MANAGEMENT OF HEART FAILURE AFTER HOSPICE ELECTION

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November 12, 2020
OBJECTIVES

- Review congestive heart failure disease progression
- Identify common issues facing heart failure patients
- Discuss non-pharmacologic and pharmacologic options for managing end-stage heart failure
- Consider medication appropriateness and regulatory issues associated with medication use after hospice election
HEART DISEASE: EPIDEMIOLOGY

- Someone dies of cardiovascular disease (CVD) every 37 seconds in the United States
- Each day, 2,353 Americans die from CVD
- Someone in the United States has a stroke every 40 seconds
- Heart failure prevalence is increasing (symptomatic)
  - 2010: 5.8 million Americans
  - 2030: 8 million Americans (projected)
# HEART FAILURE

<table>
<thead>
<tr>
<th>ACC/AHA Heart Failure Stage</th>
<th>NYHA Functional Class</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong> No objective evidence of cardiovascular disease. No symptoms and no limitation in ordinary physical activity.</td>
<td><strong>I</strong> No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea (shortness of breath).</td>
</tr>
<tr>
<td><strong>C</strong> Objective evidence of moderately severe cardiovascular disease. Marked limitation in activity due to symptoms, even during less-than-ordinary activity. Comfortable only at rest.</td>
<td><strong>III</strong> Marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation, or dyspnea.</td>
</tr>
<tr>
<td><strong>D</strong> Objective evidence of severe cardiovascular disease. Severe limitations. Experiences symptoms even while at rest.</td>
<td><strong>IV</strong> Unable to carry on any physical activity without discomfort. Symptoms of heart failure at rest. If any physical activity is undertaken, discomfort increases.</td>
</tr>
</tbody>
</table>
HOSPICE PATIENT POPULATION

- Cancer is still the most frequently reported principal diagnosis

- Diagnoses on the rise:
  - Stroke
  - Respiratory
  - Circulatory/Heart
  - “Other”

- Most costly diagnoses by percentage of Medicare spending
  - Dementia
  - Circulatory/Heart
  - Cancer
  - Other
  - Respiratory
COMMON ISSUES IN ADVANCED DISEASE

- Palliative Care Initiation
- Advance care planning
- Depression and anxiety
- Goals of care
- Caregiver burden
- System barriers
HOSPICE POPULATION

1. Optimally Treated
2. NYHA Class IV
3. Supporting Documentation

Hospice Referral
# MEDICATIONS IN ADVANCED DISEASE

## Angiotensin-Converting Enzyme (ACE) Inhibitors
- Captopril
- Enalapril
- Fosinopril
- Lisinopril
- Quinapril
- Ramipril
- Trandolapril

## Angiotensin II Receptor Blockers (ARB)
- Candesartan
- Losartan
- Valsartan
MEDICATIONS IN ADVANCED DISEASE

Beta-Adrenergic Blocking Agents (Beta-Blockers)
- Bisoprolol
- Metoprolol (succinate)
- Carvedilol
- Carvedilol CR

Aldosterone Antagonists
- Spironolactone
- Eplerenone

Hydralazine and Isosorbide
- Hydralazine and isosorbide dinitrate
MEDICATIONS IN ADVANCED DISEASE

Loop Diuretics
- Furosemide
- Bumetanide
- Torsemide

Thiazide Diuretics
- Chlorothiazide
- Hydrochlorothiazide
- Metolazone
- Indapamide

Potassium-Sparing Diuretics
- Amiloride
- Triamterene
MEDICATIONS IN ADVANCED DISEASE

Anticoagulants and Antiplatelets*
- Aspirin
- Clopidogrel
- Warfarin
- DOACs

Digoxin*
- Digoxin

Angiotensin-Receptor Neprilysin Inhibitors (ARNIs)
- Sacubitril/valsartan
HOSPICE POPULATION: SUPPORTING DOCUMENTATION

- Supporting documentation
  - EF < 20%
  - Symptomatic arrhythmias
  - Stroke
  - Cardiac related syncope
  - HIV disease

- Relatedness
RELATEDNESS
HOSPICE POPULATION: NYHA CLASS IV

- New York Heart Association (NYHA) Class IV
  - Unable to complete physical activity without discomfort
  - Symptoms at rest
    - Examples: cough, shortness of breath at rest, discomfort and swelling in lower body, sudden weight gain, worsening dizziness/confusion, loss of appetite, trouble sleeping/lying flat
  - Discomfort increases with any activity
### SYMPTOMS

<table>
<thead>
<tr>
<th>Pain</th>
<th>Dyspnea</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Edema, comorbidities, nociceptive pain</td>
<td>• Edema</td>
<td>• Non-pharmacologic treatments</td>
</tr>
<tr>
<td>• Agents of choice</td>
<td>• Optimize HF medications</td>
<td>• Agents of choice</td>
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<tr>
<td></td>
<td>• Agents of choice</td>
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</tbody>
</table>
REFRACTORY SYMPTOMS: ADVANCED INTERVENTIONS

- Inotropic Therapy
  - Goals
  - Central venous access
  - Adverse effects
  - Barriers
  - Agents
    - Dobutamine
    - Milrinone

LVAD

Inotropic Therapy
## MEDICATIONS TO RECONSIDER AT HOSPICE ELECTION

<table>
<thead>
<tr>
<th>Category</th>
<th>Example Drugs</th>
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<tbody>
<tr>
<td>Anticoagulants</td>
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<tr>
<td>HMG-CoA Reductase Inhibitors</td>
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<tr>
<td>Antiplatelets</td>
<td></td>
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<tr>
<td>Diuretics</td>
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<tr>
<td>Oral Bisphosphonates</td>
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<tr>
<td>Acetylcholinesterase Inhibitors</td>
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<tr>
<td>Sulfonylureas</td>
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<tr>
<td>Anti-hypertensives</td>
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<tr>
<td>Psychogenic Medications</td>
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RELATEDNESS

Know Your Buckets

- Related and Necessary
  - Hospice
- Unrelated and Necessary
  - Primary Insurance Pays
- Related but Not Necessary
- Unrelated and Not Necessary
- Discontinue or Patient 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?

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THANK YOU!
REFERENCES

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- Panke, J, Tosca, R. Upstream palliative care in advanced heart failure. AAHPM Challenges on the frontlines: Effective approaches to complex cases. 2016 lecture.