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