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EDUCATIONAL RESOURCES

HOSPICE

THE HOSPICE DRUG PROFILE: LEARN TO LOVE IT!

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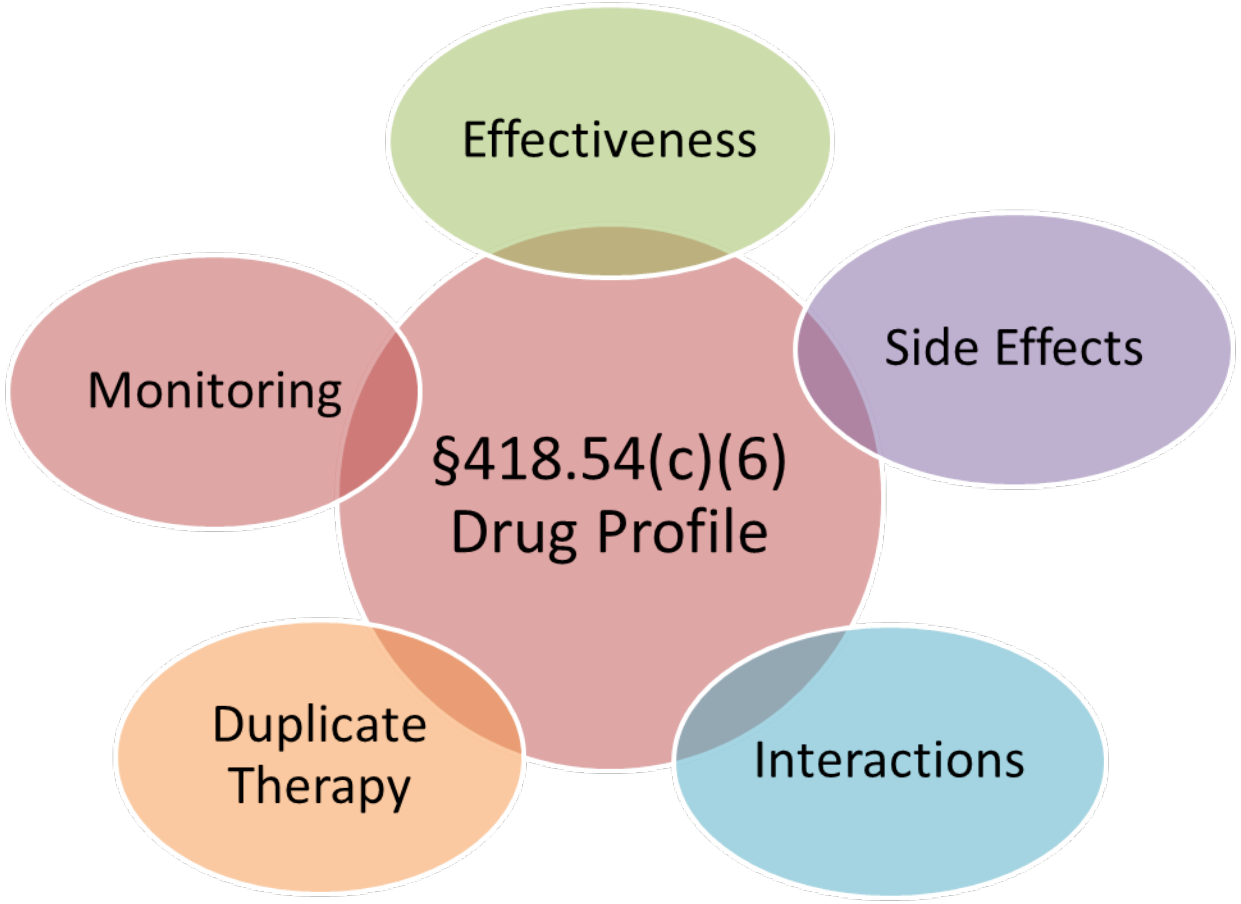
OBJECTIVES

- 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?



