



CSU The California
State University

Institute for Palliative Care

Palliative Care: Theories, Principles, and Innovations for Case Management



OBJECTIVES:

- Define what Palliative care means.
- Describe the principles of Palliative Care.
- Define fundamentals of Case Management in Palliative Care.
- Explain what Palliative Care Case Management means for Health Plans.
- Discuss the similarities and differences between Hospice and Palliative Care, and where there is confusion



Palliative Care: Definition

Palliative Care

Specialized care focused on providing patients with relief from distressing symptoms

- The goal is to improve **quality of life** and to promote **person centered care**.
- **Provided by a team:** Doctors, nurses, Social Workers, Pharmacist, Chaplain and other specialists working together.



When people ask, “What is Palliative Care?”

We can answer:

- “For people with serious illness.”
- “Focused on relief from symptoms, pain and stress.”
- “For the patient and the family.”
- “Provided by a team.”
- “Given along side curative treatment.”

“An extra layer of support”.



Palliative Care Principles

Along side symptom relief and family support Palliative Care works to:

- **Affirm life** and promote well being.
- **Integrate psychological and spiritual care**
- **Improve patient and family understanding** of disease and care plan



Fundamentals of Effective Case Management in PC

KNOW your own plan, resources and referral systems:

Be aware of availability, reimbursement and access issues for such supportive services as:

- pain management,
- social work services,
- psychological and behavioral health care and
- spiritual care.
- home care



Fundamentals of Effective Case Management in PC

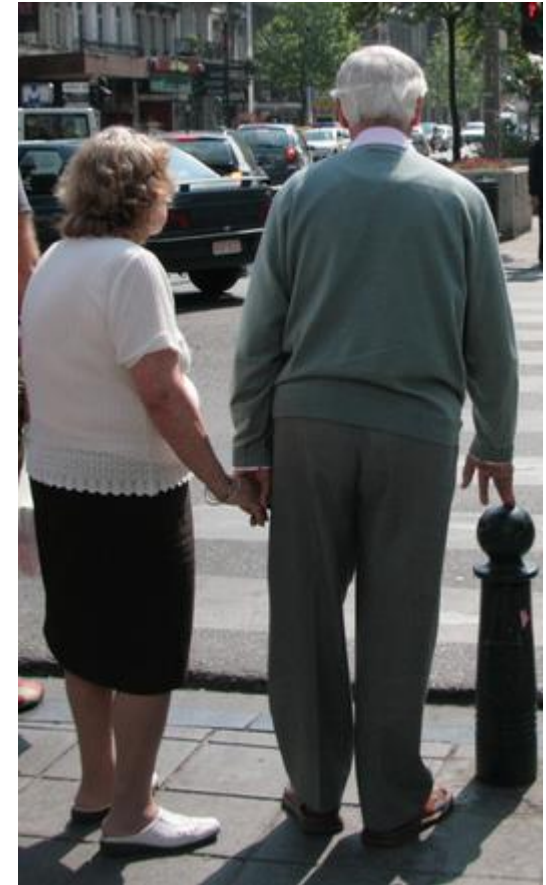
- Determine the best, most efficient, economically feasible way of meeting the patient's needs with the available resources.
- Consider early referrals for Palliative Care evaluation if this comprehensive service is available in your area.



Palliative Care: Case Manger Perspective

When you consider a patient's care:

- As a patient ages and disease progresses towards the 'life-limiting stage', is care focused on what matters most to the patient?
- Are the patient needs (physical) and concerns (hopes/fears) being addressed?



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Effects of early referral to Palliative Care

- Reduced symptoms burden
- Reduced hospitalizations
- Decreased cost of care

Higher level of satisfaction for the members and their family compared with those receiving conventional care

Effectiveness and cost effectiveness of home palliative care services for adults with advanced illness and their caregivers.

Gomes G Cochran Database Sys. Rev. 2013 June 6



Case Management in the Palliative Care and Hospice settings

- Similarities and differences between Hospice Services and Palliative Care are often misunderstood, even by providers, and are frequently misrepresented to patients and families.



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Palliative Care vs. Hospice – The Basics

PALLIATIVE CARE

- Palliative care philosophy
- Appropriate from diagnosis onwards
- Enhances curative treatment
- Reimbursement for MD/NP and limited LCSW

HOSPICE

- Palliative care philosophy
- Appropriate when <6 months to live
- Curative treatment ends
- Reimbursed by Medicare and insurance for all hospice care



