Medications Changes from Hospital to Hospice

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Objectives

- To facilitate medication changes from the hospital setting to the hospice setting
- To minimize the anxiety and confusion of patients and families that can come from rapid changes in medications
- To decrease misunderstandings that can arise between physicians and patients/families
Have you encountered this?

- After patient is transferred to hospice, the patient/family expresses concern about several factors:
  - changes in medications
  - no monitors
- Several hospice team members visit with patient/family to address questions and concerns
- Patient revokes and returns to the hospital
Common Misconceptions About Hospice

- **Misconception**: As a result of solely the medications in hospice, patients sleep more.

- Patients sleep more due to a combination of both the disease and medications, but the medications are meant for comfort, in the smallest dose necessary for symptom management.

- Hospice tapers back medications to those that are necessary for comfort.

- If the patient desires to continue some medications, it is possible to do so, but hospice may not be able to pay for these medications, because they are not part of the plan of care.
Common Misconceptions About Hospice

- **Misconception**: Hospice hastens death.
- The goal on hospice is to improve the quality of life.
- Study supports that coming to hospice enables patients to live longer with higher quality of life.
Common Misconceptions About Hospice

- **Misconception**: Because patients are reaching the end of life, they will not receive the same quality of care.

- Patients receive monitoring by the hospice team members, including nurses, aides, chaplains, social workers, and volunteers.

- The support provides patients and families the comfort of having a higher level of monitoring and just as high, often higher quality of care.
Patient and Family Concerns

- Desire to minimize symptoms that can arise from rapid medication changes
- Desire to have patient be as alert as possible, since family may value patient's ability to communicate with them
- Desire to understand the indications and administration of the medications
Medicare Hospice Benefit

- 4 Levels of Hospice Care
  - Home Level of Care
  - Inpatient
  - Respite
  - Crisis Care
Medicare Hospice Benefit

- **Home Level of Care**
  - Nurse visits 1-2 times a week
  - Aide visits 2-3 times a week
  - Chaplain, social worker, volunteer
  - Physician oversight
  - Nurse on-call available 24 hours a day
  - Durable medical equipment
  - Medications related to the hospice diagnosis
Medicare Hospice Benefit

- Inpatient Level of Care
  - Nurse monitoring 24 hours a day
  - RN on site
  - Aide visits
  - Chaplain, social worker, volunteer
  - Physician oversight
  - Durable medical equipment
  - Medications related to the hospice diagnosis
Medicare Hospice Benefit

- Respite
  - For family's benefit
  - Up to 5 days at a time
  - Nurse visits 1-2 times a week
  - Aide visits 2-3 times a week
  - Chaplain, social worker, volunteer
  - Physician oversight
  - Nurse on-call available 24 hours a day
  - Durable medical equipment
  - Medications related to the hospice diagnosis
Medicare Hospice Benefit

- Crisis Care or Continuous Care
  - Crisis Care Nurse up to 24 hours a day
  - Nurse visits 1-2 times a week
  - Aide visits 2-3 times a week
  - Chaplain, social worker, volunteer
  - Physician oversight
  - Nurse on-call available 24 hours a day
  - Durable medical equipment
  - Medications related to the hospice diagnosis
Medicare Hospice Benefit

- 4 Levels of Hospice Care
  - Home Level of Care
  - Inpatient
  - Respite
  - Crisis Care
Hospital Setting

- Hospital
- LTAC
- SNF
Hospital or Facility Clinicians

- **Primary service**
  - Palliative service
  - Hospitalist
  - Oncologist
  - Geriatrician

- **Consult services**
  - Palliative consult
  - Geriatric consult
Have you encountered this?

- After patient is transferred to hospice, the patient/family expresses concern about several factors:
  - changes in medications
  - no monitors
- Several hospice team members visit with patient/family to address questions and concerns
- Patient revokes and returns to the hospital
Factors Contributing to Medication Changes from Hospital to Hospice

- Indications relating to comfort
- Functional decline (dysphagia, nausea)
- Organ failure
- Medication availability and cost
  - Formularies in pharmacies
  - Formularies in pharmacy benefits managers
- Economic viability
Reimbursement Differences for Hospital vs Hospice

- Hospitals are reimbursed by MS-DRG
  - Based on average # of days for each diagnosis
  - Pressure for hospitals to discharge patients

- Hospices are reimbursed on per diem basis
  - Home Level of Care $153
  - Inpatient $679
  - Respite $158
  - Crisis Care $892

Cost Differences in Medications for Hospital vs Hospice

- Standards of care
  - Beta-blockers, ASA, ACE-I for CHF
  - Glucose levels checked for hyperglycemia
  - O2 levels monitored

- Hospitals have pharmacy formularies

- Hospice has pharmacy formularies and PBM
  - Based on good stewardship of the funds available for patient care
What does a PBM do?

