

education than schools with smaller Black student populations.

Objective. To describe the impact of a palliative care educational intervention at two historically Black universities.

Methods. We administered a palliative care educational intervention in family and internal medicine residency programs at Morehouse School of Medicine and Howard University. The intervention consisted of weekly Fast Facts, monthly case reports, Zoom didactic lectures on core palliative care topics, and visiting professorships. Preintervention and postintervention surveys were sent to residents assessing attitudes toward their palliative care education and their perceived confidence in specific palliative care domains. The results were analyzed using chi-square analysis.

Results. A total of 105 (response rate 55%) residents completed preintervention surveys and 101 (42%) completed postintervention surveys. Before the intervention, 50% of residents rated their overall preparedness in palliative care as ≥ 7 (0-10 Likert scale); among postintervention responses, 78% ($p < 0.01$) of respondents reported $\geq 7/10$. Although postintervention residents did not feel better prepared to treat symptoms, a higher percentage reported feeling well prepared to give bad news (41% postintervention vs 23% preintervention) and conduct a family meeting (44% postintervention vs 27% preintervention) ($p < 0.05$). Preintervention, 14% of residents felt their overall palliative care education was very good or excellent, and postintervention ratings increased to 30% ($p < 0.01$). Residents also reported increased confidence in ability to teach palliative care topics, from 26% preintervention to 57% postintervention ($p < 0.01$).

Conclusion. Implementation of a palliative care education program at two historically Black universities increased residence confidence in palliative care preparedness and communication skills.

Impact. Palliative care is an integral part of caring for chronic illnesses, many of which disproportionately affect African Americans. Training Black residents in palliative care is needed to reduce health disparities.

Managing Opioids in Cancer Patients at High Risk for Substance Use Disorders: Experience from an Outpatient Palliative Care Clinic (RP311)

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Outcomes.

1. Explain the benefits of universal screening for substance use disorder

2. Formulate a plan to manage cancer patients on opioids with, or at high risk of, substance use disorder

Importance. There are few guidelines on how to manage substance use disorder (SUD) in cancer patients taking opioids. The urine drug screen (UDS) and the opioid risk tool (ORT) have been used, usually randomly or when clinicians suspect SUD. There is a lack of data on the longitudinal outcome of cancer patients with SUD and opioids managed by a palliative clinic.

Objective(s). This study explored the longitudinal management and outcome of cancer patients on opioids in a palliative care clinic that universally screened for SUD with UDS and ORT

Method(s). A retrospective chart review was performed on patient visits to a palliative care clinic in September 2019. We evaluated all UDS results, abnormal drug behaviors, changes to treatment plans after abnormal behaviors or UDS results, and their longitudinal outcomes.

Results. 204 patients met inclusion criteria (cancer diagnosis, currently prescribed opioids, and had UDS results). 187 (91.6%) patients had no abnormal UDS results, 17 patients (8.3%) had at least one abnormal UDS result, and 6 of the 17 patients had persistently abnormal UDS results. Mean ORT score for patients with abnormal UDS results was 7.4 and 2.8 for patients without abnormal UDS results. Treatment plan changes included frequent clinic visits and UDS, small supplies of opioids, and weaning or rotating opioids. Patients with advanced or incurable cancers remained on higher-dose opioids, and those being treated with curative intent were transitioned to buprenorphine or weaned from opioids. No patients were noted to have overdosed or needed other emergency medical care for SUD.

Conclusion(s). In the setting of universal screening, less than 3% of patients had persistently abnormal UDS results. These patients were safely managed with a standardized protocol.

Impact. Universal UDS and ORT can be used to screen for SUD in cancer patients in a palliative clinic. Standardized protocols including decreased amount of opioids, frequent visits, and opioid rotation may be useful tools for patients with serious SUD and cancer-related pain.

Racial Differences in Advance Care Planning and Preferences for End-of-Life Care: Has COVID-19 Changed Anything? (RP312)

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