MYTHS AND FACTS OF HOSPICE CARE

Myth: Hospice care only focuses on dying.

Fact: Hospice focuses on compassionate caring at the end of life so that you can live each day as fully as possible with dignity, choices and control.

Myth: Hospice requires a Do Not Resuscitate (DNR) order.

Fact: While many people who choose hospice care wish to have a DNR to avoid unnecessary medical interventions and hospitalization, a DNR is not required to begin receiving hospice care.

Myth: Once the choice is made for hospice care, there is no turning back.

Fact: Individuals can leave a hospice program at any time for any reason and can re-enroll.

Myth: Hospice is only for cancer patients.

Fact: Hospice is available for patients with any terminal condition or disease.

Myth: Hospice speeds up death.

Fact: People do not die faster due to hospice. Sometimes, they live longer because their quality of life has improved.

ADDITIONAL RESOURCES:

CMS Hospice Benefit Toolkit

https://www.cms.gov/medicare/medicaid-coordination/states/hospice-benefit-toolkit

Caring Info - https://www.caringinfo.org/

Let Hospice Help - https://www.lethospicehelp.org/

American Hospice - https://americanhospice.org/learning-about-hospice/debunking-the-myths-of-hospice/

Florida Hospice & Palliative Care Association (Patient Worksheet) - http://floridahospices.org/ Website - Files/PatientInfoWorksheet_Full.pdf

National Hospice & Palliative Care Organization https://www.nhpco.org/

Visit <u>www.medicare.gov/care-compare/</u> for more information on quality star ratings and Hospice Care comparisons published by Medicare.

Thank you to the organizations that collaborated with us on this resource:

AdventHealth Hospice Care
Assisting Hands Home Care
Broward Health
Cornerstone Hospice
Florida Hospice & Palliative Care Association
VITAS Healthcare





www.quality.allianthealth.org

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What to Expect from Hospice Care



Choosing hospice is an important decision in your journey. Working with hospice has many benefits for you and your loved ones.

Knowing the differences between hospice and palliative care can help you decide what type of care is best for you. If your health changes, the type of care being received can be changed.

Palliative care focuses on maintaining the highest quality of life while managing treatment and other needs. Hospice care specifically focuses on the last six months of life.

When a patient elects hospice, the goals of care change from curative or life-extending therapies to comfort and quality-of-life therapies. These include medical goals for the patient and the psychosocial, emotional, and spiritual needs of the patient and loved ones.

WHAT IS HOSPICE CARE:

Hospice is a program of care and support for people who are terminally ill and their loved ones. Important facts about hospice:

- The focus is on comfort (palliative care), not curing an illness.
- Services typically include physical care, counseling, drugs, equipment, and supplies for the terminal illness and related conditions.
- Specially trained team of professionals and caregivers provide care for the whole person, including physical, emotional, social and spiritual needs.
- Care is generally given where the patient resides.
- · Caregiver support and training.
- Any person diagnosed with a terminal illness or condition where, under normal course of the disease the person is expected to live six months or less is eligible for hospice.

HOW IS HOSPICE CARE PAID FOR:

Hospice is often paid for as a defined benefit of Medicare. However, hospice may also be paid for under Medicare Advantage plans, state Medicaid and some private insurance plans. The hospice philosophy is to provide access regardless of ability to pay. This is possible through fundraising, donations and grants.

HOSPICE LEVELS OF CARE:

Routine Home Care

 Most common level of care. The patient is generally stable, and the patient's symptoms are adequately controlled.

Continuous Home Care

- Crisis care for short-term management of out-of-control pain and/or symptom management.
- Always provided where the patient resides.
- Once the period of crisis is resolved, the patient receives the appropriate level of care.

General Inpatient Care

- Short-term crisis management for out-of-control pain and/or symptom management.
- Always provided outside the home in a hospital, hospice inpatient facility or skilled nursing facility.

Inpatient Respite Care

- The level of temporary care provided in a nursing home, hospice inpatient facility, or hospital so the caregiver can take up to five days off.
- This level of care is tied to caregiver needs, not patient symptoms.



Hospice ~ because every day is a gift.

BENEFITS OF HOSPICE CARE:

- Offers care where you need it, in addition to what your caregiver provides.
- Patients have a sense of dignity in their comfortable environment.
- Provides a comprehensive plan for controlling and reducing pain.
- Provides an extra level of care to assist the caregiver.
- Loved ones can focus on spending time with the patient.
- · Provides counseling to loved ones.
- Community grief and bereavement support.
- Less financial burden compared to hospital care.

WHAT IS PALLIATIVE CARE:

- Focuses on advance care planning, goals of care and developing a plan of care. These accompany other therapies, including curative and lifeextending therapies for chronic and serious illness.
- Focuses on easing pain and discomfort, reducing stress and helping people have the highest quality of life possible.
- You can receive palliative care while also receiving curative and therapeutic care for an illness, such as chemotherapy, dialysis or surgery.
- Holistic Caring approach addressing mind, body and spirit.
- Services vary by location and insurance.