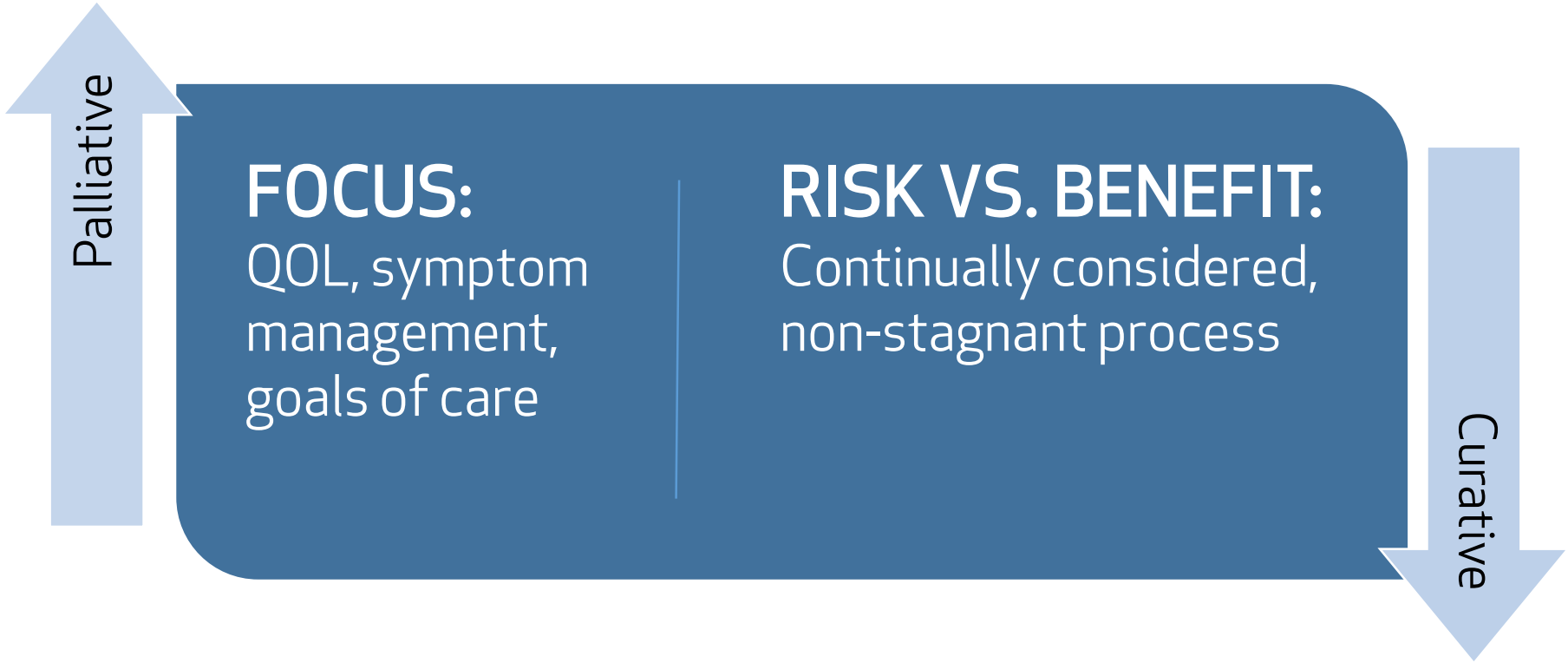
MEDICATION APPROPRIATENESS

- 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

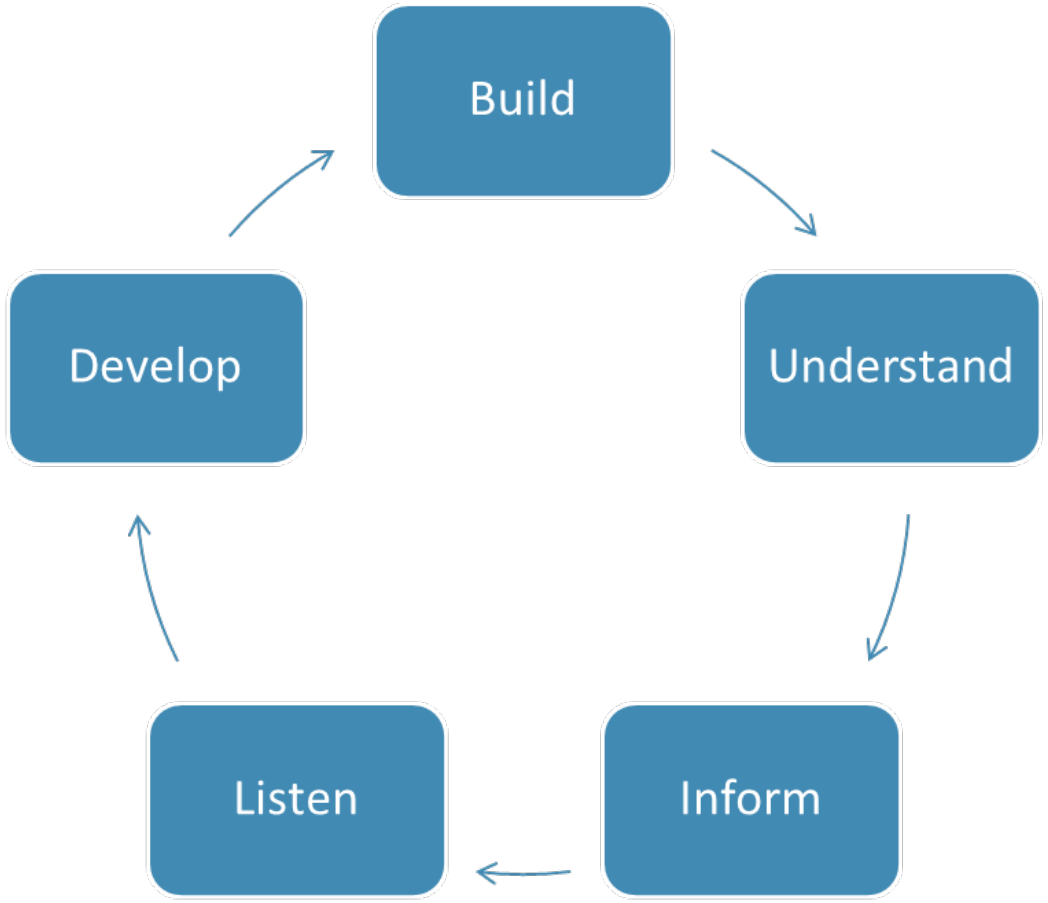
MEDICATION APPROPRIATENESS INDEX

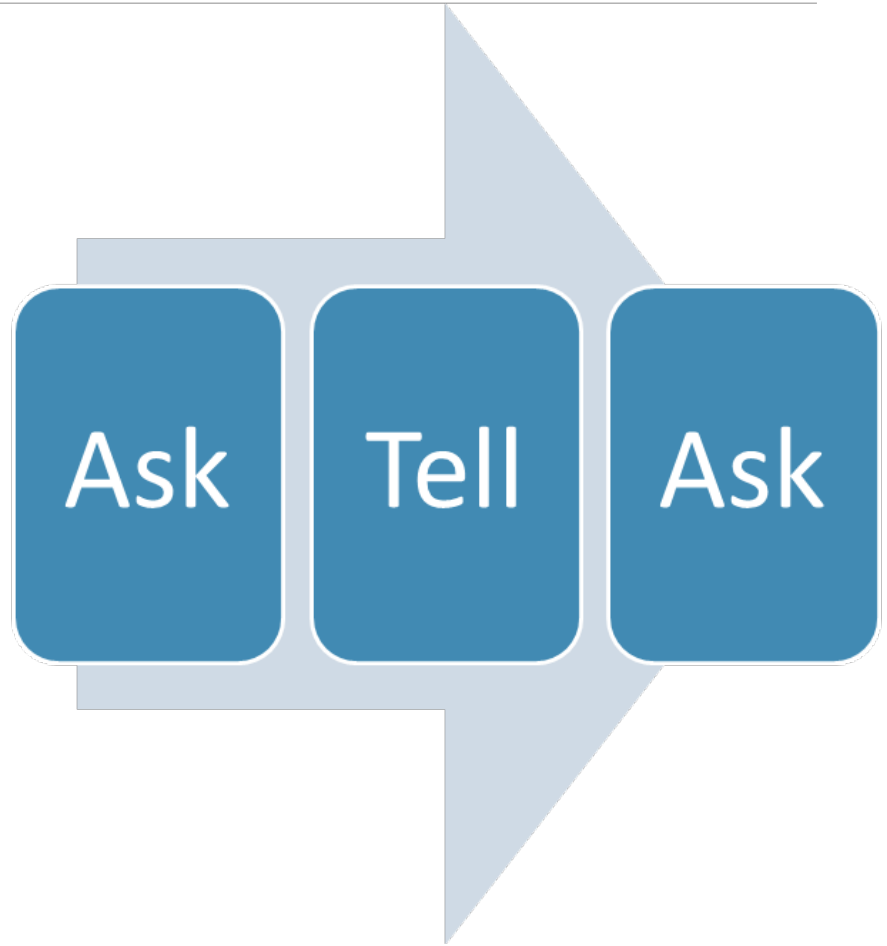
Is there an indication for the drug?
Is the medication effective for the condition?
Is the dosage correct?
Are the directions correct?
