

control, power dynamics, and preferences for MA versus Fee-for-Service (FFS) Medicare patients. Key findings included: 1) challenges SNF staff had navigating MA plans' case management processes, a key mechanism used by MA plans to influence the behavior of SNF decision-makers; 2) MA plans exercising power over beneficiaries' length of stay, potentially leading to early discharge and heightened risk for rehospitalization; 3) SNF preference for admitting Medicare FFS over MA patients due to higher rates of Medicare FFS reimbursement and greater control over patient care. SNFs are increasingly reliant on MA plans for patient referrals and revenue. The themes suggest that this growing reliance may place SNFs at odds with MA plans on how best to manage overall patient care. It is therefore important that future research investigate how MA plans' influence over care affects patient outcomes in SNFs and other post-acute settings.

MANAGING DEATH IN THE FIELD: HOW EMERGENCY MEDICAL SERVICES TEAMS PROVIDE END-OF-LIFE CARE

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Emergency medical services (EMS) providers respond more frequently to calls for older adults with serious illness than for people in other age groups. Recent legislation that makes it possible to document healthcare decisions has facilitated an era of choice in end-of-life care. EMS teams make time-sensitive decisions about care, resuscitation and hospital transport that influence how and where a seriously ill older adult will die and how his/her family will experience the death. Yet, EMS providers' perspectives on urgent decision-making and how they work with families are unknown. The purpose of this study was to explore the decision-making process that occurs how EMS teams respond when someone is dying from a serious illness (vs. an injury). In-depth in-person interviews were conducted with 50 EMS providers (24 emergency medical technicians [EMTs] and 26 Paramedics) from four ambulance services. Participants' ages ranged from 21-57 (M=37.9) and 70% were male. Qualitative data was coded using Atlas.ti software. Three themes illuminated participants' experiences with end-of-life calls: (1) How legally binding documents (e.g. Do Not Resuscitate [DNR] orders, Medical Orders for Life Sustaining Treatment [MOLST]) inform care; (2) Decision-making about foregoing or halting resuscitation (e.g. no hospitalization, death at home); and (3) Family care, support and education. The results suggest that EMS providers have critically important roles in upholding the wishes of seriously ill older adults and helping caregiving families through the end-of-life transition. Implications: Discussions about the meaning of legally binding documents (e.g. DNR, MOLST) and EMS calls are important in advance care planning.

PRELIMINARY YEAR-ONE RESULTS OF A 5-YEAR PROJECT TO DEVELOP AND IMPLEMENT PATIENT- AND FAMILY-CENTERED CARE MODEL

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Objective. The overarching goal of this 5-year study is to develop and evaluate an innovative patient- and family-centered care (PFCC) model to address the challenges of quality care and high cost care in Changhua County, Taiwan. The year-1 study examines the baseline differences on selected outcomes between Changhua County and the comparison group (nationally). **Methods.** Five-year longitudinal study. **Participants:** stroke patients (n=2,931) from Changhua County Hospitals. Year-1 baseline discharge registry data (2018) for stroke patients obtained from Changhua Health Bureau. Summary statistics and bivariate analysis performed. **Providers:** care provider [n=28] were interviewed through five focus groups for the support needed to begin implementing PFCC. **Results.** The year-1 results show the stroke incidence rate was 3.8%. Sixty-three percent of stroke patients were 65+ with an average age of 69, and 60% were male. Compared to the Taiwan national average, the stroke patients in Changhua County had a longer length of stay in acute and postacute care settings (41.1 days vs. 29.3 days; $p < 0.001$), and higher hospitalization cost (US\$7,815 vs. US\$5,905; $p < 0.001$). The focus group data found lack of effective tools and platforms to facilitate the provider-to-provider communication necessary for PFCC. **Conclusion.** These findings suggest that stroke patients in Changhua County had a longer average length of stay and higher healthcare costs compared to stroke patients nationally. To address these discrepancies, our year-2 program will focus on PFCC intervention program development and pilot testing, which include a Taiwan-specific PFCC tool and platform, followed by three years of intervention implementation and evaluation.

MEETING SOCIAL NEEDS TO IMPROVE HEALTH OUTCOMES: PARTNERSHIPS BETWEEN COMMUNITY-BASED ORGS AND HEALTH CARE

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Unmet social needs negatively affect individual and population health, and better integration of community-based supports and health systems is a promising approach to improve health outcomes and avoid unnecessary health care use. Community-based organizations (CBOs) such as Area Agencies on Aging (AAAs) and Centers for Independent Living (CILs), as providers and coordinators of social services, are well-positioned within their communities to coordinate care and provide for unmet social needs. Partnerships between CBOs and health care entities have clear potential to improve health care outcomes while also reducing expenditures. This paper will present a cross-sectional analysis of a national survey of AAAs, CILs, and other CBOs at two time points (2017: n=593; 2018: n=763) to understand the extent,