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

enrolled in this program, medication-related problems identified and resolved, quantifying medication reconciliation discrepancies identified and resolved, and provider satisfaction.

Results. Forty-three patients were seen by a clinical pharmacist. An average of 14.9 medication reconciliation discrepancies per patient were identified and resolved. 76 drug therapy problems (DTPs) were identified, and recommendations were made to the patient or provider for resolution; the most common DTPs were compliance or dose too low involving opioids, bowel regimens, antiemetics, and nonopioid analgesics. 100% of palliative care providers strongly agreed the IMPACT Program improved quality of care for our patients.

Conclusion(s). The IMPACT Program is feasible and effective in reducing medication-related errors in the palliative care oncology population.

Impact. Plan to increase resources to ensure sustainability of the program and research program impact on readmissions.

An Event Time Model Study Examining the Impact of the POLST Program on Place of Death of Nursing Home Residents over Time (RP307)

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Outcomes.

1. Understand the impact over time of the POLST program on the place of death of nursing home residents

2. Discuss how specific advance directive policies impact decision making at the end of life for nursing home residents

Importance. Physician Orders for Life-Sustaining Treatment (POLST) programs assist patients, surrogates, and clinicians in ensuring that preferences for treatment at the end of life are prioritized.

Objectives. To examine the impact of the POLST program on place of death of nursing home (NH) residents over time (e.g., NH or hospice) based on developing or endorsed status (e.g., *developing* meaning beginning of use; *endorsed* meaning that benchmarks in use among institutions within a state were established).

Methods. This event time model study examined the associations between POLST status and the probability of dying in a NH or hospice. A national 10% sample of NH decedents between 2012 and 2018 was created. We merged data on the POLST year of development or endorsement with the 10% sample of quarterly assessments and place of death from the Minimum Data Set 3.0 and the National Vital Statistics mortality data for U.S. NH residents aged 65 and older.

Results. Our findings represent 225,149 NH residents. Two thirds (67%) were women, and the majority were White (82.2%). Five years after POLST development, the probability of dying in an NH or hospice was statistically significantly (5.6 percentage points, or 7.5%) higher compared to the NH or hospice death in the year prior to POLST development. The probability of dying in an NH or hospice also showed sustained increase with endorsement and maturity status of the POLST program over time.

Conclusions. The POLST program has potential to improve end-of-life care for NH residents with continued proliferation of programs within states. More research is needed to examine the impact for racial and ethnic minority NH residents.

Impact. Advance directives programs can be helpful in ensuring that NH residents can die in place or in hospice should they desire, potentially avoiding often unnecessary and aggressive care during hospitalizations.

Connectional Silence and Goal Expression in Serious Illness Conversation (RP308)

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Outcomes.

1. Learners will be able to contrast two examples of connectional silence

2. Learners will be able to describe two types of goal expressions

Importance. Some pauses in serious illness conversations mark moments of human connection amid the isolating, confusing, and often terrifying experience of hospitalization for advanced cancer. The presence of these "connectional silences" is associated with proximal decision making and quality-of-life outcomes. However, little is known about the intraconversational processes that are associated with the expression of connectional silence.

Objective(s). To explore the association between connectional silence and patient or family expression of perspectives about treatment goals during palliative care consultations.

Method(s). As part of a multisite cohort study, we audio-recorded initial palliative care consultations involving 199 hospitalized people with advanced cancer and