

settings may facilitate functional and psychosocial support to meet dementia and non-dementia related needs for adults who have dementia with comorbidities.

#### IMPACT OF INFORMAL CARE ON HEALTH CARE UTILIZATION AMONG OLDER PEOPLE IN CHINA

Yixiao Wang, *King's College London, London, England, United Kingdom*

Population aging has become a challenge to long-term care and health care for the society. Using China as a case study, this paper assesses allocative efficiency of resources in informal care and health care, to explore the effectiveness of the policy, i.e., encouraging informal care as a more cost-effective way to reduce public health care spending. Drawing data from the 2011, 2014, and 2018 waves of the Chinese Longitudinal Healthy Longevity Survey, this study examines the impact of informal care on utilization of health care as well as amount of health care expenditures among older people with functional limitations in China. Using random effects model with instrumental variable approach, our findings suggest that informal care significantly reduces the utilization of health care, primarily by reducing the utilization of outpatient care. However, informal care significantly increases the amount of inpatient care expenditures for inpatient care users. We do not observe significant association between informal care and amount of outpatient care expenditures for outpatient care users. This study highlights a pressing need for the Chinese government to support informal caregivers by taking economic values of informal caregiving into consideration, and to improve efficiency in inpatient care by a more integrated resource allocation mechanism

#### NURSING FACILITY AND HEALTH CARE SERVICE USE AND COSTS UNDER THE CMS FINANCIAL ALIGNMENT INITIATIVE

Lauren Palmer,<sup>1</sup> Matt Toth,<sup>2</sup> Joyce Wang,<sup>3</sup> Emily Schneider,<sup>2</sup> Allison Dorneo,<sup>2</sup> Giuseppina Chiri,<sup>3</sup> and Edith Walsh,<sup>1</sup> 1. *RTI International, RTI International, Massachusetts, United States*, 2. *RTI International, Research Triangle Park, North Carolina, United States*, 3. *RTI International, Waltham, Massachusetts, United States*

The Centers for Medicare & Medicaid Services created the Financial Alignment Initiative (FAI) to test the impact of integrated care and financing models for dually eligible Medicare-Medicaid beneficiaries. Using Medicare claims, the Minimum Data Set 3.0, and state-provided enrollment files, we evaluated demonstration impacts on long-stay nursing facility (NF) use, other health care service utilization, and costs for the overall eligible population in two FAI demonstration States with managed fee-for-service models, Colorado and Washington. We used quasi-experimental, difference-in-differences regression models for the impact analyses. In Colorado, there was a 7.2 percent decrease ( $p < 0.001$ ) in long-stay NF use, relative to the comparison group. Otherwise, the demonstration showed unfavorable service utilization results—increases in preventable emergency department (ED) visits and declines in 30-day follow-up after mental health discharge (MHFU)—and no impact on Medicare costs. In Washington, there was also a decrease in long-stay NF use (12.4 percent,  $p < 0.001$ ) and

skilled NF admissions (21.7 percent,  $p < 0.001$ ). However, the demonstration resulted in decreases in physician visits and 30-day MHFU. There was a favorable decrease in Medicare costs. The impact of the FAI demonstrations on NF use was favorable for both States, while the impact on service utilization and Medicare costs was mixed and more favorable in Washington. Washington's care coordination model was intensive and targeted to high-cost individuals while Colorado provided minimal care coordination. Coordinated care and integrated long-term services and support may help postpone NF institutionalization, but there is no evidence these activities reduced preventable hospitalizations or ED visits.

### Session 3280 (Symposium)

#### MAXWELL A. POLLACK AWARD LECTURE

Chair: Bob Harootyan

The lecture will feature an address by the 2020 Pollack Award recipient, Karl Pillmer, PhD, FGSA of Cornell University. The 2021 Pollack Award recipient is Namkee G. Choi, PhD, FGSA, of the University of Texas at Austin. The Maxwell A. Pollack Award for Contributions to Healthy Aging Award recognizes instances of practice informed by research and analysis, research that has directly improved policy or practice, and distinction in bridging the worlds of research and practice.

#### MAXWELL A. POLLACK AWARD LECTURE

Karl Pillemer, *Cornell University, Ithaca, New York, United States*

The lecture will feature an address by the 2020 Pollack Award recipient, Karl Pillmer, PhD, FGSA of Cornell University. The 2021 Pollack Award recipient is Namkee G. Choi, PhD, FGSA, of the University of Texas at Austin. The Maxwell A. Pollack Award for Contributions to Healthy Aging Award recognizes instances of practice informed by research and analysis, research that has directly improved policy or practice, and distinction in bridging the worlds of research and practice.

### Session 3285 (Paper)

#### MEDICATIONS AND PRESCRIBING

#### DEPRESCRIBING BLOOD PRESSURE TREATMENT IN VA LONG-TERM CARE RESIDENTS

Michelle Odden,<sup>1</sup> Sei Lee,<sup>2</sup> Michael Steinman,<sup>2</sup> Anna Rubinsky,<sup>3</sup> Bocheng Jing,<sup>4</sup> Kathy Fung,<sup>4</sup> Laura A. Graham,<sup>5</sup> and Carmen Peralta,<sup>3</sup> 1. *Stanford University, Stanford, California, United States*, 2. *University of California San Francisco, San Francisco, California, United States*, 3. *University of California, San Francisco, San Francisco, California, United States*, 4. *San Francisco VA Medical Center, San Francisco, California, United States*, 5. *VA Palo Alto Health Care System, Menlo Park, California, United States*

There is growing interest in deprescribing of antihypertensive medications in response to adverse effects, or when a patient's situation evolves such that the benefits are outweighed by the harms. We conducted a retrospective