

Palliative and Hospice Care

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Introduction

People living with a cancer diagnosis may face difficult decisions about the care they want to receive during treatment and at the end of their life. This overview explains palliative care and hospice care for those impacted by cancer.

Comparing Palliative and Hospice Care

Palliative and hospice care are similar in their goal to improve the quality of life for people facing a serious illness.¹ Both types of care involve an interdisciplinary team of professionals and can be provided in various settings.¹

However, palliative care may be provided at any point after a diagnosis and includes a comprehensive plan to provide physical, emotional, and psychological support.¹ A patient can receive palliative care while also receiving curative care. Hospice care is intended for people who are determined by their health care provider to be in the last six months of their life and focuses on quality of life when a cure is no longer possible.¹

A patient can receive **palliative care** while also receiving curative care.

Hospice care focuses on quality of life when a cure is no longer possible.*

Palliative Care

Palliative care is specialized medical care for people with serious illnesses; it is focused on providing patients with relief from the symptoms, pain, and stress to ultimately improve quality of life for both the patient and their family.² Patients may continue to receive curative and therapeutic care while receiving palliative care.¹

Palliative care is provided by an interdisciplinary team which works with a patient's other clinicians to provide an extra layer of support.² The core members of a team are doctors, nurses, social workers, and chaplains, and may include other providers and care professionals.² Palliative care is appropriate at any age and at any stage in a serious illness.² Palliative care is not hospice care but may be provided in coordination with hospice care.³

Palliative care differs from standard care provided to patients but is provided in coordination with standard care. In standard care, a patient may receive treatments such as intensive chemotherapy and radiation, and a patient may experience visits to the Emergency Room, and hospitalizations. For a patient in palliative care, there is assistance with decision making, advance care planning, support for the caregiver, hospice referral, and potentially other medical services for the patient.⁴

A person can ask their health care provider to begin palliative care, or the provider would recommend it as well. The provider will refer the patient to palliative care services to establish care with a team of professionals. The care can be provided in the hospital, clinics, at the patient's home, or in a residential setting such as a nursing care facility, or group home.¹

Most private insurance plans cover palliative care services at least partially. The different parts of Medicare pay for palliative care services except for living expenses if the patient receives care in their home or a facility.⁵

Palliative care is covered under the Veterans Administration's Standard Medical Benefits Package, but co-pays may be charged for care.⁴ Wisconsin Medicaid covers palliative care services to patients but does not have a separate comprehensive palliative care benefit that bundles services to patients. Patients receiving palliative care services may experience co-pays and cost sharing for the services provided.

Palliative care is a specialized medical care for people with serious illnesses, including cancer. It is provided by an interdisciplinary team of professionals in coordination with standard and curative care.

Hospice Care

Hospice care focuses on quality of life when a cure for the patient's serious illness is no longer possible, or the burden of continuing treatment outweighs the benefits.⁶ The adult hospice patient does not receive curative treatment for their illness, but may receive medicine that enhances their quality of life.⁶

To begin hospice, a patient's doctor determines that the patient has a terminal prognosis, and they have fewer than six months to live.⁷

However, the hospice care can be extended if the doctor certifies the ongoing need and condition of the patient.⁷

Hospice care involves a team of professionals addressing the end-of-life needs of the patient and their family.⁷ The team includes home health aides, hospice physicians, nurses, grief counselors, social workers, and therapists as needed.⁷ Hospice care can be provided at the patient's home, a care facility, or in an in-patient setting.

Once a patient is approved for hospice care, most private insurance plans cover hospice and other end-of-life care. It is best to consult with the insurer to understand the scope of care covered.

Medicare covers the care related to the terminal illness, as long as the patient receives care from a Medicare-approved hospice provider.⁸ Non-hospice care for other health conditions may be covered by Medicare but with the patient paying the deductible and co-insurance.⁸

Medicare will cover hospice care if the patient's doctors certify it is a terminal illness; the patient accepts comfort care instead of curative care; and the patient signs a statement choosing hospice care instead of other Medicare covered treatments for the terminal illness and related illness.⁸ The hospice benefit under Medicare will not cover a patient's room and board, unless the hospice team determines that the patient needs inpatient or respite care services in a facility.⁸ A patient will have a copayment of up to \$5 for each prescription for outpatient drugs related to pain and symptom management and may pay 5 percent of the Medicare-approved amount for inpatient respite care.⁸

Under Medicare, a patient can receive hospice for two 90-day benefit periods, followed by an unlimited number of 60-day benefit periods, if the patient outlives the initial two 90-day benefit periods.⁷

Wisconsin Medicaid covers hospice care for patients that elect hospice care, are terminally ill, and waive other Medicaid services for treating their terminal condition. Once in hospice, a patient can receive services such as routine and continuous care, nursing, medical social services, physician services, counseling, short-term inpatient care, medical supplies, home health aides, and physical, occupational, and speech-language pathology services.⁸

When a patient is has fewer than six months to live, hospice care is provided to address the end-of-life needs of both the patient and their family. Hospice care can be provided in a variety of settings, including in-home or at a care facility.

Unlike adult patients, pediatric patients can simultaneously receive hospice and curative care under the 2010 Concurrent Care for Children Requirement (CCCR).

Conclusion

Adults and children impacted by cancer face complex health care decisions throughout their treatment experience. When appropriate, palliative care and hospice care provide medical services that focus on the multiple needs of the patient for their stage of cancer.

Pediatric Care*

Quality palliative and hospice care are important aspects of the cancer experience for pediatric patients as well. Pediatric palliative and hospice care are offered in similar in-patient and out-patient settings, can provide similar benefits to both the patient and their family, and can be requested directly through a conversation with a provider.¹⁰

The key difference between pediatric and adult hospice care is the option for concurrent care. Concurrent care allows pediatric patients to simultaneously receive both hospice care and curative treatments, while adult patients must forgo curative treatment to be eligible for hospice benefits.¹¹ Concurrent care was established in 2010 when the federal government passed legislation called the Concurrent Care for Children Requirement (CCCR). Within Wisconsin, individuals up to the age of 21 who qualify for BadgerCare Plus or Medicaid may receive curative treatment, “as long as those services are not duplicative of services covered under the hospice benefit”.¹²

Wisconsin Cancer Plan 2020-2030

The Wisconsin Cancer Collaborative's Wisconsin Cancer Plan 2020-2030 lays forth a blueprint for action with a singular vision: creating a healthier Wisconsin by reducing the burden of cancer for everyone. It spans the entire cancer control continuum, from risk reduction through end of life.¹³ The success of the Wisconsin Cancer Plan depends on people and organizations from multiple sectors coming together to take action.

Chapter 6 of the Cancer Plan outlines the importance of advance care planning and quality end-of life care, which includes palliative medicine and hospice, for people impacted by cancer. It also identifies both the access and knowledge barriers currently impacting the Wisconsin cancer community. As highlighted in priority 1, the Wisconsin Cancer Collaborative aims to increase public, patient, and provider awareness of the benefits of palliative and hospice care, which can be accomplished by promoting documents like this. The Wisconsin Cancer Collaborative's goal for 2030 is to achieve a population of Wisconsin adults where 20% are knowledgeable of palliative care. By defining these important concepts and highlighting other existing resources from our partner organizations, the Wisconsin Cancer Collaborative hopes this document will encourage the conversation between patients, providers, and caregivers around quality and availability improvement for end-of-life cancer care.

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