

## What is Palliative Care and How is it Different from Hospice Care?

By Courtney Argenti

What is palliative care? How is it different from hospice care? These are two questions healthcare providers receive all of the time. So, this blog is here to break down the similarities, the differences, as well as common questions and misconceptions about each of these services.

The Center to Advance Palliative Care says, “Palliative care focuses on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a team of palliative care doctors, nurses, social workers and others who work together with a patient’s other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.”

A primary goal of palliative care is coordination of care. Kimberly Argenti, CEO of Pillars Hospice Care and Hospice of Payson, explained, “Oftentimes individuals are battling more than one chronic illness and are seeing multiple doctors and specialists. For example, somebody may be seeing a cardiologist, a pulmonologist, and a primary care provider (PCP). Each of these providers are all caring for an illness and are all prescribing different medications, yet are not coordinating together. So, one of the objectives of palliative care is to coordinate each of these services.”

The palliative care team—comprised of a doctor, nurse, and a social worker—is additional support to help you and your family understand and manage your illness. You always have the option to keep all of your own doctors and specialists because you are *always in charge* of your care. The palliative care team will work with you to decide what is best for you and your family, and will help ensure that your illness is treated holistically.

Every month, you or your loved one will receive a monthly visit from the palliative care doctor and the social worker. These visits can happen either in your own home or at the palliative care clinic. The doctor will manage and teach you about your illness, while the social worker will help you and your family obtain community or financial resources and will help with advanced care planning (appointing a medical power of attorney [POA], creating advanced directives, and planning final arrangements).

Additionally, a nurse is available 24-7 for support—to answer any questions or make a visit, if needed. Marilyn Berglund, CFO of Pillars Hospice Care and Hospice of Payson explained: “The goal is to avoid hospital admission (and/or readmission). Oftentimes individuals with a chronic illness go to the emergency room because they do not have any other option; maybe it is after 5 p.m. and the doctor isn’t available, for example. Having a 24-7 support line and nurse on call prevents frequent hospital visits.”

And this extra support is available to all patients and their families. No matter how seemingly big or small the question or concern is, you are encouraged to call the nurse.

Now, you may be wondering how these services are paid for. Great question! Medicare Part B covers palliative care services and most programs accept private insurance. Palliative care is covered regardless of whether you receive the services at home or in the clinic (although some

programs do charge a copay when visiting their clinic; be sure to ask your provider about this when you talk with them).

So, how does palliative care compare to hospice care? Read on for the main similarities and differences between palliative care and hospice care, as well for three common misconceptions about palliative care.

### **Similarities Between Palliative Care and Hospice Care:**

1. **Care is patient and family centered.** Palliative care and hospice services always put the patient and their family first. They have an active role in determining their plan of care and families are always kept up-to-date regarding their loved-one's well being.
2. **You can continue to see your own doctor(s).** It is possible to continue seeing your own primary care provider under both palliative care and hospice care, if that is what you and your family desire. The palliative care and hospice care providers will remain available should you choose to see them.
3. **Service can be provided in your own home.** Many palliative care programs have a clinic where patients can go to receive care and many patients on hospice care live in an assisted living home or skilled nursing facility; however, you always have the option to stay in your own home if that is what you or your loved one prefer.
4. **The goal is symptom management and to increase the quality of life.** While palliative care and hospice care are provided for individuals at different stages of their illness, the overall goal of each service is to increase one's quality of life.
5. **There is no cost for either.\*** Palliative care is covered under Medicare Part B and hospice care is covered under Medicare Part A. Private insurance is also accepted by hospice care providers and the majority of palliative care programs.

\* NOTE: Some palliative care programs may charge a copay when visiting their clinic.

### **Differences Between Palliative Care and Hospice Care:**

1. **Hospice care is for individuals with a life-limiting terminal illness (given a prognosis of six months or less).** This means that individuals under hospice care cannot be seeking aggressive treatment (i.e., chemotherapy, radiation, or dialysis) for the illness the individual is admitted for. Under palliative care, the patient CAN seek aggressive treatment.
2. **Palliative care does not cover any medications or durable medical equipment (DME).** In hospice, the DME and medications related to the terminal illness as well as anxiety, pain, constipation, and nausea are covered by the hospice provider.
3. **Routine nurse visits and CNA visits are not provided under palliative care.** In hospice, weekly nurse and CNA visits are covered; however, at this time, these services are not covered under palliative care.

### **Common Misconceptions About Palliative Care:**

1. **People on palliative care must go to hospice.** Palliative care is not a stage in-between hospitalization and hospice. Palliative care is an additional layer of support for individuals with chronic illnesses, yet it does not mean that they will soon be hospice patients.

2. **Palliative care is NOT all about pain management.** Many individuals with chronic illnesses have chronic pain; the palliative care team can coordinate one's visits with the pain management specialist, however, the team will not take over this role. A pain specialist is always recommended for managing chronic pain.
3. **You can be taken off palliative care.** There are no qualifications for palliative care. The only time you come off service is if you choose to.

*Courtney Argenti, author of this blog, is currently an education policy master's degree candidate living in Washington D.C. Previously, she worked as a hospice social worker for Pillars Hospice Care and Hospice of Payson in Arizona.*