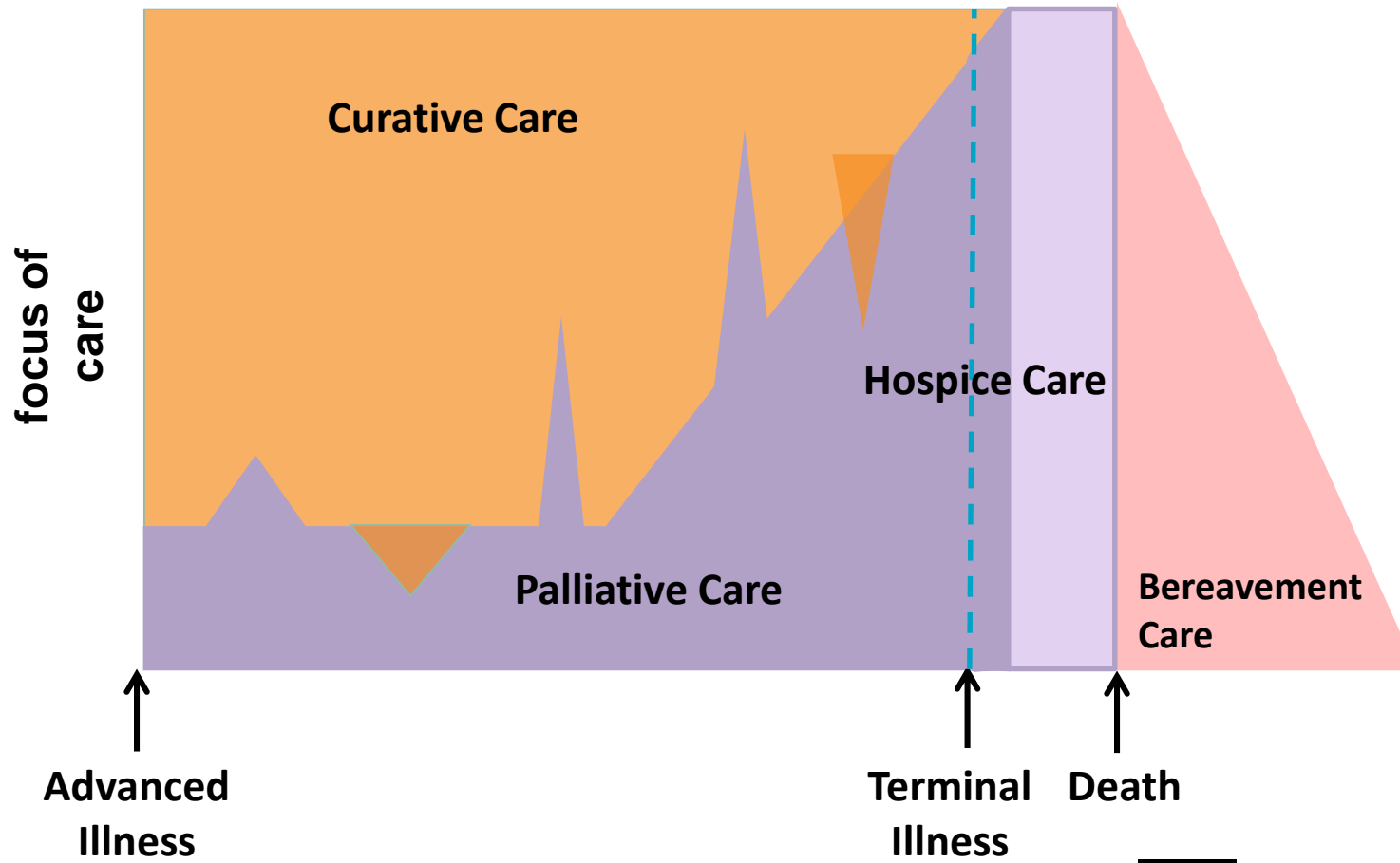
Main Differences Between Palliative Care and Hospice

- Hospice, as an insurance benefit, can only be provided when a physician certifies patient has anticipated life span of six months or less
- Palliative Care is provided to patients with advanced illness or injury, not exclusive to end-of-life
- Reimbursement structure is different



Better Practice

Concurrent Care across Settings of Care



Developed by California HealthCare Foundation



Institute for Palliative Care



Be Aware of Barriers to PC or Hospice

Barrier to Hospice Care:

- Providers don't recognize when end stage trajectory of disease is present and patients fit eligibility criteria.

Barrier to Palliative Care:

- Providers not aware of what PC is or how it can benefit patient, not aware of PC resources

Barrier to Both

- Knowledge deficit related to how, when and where to refer



QUESTION?

- Can your member receive other supportive services while on Palliative Care?





ANSWER

- **Often patients are able to receive concurrent services.**
- Palliative Care and Hospice Care are both intermittent care provided by a network of professional, specialized practitioners.
- The member may still need home care, or other services, so look to your state and institution for what coverage benefits are afforded them.



EXERCISE

Read the following description and determine if this patient is best suited to a Palliative Care or Hospice Care referral

Your member has multiple chronic diagnosis.

The member is housebound due to intractable pain and states ,“I would rather die than continue on this way”.

Current pain regimen does not seem to be working after multiple treatment changes.

WERE SHOULD THIS REFERRAL GO? Why?



ANSWER

This member would be a great candidate for referral to Palliative Care.

- From what you learned in this unit how would you explain Palliative Care to this member or his/her family?
- What do you see as your role?



QUESTIONS?



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RESOURCES

- www.capc.org *Center to Advance Palliative Care*
- www.nhpco.org *National Hospice and Palliative Care Organization*
- <http://www.npcrc.org/> *The National Palliative Care Research Center (NPCRC)*
- www.who.int/ *The United Nations public health*
- www.getpalliativecare.org/
- www.cms.gov/



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