VA PROBLEM-SOLVING TRAINING DURING COVID-19 FOR CLINICIANS OF PATIENTS WITH COMPLEX COMORBIDITIES

Sherry Beaudreau,¹ Marcela Otero,² Jessica Walker,³ Christine Gould,⁴ and Julie Wetherell,⁵ 1. VA Palo Alto / Stanford University School of Medicine, VA Palo Alto, California, United States, 2. VA Palo Alto, Palo Alto, California, United States, 3. VA Central Office, Salisbury, North Carolina, United States, 4. VA Palo Alto Health Care System, Palo Alto, California, United States, 5. VA San Diego / UCSD, La Jolla Village, California, United States

To address the shortage of mental health providers in geriatrics, VA has implemented clinician training in a VA Problem Solving Training (PST) protocol adapted to the needs of mostly older patients with complex comorbidities. This presentation will summarize PST implementation adaptations during COVID-19, and compare Veteran treatment outcomes before (2019) and during COVID-19 (2020). Sixty-one clinicians attended a workshop and small-group consultation for two training cases. Consultants provided ongoing feedback to program leadership about pandemicrelated implementation challenges. Program adaptations during COVID-19 addressed challenges related to delivering treatment by telephone, video, or in-person and recruitment barriers. Veterans in both cohorts (N = 122) had significant reductions in mental health symptoms from baseline to posttreatment in paired t-test comparisons (ps < .01). Flexibilities afforded to clinicians in the training during the pandemic did not diminish the effectiveness of the intervention, thus supporting continued implementation of the training program with added flexibility.

EVALUATION OF AN ADVANCED TOPICS WORKSHOP IN GEROPSYCHOLOGY: THE VALUE OF DEPTH IN TRAINING

Jeffrey Gregg,¹ Rachel Rodriguez,¹ Priyanka Mehta,² and Christine Gould,³ 1. Durham VA Health Care System, Durham, North Carolina, United States, 2. VA Palo Alto GRECC, Palo Alto, California, United States, 3. VA Palo Alto Health Care System, Palo Alto, California, United States

The Geriatric Scholars Program- Psychology Track (GSP-P) was implemented to address the dire shortage of mental health providers with geriatrics expertise within the VA, a large integrated healthcare system. One hundred and five psychologists participated in the GSP-P introductory geropsychology competencies course. Though they exhibited significant improvements in confidence, knowledge, and skills across geropsychology domains, increased depth (in addition to breadth) of training is needed. In 2019, GSP-P implemented an advanced workshop for graduates of the introductory course. Twenty-one psychologists participated in the workshop, which included 3.5 days of expert-led seminars followed by completion of an individualized learning plan over six months. Results from our evaluation indicated significant improvements in four of five geropsychology domains on the Pikes Peak Geropsychology Knowledge and Skill Assessment Tool. Our findings demonstrate continued enhancement of geropsychology competencies through advanced coursework is feasible and improves depth of training, particularly when combined with individualized learning plans.

VIRTUAL GERIATRIC MENTAL HEALTH CARE OFFERED WHERE NEEDED MOST: AN EVALUATION OF A TELEHEALTH CONSULTATION MODEL

Julie Filips,¹ Chalise Carlson,² Ana Alfaro,² Ranak Trevedi,³ Anita Savell,⁴ and Christine Gould,² 1. VAMC, Minneapolis, MN, Minnesota, United States, 2. VA Palo Alto Health Care System, Palo Alto, California, United States, 3. VA Palo Alto Center for Innovation to Implementation, Menlo Park, California, United States, 4. CRH Operations for VISN 23, Minneapolis, Minnesota, United States

Many VA facilities serving large rural populations do not have geriatric mental health specialists available to assist with managing the aging Veteran population's complex medical and behavioral comorbidities. We applied mixed-methods to evaluate an innovative model utilizing a geriatric psychiatrist who provides cross-facility consultation in a 5-state region. During a 3-month period, the consultant completed 135 consults and 20 e-consults to settings ranging from outpatient to long-term care. Leadership stakeholder and provider interviews highlight the importance of the availability of the consultant, collaboration with local care teams, staff education, person-centered approach, and work ethic/passion. The core challenges that the consultant helps manage include complex comorbidities, medication questions, and dementia with behavioral disturbance. Initial provider survey responses (n = 11) show high satisfaction with services (100%) and strong agreement (80%) that providers could follow through with recommendations. Next steps include replication of this model in other VA facilities.

THE SOUTH EAST TEXAS GERIATRIC WORKFORCE ENHANCEMENT PROGRAM: REACH, TEACH, INNOVATE

Ali Asghar-Ali, Baylor College of Medicine, Michael

E. DeBakey VA Medical Center/Houston, Texas, United States Through collaboration between academic and community partners, the South East Texas Geriatric Workforce Enhancement Program (SETx GWEP) aims to promulgate the 4Ms framework via a range of educational initiatives. The faculty and audience is interprofessional and diverse, representing the residents of South East Texas. Specific initiatives focus on Alzheimer's disease and related dementias, elder abuse, geriatric mental health, patient priorities, transitions of care, and geriatric dental care. Training modalities include online modules, Project ECHO sessions, webinars, discussion forums, and simulation. During the COVID19 pandemic the SETx GWEP adapted to meet the needs of its stakeholders, including increasing the number of online activities, hosting town hall meetings, and developing training to address the impact of COVID19 on the older adult population. The SETxGWEP trained over 1000 people in 2020. To address healthcare disparities among older adults, SETx GWEP developed training on the practice of cultural humility in older adult care.

Session 1115 (Symposium)

ORAL HEALTH AND DENTAL CARE AMONG OLDER ADULTS IN CHINA: WHAT ARE THE RISK AND PROTECTIVE FACTORS?

Chair: Weiyu Mao Co-Chair: Yaolin Pei Discussant: Huabin Luo