

living in affordable housing communities. Finally, H. Xu will present the results of an analysis examining the effectiveness of telehealth in reducing readmissions among heart failure patients during the COVID-19 pandemic. While the COVID-19 pandemic has especially impacted older adults and those who care for them, these talks highlight the potential of telehealth services and interventions to provide support and facilitate the continuity of care during times of crisis.

AN INTERDISCIPLINARY HOME-BASED MEDICAL CARE PROGRAM TO REACH HOMEBOUND ADULTS LIVING WITH DEMENTIA

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The COVID pandemic has impacted access to care, particularly for older, homebound persons living with dementia (PwD). At the beginning of the pandemic, our interdisciplinary team introduced a home-based medical care program (HBMC) to address chronically ill and homebound PwD and caregivers' needs to promote aging in place. The purpose of this presentation is to describe PwD and caregiver service use and experiences with Virginia at Home (VaH) HBMC during the pandemic. All PwD participating in VaH program are offered home telehealth access with necessary devices. We will discuss telehealth access and use and dyad-care provider communication across up to 20 dyads to facilitate continuity of care. These data are supplemented by qualitative interviews with dyads presenting needs, preferences, and experiences accessing and using services across the first six months of program launch. We will conclude with a discussion of participant-informed program alterations to facilitate optimal overall care and outcomes.

ADAPTATIONS TO IN-HOME HEALTH CARE DUE TO COVID-19: THE VA'S HOME-BASED PRIMARY CARE PROGRAM

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The COVID-19 pandemic disrupted traditional Home Based Primary Care (HBPC) care processes, including changes to provision of face-to-face care in-home for older adults. Our study describes and explains care delivery changes Department of Veterans Affairs (VA) HBPC programs made in response to the pandemic. We fielded a national survey to all 140 VA HBPC programs, targeting interdisciplinary care teams and HBPC leadership. We structured survey questions using a mixed method approach with both closed and open-ended questions, applying a qualitative content analysis approach to open-ended responses complemented by analysis of descriptive quantitative data. Preliminary findings highlight the value and consideration of different telehealth modalities when caring for an older, homebound population, as

well as creative adaptations HBPC teams made to deliver care during the pandemic. Implications include nascent development of decision-making paradigms beyond the pandemic particularly for appropriate use of telehealth modalities for older homebound adults.

USE OF TELEHEALTH TO SUPPORT FAMILY CAREGIVERS OF HOSPICE PATIENTS DURING THE COVID-19 PANDEMIC

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Family caregivers of hospice patients faced additional challenges in the context of the COVID-19 pandemic where social isolation and loneliness that are often observed among those taking care of a loved one at the end of life, were exacerbated by social distancing rules and workflow changes introduced by hospice agencies. The use of telehealth technologies has the potential to facilitate the delivery of supportive services for family caregivers. We conducted a study examining the use of telehealth for the delivery of a supportive intervention based on problem solving therapy and positive appraisal theory designed specifically to support family caregivers of hospice patients during the COVID-19 pandemic. We recruited 248 caregivers who each participated in three telehealth sessions over a month; caregivers reported higher levels of quality of life and lower levels of anxiety post intervention. Specific recommendations for inclusive telehealth design are discussed based on lessons learned.

LESSONS FROM LIGHTHOUSE: OPERATIONALIZING TECHNOLOGY TO SUPPORT OLDER ADULTS IN AFFORDABLE HOUSING COMMUNITIES

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Lighthouse for Older Adults, an innovative public-private partnership, was developed in response to COVID-19 as a means of advancing telehealth for low-income older adults living in affordable housing communities. Residents of these communities often don't have reliable access to devices, sufficient bandwidth for telehealth, or adequate social services, further complicated by the need for multi-lingual and culturally sensitive programs. This presentation will share program implementation strategies and outcomes, including the essential role telehealth services play in the care and wellbeing of older adults during and beyond COVID-19. This session will review evidence-based components of a telehealth intervention, including digital literacy training and technology support. Key drivers for successful implementation (e.g., peer led training, user input into technology selection) as well as barriers to implementation (e.g., broad band installation, internet service availability/cost, tech support) will be reviewed. Lessons learned through program replication and scaling of Lighthouse telehealth services will be discussed.

