

came from home-based primary care providers or home care agencies and instead was considered “common sense.” These findings confirm the essential role paid caregivers play in home-based dementia care teams.

PROVIDER PERCEPTIONS OF VIDEO TELEHEALTH IN HOME-BASED PRIMARY CARE DURING COVID-19

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The COVID-19 pandemic accelerated the adoption of virtual care. In this qualitative study, we sought to determine provider perceptions of video telehealth during the first wave of COVID-19 in NYC to inform practice for home-based primary care providers nationwide. We conducted semi-structured interviews with clinical directors, program managers, nurse practitioners, nurse managers, and social workers at 6 NYC practices (N=13) in spring 2020. We used combined open and focused coding to identify themes. Participants employed both hospital-supported and commercial technological platforms to maintain care during COVID-19. Benefits of video telehealth included improved efficiency, capacity and collaboration between providers. Barriers included patients’ physical, cognitive or technological abilities, dependence on caregivers and aides to facilitate video visits, challenges establishing trust with new patients and addressing sensitive topics over video, and concerns over missing important patient information. Considering patient, clinical, and technological conditions can help optimize telehealth implementation among older homebound adults.

PROVIDERS’ PERCEPTIONS OF TELEHEALTH BARRIERS AMONG HOMEBOUND ADULTS IN A HOME-BASED PRIMARY CARE PRACTICE

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The COVID-19 pandemic resulted in a dramatic shift to video-based telehealth use in home-based primary care. We conducted an online 11-item survey exploring provider perceptions of patients’ experience with and barriers to telehealth in a large HBPC program in New York City. More than one-third (35%) of patients (mean age of 82.7; 46.6% with dementia; mean of 4 comorbidities/patient) engaged in first-time video-based telehealth encounters between April and June 2020. The majority (82%) required assistance from a family member and/or paid caregiver. Among patients who had not used telehealth, providers deemed 27% (n=153) “unable to interact over video” for reasons including

cognitive or sensory ability. Fourteen percent lacked caregivers. Physicians were not knowledgeable about patients’ internet connectivity, ability to pay for cellular plans, and video-capable device access. These findings highlight the need for novel approaches to facilitating telehealth and systematic data collection before targeted interventions to increase video-based telehealth use.

Session 4415 (Symposium)

IMPLEMENTATION SCIENCE TRANSLATION: PROGRAM SUSTAINMENT FOR MANAGING DISTRESS BEHAVIOR IN DEMENTIA

Chair: Kim Curyto

Discussant: Ann Kolanowski

Distress behaviors in dementia (DBD) are common in nursing home settings, are distressing, and result in poorer outcomes for residents and staff. We present on the implementation of STAR-VA, an interdisciplinary intervention for effective management of DBD in Veterans Health Administration (VA) nursing home settings, called Community Living Centers (CLCs). A primary focus of this symposium is the use of implementation science concepts to improve and sustain evidence-based programs through tailored implementation strategies and key partnerships. Key implementation science concepts from conceptual frameworks, including the Consolidated Framework for Implementation Research (CFIR) and the use of organizational Knowledge Reservoirs (KR) for sustaining new clinical practices, formed the basis of this work. Their application in health care practice will be discussed using STAR-VA as an exemplar. Interdisciplinary CLC staff feedback during STAR-VA implementation and sustainment is presented, including feedback regarding barriers to integrating new program interventions into usual care processes. Mapping key implementation strategies onto reported barriers informed development of implementation tools and strategies designed to guide adaptations tailored to the needs of the residents and frontline staff, increasing the chances of successful sustainment. Finally, we highlight the importance of key leadership partnerships in implementation of evidence-based programs to improve care of residents with DBD and present strategies for developing these partnerships. Discussion will include the importance of using implementation science to implement evidence-based interventions for effective management of DBD and strategies for sustainment of these effective practices into usual care.

TRANSLATING SCIENCE INTO PRACTICE AND MAKING IT STICK: SYSTEM-LEVEL APPROACHES

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The delay between establishing evidence-based practice and implementing this evidence base is well documented. This presentation will focus on the application of implementation science principles to real-world clinical programs. A VA priority is to implement evidence-based practice for management of DBD in CLCs. Key implementation science