

HOSPICE FACT SHEET  
(For Medicare/Medicaid certified programs)

- The Hospice Program is not about “giving up” but instead contributes to increased quality of life by enabling the wishes of patient and family regarding end of life care.
- Hospice is not a place but specialized care focusing on the relief of pain, symptom control combined with emotional and spiritual support for patient and family.
- The bulk of Hospice care is provided in the home, wherever home may be, so that the patient is surrounded by family and familiar settings as much as possible (inpatient services are available as needed).
- Eligibility for Hospice Programs is not restricted by: type of illness, age of patient or, in virtually all cases, ability to pay.
- All Hospice Program volunteers providing direct patient/family services are trained and supervised.
- Hospice care can be easily revoked if the patient wishes to pursue curative treatments or for any reason.
- All Hospice Programs provide comprehensive care: skilled clinical care, assistance negotiating the health care system, basic personal care, respite, financial assistance counseling, and bereavement services.
- Hospice Program services include:
  - Dr. services
  - Nursing care
  - Medical equipment such as wheelchairs and walkers
  - Medical supplies such as bandages and catheters
  - Drugs for symptom control and pain relief
  - Short-term hospital care in the hospital such as for pain management and respite.
  - Home health aide and homemaker services
  - Physical therapy and other therapies as appropriate
  - Spiritual Counseling
  - Speech therapy
  - Social Work services
  - Dietary counseling
  - Grief support
  - Bereavement services deceased’s loved ones for 13 months
- In contrast to mainstream medical practices for those with life-limiting illnesses, Hospice care focuses on patient needs, comfort, and supporting caregivers to maximize patient control and quality of life.
- All Hospice Programs are not the same- they are local organizations not one country-wide organization that may have developed specialties. For example, Hospice of Northwest Michigan provides services promptly and is in the top tier of Hospice organizations in providing transitional care (e.g. the transition from home care to hospice care), pain management, and volunteer patient/family support including bereavement.
- On a national basis Hospice Programs save public funds- an independent Duke University study found that Hospice reduced Medicare expenditures by \$2,300 per patient or \$2 billion per year.