



EDUCATIONAL RESOURCES

# MANAGEMENT OF COPD AFTER HOSPICE ELECTION

Ellen Fulp, PharmD, MSPC, BCGP

Director of Pharmacy Education, AvaCare, Inc.

July 14, 2020



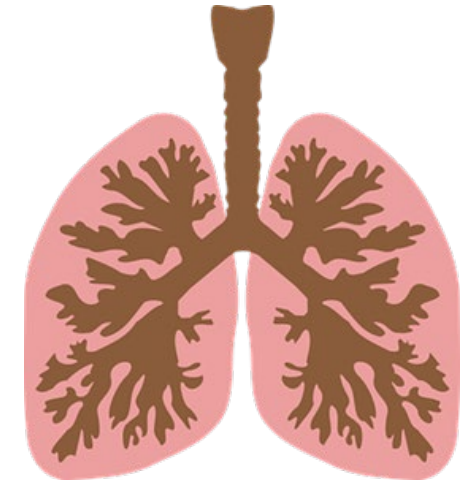
# OBJECTIVES

---

- 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 FEV<sub>1</sub>)

In patients with FEV<sub>1</sub>/FVC < 0.70:

<b>GOLD 1:</b>	Mild	FEV <sub>1</sub> ≥ 80% predicted
<b>GOLD 2:</b>	Moderate	50% ≤ FEV <sub>1</sub> < 80% predicted
<b>GOLD 3:</b>	Severe	30% ≤ FEV <sub>1</sub> < 50% predicted
<b>GOLD 4:</b>	Very Severe	FEV <sub>1</sub> < 30% predicted

TABLE 2.4

\*Reference: Global Initiative for Chronic Obstructive Lung Disease. GOLD, Global Initiative for Chronic Obstructive Lung Disease Teaching Slide Set 2020, 15 Nov. 2019, [goldcopd.org/gold-teaching-slide-set/](http://goldcopd.org/gold-teaching-slide-set/). Accessed June 9, 2020

