were conducted to determine existence of interactions between statin use and APOE4 status on cognition. Statistically significant interactions were found between statin use and APOE4 status in RAVLT total learning and immediate memory. Statin use in women APOE4 non-carriers was associated with better verbal learning and immediate memory performances whereas statin use in women APOE4 carriers was associated with worse performances on these same tasks. Conclusions. Findings suggest that sex and APOE4 status may be important factors in consideration of statin use.

COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL: POST-ACUTE CARE AND PREFERRED PROVIDER NETWORKS

Cynthia A. Gruman,[1] Amy Cowell,[2] Kathryn Palmisano,[2] Shannon Rogers,[2] and Laura Dummit[1], *1. The Lewin Group, Falls Church, Virginia, United States, 2. The Lewin Group, Eden Prairie, Minnesota, United States*

The Comprehensive Care for Joint Replacement (CJR) model, implemented by the Centers for Medicare & Medicaid Services in 2016, is a randomized, controlled trial that tests the effect of holding a hospital accountable for payments and quality of all services provided to lower extremity joint replacement (LEJR) patients during an episode of care. The newly released results include 147,923 LEJR episodes that were initiated by 733 hospitals in 67 randomly selected metropolitan statistical areas. The objective of this presentation is to explore changes to the care pathway using results from a mixed-methods analytic approach including triangulation of findings from analysis of Medicare claims, hospital survey and hospital and associated provider interview data. Hospitals reported implementing notable changes over the past two years including hiring navigators, changes to therapy protocols, and direct discharge home. Hospital interviewees described efforts to strengthen relationships with PAC providers including the investment of resources into the development of preferred PAC provider networks. As a result of these changes, the average number of SNF days decreased by 2.3 days more for CJR episodes than for control group episodes from the baseline to the intervention period (p<0.01). Changes in two of nine complexity measures indicated a statistically significant relative decrease in CJR patients' functional status at SNF admission. The relative increases in CJR patients' average early-loss activities of daily living (ADLs) scores (p<0.05) and motion scores (p<0.10) suggest an increase in patients with greater needs were discharged to a SNF relative to the control group.

WHAT DOES SUCCESS MEAN IN THE CONTEXT OF ELDER ABUSE INTERVENTION FROM THE PERSPECTIVE OF VICTIMS?

David Burnes,[1] Jessica Hsieh,[1] Clara Scher,[2] Paula Zanotti,[3] Chelsie O. Burchett,[3] Jo Anne Sirey,[3] and Mark Lachs[4], *1. University of Toronto, Toronto, Ontario, Canada, 2. Weill Cornell Medicine, White Plains, New York, United States, 3. Weill Cornell Medicine, New York, New York, United States, 4. Weill Cornell Medical College / New York Presbyterian Hospital, New York, New York, United States*

Adult protective services (APS) and other community-based agencies respond to hundreds of thousands of elder abuse cases each year in the United States; however, little is known about what constitutes success in the context of elder abuse response intervention. This study explored the meaning of elder abuse intervention success from the perspective of victims themselves toward the development of a victim-centric taxonomy of outcomes. Guided by a phenomenological qualitative methodology, this study conducted in-person, semi-structured interviews with a sample of elder abuse victims (n = 30) recruited from APS in the states of Maine, New York, and California, as well as a community-based elder abuse social service program in New York City. To enhance trustworthiness, two researchers independently analyzed transcript data to identify key transcript statements into themes. Outcomes of success were identified across broad domains related to the victim, perpetrator, victim-perpetrator relationship, family system, and home environment. Specifically, common themes represented outcomes related to victim safety, autonomy, social support, and state of mind; perpetrator independence and accountability; and victim-perpetrator separation. For decades, the field of elder abuse has struggled to understand how to define success in the context of community-based intervention from a client-centered perspective. The taxonomy developed in this study provides a comprehensive and conceptually organized range of successful outcomes to serve as infrastructure for the development of meaningful intervention outcome measures. This study represents one of the largest efforts to understand and integrate the perspectives and needs of victims into elder abuse intervention practice/research to date.

VIRTUAL ONLINE COMMUNITIES FOR AGING LIFE EXPERIENCE (VOCALE) APPROACH: PILOT STUDIES

Oleg Zaslavsky,[1] Annie T. Chen,[1] Andrew Teng,[1] Shih-Yin Lin,[2] Soojeong Han,[1] Frances Chu,[1] and George Demiris[3], *1. University of Washington, Seattle, Washington, United States, 2. NYU Rory Meyers College of Nursing, New York, New York, United States, 3. University of Pennsylvania School of Nursing, Philadelphia, Pennsylvania, United States*

Emerging evidence suggests behavioral strategies focusing on symptom management can reduce frailty symptoms and improve quality of life. Unfortunately, these interventions are rarely scalable for implementation in geriatric care. Contemporary online technologies have tremendous potential for addressing this need. We developed and pilot tested an approach entitled Virtual Online Community for Aging Life Experience (VOCALE). The approach had two stages. In the first stage, we piloted the use of a Facebook platform to engage older adults with frailty symptoms in ten-week moderated discussions on health-related topics. In the second study, we used data from stage one to develop a prototypical persona of a person with frailty symptoms. The persona was then incorporated into an eight-week Facebook intervention informed by problem solving therapy to facilitate self-management in another group of older adults with frailty symptoms. The results from both rounds showed that it was feasible to recruit, engage, and retain persons ages 69-92 into virtual online community interventions. Attrition ranged from 25% to 33% in rounds one and two. In both rounds, we observed positive trends of change in health measures such as general health self-efficacy, disease self-efficacy, and health literacy. Throughout the studies, older adults shared multiple posts concerning their experience with age-related symptoms and described their self-management practices.