

HOSPICE VS. PALLIATIVE CARE: A COMPARISON

Both hospice and palliative care specialize in managing symptoms and facilitating goals of care conversations for those with life-limiting illnesses. While similar in many ways, there are distinct differences.



- + Patient has a prognosis of 24 months or less.
- + Patient must have symptom management or advanced care planning needs.
- + Patient may still utilize the Emergency Department, curative treatments, full aggressive treatments.
- + Primary care provider (PCP) still engaged and leading plan of care. NorthStar Palliative Care team takes the PCP lead and collaborates to manage patient's symptoms.
- + Patient can participate in Medicare Skilled Homecare/therapy and NorthStar Palliative Care at the same time.



QUALIFYING CRITERIA

- + Patient has a prognosis of 6 months or less.
- + 2 providers must certify terminal prognosis of 6 months or less.
- + Care shifts from aggressive treatment to comfort care.
- + Primary care provider can remain the attending physician or elect for the certified Hospice and Palliative Care Medical Director to be the attending physician.

- + Covered by **Medicare Part B** and other insurance benefits. Co-pays and deductibles apply.
- + Insurance is billed similar to a specialist appointment. Covers physician symptom management visit or advanced care planning visit.



INSURANCE COVERAGE

- + Covered by **Medicare Part A** benefit and Medicaid. Other insurance companies have hospice benefit.
- + **Hospice Benefit is inclusive to cover:**
 - Hospice team's visits - available 24/7.
 - Durable medical equipment (DME) needed to care for the patient.
 - Medications related to the terminal diagnosis - delivered to patient's door.

- + Office hours and visits M-F, 8am-5pm.
- + Appointments scheduled out similar to specialist appointment (within a few days of receiving referral).
- + Palliative Care team consists of: Physician or Nurse Practitioner, Nurse Navigator, NorthStar Resource Navigator.
- + Visit frequency based on patient need.
- + Recurring interdisciplinary team meetings to discuss patient's needs with Palliative Care Medical Director.



THE CARE MODEL

- + Hospice team/RNs available 24/7. Full contact center staffed by RNs 24/7. Admit 24/7. Respond to patient needs 24/7.
- + Care team consists of: Hospice Physician, RNs, Hospice Aides, Social Workers, Spiritual Care Support, Grief Support, Volunteers.
- + Visit frequency based on patient need. Home patients often require more education and teaching/support, so visit frequency is higher - often multiple times a week by various disciplines.
- + Discuss patient's needs every week at interdisciplinary team meeting with Hospice Medical Director.

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