Objectives

- Review areas of opportunity for improving communication surrounding the practice of deprescribing

- Discuss the importance of non-verbal, and verbal communication

- Identify tools and resources for enhancing deprescribing at your agency

Current Landscape

"Recent literature suggests that hospice quality still has room for improvement, particularly in areas such as symptom management, medication deprescribing, and hospice patients with dementia. Available toolkits and telehealth may provide support to hospices looking to improve in these areas. HQRP also has opportunities to support expanding Care Compare to include information more valuable to consumers, and to support program integrity efforts."

-Abt Associates,
2023 HQRP Information Gathering Report

Patient Case: Stephen

▪ Patient elected hospice 34 days ago

- Primary hospice dx: C34.32

- Pain assessment

- Analgesic regimen

    - Fentanyl 100mcg: Apply 1 patch topically every 48 hours

    - Oxycodone/APAP 10/325: Take 1 tablet by mouth every 4 hours as needed

    - Morphine 20mg/mL: Take 0.5mL sublingually every 2 hours as needed
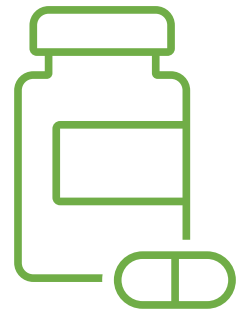
Patient Case: David

- Patient elected hospice care four days ago

- Primary hospice dx: J44.9

  - Worsening transient dyspnea at rest, multiple hospitalizations in the past year, recurrent pneumonia infections, high-flow oxygen, worsening right sided heart failure

  - Inhaler regimen

    - Fluticasone furoate/umeclidinium/vilanterol 200mcg/62.5mcg/25mcg (Inhale 1 puff inhaled once daily)

    - Albuterol 90 mcg (Inhale 1-2 puffs every 4-6 hours as needed)

 - Hospice prescribed morphine oral concentrate for dyspnea.
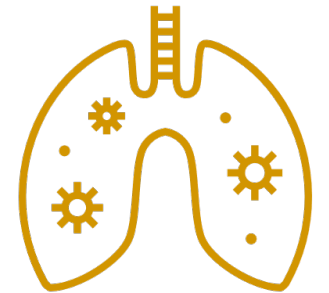
"Hospice stops everything."

Shortened Lifespan
- Myth: Stopping medications hastens death.

Increased Suffering
- Deprescribing essential medications increases discomfort.

Resistant Caregivers
- Families/caregivers will resist all deprescribing recommendations.

Lack of Evidence
- There is no evidence or tools to support deprescribing after hospice election.

Lack of Consistency
- Deprescribing practices lack consistency and reliability.

Alwidyan, 2023
Tija, 2023

ACHCU is a brand of ACHC.

What picture are you painting?

Medicare

Patient Care
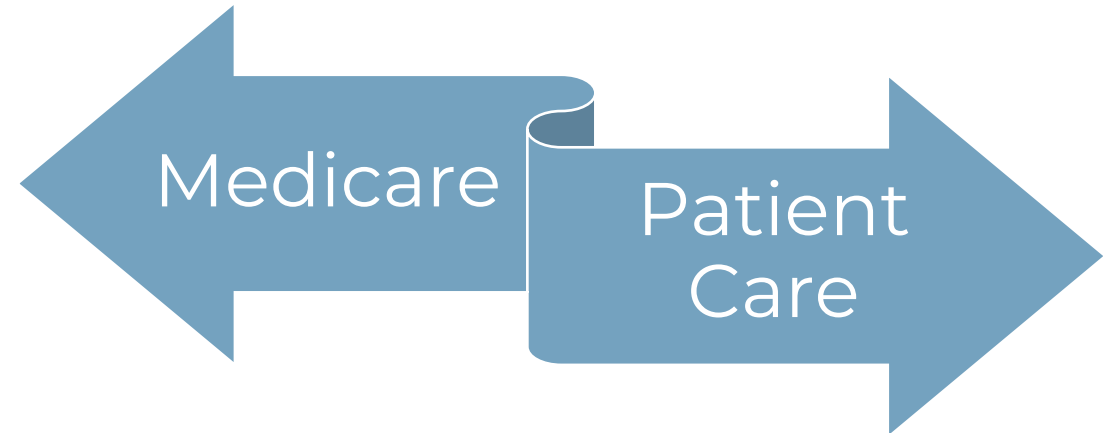
Deprescribing

Definition & Statistics

- Targeted dose reduction or discontinuation of medications
  - Risk > Benefit
- Essential part of good prescribing
- Differentiated from traditional prescribing approaches
- Completed in partnership
- Most frequently completed in geriatric and palliative care settings