Are the directions practical?
Are there clinically significant drug-drug interactions?
Are there clinically significant drug-disease interactions?
Is there unnecessary duplication with other drugs?
Is the duration of therapy acceptable?
Is the drug the least expensive alternative compared with others of equal usefulness?

RATIONAL PRESCRIBING



COMMUNICATION





RELATEDNESS

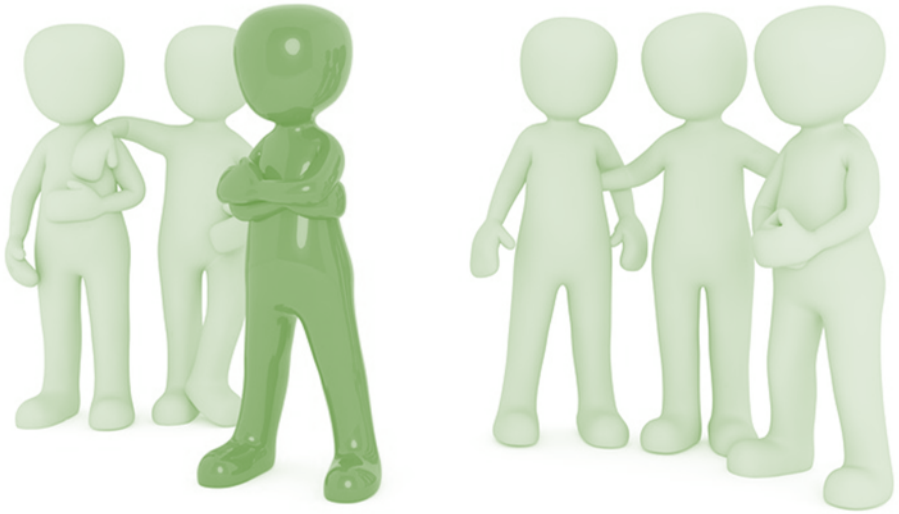
- Hospice Prognosis → prognosis of six months or less life expectancy
- **Terminal Diagnosis**: primary diagnosis that contributes to the limited life expectancy
- **Related Diagnosis**: any diagnosis that is related to the terminal diagnosis or contributes to the limited life expectancy
- Symptoms caused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

