



**TURNING POINTS**

MASTERING TRANSITIONS IN CARE

# Deprescribing: Facilitating a Key Transition Point for Patients and Families

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Original materials are available for download from VA National Center for Ethics in Health Care at [www.ethics.va.gov/goalsofcaretraining.asp](http://www.ethics.va.gov/goalsofcaretraining.asp).



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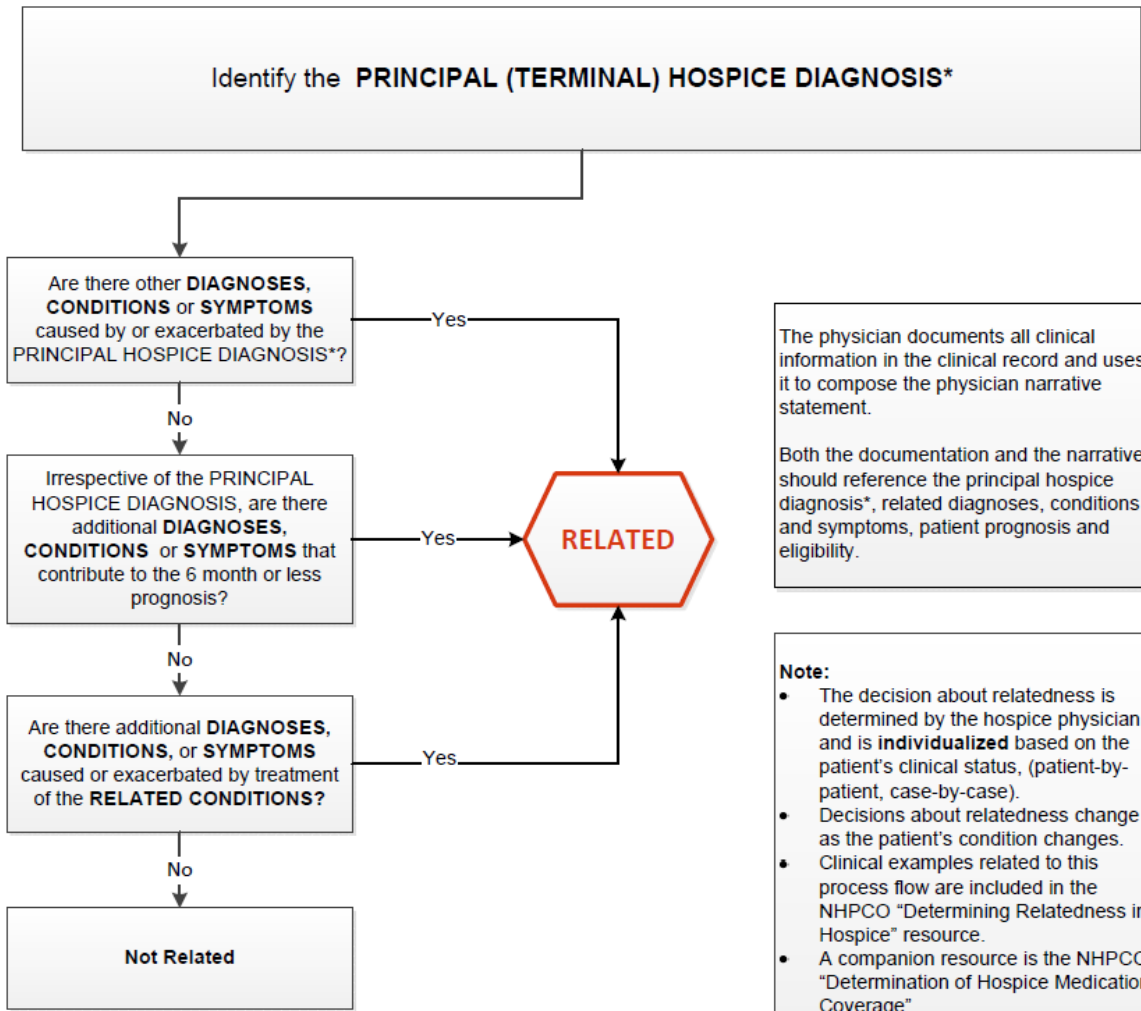
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The physician documents all clinical information in the clinical record and uses it to compose the physician narrative statement.