Goals & Outcomes

- Optimize medication utilization
- Reduce burden
- Reduce risk of certain geriatric syndromes
- Maintain or improve quality of life
- Goals vary by patient

deprescribing.org

Deprescribing: Barriers

- Patient Reluctance

- Provider Discomfort

- Evidence

- Time Expenditure

- Culture and Inertia

deprescribing.org

Deprescribing: Communication

- Culture of your agency
- Use concise, intentional language
  - "Deprescribing"
- Consistent messaging
  - Transdisciplinary team
- Continually adjust expectations

The Hospice Drug Profile §418.54(c)(6)

Effectiveness

Interactions

Monitoring

Side Effects

Duplicate Therapy
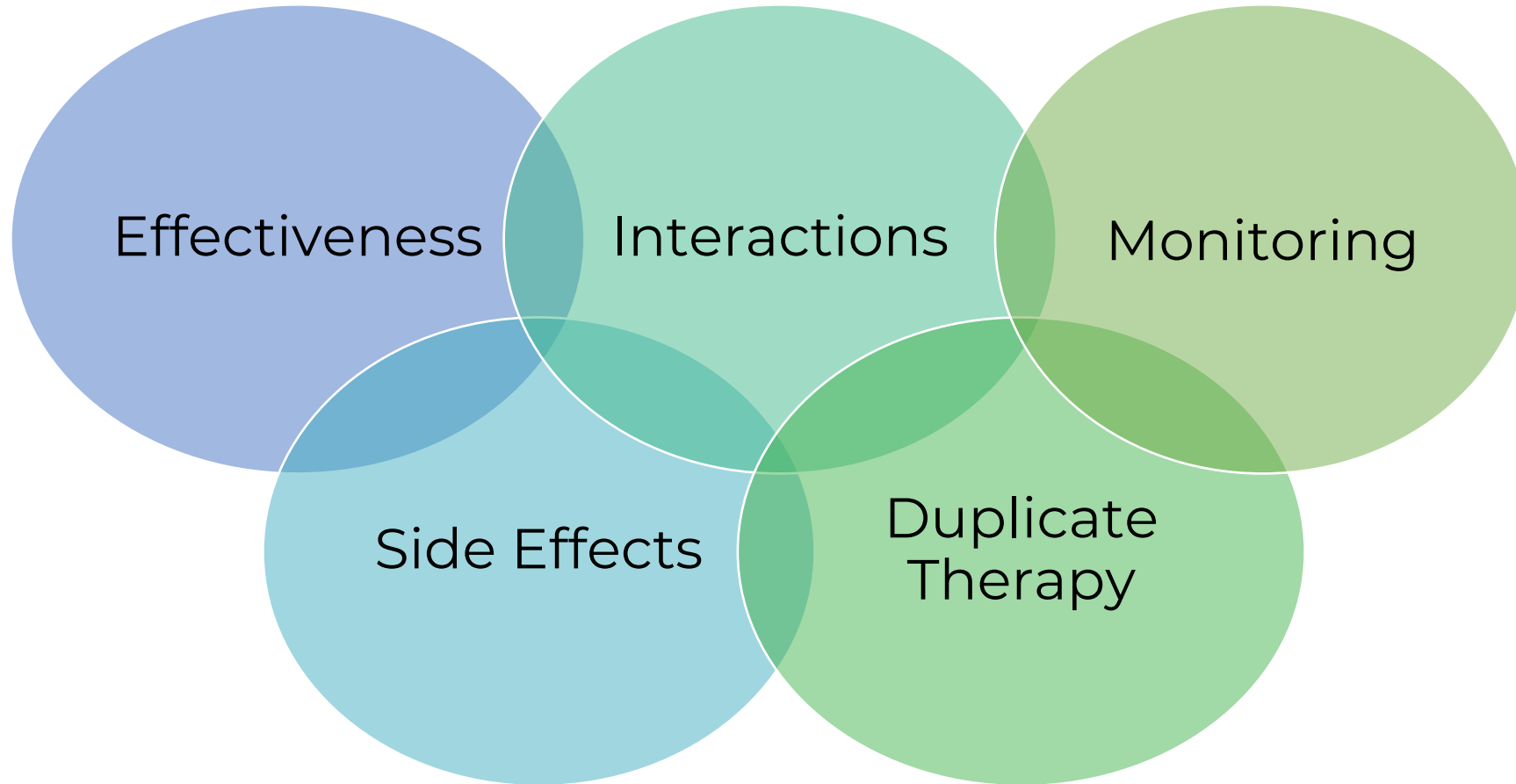
Let's Talk About it: The Hospice Drug Profile §418.54(c)(6)

