Palliative Care vs. Hospice Care

What is the difference?

Presented by
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VITAS Healthcare

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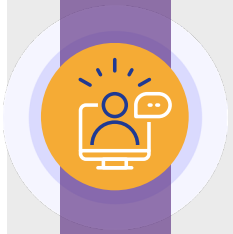
Objectives



- Describe the history and philosophy of the hospice and palliative movement.
- Identify the difference between palliative and hospice care.
- List the benefits of palliative care and hospice care for the patient with advanced illness.

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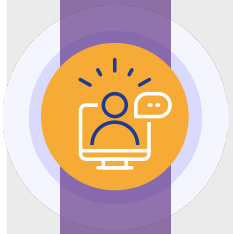
How People Die



- **<10%** die suddenly of an unexpected event, heart attack (MI), accident, etc.
- **>90%** die of a protracted, life-threatening illness
  - Predictable steady decline with a relatively short “advanced” phase (cancer)
  - Slow decline punctuated by periodic crises (advanced cardiac disease, advanced lung disease, Alzheimer’s/ dementia)

Emanuel, LL et. al. (2003). The Education in Palliative and End of Life Care Curriculum (EPEC Project). Northwestern School University Feinberg School of Medicine.

Dying Then and Now

- **19th Century:**
  - In 1900 4% of America's population was >65 years of age[1]
  - In 1900, life expectancy was 49 years of age[2]
  - Most people **died at home**
- **Today:**
  - Nearly 15% of the U.S. population is >65 years[3]
  - 2017 life expectancy in the U.S. was **78.6** years[4]
  - Approximately **37%** of Americans die in acute-care hospitals and **19%** die in nursing homes[5]

[1]Werner, CA. The Older Population: 2010. 2010 Census Briefs. November 2011, p. 3. Retrieved from https://www.census.gov/prod/cen2010/briefs/c2010br-09.pdf
[2]Arias, E. CDC National Vital Statistics Reports,Volume 54, Number 14 United States Life Tables, 2003, p. 30. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr54/nvsr54_14.pdf
[3]2017, April. Facts for Features: *Older Americans Month*, May 2017. United States Census Bureau. Retrieved from: https://www.census.gov/newsroom/facts-for-features/2017/cb17-ff08.html
[4]2017. *Life Expectancy*. Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/nchs/fastats/life-expectancy.htm.
[5]2016, April 8. *QuickStats: Percentage Distribution of Deaths, by Place of Death, United States, 2000-2014*. Retrieved from https://www.cdc.gov/mmwr/volumes/65/wr/mm6513a6.htm

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Death and Dying in the Future

- By 2060, an estimated 48 million people (47% of all deaths globally) will die with serious health-related suffering, which represents an 87% increase from 2016. 83% of these deaths will occur in low-income and middle-income countries.
- Serious health-related suffering will increase in all regions, with the largest proportional rise in low-income countries (155% increase between 2016-2060). Globally, serious health-related suffering will increase most rapidly among people aged 70 years or older (183% increase between 2016-2060).
- In absolute terms, it will be driven by rises in cancer deaths (16 million people, 109% increase between 2016-2060).
- The condition with the highest proportional increase in serious health-related suffering will be dementia (6 million people, 264% increase between 2016-2060).”

Sleeman, K., et al. (2019). The escalating burden of serious related suffering: projections to 2060 by world regions, age groups, and health conditions. *The Lancet*, 7(7);882-892. Retrieved from: https://doi.org/10.1016/S2214-109X(19)30172-X

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Hospice History

- Linguistic root words:
  - Hospital, Hospitality, Shelter, Respite, Caring
  - A place of refuge and solace
- 1967 Dame Cicely Saunders opened St. Christopher's in London
- 1969 "On Death and Dying" by Elisabeth Kubler-Ross brought death and dying into the mainstream
- 1974 New Haven Hospice of Connecticut established
- 1978 VITAS founded
- 1978 National Hospice Organization formed
- National Hospice & Palliative Care Organization (NHPCO)
  - Mission: "To lead and mobilize social change for improved care at the end of life"

National Hospice and Palliative Care Organization

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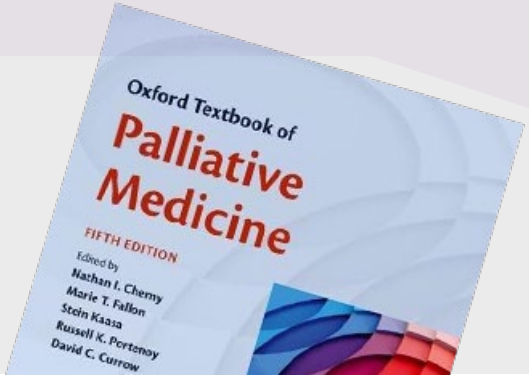
What Is Palliative Care?

