plans were lower by 10% and 5%, respectively, regardless whether mean OOPC were 100 or 1000 (P<.05). Our interviews highlighted issues regarding financial literacy, choice overload and complexity. These seniors did not use Plan Finder from Medicare and obtained information from insurance companies. Most seniors were confused about insurance terminology and expressed poor computer literacy. Among them, there was a prevailing sentiment that more expensive plans are better. Our findings could inform the Medicare program, and vulnerable populations who would benefit from plans that maximize quality of care with lower out-of-pocket spending. Finally, this information could contribute to state organizations' future efforts such as ensuring quality of health services for older adults including. Overall, this research provides new evidence about an increasingly important part of our publicly funded health system.

RATES OF HOSPITALIZATION AND EMERGENCY DEPARTMENT VISITS AND THE QUALITY OF NURSING HOMES IN THE U.S.

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CMS strives to reduce costs and improve care for nursing home (NH) residents by reducing acute care transfers. We used a national database of Medicare claims and the Minimum Data Set to build NH stays from July 2017 through June 2018 and identify dates of hospital admissions and emergency department visits without hospitalization (ED) among all residents. We calculated rates of 30-day re-hospitalization and ED among short-stay (rehabilitation) residents, and the number of hospitalizations or ED per long-stay resident day (LSRD), then examined associations with NH Five-Star ratings (data.medicare.gov) and other provider characteristics available from Medicare administrative data. We identified 1.79 million short-stays and 898,290 long-stays at 15,576 NHs. Nationally, the 30-day re-hospitalization rate is 22.6%, the short-stay ED rate is 12.0%, there was one hospitalization every 561 LSRD (1.8 per 1000 LSRD), and there was one ED every 617 LSRD (1.6 per 1000 LSRD). Median facility rates were 22.3% (IQR=17.8%, 27.1%) for 30-day re-hospitalizations, 12.0% (IQR=8.7%, 16.1%) for short-stay EDs, 1.6 hospitalizations per 1000 LSRD (IQR=1.1, 2.3), and 1.4 ED per 1000 LSRD (IQR =0.9, 2.2). Higher rates were strongly associated with lower Five-Star ratings, particularly staffing ratings, and larger, for-profit, non-hospital facilities; even after risk-adjustment. NH variation and associations with provider characteristics suggest it is possible to further reduce acute care transfers. CMS incorporated these measures into the Five-Star rating system, providing greater transparency for residents and possibly incentivizing NHs to improve through competition. Future research should monitor success or identify the need for other avenues to improve.

IMPLEMENTING A NEW MODEL IN PRIMARY CARE FOR OLDER CANADIANS LIVING WITH FRAILTY

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Primary care may be the best place within the health system to coordinate care for older persons, but at present, it is poorly equipped to do so. Effective models for complex patients require appropriate targeting, patient/caregiver engagement, and care coordination. A large national project aims to co-design and implement a model in primary care that includes risk-stratification, patient engagement and care coordination techniques for older adults. This presentation focuses on the process of implementation in primary care. Grounded in the Consolidated Framework for Implementation Research, researchers worked with nine primary care sites in three Canadian provinces. Project implementation was completed in two phases. Pre-implementation: Interviews with providers (n=25) and older adults (n=8) were conducted to understand current practices and plan for implementation. Implementation: Researchers worked with sites to train staff and support implementation. Monitoring of the implementation process included Interviews with providers (n=20) and field notes. Data were analyzed using directed coding, following the framework. A number of learnings emerged: buy-in was required from the entire team, teams provided meaningful information to guide implementation, contributing to a sense of ownership, and it was important that intervention components were tailored to the needs at each site. Ongoing and frequent discussions with the team was necessary. Scheduling meetings and training sessions for providers was challenging due to the length of time away from direct patient care. A new primary care model for older adults living with frailty was implemented. Lessons from this project will be used to guide future implementation and spread.

TRANSGENDERED OLDER ADULTS IN LONG-TERM CARE: PREPARING FOR THE RISING TIDE

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Gender non-conforming older adults are more likely to be without traditional support systems in place; many may need to turn to nursing homes for long-term care (LTC). Little information is available about the experiences of LGBT older adults in these settings. Research questions: What is known about the experiences of transgender (TG) older adults in LTC? What evidence-based recommendations exist to guide LTC administrators in providing quality care to TG residents? What are key future research areas? Method: Systematic review of extant literature, using databases: PubMed, Medline, Psych Info, CINAHL, Academic Search Complete, and ProQuestCentral. Key Results:RQ1) Published research in transgender healthcare consists primarily of case reports, and retrospective and cross-sectional studies; minimal literature specifically on TG individuals; combining LGBT carries risk of minimizing or equating the TG experience to that of gays and lesbians. RQ2) Recommendations: take proactive approach; focus on awareness of relevant laws and regulations; establish non-discriminatory and inclusive environments, policies, and procedures; regular staff training, monitoring, and evaluation. RQ3) Need exists for quantitative and qualitative research into all aspects of the TG experience in LTC. Key areas include: lived experience of the TG in LTC; beliefs, attitudes, values and practices of LTC staff; administrative challenges and responses. Conclusions: Transgender and gender non-conforming individuals frequently experience