focused end-of-life care), and individual outcomes when a minimum of 10 effect sizes were reported. The overall effect size was computed in log odds scale and back-transformed to the odds ratio.

Results. Of 6,682 studies, 33 met criteria. These included 135,878 participants and 75 effect sizes (53 aggressive, 22 comfort-focused). Studies were primarily observational (52%), from the United States (79%), and had moderate risk of bias assessments (67%). There was not sufficient evidence of publication bias. Overall, ACP was associated with reduced odds of aggressive (OR = 0.83, 95% CI: 0.70, 0.98) and increased odds of comfort-focused (OR = 1.89, 95% CI: 1.47, 2.44) end-of-life care. Significant moderating effects were detected—a diminished protective effect of ACP against aggressive end-of-life care among samples with increasing proportions of males and an enhanced promotive effect on comfort-focused end-of-life care in observational versus intervention studies. Among individual outcomes, chemotherapy (OR = 1, 95% CI: 0.72, 1.39) and hospital death (OR = 0.78, 95% CI: 0.5, 1.21) were not significantly affected by ACP.

Conclusion and Implications for Practice, Policy, or Research. These findings provide an evidence base for the value of ACP in end-of-life care among patients with cancer and a catalyst for enhancing ACP engagement in this population, which may require personalized approaches and embedding ACP in broader clinical processes to augment outcomes.

A Missed Opportunity: Advance Care Planning Documentation in Patients with COVID-19 (W205C)

Raphaela Lipinsky DeGette, MD MS, University of California, San Francisco. Fangdi Sun, MD, University of California, San Francisco. Elizabeth Cummings, MD, University of California, San Francisco. Lisa X. Deng, MD, University of California, San Francisco. Karen Hauser, MD MPH, University of California, San Francisco. Zoe Kopp, MD, University of California, San Francisco. John Penner, MD, University of California, San Francisco. Brandon Scott, MD MBA, University of California, San Francisco. Katie Raffel, MD, University of California, San Francisco. Molly A. Kantor, MD, University of California, San Francisco.

Objectives

1. Describe frequency and quality of ACP documentation among patients with confirmed or suspected COVID-19.
2. Recognize palliative care consultation is associated with increased ACP documentation.

Original Research Background. Advanced care planning (ACP) supports individuals in understanding and expressing their personal values for medical care in times of serious illness. (1) The COVID-19 pandemic has increased the urgency of ACP discussions, as those infected have high rates of ICU admission, mechanical ventilation, and increased mortality. (2) No prior research has studied the frequency, quality, and factors associated with ACP documentation among patients suspected of having COVID-19.

Research Objectives. We assessed the frequency and quality of ACP documentation in hospitalized patients positive for COVID-19 compared with those who tested negative.

Methods. We conducted structured chart reviews on all adults tested for COVID-19 who were admitted to a 600-bed academic tertiary care center in San Francisco, CA between March 1−31, 2020. Multivariate logistic regression was performed to identify factors associated with ACP documentation.

Results. 29 patients were diagnosed with COVID-19, while 229 patients tested negative. Demographic data was statistically similar between the two groups. 37.9% of patients with COVID-19 had documentation in a centralized ACP navigator in the EMR, compared to 46.3% of COVID-negative patients (p=0.43). ACP documentation for COVID-19 patients centered around code status (n=11, 100%), rather than prognosis (n=0, 0%) or other wishes (n=3, 27%). For all patients, palliative care consultation was associated with significantly higher odds of ACP documentation (OR 11.51, CI 2.92-77.35, p=0.002).

Conclusion and Implications for Research, Policy, or Practice. Hospitalized patients with COVID-19 had low rates of ACP documentation, albeit similar to those testing negative. While future studies are needed to explore underlying factors, proposed explanations include PPE requirements, visitor restrictions, clinical uncertainty regarding prognosis, and racial and ethnic disparities. Palliative care consultation was associated with increased ACP documentation across all patients. These findings highlight the importance of palliative care involvement in the care of patients with COVID-19 to ensure timely ACP discussions.

Neighborhood Socioeconomic Status Is Associated with Advance Care Planning Among Older Adults (W205D)

Sarah S. Nouri, MD, University of California, San Francisco. Courtney R. Lyles, PhD, University of California, San Francisco. Anna D. Rubinsky, PhD, University of California, San Francisco. Kanan Patel, MBBS MPH, University of California, San Francisco. Riya Desai, MPH, University of California, Berkeley and University of California, San Francisco. Jessica Fields, BA, University of California, San Francisco. Mindy C. DeRouen, PhD, MPH, University of California, San Francisco.