in Step 1 (n=52, 66%) resulted in a 37% false positive and 3% false negative rate. With the addition of the PSM and DCCS assessments in Step 2, the paradigm demonstrated 91% sensitivity, 75% specificity and an area under the ROC curve (AUC)=0.82. Steps 1 and 2 had an average administration time of <7 minutes. We continue to optimize MyCog by 1) examining additional items for Step 1 to reduce the false positive rate and 2) creating a self-administered version to optimize use in clinical settings. With further validation, MyCog offers a practical, scalable paradigm for the routine detection of cognitive impairment and dementia.

RELATIONSHIP BETWEEN PATIENT AND INFORMANT ASSESSMENT OF PERSONALITY AND COGNITIVE STATUS

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Personality has been linked to risk of dementia. Most studies ask individuals to rate their own personality traits or for a knowledgeable informant to perform the rating; few collect data from both. When informants are asked to give an estimate of the patient's lifelong personality traits, they often describe personality before disease onset. When asked to self-rate, patients may instead assess their personality as they see themselves, providing a personality-state measure. The goal of this study was to assess agreement between two independent measures of personality and evaluate whether stage of cognitive impairment and characteristics of patients or caregivers impact concordance. In 79 consecutive patient-caregiver dyads presenting to our center (mean age:76.8±8.4; 44.1% female; 6% cognitively normal, 41% MCI; and 53% dementia) with in-depth psychosocial and neuropsychological evaluations, we found informants rated patients lower on openness (O) (ICC=0.434; 95%CI: 0.235-0.598) and agreeableness (A) (ICC=0.491; 95%CI: 0.302-0.643) and higher on extraversion (O) (ICC=0.396; 95%CI: 0.191-0.568) and neuroticism (N) (ICC=0.444; 95%CI: 0.247-0.607). Greater discordance was observed in established dementia (ICCE=0.497; 95%CI: 0.222-0.700; ICCA=0.337; 95%CI:0.031-0.586; ICCN=0.422; 95%CI: 0.191-0.683), compared with MCI (ICCO=0.568; 95%CI: 0.282-0.762). We explored the effect of patient and caregiver mood and caregiver burden on personality ratings. Although personality is typically described as a trait, we present evidence that in the eyes of patients, personality ratings may represent a state that changes across the spectrum of cognitive impairment. Understanding how patients and caregivers differentially perceive personality may assist in developing novel psychotherapeutic interventions and approaches dealing with behavioral manifestations of dementia.

THE IMPACT OF COGNITIVE IMPAIRMENT ON RESOURCE UTILIZATION DURING MEDICARE HOME HEALTH CARE

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Older adults with cognitive impairment have unique care needs that often lead to greater levels of health care utilization. Prior work suggests that older adults with cognitive impairment access home health care at higher rates; yet, recent Medicare home health payment system revisions exclude patient cognitive status when determining risk adjustment. This research examines the relationship between patient cognitive status and resource utilization during Medicare home health care. We examine 1,217 (weighted n=2,134,620) community-dwelling older adults who received Medicare-funded home health between 2011-2016, using linked nationally representative survey data from the National Health and Aging Trends Study (NHATS), home health patient assessment data, Medicare claims data, and Medicare Provider of Services files. We use weighted, multivariable negative binomial regressions to model the relationship between patient dementia status and the expected number of total visits and number of each visit type (nursing, therapy, and aide) during home health. Models adjusted for patient sociodemographic characteristics and health and functional status during home health, as well as home health provider characteristics. Among Medicare home health patients, the presence of cognitive impairment during home health is associated with 2.87 additional total visits ($p<0.001$), 1.27 additional nursing visits ($p<0.01$), and 1.23 additional therapy visits ($p=0.04$) during the home health episode. Findings suggest that recent revisions to the Medicare home health payment system may disincentivize home health care for older adults with dementia and/or financially penalize home health providers whose patient populations have a greater dementia burden.

