

Results. Our study sample included 8 participants, including 4 nephrology providers and 4 palliative care providers. We identified five themes: providers' stereotypes, patients' mistrust of providers, patients' end-of-life preferences, available community resources, and patients' family dynamics. Stereotypes were present in every theme, although most participants did not acknowledge the role that the stereotypes played in establishing trust and building therapeutic relationships conducive to end-of-life discussions.

Conclusion(s). Providers who serve American Indian patients with kidney disease should consider training in trauma-informed care and cultural sensitivity. Stereotypes of American Indian patients may impact providers' ability to build trust, a key component of end-of-life conversations, and contribute to misperceptions related to family dynamics, end-of-life preferences, and available community resources.

Impact. Our findings illustrate the need to develop and test culturally appropriate approaches to palliative care for American Indian patients. Future research efforts should adopt a community-based approach that engages tribal members and incorporates traditional approaches, cultural sensitivity training, and education about the role of provider stereotypes and implicit biases. Efforts to increase palliative care access to American Indians should be expanded to other specialties such as oncology, pulmonology, and cardiology.

Manifestations of Opioid Stigma in Patients with Advanced Cancer (RP316)

Hailey Bulls, PhD, University of Pittsburgh. Jessica Merlin, MD PhD, University of Pittsburgh. Yael Schenker, MD FAAHPM, University of Pittsburgh.

Outcomes.

1. Conceptualize stigma surrounding prescription opioids by using the Opioid Stigma Framework
2. Describe manifestations of opioid stigma in patients with advanced cancer
3. Describe potential management approaches to mitigate the impact of opioid stigma in patients with advanced cancer

Importance. Patients with advanced cancer are routinely prescribed opioids for pain management. However, high-profile efforts to address the opioid epidemic contribute to a widespread negative view of opioids. As a consequence, emerging evidence suggests that stigma surrounding prescription opioids, or opioid stigma, may complicate cancer pain management. However, little is known about how opioid stigma manifests in the experiences of patients with advanced cancer.

Objective(s). Explore manifestations of opioid stigma in patients with advanced cancer.

Method(s). Our study took a qualitative description approach. Qualitative interviews were conducted between 02/2020 and 05/2021. Participants were patients with advanced cancer and pain, prescribed or recommended opioids for their pain, identified by their oncologist; and patient-identified support people (family member or friend). Interviews were coded by two experienced qualitative analysts, using a codebook developed inductively from the content of the interviews, and content and thematic analyses were conducted.

Results. A total of 20 patients and 11 support people participated. Three themes emerged. First, participants described direct experiences with opioid stigma and opioid-related discrimination in healthcare settings, generally in settings outside of their oncology clinic (e.g., pain clinics, pharmacies). Second, participants endorsed concerns about opioid stigma impacting patient care in the future. Finally, patients displayed opioid-restricting attitudes and behaviors that may reflect internalized stigma and fear of addiction.

Conclusion(s). These results suggest that opioid stigma is a central challenge for patients with advanced cancer. Participants described specific, addressable manifestations of opioid stigma, including internalized and anticipated stigma and experiences of discrimination. Interventions to address opioid stigma at the clinician/systems level and mitigate the consequences of opioid stigma for patients with advanced cancer are needed to improve cancer pain treatment.

A Validated Spiritual Screening Tool for Serious Illness: The PC-Spirit (RP317)

Karen Steinhauer, PhD, Duke and VA Medical Centers. Amy Jeffreys, MStat, Durham VA Medical Center Health Services Research and Development Service. Jason Nieuwsma, PhD, Duke University Medical Center, Laramie. Ryan Parker, MDiv, Durham VA Health Care System. Maren Olsen, PhD, Duke University. Heather King, PhD, Durham VA Health Care System; Duke University School of Medicine.

Outcomes.

1. Understand the importance of spiritual screening
2. See evidence of the PC-Spirit internal and external validity
3. Discuss the usefulness of implementing the PC-Spirit in clinical practice

Importance. Spiritual and existential beliefs, for those religious and not, are associated with improved quality of life, reduced suffering, and preferences for care. Yet tools that systematically assess need; link those needs with intervention, treatment recommendations, and outcomes; and communicate needs with other

disciplines are lacking. Our research team developed and validated the first quantifiable spiritual screening tool designed specifically for seriously ill veterans, the PC-Spirit.

