



Hospice of the Twin Cities

Hospice Insights

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November is National Hospice Month

Hospice: Not a place, but a face

Throughout our lives, all of us encounter difficult and challenging situations. Most of us can remember someone who helped during those times ~ a grandparent, a special teacher, even a stranger who became a friend. The recollections of these “faces of caring” bring comfort and calm in the midst of crisis.

Yet when recalling end-of-life situations of those we love, many of us have different recollections. These memories may include the hurt on the face of a loved one in pain; the sorrow on the face of a family member who did not get the opportunity to say goodbye to a dying relative; the stress on the faces of those making difficult decisions about end-of-life choices without guidance or support.

November is National Hospice and Palliative Care Month. This month, professionals and volunteers work to

raise awareness of this invaluable system of care which offers pain and symptom control, maintains dignity, provides spiritual care, and lends emotional support for individuals who have a limited life expectancy, and their families.

Hospice and palliative care puts a “face” on quality end-of-life care ~ the faces of nurses, doctors, social workers, spiritual care-givers, homecare aides, homemakers, music therapists, pet therapists, bereavement counselors, and volunteers who provide services and support to families during one of life’s most challenging times.

Facts you need to know:

◆ More people choose hospice and palliative care each year. The National Hospice and Palliative Care Organization reports there are more than 4,000 hospice programs in the United States, and these programs cared for more

than 1.2 million people last year.

◆ For twenty-five years, hospice has been a fully covered benefit under Medicare. Hospice is also covered by Medicaid, most private insurance plans, HMOs and other managed care organizations.

◆ Hospice and palliative care can take place in a variety of settings, including private homes, hospitals, nursing homes and assisted living facilities.

◆ Approximately 400,000 hospice volunteers contribute more than 18 million hours per year.

◆ Hospice and palliative care is an option for those with illnesses other than cancer, including HIV/AIDS, end stage (ES) cardiac, ES pulmonary, ES renal, ES Parkinson’s, ALS, ES Multiple Sclerosis, ES dementia, and many other illnesses.

“The world is what we think it is. If we can change our thoughts, we can change the world.”
-H.M. Tomlinson

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◆ Professionally-trained staff help facilitate communication between family members about advance care planning, end-of-life wishes and decision making.

◆ Studies have shown that hospice and palliative care

directly addresses the concerns many people have about dying, which include being in pain and being a burden on family.

The majority of families whose loved one was cared for by hospice overwhelmingly support their decision to choose hospice

care; the most common statement heard is, “we wish we had chosen hospice sooner.”

For more information, call the HelpLine at 1-800-658-8898 or go to www.caringinfo.org. Para Espanol: *Cuidando con Cariño*, 1-877-658-8896.

Paying for End-of-Life Care

Concerns over health care financing are ongoing discussions in households and health care offices across our community. As baby boomers age, and provide care for their aging parents, these concerns are justified.

Yet, for almost 25 years, the Medicare Hospice Benefit has provided a model for financing end-of-life care that can bring great relief and support to families during one of life’s most difficult times. This benefit covers virtually all aspects of hospice care with little out-of-pocket expense, if any, to the patient or family. As a result, the financial burdens often associated with caring for a terminally-ill patient are lifted. Hospice care also offers support to the loved ones of the patient, which brings an added level of relief to the dying person, knowing their loved ones are being cared for as well. Hospice is paid for through the

Medicare Hospice Benefit, Medicaid Hospice Benefit, and most private insurers. In addition, most private health plans and Medicaid in 47 States and the District of Columbia cover hospice services. If a person does not have coverage through Medicare, Medicaid or a private insurance company, hospices will work with the person and their family to ensure needed services can be provided.

Medicare covers these hospice services and pays nearly all of their costs:

- ◆ Doctor services
- ◆ Nursing care
- ◆ Medical equipment (like wheelchairs or walkers)
- ◆ Medical supplies (like bandages and catheters)
- ◆ Drugs for symptom control and pain relief
- ◆ Short-term care in the hospital, including respite and inpatient for pain and symptom management

- ◆ Home health aide and homemaker services
- ◆ Physical and occupational therapy
- ◆ Speech therapy
- ◆ Social work services
- ◆ Dietary counseling
- ◆ Grief support

Medicare will still pay for covered benefits for any health problems that aren’t related to a terminal illness.

Hospice and palliative care involves a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient’s needs and wishes. Families making end-of-life decisions for a loved one need compassion and support, not financial worries. The Medicare Hospice Benefit helps alleviate these concerns.

This information is provided by the National Hospice and Palliative Care Organization and Hospice of the Twin Cities.



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We're on the Web!
www.hospiceofthetwincities.com

Mission Statement

Hospice of the Twin Cities' mission is to enhance the quality of the lives of our patients and their families by providing respectful care based on maintaining dignity, alleviating physical, psychosocial, and spiritual suffering, advocating for fundamental rights, and affirming the sacred value of life.