Bang Your Head Here! Strategies to Survive in the World of Medicare Part D (TH308)
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Objectives
- Recognize the current climate that has developed between Medicare Part D and hospice.
- Describe methods of medication reconciliation across hospital and hospice settings.
- Describe methods of medication discontinuation.

Medicare Part D, also called the Medicare prescription drug benefit, is a federal program subsidizing the costs of prescription drugs and prescription drug insurance premiums for Medicare beneficiaries in the United States. Enacted as part of the Medicare Modernization Act of 2003, it went into effect January 1, 2006. With increasing regulation of hospice, recent announcements have identified significant medication coverage changes for hospice patients, which essentially require hospices to be responsible for all medications prescribed to Medicare hospice patients. Announcements also suggest that coverage for medications for conditions unrelated to the terminal condition will be granted “infrequently” and only under “unusual and exceptional” conditions. These conditions have not yet been delineated. Thus it appears that new strategies will be needed to help minimize costs, costs which might be catastrophic to smaller hospices. It appears that there are many things hospices can do to minimize costs until other channels for appeal are delineated. The primary defense will be scrutiny of medications that patients arrive with when enrolled in hospice. This session will focus on streamlining and providing effective pharmacotherapy for the patient in hospice and minimizing pharmaceutical costs in the extreme hospice regulatory environment. This interactive workshop will use didactics and clinical cases to delineate new strategies for survival under Medicare part D. The workshop will accomplish this by (a) describing the current climate that is developing with new Medicare Part D requirements in relation to hospice, (b) reviewing for the clinician effective and streamlined methods of medication reconciliation across hospital and hospice settings, (c) providing an overview of drug therapy problems encountered across the hospital and hospice settings, (d) describing rational approaches to medication discontinuation that is systematic and effective, and (e) role playing that illustrate communication patterns that lessen barriers between physicians and pharmacotherapy specialists.