Elara Caring
Hospice Care

Don't let common myths about hospice care lead to unused benefits.

Hospice care is often delayed unnecessarily due to misunderstanding or misinformation about benefits.

Why would you choose less care when you may be eligible for more? Hospice can mean more time to focus on the people and activities that matter.

Myth 1: Hospice care is giving up.
Choosing hospice is a shift in the goals of care toward quality of life and added support. Choosing hospice sooner means more time to fully utilize the benefits that you may be entitled to receive.

Myth 2: Hospice care is only for the last days of life.
It is a common misconception that hospice is only for patients who have reached a stage of extreme debilitation. However, hospice care is for anyone with a prognosis of 6-months or less if the illness follows its normal course and may be extended beyond 6-months if the patient continues to meet eligibility criteria.

We want to help you be **well informed** when the time comes to make these important decisions.

Myth 3: Hospice care means you get less care.
Adding hospice actually means more care, at a time when you need it most.

- More care centered around personal goals
- More focus on minimizing disruption to normal daily activities
- More time to focus on the people & things that matter most
- More resources to ease the load for your loved ones
- Maximizing your Medicare/Insurance benefit which includes added: services, supplies, equipment, medication and support at no additional cost or co-pay.

Myth 4: Hospice patients must be homebound.
The emphasis of hospice is to help you maintain your normal activities. Homebound status is not a requirement for hospice eligibility.

Myth 5: Once you start hospice care, you are locked into it.
Patients may discontinue hospice care at any time, for any reason.It is your right to make decisions about your care!

Myth 6: You aren't allowed to take your usual medications.
Medications needed for pain, symptom, and disease management related to terminal and related conditions are covered by the hospice benefit. Hospice will work with you and your physician to review medications to ensure maximum pain and symptom management is achieved.

Myth 7: Hospice administers highly impairing medications that make patients sleep all the time.
Hospice care is tailored to each patient's personal goals with a focus on minimizing disruption to normal activities.

Myth 8 : Hospice is a place.
Hospice care is delivered wherever a patient calls home. This may be your home or place of residence, an assisted living community or a skilled nursing facility.

Myth 9: Hospice is only for cancer patients.
Hospice care is for anyone that meets eligibility and includes any diagnosis which aligns with a life-limiting prognosis of 6-months or less.

Myth 10: If the patient enrolls in hospice, they lose their primary care physician.

Electing the hospice benefit does not change a patient's right to choose their primary physician.

Myth 11: Palliative care is the same as hospice.

Hospice care is hands-on care delivery to control symptoms and provide enhanced quality of life. Hospice is based on prognosis and excludes curative treatment.

Palliative care utilizes a nurse practitioner as a consultative liaison with the patient's other healthcare providers. Palliative care is focused on relieving uncontrolled symptoms for any stage of illness and may be provided alongside curative treatment.

Myth 12: I can't afford the extra services of hospice care.

Hospice is a benefit that is typically paid for in full by your Medicare (or other insurance) provider. It is an entitlement that offers added support, equipment and care for eligible patients.

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Do you have questions?

Ask your doctor about Elara Caring or contact us at elara.com/locations