# FORMULATION FAILURE

## ▶ THE INHALED ROUTE

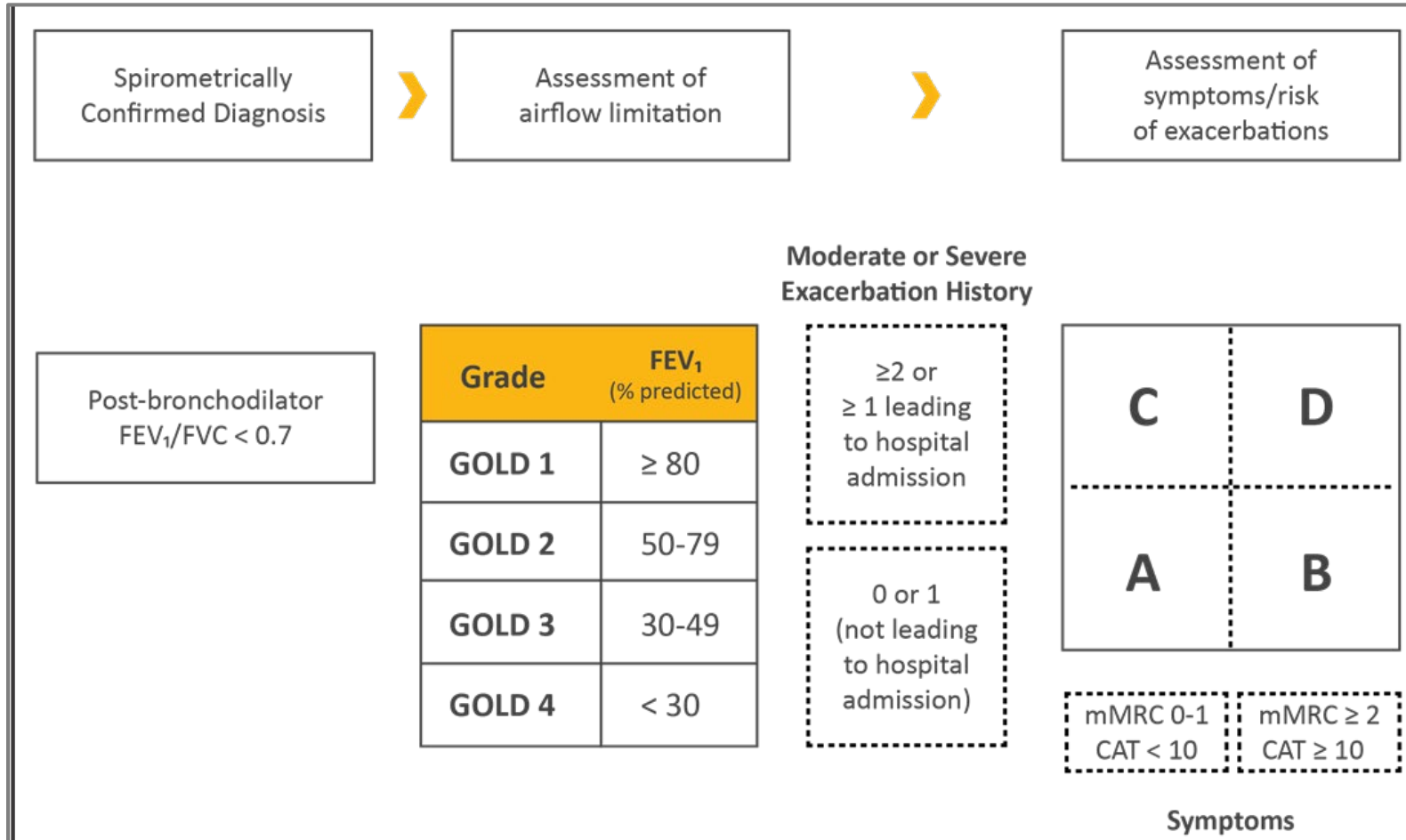
- When a treatment is given by the inhaled route, the importance of education and training in inhaler device technique cannot be over-emphasized.
- The choice of inhaler device has to be individually tailored and will depend on access, cost, prescriber, and most importantly, patient's ability and preference.
- 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

\*Reference: Global Initiative for Chronic Obstructive Lung Disease. GOLD, Global Initiative for Chronic Obstructive Lung Disease Teaching Slide Set 2020, 15 Nov. 2019, [goldcopd.org/gold-teaching-slide-set/](http://goldcopd.org/gold-teaching-slide-set/). Accessed June 9, 2020



# ABCD ASSESSMENT TOOL



\*Reference: Global Initiative for Chronic Obstructive Lung Disease. GOLD, Global Initiative for Chronic Obstructive Lung Disease Teaching Slide Set 2020, 15 Nov. 2019, [goldcopd.org/gold-teaching-slide-set/](http://goldcopd.org/gold-teaching-slide-set/). Accessed June 9, 2020

