chronic indwelling catheter, and healthcare setting. Our multimorbid and frail patient remained asymptomatic with C. auris under an interdisciplinary team approach, including geriatricians, infectious disease, pharmacists, SNF team and local DPH. Our patient's psychosocial isolation and family distress with local DPH guidelines for COVID-19 SNF visitation restrictions were compounded by multifaceted coordination of patient-centered care between SNF team and specialists via telehealth. Further research in the prevention, detection, and management of C. auris is warranted to protect our vulnerable SNF residents. 1. Centers for Disease Control and Prevention. (2020). Tracking Candida auris. https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html 2. Los Angeles County Health Alert Network. (2020). CDPH Health Advisory: Resurgence of Candida auris in Healthcare Facilities in the Setting of COVID-19. http://publichealth.lacounty.gov/eprp/lahan/alerts/CAHANCauris082020.pdf

CHARACTERISTICS AND PROGNOSES OF LONG-TERM HOME CARE PATIENTS

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With demographic aging, many older adults require home medical care. Although home-based primary care is promoted in the United States and Japan, there is insufficient evidence about it. We aimed to study the characteristics and prognoses of long-term home care patients. We prospectively registered 151 patients, estimated to receive physician home visits for more than six months, in a clinic in Chiba, Japan, in 2020. The mean (±SD) age was 83.9±10.0 years and ranged from 31 to 102 years. Most patients were men (60.3%) and aged 65 years or above (95.3%). We investigated clinical information, the Edmonton Symptom Assessment System Revised Japanese version (ESAS-r-J), Dementia Assessment Sheet in Community-based Integrated Care System 21 items (DASC-21), EuroQOL 5 dimensions 5-level (EQ-5D-5L) every six months, and the incidence of hospital admission, death, and patient transportation by ambulance. The most frequent diagnoses were dementia (31.1%), bone and articular diseases (17.2%), cerebrovascular diseases (11.9%), organ failure (9.3%), and neurological diseases (9.3%). Most patients (78.2%) showed more than 30 points on the DASC-21, suggesting cognitive impairment. Worse wellbeing, drowsiness, tiredness, anxiety, depression, and pain were the most prevalent symptoms. EQ-5D-5L index values were distributed around–0-0.2 and 0.4-0.7. During the first three months of physician home visits, 21.9% of patients had hospital admissions, 12.5% of them died, and 11.7% required hospital transportation by an ambulance. In this study, most long-term home care patients suffered from cognitive impairment. In addition to receiving care for daily life, these patients require intensive medical management.

COST REDUCTION BEHAVIORS AND COST-RELATED MEDICATION NONADHERENCE IN OLDER ADULTS WITH ATRIAL FIBRILLATION

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While factors such as forgetfulness may result in medication nonadherence, 2.7 million older adults in the US experience cost-related nonadherence (CRN). Limited research has explored CRN and associated cost-reduction behaviors (CRB) in older adults with atrial fibrillation. The objectives of this study were to 1) describe the prevalence of CRN, CRB and spending less on basic needs to afford medication and 2) examine factors associated with CRB among older adults with atrial fibrillation. Data were drawn from the Systematic Assessment of Geriatric Elements in Atrial Fibrillation (SAGE-AF), a prospective cohort of older adults with atrial fibrillation (>65 years). Using a self-administered survey, all participants completed a validated CRN measure. Chi-square and t-tests were used to evaluate differences in participant characteristics across CRB and significant characteristics ($p<0.05$) were entered into a logistic regression model. Participants (N=1244) were on average 76 years and 49% were female. Among all participants, 4.2% reported CRN; 69.1% reported CRB; and 5.9% reported spending less on basic needs. Compared to participants who did not engage in CRB, participants who engaged in CRB were less likely to be cognitively impaired and more likely to be a race/ethnicity other than non-Hispanic white; have Medicare insurance; and have comorbidities. CRB were common among older adults with atrial fibrillation and was associated with in-tact cognitive function, the presence of medical comorbidities and non-White race. Clinicians might consider providing patients with cognitive impairment additional support such as patient assistance programs or referrals to pharmacists for medication therapy management to assist with CRB.

HEARING LOSS AND HEALTH CARE SEEKING

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Hearing loss is common among older adults. Hearing loss is associated with increased health care expenditures, risk of 30-day readmission, and longer length of hospital stay. However, little is known about behaviors and attitudes in seeking care. In this cross-sectional analysis, we examined data from the 2016 Medicare Current Beneficiary Survey (MCBS) datasets. Participants are asked to describe their self-perceived trouble hearing. Health care seeking attitudes were assessed on all study participants in 2016 via self-report avoidance or delay of care, personal health concerns, and sharing health status. Multivariate regression models adjusted for demographic/socioeconomic characteristics and general health determinants were used to explore the association between trouble hearing and outcomes. In the 2016 MCBS, 12,140 Medicare beneficiaries, representing 51 million with survey weights, answered questions on help-seeking attitudes. In the sample, 55.6% reported no trouble hearing, while 38.8% and 5.5% reported a little trouble and a lot of trouble hearing, respectively. Those with a lot of trouble hearing were more likely to report avoiding doctors (Odds Ratio [OR] = 1.35; 95% Confidence Interval [CI] = 1.09 – 1.67) and delaying care (OR = 1.47; 95% CI = 1.19 – 1.82). However, no differences were found in