Navigating the Road to Efficient Medication Use

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October 28, 2013
Objectives

• Describe the components of the Medicare Conditions of Participation (CoP) Drug Profile requirement

• Develop a method to implement drug profile reviews into the comprehensive patient assessment

• Apply clinical assessment and documentation skills to guide decisions about medication coverage and appropriateness of therapy

• Demonstrate application of clinically driven drug profile reviews to case based scenarios
Conditions of Participation (CoP)

Good CoP, Bad CoP?

Yield, don’t stop!
§418.54 Condition of Participation

• Comprehensive assessment of the patient
  – Within 5 days of hospice admission
  – Update every 15 days or less
  – Includes a Drug Profile Review
  – Measurable outcomes related to hospice and palliation
  – Applied to individual Plan of Care
Drug Profile Review

• Rx and OTC drugs, herbals, supplements
  i. Effectiveness of drug therapy
  ii. Drug side effects
  iii. Actual or potential drug interactions
  iv. Duplicate drug therapy
  v. Drug therapy currently associated with laboratory monitoring
Drug Profile: Implementation

- Admission
  - 5 days
- Comprehensive Assessment
- Update Plan of Care
- 15 days or change in status
- Drug Profile Review
- Physician or Physician Assistant
- Pharmacist
- Nurse Practitioner
- Registered Nurse
- Update Comprehensive Assessment
- Patient
Drug Profile Review: Why?

Support clinical needs with appropriate medications

Eliminate unnecessary medications
Drug Profile Review: Why?

• Hospice

“...drugs and biologicals related to the palliation and management of the terminal illness and related conditions, as identified in the hospice plan of care, must be provided by the hospice while the patient is under hospice care.”
Navigating through CoP Rules

The road is long and winding...
Meet S.B.

• SB is a 78 year old female, being evaluated for hospice admission.
• She is currently hospitalized for COPD exacerbation and pneumonia, with plans to return to her nursing home.
Meet S.B.

• PMH:
  – COPD
  – Hyperlipidemia
  – Osteoarthritis

• Hospital diagnoses:
  – Pneumonia
  – Malnutrition

• PPS: 40%
• O2 via NC prn
• Ambulates with walker
• Difficulty swallowing
• NKDA
CMS Clarifications - Diagnoses

“...drugs and biologicals related to the palliation and management of the **terminal illness** and **related conditions**...”

- Terminal illness must be definitive
- Reminder that related conditions are required
CMS Clarifications – Terminal Illness

• Debility and Adult Failure to Thrive
  – Non-specific diagnoses
  – Considered questionable encounters for hospice care
  – Expect returned claims for a more definitive diagnosis
  – Can be listed on a claim as a related diagnosis
CMS Clarifications – Related Conditions

• All of a patient’s “coexisting or additional” diagnoses related to the terminal illness should be reported on the hospice claims

So what does “related” really mean?

...the road is long and winding.
Admitting S.B.

• SB and her family have elected hospice services, to be started upon hospital discharge.
• The hospice physician has identified COPD as the primary terminal diagnosis.
• What related conditions may be added to the hospice claim?
Admitting S.B.

- **PMH:**
  - COPD
  - Hyperlipidemia
  - Osteoarthritis

- **Hospital diagnoses:**
  - Pneumonia
  - Malnutrition

- **PPS:** 40%
- **O2 via NC prn**
- Ambulates walker
- Difficulty swallowing
- NKDA
Medicare D Clarifications

• What we do know about related conditions...

“...drugs and biologicals related to the palliation and management of the terminal illness and related conditions...must be provided by the hospice...”

• Medicare D will NOT cover medications related to the terminal diagnosis and related conditions
Medicare D Clarifications

• Notable drug categories:
  – Anxiolytics
  – Laxatives
  – Opiates
  – Antiemetics

• Err on the side of caution
## Review S.B. Medications

### Nursing home medications:
- **Advair Diskus**
  - Inhale 1 puff BID
- **Spiriva**
  - Inhale 1 capsule daily
- **Proair HFA**
  - Inhale 1-2 puffs q4h prn SOB
- **Simvastatin**
  - Take 20mg PO QHS
- **Acetaminophen**
  - Take 650mg PO q8h
- **Senna-S**
  - Take 2 tablets PO QHS

### Hospital medications:
- **Prednisone taper**
  - Last dose on discharge
- **Levofloxacin**
  - Last dose on discharge
- **Albuterol/Ipratropium**
  - Inhale 1 vial q6h
- **Pantoprazole**
  - Take 40mg PO QAM

*Discharge instructions indicate that all previous medications can be resumed*
Clinically Driven

Drug Profile Review
Drug Profile Implementation: How?

• Obtain and document a medication history
  – OTC, herbals, vitamins, supplements
  – Name, strength, dosage form, dose, route, frequency, indication if available
  – Medication status
    • Current; last dose taken?
    • On hold
    • Discontinued/Expired
Drug Profile Implementation: How?

