

are prohibitive. In this paper we review cases of patients who qualified for compassionate release but had their applications denied. We will discuss the urgent need for access to quality palliative medicine for incarcerated persons with advanced illness and call healthcare providers to action with the aim of reducing suffering and promoting social justice for those in need.

PREVALENCE OF MUSCULOSKELETAL PAIN AND ANALGESIC TREATMENT AMONG HOME-DWELLING OLDER ADULTS: CHANGES 1999–2019

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Pain has been shown to be undertreated in the older population. At the same time, the increased opioid use is of concern in the Western world. This study analyzes temporal trends in pain management among home-dwelling people aged 75 to 95 using cross-sectional cohort data spanning 20 years. The Helsinki Aging Study recruited random samples aged 75, 80, 85, 90, and 95 in 1999, 2009, and 2019. In total, 5,707 community-dwelling people participated in the questionnaire survey. Participants reported their medical diagnoses, regular prescription medications, and the presence of back pain or joint pain within the last 2 weeks (never, sometimes, or daily). We compared analgesics use in people reporting musculoskeletal pain and in people not reporting pain in 1999, 2009, and 2019. Of participants, 57–61% reported intermittent or daily musculoskeletal pain. The percentage of people taking a daily analgesic increased from 9% in 1999 to 16% in 2019. The use of NSAIDs decreased from 1999 to 2019, while the use of paracetamol increased from 2% to 11%. Of participants, 3% took daily opioids in 2019. Of those reporting daily musculoskeletal pain, 20% in 1999, 35% in 2009 and 32% in 2019 took regular pain medication. Pain remains undertreated in the older population, although the use of regular prescribed analgesics increased from 1999. The use of NSAIDs diminished, while the use of paracetamol increased. Daily opioid use remained modest from 1999 to 2019.

QUALITATIVE DOCUMENT ANALYSIS OF PATIENT'S HEALTHCARE TRAJECTORY WITH AND WITHOUT PALLIATIVE CARE

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Palliative care is important to the care of seriously ill patients to support the patient and family. Palliative care is often timely in the inpatient setting, but delayed in outpatient care, leading to missed opportunities. Identifying when to engage patients with palliative care in outpatient settings has been challenging. As part of a larger quality improvement project to increase access to palliative care, a qualitative sub-study was completed to identify missed palliative care engagement opportunities in patient's healthcare trajectories. A document analysis of patients notes from a convenience sample of 20 recently deceased patients who received care within

the Veteran Affairs healthcare system (VAHCS) was completed. Patients were sorted into four categories that emerged from initial analysis: cancer/palliative, non-cancer/palliative, cancer/non-palliative, and non-cancer/non-palliative. Two qualitative analysts reviewed the notes, paying particular attention to notes preceding or following seminal healthcare events. Patients in the cancer/non-palliative category were more likely to decline preventive care, engage less with the VAHCS health care or only interacted with the VAHCS for specific needs (e.g., determine VA health benefits). Similarly, non-cancer/non-palliative care patients were more likely to use a mix of VAHCS and outside healthcare, with inpatient care occurring outside of the VAHCS. For non-palliative care patients, seminal healthcare events were less likely to occur in the VAHCS. Thus, identifying opportunities to engage patients with palliative outside of seminal healthcare events may be important to increasing patient access within the VAHCS.

RELIABILITIES OF MEAN AND VARIABILITY OF AMBULATORY PAIN AMONG COMMUNITY DWELLING OLDER ADULTS

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Individual's pain experiences vary substantially over time periods, and the variability in pain may be an important metric to predict health consequences. However, research on its reliability is lacking among older adults. We aimed to examine the reliabilities of both intra-individual mean (IIM) and intra-individual variability (IIV) of subjective pain reports assessed using ecological momentary assessments (EMA) among racially diverse, community dwelling older adults. Participants were from the Einstein Aging Study (N=311, age=70-91) and completed a 14-day EMA protocol which included self-reports of pain intensity 6 times a day. Pain IIV was quantified using intraindividual standard deviation (iSD). We followed Wang and Grimm(2012)'s approach to calculate the reliability of IIM and IIV. Over a 2-week period, we found excellent reliabilities for both pain IIM (.99) and pain IIV (.91), showing that these measures are reliable and can be used to link with various health outcomes among community dwelling older adults. We also estimated the average number of assessments that produce acceptable levels of reliability. The average of 2 assessments for pain IIM and 23 assessments for pain IIV produced values that exceeded reliability score of .80, suggesting that a briefer study design may be used to reduce participants' burden with reliable pain metrics. Future studies need to examine whether pain IIV is associated with cognitive, emotional, and physical health among older adults and whether intervention studies that target to reduce pain IIV improve health consequences.

SUPPORTING INNOVATIVE STRATEGIES TO REDUCE OPIOID-RELATED HARMS AMONG OLDER ADULTS IN PRIMARY CARE

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