TELEHEALTH AND 30-DAY READMISSIONS AMONG HEART FAILURE PATIENTS DURING THE COVID-19 PANDEMIC

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This study examined whether outpatient follow-up within 14 days of discharge via telehealth visits are as effective as in-person visits for reducing 30-day readmission in heart failure (HF) patients. Using electronic health records from a large health system, we included HF patients (n=1,722) who were hospitalized during the period of March 15-July 15, 2020. Overall, 28.1% of patients received an early outpatient follow-up visit. Patients who received telehealth visits (n=119) were more likely to be older and live in areas with higher median household incomes than those with in-person visits (n=365). Thirty-day readmission rates were 20.5% during the COVID-19 period. Multivariate models showed that patients who received a telehealth (OR=0.36, 95%CI [0.23-0.56]) or an in-person (OR=0.42, 95%CI [0.31-0.57]) visit were less likely to be readmitted within 30 days compared with patients without an early outpatient follow-up. Telehealth visits were just as effective as in-person visits at reducing 30-day readmissions.

Session 4150 (Paper)

Telehealth Interventions for Older Adults: COVID-19

RURAL-URBAN DIFFERENCES IN AVAILABILITY OF TELEMEDICINE SERVICES AMONG MEDICARE BENEFICIARIES DURING COVID-19

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The COVID-19 pandemic has created substantial disruptions to all aspects of rural and urban U.S. life. At the same time, it has provided opportunities for shifts in health service delivery, including policy innovations to increase telehealth availability and use for diagnosis and treatment of health concerns. However, it is unclear whether rural residents, particularly older adults, have the same access to telehealth services as their urban counterparts. Rural providers may face unique barriers to delivering telehealth services, and rural patients may have more difficulty accessing those services from their homes. This study used the Fall and Summer 2020 Medicare Current Beneficiary Survey COVID-19 Supplement Public Use Files to examine rural-urban differences in the telemedicine services available to Medicare beneficiaries from their primary care providers, as well as their ability to access those services. Preliminary findings suggest that rural beneficiaries are less likely to have access to telehealth services during the pandemic, they were more likely to exhibit hesitancy towards receiving the COVID-19 vaccine, they were less likely to engage in preventive behaviors such as hand washing and sterilizing surfaces, and more likely to have missed diagnostic or medical screening tests (37%) compared to urban (27%) beneficiaries. Finally, rural beneficiaries were less likely to have a smartphone, computer, or tablet at home and less

likely to have access to the internet (78% rural; 84% urban). Policy implications include the need for outreach efforts to better inform the provider community, and efforts to improve rural health system infrastructure available to support telehealth.

TECHNOLOGY IS OUT THERE FOR THE BETTERMENT OF US: AFRICAN AMERICAN FAMILY CAREGIVERS AND COVID-19

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Unpaid family caregivers are mostly responsible for bearing the costs associated with caring for older adults with dementia. Importantly, the ongoing COVID-19 pandemic has created unforeseen challenges for many family caregivers. Specifically, the restrictions put in place to limit the spread of the coronavirus may be exacerbating the challenges faced by these caregivers as they try to navigate the system. Further, studies have shown that family caregivers who are members of a racial or ethnic minority group such as African-Americans or Hispanics face unique challenges when caring for their loved ones. Additional challenges may include socioeconomic disadvantages, health disparities, and language barriers that make it more difficult to access healthcare and social services. In this study, we examined the perspectives of African-American family caregivers of older adults on the feasibility of utilizing technology as a coping strategy (including for research participation) during the ongoing COVID-19 pandemic. The research question was: What are the perspectives of African-American family caregivers of people with dementia on the feasibility, opportunities, and challenges of technology as a means to engage family caregivers during a pandemic? In-depth one-on-one interviews were conducted with 12 African-American/black family caregivers. Thematic analysis of the qualitative data yielded the following three themes: (1) Acceptance that technology will play a greater role in the world going forward, and family caregivers need to adapt; (2) Opportunities to avoid social isolation while maintaining links with critical community resources; and (3) Challenges due to possible loss of privacy and lack of physical interactions

TELEHEALTH: A RESOURCE FOR VULNERABLE POPULATIONS TO ACCESS ORAL HEALTHCARE DURING THE COVID-19 PANDEMIC

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Dental care and adherence to daily oral hygiene practices are particularly important for healthy aging. For socially disadvantaged or impoverished, older community residents, populations who are at risk for long-standing oral disease, public dental clinics are safety nets. In March 2020, when COVID-19 cases surged in the New York metropolitan area, a months-long suspension of the area's community dental