• Example questions:
  – What do you take all the time?
  – What do you take only when you need it?
  – What is this medication for?
  – When do you take this medication?
  – Do you ever NOT take your medication and why?
Drug Profile Implementation: How?

• Ask specifically about non-oral medications
• Assess drug/food allergies or adverse reactions
• Assess health literacy
• Assess compliance potential
Drug Profile Implementation: How?

• Medication history
  – On each visit
  – Prior to each drug profile review

• Drug profile review
  – With medication initiation, discontinuation, or dose adjustment
  – Prior to each update of the comprehensive assessment
Effectiveness of Therapy

• Goal of therapy
  – Palliative
  – Appropriate for the patient’s current condition
  – Document progress

• Compliance

• Ability to administer appropriately
## S.B. Drug Profile Review

### Effectiveness of Therapy

<table>
<thead>
<tr>
<th>Medication(s)</th>
<th>Indication</th>
<th>Measurable outcome(s)</th>
</tr>
</thead>
</table>
| Advair, Spiriva, Proair HFA, Albuterol/Ipratropium | COPD, Pneumonia | - Ability to administer effectively  
- PRN Proair use  
  - patient reported efficacy |
| Pantoprazole            | ???            | ?????                                                                               |
| Acetaminophen           | Osteoarthritis | - Pain rating  
- Frequency of pain                                       |
| Senna-S                 | Constipation   | - Frequency of bowel movements                                                      |
S.B. Efficacy Considerations

- SB demonstrates effective administration of inhalers
- SB uses PRN Proair twice a day
- Pantoprazole may be unnecessary
- SB is at risk of dyspnea and anxiety
Drug Side Effects

- Risk for active disease states
- Risk for current or anticipated symptoms
- Tolerability
- Manageability
- Transient or persistent
- Favorable or unfavorable effect
## S.B. Drug Profile Review

<table>
<thead>
<tr>
<th>Medication</th>
<th>Side effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prednisone</td>
<td>Slight bilateral lower extremity edema</td>
</tr>
</tbody>
</table>
S.B. Side Effect Considerations

• Prednisone induced edema
  – Tolerable for S.B. at this time
  – Last dose on hospital discharge/hospice admission
Drug Interactions

• Actual or Potential
  – Anticipated onset
• Drug-Drug and Drug-Food (enteral feeding)
• 2 or more medications
• Pharmacokinetic versus Pharmacodynamic
• Favorable or unfavorable outcome
## S.B. Drug Profile Review

### Drug Interactions

<table>
<thead>
<tr>
<th>Interacting Medications</th>
<th>Actual</th>
<th>Potential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiriva, albuterol/ipratropium</td>
<td>None</td>
<td>Anticholinergic</td>
</tr>
<tr>
<td>Pantoprazole, simvastatin</td>
<td>None</td>
<td>Increased serum concentrations of simvastatin</td>
</tr>
</tbody>
</table>
S.B. Interaction Considerations

• SB is not currently experiencing problems related to drug interactions

• Continued monitoring for potential interactions is still recommended
Duplicate Drug Therapy

- Medications in the same class
- Multiple medications for the same indication or goal
- Same medication in different dosage forms or strengths
- Use one medication to treat multiple symptoms when possible
## S.B. Drug Profile Review

<table>
<thead>
<tr>
<th>Medication #1</th>
<th>Medication #2</th>
<th>Duplication Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advair</td>
<td>Albuterol/ipratropium</td>
<td>Medications in the same class</td>
</tr>
<tr>
<td>Advair</td>
<td>???</td>
<td>?????</td>
</tr>
<tr>
<td>Spiriva</td>
<td>???</td>
<td>?????</td>
</tr>
<tr>
<td>Proair HFA</td>
<td>???</td>
<td>?????</td>
</tr>
</tbody>
</table>
S.B. Duplication Considerations

• Advair/Spiriva and routine albuterol/ipratropium
  – SB effectively administers Advair and Spiriva
  – SB prefers these inhalers due to mobility

• Proair inhaler and albuterol/ipratropium
  – SB effectively administers Proair
  – PRN versus Routine

• Advair and prednisone
  – Prednisone complete upon hospice admission
Laboratory Monitoring

• Drug therapy currently associated with laboratory monitoring
  – Efficacy
    • Metformin, Simvastatin
  – Adverse effects
    • Furosemide, Methotrexate
  – Efficacy and Toxicity
    • Warfarin, Digoxin, Theophylline, Phenytoin

• Drug may be associated with monitoring, but evaluate need for regular monitoring
# S.B. Drug Profile Review