RELATEDNESS: HOSPICE DRUG PROFILE

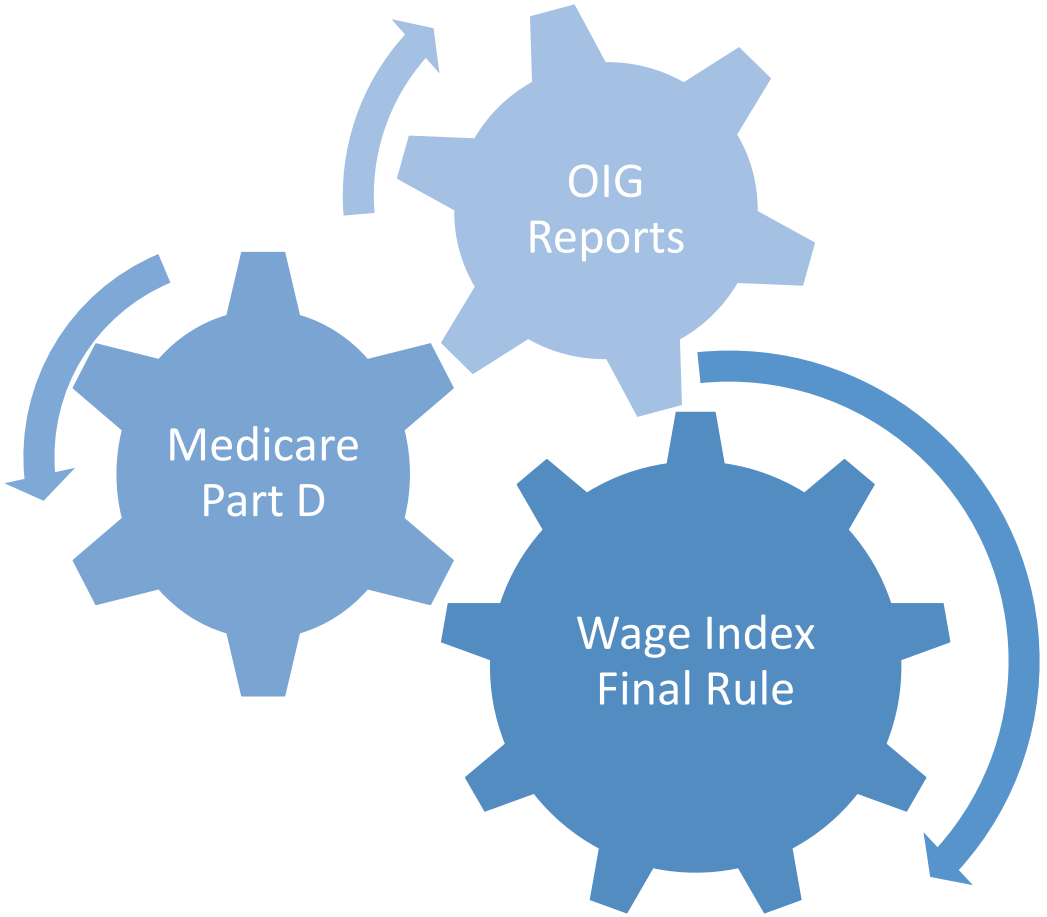
- Related medications
  - Appropriate and clinically necessary
  - No longer appropriate or clinically necessary
- Non-related medications
  - Appropriate and clinically necessary
  - No longer appropriate or clinically necessary
- Who is financially responsible?
  - Hospice, patient, non-hospice payer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

