



PALLIATIVE CARE & HOSPICE CARE

Connecticut Programs and Initiatives

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CONNECTICUT ASSOCIATION FOR
HEALTHCARE AT HOME™

PALLIATIVE CARE

- Palliative care and Hospice care are often confused
- They share a similar philosophy based on person-centered/team approach but they are not the same.
- Palliative Care focuses on:
 - Relieving symptoms related to serious, chronic illnesses.
 - Can be used at any stage of a serious illness — not just the advanced stages.



HOSPICE CARE

- Hospice care is Palliative Care but with a focus on serving and comforting patients and families at the end of their lives or **as the illness becomes terminal.**
- All Hospice care is considered Palliative but not all Palliative care is Hospice.



PALLIATIVE AND HOSPICE CARE

- Both Palliative Care and Hospice Care use an interdisciplinary team approach to focus on quality of life or "comfort care," including the active management of pain and other symptoms, as well as the psychological, social and spiritual issues often experienced with serious illness and at the end of life.



So...What are the differences?

ELIGIBILITY

Palliative Care:

- Palliative care is for people of any age and at any stage in an illness, whether that illness is curable, chronic, or life-threatening.
- If you or a loved one are suffering from symptoms of a disease or disorder, be sure to ask your current physician for a referral for a palliative care consult.

Hospice Care:

- Specific to the Medicare Hospice Benefit, a patient is eligible for hospice care if two physicians (usually PCP and Hospice Medical Director) determine that the patient has six months or less to live if the terminal illness runs its normal course.



TIMING

Palliative Care

- There are no timing restrictions.
- Palliative care can be received by patients at any time, at any stage of illness whether it be terminal or not.

Hospice Care

- Now is the best time to learn more about hospice and ask questions about what to expect from hospice services.
- Although end-of-life care may be difficult to discuss, it is best for family members to share their wishes long before it becomes a concern.

PAYMENT

- Most insurance companies cover Hospice Care in similar ways to the Medicare Hospice Benefit
- Some insurance companies cover Palliative Care, a few have defined programs
- However, Medicare coverage for Palliative **home health care** can be challenging as the patient must meet Medicare eligibility which includes being homebound or confined to the home.
 - People with a serious illness may not be homebound as they try to maintain a quality of life including socialization outside the home.



The Medicare Hospice Benefit is an all inclusive program which pays a daily rate for:

- Physician services – Hospice Medical Director works in conjunction with attending MD
- Nursing care
- Medical appliances and supplies
- Prescription medications
- Durable medical equipment
- Social work services
- Short-term inpatient care for pain & symptom management
- Spiritual care/Interfaith Minister
- Respite Care
- Bereavement services:
 - Grief & Bereavement Counseling
 - Bereavement support for 12 months following the patient's death

Private Insurance Plans most often mirror the Medicare hospice benefit.



LOCATION OF CARE

Palliative Care

- It is most common to receive Palliative Care through your physician's office, home care services, hospitals or nursing homes.

Hospice Care

- In most cases, hospice is provided in the patient's home.
- Hospice care is also provided in freestanding hospice facilities, hospitals, or nursing homes.
- The hospice team provides services wherever the patient resides—such as in an assisted living, group home or nursing home.



LICENSED HOSPICE FACILITIES IN CT

Inpatient Hospice Care in CT

- 3 licensed and certified inpatient hospice facilities in CT:
 - Danbury: Regional Hospice's Center for Comfort Care and Healing (12 beds all private rooms)
 - Waterbury: VITAS 12-bed unit (all private rooms) at St Mary's Hospital
 - Branford: CT Hospice (54-bed, 4 bed rooms)
- Hospice providers also through contract provide inpatient hospice care in nursing homes and hospitals



**So...why is there
so much confusion?**

**Why do people not get
referred for services sooner?**

IT'S ALL IN THE TIMING AND IT'S SENSITIVE...

- Palliative Care isn't offered early enough in disease process.
- Palliative Care is easier to talk about than Hospice Care
- Hospice Care isn't offered early enough in terminal illness
- People equate Hospice Care to “imminent death”



EARLY CONVERSATIONS LEAD TO:

Informed Choice and Positive Patient Experience

- Identify those with serious illnesses
- Offer palliative care early concurrent with treatment
- Discuss goals of care throughout illness
- Document wishes and encourage patient to discuss wishes with family and all providers of care
- Offer hospice as early as possible once prognosis estimated as 6 months or less



Initiatives in Connecticut

PALLIATIVE CARE ADVISORY COUNCIL

- CT DPH webpage:
<http://www.ct.gov/dph/cwp/view.asp?a=3117&q=537876>
- Public Act 13-55 established a 13-member Palliative Care Advisory Council within the Department of Public Health.
- This council is charged with (1) analyzing the current state of palliative care in Connecticut and (2) advising DPH on matters related to improving palliative care and the quality of life for people with serious or chronic illnesses.
- 2016 recommendations include:
 - Partnering with CT Hosp Assn “Care Decisions CT Advisory Group”
 - Commitment to mandating palliative care continuing education for health professionals who provide palliative care (2 hrs every 2 yrs)



CARE DECISION CT ADVISORY GROUP

- A collaboration among healthcare partners across the continuum of care, state government, other organizations, and advocates, with a goal to integrate patient-directed care strategies for the improvement of palliative and hospice care, and quality of life for people in Connecticut with serious illnesses.
- **Primary Objectives**
 - To increase public knowledge and awareness in advanced care planning—Tips to having the conversation
 - To implement statewide provider best practices
- <http://www.CareDecisionsCT.org/>



STATEWIDE MOLST

- Statewide MOLST became law June 2017
- “Medical order for life-sustaining treatment”
 - “... a written medical order by a *physician (MD/DO), advanced practice registered nurse (APRN) or physician assistant (PA)*
 - to effectuate a *patient’s request for life-sustaining treatment*
 - when the patient has been determined by a physician to be approaching the *end stage of a serious, life limiting illness or is in a condition of advanced, chronic progressive frailty;*”
 - DPH webpage:
<http://www.ct.gov/dph/cwp/view.asp?a=4751&Q=564016>





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THANK YOU!