intervention= 70). Wellbeing was measured with the Hospital Anxiety and Depression Scale (HADS) and Impact Event Scale (IES).

Results No significant differences were found in wellbeing of FCs between groups. The mean scores for the HADS show no significant differences between groups for *anxiety* (mean score control 7,09 vs. mean score intervention 8,29) and *depression* (mean score control 6,72 vs. mean score intervention 7,17). No significant differences are found between groups in the mean scores for the IES. *Intrusion* had a mean score of 21,27 for control vs. 21,38 for intervention; *Avoidance* had a mean score of 10,34 for control vs. 12,72 for intervention.

Conclusion Despite previous evidence about improved outcomes for wellbeing in FCs in ACP programs, our ACP intervention did not show differences between groups. Possibly the non-response or cultural discrepancies between the different countries have a part in this. More research is needed to explain what mechanisms are present.

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OP50 INFLUENCING FACTORS ON ENGAGEMENT IN ADVANCE CARE PLANNING (ACP) FROM THE CAREGIVER'S PERSPECTIVE

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Background One important aspect of successful ACP is the engagement of caregivers during the process. However, sometimes the engagement of patients and their caregivers in ACP is known to be difficult. Therefore barriers and facilitators of participation in ACP from the caregiver's point of view are explored.

Methods 12 relatives (caregivers) of palliative-oncologic patients were questioned in guideline-based interviews. 5 caregivers were children and 7 were spouses of patients. The analysis was conducted by Qualitative Content Analysis by Ma Recruiting patients yring. Two code trees were built: one posing a two-dimensional axis system made of plus and minus poles, the other one operating in the shape of clusters ("clouds") considering overlappings and connections of the six main themes ("stardust model").

Results Six result clusters were evaluated influencing the willingness of both patients and caregivers.

1. Skills Of ACP-Initiators (general and social expectations on the initiator and conductor of ACP-intervention)
2. "Omnipresent Electivity" (setting of daily-life impulses for ACP bearing a non-binding nature)
3. Importance of Relationship Between Spouses (understanding of symmetrical needs)
4. Relative Differences Of Perception Of Children And Spouses of patients
5. Maintenance of Objective Necessities (non-emotional structural circumstances such as resources of time, finances and legal responsibilities)
All empowering relatives to be
6. A Participative Caregiver (including experiences and desired role in ACP setting)

Conclusions Acknowledging the importance of caregivers and their essential role in ACP further interventions should

consider incorporating these factors to improve the implementation of such.

OP51 EXPERIENCES WITH AND OUTCOMES OF ADVANCE CARE PLANNING IN BEREAVED RELATIVES OF FRAIL OLDER PATIENTS: A MIXED METHODS STUDY

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Background Advance Care Planning (ACP) may prepare relatives of frail older patients for future decision-making.

Objective To investigate (1) how bereaved relatives of frail older patients experience ACP conversations and (2) whether ACP has an effect on relatives' preparation for decision-making and on their levels of anxiety and depression.

Design: Cluster randomised controlled trial.

Setting: Residential care homes in the Netherlands.

Subjects: Bereaved relatives of care home residents and community-dwelling frail older patients.

Methods We randomised 16 residential care homes to either the intervention group, where participants (frail older patients) were offered facilitated ACP, or the control group (n=201), where they received 'care as usual'. If participants died, we approached relatives for an interview. We asked relatives who had attended ACP conversations for their experience with ACP (open-ended questions). Furthermore, we compared relatives' preparation levels for decision-making and levels of anxiety and depression (HADS) between groups. This trial was registered (NTR4454).

Results We conducted interviews with 39/51 (76%) bereaved relatives (intervention group: n=20, control group: n=19). Relatives appreciated the ACP conversations. A few considered ACP redundant since they were already aware of the patient's preferences. Nine of 10 relatives in the intervention group felt adequately prepared for decision-making as compared to five of 11 relatives in the control group (p=.03). Relatives' levels of anxiety and depression did not differ significantly between groups.

Conclusions In our study, bereaved relatives of frail older patients appreciated ACP. ACP positively affected preparedness for decision-making. It did not significantly affect levels of anxiety or depression.

OP52 TO WHAT EXTENT DO ONLINE RESOURCES MEET THE NEEDS OF SUBSTITUTE DECISION-MAKERS IN AUSTRALIA? PART 2

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Background We aimed to examine Australians' knowledge, attitudes and experiences regarding the role of substitute

decision-makers (SDMs). SDMs may also be known as 'surrogate' or 'proxy' decision-makers.

