

HOSPICE + PALLIATIVE CARE: WHAT'S THE DIFFERENCE?

Palliative and hospice care share many similarities. Both models of care focus on symptom relief, quality of life and family involvement. Care is holistic, collaborative and delivered by a team of specially trained providers.

However, there are important distinctions that patients who are suffering from serious illness, their families and providers need to understand.

Timing

HOSPICE: Is for people with a terminal illness and who are not expected to live longer than 6 months. The focus is on comfort, not curing an illness.

PALLIATIVE CARE: Is for people living with serious illness who may also be receiving treatment to cure their illness or prolong their life. Early referrals to palliative care are recommended.

Eligibility

HOSPICE: Requires hospice and attending doctors to certify that patient is terminally ill and the patient agrees to forgo curative care.*

PALLIATIVE CARE: May require a physician referral.

Care Location

HOSPICE: Most often provided in the place patient calls home by a team of professionals that guides the family in taking care of the patient.

PALLIATIVE CARE: Is provided in a variety of settings including the hospital, medical office or home in collaboration with the patient's other medical professionals.

Payment

HOSPICE: Is covered by the Medicare Hospice Benefit, Medicaid Hospice Benefit, and most private insurance plans. In most cases hospice care is fully covered but check plan details for any exceptions.

PALLIATIVE CARE: Most insurance plans, including Medicare and Medicaid, cover all or part of palliative care, just as with other hospital and medical services.

**Medicaid or CHIP beneficiaries under the age of 21 who elect the hospice benefit do not have to waive curative care.*