Necessity

Relatedness

Deprescribing

Medication Optimization
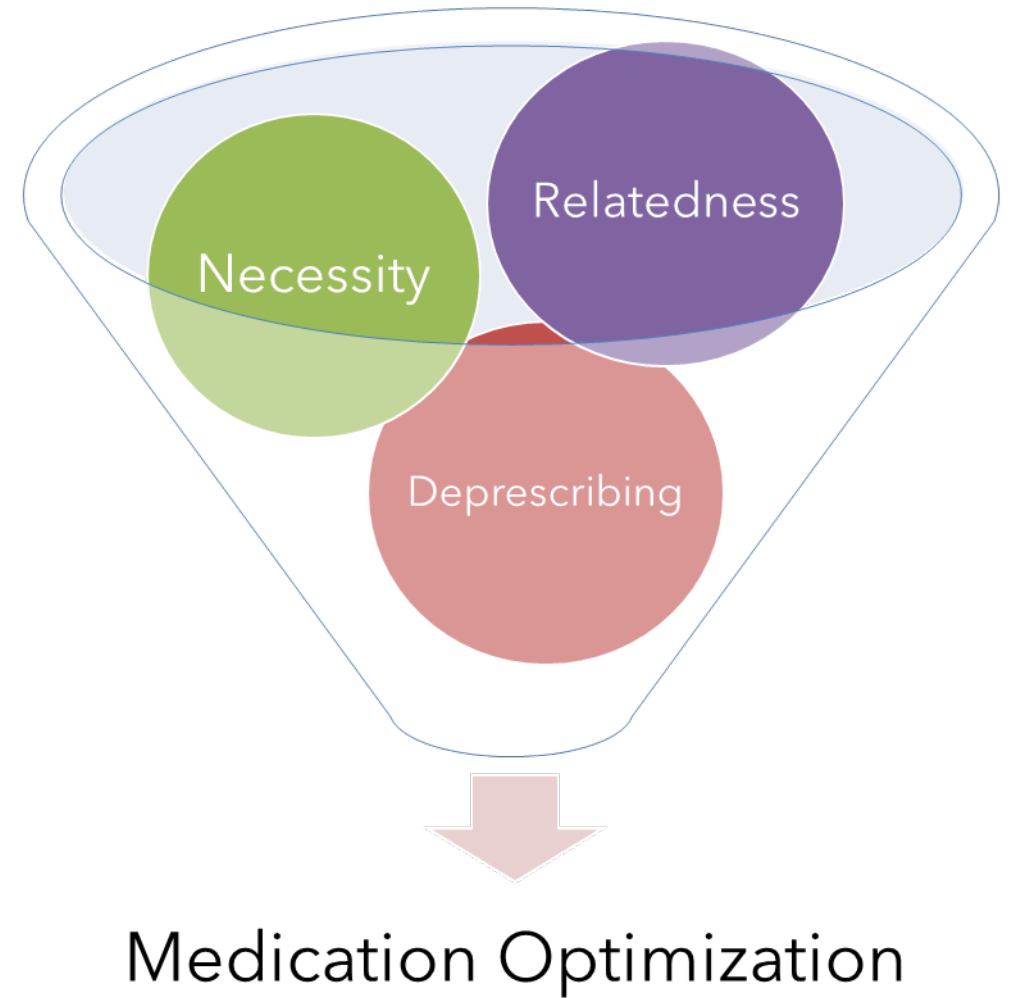
Figure 12: CY 2021 Hospice cases by primary diagnosis (percentage)