Both the documentation and the narrative should reference the principal hospice diagnosis\*, related diagnoses, conditions and symptoms, patient prognosis and eligibility.

- Note:**
- The decision about relatedness is determined by the hospice physician and is **individualized** based on the patient's clinical status, (patient-by-patient, case-by-case).
  - Decisions about relatedness change as the patient's condition changes.
  - Clinical examples related to this process flow are included in the NHPCO "Determining Relatedness in Hospice" resource.
  - A companion resource is the NHPCO "Determination of Hospice Medication Coverage"

NHPCO, May 2018, Version 2.0)

**Evaluate Each Medication and Relationship to TERMINAL PROGNOSIS**

Does the medication manage or palliate a diagnosis or symptom arising from the PRINCIPAL HOSPICE DIAGNOSIS?

No

Irrespective of the PRINCIPAL HOSPICE DIAGNOSIS, are there medications that manage or palliate a diagnosis or symptom arising from a RELATED CONDITION.

No

Does the medication manage or palliate a diagnosis or symptom caused or exacerbated by treatment of a RELATED CONDITION?

No

Does the medication have a dual use for RELATED and UNRELATED CONDITION?

No

**Not Related**

Is the medication appropriate and clinically necessary?

Document medication unrelated status (A3 Form). Coordinate benefit with other payer.

**Pharmacy to bill medication to non-hospice payer**

Yes

Yes

Yes

Yes

**Related**

Is the medication appropriate and clinically necessary?

No

Consider de-prescribing?

Yes

**Discontinue medication**

Yes

No

No

**Advance Beneficiary Notice**  
\*Note: If the hospice has not previously provided the medication, the hospice is not obligated to provide an Advance Beneficiary Notice (ABN).  
  
If the hospice has provided the medication and there is a change in the plan of care, the hospice should coordinate the benefit as noted above AND the hospice must issue an ABN in order to charge the beneficiary for the medication.

**Hospice to pay**

Is a therapeutic or formulary alternative appropriate?

Yes

Therapeutic or formulary alternative offered and accepted?

No

Document in clinical record conversation with patient that therapy is not consistent with hospice plan of care.  
No other Medicare payer (like Part D) will cover the medication and costs will be assumed by the patient.  
Coordinate benefit with another payer (A3 Form) and with the patient.\*

**Patient to pay**

**Hospice physician evaluates available information to:**

- Identify all related and unrelated diagnoses
- Identify the current indication and/or current need for each medication

**Note:** Hospice is responsible to cover medications that are needed to manage or palliate conditions identified in the hospice plan of care.

A diagnosis is considered to be related unless the hospice physician documents in the hospice clinical record why that diagnosis is not related.

Determining relatedness is a continuous process by the hospice physician which takes into account changes in the patient's condition. Inclusion or exclusion on a formulary does not determine relatedness.

NHPCO, May 2018, Version 1.0)



## SPIKES: Delivering Serious News

- **S**etup
- **P**erception
- **I**nvitation
- **K**nowledge
- **E**motion
- **S**ummarize/Strategize

## DEPRESCRIBING UNNECESSARY MEDICATIONS: DISCUSSION EXAMPLE WITH THE PATIENT



### Introduction Deprescribing Unnecessary Medications Discussion with Patient

Clinician



Ms. Johnson, I'd like to make sure that we are providing you with the best care possible.

As you think about this point in your life, what are the things that matter most to you?

Introduction Deprescribing Unnecessary Medications Discussion with Patient

Patient



It's really important for me to have my chest pain managed.  
I want to spend as much time as possible with my family.



### Introduction Deprescribing Unnecessary Medications Discussion with Patient

Clinician



Those are really important goals. One of our goals is to make sure that we keep you safe. For this reason it is important that we look through all your medications to see if there are any changes that we should make.

Is now an OK time to go over the medications with you and your family?

### Introduction Deprescribing Unnecessary Medications Discussion with Patient

Patient



That sounds good.

### Perception Deprescribing Unnecessary Medications Discussion with Patient

Clinician



Can I start by asking you how you feel about taking all of these medications?

Are there medications that you aren't taking or that you would like to stop?

Patient



OMG there's way too many of them!

Yes, but isn't it important for me to keep taking them?!

