of palliative care may prevent the use of aggressive care in outpatient settings
- Identifies goals of care and advocates for patient wishes
- Cost avoidance
- Increase in quality of life

References

References


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