Basics of Hospice Care

What is hospice?
Hospice is a philosophy of care, not a place. When a patient’s doctor says a cure is not possible or the patient chooses not to pursue curative treatments, hospice can help alleviate fears, relieve pain, restore dignity and provide emotional and spiritual support for the patient and patient’s family. Hospice care neither prolongs life nor hastens death. Hospice care is usually provided at the patient’s home.

What is comfort care?
Comfort care is a philosophy of care that focuses on providing comfort through pain and symptom management when a cure is not a realistic option or not pursued. It addresses the patient’s physical, emotional and spiritual well-being and promotes quality of life. It also provides support for family. It puts the patient and their loved ones into the center of care planning so the patient is in control and can make decisions about his or her care.

Choice
In Michigan, when a person is diagnosed with a life-limiting illness, his or her physician is required to inform the patient of the hospice option. By law, the decision to choose hospice care rests with the individual. If a patient receiving hospice care improves, that patient may be discharged from hospice. The patient may return to hospice.

Who can receive hospice?
Any person facing the advancing stages of any terminal illness is eligible for palliative care. Hospice care is appropriate when the following conditions are met:

- The physician thinks that the patient will live six months or less if the disease runs its normal course
- Aggressive treatments are not working or providing relief to the patient
- The patient, family and physician agree and understand that the focus of hospice care is on comfort (pain control and symptom management), not cure

All U.S. citizens age 65 and older are entitled to Medicare coverage for hospice at the end of life.

What is the difference between palliative care and hospice care?
Palliative care is whole-person care that relieves symptoms of a disease or disorder, whether or not it can be cured. Hospice is a specific type of palliative care for people who likely have 6 months or less to live. In other words, hospice care is always palliative, but not all palliative care is hospice care.
How is hospice care different from other types of home health care?

Comfort vs. cure: For most home health care providers, the goal is to get the patient well. In hospice, the staff and family recognize that the patient will not get well. They focus on comfort and support, rather than cure.

Where is hospice care provided?

Most hospice patients receive care in their home or the home of a relative or friend. Hospice care can be provided in many long-term care facilities, assisted living facilities, hospitals or nursing homes.

What does it cost?

Most insurers, including Medicare, Medicaid, Blue Cross/Blue Shield and most commercial insurers and HMOs, cover hospice care. Hospice is a covered benefit under Medicare for people who have a life expectancy of six months or less. Medicare will pay 100% of all hospice team services, medications, durable medical equipment, and medical supplies related to the terminal illness and/or prognosis. Room and board costs in a facility are considered custodial care and are not covered under the Medicare hospice benefit. Occasionally, other insurers will cover room and board costs. For non-Medicare patients, any applicable patient pays, spend-downs, co-pays, or deductibles will apply.

However, Hospice of Michigan (HOM) accepts everyone who needs and seeks our services regardless of your ability to pay, and we are always willing to work with our patients and families to insure there is open access to our program.

What kind of services can the patient expect?

Physician Support: HOM’s primary goal is to keep the patient comfortable by easing pain and other chronic illness symptoms.

Emotional and spiritual care: HOM social workers and spiritual care advisors help the patient and their family cope with non-medical problems that may arise during the course of an illness.

Grief Support: HOM Grief Support professionals provide support services for families and friends. These can include individual or group counseling, grief recovery programs and support groups.

Trained volunteer support: HOM volunteers have open ears and warm hearts. The can perform simple household chores, run errands or sit with patients so the caretaker or family members can take a break.

Medical equipment, supplies and medications related to diagnosis: HOM supply whatever is required to address the symptoms and to provide comfort.

How often will a member of the patient’s hospice care team visit or call the patient and family?

Each patient has different needs. An individualized Plan of Care will be developed that includes a visit schedule. This plan will be adjusted based on care needs. HOM has Registered Nurses on staff available by phone night and day to answer questions or handle patient needs.

When is hospice appropriate?

Hospice is appropriate when treatments are no longer effective and the burden of the disease becomes too much to bear for the patient and family. Hospice of Michigan aims to provide relief from physical and emotional pain so that the patient and family can spend their remaining days with comfort and dignity.
What if the patient gets better?

If the patient's condition improves, he or she can be discharged from hospice and return to aggressive treatment or resume daily life. If the patient should later need to return to hospice care, Medicare and most insurance programs will allow additional coverage.

What if my doctor does not mention hospice?

The patient and family should feel free to discuss hospice care at any time with their physician, other health care professionals, clergy or friends. Everyone is urged to prepare Advance Directives that spell out the type of care we want to receive at the end of life.

Who can refer a patient to a hospice program?

Anyone can refer a patient to a hospice program. To be admitted, a patient must:

- Agree to treatment aimed at comfort rather than cure
- Have an incurable disease resulting in a limited life expectancy, as certified by a physician

What does the hospice admission process involve?

When a patient is referred to HOM, the office will call the patient's physician to make sure he or she agrees that hospice care is appropriate for this patient. The patient will be asked to sign a consent form confirming that the patient understands that hospice care is palliative, that is, aimed at comfort and pain relief, rather than curative.

What should a patient or family member do if they have a complaint about hospice care?

They can report it to the Hospice of Michigan team supervisor if anything is unsatisfactory. They can report to the Department of Health and Human Services, Hospice of Michigan Corporate Director of Integrity, the Michigan Department of Community Health or CHAP (Community Health Accreditation Partner).

Who is on your care team?

The hospice care team include:
- Patient’s Personal physician
- Hospice Aide
- Hospice care team physician
- Spiritual Care Advisor
- Registered Nurse
- Greif Support Services Manager
- Social Worker
- Volunteer

What levels of care are provided under hospice?

As a licensed and certified provider, Hospice of Michigan provides four levels of care:

**Routine care**: This is care provided by a caregiver at the patient’s place of residence with assistance from the hospice care team.

**Continuous Care**: This is skilled nursing service provided at the patient’s residence for a short duration to help manage symptoms. HOM does not have the ability to provide continuous home care services for other
than short-term crisis intervention. Patients needing continuous home care for long-term care will be referred to other community agencies, such as Preferred Home Care, to help meet the patient’s needs.

**General Inpatient Care:** This is care provided in a licensed nursing home or other facility for a limited time to control symptoms that cannot be managed at the patient’s residence.

**Respite Care:** Respite care is short-term care provided in an approved facility only when necessary to relieve the family members or other persons who normally care for the individual at home. Respite care may be provided only on occasional basis for up to five consecutive days at a time.

**Medications**
Pre-authorized medications that are related to the terminal diagnosis are fully covered under the Medicare Hospice Benefit and most private insurance policies. Medications covered under this benefit must be obtained from a pharmacy designated by the hospice. Prescriptions will be filled with generic equivalents.

For more information about Hospice of Michigan, visit our website at [www.hom.org](http://www.hom.org)
or
Call our Contact Center at 888-247-5701