- Pharmacy Benefits Management (PBM)
- Handle pharmacy contracts
- Looks for MAC (Maximum Allowable Cost) pricing for medications among pharmacies
- Surveys other hospices, does cost comparisons.
- Provides analysis of top hospice medication costs, pharmacy delivery fees, recent medication cost changes, etc.
### Examples of Medication Costs

<table>
<thead>
<tr>
<th>Medication</th>
<th>Form</th>
<th>MAC</th>
<th>AWP</th>
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<tbody>
<tr>
<td>Protonix 40mg PO</td>
<td>1000 tab</td>
<td>$600</td>
<td>$4,000</td>
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<tr>
<td>Plavix 75mg PO</td>
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<td>$160</td>
<td>$208</td>
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<tr>
<td>Lovenox 30mg SC</td>
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<td>$573</td>
<td>$726</td>
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<tr>
<td>Zofran 8mg PO</td>
<td>30 tab</td>
<td>$50</td>
<td>$746</td>
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<tr>
<td>Zofran 8mg ODT</td>
<td>30 tab</td>
<td>$65</td>
<td>$1,113</td>
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<tr>
<td>Seroquel 50mg PO</td>
<td>100 tab</td>
<td>$44</td>
<td>$657</td>
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What Some Hospices Can Provide

- Parenteral fluids
- Parenteral medications for comfort
- Some in inpatient setting vs home setting
Patients May Have, But Hospice Can Not Provide Nor Manage

- TPN
- Intrathecal pump
- Pacemaker
- AICD: recommend discontinuing since it is no longer beneficial
Pain

- Morphine
  - Parenteral: SC, IV (if IV already present)
  - Enteral: PO, PR – short and long-acting

- Dilaudid
  - Parenteral: SC, IV (if IV already present)
  - Enteral: PO, PR – short and long-acting

- Methadone
  - Parenteral: SC, IV (if IV already present)
  - Enteral: PO, PR – short and long-acting
Pain

- Dexamethasone
- Gabapentin
- Fentanyl patches
- CADD pumps
  - Availability varies by hospice
- Other adjuvants
Dyspnea

- Opioids
- Dexamethasone
- Albuterol nebulizer treatments
  - Albuterol 90 neb $13
  - Xopenex 72 neb $170
- Oxygen
  - No vapotherm
  - Can maintain 2 sources of oxygen concurrently (NC and NRB)
Nausea

- Haloperidol: PO, IV, SC, PR
- Metoclopramide: PO, IV, SC
- Chlorpromazine: PO, IV, SC, PR
- Dexamethasone: PO, IV, SC, PR
- Promethazine: PO, IV, PR
- Prochlorperazine: PO
- Ondansetron: PO, IV
Seizures

- Phenobarbital: PO, IV, SC, PR
- Lorazepam: PO, IV, SC, PR
- Dexamethasone
- Other medications can be continued on case by case basis
  - Keppra, Dilantin, Trileptal
  - If patient is already taking and can swallow
Delirium

- Haloperidol: PO, IV, SC, PR
- Chlorpromazine: PO, IV, SC, PR
- Seroquel: PO
- Zyprexa: PO, ODT
- Other medications can be continued on case by case basis
Anxiety/Agitation

- Midazolam: PO, IV, SC
- Haldol: PO, IV, SC, PR
- Chlorpromazine: PO, IV, SC, PR
- Lorazepam: PO, IV, SC, PR
- Seroquel: PO
- Zyprexa: PO, ODT
- Mirtazepine: PO
- Other medications can be continued on case by case basis
Respiratory Congestion

- Albuterol nebulizer treatments
- Atropine ophth drops taken SL
- Hyoscyamine: PO, IV
- Glycopyrrolate: PO, IV, SC
- Scopalamine patch: TD
Diarrhea

- Hyoscyamine: PO, IV
- Glycopyrrolate: PO, IV, SC
- Loperamide: PO
Constipation

- Senna: PO
- Colace: PO
- Senna-S: PO
- Bisacodyl: PO, PR
- Other medications may be used on a case by case basis
  - Sorbitol, Lactulose, Miralax
  - Methylnaltrexone
Anorexia

- Dexamethasone: PO, IV, SC
- Megestrol: PO
- Mirtazepine: PO
Other Medications

- Varies by hospice
- Insurance companies/patients/families can carve out services on case-by-case basis
  - IV antibiotics
  - Medications that may not be for comfort
- Medications can be ordered
  - May take several days, depending on pharmacy availability
Favorable Encounter

- After the patient is transferred to hospice, the patient/family expresses that
  - the patient is able to be comfortable with the services and on the medications provided
  - the family has the support from the hospice team members that has helped them with the many changes.

- The patient remains on hospice until passing away comfortably.
Summary

- Indications due to disease progression, cost and availability are factors in medication changes from hospital to hospice.

- Patients/families anxiety and confusion can be mitigated by providing information about changes ahead of time

- Nurturing communication about the patients'/families' concerns, as well as physicians' concerns, can help decrease misunderstandings about medication changes.
References


