

PALLIATIVE CARE

Palliative care is advanced illness management and can benefit patients with chronic, serious or life-threatening illnesses who are symptomatic as well as patients who are at high risk to be re-hospitalized.

Q: WHO CAN RECEIVE PALLIATIVE CARE?

A: Anyone who is seriously ill may benefit from palliative care. Common diagnosis includes patients with cancer, advanced kidney disease, chronic obstructive pulmonary disease (COPD), heart failure, or neurodegenerative disease.

Q: WHERE CAN PATIENTS RECEIVE PALLIATIVE CARE?

A: Palliative care services are provided in whatever setting the patient calls home: private home, nursing home, assisted living, etc.

Q: CAN A PATIENT RECEIVE HOME HEALTH CARE AND PALLIATIVE CARE AT THE SAME TIME?

A: Yes. Home health care is covered under Medicare Part A, and palliative care is covered under Medicare Part B, allowing patients to simultaneously benefit from both services.

Q: HOW IS PALLIATIVE CARE PAID FOR?

A: Palliative care is billed under Medicare Part B, or through commercial insurance, as professional services (like a doctor's visit). There are no hidden fees. A co-pay may be required based upon the health insurance plan.

Q: HOW DOES PALLIATIVE CARE DIFFER FROM HOSPICE CARE?

A: Patients on palliative care can be within one to five years of needing hospice care while hospice patients are usually within the last six months of life. Often, palliative care patients are still receiving aggressive curative treatments, whereas patients on hospice care are more focused on comfort measures.

Q: WHAT CAN ONE EXPECT WITH PALLIATIVE CARE?

A: An initial patient care assessment is scheduled within 72 hours and will include a discussion of the patient's goals of care. An individual plan of care is established in conjunction with patient goals in order to:

- Implement interventions to prevent re-hospitalization
- Manage symptoms associated with illness such as pain, edema, anxiety, spiritual or psychosocial distress
- Focus on improvement and enrichment of quality of life
- Assist with health care discussions and advance care planning

As a patient's illness advances and is nearing the last six months of life, the practitioner helps the patient re-examine goals of care and, when appropriate, assists in the optional transition to hospice care.



THE ROLE OF PALLIATIVE CARE NURSE PRACTITIONERS

Palliative care nurse practitioners make visits to patients who have a serious or life-threatening illness. Palliative care nurse practitioners are actively involved in diagnosing and treating patients, and in determining patient prognosis as they address healthcare goals and support patients and families through all stages of illness.

WHAT IS PALLIATIVE CARE

Palliative care is a medical specialty focused on reducing the symptoms and stress of serious and life-threatening illness. Palliative care does not replace current clinical care, but seeks to address symptoms and provide care management. Unlike hospice services, which are designed to support patients facing a limited life expectancy (e.g., six months or less), palliative care can be used in combination with life-sustaining treatment of a serious illness. Ideally, palliative care is provided to aid patients and families with serious illnesses beginning at the time they are diagnosed.

PALLIATIVE CARE IS:

- For anyone with a serious or life-threatening illness
- Not dependent on prognosis
- Management of symptoms such as shortness of breath, pain, nausea, etc.
- Often covered by Medicare Part B
- Consultative and individualized in nature
- Provided in concert with a "goals of care" discussion

MEET OUR PALLIATIVE CARE NURSE PRACTITIONERS

Palliative Care Nurse Practitioner Tammra Mallory brings to Paradigm Health over 16 years of critical, hospice and palliative care experience. Tammra grew up in the Indianapolis area, married and moved to Chicago where she worked in ER and ICU patient care. After 13 years as a critical care nurse, Tammra returned to school to pursue her MSN (Master of Nursing) and FNP (Family Nurse Practitioner) degrees. After graduating in 2015, she began working in hospice and palliative care settings. Her recent relocation back to the Indianapolis area has allowed her to be closer to care for her aging parents. She keeps busy with two grown children and two grandsons and she enjoys volunteering at Indianapolis animal care centers. Tammra is an avid Indiana Pacers basketball fan and attends as many games as possible.



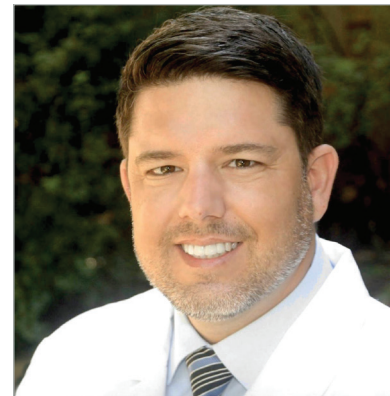
Tammra Mallory, MSN, FNP

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Palliative Care Nurse Practitioner Michael Hiland brings to Paradigm Health over 10 years of acute, family, and hospice care experience. After graduating from Purdue University with a bachelor's degree in Chemistry, a passion for healthcare put Michael on a path to pursue an associate degree in Nursing from Ivy Tech State College, a bachelor's degree in Nursing from Indiana University, and an FNP (Family Nurse Practitioner) degree in 2015. While attending graduate school, Michael worked as a hospice nurse case manager providing hands-on care, patient advocacy, and support for people at end of life. He is committed to helping people in the most vulnerable times of their lives and has joined Paradigm Health in our mission to provide palliative care to those with ongoing symptoms of pain and disease. Michael is happily married with two children and enjoys learning, listening to music, traveling, playing golf and serving his church.



