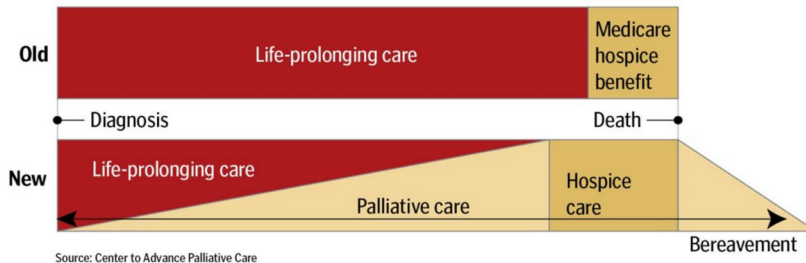


Palliative Care

A new model for those with serious and advanced illness, their families and caregivers.

PALLIATIVE CARE MODELS



Thank you to
Healthcare Initiative Foundation

What is Palliative Care?

- Provides relief from pain, stress and other symptoms experienced by patients with serious illness and their families.
- Appropriate at any age and at any stage in a serious illness (diagnosis to end of life) and can be provided along with curative treatment.
- Improves the quality of life by addressing physical, psychosocial and spiritual needs associated with disease management and progression.
- Utilizes a multidisciplinary team including doctor, nurse, social worker and chaplain with access to other allied health professionals and social support networks, as appropriate.

Where can I get Palliative Care?

Health care providers make the initial referral for palliative care. Palliative care services can be provided in different settings.

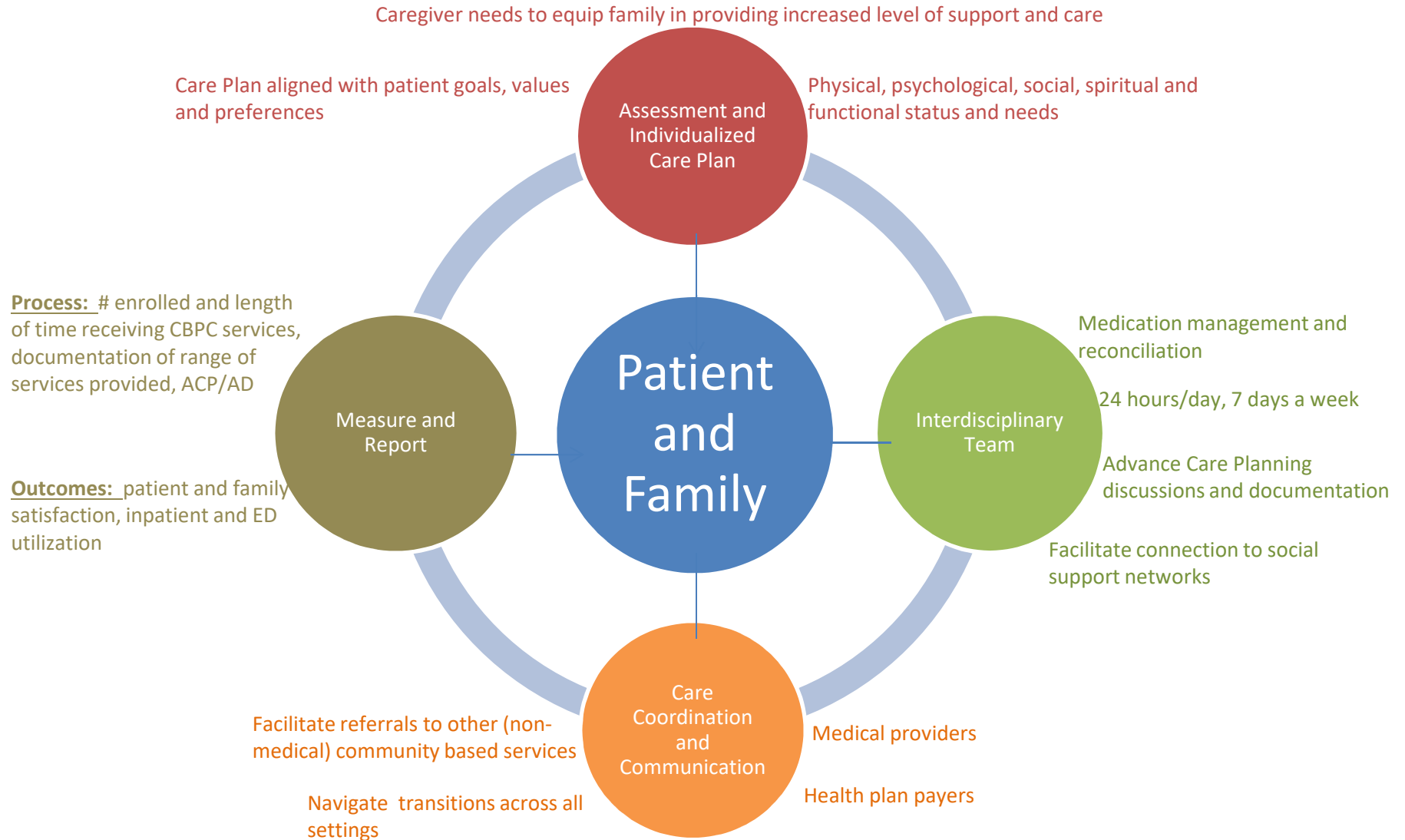
- In the hospital: In-patient palliative care teams help ensure meticulous attention to patient pain and symptom issues. The team supports communication between the patient, the family, the primary doctor and nurse, all the consulting physicians and the rest of the interdisciplinary health care team. Medicare, Medicaid and most private insurance companies offer some coverage to help offset the costs of in-patient palliative care.
- At home: Community based palliative care (CPBC) focuses on continuity of care for those living with serious illness and their families as they manage their disease outside of the hospital setting. CPBC can be provided in community clinics, medical offices, in patient homes (including private residences as well as nursing homes and assisted living facilities), or over the phone. Some costs related to community based palliative care may be covered by private insurance and Medicare.
- Through Hospice: Hospice is a specific type of palliative care that provides comprehensive comfort care to terminally ill patients, as well as support for the family. In hospice, attempts to cure the person's illness are stopped. Hospice can be offered in a number of settings - at home or in a facility, such as a nursing home, hospital, or even in a separate hospice center. Hospice is often included in Medicare and other private insurance benefits.

Who Benefits?

Patients and families of any age and at any stage of a serious illness can benefit from CBPC. Recent studies on needs of those 65+ provide a sense of the potential impact for CBPC in Montgomery County.

- The growth of County seniors between 2010 and 2040 is expected to increase 103%, the largest increase of any age group. (Age Friendly Montgomery)
- Projections indicate that as the number of disabled seniors doubles over the next 20 years, the number of informal caregivers will decline (Montgomery County Senior Summit, 2015)
- Of the current population 65 or older, roughly 90 % are Medicare beneficiaries. (Census and CMS, 2018)
- Reducing avoidable hospital readmissions is a high priority for the County. The 30 day hospital readmission rate for County Medicare beneficiaries is 17.14%. For those with 3 or more chronic conditions, the 30 day readmission rate is 17.65% as compared to a 15.77% readmission rate for patients with 0-2 chronic conditions. (Nexus, Q3, 2018)
- During the last 6 months of life, patients spent more days on average in County hospitals as compared to the state or national average. County patients also had a higher percent of deaths in hospital and a lower than average number of days in hospice (CTAC, 2014 data).

Essential Components of CBPC*



**Based upon emerging models from California Advance Illness Collaborative, C-TAC, Consensus Project, National Academies Roundtable*