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Patient Reported Advance Care Planning Conversations among a Diverse Population of Older Adults with Chronic, Serious Illness: Gaps and Opportunities (GP734)

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Impact. We developed the first interactive, video-based training toolkit to enhance dementia-specific skills for PCP's care for people across the spectrum of ADRD. Our findings add to the evidence that structured ACP training specified for dementia improves clinician confidence and perceived ACP dementia skills.

Patient- and Practice-Level Outcomes Associated with Concurrent Oncologic Care and Specialty Palliative Care (GP733)

Sam Gaster, MA, Avera Cancer Institute. Francine Arneson, MD FAAHPM, Avera Cancer Institute.

Objectives
- Describe the importance of palliative care in oncology.
- List positive patient- and practice-level outcomes associated with palliative care in oncology.

Importance. Evidence suggests that integrating palliative care into usual oncology care benefits patients with advanced cancer and their caregivers.

Objective(s). We compared clinical and financial outcomes between patients with usual oncologic care versus oncologic care plus specialty palliative care.

Method(s). We performed a retrospective analysis on 575 deceased patients who attended an office visit at a medical/hematologic/gynecologic oncology clinic between January 2018 and July 2019. Patients who received concurrent outpatient palliative care as well as patients that received usual oncologic care were included. Data were abstracted from the electronic health record (EHR) to characterize patient and practice level data. We compared differences in advance directive (AD) documentation, do-not-resuscitate (DNR) designation, hospice enrollment prior to death, chemotherapy in the last 14 days of life, and health care utilization in the last 30 days of life.

Results. Seventy-nine (14%) patients received an outpatient specialty palliative care consultation concurrent with their cancer care. Compared to their counterparts, patients who received an outpatient specialty palliative care consultation were more likely to have a completed advanced care plan (56% v 18%, $p < .05$), have a DNR designation (25% v 6%, $p < .05$) in the EHR, to enroll in hospice prior to death (72% v 48%, $p < .05$), and avoid chemotherapy in the last 14 days of life (1% v 10%, p < .05) and a hospitalization in the last 30 days of life (28% v 41%, p < .05). We also observed fewer end-of-life ED visits (35% v 36%), but this result was not statistically significant.

Conclusion(s). These results provide additional support for advantage of concurrent oncologic care and specialty palliative care versus usual oncologic care.

Impact. These results will be used to support further integration of speciality palliative care into a community cancer center.

Patient Reported Advance Care Planning Conversations among a Diverse Population of Older Adults with Chronic, Serious Illness: Gaps and Opportunities (GP734)

Laura Gelfman, MD MPH FAAHPM, Icahn School of Medicine at Mount Sinai. Aiesha Volow, MPH, University of California, San Francisco. Ying Shi, PhD, University of California, San Francisco. Nathan Goldstein, MD FAAHPM, Mount Sinai Hospital. Deborah Barnes, PhD, University of California, San Francisco. Rebecca Sudore, MD FAAHPM, University of California, San Francisco & San Francisco Veterans Affairs.

Objectives
- Assess the prevalence of self-reported ACP conversations with surrogates and clinicians among a large diverse population of English and Spanish-speaking older adults with serious and chronic illness.
- Assess percentage of self-reported conversations as a detailed or general from this population.
- Determine the patient characteristics associated with ACP conversations with surrogates/clinicians.

Importance. Advance care planning (ACP) conversations are associated with improved goal-consistent care. Yet, little is known about the characteristics of patients who have ACP conversations or whether diverse older adults engage in detailed conversations with surrogates and/or clinicians

Objective(s). To determine participant characteristics associated with having a prior ACP conversation with surrogates/clinicians, the percentage of detailed conversations, and communication satisfaction.

Method(s). We used cross-sectional baseline data from two clinical trials of primary care patients aged ≥55 years with chronic/serious illness from a VA and public hospital. Outcomes: patient self-reported ever having ACP conversations with surrogates or clinicians, whether conversations about health states and medical care were general or detailed, and satisfaction with communication (5-point scales). We used Chi-squared and t-tests.

