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