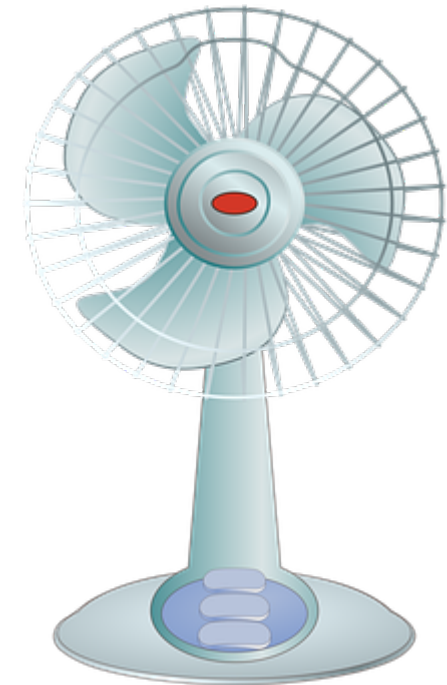
# COMMON ISSUES IN ADVANCED DISEASE

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



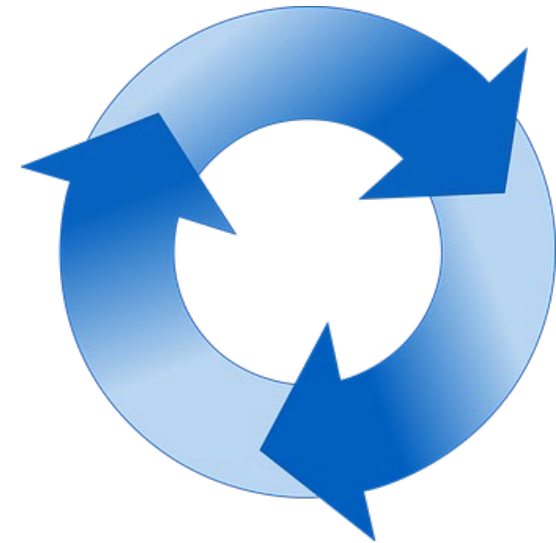
# NONPHARMACOLOGIC MANAGEMENT

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



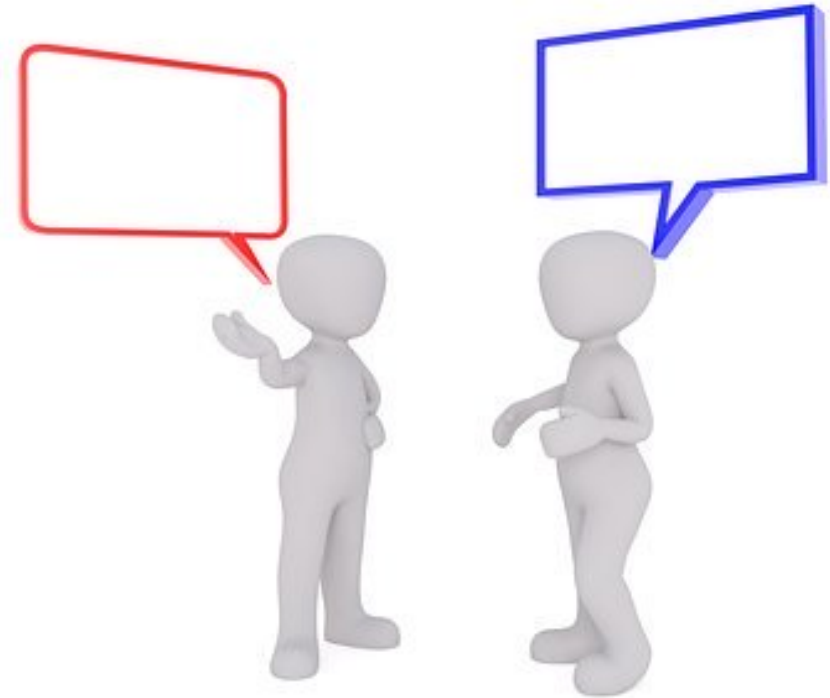
# SYMPTOMS

- 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

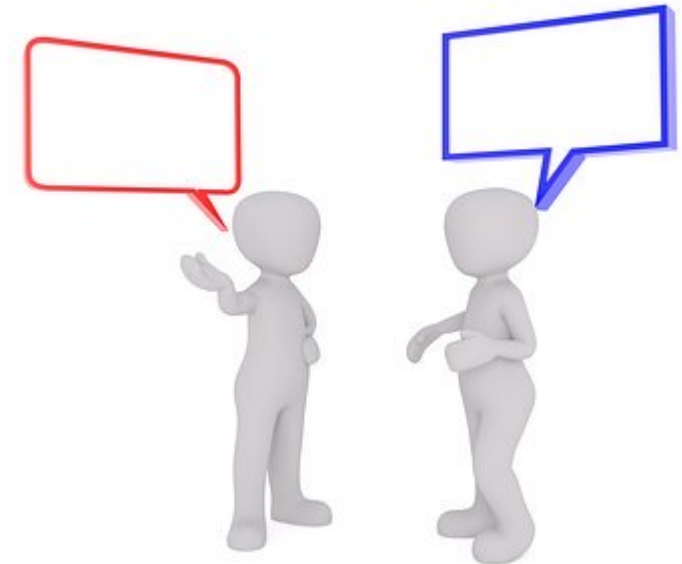
- Patient triggers
- Antitussives
  - Benzonatate 100-200mg orally three times daily as needed
  - Morphine
    - Opioid naïve dosing
    - Patients receiving opioids
  - Gabapentin 300mg orally every day, titrated to benefit
- Antibiotics