Who's Paying?
Hospice
Patient
Non-Hospice Payer
Discontinued Medication

RELATEDNESS

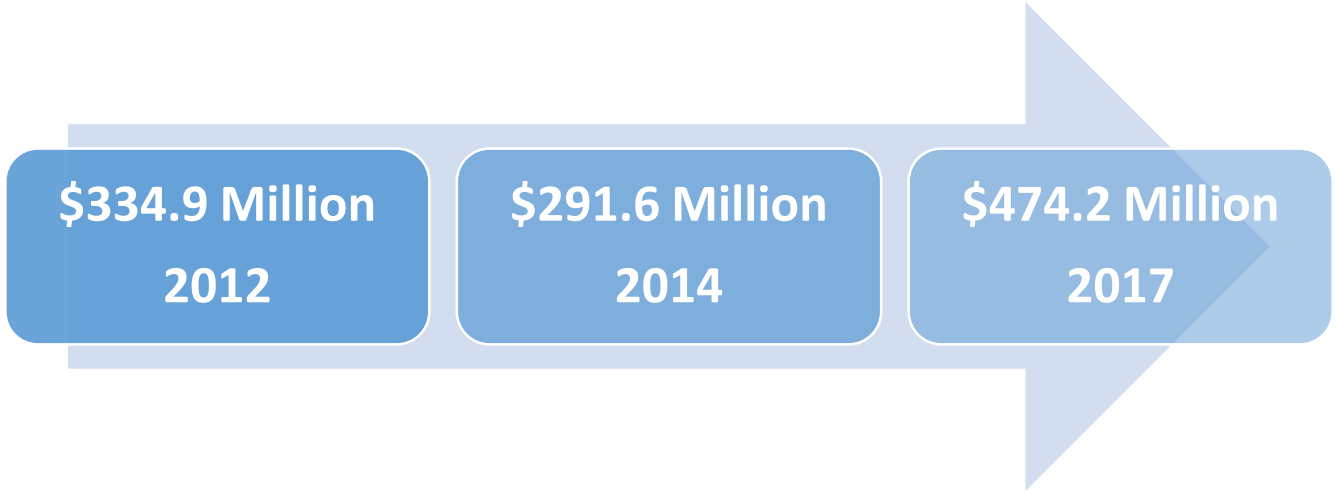


REGULATORY CONCERNS



OIG REPORT: PART D AND HOSPICE

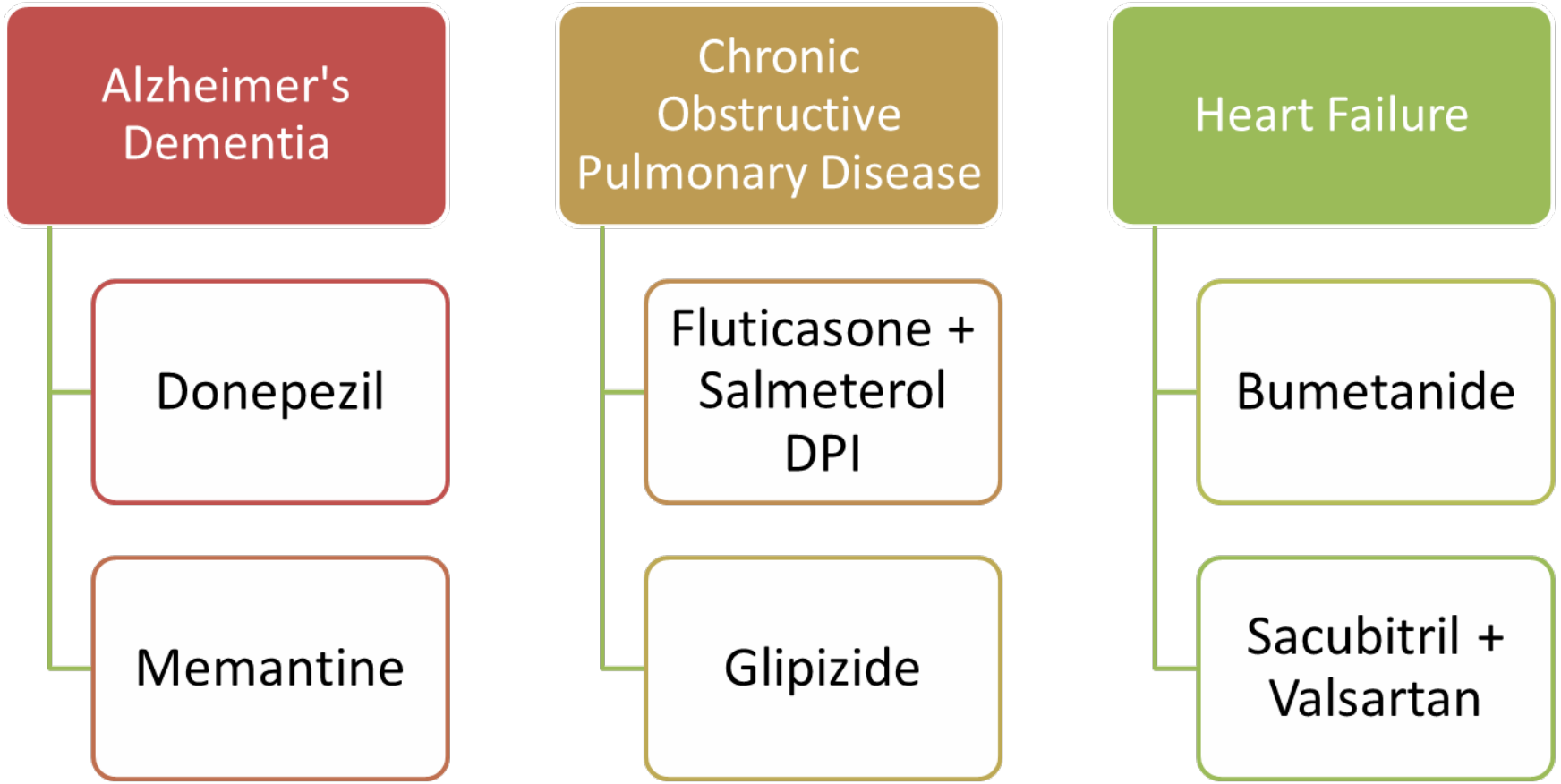
- Hospices are responsible for covering all drugs for the palliation and management of a beneficiary's terminal illness and related conditions
  - Since 1983, hospices are required to cover virtually all care that terminally ill patients require
- Increased, significant Part D spending after hospice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



