

Palliative Care FAQ's for Physicians

Care for Your Patients with Serious Illness

(June 14, 2023)

1. Question: What's the difference between Palliative Care and Hospice Care?

Answer: Palliative Care is **not** the same as Hospice Care. Patients in Palliative Care may continue to receive **curative** treatments while receiving Palliative Care support for their illness and could be expected to survive for many years. Hospice Care is considered end of life care where patients are no longer receiving treatments to cure the disease or slow progression of a serious illness. For more information and resources, please, see:

Kōkua Mau Website: [Palliative Care for Professionals - Kokua Mau](#)

Center to Advance Palliative Care (CAPC) Website:

[Tools and Training for Clinicians](#) | [Palliative Care Programs](#) | [Center to Advance Palliative Care \(capc.org\)](#)

PALLIATIVE CARE VERSUS HOSPICE CARE

| | Palliative Care | Hospice Care |
|-----------------------------------|---|---|
| Eligibility | Individuals at any age and any stage of illness. Focuses on relieving the symptoms and stress of a serious illness | Patients with life expectancy of 6 months or less and no longer receiving treatments to cure the disease or slow progression of a serious illness |
| Goal of Care | Seek treatment to cure their illness or prolong life while getting medical help to manage their pain and other symptoms | Not seeking a cure for their illness Managing pain and other symptoms to improve quality of remaining life |
| Appropriateness of service | Appropriate for individuals who seek relief from pain, fatigue, nausea or stress that comes with a serious illness or the side effects from medical treatment | Appropriate for individuals that no longer want to go through painful or difficult treatments that may not improve or extend their life |
| Coverage | Varies depending on insurance, eligibility and physical/emotional condition | Hospice is covered by Medicare, Medicaid and most private insurers. |

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2. Question: What kind of care will my patient get? What services are involved? What are some common methods of treatment for patients receiving palliative care?

Answer: Many of the services and treatments are *similar* to Hospice Care *except* that the patient can continue to receive curative treatments. Palliative Care services encompass care provided by a team of professionals which may include a physician, nurse, social worker and chaplain who are trained to provide relief of physical symptoms as well as address emotional and spiritual suffering.

3. Question: Do patients need to change their PCP when enrolling into Palliative Care? Will I still be involved with my patient's care? Will I receive any reports on my patient's progress while in Palliative Care?

Answer: Upon patient acceptance and enrollment in Palliative Care, the patient's PCP will remain unchanged and will continue to be involved in the patient's usual care. The Palliative Care team *supplements* usual care to focus on pain and symptom management of the serious illness. To ensure coordination of care the Palliative Care team will send timely reports to the PCP depending on preference.

4. Question: How would physicians know which facility is the best fit for their patients? To which Palliative Care agency should I refer my patients?

Answer: Suggestions/Recommendations, start with:

- a. Ask patient/family if they have had any experience with any Palliative Care Agency or Hospice Provider.
- b. If yes, was the experience positive? If yes, go with that agency. If no, offer referral to other agencies.
- c. Enlist the assistance of the Case Manager to facilitate referral to a Palliative Care Agency of patient/family's choice while ensuring that the patient/family is able to make an informed decision.
- d. Consider: Does patient/family/caregiver have specific needs that a specific Palliative Care Agency is able to provide? For example: Location? Primary Language? Insurance gaps? Cost of medications? Other needs?

5. Question: Can patients receive Palliative Care at home?

Answer: Yes. All Palliative Care Agencies in Hawaii provide services in the home. [Community Based Palliative Care Programs in Hawaii - Kokua Mau](#)

Insurance:

6. Question: How does insurance work? Is there a copay? What is the cost to the patient? If a patient asks about insurance coverage, how do I answer that? How long does Palliative Care last? What about patients with no insurance?

Answer: Benefits for Palliative Care vary depending on insurance, eligibility and physical/emotional condition. *Any* patient with a serious illness could be considered for Palliative Care services. For specific information about your patient's Palliative Care benefits, check with the Palliative Care Agency of choice to determine eligibility or to explore options to access care for those with limited or no insurance.

A community-based palliative care benefit in Hawaii is currently provided by: HMSA, UHA and the VA.

HMSA's Supportive Care Policy: [Supportive Care, 1/1/2023 \(webdamdb.com\)](#)

HMSA's Supportive Care Brochure: [hmsa-supportive-care-brochure.pdf](#)

HMSA's Model of Care referral form: [HMSA Model of Care Referral Form 3/2/2022 \(webdamdb.com\)](#)

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UHA's Concurrent Care Brochure [Four Simple Criteria for Concurrent Care \(uhahealth.com\)](https://uhahealth.com)

Contact UHA at 808-532-4006 or 1-800-458-4600, ext. 300.

Tripler/VA Palliative Care Info: [Palliative Care - Geriatrics and Extended Care \(va.gov\)](https://va.gov)

VA Palliative Care information: 1-800-214-1306 or 808-433-7676

Patient eligibility:

7. Question: How do I identify appropriate patients for referral to Palliative Care?

Which patients are appropriate for Palliative Care? Can any physician refer to Palliative Care?

