

## Question & Answer (Q&A): Palliative and Hospice Care for Persons with Disabilities Webinar

*Webinar participants asked these questions during the Q&A portion of the Palliative and Hospice Care for Persons with Disabilities Webinar held on March 7, 2018. Please note, the responses in this document have been edited for clarity. The webinar recording, slides, and transcript can be found on the Resources for Integrated Care website:*

[https://www.resourcesforintegratedcare.com/DisabilityCompetentCare/2018\\_DCC\\_Webinar\\_Series/Palliative\\_and\\_Hospice\\_Care](https://www.resourcesforintegratedcare.com/DisabilityCompetentCare/2018_DCC_Webinar_Series/Palliative_and_Hospice_Care)

### Featured Webinar Speakers:

- Christopher Duff, Disability Practice and Policy Consultant
- Kelly Ambrose, BSN, RN, CHPN, Manager, Advanced Illness Care Program, Care Oregon Housecall Providers
- Judi Lund, Vice President, Regulatory and Compliance, National Hospice and Palliative Care Organization

### Q1: Is palliative care provided for chronic pain management?

**Judi Lund:** Chronic pain management could be provided by a qualified palliative care specialist. Contrary to popular belief, palliative care is not necessarily associated with end-of-life care. Palliative care is specialized medical care that is used by people living with a serious illness. It focuses on providing relief from illness symptoms and stresses.

### Q2: What is the difference between palliative care and chronic pain management?

**Kelly Ambrose:** There can be overlap between the two. The National Hospice and Palliative Care Organization will often work with a provider in the community to deliver chronic pain management. This can be a specialty palliative care provider, the participant's primary care provider, or another specialist in the community.

**Judi Lund:** Chronic pain management might be a reason that a participant would ask for palliative care. Many chronic issues, including chronic pain, are reasons to access palliative care.

**Kelly Ambrose:** However, if chronic pain management is the only reason for seeking palliative care, some programs may not take that participant into their program.

**Q3: How would a care manager or someone with a health plan address the confusion of whether a participant should be directed towards a palliative care organization or their primary care physician?**

**Kelly Ambrose:** When a participant is not taken into a palliative care program, the organization should reach out to the referring provider to discuss all relevant information and issues. If the provider is reluctant to provide chronic pain management services, the palliative care organization can work with them to identify resources that may be more appropriate in the community.

**Q4: How does the hospice interdisciplinary team (IDT) interact with other IDTs, whether from a Developmental Disabilities Waiver, another primary care clinic, or another organization?**

**Judi Lund:** IDTs must communicate with one another and encourage collaboration between providers. This collaboration will ensure that the teams are addressing the needs of the participant on many levels. However, a hospice IDT must focus on the needs around the participant's terminal illness and specific services that are needed for that.

**Q5: What is the difference between Advance Illness Care and the Housecall Care programs discussed during the webinar?**

**Kelly Ambrose:** The two programs are similar. In the palliative care program (Housecall Care), we focus on symptom management, care coordination, and goals of care. This starts with having conversations with participants to understand what they want for their care, including talking about what they want for end-of-life care. We work with participants to identify a surrogate decision maker, as applicable. Going forward, care is provided by social workers, nurses, and community health workers. They help participants navigate complex health situations, access disability benefits, and connect to specialists in the community as needed.

Advance Illness Care works to make the connections and provide participants with the care they need in the community. However, if the participant is having trouble accessing a clinic in the community, whether due to a physical disability, anxiety, or numerous other reasons, the participant is brought over to the Housecall Care provider's primary care practice, where all of those coordinating services are brought together with their primary care services.