OIG REPORT: TOP UNIMPLEMENTED RECOMMENDATIONS

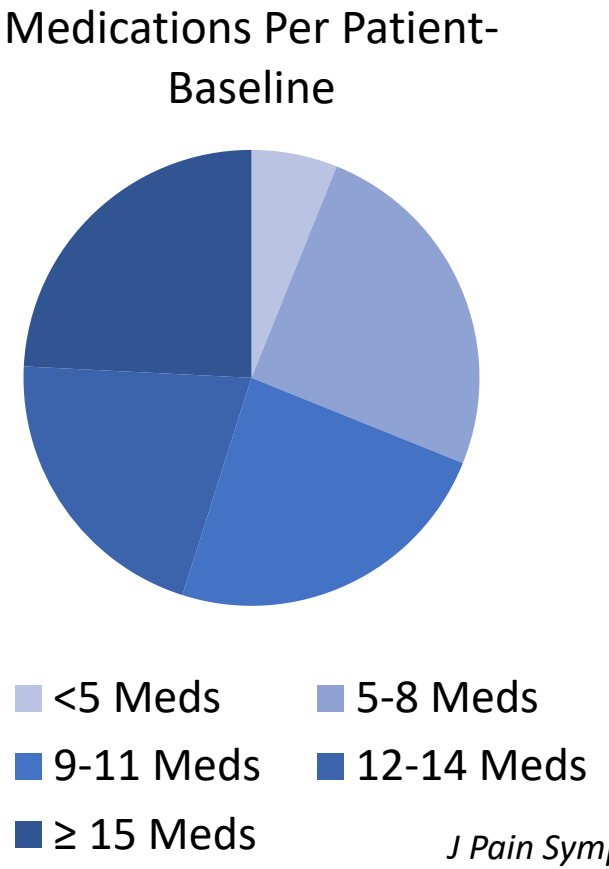
- Number 10: CMS should develop and execute a strategy to ensure that Part D does not pay for drugs that should be covered by the Part A hospice benefit
  - Who should be paying?
    - Hospice
    - Beneficiary
  - Double payment

MEDICATION EVALUATION



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



J Pain Symptom Manage. 2016; 51(2), 178-183.

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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QUESTIONS?


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