PharMerica

In brief:

Hospice and palliative care

share subtle differences, growing acceptance

Welcome to Illuminate, our next-gen, interactive educational platform designed to inform professionals and key decision makers about the most important issues facing the industry today by shedding light on an ever-growing body of knowledge.

The practice of hospice care can be traced to the 11th century and has religious roots connected with the Crusades. Palliative care's roots are less than a century old, dating back to the work of a British physician, Dame Cicely Saunders, who founded the first formal hospice in 1948 with a commitment to also improving the quality of life for non-terminal patients suffering from life-limiting illnesses or serious injuries, according to the UPMC Palliative and Supportive Institute. The World Health Organization formally recognized palliative care as a distinct specialty in 1990.

Both of these methods are rooted in compassionate care when illness has become serious and life-threatening, and care location is universal – home is the most popular site, but services are also routinely provided in hospice centers, nursing homes or assisted living facilities, and hospitals. There are notable differences – some less distinct than others, as healthcare practitioners at Amedisys explain.

When care typically begins.
Hospice is typically engaged following a terminal illness diagnosis, typically within six months of end of life unless physician authorized for longer periods. Palliative care often begins much sooner for much longer periods, at various stages and when a non-terminal diagnosis is made after onset of a serious illness, awaiting a cure or transitioning to end-of-life care.

Care and treatment goals.
Hospice goals focus mainly on providing comfort and quality of life as a patient nears end of life. Palliative care goals are more far reaching, focusing on helping patients recover and feel better while trying to cure their illness. Many patients under palliative care continue normal daily activities, including work.

Costs and reimbursement.
Medicare, Medicaid, the Veterans Administration and most qualified private insurance plans cover 100% of hospice care costs, while private insurance and personal funds typically cover most or all of the costs for palliative care. In limited cases, public insurance like Medicare and Medicaid may cover a small portion.

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A recent study in the Journal of Palliative Medicine highlighted some of the many concerns with palliative care. While most nursing home residents and families chose to limit aggressive life-prolonging therapies, researchers point to several studies that have documented costly hospitalizations and "burdensome treatments" in the final days of life. Advanced directives around resuscitation are common, while most continue to not address issues like artificial nutrition and hydration, hospitalization, antibiotics and comfort measures, they pointed out.

Future outlook

Hospice and palliative care are expected to grow both in numbers of patients and locations, but also broadening acceptance and sophistication.

As Concordance Healthcare Solutions points out, "the future of healthcare will see a larger number of patients transition from nursing homes and assisted living facilities to palliative care and programs for all-inclusive care for the elderly." Yet, provider reimbursement and generational issues could remain sticking points going forward.

Today, many clinicians laud the Affordable Care Act of 2010 in jettisoning palliative care into the national conversation, as authors of a Nursing Economics article point out. Emerging new community models of care, meanwhile, could facilitate even greater assimilation into the healthcare mainstream, according to experts.

Facts about hospice and palliative care

Nearly ***three out of five*** people who receive hospice care are women. Nearly two-thirds are 80 years old or older.

Hospice could extend the life of an average patient by nearly ***three months*** among the roughly 6 million people in the United States who are currently viable candidates. Sadly, only 14% of the world's people who could benefit from palliative care are able to receive it.

Nearly ***2 million Medicare beneficiaries*** currently are receiving hospice care. The average patient among them will have been enrolled in hospice for 76.1 days. Over half will leave hospice care in 30 or fewer days. Nearly half of hospice deaths (48.2%) occur at home, and another third inside nursing homes.

The most common diagnoses warranting hospice care are (in order): cancer, circulatory/heart, dementia, respiratory, stroke and chronic kidney disease.

While hospice care is currently provided by palliative care teams at more than ***1,700 hospitals***, most hospice care is still provided at home.

Inpatient stays for hospice care often ***exceed $10,000 per month***, while daily costs range from $150 for home. While public insurance generally covers every cost associated with hospice care, reimbursement continues to be a dicey proposition with private insurance.

Approximately 68% of Medicare costs are related to people with four or more chronic conditions—the typical palliative care patient. If palliative care were fully penetrated into the nation's hospitals, total savings could amount to $6 billion per year.

Compiled from the following sources: Amedisys, National Hospice and Palliative Care Organization, American Hospice Foundation, VITAS Healthcare, Journal of Palliative Medicine, Health Affairs, TriHealth, World Health Organization, AARP, Center to Advance Palliative Care and Auburn Crest Hospice.

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