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Outcomes.

1. Describe an electronic health record (EHR) alert for identifying and recruiting primary care patients for an advance care planning (ACP) study

2. Evaluate the use of EHR alert reminders for identifying and recruiting patients for an ACP study and ACP documentation in the EHR

Importance. The Meta-LARC advance care planning (ACP) study is a US-Canadian multicenter cluster randomized clinical trial comparing clinician-focused to team-based implementation of the Serious Illness Care Program toolkit in primary care (PC) clinics. At six study sites within one health system, an electronic health record (EHR) algorithm identified patients who may benefit from ACP and alerted providers to consider study referral.

Objective. Describe the use of an EHR alert by PC providers for ACP study referrals and documentation.

Methods. The EHR-based ACP algorithm included three criteria: age ≥70 years, comorbidities, and ≥2 hospitalizations in the past year. An EHR alert was triggered for patients with ≥2 criteria. Clinicians could close the alert or send a referral message to the study team after having an ACP conversation. Clinicians could also document ACP conversations in the EHR. ACP documentation was measured by ACP template use.

Results. Over 20 months, 2,877 patients (a total of 17,047 alerts, median 4 [IQR 2-8] alerts per patient) were identified by the ACP algorithm, resulting in 290 patient referrals. Of the patients identified, 435 patients (15%) had ACP notes documented by any health system provider, and 211 patients (7%) had ACP notes documented by a study-trained PC provider. Patients referred to the Meta-LARC ACP study were more likely to have ACP notes documented in the EHR ($p < 0.001$). Approximately one third of referred patients ($n = 111$) had ACP documentation in the EHR by a study PC clinician.

Conclusion. An EHR algorithm and alert can be used to identify patients appropriate for ACP, increase ACP conversations and documentation, and facilitate referrals for an ACP study in a PC setting.

Impact. While an EHR-based ACP alert is feasible in PC settings, additional research is needed to identify barriers and facilitators to improve the implementation and documentation of ACP.

Nursing Facility Provider Perceptions of Appropriate Use of POLST (RP304)

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Outcomes.

1. Describe the concept of appropriate Physician Orders for Life-Sustaining Treatment (POLST) use

2. Describe the hierarchical relationship between factors influencing appropriate POLST use from a socioecological perspective

Importance. Physician Orders for Life-Sustaining Treatment (POLST) is a medical order form used to elicit and document treatment preferences. National POLST guidance recommends that POLST is intended for individuals at risk of a life-threatening clinical event due to life-limiting illness. Many, but not all, nursing facility residents meet these criteria, yet there is evidence that POLST is used more widely in some nursing facilities. This suggests providers may use different criteria in assessing which nursing facility residents are appropriate for POLST.

Objective. Describe provider perceptions of appropriate POLST use in the nursing facility.

Methods. Nursing facility medical providers were identified through state POLST contacts. A semistructured interview guide was used to elicit provider perceptions of appropriate POLST use. Interviews were digitally recorded and transcribed. Rapid qualitative analysis was performed to code data and identify themes.

Results. Participants included 27 nursing facility providers (20 MD/DOs, 6 APRNs, 1 PA) from 14 POLST-using states. Participant perceptions of themes relating to appropriate POLST use are organized using the socioecological framework: (1) Individual level: Residents at risk for burdensome interventions; residents with a poor prognosis or declining trajectory. (2) Interpersonal level: Family prefers limits on treatment (i.e., do not hospitalize, DNR, hospice care). (3) Organizational level: nursing facility policy and related clinical practices. (4) Public policy level: state law or surveyor interpretation of state law or regulation for all admitted residents. A subgroup of providers noted that "everyone" is appropriate, regardless of patient health status.

Conclusion(s). Findings suggest that a hierarchical set of factors influence perceptions of appropriate POLST use. This suggests that state or facility-level requirements for POLST reduce autonomy in decision making and may contradict the recommended national POLST guidance for appropriate use of POLST in an intended patient population.