Diagnosis	Percentage
Alzheimer's, nervous system disorders, organic psychosis	24%
Cancer	24%
Circulatory, except heart failure	21%
Heart Failure	8%
Respiratory disease	6%
Other	6%
Chronic airway obstruction, NOS	4%
Genitourinary disease	2%
Digestive Disease	2%
COVID-19	2%
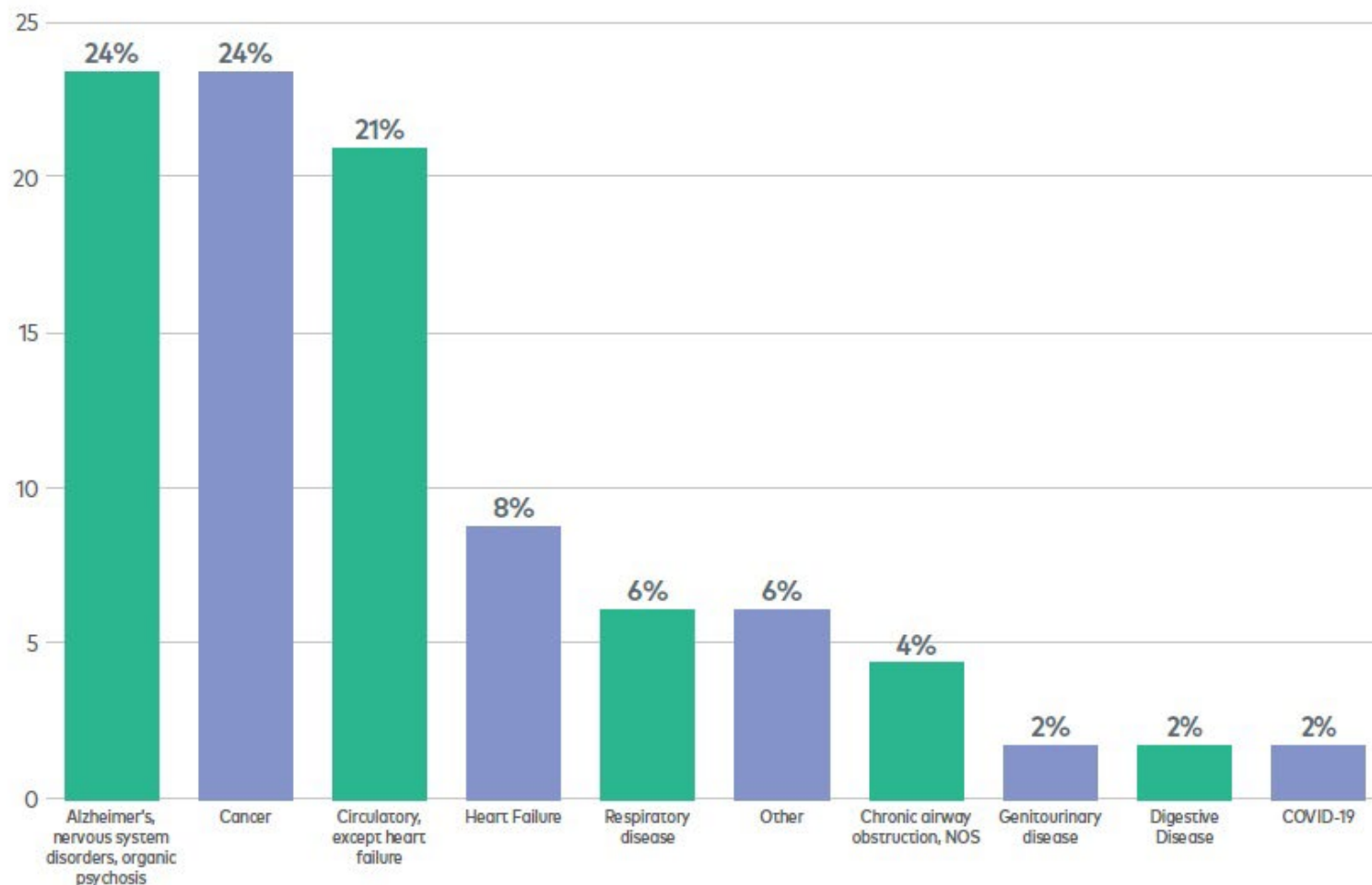
Note: Note: NOS (not otherwise specified). Cases include all patients who received hospice care in 2021, not just decedents. "Diagnosis" reflects primary diagnosis on the beneficiary's last hospice claim in 2021. Subgroups may not sum to 100 percent due to rounding.

