

FREQUENTY ASKED QUESTIONS

What is the difference between AIM and Hospice?

AIM is Palliative Home Health provided by a clinical team skilled in end of life care. There are key similarities that offer comfort and dignity. There are key differences that offer treatment and hope.

What are the similarities between AIM and Hospice?

Both AIM and Hospice offer psychosocial, spiritual and medical support to enhance dignity and comfort to patients facing advanced illness and end of life decisions.

What are the differences between AIM and Hospice?

While there is a time for both; AIM is for patients and families not yet ready to stop life-extending treatment. Hospice care does not extend life nor hasten death. Some people refer to AIM as *“hospice-light”*.

How do I know which is the best choice?

If a patient and family wish to begin the journey of supportive care, while continuing treatment, AIM is the way. If the time comes when hospice is needed, the AIM Team may transition with the patient to hospice if desired.

Are the criteria the same for AIM and Hospice?

AIM may be appropriate for a patient with a longer life expectancy than hospice. Whereas the hospice benefit is for patients with a life expectancy of 6 months or less, AIM may be accessed when the patient has over a year life expectancy.

What does AIM stand for and who qualifies?

AIM stands for **Advanced Illness Management**. Patients often access AIM with advanced CHF, COPD, Alzheimer's or Cancer.

Can I still receive palliative care AND Chemotherapy/Radiation?

Yes, AIM is Palliative Home Health and there is nothing to preclude you from chemotherapy or radiation. Actually the support provided by AIM will likely make you feel better and feel more like continuing treatments.

What benefits should I expect from AIM?

Research shows that Palliative Care (*Comfort Care*) when provided WITH Standard Oncologic Care provided an improved quality of life and in some cases actually helped the treatment regimen extend life for a couple of months*.

Who pays for this service?

AIM is paid for by Medicare and many insurance plans that cover home health.

What do you mean by “Non-Hospice Option”?

AIM is a model that combines the psychosocial component of hospice with the medical support of home health. This allows you to continue receiving treatments while receiving comfort care at home.

What should I expect?

AIM will be your team to help you deal with any symptoms, decisions, anxieties or other discomforts as you continue treatment. AIM nurses are a phone call away 24/7.

Can I still receive hospice care if I want?

Yes. When you complete your treatment and/or you wish to make a transition to hospice, AIM will help facilitate this transition. Depending on which hospice you select, your AIM team may transition with you.