Michael Hiland, FNP-BC

Palliative Care Nurse Practitioner Gigi Conway brings 26 years of acute hospital, home and primary care experience to the Paradigm Health palliative care team. Gigi graduated from Indiana Wesleyan University with a bachelor's degree in Nursing. She then returned for her advanced degree as an Adult Geriatric Acute Care Nurse Practitioner from Marquette University in 2018. Prior to obtaining her nursing degree, Gigi became interested in palliative and hospice care after working in a hospice unit. She has had several family members that have received hospice care and is committed to helping others navigate the healthcare journey. She is a native to Indianapolis and has one son, two stepchildren and five grandchildren. She and her husband currently have two dogs that they fondly call their "children" now.



Gigi Conway, MSN, AGACNP-BC

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CONNECTING PALLIATIVE CARE PATIENTS AND RESOURCES



New Paradigm Health Social Worker Kathy Molloy has spent her entire career in the healthcare field doing social work in hospital, rehab and hospice care settings. With a degree in psychology and a master's in social work, she understands that a team approach is crucial to providing successful and individualized care for a patient and their family. She can't imagine a better group to join than her new Paradigm team.

"I wasn't exactly sure what I wanted to do with my psychology degree once I graduated," says Molloy. "Someone suggested that I get a master's in social work since there were so many options to work within with that type of degree. I am so thankful that I took that advice. It took me in a career direction that I love."

In her new role, Molloy will focus on palliative care patient and family assistance and offers that the social worker's goal is to provide support to the patient and their family and offer education and resources to help as they navigate this stage of life with chronic illness. "Palliative care may be a stage of life that transitions to hospice care, but not always. I help the patient and family identify goals that are important to them and then help them locate the resources to make those goals a reality."

What drew Molloy to the Paradigm Health business model was how professional and genuinely positive leadership was, and how that was translating on a daily basis to care and support for their employees which ultimately led to better care for patients and their families.

"Paradigm's CEO Jeff Jarecki and I both grew up in the same hometown," says Molloy. "I've known him for a long time and when I came in to interview for the open social worker position, I knew that he was not only 'talking the talk' but 'walking the walk' every day to make Paradigm a special place to work. That culture creates an atmosphere where everyone is working at their highest ability and feeling valued and supported. In turn, that trickles over into our level of care for those we are serving."

Since joining Paradigm Health in July, Molloy says she enjoys making all the working pieces fit together and after spending many years mostly in a hospital setting, is enjoying seeing folks in their homes, nursing and assisted living facilities and even hospitals. "It's all about listening to needs and then connecting resources to those needs."

A booklet authored by Barbara Karnes called "Gone From My Sight," talks about the dying process from a few months out to a month to days as a glimpse at what the upcoming months and days may hold — a journey that is different for each patient and family. "Understanding through education is powerful and even though it is difficult, talking openly about the process allows both patient and family to cope better with what can be expected. It isn't exactly what will happen for each patient and their caregivers, but it allows for personal end-of-life goals to be set, managed and achieved."

"When I first came to work for Paradigm a few months ago, I was invited to a 'self-care' breakfast," says Molloy. "I had no idea what that was. They explained that I could come and share with other Paradigm staff anything I wanted to talk about or share or any needs I might have. I'd never heard of anything like this before, but I was impressed that if this company wanted to care for me in this personal and invested way — it could only help me better care for those we were serving."

When not helping others navigate their way, you might find Molloy navigating her own way down a Colorado ski slope with her husband and sons, working outside in her yard or attending a concert at nearby Ruoff. "I was hired to grow our palliative care services, along with two new nurse practitioners, and I am so excited for what the future holds."

PALLIATIVE CARE: ADDING QUALITY OF LIFE TO DAYS

Paradigm Health — Central Indiana's Palliative Care Expert

Palliative care is an essential part of the continuum of care for our seniors, but it's a commonly misunderstood aspect of care. For example:

- Palliative care includes pain management but is not the same as chronic pain management. It can help manage pain associated with life-threatening disease as it does other symptoms but is not appropriate for a chronic pain management patient.
- Palliative care is often a step along the way to hospice care but it is not the same as hospice care. Typically, patients on palliative care are within one to five years of hospice care; hospice patients are typically within the last 6 months of life.

Palliative care helps manage symptoms and prevent re-hospitalizations, especially in tandem with home health care. It focuses on improving quality of life, relieving pain or suffering related to serious illness, and maintaining symptoms for patients in advanced stages of aging or illness.

Paradigm Health's approach is a community-based program where a team of care practitioners works together to determine and carry out the best plan for the patient's health and goals.

How does Palliative Care work?

First, our practitioners perform an initial assessment. They work to understand a patient's goals of care and then design a plan that works towards those goals. The practitioner assists with healthcare discussions, advance care planning and symptom management. As illness advances and the patient is nearing the last six months of life, the practitioner helps the patient re-examine goals of care and when appropriate will offer the patient the option of hospice care.

Who is Palliative Care for?

Palliative care benefits patients with chronic, serious, or life-threatening illnesses who are symptomatic, as well as patients who are at high risk to be re-hospitalized. Physical symptoms can include pain, dyspnea (shortness of breath), constipation, edema, anorexia, and anxiety. However, symptoms can also be psychosocial and/or spiritual in addition to physical. Patients may have stage 3-4 cancer, advanced kidney disease, chronic obstructive pulmonary disease (COPD), heart failure, or neurodegenerative disease.

At Paradigm Health, we've been tracking outcomes of especially difficult cases. Thanks to nurse practitioner follow-up and oversight, we've been able to keep high acuity patients out of the hospital, and at the same time improve clinical skills and outcomes. We see that palliative care helps patients connect with others and maintain beneficial habits and hobbies with their time left.