Answer: Any physician may refer to Palliative Care any patient with a serious illness who needs support in addressing physical symptoms or emotional or spiritual suffering including patients struggling with the symptoms from the treatments for the serious illness. Serious illnesses may include Cancer, CHF, COPD, Neurological disorders, Renal disease, Liver disease...etc.

For more information, please, see Palliative Care Brochures (see question #6), Palliative Care Screening tool/10 Clinical Triggers, CAPC Website, [About CAPC | Center to Advance Palliative Care](https://capc.org)

For a brief 5 question patient survey to help identify potential patient candidates for Palliative Care:

[Is Palliative Care Right for You? | Get Palliative Care](https://getpalliativecare.org/rightforyou/) Or <https://getpalliativecare.org/rightforyou/>

For more information and tools to identify patient candidates for Palliative Care:

[Patient Identification and Assessment | Center to Advance Palliative Care \(capc.org\)](https://capc.org)

8. Question: Can I refer patients with Dementia? Chronic Pain? COVID? Hospice patients? Age 0-30?

Answer: Any physician may refer any patient with a serious illness at any age, any stage, insured, uninsured, including patients receiving curative treatment. If in doubt, refer.

9. Question: What if my patient is not ready for Palliative Care? How can we encourage palliative care without being too pushy? What about seriously ill patients who refuse Palliative Care?

Answer: If your patient is not ready or refuses palliative care but still needs support, you may:

- Refer your patient for Case Management.
- Use your Motivational Interviewing skills.
- Reference the 5 stages of change: pre-contemplation, contemplation, preparation, action and maintenance to assess and determine, "Where is your patient??"
- Approach the topic of Palliative Care and/or Hospice Care during the early stages of an illness to allow your patient time to consider options as the illness progresses. Then review all options including Palliative Care or Hospice Care at subsequent visits.

Resources: For more information to help guide conversations about serious illness, please, click links to:

- ❖ The Ariadne Lab Conversation Guide: [SERIOUS ILLNESS CARE - Ariadne Labs](https://www.ariadnelabs.org/serious-illness-care/)
<https://www.ariadnelabs.org/serious-illness-care/>
- ❖ VitalTalk: [Resources - VitalTalk](https://www.vitaltalk.org/resources/) or <https://www.vitaltalk.org/resources/>
- ❖ Serious Illness Tools for Providers: Includes 2 local videos using the Vital Talk Techniques:
<https://kokuamau.org/palliative-care/serious-illness-conversations-tools/>

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Patient Testimonials:

10. Question: Are there any testimonials from patients on how helpful this program is?

Answer: Yes. Please, see links:

- Johanna's Story (webinar excerpt: Hawaii pt w/breast cancer. 3 min 11 sec)
<https://youtu.be/JAglLOX5Fm0>
- Andrea Bacos, A Caregiver's Journey from Maui (video: 3 min 42 sec)
<https://youtu.be/eURPV4jxgZc>
- Ted's Story (transcript: pt w/cancer) <https://gero.usc.edu/labs/enguidanoslab/ted-belaska/>
- Aspen's Story (video: pt w/cancer. 4 min 11 sec)
<https://www.youtube.com/watch?v=OgWdwsNYY3Q>
- David's Story (video: pt w/cancer. 2 min 45 sec)
<https://getpalliativecare.org/stories/davids-palliative-care-story/>
- A Family Story on PC (video: pt p MVA. 7 min 49 sec)
<https://www.youtube.com/watch?v=xfmhPd8jROM>
- Palliative Care for Patients with CHF (video: 1 min 17 sec)
<https://www.youtube.com/watch?v=IOZTtOdeduY>
- "Heart Failure and Palliative Medicine" (video: 4 min 42 sec) with Dr Ernst Schwarz, MD, Cardiology
www.bing.com/videos/search?q=chf+and+palliative+care+patient+testimony&&view=detail&mid=8C0848D07B549C582D5A8C0848D07B549C582D5A&&FORM=VDRVSR

Articles for more information about Heart Failure and Palliative Care:

Cross, S. H., Kamal, A. H., Taylor, D. H., Jr, & Warraich, H. J. (2019). Hospice Use Among Patients with Heart Failure. *Cardiac failure review*, 5(2), 93–98. <https://doi.org/10.15420/cfr.2019.2.2>, Pdf link <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6545999/pdf/cfr-05-93.pdf>

Diop, M. S., Rudolph, J. L., Zimmerman, K. M., Richter, M. A., & Skarf, L. M. (2017). Palliative Care Interventions for Patients with Heart Failure: A Systematic Review and Meta-Analysis. *Journal of palliative medicine*, 20(1), 84–92. <https://doi.org/10.1089/jpm.2016.0330>, pdf Link <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5177994/pdf/jpm.2016.0330.pdf>