

decline over time. This observational cohort studies included 2,443 older adults (mean age=74.6, 62.5% White, 47.8% men) from the Health ABC Study with up to eight years of data. Energy was assessed using a single-item question about prior month's energy (baseline mean=6.7, SD=1.7, range=0–10, lower=less energy). We used linear mixed models to create energy change scores (mean=-.07 points/year, SD=.05, range=-0.32-0.21, negative=decreased energy). In regression models adjusting for baseline outcome performance and energy and demographics, declining energy predicted greater frailty ( $\beta$ =-2.72, 95%CI = -3.39,-2.06), greater mortality (hazard ratio=.07,  $p$ <.001), and faster CES-D ( $\beta$ =-.93, 95%CI=-1.10,-0.75) but not 3MS decline. Energy changes are easy to assess and predict clinically-relevant outcomes. Future work should consider mechanisms of declining energy on disability-related outcomes. Part of a symposium sponsored by Brain Interest Group.

#### **SOCIAL VOLUNTEERING IN AGING ADULTS INCREASES REGIONS OF THE AMYGDALA AND CORRELATES WITH ENHANCED GENERATIVITY**

Michelle Carlson, *Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States*

The Brain Health Study (BHS) of the Baltimore Experience Corps Trial (BECT) examined whether a randomized, controlled trial of an intergenerational social volunteer program, entitled Experience Corps, increased subregions of the amygdala related to socioemotional memory and risk for Alzheimer's disease in aging adults. We further assessed functional correlates of these intervention-related changes and changes in aging adults' developmental need to be generative, or, to give back to the well-being of others. The BHS simultaneously randomized 112 men and women (59 intervention; 53 control) within BECT to evaluate intervention impact on biomarkers of brain health at baseline and annual follow-ups during the two-year trial. Intention-to-treat analyses revealed program-specific increases in the shape of the centromedial and basomedial regions of the left amygdala ( $p$ 's $\leq$ 0.05 adjusted), which were correlated with increases in generativity ( $p$ 's =0.06). Meaningful social engagement buffered amygdalar declines important to preservation of emotionally salient memory and risk for dementia. Part of a symposium sponsored by Brain Interest Group.

#### **HEARING LOSS IN OLDER ADULTS: IMPLICATIONS FOR COGNITIVE LOAD AND BRAIN STRUCTURE AND FUNCTION**

Frank Lin, *Johns Hopkins University School of Medicine, Baltimore, Maryland, United States*

Age-related hearing loss is prevalent in two-thirds of older adults and reflects progressive impairments in cochlear function leading to impoverished peripheral neural encoding of sound. Research has demonstrated the broader implications of hearing loss for the health and functioning of older adults, particularly with respect to brain aging and dementia. This presentation will summarize current epidemiological and

neuroimaging evidence for how hearing loss in older adults affects cognitive load and brain structure/function and relate this contemporary research with previous psychological studies proposing 'information degradation' and 'sensory deprivation' hypotheses of how hearing may affect cognitive function. Finally, the design of an ongoing NIA-funded randomized controlled trial (ACHIEVE- Aging and Cognitive Health Evaluation in Elders) that will determine if hearing treatment reduces the risk of cognitive decline, dementia, and brain aging in adults will be discussed. Part of a symposium sponsored by Brain Interest Group.

### **SESSION 7215 (SYMPOSIUM)**

#### **SCALING GERIATRIC AND TELEMEDICINE CARE FOR OLDER ADULTS IN RURAL AREAS THROUGH CLINICAL STRATEGIES AND TRAINING**

Chair: William Hung

Co-Chair: Becky Powers

Discussant: Stuti Dang

Telemedicine, the use of electronic information and communication technologies to deliver care, has grown substantially over the past few years, potentially benefiting older adults who have difficulty accessing and traveling to care locations. Given that providers and interprofessional staff with training in geriatric medicine often practice in urban rather than rural areas, older adults' access to quality geriatric care is limited. Prior experiences with telemedicine adoption for geriatric team consultation, though limited in scope, were well accepted by older adults and demonstrated benefits such as identifying and meeting care needs for older adults. Bringing geriatric team care to large regions across the country requires further consideration of population needs, local contexts and training and enhancement of an interprofessional workforce to deliver geriatric care through telemedicine. The Veteran healthcare system has been a pioneer in telemedicine care and considers the use of telemedicine necessary for all providers in its system. This symposium aims to discuss approaches to identify and target older adults who may benefit from geriatric consultation, how care delivery is scaled through identifying common approaches and local adaptations, what the important elements are for providers and teams to deliver care effectively for the older adult population, especially those with multiple complex chronic conditions and functional limitations, and considerations for training the next generation of providers to provide care for older adults with complex conditions, particularly in rural areas with limited access.