Source: FY 2024 Hospice Wage Index and Quality Reporting Proposed Rule, Table 2

NHPCO, 2023

Highlight: J44.9- Chronic Obstructive Pulmonary Disease, Unspecified

- Patients' beliefs, satisfaction with current and previous device(s), and preferences should be assessed and considered.

- Device types should be minimized.

- Shared decision-making is the most appropriate strategy for inhalation device choice.

- Patient's cognition, dexterity, and strength must be considered.

- Patient's ability to perform the correct specific inhalation maneuver for the device must be assessed: DPI, MDI, SMI
  - For patients unable to use an MDI (with or without spacer), SMI, or DPI, a nebulizer should be considered.

- Physicians should prescribe only devices they (and the other members of the care team) know how to use.
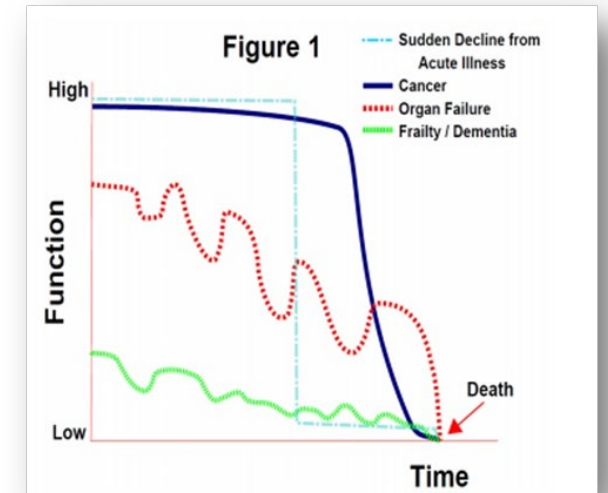
GOLD, 2024, Figure 3.11
mypcnow.org

Communication: SPIKES

Set up	Plan, setting, sit down, eye contact, posture, timing
Perception	Ask for current understanding
Invitation	Ask permission; How much information is desired?
Knowledge	Provide information; Be clear and direct; Pause for questions and processing
Emotion	Attend to emotion before moving on; Respond with empathy
Summarize and Strategize	Plan for next steps; Be concrete ; Confirmation

Mahendiran, 2023

Communication: FRAME

F	Fortify trust
R	Recognize willingness or barriers
A	Align recommendations with goals of care
M	Manage cognitive dissonance
E	Empower patients and caregivers

