Giving Them the Words: Rational Conversations About Drug Therapy at the End of Life (FR417)

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Objectives
- Explain the Centers for Medicare and Medicaid Services’ (CMS’s) expectations for increased medication oversight in hospice patients.
- Describe a template for evaluating and explaining the benefits and burdens of individual drug therapies at the end of life.
- Demonstrate effective communication skills regarding medication management negotiation, given an actual or simulated patient admitted to hospice.

In 2014 the Centers for Medicare & Medicaid Services (CMS) began requiring hospice programs to provide increased oversight, evaluation, and provision of medications used to manage the admitting diagnosis and related conditions. Specifically CMS has asked hospice programs to determine which medications the patient is taking are medically necessary versus unnecessary and which medications are related to the patient’s disease processes (which the hospice must provide). This increased scrutiny often leads to recommendations to discontinue medically unnecessary medications (e.g., statins, vitamin supplements, dementia medications, riluzole). However, conversations about stopping medication therapy frequently make staff, patients, families, and caregivers feel uncomfortable and often even threatened. Taking this a step further, CMS has stated that hospice programs are certainly allowed to have a medication formulary or preferred drug list, and the hospice is not required to provide a nonformulary medication (however, the patient cannot use their Medicare Part D benefit; they would have to pay out of pocket). These conversations also make staff very uncomfortable and can result in confrontational conversations with patients and families. The purpose of this session is to give staff the words to have these often difficult conversations. Using a variety of case examples, the speakers will illustrate a process for presenting the benefits and burdens of drug therapy in scenarios where medications are medically necessary and related (formulary versus nonformulary); medically necessary but unrelated; not medically necessary but related; and neither medically necessary nor related. Participants will leave with a solid skill set that will empower them to have these sensitive conversations with patients and families that reflect clinically defensible and equitable decisions that meet CMS expectations.