# ANXIETY AND DEPRESSION

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



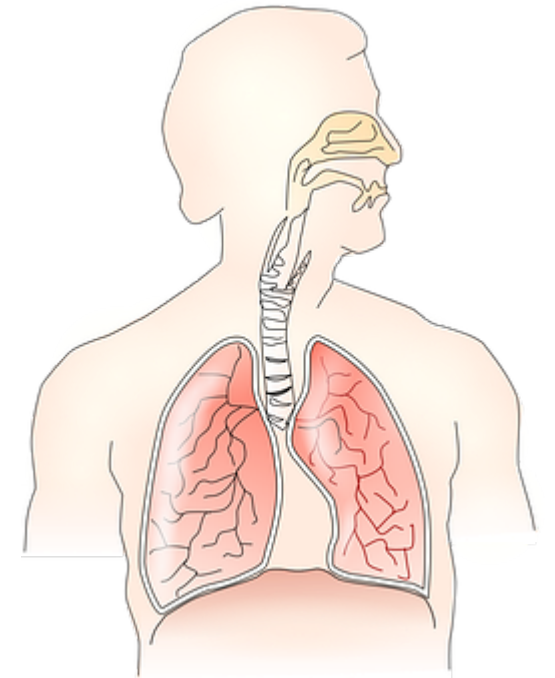
# HOSPICE CONSIDERATIONS: PATIENT POPULATION

- 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

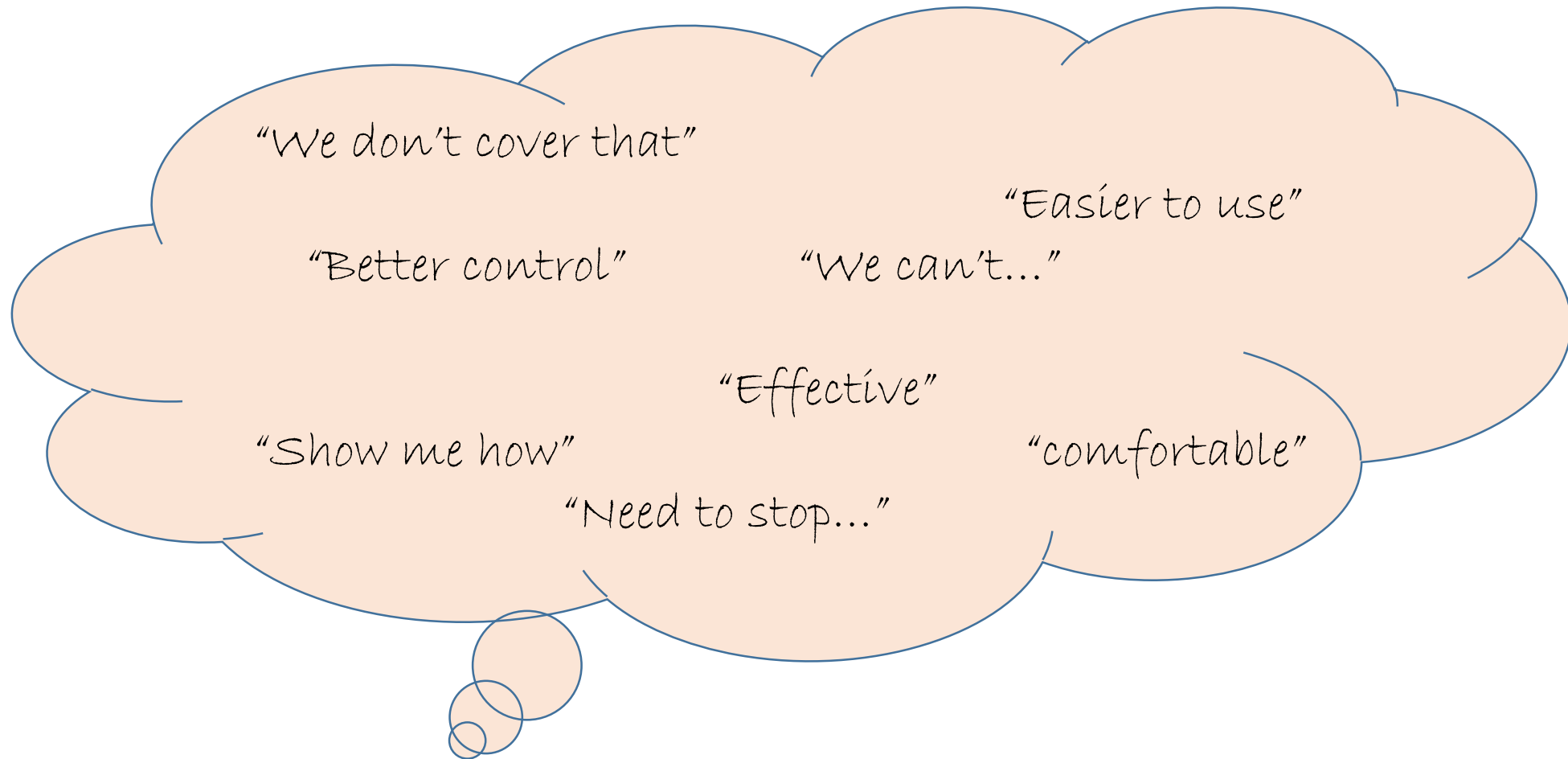


# HOSPICE CONSIDERATIONS: DRY POWDER INHALERS

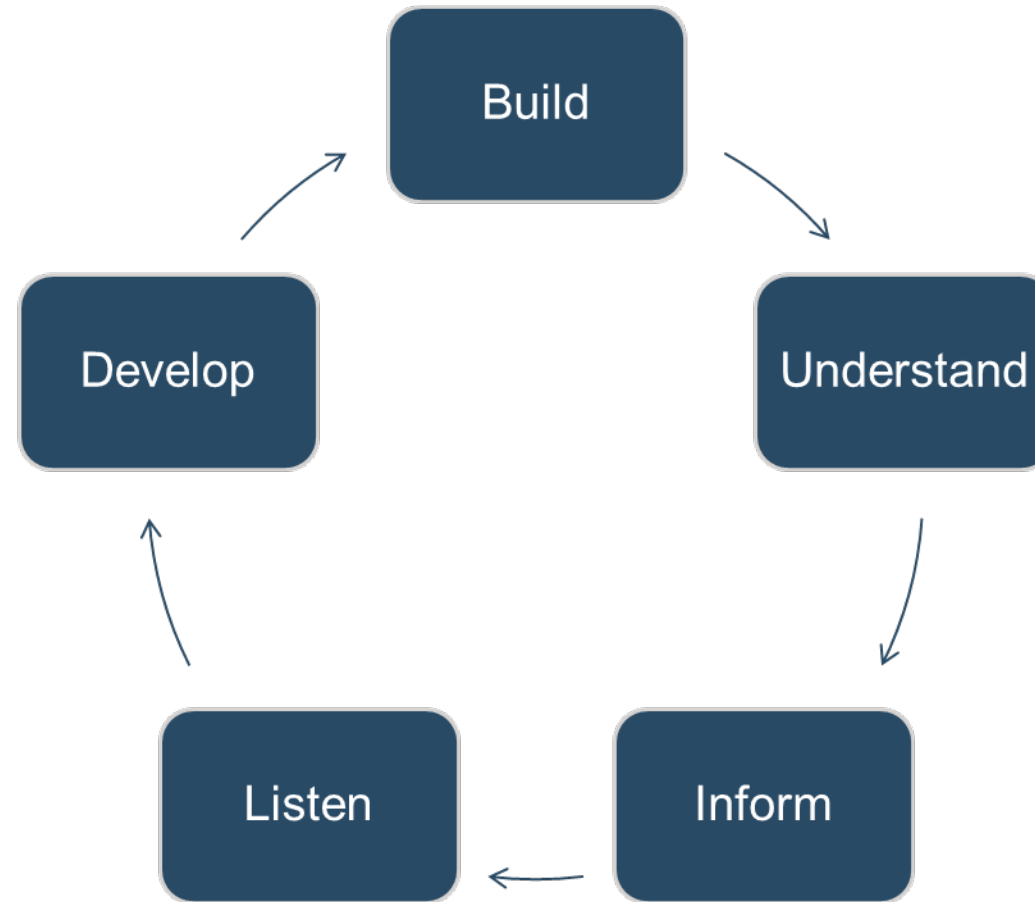
1. Remove cap and load capsule (if single dose)
2. Breathe out slowly and completely
3. Place mouthpiece between front lip and form seal with lips
4. Breathe in through the mouth quickly and deeply over 2-3 seconds
5. Remove the inhaler from mouth and hold breath for as long as possible (at least 5-10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



