



Hospice Care vs. Palliative Care

Hospice and palliative care both include interdisciplinary teams that come to the home with the goal of providing comfort, stress reduction, and physical and psychosocial relief.

Palliative Care is under the home health umbrella and strives to palliate a person's symptoms and disease management while still allowing them to pursue curative measures and diagnostics. It expands beyond the traditional home health program and is available for people who have a terminal illness but are still pursuing treatments.

Hospice Care focuses on relieving symptoms when patients have a terminal illness with a prognosis of 6 months or less and are no longer seeking curative treatment. It focuses on the physical, emotional, and spiritual needs of patients while also providing support and direction for the family and caregivers. The goal is to help patients have a peaceful and comfortable end-of-life experience.

How do you enroll into hospice?

First and foremost, speak with your treating physician about the prognosis and desire to explore hospice care. They can help determine if hospice or palliative care is appropriate for your situation. Once a physician determines a patient qualifies for hospice or palliative care, an order will be sent to the hospice company of the patient or family's choosing. From there, the agency will guide you through the process and coordinate your care. Hospice staff will come to your location to evaluate your condition, discuss your needs, and provide details about the available services. Once on hospice Durable Medical Equipment (DME), medications related to the qualifying diagnosis and symptom management, and supplies are covered through the hospice benefit. (see the second page for an overview of what is provided through hospice care versus palliative care).

Fears of hospice

Sometimes individuals fear hospice will quicken the process of death, which understandably leads to apprehension of using hospice services. However, hospice allows your loved one to experience a natural and comfortable end-of-life. Some individuals worry about relinquishing control over their loved one's care and feel uncertain about entrusting their well-being to someone else. The hospice team is there to provide support and will not take away the decision making powers of the patient and/or family.

The emotional weight of witnessing a loved one's health decline is burdensome and the topic of hospice may intensify the fear and anxiety surrounding death. Hospice care provides specialized support to make the end-of-life journey more comfortable and often helps families and patients find solace, emotional support, and quality care during this phase. Addressing concerns with a health professional and a hospice agency can help clarify any misconceptions and provide reassurance.

The grid below provides an overview of Palliative Care and Hospice Care for your reference:

Service	Palliative Care	Hospice Care
Visiting Nurse	Skilled and supportive care	Skilled and supportive care
Physician	MD bills directly	Hospice MD covered 100% by medicare; other insurance covered per plan
Continue with the same Primary Care Physician	Yes	Hospice MD assigned
Social Worker	Yes	Yes
Home Health Aide	Yes	Yes
Physical, Occupational, and speech therapy	Yes	PT covered for one visit to consult for safety
Spiritual Care	No (some agencies may offer)	Yes
Dietician	Yes	One time consult
Skilled Continuous Care	No	Yes as specified by Medicare
General Inpatient Care	No	Yes as specified by Medicare
Respite Care	No	Yes as specified by Medicare Co-pay may apply
Service in Skilled Nursing Facility	No	Yes
24-hour On-Call Service	Yes for phone support and visits	Yes for phone support and visits
Bereavement Counseling	No (some agencies may offer)	Yes
Medications Related to Primary Illness	No – Pt responsible for all meds through Part D Medicare or Private Insurance	Yes for symptom management of terminal illness
Durable Medical Equipment (DME)	Yes – PCP orders if medically necessary	Yes per hospice plan of care
Supplies	Medical supplies only	Yes per hospice plan of care
Curative Treatment Allowed	Yes	No
Qualifiers	MD order; face-to-face; history & physical; home bound; skilled need; painful and unstable symptoms; complex, progressive, or life-threatening illness	MD order; history & physical; prognosis of 6 months or less; Qualifying diagnosis
Teach Self-Management Skills	Yes	Yes
Medicare, Medi-Cal, and Private Insurance Funded	Yes	Yes

(adapted from Buena Vista Hospice)