> *"The study and management of patients with active, progressive, far-advanced disease for whom the prognosis is limited and the focus of care is quality of life."*
>
> –Oxford's Textbook of Palliative Medicine



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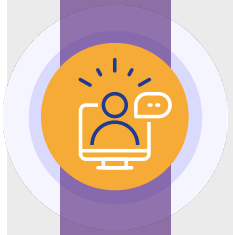
Palliative Care: Definition



Palliative care is patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information and choice.

~National Consensus Project for Quality Palliative Care

Explanation of Palliative Care. National Hospice and Palliative Care Organization. Retrieved from https://www.nhpco.org/palliative-care-overview/explanation-of-palliative-care/

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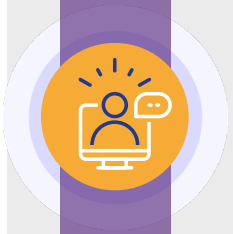
Explanation of Palliative Care *(cont.)*



- Palliative Care is:
  - Appropriate at any stage in a serious illness
  - Beneficial when provided along with curative treatments
  - Provided over time to patients based on their needs
  - Offered in all care settings
  - Focused on what is most important to the patient, family and caregiver(s)
  - Interdisciplinary to attend to the patient's holistic care needs

2018. *Clinical Practice Guidelines for Quality Palliative Care, 4th Edition*. National Coalition for Hospice and Palliative Care. Retrieved from https://www.nationalcoalitionhpc.org/wp-content/uploads/2018/10/NCHPC-NCPGuidelines_4thED_web_FINAL.pdf

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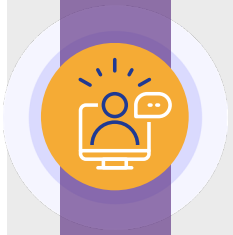
Palliative Care



- Manages pain and symptoms
- Regards dying as a normal process
- Neither hastens nor postpones death
- Integrates psychological and spiritual care
- Supports patient and family
- Incorporates a team approach
- Enhances quality of life
- Is applicable early in the course of illness

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Palliative Care: Clinical Expertise

- Symptom management in advanced illness:
  - Pain
  - Shortness of Breath (Dyspnea)
  - Nausea and vomiting
  - Fatigue
  - Anxiety and depression
- Care transitions and coordination of care
- Goals-of-care/End-of-life discussions
  - Timely hospice referral and admission

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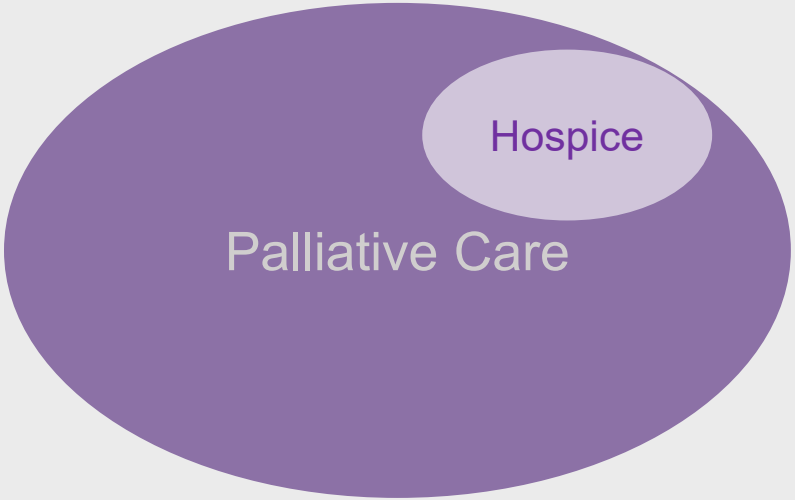
How Does Hospice Differ From Palliative Care?



