THE HOSPICE DRUG PROFILE: LEARN TO LOVE IT!

Ellen Fulp, PharmD, MSPC, BCGP
Director of Pharmacy Education, AvaCare, Inc.
OBJECTIVES

- Discuss medication appropriateness and rational prescribing
- Review “relatedness” and IDT member roles in ensuring hospice regulatory compliance
- Identify key medication-related regulatory updates and concerns facing hospice providers
- Analyze the “Patient Notification of Hospice Non-Covered Items, Services and Drugs” addendum
WHAT’S THE BIG DEAL?

§418.54(c)(6) Drug Profile

Effectiveness

Side Effects

Monitoring

Duplicate Therapy

Interactions
MEDICATION APPROPRIATENESS

- Few guidelines exist for determining how and when to discontinue medications
- Medication appropriateness: means to evaluate medication need
  - Refers to whether a medication is useful in an individual clinical situation
  - Based on attributes of the medication and its recipient
<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there an indication for the drug?</td>
</tr>
<tr>
<td>Is the medication effective for the condition?</td>
</tr>
<tr>
<td>Is the dosage correct?</td>
</tr>
<tr>
<td>Are the directions correct?</td>
</tr>
<tr>
<td>Are the directions practical?</td>
</tr>
<tr>
<td>Are there clinically significant drug-drug interactions?</td>
</tr>
<tr>
<td>Are there clinically significant drug-disease interactions?</td>
</tr>
<tr>
<td>Is there unnecessary duplication with other drugs?</td>
</tr>
<tr>
<td>Is the duration of therapy acceptable?</td>
</tr>
<tr>
<td>Is the drug the least expensive alternative compared with others of equal usefulness?</td>
</tr>
</tbody>
</table>
RATIONAL PRESCRIBING

FOCUS: QOL, symptom management, goals of care

RISK VS. BENEFIT: Continually considered, non-stagnant process

Palliative

Curative
COMMUNICATION

Build
Develop
Understand
Listen
Inform

Ask
Tell
Ask
RELATEDNESS

- Hospice Prognosis → prognosis of six months or less life expectancy
- **Terminal Diagnosis**: primary diagnosis that contributes to the limited life expectancy
- **Related Diagnosis**: any diagnosis that is related to the terminal diagnosis or contributes to the limited life expectancy
- Symptoms caused by or exacerbated by the primary diagnosis or a related diagnosis
RELATEDNESS: HOSPICE DRUG PROFILE

- Related medications
  - Appropriate and clinically necessary
  - No longer appropriate or clinically necessary
- Non-related medications
  - Appropriate and clinically necessary
  - No longer appropriate or clinically necessary
- Who is financially responsible?
  - Hospice, patient, non-hospice payer
  - Discontinuation
RELATEDNESS
REGULATORY CONCERNS

OIG Reports

Medicare Part D

Wage Index Final Rule
OIG REPORT: PART D AND HOSPICE

- Hospices are responsible for covering all drugs for the palliation and management of a beneficiary’s terminal illness and related conditions
  - Since 1983, hospices are required to cover virtually all care that terminally ill patients require
- Increased, significant Part D spending after hospice enrollment

$334.9 Million 2012
$291.6 Million 2014
$474.2 Million 2017
Number 10: CMS should develop and execute a strategy to ensure that Part D does not pay for drugs that should be covered by the Part A hospice benefit

- Who should be paying?
  - Hospice
  - Beneficiary
  - Double payment
MEDICATION EVALUATION

Alzheimer's Dementia
- Donepezil
- Memantine

Chronic Obstructive Pulmonary Disease
- Fluticasone + Salmeterol DPI
- Glipizide

Heart Failure
- Bumetanide
- Sacubitril + Valsartan
MEDICATION EVALUATION

- Adults, prognosis <12 months
- Statin for primary CVD prevention
- Followed for 1 year, medications recorded at least monthly
- Average medications at enrollment = 11.5
- Average medications at study termination or death = 10.7
- Most prescribed near end of life: antihypertensives, broncholytics/bronchodilators, laxatives, antidepressants & GI protective agents

Medications Per Patient-Baseline

- <5 Meds
- 5-8 Meds
- 9-11 Meds
- 12-14 Meds
- ≥ 15 Meds

REGULATORY UPDATES

- Hospice election statements must include the following:
  - Holistic, comprehensive nature of the hospice benefit
  - Statement: Although it would be rare, some items, drugs or services may not be covered by hospice because they are determined to be unrelated
  - Information on beneficiary cost-sharing
  - Notification of the beneficiary’s right to request statement addendum
ADDENDUM

- Patient Addendum: “Patient Notification of Hospice Non-Covered Items, Services and Drugs”
  - Effective: October 1, 2020
  - Issued when requested
  - Condition for payment
  - Required components
  - Time frame
  - Format
QUESTIONS?
THANK YOU!
REFERENCES


