Emerging Therapeutic Topics in Hospice Care

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Annual Conference 2018

Pharmaceutical Care

Pharmacists accepting responsibility for patient outcome...

Provided in tandem with medical and nursing care...

1990 ...


APHNA Definition

Pharmaceutical Care is a patient-centered, outcomes oriented pharmacy practice that requires the pharmacist to work in concert with the patient and the patient’s other healthcare providers to promote health, to prevent disease, and to assess, monitor, initiate, and modify medication use to assure that drug therapy regimens are safe and effective.

The goal of Pharmaceutical Care is to optimize the patient's health-related quality of life, and achieve positive clinical outcomes, within realistic economic expenditures.

Nationwide IV Opioid Shortage

- Projected resolution March 2019!
- IV opioid prices increasing?
- Why did this occur?
  - DEA mandated production quotas
  - DEA reduction of annual production quotas
  - Hospira/Pfizer “good manufacturing” issues
  - Hurricane Rita
  - Wholesaler alignment with CSA

What can clinicians do to mitigate the impact?

- Switch therapy to a clinically appropriate oral or enteral opioid whenever possible.
- Provide multimodal pain management by using parenteral and enteral alternatives to opioids.
- Consider nonpharmacologic treatments, local nerve blocks, or other pharmacologic adjuncts, as appropriate.
- Formulate strategies for dealing with intermittent shortages

What can clinicians do to mitigate the impact?

- Ensure relevant hospice pain medication guidelines are up to date and use a uniform opioid conversion tool distributed throughout the entire hospice service area.
- Product availability may change from week to week; communicate and guide prescribers to choose between the available injectable opioids.
- Use system-wide communications to alert all clinicians who prescribe, dispense, or administer injectable opioids.
Do No Harm!

- Most injectable opioids are available in a variety of concentrations and package sizes. Exercise extreme caution when purchasing products that are not regularly used or in automated dispensing cabinets.
- Do not assume that all packages of a specific opioid contain the same total dose. For example:
  - Fentanyl is available at a consistent concentration (0.05 mg/mL) but in different package sizes.
  - Hydromorphone is available as different concentrations in the same package size (1 mL).

DEA: Opioid Production Quotas

- Effective August 15, 2018
- The objective: Imposition of limitations on drug manufacturers annual opioid production will “encourage vigilance on the part of opioid manufacturers” and incentivize them to take responsibility for how their drugs are used.
- DEA will now consider the extent to which a drug is diverted for abuse when setting annual controlled substance production limits.
- States now have input, along with HHS, FDA, CDC and CMS

Federal Register Volume 83, Number 136 (Monday, July 16, 2018)
July 2018 OIG Hospice Report

OIG identified vulnerabilities:

• Hospice patients don’t see a physician often enough?
• Hospices “off duty” on weekends despite payment for each day of care?
• Poor pain and symptom management?
• Failure to execute plan of care?
• Inappropriate billing?
• CMS paying twice for hospice related drugs and physician visits?

Vulnerabilities in the Medicare Hospice Program Affect Quality Care and Program Integrity: An OIG Portfolio 20 OEI-02-16-00570

OIG Recommendation to CMS

• Develop and execute a strategy to work directly with hospices to ensure that they are providing drugs covered under the hospice benefit as necessary and that the cost of drugs covered under the benefit are not inappropriately shifted to Part D.
• CMS should target its interventions with hospices by reviewing Part D payments for drugs for hospice beneficiaries, focusing particularly on hospices that have beneficiaries with high numbers of Part D drugs or a high number of beneficiaries receiving Part D drugs.
• CMS also should intervene with hospices to ensure that they are providing the drugs covered under the hospice benefit as necessary so that these drugs are not inappropriately billed to Part D.

Update: CMS Nursing Home Mandates

Nursing home “mega-rule” prevents use of “prn” medications beyond 14 days...
• Rule is in effect and hospice is NOT exempt!
• Schedule medications as a work around?
  – Haloperidol
  – Quetiapine
  – Olanzapine
Naloxone Administration

Consistent with the hospice philosophy of care?

When to place in the patients home?

Technology, Efficiency, Medication Use

• E-prescribe technology in use?
• Electronic health record integration with PBM?
• Opioid, antibiotic and anticoagulant stewardship programs in place?
• Do your hospice medication “deprescribing initiatives” begin on the day of admission?

Future Hospice Budgeting

Recommendation: Increase hospice operating budget for medication purchases by a minimum of 15%
• Opioids
  IV opioid shortages
• Retail pharmacy consolidation
• Annual drug price increases
Medical Marijuana and Hospice Care

- Legal in at least 26 states
- $300.00 per month average MJ dispensary expense
- MJ remains a DEA schedule I drug...
  - PBM can not adjudicate expense
  - Hospices are not yet paying for medical MJ
  - Hospice medical directors obtaining prescriber certification

Questions?

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