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Capital Caring CEO Urges Consumers to View Hospice Services in a New Light

Concierge Medicine for Advanced Illness Care

FALLS CHURCH, VA (Nov 1, 2017) – – November is National Hospice and Palliative Care Month. Advanced illness organizations nationwide are reaching out to raise awareness about these often-misunderstood benefits which are covered by Medicare Part A and most commercial insurance plans.

Malene Davis, MBA, MSN, RN, President and CEO of Capital Caring, the largest advanced illness care organization in the mid-Atlantic, reflected on the evolution of hospice and palliative care treatment to its present-day state of what she calls “concierge medicine for advanced illnesses and symptom management.”

“During this celebratory month, it is important for those in health care to help consumers understand the differences between palliative care and hospice care and what each of them really mean,” Davis said. “It is significant to grasp that hospice is not about dying, rather it is about living your remaining days with an advanced illness as fully as possible, and to live your remaining time with less pain and on your own terms,” she explained.

“Hospice is among the most misunderstood health care services in America, yet it among the highest in-patient satisfaction,” Davis stated. It is very similar to concierge medicine with 24/7 coverage, house-calls daily or weekly, 24-7 support from your care team, and all the supplies and equipment that are needed for a home or alternate setting.

Davis explained one major difference between the two health care therapies. Palliative care is treatment to prevent and relieve suffering for patients facing life-limiting illness by managing pain, physical, psychosocial, and spiritual problems associated with the illness. There is no time limit on palliative care; it can be administered indefinitely. Hospice care on the other hand has a time-limit and it includes palliative care plus many more support services. It is a more robust, full-service benefit paid

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for by Medicare Part A for patients who have been diagnosed by a medical doctor with approximately 6 months or less to live. Although calculating end of life is difficult even for medical professionals, the benefit can be extended and it is not unusual to be discharged from hospice and then to be recertified later.

“Both palliative and hospice care are intended to help patients feel better physically, mentally and spiritually, versus treating the disease or condition with the goal of curing it or making it go away.” Davis pointed out.

Overwhelmingly people do not want to die in hospitals. The hospice benefit can fulfil that wish. It covers care for advanced illness patients in a residential setting and includes items such as hospital beds, pain control therapies, medications, oxygen supplies, symptom control, nursing support, medical support, social workers, incontinence products, spiritual counseling, crisis care, etc., all of which are covered in the Medicare Part A benefit, with no out-of-pocket expenses for the patient. The hospice provider assumes responsibility for paying for these items, in what is called a capitated payment. There are no deductibles, or out of pocket fees for the patient in most cases.

“Patients and families often say, “we’re not ready yet for hospice,” Davis explained, “because they don’t really understand it or how it benefits the patient and their caregivers. The number one complaint we receive from patients and families is, I wish we had started hospice sooner.”

“Contrary to popular belief, hospice care isn’t about giving up or praying for a cure,” Davis explained. “Patients at any time can opt out of hospice care and go back into traditional medical therapy. That choice is always there. And miracles happen every day.”

Capital Caring’s concierge approach to hospice care is to assemble a team around the patient and their caregivers that is holistic and designed to meet expected and unexpected medical, emotional and spiritual needs. Their team approach includes:

- Your personal physician
- Our hospice physicians
- Nurses with advanced training in hospice

- Certified nurse aides to help with personal hygiene and light housekeeping
- Dieticians
- Licensed social workers
- Bereavement counselors for adults and children
- Spiritual advisors
- Volunteers
- 24-7 Call Center
- Telecaring Center calls twice daily to check on the status of the patient and provide support to the caregiver
- Crisis Care
- Respite Care
- In-patient care

“As we pause to acknowledge the entire hospice and palliative care field during November, let us also remember that millions of people who are paying for these valuable benefits, and not receiving them,” Davis emphasized. “Misunderstanding is the biggest barrier to using one of the best kept secrets in healthcare today if we can educate just one more person this month about hospice and palliative care, then this monthly acknowledgement is worth it.”

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About Capital Caring: Since 1977, Capital Caring has simply improved care for those facing life-limiting illness through direct support of patients and their families, public education and advocacy. Since its inception, Capital Caring has provided hospice, palliative care, and counseling to nearly 110,000 patients and their families. Almost 800 employees and 1,000 volunteers provide these services to nearly 1,400 patients each day. As one of the nation's oldest and largest non-profit providers of hospice and palliative care, Capital Caring is proud to provide nearly \$3 million in charitable care to families in need annually. To learn more about Capital Caring, **visit www.capitalcaring.org or call 800-869-2136.**