



DEFINING HOSPICE AND PALLIATIVE MEDICINE

Both Hospice and Palliative Medicine strive to provide the best care possible for those with illnesses that are potentially life-limiting. Care is patient-centered and family-focused. The goals are to relieve physical, emotional and spiritual suffering, through symptom management and comfort care, achieving the best quality of life for the patient and their loved ones.

	<i>HOSPICE CARE</i>	<i>PALLIATIVE MEDICINE</i>
Prognosis	For patients with a life expectancy of six months or less, if the illness takes its expected course.	For patients with a life-limiting illness, life expectancy may not be defined.
Treatment	The focus is to provide comfort measures to treat symptoms of the illness rather than cure. Treatment may include aggressive therapies such as select chemotherapy, radiation, etc. if appropriate for the palliation of symptoms.	Focus is on the palliation of symptoms and clarification of the goals of care. Patients who are continuing to seek cure-oriented treatment of their disease are appropriate for palliative medicine services.
Staff	The interdisciplinary team is the hallmark of hospice care. All patients receive direct care from a hospice nurse and social worker. Other team members include a hospice physician, nursing assistant, chaplain, grief counselor and volunteer. The interdisciplinary team works in collaboration with the patient's attending physician to develop a plan of care, specific to the patient and family's needs and desires.	Consultative services are provided by a Palliative medicine physician, nurse practitioner, and/or nurse. Limited social work services are also available to help identify resources in the community that may be beneficial to the patient and family.
Service Overview Location On call	Intermittent team services offered for physical, emotional and spiritual support, including pain and symptom management. Care is provided in any home setting: private residence, nursing home, assisted living community or group home. The patient <i>and family</i> are the care receivers. 24 hour on call availability, including home visit if needed	Consultation for pain and symptom management and discussions about the goals of care and end-of-life decisions. Patients are seen in most area hospitals, long-term care facilities, and in the outpatient palliative medicine clinic. 24 hour on call availability by phone, from a palliative medicine practitioner
Certification and Licensure	Medicare/ Medicaid certified, Licensed in North and South Carolina, Accredited by ACHC	Medicare/ Medicaid certified and in compliance with federal, state and local regulations
Reimbursement	Both Medicare and Medicaid have a designated Hospice Benefit. The Hospice Medicare and Medicaid Benefits covers team services at 100% and also pays for such items as medications, medical supplies, and durable medical equipment related to the hospice diagnosis with little or no out of pocket expense to the patient. Many commercial insurance plans also have hospice benefits. Services are equally available to eligible patients/families regardless of payer source.	Physician/nurse practitioner consultations are billed under Medicare Part B, Medicaid and commercial insurance, if available. Services are equally available to eligible patients regardless of payer source.

This document may be found in the resource library on Hospice & Palliative Care Charlotte Region's homepage: <http://www.hpccr.org/about-resource-library.cfm>. For more information about Hospice & Palliative Care Charlotte Region, visit www.hpccr.org.