<table>
<thead>
<tr>
<th>Medication</th>
<th>Common Parameters</th>
<th>Hospice Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen</td>
<td><strong>Safety</strong>: Liver function</td>
<td>Rarely needed/suspect toxicity</td>
</tr>
<tr>
<td>Levofloxacin</td>
<td><strong>Efficacy</strong>: WBC</td>
<td><strong>Efficacy</strong>: Not typically recommended</td>
</tr>
<tr>
<td></td>
<td><strong>Safety</strong>: Renal and liver function</td>
<td><strong>Safety</strong>: Possible use for dosing</td>
</tr>
<tr>
<td>Simvastatin</td>
<td><strong>Efficacy</strong>: Lipids</td>
<td><strong>Efficacy</strong>: Not typically recommended</td>
</tr>
<tr>
<td></td>
<td><strong>Safety</strong>: Liver function,</td>
<td><strong>Safety</strong>: Rarely needed/suspect toxicity</td>
</tr>
<tr>
<td></td>
<td>Creatinine Phosphokinase</td>
<td></td>
</tr>
</tbody>
</table>
S.B. Lab Monitoring Considerations

• Simvastatin
  – Lab monitoring for efficacy, but goal of therapy is not palliative in nature

• Levofloxacin
  – Symptoms of pneumonia improved

• Acetaminophen
  – No evidence of toxicity
<table>
<thead>
<tr>
<th>Concern (s)</th>
<th>Possible Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pantoprazole lack of indication</td>
<td>??????</td>
</tr>
<tr>
<td>Duplication of Advair and Spiriva with routine albuterol/ipratropium</td>
<td>??????</td>
</tr>
<tr>
<td>Prednisone caused edema and duplicates therapy with Advair</td>
<td>??????</td>
</tr>
<tr>
<td>Anticipate dyspnea and anxiety</td>
<td>??????</td>
</tr>
<tr>
<td>Simvastatin associated with lipid monitoring for efficacy</td>
<td>??????</td>
</tr>
</tbody>
</table>
Update the Plan of Care!
To cover or not to cover?
That is the question!
Coverage Guidance

• What is the terminal diagnosis and its related conditions?

• Which drugs are associated with their management or palliation?

• Based on the drug profile review, which related medications may be suboptimal?

• What new medications are needed for current or anticipatory symptoms?

• Are all anxiolytics, laxatives, opioids, and antiemetics covered?
Coverage Guidance

- **Not related, not covered**
  - Submit claim to secondary insurance

- **Related, not covered**
  - DO NOT submit claim to secondary insurance
  - Document, Document, Document!

- **Related, covered**
  - Continue to review at least every 15 days
  - Document, Document, Document!
## Review S.B. Medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Estimated cost (30 day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advair Diskus Inhale 1 puff BID</td>
<td>$350.00</td>
</tr>
<tr>
<td>Spiriva inhale 1 capsule daily</td>
<td>$325.00</td>
</tr>
<tr>
<td>Proair HFA inhale 1-2 puffs q4h prn SOB</td>
<td>$60.00</td>
</tr>
<tr>
<td>Acetaminophen 650mg PO q8h</td>
<td>$8.00</td>
</tr>
<tr>
<td>Senna-S 1 tablet PO QHS</td>
<td>$3.00</td>
</tr>
<tr>
<td>Pantoprazole 40mg PO daily</td>
<td>$125.00</td>
</tr>
<tr>
<td>Albuterol/ipratropium inhale 1 vial q6h</td>
<td>$275.00</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$1,146.00</strong></td>
</tr>
</tbody>
</table>

Approximately $39.00 per day

*Costs based on AWP from MediSpan data*
S.B. Comprehensive Follow-up

• Flash forward 3 months
  – COPD exacerbation
    • comfort measures only
    • remained at the nursing home
  – PPS score decreased to 30%
  – Weaker, bed bound, on continuous O2
  – Trouble with inhalers
What if...?

- Family is not ready to stop the medication

- The primary care physician wants to continue or start a medication that may be unnecessary

- The nursing home facilities prefer a certain therapy
Meet A.R.

• A.R. is a 54 year old male being readmitted to hospice for lung cancer.

• He revoked services pursuant to aggressive chemotherapy, but was found to have brain metastases.
Meet A.R.

• PMH:
  – Lung cancer
    • Brain metastases
    • Seizures
  – Chronic back pain
    • Motor vehicle accident 2001
    • Oxycontin x8 yrs
    • Lyrica x2 yrs

• PPS: 60%
• Ambulates with a cane
• Swallowing is normal
• NKDA
Meet A.R.

Previous Medications:
- **Lyrica**
  - Take 75mg PO BID
- **Oxycontin**
  - Take 80mg PO q12h
- **Oxycodone IR**
  - Take 15mg PO q4h prn pain
- **Hydromorphone**
  - Take 2mg PO q8h prn SOB
- **Senna-S**
  - Take 1 tablet PO BID

New Medications:
- **Dexamethasone**
  - Take 4mg PO q6h
- **Divalproex**
  - Take 500mg PO TID
- **Ondansetron**
  - Take 8mg PO q8h prn N/V
A.R. Drug Profile Review

• What are the main considerations to discuss with the interdisciplinary team?
  – Effectiveness of therapy
  – Drug side effects
  – Drug interactions
  – Duplicate drug therapy
  – Laboratory monitoring
A.R. Medication Coverage

• What medications should be covered by hospice?

• Are there any related medications that may not be hospice covered?

• What would you document in the plan of care?
References

Questions?
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