CMS Updates Rights of Medicare Hospice Patients

Medicare beneficiaries with terminal illnesses have the right to determine how they receive end-of-life care, outlined for the first time in a new regulation from the Centers for Medicare and Medicaid Services. In the first overhaul of regulations governing the hospice industry since 1983, the new Medicare Conditions of Participation (CoP) include explicit language on patient rights that had not existed under the previous regulations.

Although many hospice patients are already active in their own treatment plans, this regulation is the first to set out a detailed list of patient rights.

Specifically, the rule says, patients who choose hospice or palliative care over curative treatment are entitled to such things as participation in their treatment plan, the right to effective pain management, the right to refuse treatment, and the right to choose clinicians. Nearly 1 million Medicare beneficiaries receive care from over 3000 Medicare-approved hospices nationwide.

In addition to the new patient rights section, final regulation also includes:

- A requirement that patient needs be initially assessed within 48 hours of electing the hospice benefit. The rule also requires that a comprehensive assessment occur within 5 days of electing the hospice and that updated assessments be done at least every 15 days thereafter.
- A requirement that each patient receive a full drug profile that examines issues ranging from the effectiveness of current drug therapies to potential drug interactions to drug side effects. A treatment team will consult with a qualified individual, such as a pharmacist, to ensure that drugs meet the needs of every hospice patient.
- A provision allowing a hospice to contract with another Medicare-certified hospice for nursing, medical social services, and counseling services under extraordinary or other nonroutine circumstances, including travel of a patient outside of the hospice's service area
- Removal of a provision requiring an inpatient facility only providing respite care to have an RN on duty 24 hours a day. The patient's needs, acuity, and plan of care will drive the nursing and staffing requirements.

The regulation can be viewed at *www.cms.hhs.gov/CFCsAndCoPs/05_Hospice.asp*.

FDA Requests Boxed Warnings on Older Class of Antipsychotic Drugs

The U.S. Food and Drug Administration (FDA) exercised its new authority under the Food and Drug Administration Amendments Act of 2007 (FDAAA) to require manufacturers of "conventional" antipsychotic drugs to make safety-related changes to prescribing information to warn about an increased risk of death associated with the off-label use of these drugs to treat behavioral problems in older people with dementia.

In 2005, the FDA announced similar labeling changes for "atypical" antipsychotic drugs. The boxed warning will now be added to an older class of drugs known as conventional antipsychotics. The warning for both classes of drugs will say that clinical studies indicate that antipsychotic drugs of both types are associated with an increased risk of death when used in elderly patients treated for dementia-related psychosis. Both classes of drugs are

AHRQ Guide Helps Patients on Warfarin Therapy

The Agency for Healthcare Research and Quality (AHRQ) has released a new consumer publication, *Your Guide to Coumadin®/Warfarin Therapy*. This 20-page, easy-to-read patient brochure, available in English and Spanish, explains what patients should expect and watch out for while undergoing warfarin therapy. This brochure educates patients about their medication therapy and potentially dangerous side effects, explains how to communicate effectively with their health care providers, and provides tips for lifestyle modifications. It also provides information on remembering when to take the medicine, learning how to stay safe while taking the medicine, maintaining a consistent diet, and alerting health care providers to concurrent drugs or supplements that patients are taking to avoid any potential adverse interactions. Read the brochure at *www.ahrq.gov/consumer/coumadin.htm*. A print copy is available by sending an email to *ahrqpubs@ahrq.hhs.gov*.

Adult Asthma Increases Heart Disease Risk in Women

Adult-onset asthma, like other inflammatory diseases that disproportionately affect more women than men, may be a relatively strong risk factor for heart disease and stroke, Dr Stephen J. Onufrak from the U.S. Department of Agriculture in Stoneville, Mississippi, told Reuters Health in a June 3 article.

According to the story, "Onufrak and colleagues used data from the Atherosclerosis Risk in Communities study to examine the association of asthma with the risks of heart disease and stroke according to gender. They found that, compared with their counterparts without asthma, women with adult-onset asthma had a 2.10-fold increase in the rate of heart disease and a 2.36-fold increase in the rate of stroke. There was no association between childhood- or adult-onset asthma and heart disease or stroke in men or between childhood-onset asthma and heart or stroke in women."

The study results were published in the May 1 edition of the *American Journal of Cardiology*. Go to *www.reuters.com/article/healthNews/idUSTON40264620080604* for the full Reuters article.

dopamine-receptor antagonists that work by blocking the action of naturally occurring dopamine in the brain. They differ primarily in their side effects, with the atypical drugs having a lower incidence of neurological side effects such as involuntary movements or tics.

Neither class of antipsychotic is FDA-approved for use in the treatment of dementia-related symptoms, which can include forgetfulness, poor memory, and an inability to recognize familiar objects, sounds, or people. The drugs are FDA-approved primarily for the treatment of symptoms associated with schizophrenia. The decision to use antipsychotic medications in the treatment of patients with dementia symptoms is left to clinician discretion.

Manufacturers of both classes of drugs are being asked to change labeling so that all of the drugs carry uniform warning language. Manufacturers were required to submit new language to the FDA within 30 days or to provide a reason why they do not believe such labeling changes are necessary. If they do not submit new language, FDA provides strict timelines for resolving the issue and allows the agency to initiate an enforcement action if necessary.

For a list of the medications involved in this action, go to *http://www.fda.gov/bbs/topics/NEWS/2008/NEW01851.html*.

Joint Commission Announces 2009 National Patient Safety Goals

The Joint Commission has released the 2009 National Patient Safety Goals and related requirements for each of its accreditation programs and its disease-specific care certification program. The goals promote specific improvements in patient safety by providing health care organizations with proven solutions to persistent patient safety problems, and they apply to the more than 15,000 Joint Commission-accredited and -certified health care organizations and programs.

Major changes for 2009 include 3 new hospital and critical access hospital requirements related to preventing deadly health care-associated infections from multiple drug-resistant organisms, central line-associated bloodstream infections, and surgical site infections. These additions build on an existing goal to reduce the risk of health care-associated infections and recognize that patients continue to acquire preventable infections at an alarming rate within hospitals.

The new requirements related to central line-associated bloodstream infections also will take effect for ambulatory care facilities and office-based surgery practices, home care organizations, and long-term care organizations. In addition, prevention of surgical site infections will be a new requirement for ambulatory care facilities and office-based surgery practices. These new infection-related requirements have a 1-year phase-in period that includes defined milestones, with full implementation expected by January 1, 2010.

Other changes to the national goals include a requirement to eliminate transfusion errors related to patient misidentification in hospitals, critical access hospitals, ambulatory care facilities, and office-based surgery practices. New requirements for several programs focus on engaging patients in their care regarding infection control, prevention of surgical adverse events, and patient identification.

Go to *www.jointcommission.org/NewsRoom/NewsReleases/nr_npgs_gen.htm* for more information.