



# Palliative Care: Bridging the Gap in Patient Care

## Understanding Palliative Care

Palliative Care provides medical care through symptom management, and emotional support to patients living with a serious or chronic illness, while still allowing for curative treatments. In our palliative care program, we provide patients with medical guidance through the often overwhelming changes that come with the diagnosis of a chronic or serious illness. Some of the ways we do this include: coordinating doctor visits, labs, providing relief through symptom and medication management and providing assistance in obtaining medical equipment. Our mission is to restore order and quality of life for our patients.

Important distinctions between Palliative and Hospice Care is that the Palliative patient's focus is on maintenance care and may also focus on curing their disease and does not require a six month prognosis. Supplemental services such as home health services may be provided concurrently.

## Comprehensive Palliative Program

**Complete Services:** Each care plan is individualized. Services may include:

- Pain & symptom management
- Medication management
- Creating treatment plans
- Orchestrating lab visits
- Assistance in procuring medical supplies & equipment if needed

**Monthly Visits:** Typically, visits are 1-2x per month. Frequency is based on individual patient needs.

**Collaborative Approach:** As a specialized team, we work in tandem with patient's primary physicians & care specialist, providing regular updates.

**Care Team:** Each care team is comprised of seasoned palliative care physicians and nurse practitioners. Additional support may be available as needed.

**Insurance:** We accept Medicare part B, non-HMO commercial insurance and unrestricted Medi-Cal.

## Who Can Benefit from Palliative Care Services?

Patients diagnosed with progressive chronic or severe diseases can benefit from the support of our Palliative Care program. Here are some indicators that someone may benefit from Palliative Care:

- Patients seeking curative treatment who require additional symptom management at home
- Patients who find it physically taxing to attend outpatient appointments
- Patients who meet hospice eligibility, but are not yet ready to enroll in Hospice
- Patients advanced in their disease progress with the following diagnoses:
  - Cancer
  - Emphysema
  - ALS
  - Congestive Heart Failure
  - Chronic Kidney Disease
  - HIV
  - Stroke
  - Liver Disease
  - Alzheimer's Disease and other dementias
  - COPD
  - Multiple Sclerosis



# Comparison of Hospice & Palliative Care Programs

To ensure smooth care transitions for all stages of a patients’ health journey, Los Angeles Jewish Health offers both comprehensive Hospice and Palliative Care programs. Palliative Care and Hospice offer different benefits that provide quality to patients lives. We understand it’s not always clear which benefit fits the current needs of a patient’s medical journey. This chart aims to provide the distinction between both benefits.

	Hospice	Palliative Care
<b>Focus of care</b>	Comfort care <b>without</b> curative intent - Provides physical, emotional, and spiritual support at end of life for <b>patients with limited life expectancy</b> (prognosis of <6 months) who are no longer seeking treatment	Comfort care <b>with or without</b> curative intent - Provides medical care, symptom management, and emotional support for <b>patients living with a serious or chronic illness</b> , regardless of prognosis
<b>How soon will care begin?</b>	Same day as admission	Initial visit within 7-14 days of referral
<b>Disciplines / care team</b>	Physician, RN, LVN, Social Worker, Home Health Aide, Spiritual Counselor, bereavement support, Volunteer upon request	Physician, Nurse Practitioner, *Social Worker; additional support may be available as needed
<b>Visit frequency</b>	Weekly, if not more; individualized to patients needs	1-2 times per month on average
<b>Can you receive home health services concurrently?</b>	No	Yes
<b>Availability</b>	24/7	Regular business hours
<b>Role in care/symptom management and medications</b>	<b>Primary Provider:</b> Continuous management and evaluation of patient’s comfort by interdisciplinary team. Primary physician or specialist may continue to follow patient under hospice when requested by patient or family	<b>Consulting Provider:</b> Works in tandem with patient’s care teams, prescriptions provided and adjustments can be made to existing care plan and interventions
<b>Supplies provided?</b>	*Yes	No
<b>Medical equipment (DME) provided?</b>	Yes	Typically no, except for rare occurrences pending insurance approval
<b>Additional Services</b>	Family and caregiver support, continuous care (when eligible), respite care for caregiver relief, assistance seeking placement if requested, bereavement support	Continued PCP collaboration; assistance with advance care planning, navigating treatment options and resources; if needed, can refer to home health, infusion pharmacy
<b>How long can patients receive care?</b>	For as long at the patient meets clinical guidelines for Hospice eligibility	For as long as patient benefits and coverage provider allows
<b>Can patients still seek curative treatments?</b>	No	Yes
<b>Who pays for care?</b>	<b>Contracted health plans:</b> Medicare, Medi-Cal, Blue Cross, Blue Shield, HealthNet, Health Care LA, Kaiser, LA Care, Motion Pictures, Regal/Lakeside	<b>Contracted health plans:</b> Medicare Part B, Unrestricted Medi-Cal, Non-HMO Commercial Insurance

\*Provided when medically necessary



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