Methods A national survey was distributed via an online panel in September 2018 to 1,484 adults aged 18 years and over. Quotas on age, gender and jurisdiction (based on 2017 Australian Census data) aimed to maximise representativeness.

Results Of the 1,058 survey completers (response rate=71.3%), the majority (67%) did not know there were laws about substitute decision-making and 12% had previously made medical decisions on behalf of someone else. Seventy-four percent of those with SDM experience (n=97) agreed that making medical decisions on someone's behalf can be a difficult and stressful experience compared to 56% of those without SDM experience (n=589). Moreover, only 38% of those without SDM experience indicated they would feel confident in the role of SDM. When asked their preferred source for receiving SDM information, 59% of all respondents ranked health professional as their first preference, followed by discussion with family or friends (23%), traditional media (7%), new media (6%) or an event (3%). Only 16% indicated that appointing a SDM was a priority at the time of completing the survey.

Conclusion(s) Among a representative sample of Australians it was relatively common to have acted in the role of SDM and most who had perceived the role as challenging. Further education and support is needed to clarify roles, relevance and benefits in appointing and preparing SDMs.

OP53

A SYSTEMATIC REVIEW OF ECONOMIC EVALUATIONS OF ADVANCE CARE PLANNING: DATA LIMITATIONS AND ETHICAL CONSIDERATIONS

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Background Evidence regarding the degree and direction of economic impacts of implementing Advance Care Planning (ACP) is inconsistent. Also, available reviews have not systematically assessed the quality of the costing data in the primary studies. We aimed to synthesize current evidence on the economic impacts of implementing ACP and explore implications for policy and practice.

Methods We conducted a comprehensive search of online bibliographic databases. Reference lists of included articles were also reviewed. We assessed the quality of costing in studies using the Consensus on Health Economics Criteria Checklist (CHEC).

Results We included 33 studies; the majority were from the USA (78.8%). Studies were conducted in various settings, mostly hospitals (60%). Almost 64% of studies reported cost savings from the healthcare systems' perspectives; no study included patients' perspectives (out-of-pocket-costs). Assessing quality of costing using CHEC revealed weaknesses in studies including: flaws with costs identification (37.9%), measurement (39.3%), and valuation (44.8%); no consideration of intervention costs (87.9%); not including all relevant variables in sensitivity analyses (34.5%); and not discounting the costs (55.6%).

Discussion We detected substantial methodological issues with current economic evaluations of ACP that compromise the validity of evidence. To inform policy makers about ACP, which is a multifaceted process, methodologically robust studies are needed that capture costs of the program from all major payers. A comprehensive report on cost evaluations is highly recommended. Meanwhile, respecting patient choice remains a valid clinical basis for promoting use of ACP.

OP54

DELIVERING SYSTEM-WIDE ADVANCE CARE PLANNING SUPPORT IN REAL-WORLD SETTINGS: ECONOMIC CONSIDERATIONS. AN EXPLORATORY, QUALITATIVE STUDY IN TWELVE INTERNATIONAL HEALTHCARE ORGANISATIONS

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Background Facilitation of ACP conversations is time consuming, whether undertaken in one or multiple shorter discussions. Our exploratory, qualitative study in twelve healthcare systems (US, Canada, New Zealand, Australia) providing system-wide ACP support explored:

- organizational rationales for provision, including perspectives on the economic case
- type and organization of staffing
- ways of providing high-quality, system-wide support cost-efficiently.

Methods Interviews with leaders, ACP specialists, physicians, nurses, social workers and others (average n=13) were conducted in twelve purposively-sampled healthcare systems. Data were transcribed and thematically analysed using NVivo software.

Results System-wide ACP support was primarily a strategic response to risks associated with increased availability and use of life-prolonging interventions in serious illness and frailty. Overall cost-savings were not expected.

Staffing ACP support was challenging. While professionals often needed more protected time, promising approaches included team-based provision, especially physicians working with nurses and social workers, and systematic incorporation into chronic and routine care.

Skilled and experienced staff underpinned cost-effective provision. While dedicated facilitators were not scalable or sustainable, some level of specialism and voluntarism, with plentiful opportunities to develop skills in practice, was indicated.

ACP support was provided equally efficiently by experienced staff regardless of guides or approach used. Serious illness conversations could build on earlier ACP support. Community- and group-based approaches were thought cost-efficient, increasing reach and supporting later planning and decision-making.

Conclusions Investments in ACP support were justified by management of organizational risk and high-quality patient care. Our findings identify areas where cost-efficiencies in provision of system-wide ACP support may be found