
Understanding Palliative vs Curative Care & Options for Help at Home

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Our greatest challenge as a nation?

In my view, it is how we care for our aging neighbors and their caregivers

Every day from 2010 to 2030,
TEN THOUSAND people will turn 65

(pewresearch.org)

Overview

- 1 Introduction**
- 2 Defining palliative options**
- 3 Getting the most from your primary care visits**
- 4 Home services - skilled, private duty, subsidized, other**
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Introduction: my background and focus

Four years managing senior living communities

Five years as an ICU nurse - surgical, trauma, cardiac, neuro

Ten years as a skilled home care nurse - helping people avoid the ER

Five years as nurse practitioner - working like a physician providing house calls - visiting primary care and palliative care in Metro Detroit

**My mission is to help people understand their options
and receive exactly the care they want - no more and no less**

Cure or Comfort? Or both?

Pal·li·a·tive (*adjective*). **Relieving pain and suffering without dealing with the cause of the condition.**

Palliative care relieves the symptoms of advanced illness to improve quality of life - whether you are seeking a cure or not.

Later on, if cure is no longer possible or desired the final stage of palliative care is the hospice health care benefit.

Hospice and Palliative Care

Hospice is a set of services for comfort *not cure* of a **terminal illness** (likely 6 months or less prognosis) and happens wherever you call home.

Palliative care is a medical specialty like cardiology that treats the symptoms of **advanced illness** (1-2 years prognosis) and helps you make medical decisions. Other services like social work also provide support.

Palliative care medicine serves hospitals, clinics, nursing homes and private homes while people are receiving regular medical care.

Some skilled home health agencies have a palliative nursing division that helps people with advanced illness who are not ready for hospice. Your primary care provider orders skilled home health.

Sorting through treatments offered

Guidelines are generic - you are one of a kind

All treatments have a benefit/burden ratio - ask:

How difficult with this treatment be to live through/with?

What is the best outcome to expect with the treatment?

What is the likely outcome with partial or no treatment?

What would they tell family to do if they were in the same situation?

You are your own best advocate, enlist help and share your wishes

Doing nothing is choosing CPR, tubes, machines

Don't let bad news force you into difficult decisions - plan now

Ask your PCP and specialists what to expect as conditions progress and how each of your options may play out

While medical professionals cannot tell you what to do, some will tell you what they would advise their own family to do in the same situation

“Do everything” or “Do everything that could possibly help”

If no wishes are documented and you arrest, you will receive CPR, defibrillation (shock), a breathing tube and cardiac medications

Hospice and Palliative Care myths

Hospice is not expensive - it is a health care benefit you've already paid for that covers many services 100% - medications, equipment, supplies, respite care

Hospice is not just for cancer - also for heart disease, dementia, COPD and many other terminal conditions

Hospice is not a one time, one way decision - you can always opt out

Hospice is not a "death sentence." Research shows the support of hospice and palliative care **can help people live longer**

(<https://www.nejm.org/doi/pdf/10.1056/NEJMoa1000678>)

Know your options

Talk with your healthcare provider and research:

Do I qualify for Hospice? www.hom.org/eligibility

Is Palliative Care right for me? GetPalliativeCare.org

Have I reviewed my options and wishes with family?

TheConversationProject.org

GetPalliativeCare.org
TheConversationProject.org

Getting the most from your PCP visits

You are the expert on how you feel and your priorities - tell your PCP

Make the most of your 15 minutes with your healthcare provider

Prepare - jot questions between visits and choose your top 3 for the visit

Bring a friend/caregiver to help you express your wishes and take notes

Ask to access the portal to review your labs, visit notes

Help at home - multiple types of care

Medicare Skilled Home Health

Private Duty

Subsidized / County Care Services

Transportation, Meals etc

Home Services - Skilled Home Health

Medicare pays for short term nursing, therapy, aide and social work after hospital stays or for new/worsening medical issues - PCP orders

Goal is to prevent hospital readmission and to help manage high risk conditions like heart failure, wounds, COPD, diabetes or frequent falls

Usually 1 to 3 visits a week for several weeks/months with visits more often up front and tapering off over time

Skilled home health cannot take over or stay on indefinitely, but it can monitor for flare ups and teach you and your caregivers how to manage conditions and avoid the ER

Home Services - Private Duty

Paid for by personal funds, long term care insurance, or the Veteran's Aid and Attendance benefit.

Usually several hour blocks of "unskilled" (not a nurse) aide assistance with bathing, dressing, housekeeping. Some will do meals and transportation, others do not.

Use your local Area Agency on Aging office to find vetted agencies in your area (see next page), make sure they are bonded/do background checks.

Have a backup plan: if using informal caregivers or friends - enroll with an agency who can staff same day if your usual caregiver can't make it.

Home Services - Subsidized (free or low cost)

Michigan Home Help Services for low income adults. State funded help with activities of daily living - www.Michigan.gov search 'home help'

Veteran's Aid and Attendance Benefit for veterans who were active duty during wartime and their spouses even after the veteran dies. Monthly funds for any expenses including private duty - 248-858-0785 Oakland County Vet Services or www.benefits.va.gov

Area Agency on Aging is the best resource for free/low cost services. The "free library" of senior care - to find your AA1B in Michigan call 517886-0129. For other states visit www.n4a.org or call 202-872-0888 for your agency.

Home Services - other

Check with your Area Agency on Aging about your community's services:

- **Transportation to medical appts or shopping**
- **Meal delivery services**
- **Caregiver support groups / respite**
- **Adult day care for family members with memory loss or functional deficits**

Services vary with each city and county

Benefits Checkup - Rx Resources

www.BenefitsCheckup.org

Service of the National Council on Aging

Laws can stop pharmacists from telling you about lower cost equivalents

ASK your pharmacist for generic options and check out:

GoodRx.com / Blinkhealth.com / Needymeds.org

Thank you

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“Aging is an extraordinary process where you become the person you always should have been”

David Bowie
