Deciding if it’s Time for Hospice or Palliative Care

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Alzheimer’s Texas

A privately funded voluntary health organization formed in 1982 to serve Central Texans with Alzheimer’s disease and their caregivers.

MISSION

To eliminate Alzheimer's disease and related disorders through the advancement of research and to enhance care and support for individuals, their families, and caregivers.

VISION

To create and sustain a dementia capable Texas in which persons with Alzheimer’s and related disorders, and their families, receive quality care, effective treatments, and meaningful support.
Learning Objectives

• Recognize and consider that end-of-life decision making is a unique, personal decision for each person and family, based on a wide range of factors.

• Understand the specific qualifications for and services provided by hospice and palliative care.

• Learn strategies to help families identify when it might be time to discuss hospice or palliative care.

• Think about and share ways we are supporting ourselves and others who are making decisions regarding end-of-life care for someone living with dementia.
Remember to take care of yourself during this presentation . . .

Put on your oxygen mask before helping others.

Be aware of your own loss history.

Share as you feel comfortable doing so.

Take breaks, as needed.

“Bread is like a long valley, a winding valley where any bend may reveal a totally new landscape.”
—C.S. Lewis
Hospice and Palliative Care: Definitions & Differences

**Palliative Care:** A treatment plan designed to improve quality of life for patients and families living with an acute or chronic illness.

- This treatment plan is recognized by the health care team and helps focus care.
- Curative care and rehabilitation services can be simultaneously provided with palliative care.

**Hospice Care:** a treatment plan designed to provide compassionate care for people in the last phases of incurable disease so they may live as fully and comfortably as possible.

- All attempts to cure the person's illness are stopped.
- All treatment/care focuses on comfort.
Qualifications for Hospice Care

- Covered by Medicare, Medicaid, and many private insurances.
- Most of the patient’s care is consolidated under the hospice service, and hospice receives most reimbursement for care.
- Requires a physician’s order stating that the patient has 6 months or less to live if the illness runs its natural course.
- A patient can be recertified for hospice services every 90 days for up to 180 days and every 60 days after the first 180 days (or as required by their insurance company).
- A patient cannot receive curative treatment and be covered under hospice services.
What Services are Covered Under Hospice Care?

Interdisciplinary team working together with the patient, caregiver(s), and family to provide needed medical, emotional, and spiritual support.

- Physician/Medical Director
- Registered Nurse/Case manager
- Certified Nurse Assistant
- Social worker
- Spiritual advisor (chaplain)
- Trained volunteers
- Medication related to comfort care
- Periodic, short-term respite care for the person in a skilled nursing facility
- Medical supplies related to comfort care (soft and durable)
- 13 months of bereavement services for family members after patient death
- 0% copay under Medicare and many private insurances
Where Can A Person Receive Hospice Services?

- Home/Independent Living
- Assisted Living/Memory Care
- Skilled Nursing Facility (If they are not already receiving rehabilitation services under Medicare Part A)
- Personal Care Home
- Inpatient Hospice Care Facility
What are the Limitations of Hospice Care?

• A patient cannot receive curative treatment or ongoing rehabilitation services (physical, occupational, or speech therapy)

• Does not pay for long-term care in a skilled nursing facility or other location

• Does not provide 24-hour care, though hospice agencies are usually on call 24 hours a day

• Additional care for activities of daily living, safety, and health related tasks is often needed (medication management and administration, incontinence care, etc.)
Deciding if It’s Time to Consider Hospice Care

• Quality of life

• Person’s previously expressed wishes, values, and spirituality

• Physician’s recommendation

• Recent changes in conditions, diagnoses, or health status

• Person’s care needs and caregiver’s needs

• Impact and frequency of hospitalizations

• Patient, caregiver, and family needs for support (medical, emotional, spiritual)

• Consider the person’s and family’s goals for care (treatment versus comfort care)
Assessment Tools Used by Health Care Professionals

- **Global Deterioration Scale Staging System:**
  - Global Deterioration Scale
  - Functional Assessment Staging Test
  - Brief Cognitive Rating Scale

- **Clinical Dementia Rating**
Strategies for Making the Hospice Care Decision

• Meet with and request education from a physician

• Meet with and request education from a hospice agency

• Review the person’s advance directives, such as a Directive to Physicians

• Facilitate a discussion with family members

• Talk with others who have utilized hospice services

• Read/review Medicare/insurance coverage for hospice services
Where Can I Learn More About Hospice Care?

National Hospice and Palliative Care Organization: https://www.nhpco.org/hospice-care-overview/

The Hospice Foundation: https://hospicefoundation.org/

The Conversation Project: https://theconversationproject.org/

Questions?

What do you want us to know?