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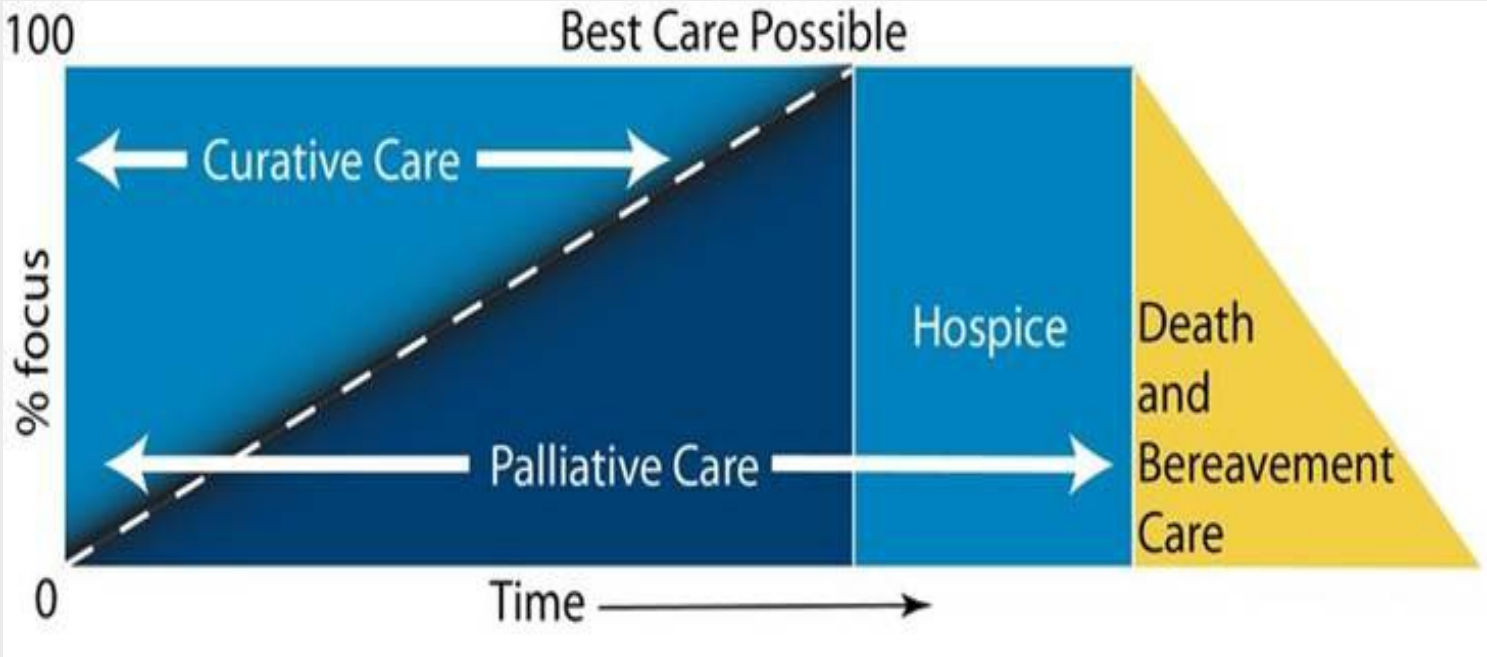

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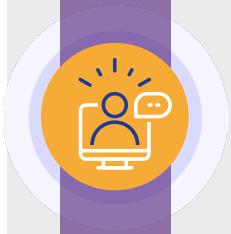
Support for Palliative Care



- **95%** of respondents agree that it is important that patients with serious illness and their families be educated about palliative care.
- **92%** of respondents say they would be likely to consider palliative care for a loved one if they had an advanced illness.
- **92%** of respondents say it is important that palliative care services be made available at all hospitals for patients with serious illness and their families.

