



For Providers

Hospice and Palliative Care

Choosing hospice and/or palliative care can be a difficult decision and there are many misconceptions about services. As a result, many who need quality pain and symptom control, along with social and emotional care, do not take advantage of hospice/palliative care services.

What's the difference between hospice and palliative care? Ultimately, the goals of both hospice and palliative care are very similar: to relieve symptoms of a serious illness, provide comfort from pain and improve quality of life for the whole family. Yet how these goals are achieved and when a person is eligible for each type of care can be very different.

Patients in both hospice and palliative care have similar diagnoses. Frequent illnesses include cancer, chronic obstructive pulmonary disease (COPD), congestive heart failure/heart disease, kidney disease, liver disease, dementia, stroke and many others.

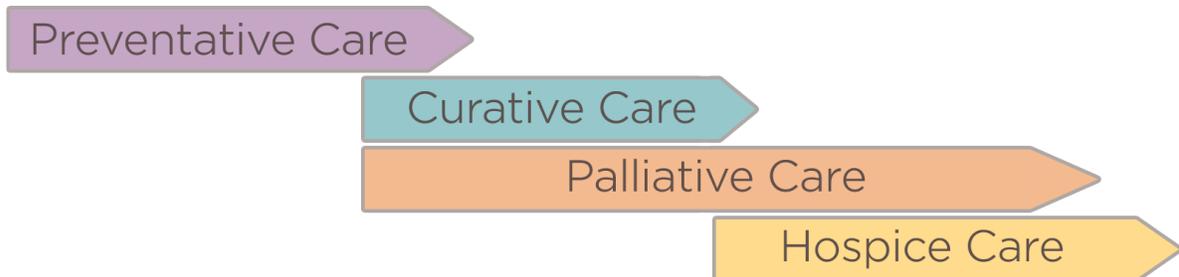
Yet where the patient is in the course of the illness makes all the difference in whether they are eligible for hospice or palliative care. In order to be eligible for hospice, a doctor must certify that, if the illness runs its natural course, death could be expected in six months or less. The individual must also not be receiving curative treatment, such as chemotherapy.



On the Road of Life

When to consider palliative or hospice care

Healthy adult — Illness — Terminal Illness — Death



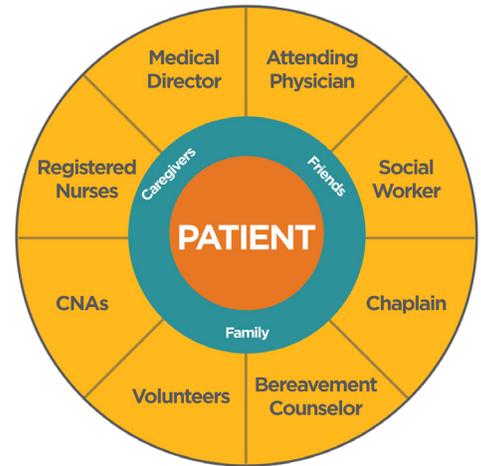
On the other hand, palliative care can be used anytime during the course of a serious illness—starting with the diagnosis—and patients can be receiving curative treatment for their illness.

Whether a person is receiving hospice or palliative care, AuthoraCare Collective meets patients wherever they call “home”—in private residences, retirement communities or nursing homes.

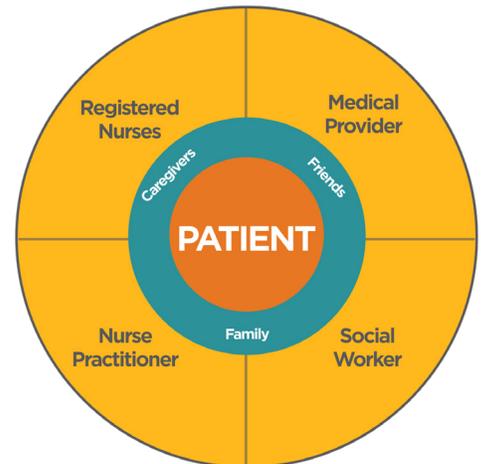
AuthoraCare Collective offers Clinical Nurse Navigators to assist providers with the referral process for hospice and palliative care services. Clinical Nurse Navigators are also available to assist with conversations around goals of care, understanding of the diagnosis and progression of disease, advanced care planning and completion of documents the provider may be limited in finding time to discuss thoroughly.



The Hospice Circle of Care



The Palliative Circle of Care



Both the palliative and hospice care models (pictured above) retain referring physicians as the primary provider in the plan of care, if chosen, with the support of the AuthoraCare team. Hospice services offer 24/7 available support of the patient and family. Additional “sets of eyes and ears” can assist and support the provider.

The earlier palliative care and hospice services are initiated, the more benefit providers, patients and families receive from the care. Pain and symptom management is more effective when delivered earlier in the disease process. Hospice is about living, patients making the most of the time they have left while being the authors of their story. Choosing hospice does not mean the patient is giving up hope or that death is coming soon.

While the federal regulations governing hospice programs require the same standard services, that does not mean they are all the same. AuthoraCare Collective is a nonprofit organization whose founding organizations have been in the community for more than 30 years. We’re authorities in our array of disciplines, caring for patients’ well-being physically, emotionally and spiritually. And we do it all with our signature perspective of putting their needs and wishes first, so they can find more joy in the story they’re creating.



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