

HOSPICE FAQs
(For Medicare/Medicaid certified programs)

- *I thought Hospice was only for those who are dying?*

NO. Hospice is for people who have a serious illness that threatens their life. A Doctor must indicate that the patient is likely to live six months or less. This determination is an estimate and not always based upon ideal information. It may be that given all the available information at a particular point in time the Doctor estimates that the patient's probability of living less than 6 months is 51% and living less than three years 99%. It is also up to the patient to decide whether hospice care is his or her best option. Hospice care is available as long as a doctor believes that the patient is eligible. While someone in the last days of their life may well benefit from hospice care, the program is designed to improve quality of life over a longer period. The term "dying" is not necessarily precise. In the hospice program context it means that a terminal diagnosis has been made by a Doctor. **Note- Hospice programs frequently hear patients/families express their regret that they did not take advantage of hospice services earlier.**

And, NO again, because family caregivers are trained and supported by skilled hospice team members to provide in-home care. So the hospice program is not just for the patient but for the patient and the family. Being at home often provides both patient and family the greatest opportunities for maximizing the amount of time remaining in conditions that prioritize emotional and physical comfort and support. A hospice priority is maximizing quality of life. Also, respite care is available and trained volunteers are available to provide assistance and support to patients and families. Social work professionals, spiritual counselors and others also provide services.

- *Who are family caregivers?*

A spouse, a family member(s), or a "designated" family member, that is, someone close enough to the patient or family to be considered "family".

- *Isn't Hospice for those who have "given up"?*

NO. Hospice services enable patients to direct their care and enable patients and families to maximize control of their lives including their comfort and freedom from pain by participating in a program that prioritizes: pain relief, symptom control, and spiritual and emotional support for the patient and family. It is true that Hospice patients agree to stop pursuing curative treatment while in the program. However, a patient can exit the program easily in a matter of hours for any reason. Exiting a hospice program does not limit future treatment options or insurance benefits. Being in the Hospice program does not preclude going to the hospital for needed treatment. Rather than for "giving up", Hospice services are for those who wish to live their life to the fullest while maximizing quality of life.

- *Isn't Hospice care extraordinarily expensive?*

Not for the patient, not for the family and not in comparison to non-hospice alternatives for care. In most cases hospice care is fully covered by third party insurances such as: Medicaid, Medicare, and private insurance policies (e.g. Blue Cross/Blue Shield). Hospice services for U.S. citizens aged 65 and older are always covered.

- *Does the hospice program pay for medications and medical equipment?*

The "Hospice Benefit" pays for medications related to terminal illness under which the patient was admitted and the medical equipment to keep the patient safe and comfortable. This includes items such as: medications that treat the life-limiting illness, pain medications, a hospital bed, walker, and oxygen.

Most items directly related to their hospice diagnosis are covered. Some items not related to the hospice diagnosis might not be covered but these items will be clearly identified and communicated by the hospice team. Enrolling in hospice does not mean a patient loses all other insurance benefits. For example, if a patient is injured in an auto accident other insurance coverage would apply.

- *Isn't hospice care only appropriate once there is nothing more a doctor can do?*

No, because hospice care is also a way of treatment and caring that provides medical, emotional and spiritual care to patients and their caregivers that is focused on comfort and quality of life. Hospice of Northwest Michigan continues the involvement of the patient's Doctor in its patient care.

- *Aren't hospice programs only for Cancer patients?*

NO. Hospice programs are for anyone of any age with a life-limiting illness having, approximately, 6 months or less to live (see also, the first FAQ). Hospice care is available for eligible patients having a diagnosis, or combination of conditions, that include: Cardiovascular disease, "old age", Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's disease), End-Stage Dementia, Failure to Thrive (adult), HIV disease, Liver Disease, Multiple Sclerosis, Neuromuscular Disease, Parkinson's Disease, Pulmonary Disease, Renal Disease, and Stroke and Coma.

- *What if I'm in a nursing home or assisted care facility?*

Hospice care services are still available. Hospice care can continue in nursing homes and assisted living facilities, wherever the patient lives or calls home. For patients in nursing homes, Hospice of Northwest Michigan has a *Transitional Companions* program that utilizes specially trained volunteers to provide companionship and comfort to those in the dying stage of life. We strive to ensure that no one dies alone.

- *Is hospice care just for the elderly?*

No. Hospice program eligibility and services are not restricted by age.

- *How can in-home care be managed and how does it work?*

The majority of hospice care takes place in the home where the patient is in a familiar, comfortable environment and surrounded by family. In-patient hospital services are available if symptoms cannot be properly attended to at home. Often, a patient's symptoms can be stabilized and the patient can then be returned home. The hospice program's interdisciplinary team develops a partnership with the patient and family caregivers to maintain safe, high quality care. (See also: the *Hospice and the Family-Home Centered Care* page).

- *What else does hospice provide?*

Hospice programs are carried out by an integrated interdisciplinary team charged with developing and implementing an individualized plan of care to fit each patient and family. Trained professionals are available to assist in many areas. For example: Assistance negotiating the health care system, respite care that gives caregivers some time off, help providing basic personal care for the patient, and spiritual and emotional support for the patient and caregivers. Another important part of the hospice program is the bereavement component. For 13 months after a patient passes away, bereavement services are available for the patient's loved ones. (Knowledge of this service is often a comfort to the patient who will leave a loved one behind.) Hospice team members can also assist the patient with information needed to develop the care options and choices he or she wishes. (For a more complete description see the *Hospice Fact Sheet* page.)

- *Why do I keep hearing about terms like: “planning”, “living wills”, “advanced directives”, “do not resuscitate orders”, “power of attorney”, “medical care proxy” “Five Wishes” and” Physician Orders for Life Sustaining Care”?*

These items all refer to ways that enable a person to exert greater control over what happens to them in the event of a medical emergency or serious medical condition. It is a huge advantage to address these issues ahead of time rather than when a quick medical decision must be made in a time of crisis. These issues impact oneself, a spouse as well as other family members and often have a profound effect on individual and family financial resources. (For more information see the *Caring Choices-Health Care Planning* page.)