

Part D & Hospice: Having the Conversations

Speaker:

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Pushing against an object that will not move drains our energy in so many ways...and does not budge the object.

When we see ourselves "at the effect" of life circumstances we feel helpless and we stop looking for solutions.

The Conversations: Working Around Predominant Themes

#1 A hospice admission is in response to a terminal prognosis. We will now shift our focus to assure we are aggressively treating pain and other symptoms. This means some medications will no longer be necessary as we add and increase others.

Questions/thoughts they might have:

- Am I hastening the death?
- Is my loved one really dying?
- Does this mean it will be soon?
- Am I making the right decision?

These are conversations we have on a regular basis when people are admitted to hospice. Certainly talking about medications in this way (discontinuing medications people may feel are keeping them alive) can increase anxiety or serve as another reminder that time is limited. We want to make sure we are not discounting these concerns by making statements such as "Let's take a minute to talk about your concerns." It is important to avoid the "righting reflex" by trying to "fix" things that cannot be fixed with comments such as "You shouldn't think that way" or "You need to stay strong." In general, if people ask a direct question they want a direct answer. In the last question on the list above "Am I making the right decision?" we would want to stop what we are doing and explore that a bit with the person. One tool to use from Motivational Interviewing techniques is to explore decisional balance. This can be done quickly and is essentially making a list of pros and cons regarding whatever is concerning to them.

*Check out this article: **Decisional Balance Exercise***

While it is focused on "changing behavior" the technique is also good for people who are unsure about making a difficult decision.

http://www.nova.edu/gsc/forms/client_handout_3_1_decisional_balance_exercise.pdf

#2. This medication might seem to be related but it is not necessary at this time (does not meet the "reasonable and necessary test".) If there are reasons you feel you would like to keep taking it the cost will not be covered by Medicare and you will have to pay for it yourself. Let's talk about this some more. (e.g. Aricept for Alzheimer's)

Questions they might have:

- Is the hospice trying to avoid paying for something that should be covered?
- Are those newspaper articles right?
- They were covered before I went on hospice!

These are difficult questions for us all and tend to take us off guard so being prepared for how you might respond is very important. It is important when asked a direct question to respond as accurately as possible. In this case the best way to respond is probably with the truth: “Actually, we are all working hard to make sure your Medicare benefit is used appropriately and that Medicare is not billed twice for medications; so our focus is on coordinating between your Part D benefit and your Hospice Medicare benefit. While this might be more information than they wanted or needed, it does answer the question. Also, providing people with information in print can be helpful.

#3 Some medications you are taking will be changed to the same or similar medication of a different brand. (Formulary issue) Let’s talk about those changes and I will walk you through exactly what to take and how that will work for you.

Questions/thoughts they may have:

- We tried this before and it didn’t work – how do we know it will work this time?
- We worked so hard to get the meds right – how can I trust this hospice if they will not listen to me?
- We don’t like generics.

There are many ways to approach these topics yet the bottom line may be whether or not your program will cover the cost based on your formulary or other policies. Again, it is important for people to feel heard and for you to get as complete a picture as possible about what is contributing to the resistance. When someone says “We tried this before”, what exactly was tried and how did it fail? Some people are resistant to any change in medications at all for fear pain/symptoms will not be controlled. It is important to take time to dig deeper to see if you can get to the source of the resistance and then work from there. The more people “dig in” the more important it will be to see if you can uncover what is motivating this line of thinking. Could it be fear? That is very likely. The best way to respond to fear is to first hear it and name it “You don’t like taking generic medications” (reflective statement) “Can you tell me more about your experience with generics?” Meeting people where they are is more likely to move them forward than meeting them with even more resistance on our part. The saying “what we resist persists” is applicable to these conversations. Don’t meet their resistance with more resistance!

The Person-Centered Approach

- Begin by addressing their needs
- Quickly move towards creating their plan so people begin to develop a sense of “control/security” with a few short-term goals
- The opportunity exists to begin assessing comprehension while initiating a conversation about medications/prescriptions from the perspective of their needs

Check out this great article: *Person Centered Approaches*

http://www.coalitionny.org/the_center/resources/documents/PersonCenteredApproaches.pdf

Avoid taking this path:

- “I need your cooperation on this.”
- “You don’t need this anymore. Let’s get rid of it.”
- “I don’t like this either. They are making us do it.”
- “You know – it’s another crazy Medicare regulation.”
- “We knew Obamacare would mess everything up.”
- “I am sorry I have to do this.”
- “You aren’t the only one frustrated, all my other patients...”

Do take this path:

- “Do you have your medications handy? Are there any others?”
- “There are medications here that appear to be no longer necessary. What do you know about these medications? Or...What are your thoughts about continuing to take this medication?”
- “Would it be beneficial for you if we could streamline your medications so you do not have to take as many?”
- “I can have a team member come out later today to help.”
- “This has got to be very frustrating for you and we want to make certain we are providing everything you will need. How can we make this easier for you?”
- “I realize this is a time when you are already overwhelmed. How about I give you some extra time? We can talk later today or tomorrow. I would like to ask that if you need to fill a prescription before I return that you call us first. Would that work for you?”

Considerations:

- Begin at first phone call
- Reinforce requests when calling to schedule a visit
- Involve volunteers and nursing assistants
- Remember there is a team!

My challenge – step up social work involvement in this process:

- Follow-up visits soon after admission
- Assess for levels of comprehension
- Determine if other members of the patient support system can assist
- Hold family meetings to include this topic
- Create a list of helpful resources related to common areas of concern
- Coordinate other team members

- Discuss thinking around desire to continue “unnecessary medications” utilizing interventions such as Motivational Interviewing and CBT Faulty Thinking strategies.

Holding us Accountable

- The skill: getting people on board when change is difficult
 - This has not been the first regulation/change that has been difficult. How did you do in the past? Are you good at this?
- What part of this is negotiable? What is not?
- What are the consequences of not complying?
- First do no harm
- Do not climb into the drama.
 - Once you do...you are sunk.

Getting people on board:

- Paint a clear picture of how this will look when we are effective and then ask for involvement to create the plan
- Identify problems/obstacles (people and processes) and address those ASAP
- Ask for others to assist in identifying obstacles (comprehensive troubleshooting)
- Schedule regular coaching sessions (group and/or individual) for follow-up guidance
- Make certain the measures for success are communicated from the beginning and everyone is clear about their role (specifically) in achieving those goals

And...do staff/volunteers have the skills they need to proceed?

Because someone says they feel comfortable does not mean they will respond effectively. Take time to talk about the “how’s” and check out specific skill sets.

If you don't like something, change it. If you can't change it, change your attitude.
Maya Angelou