

on patients and families was unanimously noticed across all three groups of respondents.

**Conclusion.** EPPs are important in providing care for hospice/home care patients. More work is needed to increase awareness and participation in EPP development. An inclusive approach to involve multiple disciplines is needed.

**Implications for Research, Policy, or Practice.** Future work includes investigating the perspectives of nursing staff for comparison. Potential change in EPP policies.

### ***Impact of COVID-19 on LGBTQ+ Cancer Survivors' and Caregivers' Perceptions of Formal and Informal Social Support (SCI952)***

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#### *Objectives*

1. Identify at least 3 specific ways that the COVID-19 pandemic is affecting LGBTQ+ cancer survivors' and caregivers' perceptions of and access to formal support.
2. Identify at least 3 specific ways that the COVID-19 pandemic is affecting LGBTQ+ cancer survivors' and caregivers' perceptions of and access to informal support with their social networks.

**Background.** The COVID-19 pandemic has made it difficult for many cancer survivors and their caregivers to access support from providers and informal networks. This may be particularly true for LGBTQ+ groups, who are under-represented in oncology and palliative care research and often overlooked in clinical oncology and palliative care.

**Research Objectives.** We sought to better understand how the pandemic is affecting LGBTQ+ cancer survivors' and caregivers' access to and perceptions of formal and informal support.

**Methods.** Qualitative data were collected via open-ended survey items, interviews, and a focus group with LGBTQ+ cancer survivors and caregivers (n = 19). Questions assessed their perceptions of the impact of COVID-19 on support, including specific challenges for LGBTQ+ survivors and their caregivers. Interview and focus group audio data were transcribed, collated with survey responses, descriptively coded, and summarized.

**Results.** Participants included 11 survivors and 8 caregivers (1 was both) aged 21-81 (M = 41.9); 15 were

female, 3 male, and 1 nonbinary; 3 were transgender; 17 were LGBTQ+ (including 4 bisexual, 2 pansexual and 2 queer) and 2 were heterosexual (both caregiving parents). Participants described numerous concerns: 1) anxiety about inclusive care being seen as something "extra"; 2) decreased visibility; 3) potential discrimination without caregiver advocacy during visits; 4) decreased communication with providers; 5) lost opportunities for community connection; 6) lack of relevant support groups and resources; 7) a care landscape changing without meaningful input from LGBTQ+ groups.

**Conclusion.** The pandemic may exacerbate or create new unmet support needs for LGBTQ+ cancer survivors and caregivers.

**Implications for Research, Policy, or Practice.** Providers and organizations serving survivors and caregivers should be aware that minority cohorts, including LGBTQ+ survivors and caregivers, may experience increased isolation and marginalization during the pandemic. Their feedback should be actively solicited and incorporated into pandemic-related planning to inform care.

### ***Racial/Ethnic Differences in Acute Care Utilization, Costs, and Hospice Use Among Patients Who Receive Palliative Care Consultation to Discuss Goals of Care (SCI953)***

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#### *Objectives*

1. Describe acute care utilization (days hospitalized, ICU days) and costs of patients who received palliative care consultation to discuss goals-of-care (PCC) by race/ethnicity (White, African American, Hispanic, Asian, Other, Unknown race/ethnicity).
2. Compare future acute care utilization (30-day readmissions, future hospital days, future intensive care unit [ICU] admission, future number of ICU days) and future costs by race/ethnicity among patients who received palliative care consultation to discuss goals-of-care (PCC).
3. Compare hospice use and do-not-resuscitate status by race/ethnicity among patients who received palliative care consultation to discuss goals-of-care (PCC).