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2011. *2011 Public Opinion Research on Palliative Care*. Center to Advance Palliative Care. Retrieved from https://media.capc.org/filer_public/18/ab/18ab708c-f835-4380-921d-fbf729702e36/2011-public-opinion-research-on-palliative-care.pdf

Palliative Care and Hospice Care

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Eligibility

Palliative Care

- No prognosis requirements

Hospice

- 6 months or less on average, should the advanced illness run its normal and expected course
  - Physician estimate
  - Clinical determination

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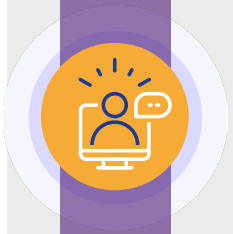
Reimbursement Mechanism



Palliative Care

- Fee-for-service
- Grants
- Member-based per month (health plan contracted)

Hospice

- Medicare Part A
- Medicaid
- Private insurance
- Charity care

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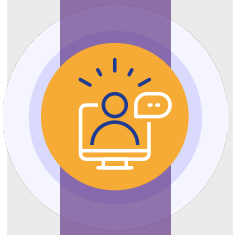
Professional Services



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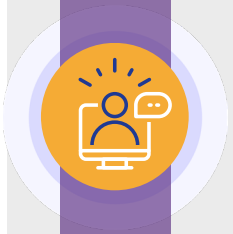
Palliative Care

- Depends upon the goals and resources of the program
- No regulatory requirements

Hospice

- Interdisciplinary team mandated:
  - Physician
  - Nurse
  - Social worker
  - Pastoral counselor
  - CNA/Aide
  - Volunteer
- Optional support:
  - OT/PT/Speech
  - Respiratory therapy
  - Music, massage, pet

Other Support



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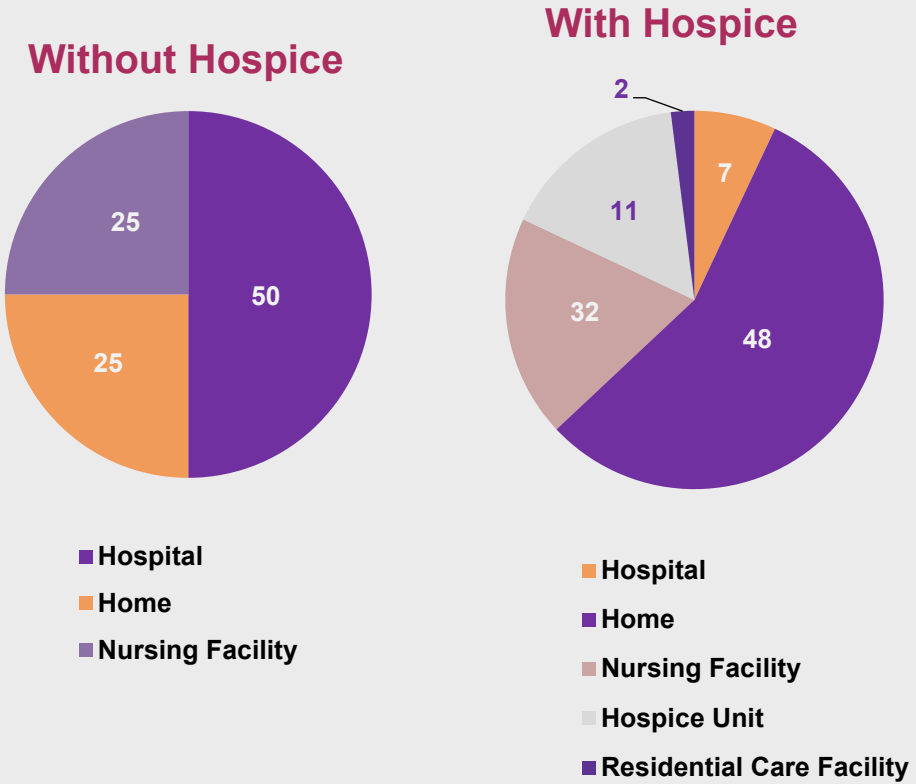
Palliative Care

- No required services

Hospice

- Medications
- Equipment
- Bereavement care
- 24-hour availability
- Supplies:
  - Incontinence products
  - Nutritional support
  - Wound care products

Where Do Patients Spend Their Last Days?



