

in the symptom condition ( $p=.08$ ). Our findings suggest that most audio diaries are feasible for HFCGs, but varied prompts may facilitate different types of emotional expression. Future research should assess potential impact on emotional well-being and bereavement adjustment.

#### HOW MANY PEOPLE NEED PALLIATIVE CARE AND HOW MANY MISS OUT?

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With an ageing population and growing burden of chronic disease, the number of people requiring palliative or end-of-life care (P&EOLC) is set to rise. It is imperative to develop a comprehensive understanding of the quality and equity of P&EOLC provision to promote sustainable health systems. The aim of this presentation is to report an observational study of  $N=3,171$  decedents across a Local Health Network to: 1) estimate the proportion who need, access and miss out on P&EOLC in the last 12 months of life, and 2) identify differences by clinical and sociodemographic characteristics. Analysis was performed on multiple integrated datasets containing routinely collected health and mortality data. Estimation methods based on underlying cause of death were applied to determine those decedents who could potentially benefit from P&EOLC. Results identified potential benefit to 75% of decedents, of which 62% received P&EOLC and 13% missed out. Decedents aged 85 years or more and from a residential aged care facility showed the lowest proportion of access. Decedents with diagnosis of liver or kidney failure and dementia received more P&EOLC than were expected to benefit. Multivariate logistic regression identified that diagnosis and no other clinical or sociodemographic factor was significantly associated with likelihood of accessing specialist palliative care, with cancer showing highest likelihood and heart failure lowest likelihood. This research highlights the value of population-based estimates to provide a 'whole of system view' of quality and equity of P&EOLC, with ready translation for service planners around resource allocation for need and likely benefit.

#### IMPACT OF CULTURE AND RELIGION ON END-OF-LIFE DECISIONS AMONG ADVANCED CANCER PATIENTS IN DEVELOPING COUNTRIES

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Palliative care and end of life decisions are important components of quality care at the end-of-life. Individual's perception of cancer diagnosis is affected by their customs and traditions, religious orientations and stigma. Culture and religion as a social determinant of health affects people's interpretation of health and illness and is a major factor in deciding the type of care at end of life and death. The

purpose of the review was to identify factors related to culture and/or religion that impact decision making at end of life among advanced cancer patients their primary family caregivers and healthcare providers. An extensive literature search was conducted in Psych Info, PubMed, Philosophy Index, Atlas Religion, and Academic Search Premier databases for primary studies on the topic. Primary studies conducted only in developing countries and among healthcare providers, advanced cancer patients and their primary family caregivers were included. Five studies met the inclusion criteria: two primary studies, one methodological paper, and two on perspectives. The studies reported economic status of the patient, family, culture, and religious beliefs as factors that affected decision making at the end of life. Improving cancer care in developing countries requires the accommodation of the culture, traditions, and religious beliefs of both healthcare providers, patients and family. Culturally appropriate care model is therefore needed to enhance palliative and end of life care in developing countries. Leininger's Cultural Care Theory seem an appropriate path to take.

#### INTEGRATED MULTIDISCIPLINARY APPROACH TO ADVANCE CARE PLANNING FOR VULNERABLE OLDER ADULTS

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Advance Care Planning (ACP) is increasingly recognized as a crucial step to ensure patients receive medical care that consistent with their overall goals and values; however it remains suboptimal among vulnerable older adults. The objective was to determine whether a nurse navigator led ACP pathway plus a provider-facing EMR documentation program called ACPsmart improves ACP documentation within the EMR within an Accountable Care Organization (ACO) for vulnerable older adults. This was a randomized, pragmatic, effectiveness clinical trial was conducted from November 1, 2018 to November 1, 2019, at 8 primary care practices. Patients 65 years or older within an affiliated ACO with multimorbidity plus physical impairments, cognitive impairments, and/or frailty were included. Participants were randomized to either a nurse navigator led ACP pathway (NN) or usual care (UC). The primary outcome was documentation of new ACP discussion within the EMR at 12 months along with the quality of ACP discussions. Among 759 randomized patients (379 NN / 380 UC, mean age 77.7 years), compared to usual care, the NN led ACP pathway resulted in a higher rate of ACP documentation (42.2% vs 3.7%,  $p<0.001$ ). There was also higher completion rates of ACP legal forms (24.3% vs 10.0%,  $p<0.001$ ), MOST forms (10.3% vs 1.1%,  $p<0.001$ ), along with documentation of medical decision maker (64% vs 35%,  $p<0.001$ ). The nurse navigator led ACP pathway plus ACPsmart documentation program increased documentation of ACP within the EMR. This may mitigate prior barriers to ACP and could substantially improve ACP documentation within the EMR.