MANAGEMENT OF COPD AFTER HOSPICE ELECTION

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July 14, 2020
OBJECTIVES

- Review Chronic Obstructive Pulmonary Disease (COPD) disease progression
- Identify common issues facing COPD patients
- Discuss non-pharmacologic and pharmacologic options for managing COPD
- Consider hospice regulatory issues associated with medication use after hospice election
CHRONIC OBSTRUCTIVE PULMONARY DISEASE

- Respiratory condition characterized by limited airflow
- Common, preventable and treatable
- Persistent symptoms and airflow limitation
- Airway abnormalities
- Associated with exposure to particles or gases
EPIDEMIOLOGY

- COPD is the fourth leading cause of death worldwide
- In 2012, over three million people died of COPD
HOSPICE PATIENT POPULATION

- Principal diagnosis → COPD is on the rise
  - 11% of decedents in 2017
  - Average length of stay 75 days
  - 10.9% of Medicare spending
HOSPICE CONSIDERATIONS: PATIENT POPULATION

- Hospice referral
  - ✓ Severe lung disease: disabling dyspnea at rest, poor response to bronchodilators, decreased functional capacity, fatigue, cough
  - ✓ Disease progression: increased ER visits, increased hospitalizations, pulmonary infections/respiratory failure
## AIRFLOW LIMITATION

### CLASSIFICATION OF AIRFLOW LIMITATION SEVERITY IN COPD (BASED ON POST-BRONCHODILATOR FEV₁)

<table>
<thead>
<tr>
<th>Classification</th>
<th>Severity</th>
<th>FEV₁ Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOLD 1:</strong></td>
<td>Mild</td>
<td>FEV₁ ≥ 80% predicted</td>
</tr>
<tr>
<td><strong>GOLD 2:</strong></td>
<td>Moderate</td>
<td>50% ≤ FEV₁ &lt; 80% predicted</td>
</tr>
<tr>
<td><strong>GOLD 3:</strong></td>
<td>Severe</td>
<td>30% ≤ FEV₁ &lt; 50% predicted</td>
</tr>
<tr>
<td><strong>GOLD 4:</strong></td>
<td>Very Severe</td>
<td>FEV₁ &lt; 30% predicted</td>
</tr>
</tbody>
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FORMULATION FAILURE

THE INHALED ROUTE

- When a treatment is given by the inhaled route, the importance of education and training in inhaler device technique cannot be over-emphasized.

- The choice of inhaler device has to be individually tailored and will depend on access, cost, prescriber, and most importantly, patient’s ability and preference.

- It is essential to provide instructions and to demonstrate the proper inhalation technique when prescribing a device, to ensure that inhaler technique is adequate and re-check at each visit that patients continue to use their inhaler correctly.

- Inhaler technique (and adherence to therapy) should be assessed before concluding that the current therapy is insufficient.

TABLE 3.6

ABCD ASSESSMENT TOOL

![Diagram of ABCD Assessment Tool]

- **Spirometrically Confirmed Diagnosis**
- **Assessment of airflow limitation**
- **Assessment of symptoms/risk of exacerbations**

**Post-bronchodilator FEV₁/FVC < 0.7**

<table>
<thead>
<tr>
<th>Grade</th>
<th>FEV₁ (% predicted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOLD 1</td>
<td>≥ 80</td>
</tr>
<tr>
<td>GOLD 2</td>
<td>50-79</td>
</tr>
<tr>
<td>GOLD 3</td>
<td>30-49</td>
</tr>
<tr>
<td>GOLD 4</td>
<td>&lt; 30</td>
</tr>
</tbody>
</table>

**Moderate or Severe Exacerbation History**

- ≥2 or ≥ 1 leading to hospital admission
- 0 or 1 (not leading to hospital admission)

**Symptoms**

- mMRC 0-1
  - CAT < 10
- mMRC ≥ 2
  - CAT ≥ 10

COMMON ISSUES IN ADVANCED DISEASE

- Palliative care initiation
- Advance care planning
- Goals of care
- Caregiver burden
- System barriers
NONPHARMACOLOGIC MANAGEMENT

- Calm
- Semi-reclined or seated position
- Activity modification
- Cool compress
- Pursed lip breathing
- Ensure air supply
SYMPTOMS

- Dyspnea
- Cough
- Wheeze
- Weight loss
- Decreased mobility and deconditioning
- Anxiety
- Depression
DYSPNEA

- Opioids
  - Systemic
  - Nebulized

- Benzodiazepines
  - Patient specific
  - Co-prescribing

- Others
  - Bronchodilators
  - Glucocorticoids
  - Diuretics
DYSPNEA

- C call for help
- O observe the degree of respiratory difficulty
- M medications (i.e. bronchodilators or opioids)
- F fan
- O oxygen
- R reassure
- T take your time
Cough

- Patient triggers
- Antitussives
  - Benzonatate 100-200mg orally three times daily as needed
  - Morphine
    - Opioid naïve dosing
    - Patients receiving opioids
      - Gabapentin 300mg orally every day, titrated to benefit
- Antibiotics
ANXIETY AND DEPRESSION

- Complementary therapies: hypnotherapy, music therapy, relaxation training, acupuncture, mindfulness meditation, aromatherapy, massage, art therapy
- Benzodiazepines
- Selective serotonin reuptake inhibitors (SSRIs)
HOSPICE CONSIDERATIONS: PATIENT POPULATION

- Severe dyspnea at rest
- Unresponsive to bronchodilators
- Fatigue
- Chronic cough
- Increased respiratory infections
- Increased hospitalizations and/or ER visits
- Respiratory failure
- Hypoxemia
- Hypercapnia
- Right heart failure
- Resting tachycardia
- Weight loss >10% body weight
HOSPICE CONSIDERATIONS: DRY POWDER INHALERS

1. Remove cap and load capsule (if single dose)
2. Breathe out slowly and completely
3. Place mouthpiece between front lip and form seal with lips
4. Breathe in through the mouth quickly and deeply over 2-3 seconds
5. Remove the inhaler from mouth and hold breath for as long as possible (at least 5-10 seconds)
6. Breathe out slowly and normally
HOSPICE CONSIDERATIONS: COMMUNICATION

“We don’t cover that”  “Better control”  “Show me how”  “Need to stop…”

“Easier to use”  “We can’t…”  “Effective”  “comfortable”
HOSPICE CONSIDERATIONS: COMMUNICATION

Build

Develop

Understand

Listen

Inform
REGULATORY CONCERNS

Know Your Buckets

- Related and Necessary
- Unrelated and Necessary
- Discontinue or Patient Pays
- Related but Not Necessary
- Unrelated and Not Necessary

Hospice
Primary Insurance Pays
REGULATORY CONCERNS

- Medicare Part D Spending
  - Concern: “Hospices are responsible for covering drugs and biologicals related to the palliation and management of the terminal illness and related conditions.”

- Medicare Part D: treatments unrelated to the terminal prognosis
  - Increase in maintenance medications filled
  - High Blood Pressure, Heart Disease, Asthma & Diabetes

- Top Ten CMS Survey Deficiencies
  - §418.54(c)(6) – Drug profile
QUESTIONS?
REFERENCES