### Perception Deprescribing Unnecessary Medications Discussion with Patient

Clinician



I imagine that it can seem a little scary to start changing things at this point.

Right, your doctor has done a great job of carefully prescribing your medications, and we want to do that as well.

Patient



Yes, it is. My doctor has had me taking these meds for a long time.

### Invitation Deprescribing Unnecessary Medications Discussion with Patient

Clinician



Would it be helpful if we talked about how these medications fit in with your goals and our goal to keep you safe?

Patient



Sure.

### Knowledge Deprescribing Unnecessary Medications Discussion with Patient

Clinician



Frequently medications that we once needed are no longer helpful, and in some cases, can even be harmful. From what I know about your health, I am concerned that there are many medications that are no longer helpful for you.

Patient



My doctor mentioned that I need to be on these medications until I die. Are you saying I'm dying right now?

### Emotion (Naming) Deprescribing Unnecessary Medications Discussion with Patient

Clinician



You are not dying right now. These conversations can be scary. It sounds like you may be worried that stopping the medication means you are dying right now or may cause you to die sooner.

Patient



Yes. I've never had problems with any of the medications before.

### Emotion Deprescribing Unnecessary Medications Discussion with Patient

Clinician



We certainly wouldn't stop a medication if stopping it would shorten your life. It is important for you to keep taking medications that will help you reach your goals and that will keep you safe. With the medications I am taking about, they have already done their job and with many, you'll still benefit from them even when we stop them.

Patient



Oh ok, I didn't know that.



### Summarize Recommendation Deprescribing Unnecessary Medications Discussion with Patient

Clinician



Is it OK if I make a recommendation?

I recommend that we stop [name of medication] because it is no longer helpful. We will monitor you very closely and will restart, change, or add medications at anytime if needed.

Patient



Yes.

OK, I'm willing to give it a try.

## DEPRESCRIBING HARMFUL MEDICATIONS: DISCUSSION EXAMPLE WITH THE SURROGATE



### Introduction Deprescribing Harmful Medications Discussion with Surrogate

Clinician



Maria, I'd like to make sure that we are providing your mother with the best care possible.

As you think about this point in her life, what are the things that matter the most to her and to you in caring for her?

### Introduction Deprescribing Harmful Medications Discussion with Surrogate

Surrogate



It's really important for my mom to be as comfortable as possible.  
She can get really confused, upset and aggressive.  
She has no appetite and falls.  
I know this maybe her disease getting worse,  
but if there is anything we can do to make her  
feel better and be safer it would be great.

### Introduction Deprescribing Harmful Medications Discussion with Surrogate

Clinician



Those are really important goals. It's also our goal to make sure that we keep her safe and comfortable. For this reason it's important that we look through all her medications to see if there are any changes that we should make.

Is now an OK time to go over the medications?

Introduction Deprescribing Harmful Medications Discussion with Surrogate

Surrogate



That sounds good.

### Perception Deprescribing Harmful Medications Discussion with Surrogate

Clinician



Can I start by asking you how you your mom is doing taking these medications?

Are there any that she isn't taking or you would like us to stop?

Surrogate



There aren't too many and she swallows them just fine.

Not that I can think of.

### Invitation Deprescribing Harmful Medications Discussion with Surrogate

Clinician



OK great. I'd like to take some time to talk about how these medications fit in with our goals to keep your mother safe and comfortable.

Surrogate



Sure.



### Knowledge Deprescribing Harmful Medications Discussion with Surrogate

Clinician



Frequently medications that we once needed are no longer helpful, and in some cases, can even be harmful. From what I know about your mother's health, I am concerned that her [name of medication] is no longer helpful and maybe harming her.

Surrogate



But her doctor prescribed those medications for her confusion. Won't her confusion and aggressive behavior get a lot worse if we stop those meds?!

### Emotion (Naming) Deprescribing Harmful Medications Discussion with Surrogate

Clinician



It sounds like you are worried that stopping the medication would worsen your mother's confusion and aggressive behavior.

Patient



Yes. I would hate for that to happen.

### Emotion Deprescribing Harmful Medications Discussion with Surrogate

Clinician



We certainly wouldn't stop a medication if stopping it would make your mother's health worse. With the [medication] it could be adding to your mother's falls and lack of appetite. I think the medication has already done its job and is no longer benefitting her.