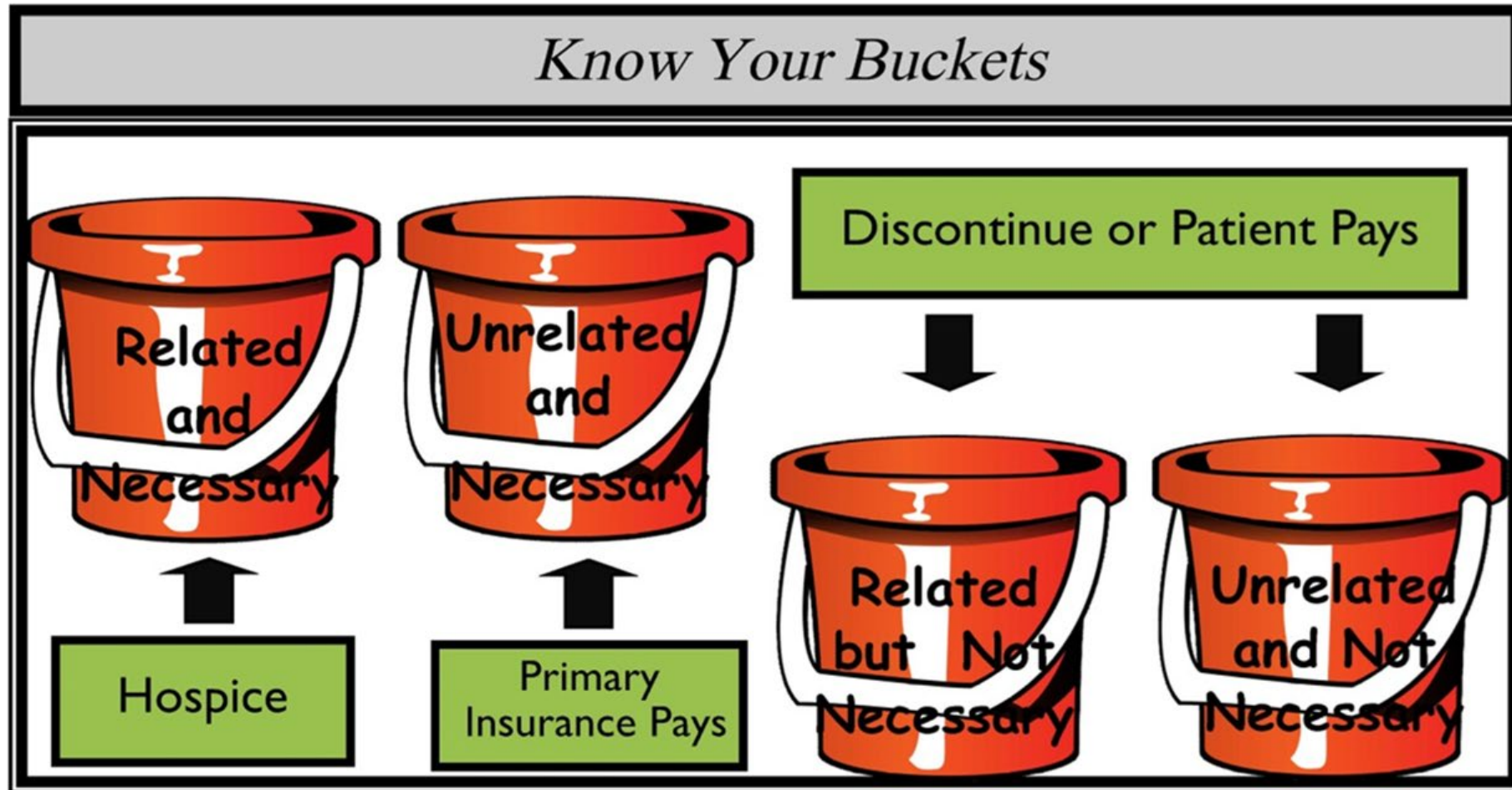
# HOSPICE CONSIDERATIONS: COMMUNICATION



# HOSPICE CONSIDERATIONS: COMMUNICATION



# REGULATORY CONCERNS



# 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







EDUCATIONAL RESOURCES

# QUESTIONS?

# REFERENCES

- NHPCO. NHPCO's Facts & Figures on Hospice Care in America. July 2019. <https://www.nhpco.org/research/>. Accessed June 2020.
- Afrane M, Sera L, Holmes H, McPerson M. Commonly prescribed medications among patients in hospice care for chronic obstructive pulmonary disease. *Am J Hosp Palliat Med*, 2016;33(7):638-643.
- Schunk M, Schulze F, Bausewein C. What constitutes good health care for patients with breathlessness? Perspectives of patients, caregivers, and health care professionals. *JPM*, 2019. Accessed ahead of print via University of North Carolina Chapel Hill e-journal package at [www.Liebertpub.com](http://www.Liebertpub.com).
- Donesky D. Management of acute breathlessness in the person with chronic refractory breathlessness. *Curr Opin Support Palliat Care*, 2015;9:212-216.
- Han MK, Dransfield M, Martinez FJ. Chronic obstructive pulmonary disease: definition, clinical manifestations, diagnosis and staging. In: Stoller JK, ed. *UpToDate*, Waltham, Mass: UpToDate; 2018. [www.uptodate.com](http://www.uptodate.com). Accessed January 7, 2019.
- Reinke LF, Janssen DJA, Curtis, JR. Palliative care for adults with nonmalignant chronic lung disease. In: Morrison RS, Stoller JK, eds. *UpToDate*, Waltham, Mass: UpToDate; 2018. [www.uptodate.com](http://www.uptodate.com). Accessed January 7, 2019.
- Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease. 2020. [www.goldcopd.org](http://www.goldcopd.org). Accessed June 2020.