Impact. Findings suggest that multilevel factors other than resident health status and preferences drive potentially inappropriate POLST use.

Expert Consensus-Based Guidance on Approaches to Opioid Management in Individuals with Advanced Cancer-Related Pain and Opioid Misuse or Use Disorder: Results of a Delphi Study (RP305)

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Outcomes.

1. Describe the results on expert panel consensus on the appropriateness of opioid management for patients with advanced cancer-related pain and opioid misuse or opioid use disorder
2. Identify instances when prognosis influences opioid decisions for people with advanced cancer
3. Describe the role of buprenorphine/naloxone and methadone for comorbid cancer-related pain in patients with opioid misuse or use disorder

Importance. Opioids are the cornerstone of cancer pain management, but little guidance exists to inform opioid management decisions for people with opioid misuse or opioid use disorder (OUD).

Objective(s). Develop consensus on various opioid management approaches for patients with advanced cancer-related pain and opioid misuse or OUD.

Method(s). We conducted a case-based modified Delphi process with experts in palliative care and addiction medicine. Two hypothetical patients had advanced cancer and uncontrolled pain: one with a recent history of OUD not on OUD treatment and not prescribed traditional opioids for pain or and one with no history of an OUD and prescribed traditional opioids for pain, then found to have urine drug tests repeatedly positive for the prescribed opioid and benzodiazepines. Participants were divided into two panels focused on patients with a prognosis of "weeks to months" and "months to years."

Results. Of 120 experts, the majority were physicians, and 70% participated in all rounds. For a patient with untreated OUD, regardless of prognosis, it was deemed appropriate to begin buprenorphine/naloxone and inappropriate to refer to a methadone clinic. Beginning split-dose methadone was deemed appropriate for patients with a shorter prognosis and of uncertain appropriateness for those with a longer prognosis. Beginning a full opioid agonist was deemed of uncertain appropriateness for those with a short prognosis and inappropriate for those with a longer prognosis. For a patient with urine drug tests positive for benzodiazepines regardless of prognosis, it was deemed appropriate to increase monitoring, inappropriate to taper opioids, and of uncertain appropriateness to prescribe buprenorphine/naloxone.

Conclusion(s). Buprenorphine/naloxone should be used to treat comorbid pain and OUD regardless of prognosis; its role for patients with high-risk behavior but without OUD is less certain. Prescription of methadone outside of a methadone clinic setting for comorbid pain and OUD was preferred.

Impact. Research into implementation and dissemination of buprenorphine/naloxone, and innovative policy solutions that remove barriers to methadone access, are urgently needed.

Palliative Care Pharmacist Interventions Surrounding Medication Prescribing Across Care Transitions (IMPACT) (RP306)

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Outcomes.

1. Describe the process of palliative care pharmacist integration into a transitions of care setting for palliative care oncology population
2. Discuss impact of a pharmacist-led transitions of care program for patient care

Importance. In our palliative care clinic embedded in our outpatient cancer center, no transitions of care process exists. Pharmacist-led transitions of care programs have shown a reduction in medication errors, 30-day hospital readmissions, improved medication reconciliation, and patients' understanding of appropriate use of medications. The Palliative Care Pharmacist IMPACT Program aims to improve continuity of care for our oncology patients, ensure access to discharge medications, and provide comprehensive medication reconciliation for a medically complex patient population with high readmission risk.

Objective(s). The primary objective of this project is to evaluate the feasibility of this program. Secondary outcome is a description of palliative care provider satisfaction with this program.

Method(s). PC Pharmacist called "high-risk" patients within 72 hours of hospital discharge for comprehensive medication review and symptom assessment. "High risk" defined as 2 of the 4 criteria: highest readmission risk, intermediate or high mortality risk, needing 90 or more oral morphine equivalents, or 10 or more medications on home medications list. Over a 3-month period, data collected included number of patients