Surrogate



Oh wow – I didn't know that.

### Summarize Recommendation Deprescribing Harmful Medications Discussion with Surrogate

Clinician



Is it OK if I make a recommendation?

Surrogate



Yes.

### Summarize Recommendation Deprescribing Harmful Medications Discussion with Surrogate

Clinician



I recommend that we wean her off of her [name of medication] because it is no longer benefitting her and actually could be harming her. We will monitor your mother very closely and will restart, change, or add medications at anytime if needed to make sure she is safe and comfortable.

Surrogate



OK, I'm willing to give that a try.

## DEPRESCRIBING NON-FORMULARY MEDICATIONS: DISCUSSION EXAMPLE WITH THE PATIENT



### Introduction Deprescribing Nonformulary Medications Discussion with Patient

Clinician



Ms. Smith, I'd like to make sure we're providing you with the best care possible.

As you think about this point in your life, what are the things that matter most to you?

### Introduction Deprescribing Nonformulary Medications Discussion with Patient

Patient



It's really important for me to have my shortness of breath managed. I don't want to be confused, I want to be as awake and alert as possible.



### Introduction Deprescribing Nonformulary Medications Discussion with Patient

Clinician



Those are really important goals. One of our goals is to make sure that we keep you safe. For this reason it is important that we look through all your medications to see if there are any changes that we should make.

Is now an OK time to go over the medications with you and your family?

Introduction Deprescribing Nonformulary Medications Discussion with Patient

Patient



That sounds good.

### Perception Deprescribing Nonformulary Medications Discussion with Patient

Clinician



Can I start by asking you how you feel about taking all of these medications?

That's good! Are there any medications that you aren't taking or that you would like to stop?

Patient



Pretty good. They are helping with my shortness of breath.

No, I'm taking them all and they're helping.

### Perception Deprescribing Nonformulary Medications Discussion with Patient

Clinician



Your doctor has done a great job of carefully prescribing your medications, and we want to do that as well.

Patient



That's good!

### Invitation Deprescribing Nonformulary Medications Discussion with Patient

Clinician



Can we talk a little about the way medications are managed on hospice?

Patient



Sure.

### Knowledge Deprescribing Nonformulary Medications Discussion with Patient

Clinician



As hospice providers, we need to meet Medicare's rules. One of these rules is that all your medications must be billed through hospice. Our hospice has a formulary, which is a list of medications that is designed to meet each of our patient's needs. If one of the medications you currently take for your [terminal illness] is not on the hospice formulary, we will prescribe another effective formulary medication, and work with our hospice medical director to meet your needs.

If you want a medication for your [terminal illness] that is not on the hospice formulary, and you don't want to try a hospice formulary medication first, you'll need to pay for it out of pocket.

### Emotion Deprescribing Nonformulary Medications Discussion with Patient

Patient



I really don't want to change my medications. They have been working for me!

### Emotion (Naming) Deprescribing Nonformulary Medications Discussion with Patient

Clinician



It sounds like you are really worried about this.

Patient



Yes. It's taken a lot to get my shortness of breath managed and I don't want to mess things up.



### Emotion Deprescribing Nonformulary Medications Discussion with Patient

Clinician



We want to make sure you are safe and comfortable too. We certainly wouldn't change a medication if we thought it would make your symptoms worse or would cause you harm.

Patient



I just don't know about this!

### Emotion Deprescribing Nonformulary Medications Discussion with Patient

Clinician



It can be scary to make changes to your medications. We will be here for you and will monitor you very closely to make sure your shortness of breath is managed.

It is hard to make changes! You can always choose to purchase your medication if you do not want to try our formulary medication first.

Patient



This is really hard!

It's really expensive I can't afford it!

### Emotion Deprescribing Nonformulary Medications Discussion with Patient

Clinician



I wish the medication you were taking was on our formulary. I feel confident that we have a medication that will work well. Is it OK if I make a recommendation?

Patient



I guess so.

### Summarize Nonformulary Medications Discussion with Patient

Clinician



I recommend that we change [name of medications] to [name of medications] and we will check in with you daily to see how you're doing. We will monitor you very closely and make any adjustments needed.

Me too and we will make adjustments if it doesn't.

Patient



OK. I hope this works!