Guenther, 2021

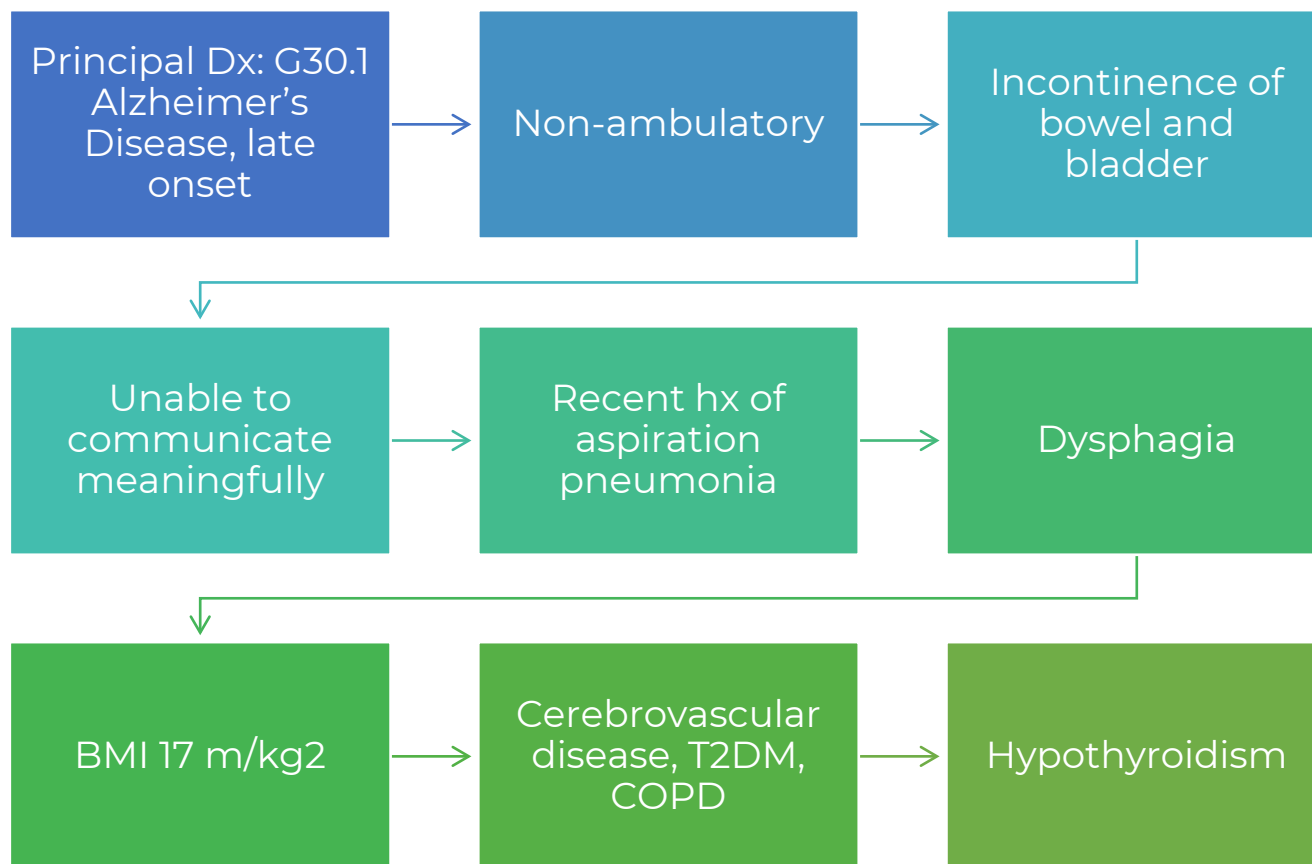# Communication: Words Matter

Positive

- Individualized
- Max Benefit
- Patient Goals
- Decrease Burden
- Better

Negative

- Stop
- Quit
- Cheap
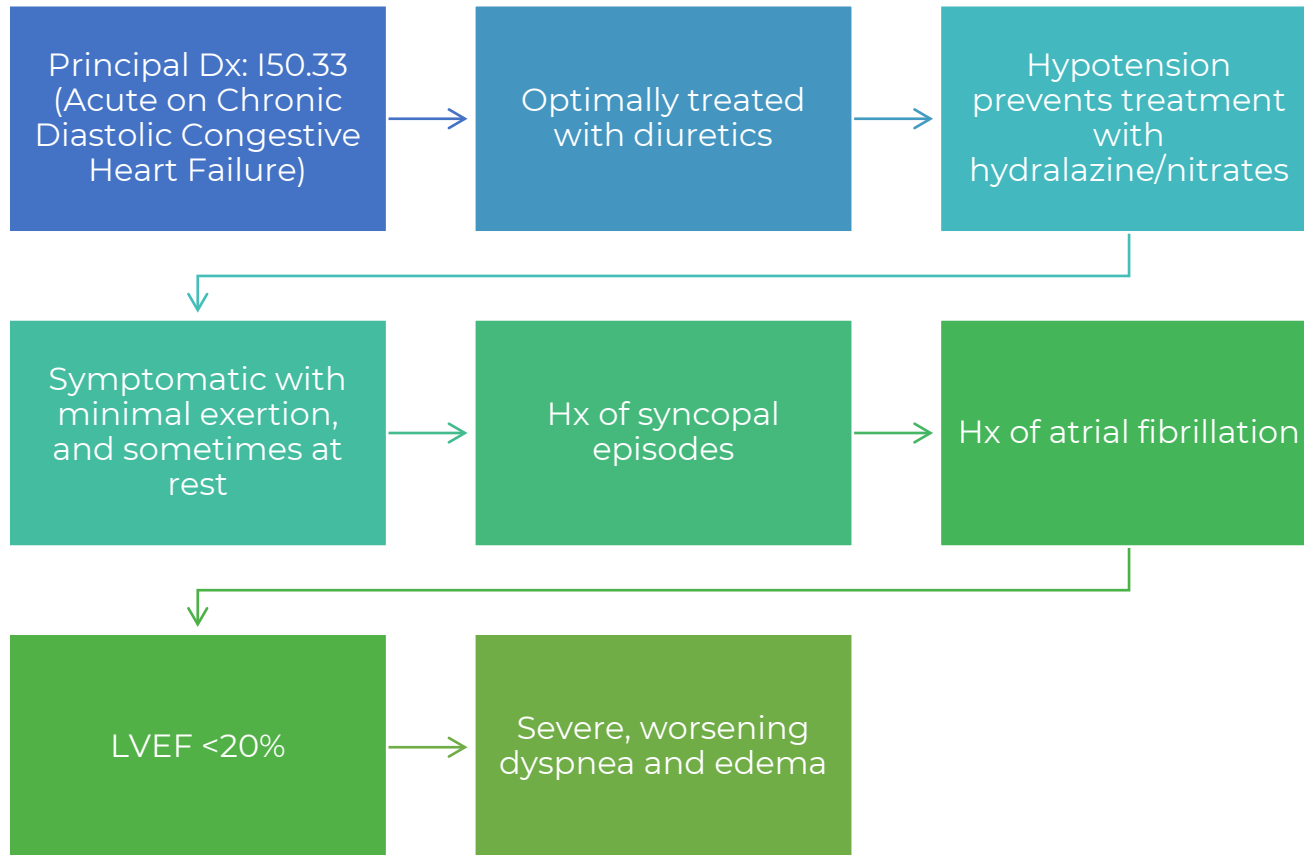- Don't
- Non-covered

NHPCO, 2020

Patient Case: Arlene

Principal Dx: G30.1 Alzheimer's Disease, late onset	Non-ambulatory	Incontinence of bowel and bladder
Unable to communicate meaningfully	Recent hx of aspiration pneumonia	Dysphagia
BMI 17 m/kg2	Cerebrovascular disease, T2DM, COPD	Hypothyroidism

Hospice Drug Profile:

- Amlodipine 10mg
- Chlorthalidone 25mg
- Donepezil 10mg
- Escitalopram 10mg
- Glipizide 5mg
- Fluticasone-Salmeterol 100-50mg
- Levothyroxine 88 mcg
- Lidocaine 4% patch
- Memantine 10mg
- Metformin 500mg
- Multivitamin
- Quetiapine 200mg

Patient Case: Edward

Principal Dx: I50.33 (Acute on Chronic Diastolic Congestive Heart Failure) → Optimally treated with diuretics → Hypotension prevents treatment with hydralazine/nitrates

Symptomatic with minimal exertion, and sometimes at rest → Hx of syncopal episodes → Hx of atrial fibrillation

LVEF <20% → Severe, worsening dyspnea and edema

Hospice Drug Profile:

- Acetaminophen 500mg
- Aspirin 325mg
- Clonazepam 0.5mg
- Clopidogrel 75mg
- Diclofenac 1% gel
- Furosemide 40mg
- Lisinopril 20mg
- Metoprolol succinate 25mg
- Morphine 20mg/mL
- Pantoprazole 40mg
- Polyethylene glycol powder
- Rivaroxaban 20mg
- Verapamil ER 120mg

Communication Models

Ask-Tell-Ask

COMFORT Communication Project

BUILD Communication Model

Practice Makes Perfect

Anticoagulants

Antihypertensives

Antiplatelets

Bisphosphonates

Cholinesterase Inhibitors

Diabetes Medications

Diuretics

Psychogenic Agents

Statins

NHPCO, 2014

ACHC U
EDUCATIONAL RESOURCES

Thank you

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