Objective(s). The objective of the study was to present the results of the quantitative validation of the PC-Spirit

Method(s). We administered the instrument along with a battery of comparison measures to 249 veterans with advanced illness. The comparison measures captured general spiritual well-being, religious coping, and emotional functioning and examined convergent and discriminant validity: FACIT (faith, meaning and purpose), QUALE (preparation and completion), R-COPE (religious/spiritual coping), POMS and PHQ-8 (anxiety and depression), and FACT-G (quality of life). We administered the PC-Spirit a week later, for test-retest reliability.

Results. Results demonstrated reliability and validity and yielded a screening tool with three main components: spiritual relevance, spiritual needs, and spiritual resources. Spiritual needs (9 items) and resources (14 items) had Cronbach's alphas of .76 and .86, respectively, items evaluating relevance of spirituality (7 items) demonstrated a Cronbach's alpha of .76. Psychometric analyses yielded a final PC-Spirit tool including 30 items. Spiritual resources was strongly positively correlated the FACIT-SP three subscales: meaning ($r = .63, p < .0001$), peace ($r = .59, p < .0001$), and faith ($r = .71, p < .0001$); the GES (measuring spirituality and peace with life) ($r = .65, p < .0001$); and the social and family well-being subscale of the Fact-G ($r = .56, p < .0001$), positive coping ($.63, p < .0001$), and religious intensity ($.51, p < .0001$). Spiritual needs were strongly positively correlated with depression as measured by the PHQ-8 ($r = .54, p < .0001$) and anxiety as measured by the POMS ($r = .52, p < .0001$). We also demonstrate threshold values and their correlation with anxiety and depression.

Conclusion(s). The PC-Spirit demonstrates reliability and validity.

Impact. PC-Spirit offers a validated tool to screening for spiritual distress.

Moving "OurCareWishes" to the Bedside: A Step-Wedge Pragmatic Trial (RP318)

Christopher Jones, MD MBA HMDC FAAHPM, Duke Palliative Care. Kirstin Manges, PhD, VA Center for Health Equity Research and Promotion. Teresa Tran, MPH, University of Pennsylvania. Casey Whitman, MS, University of Pennsylvania.

Outcomes.

1. Describe three advantages of using web-based platforms for eliciting advance care directives for hospitalized patients

2. Describe three disadvantages of using web-based platforms for eliciting advance care directives for hospitalized patients

Importance. Web-based platforms such as OurCareWishes.com hold great potential to overcome common barriers to documenting advance directives (ADs); however, research about these platforms' effectiveness is limited.

Objective(s). Determine the effectiveness of a low-cost intervention, OurCareWishes (OCW), that encourages the use of a novel online advance care planning solution by patients admitted to the hospital. Specifically, we examined the impact of OCW interventions on the number of patients with advance care planning documentation recorded in the electronic medical record (EMR).

Method(s). We conducted a step-wedge pragmatic trial comparing patients who were encouraged to complete an online advance care planning form to standard of care. We collected standard of care AD (pre-implementation phase) and enhanced AD (intervention phase) data from 3 admission sites at a single large academic center. We used logistic regression to evaluate the association between receiving the enhanced AD process and presence of a new AD documented in the EHR within 8 weeks of hospital discharge.

Results. In our final sample of 16,020 hospital admissions, only 8.6% ($n = 1,370$) of participants had an AD at the time of hospital admission and only 4.7% had a new AD 8 weeks after hospitalization. In our fully adjusted regression model, the completion of new ADs 8 weeks after hospitalization was not associated with exposure to the enhanced AD process (odds ratio 0.94; 95% CI 0.623, 1.42).

Conclusion(s). This step-wedge trial did not find a significant increase in AD documentation 8 weeks after hospital discharge after implementing an enhanced process for documenting AD with a web-based platform (OCW). We found low rates of AD on admission and 8 weeks after hospitalization, revealing low-hanging areas for improving AD documentation in future work.

Impact. Although web-based platforms have potential for improving advance care planning, future work should examine how to best design these platforms to improve quality of care.

Listening to Learn, Learning to Listen: Qualitative Research Participation Empowers Trainees (RP319)

Amy Porter, MD PhD, St. Jude Research Hospital. Cameka Woods, MBA, St. Jude Children's Research Hospital. Erica Kaye, MD, St. Jude Children's Research Hospital.