

READMISSION RISK BY INSURANCE TYPE FOR PATIENTS WITH HEART FAILURE IN SKILLED NURSING FACILITIES

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Heart failure (HF) is a leading cause of potentially preventable hospital readmissions for Medicare beneficiaries from skilled nursing facilities (SNFs). This research seeks to determine if a HF patient's insurance type (Medicare Fee-for-Service (FFS) vs. Medicare Advantage (MA)) influences their risk for readmission within 30 days of hospital discharge to a SNF. MA beneficiaries receive benefits through managed care plans with restricted networks, but typically expanded benefits. This research is particularly timely in light of CMS' new penalties under the Protecting Access to Medicare Act (PAMA) directed at SNFs for 30-day rehospitalizations. Outcomes data on readmissions from a randomized controlled trial of HF Disease Management in SNFs conducted from 2014-2017 were used to evaluate the risk of readmission. Patients with HF receiving SNF care were enrolled and followed for 30 days from SNF admission. Patients were recruited from 29 primarily for-profit (93%) SNFs that contracted with an average of 4.07 (± 5.48) MA plans. Of the 340 study participants followed, 62% had FFS Medicare coverage ($n=212$) and 38% had MA ($n=128$). In total, 23% ($n=79$) of patients experienced at least one readmission within 30 days of hospital discharge. FFS patients had a higher risk of rehospitalization within 30 days of hospital discharge than MA patients (25% vs. 20%), but the association between insurance type and rehospitalization was not statistically significant (p -value=0.177). Findings suggest that insurance type may be an important risk factor for rehospitalizations for patients with HF from SNF; however, a larger sample will need to confirm this relationship.

CARDIOVASCULAR RISK MODERATES THE EFFECT OF RESISTANCE TRAINING ON PHYSICAL PERFORMANCE IN OLDER ADULT WOMEN

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We aimed to examine whether the Framingham Cardiovascular Risk Profile Score (FCRP) moderates the effect of progressive resistance training (RT) on mobility in older adult women. This is an exploratory analysis of a single-blind, 12-month randomized controlled trial in 155 women, aged 65 to 75 years old, who were randomized to: 1x/week progressive RT; or 2x/week progressive RT program; or 2x/week balance and tone (BAT). At baseline and trial completion, mobility was measured using the Short Physical Performance Battery (SPPB). The SPPB is a composite measure of usual gait speed, standing balance, and sit to stand performance; scores $< 9/12$ are indicative of

functional decline. Baseline 10-year cardiovascular risk was calculated using the FCRP. Participants were classified as either low risk ($< 16.5\%$ FCRP score; LCVR) or high risk ($\geq 16.5\%$ FCRP score; HCVR). A complete case analysis ($n=126$) was conducted using a two-way analysis of covariance (ANCOVA) to evaluate the interaction effect of group by FCRP risk on SPPB scores at trial completion; baseline SPPB scores and age in years were entered as covariates. There was a significant interaction effect ($F(1,126)=3.74$, $p=0.027$). At trial completion, both 1x/RT and 2x/RT participants with HCVR demonstrated greater SPPB scores than those with LCVR (11.59 vs. 11.38 for 1x/week; 11.86 vs 11.46 for 2x/week). In contrast, BAT participants with HCVR demonstrated worse SPPB scores than those with LCVR (11.18 vs 11.66). Our data suggest that RT may be more efficacious for improving mobility in older women with higher cardiovascular risk than women with lower risk.

SESSION 3285 (POSTER)

CIVIC ENGAGEMENT AND LATE-LIFE EMPLOYMENT

FACTORS INFLUENCING AMERICAN ELDER'S FORMAL CIVIC ENGAGEMENT: A SYSTEMATIC LITERATURE REVIEW

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Summary: Today's American elders are increasingly being seen as an asset to society through civic engagement. A new challenge facing America now and in the years ahead is how to tap such asset. Formal organizations should play a leading role in institutionalizing American elders' civic engagement. Due to a structural lag between social changes and organizational practices, however, many organizations are not ready to engage the large number of American elders. To address this issue, formal organizations first need to know which factors affect American elders' civic engagement and then are able to come up with effective solutions. Although some studies have investigated the contributing factors of American elders' civic engagement, there are very few systematic syntheses of these factors from various different studies. To fill this gap, the authors conducted a mixed methods systematic literature review using meta-summary. Through electronic search of five databases and hand search of bibliographies, 22 articles were used in final analysis based on eligibility criteria, including 19 quantitative studies, two qualitative studies and one mixed methods study. Findings: The review identified six themes and 28 factors related to American elders' civic engagement. These themes encompassed socio-demographic factors (eight factors), health status (four factors), program characteristics (four factors), engagement opportunities (three factors), engagement outcomes (five factors) and social capital (four factors). Applications: Formal organizations are advised to develop relevant competencies to capture the influences of identified factors. Social workers are also required to develop multilevel competencies to better engage American elders with the organizational settings.