## PALLIATIVE MEDICINE VS HOSPICE CARE

	Palliative Medicine	Hospice Care
Prognosis	Advanced illness; no life expectancy limitation.	Prognosis of six months or less with unlimited benefit periods.
How is this paid for?	Visits billed to insurance as specialty visit; coverage dependent on insurance plan.	Medicare and most other insurances will cover 100%. Financial support screenings can be done.
Symptom management	Yes! Experts in symptom manage- ment; consult recommendations to Primary Care Physician (PCP).	Yes! Experts in pain and symptom management at the end of life.
Home Health with this service?	Yes! We recommend the combination of Palliative Medicine with Home Health when there is a nursing or therapy need. Insurance can cover both.	Hospice insurance benefit will not pay for both; can have one-time consults with approval. Patients can self-pay if desired.
Bed at a skilled nursing facility with this service?	Yes! Palliative Medicine can complement skilled care and continue after discharge. Insurance can cover both.	Hospice insurance benefit will not pay for both. Insurance cannot bill both on the same day.
Treatments (chemo, dialysis, transfusions)	All treatments can continue; Palliative Medicine provides goals ofcare discussion.	Most curative treatments are not covered, but considered case-by-case; symptom management is priority.
Attending provider	Always remains community PCP.	HoP provider or community PCP.
What disciplines can be provided?	Nurse Practitioner is the primary provider, with physician oversight. Can add LCSW as needed.	Nurse, Social Worker, and Spiritual Counselor, volunteer, aide, and others PRN.
DME, O2 & Supplies	Obtained through PCP with regular insurance requirements.	Provided and paid for by HOP.
Medications	Obtained through insurance.	Provided by HOP and paid for if related to Terminal Diagnosis.
Prescribing	Ordered by PCP (or other providers); Palliative Medicine can prescribe as requested by team.	Ordered from attending or Medical Director.
How often are visits?	Offered at least monthly and PRN	At least weekly and PRN.

## **COMMON SYMPTOMS & DISEASES** TREATED BY PALLIATIVE MEDICINE AND HOSPICE CARE

## **Common Symptoms Treated:**

- Complex Pain
   Fatigue
- Anxiety
- Nausea/Vomiting
- Dyspnea
- And others

## **Common Diagnoses Treated:**

- ESRD
- Stroke
- Dementia
- COPD
- Cancer
- And others
- Heart Failure