#### **GRECC CONNECT INCREASES ACCESS TO GERIATRIC SPECIALTY CARE FOR RURAL, OLDER VETERANS WITH COMPLEX CARE NEEDS**

Kathryn Nearing,<sup>1</sup> Stuti Dang,<sup>2</sup> Eileen Dryden,<sup>3</sup> Laura Kernan,<sup>4</sup> Lauren Moo,<sup>5</sup> and Camilla Pimentel,<sup>6</sup>  
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A higher percentage of Veterans in rural areas are older, have multiple chronic conditions and select the VA for healthcare. To address the needs of rural older Veterans with complex needs, GRECC Connect hubs use case finding approaches combined with regular outreach and education to VA community-based outpatient clinic (CBOC) providers serving rural Veterans and caregivers. Alignment of GRECC Connect services with needs of providers and patients promotes establishment of therapeutic alliances in caring for medically complex older Veterans. After identifying high risk, high need patients, hubs use the following strategies to increase access to geriatric specialty care through telehealth modalities: 1) Co-management of patients through e-consultation and telehuddles (GRECC Connect interprofessional geriatric specialty care teams extend support to CBOC providers); 2) Clinical video telehealth to CBOCs and Video on Demand to Veteran homes (to reduce travel burden); and, 3) Tele-group visits (especially for behavioral health and caregiver support).

#### SPREADING TELEHEALTH FOR OLDER ADULTS IN RURAL AREAS THROUGH NETWORK OF GERIATRIC INTERPROFESSIONAL TEAMS

Steven Barczi,<sup>1</sup> Megan Gately,<sup>2</sup> Lauren Welch,<sup>3</sup> Kathryn Nearing,<sup>4</sup> Stephen Thielke,<sup>5</sup> Camilla Pimentel,<sup>6</sup> Laura Prebill,<sup>7</sup> and Eileen Dryden,<sup>8</sup> 1. *University of Wisconsin, Madison; William S. Middleton Memorial Veterans Hospital, Madison, Wisconsin, United States, 2. Bedford VA Medical Center, Bedford, Massachusetts, United States, 3. William S Middleton VAMC GRECC, Madison, Wisconsin, United States, 4. University of Colorado Anschutz Medical Campus, Aurora, Colorado, United States, 5. VA Puget Sound Health Care System, Seattle, Washington, United States, 6. Edith Nourse Rogers Memorial Veterans Hospital, Center for Healthcare Organization and Implementation research, Bedford, Massachusetts, United States, 7. Duke University School of Medicine, Durham, North Carolina, United States, 8. Center for Health Care Implementation Research (CHOIR), Bedford, Maryland, United States*

Older adults living in rural areas have limited access to geriatrics interprofessional team care. In the Veteran healthcare system, geriatric teams such as geriatricians, nursing professionals, social workers, pharmacists and psychologists, located in urban areas link up with rural clinics to provide geriatric consultation remotely through clinical video telehealth and other means in the project GRECC Connect. Since its inception in 2014, the service has now grown to 16 geriatric teams offering consultation to over 100 clinic sites serving older rural Veterans. GRECC Connect delivered

over 2,000 consultations in 2019, meeting complex care needs by identifying and linking geriatric services and management to patients with geriatric syndromes. The network of established geriatric teams, local champions and a shared Electronic Health Record facilitated the spread, while ongoing effort to build and maintain relationships between consultants and local rural provider teams and other community based services are important for ongoing success.

#### TELEHEALTH COMPETENCIES FOR INTERPROFESSIONAL TEAMS CARING FOR OLDER ADULTS AND CARE PARTNERS

Becky Powers,<sup>1</sup> Kathryn Nearing,<sup>2</sup> Studi Dang,<sup>3</sup> William Hung,<sup>4</sup> and Hillary Lum,<sup>5</sup> 1. *South Texas Veterans Health Care System, San Antonio, Texas, United States, 2. University of Colorado Anschutz Medical Campus, Aurora, Colorado, United States, 3. Miami GRECC, Miami, Florida, United States, 4. Icahn School of Medicine at Mount Sinai; James J Peters VA Medical Center, Bronx, New York, United States, 5. VA Eastern Colorado GRECC, Aurora, Colorado, United States*

Providing interprofessional geriatric care via telehealth is a unique clinical skillset that differs from providing face-to-face care. The lack of clear guidance on telehealth best practices for providing care to older adults and their care partners has created a systems-based practice educational gap. For several years, GRECC Connect has provided interprofessional telehealth visits to older adults, frequently training interprofessional learners in the process. Using our interprofessional telehealth expertise, the GRECC Connect Education Workgroup created telehealth competencies for the delivery of care to older adults and care partners for interprofessional learners. Competencies incorporate key telehealth, interprofessional and geriatric domains, and were informed by diverse stakeholders within the Veterans Health Administration. During this symposium, comments will be solicited from attendees. Once finalized, these competencies will drive the development of robust curricula and evaluation measures aimed at training the next generation of interprofessional providers to expertly care for older adults via telehealth.

#### MEDICAL STUDENT'S PERCEPTION OF DEMENTIA ASSESSMENT AND MANAGEMENT AMONG RURAL VETERANS

Prasad Padala,<sup>1</sup> Jessica Stovall,<sup>2</sup> Matthew Kern,<sup>2</sup> Jeremy Curtis,<sup>2</sup> Eugenia Boozer,<sup>2</sup> Shelly Lensing,<sup>3</sup> and Kalpana Padala,<sup>2</sup> 1. *Central Arkansas Veterans Healthcare System, Little Rock, Arkansas, United States, 2. Central Arkansas Veterans Healthcare System, North Little Rock, Arkansas, United States, 3. University of Arkansas for Medical Sciences, Little Rock, Arkansas, United States*

Background: Rural Veterans rely on their caregivers, case managers and primary care providers for dementia management. Providers of such patients need to work closely with caregivers, know the local dementia resources and be comfortable with the multiple facets of dementia assessment and management. Unfortunately, medical students are not particularly well trained in these aspects and huge knowledge