living (ADL) from 2011 to 2019. Age 75-79 (IRR=1.55), 80-84 (IRR= to 4.60), 85-89 (IRR=2.99), 90+ (IRR=4.60), female, (IRR=1.18), not a house owner (IRR=1.51), financial strain (IRR=1.71), and receiving Medicaid (IRR=1.84) are associated with a higher likelihood of becoming ADL limited or having more ADL limitations. We will discuss potential policy, intervention, and research implications.

TRAJECTORIES OF EMERGENCY DEPARTMENT USE AFTER INCIDENT FUNCTIONAL DISABILITY

Katherine Ornstein, and Claire Ankuda, *Icahn School of Medicine at Mount Sinai, New York, New York, United States*

Emergency department (ED) visits for older adults with functional disability may represent unmet needs and are often burdensome to patients and families. While it is known that older adults with functional disability use the ED at high rates, this does not capture the heterogeneity of experience after the onset of disability. Using NHATS, we identified a cohort of older adults with incident disability, or who reported they began to receive help with self-care and/or mobility in the prior year. Using the month that they report first receiving help, we linked to Medicare data to assess quarterly patterns of ED use. We used Group Based Trajectory Modeling to assess the trajectories of ED use after disability. We identified three distinct trajectories of ED use: persistently high, declining, and persistently low. We describe the clinical, household, and sociodemographic characteristics associated with likely membership in each trajectory group.

Session 1455 (Symposium)

PROVIDING SPECIALTY TELEHEALTH CARE TO OLDER, RURAL PATIENTS: VOICES FROM FIELD

Chair: Eileen Dryden

Co-Chair: Lauren Moo

Older, rural adults have limited access to quality geriatric specialty care for several reasons including relatively few geriatric specialists in rural areas and lack of transportation options or patient ability to travel to more urban centers. GRECC Connect is a promising telehealth-hub and spoke model that provides rural patients access to teams of multidisciplinary geriatric specialists in more urban medical centers primarily by video connection with affiliated community-based outpatient clinics (CBOCs). This model provides a viable option for increasing access to geriatric specialty care for rural patients but is not used to the extent it could be. To date, much of our understanding of this model has come from the experts at the hub medical centers. To learn more about the experience of this model from the field we interviewed CBOC staff and providers as well as Veterans and their caregivers about geriatric specialty telehealth services. In this symposium we will discuss facilitators and barriers to implementing this model from the perspective of the field and then explore more deeply both the context of the CBOC environment and the older patient population served by rural CBOCs to further understand the challenges that are faced in attempting to connect older patients with telehealth services. Finally, we will share the perceived value of the service and alignment with local needs. This deeper understanding of the experience of the 'spoke' may help enhance access to much needed geriatric specialty care for rural veterans.

QUALITATIVE EVALUATION: GRECC CONNECT AS A METHOD OF DELIVERING HEALTH CARE TO RURAL OLDER VETERANS

Lauren Moo,[1] William Hung,[2] Eileen Dryden,[3] Camilla Pimentel,[4] Laura Kernan,[3] and Kathryn Nearing,[5] *1. VA Bedford Health Care System, Bedford, Massachusetts, United States, 2. Veterans Health Administration, New York City, New York, United States, 3. Veterans Health Administration, Bedford, Massachusetts, United States, 4. VA Bedford Healthcare System, Bedford, Massachusetts, United States, 5. Veterans Health Administration, Denver, Colorado, United States*

The VA Office of Rural Health-funded GRECC Connect program uses telehealth modalities to provide geriatric specialty care to rural older veterans and education to clinicians in VA Community-based outpatient clinics (CBOCs). Qualitative evaluation of GRECC Connect has included interviews with three stakeholder groups: geriatrics specialty teams at 15 hub medical centers, rural CBOC staff, and patients/family caregivers. CBOC staff interviews included 50 individuals from 13 different CBOCs. Staff roles included clinic managers, social workers, psychologists, physicians, nurses, and telehealth technicians. Older veterans who had recently been involved in a GRECC Connect video visit were also invited to share their views on the visit. By including multiple perspectives on the program, we are better positioned to increase reach, access, and improve care for older rural veterans.

THE INTEGRAL ROLE OF CBOCS IN RURAL HEALTHCARE: PROMISES AND CHALLENGES

Camilla Pimentel,[1] Kathryn Nearing,[2] Laura Kernan,[3] Eileen Dryden,[3] and Lauren Moo,[4] *1. VA Bedford Healthcare System, Bedford, Massachusetts, United States, 2. Veterans Health Administration, Denver, Colorado, United States, 3. Veterans Health Administration, Bedford, Massachusetts, United States, 4. VA Bedford Health Care System, Bedford, Massachusetts, United States*

Community-based outpatient clinics are critical to extending the geographic reach of VA's healthcare delivery system. Nationwide, 733 CBOCs provide outpatient care to nearly half of the VA's patient population. The 13 rural CBOCs in the study sample provide outpatient primary care, mental health care, and a limited number of specialty care services. Located 1–3.5 hours away from their closest VA Medical Center, these CBOCs have a wide—sometimes interstate—service catchment area. To effectively serve increasingly older and medically complex patient populations, they rely heavily on partnerships with larger VA Medical Centers and local community providers for inpatient, residential, and additional outpatient services. CBOCs experience myriad staffing challenges, including staff turnover, "access providers" working at multiple CBOCs, and highly variable training in rural health and geriatrics. While some CBOCs have robust telehealth offerings, others cannot currently grow their telehealth capacity owing to constraints in clinic space and provider schedules.