National Hospice and Palliative Care Organization. (2018). *2018 NHPCO Facts and Figures*. NHPCO.org

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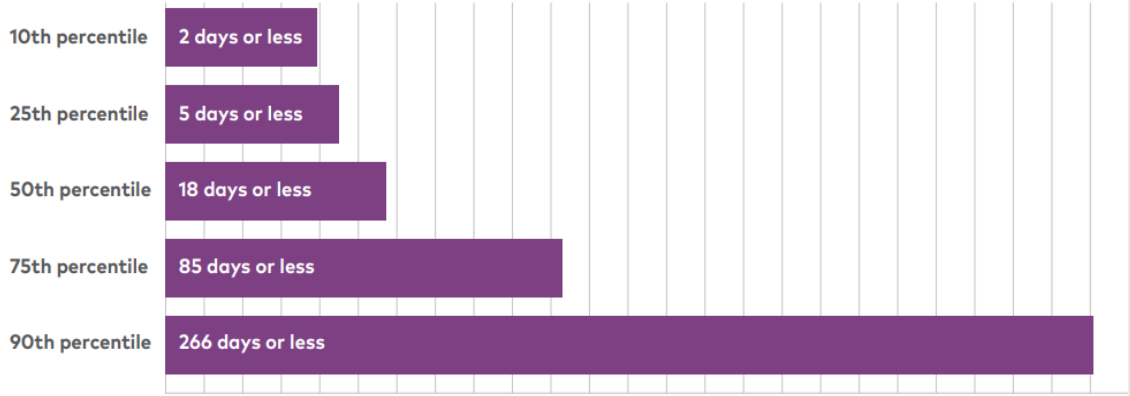
Hospice Length of Service

Days of Care by Length of Stay in 2019

- 10% of patients were enrolled in hospice for 2 days or less.
- 25% of patients were enrolled in hospice for 5 days or less.
- 50% of patients were enrolled for 18 days or less.
- 75% of patients were enrolled for 85 days or less.
- At the 90th percentile, 10% of patients were enrolled for more than 266 days.

Figure 10: Days of Care



Source: MedPAC March 2021 Report to Congress, Figure 11-1.

National Hospice and Palliative Care Organization. (2021). *2021 NHPCO Facts and Figures*. NHPCO.org

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Medicare Hospice Benefit

What Services Are Mandated by the Medicare Hospice Benefit?

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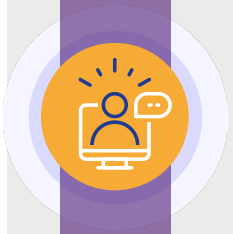
Four Levels of Hospice Care



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1. Routine Home Care-98%

- Available wherever the patient calls home
- "Basic" and most frequently delivered level

2. Intensive Comfort Care® (continuous care)-0.2%

- Medical management in the home for up to 24 hours per day when medically appropriate

3.Inpatient Care-1.5%

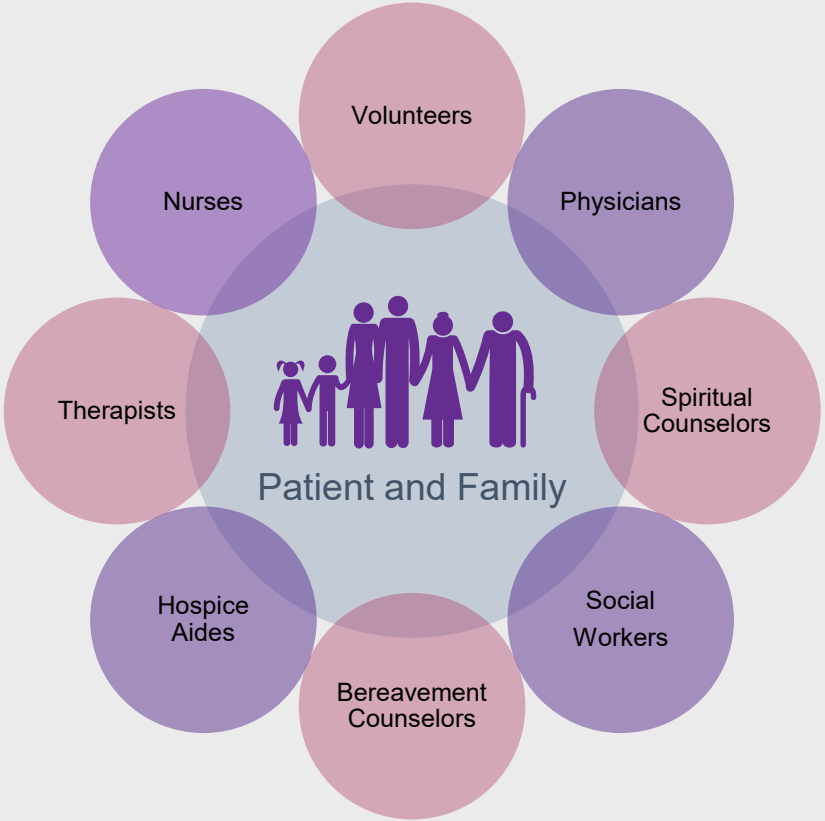
- For symptoms that cannot be managed in the home