Results. Of 1,398 participants, mean age was 65.6 years (± 7.7), 45.9% were women, 31.8% Spanish-

speaking, 33.9% had limited health literacy, and 44.7% had fair-to-poor health. Overall, 42.1% reported prior conversations with surrogates (42.6% reported as detailed) and 15.4% with clinicians (37% detailed). Participants who discussed ACP with surrogates/clinicians were more likely to be older (66.6 vs. 64.9 years, p<.001; 66.8 vs. 65.4 years, p<.02, respectively), men vs. women (45.3% vs. 38.4%, p = .009; 19.0% vs. 11.2%, p<.001), English vs. Spanish-speaking (45.9% vs. 34.0%, p<.001;17.7% vs. 10.6%, p=.001), and have >high-school education vs. $\leq$high school (48.9% vs. 34.4%, p<.001;17.9% vs. 12.6%, p=.01). Participants with detailed vs. general conversations with surrogates reported higher satisfaction (4.4 vs. 4.2, p=.001), with a non-significant trend for clinicians.

Conclusion(s). Among older adults with chronic/serious illness, ACP conversations with surrogates and clinicians were infrequent and most were not detailed. Younger, Spanish-speaking women, with less education reported less conversations. Detailed conversations with surrogates were associated with higher satisfaction.

Impact. Support for vulnerable older adults is needed to foster detailed ACP conversations with surrogates and clinicians to ensure patients' wishes are honored.

Multimorbidity and Cancer: Using Electronic Health Record (EHR) Data to Cluster Patients in Multimorbidity Phenotypes (GP735)

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Objectives
- Describe how data mining techniques can be used to analyze EHR data to cluster patients based on cancer and multimorbidity
- Describe the relationships found between the cancer/multimorbidity cluster and demographic characteristics as well as mortality.

Importance. Multimorbidity is often criteria for exclusion in clinical research. Subsequently, the end-of-life trajectory of patients with multiple chronic conditions (MCCs) including cancer is not well understood. EHR data is a rich source of phenotypic information that has the potential to guide clinical planning algorithms and end-of-life care.

Objective(s). The research objectives were to identify distinct subgroups of patients based on the MCC and cancer diagnoses and describe differences in demographic characteristics and vital status across these subgroups.

Method(s). EHR data was extracted for adult patients (n=2977) newly diagnosed with cancer in 2017 at one academic medical center. The SEER cancer site/histology list was used to group cancer diagnosis. MCCs present in the ICD-10 billing data were used. K-means/modes clustering procedures were used to cluster patients based on MCC. Demographics and vital status were compared across groups.

Results. The sample was 58% women, 93% white, with mean age of 62.4 years. The most frequent cancers were GI (17%), gynecological (14%), and pulmonary (10%). The most frequent MCCs were hypertension (33%), anemia (24%), and metabolic diseases (21%). A three-cluster solution produced the most stable result. GI-system cancers clustered with multiple sclerosis and GI diseases (n=695; pulmonary cancer clustered with dementia, migraine, and pulmonary diseases (n=411); and gynecological cancers clustered with asthma and diabetes (n=499). No significant demographic differences were found between groups. The GI-system cancer cluster had a significantly higher mortality rate of 25%.

Conclusion(s). K-means/modes clustering produced stable and replicable clusters of cancer primary sites and MCCs. The MCCs clusters varied by cancer type, however MCCs prevalence did not drive the clustering solutions. Differences in mortality rates were found based on MCC/cancer cluster.

Impact. More research is needed to refine our ability to use EHR data to create multimorbidity profiles. Real-time EHR treatment planning based on multimorbidity profiles may soon be a clinical reality.

New Anti-Depressant Utilization Pre and Post Bereavement: A Population Based Study of Partners and Adult Children (GP736)

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