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Over the last six months, few insurance companies including CMS have adjusted payments to cover counseling sessions for providers and patients when discussing end-of-life care. In August 2015, Medicare issued a [ruling](#) on hospice payment amounts and wages. The ruling directly applies to the needed expenses for routine home care, depending on the patient's length of hospital stay and executes an add-on

payment for services. The supplementary service applies to the last seven days of a

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The new programs and rulings come about from the vast gap that occurs today between the kind of end-of-life care patients prefer to receive and the kind they usually get. The growing discussion about death and dying include the conversations among family members and the medical team, and the care patients need during advanced illness and at the end of life.

In the past several years, my family underwent three end-of-life situations and of the three, my dad's ripped us to shreds. Not because of the final event, it was inevitable due to stage four Alzheimer's, but how the health care system handled his end-of-life preferences. Dad did not want treatment to extend his life, he was explicit about that, but the doctor fought hard with the family and openly accused us of wanting to kill him.

Programs that encourage getting clear on preferences, having the "death talk" with family and the health care team, creating advanced care directives, and receiving the care one needs to transition takes pressure off when the time comes. However, to further mitigate the stress felt by a patient and the family, there are more the insurance companies can do throughout the health care cycle. To learn what else would help, I asked the [Seniorcare.com](#) aging experts, "What other services or benefits should health insurance companies offer patients and family caregivers?"

Their answers bring reform beyond end-of-life:

"Using databases, the health insurance companies have the ability to predict the needs of the policyholders. Mining data as consumers reach age milestones; companies can provide early intervention including chronic disease monitoring, fall prevention awareness, recommendations for vaccinations. Also, the services that directly affect driving improvements and transportation alternatives are recommended for older adults." Judi Bonilla, [Lifestyle Aging Expert](#).

“In a recent Kaiser Poll, it revealed that 89 percent of Americans say they want end-

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“Since more insurance providers and CMS cover the end of life care discussions, we see a trend where hospice care is more likely to partner with folks like Honor to supplement end of life care. We would like to see a future that includes multiple types of payers covering non-medical type services that have a definite impact on medical outcomes.” Sandy Jen Ring, JoinHonor.com.

“Tele-behavioral health coverage for senior patients and their caregivers should be a top priority. Some studies demonstrate that these supports can make a significant impact on the physical health and well-being of older adults and their caregivers, who often grapple with their health issues. I hope to see continued payer support for the tele-behavioral health coverage in 2016.” Reena Pande, MD, [AbilTo](https://AbilTo.com).

“Companies could promote the awareness of POLST and MOLST, which stand for Physician or Medical Orders for Life-Sustaining Treatment. These forms state your advance wishes concerning medical interventions on your behalf should you become seriously ill. They include your choices regarding mechanical ventilation, artificial nutrition, CPR vs. DNR, or your desire for palliative care only.” Stephen D. Forman, Long-Term Care Associates, LLC.

“Offer insurance benefits to pay for proactive services used by caregivers such as gym memberships and healthy meal delivery. Programs like these encourage caregivers to care for themselves which will ultimately provide better care to their loved ones.” Elizabeth Miller, SavvySandwicher.com.

“Two things: Legal follow-through with end-of-life care counseling and the assistance and help to complete the paperwork for healthcare directives and wills. A second benefit should be family caregiving reimbursements. The vast burden of caregiving remains on the families' shoulders. These caregivers should receive compensation for the time and healthcare cost savings.” Michelle Jeong, LifeAssist.com.

“So many of us are prone to be “elder orphans and with no family to help make

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care.” Connie Chow , [DailyCaring.com](https://www.DailyCaring.com).

The population will grow older, and the family caregiver will take a dive, that’s when we’ll need significant improvement for care coordination, education, and prevention programs. And health insurance companies will offer services like the ones that Blue Cross Blue Shield of Massachusetts plan to roll out this year. Even Medicare steps up to deliver programs and delivery models that benefit patients during the end-of-life transitions. Hopefully, programs that help manage chronic diseases and family caregiver support will evolve as well.

Carol Marak, an elder orphan advocate, columnist, and editor at [SeniorCare.com](https://www.SeniorCare.com). She writes articles on senior-related concerns for the Huffington Post, About.com, and many other health care sites. Carol earned a Certificate in the Fundamentals of Gerontology from the University of CA, Davis.

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