4.Respite-0.3%

- Provides a break for primary caregiver
- Inpatient setting
- Limited to five consecutive days

National Hospice and Palliative Care Organization. (2018). *2018 NHPCO Facts and Figures*. NHPCO.org

VITAS Interdisciplinary Hospice Team



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VITAS Service Differentiators

Services	VITAS	Palliative Care	Home Health
Eligibility Requirements	Prognosis required: ≤ 6 months if the illness runs its usual course	Prognosis varies by program, usually life-defining illness	Prognosis not required
	Skilled need not required	Skilled need not required	Skilled need required
Plan of Care	Quality of life and defined goals	Quality of life and defined goals	Restorative care
Length of Care	Unlimited	Variable	Limited, with requirements
Homebound	Not required	Not required	Required, with exceptions
Targeted Disease-Specific Program	✓	Variable	Variable
Medications Included	✓	X	X
Equipment Included	✓	X	X
After-Hours Staff Availability	✓	X	X
RT/PT/OT/Speech	✓	X	✓
Nurse Visit Frequency	Unlimited	Variable	Limited, based on diagnosis
Palliative Care Physician Support	✓	Variable	X
Levels of Care	4	1	1
Bereavement Support	✓	X	X

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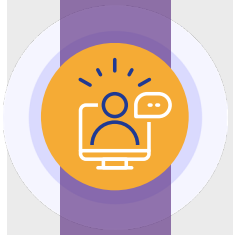
VITAS Bereavement



- Hospice provides bereavement services and offers grief and loss support for family after the patient dies
- For up to 13 months following a death, hospice provides:
  - Grief education resources, letters, cards
  - Phone support and/or visits if needed or requested by family
  - Bereavement support groups
  - Annual memorial activities
  - Memory Bears

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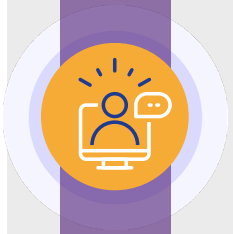
Hospice Impact: Satisfaction



- Hospice care is associated with better symptom relief, patient goal attainment and quality of EOL care.
- Families of patients enrolled in hospice more often reported that patients received “just the right amount” of pain medicine and help with dyspnea.
- Families of patients enrolled in hospice also more often reported that patients’ EOL wishes were followed and EOL care was “excellent.”
- Families of patients who received >30 days of hospice care reported the highest quality EOL outcomes.

Kelley, et al. (2013). Hospice enrollment saves money for Medicare and improves care quality across a number of different lengths of stay. *Health Affairs*, 32(3):552–561

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Hospice: In Conclusion

- **Hospice is:**
  - A service, not a place
  - Provided in the patient's preferred setting, whether a private residence, nursing home, assisted living facility or inpatient hospice setting
  - Care that comforts and supports when an advanced illness no longer responds to curative treatments
  - Making the most of the time that remains
  - Covered by the Medicare Hospice Benefit

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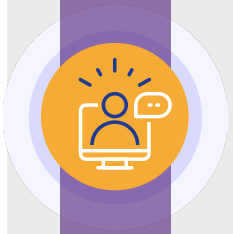
Summary



- Palliative care supports persons with advanced illness and facilitates more timely hospice referral.
- Hospice and palliative care supports:
  - Patients and families
  - Clinicians
  - Hospitals and health systems
- All successful palliative care programs partner with a hospice(s).

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Hope
With Hospice

“You matter because you are you. You matter to the last moment of life, and we will do all we can, not only to help you die peacefully, but also to live until you die.”

—Dame Cicely Saunders
St. Christopher’s Hospice London, England

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Questions?

For more information, contact

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