

Unintended Consequences: Hospice / End of Life Care and the Opioid Crisis

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Impacts on End of Life Care

- Study by John Cagle, PhD, of the University of Maryland, Baltimore, of hospice providers nationwide:
 - Study included 371 hospice care providers:
 - 36% reported that Diversion Prevention Efforts created obstacles for pain management
 - 45% reported drug shortages over the previous year
- Pain medications are, very much, necessary to prevent suffering during end of life care.

Drug Inaccessibility Issues:

- Drugs Becoming most inaccessible:
 - Morphine
 - Hydromorphone
 - Fentanyl
 - Lorazepam
- Community physicians no longer writing prescriptions with refills
- Community physicians fearful of writing prescriptions for large doses
- Production limitations

The Diversion Problem: Drugs “diverted” from their originally intended recipient

- Majority of diversions occur in the home or in small hospice facilities
- Most frequent offenders:
 - Family caregivers - 40%
 - Another relative - 40%
 - Other patients (in hospice care facilities) - 33%
 - Privately hired caregiver – 18%
- Drugs remaining in home, after patient death, create risk for abuse (unused opioids left in the home an estimated 49% of the time)

Current Diversion Prevention Efforts in Hospice

- Conducting pill counts -75% of those studied
- Using a Prescription Drug Monitoring Program (PDMP) – 25%
- Requiring staff drug testing – 75%
- Training clinical staff on preventing diversion – 25%

Recommendations

- Balancing Prevention Efforts with Quality of Care
- Screening Clinical Job Candidates
- Post-Incident Employee Screening
- Clinical Screening for Risk
- Patient and Family Education
- Medication Monitoring
- Missing Medications
- Responding to Medication Diversion or Misuse
- Discharges Due to Cause
- Communicating Concerns with IDT
- Informing Families that Medication Disposal is Expected
- Medication Disposal
- Witnessing Medical Disposal
- Medication Disposal Documentation