SESSION 2919 (PAPER)

COGNITION AND COGNITIVE IMPAIRMENT II

CERTIFIED NURSING ASSISTANTS' EXPERIENCES OF WORKPLACE VIOLENCE CARING FOR PERSONS WITH DEMENTIA

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Problem: Certified nursing assistants (CNAs) are the primary providers of direct care to persons residing in long term care facilities (LTCFs), many of whom have dementia. The need to deliver direct and intimate care increases CNAs' exposure to verbal and physical workplace violence. Purpose: To describe CNAs' experiences of physical and verbal workplace violence experienced during direct care activities in LTCFs. Design: Qualitative. Sample & Procedure: Ten African-American CNAs (9 female, 1 male) were recruited using snowball sampling from multiple LTCFs. Interviews were recorded and transcribed. NVivo12 software was used to manage the thematic analyses. Results: The identified themes were: 1) CNAs' perception that verbal and physical abuse was "part of the job" and unavoidable; 2) CNAs' feelings of minimization of the abuse by administration; and 3) inadequate CNA training to recognize and de-escalate triggers of verbal and physical violence, notably care-resistant

behavior. Conclusion: The combination of institutional tolerance of workplace violence, coupled with CNAs' insufficient training in de-escalating volatile interactions with cognitively-impaired residents, is creating an unfavorable, possibly dangerous, workplace environment for CNAs. Implications: As more states elevate assaults on healthcare workers to felony crimes, there is an emerging risk of criminalizing dementia-related behavior in an attempt to address workplace violence. Interventions focused on helping CNAs recognize and de-escalate care-resistant behavior are necessary for violence prevention programs in LTCFs. Limitations: CNAs may have self-censored and under-described the severity of their experiences during face-to-face interviews, even with confidentiality protocols and the practice of off-site interviews.

IDENTIFYING MEDICATION THERAPY PROBLEMS RELATED TO COGNITION AMONG OLDER ADULTS FOLLOWED BY A HOME-BASED CARE TEAM

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Complications from dementia, depression, delirium (3Ds) and polypharmacy may accelerate patient decline. Cognitive vulnerabilities may be under-recognized and medication therapy problems (MTPs) overlooked, hindering optimal care. Clinical pharmacists on a multidisciplinary home-based care team (HBCT) being tested in a clinical trial were essential in identifying MTPs related to cognition. Medicare Advantage members >65 years old, living at home in Connecticut, with ICD-10 codes related to 3Ds were eligible. APRNs conducted in-home medication reconciliation along with medical and cognitive assessments. HBCT pharmacists assessed medication lists for MTPs related to indication, effectiveness, and safety (adverse events, interactions). After review by the HBCT APRN, geriatrician, and psychiatrist, salient pharmacist recommendations were forwarded to PCPs for consideration. Using retrospective analysis, MTPs and recommendations were classified based upon the Pharmacy Quality Alliance framework. MTP analysis included 105 patients enrolled from 2017-2019. We found 166 MTPs related to cognition, with a mean (SD) of 1.58 (1.35) (range 0-6) MTPs per patient. MTPs related to indication accounted for 34% (57/166) of total MTPs, of which 79% (45/57) were underuse and 21% (12/57) overuse; effectiveness represented 13% (22/166) of MTPs; safety represented over half (52%; 87/166) of total MTPs with benzodiazepines and anticholinergics commonly implicated. Common HBCT pharmacists' recommendations included discontinuation (23%; 38/166) and dose reduction (19%; 32/166). MTPs related to cognition were found among the overwhelming majority (79%) of patients. This work is significant because it supports the value of pharmacists on multidisciplinary teams to address cognitively harmful medications, dementia treatment side effects, and untreated cognitive conditions.

INTENTION TO RECEIVE COGNITIVE SCREENING FOR ALZHEIMER'S DISEASE IN NONDEMENTED OLDER ADULTS

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The study explored factors associated with intention to receive cognitive screening for Alzheimer's disease (AD). It also examined whether self-efficacy mediates the relationship between knowledge about screening and the intention to be screened. A population-based, random-digit dialing survey was performed; 1,043 responses were collected from a sample of nondemented older adults living in urban, suburban, and rural areas. A majority were female (66.8%, n = 697) and White (82.7%, n = 863) with a mean age 62.6 years (SD = 10.2). Findings from regression analysis identified that being female (β = .080), being depressed (β = .149), and having a positive life orientation (β = .120) were significantly associated with the intention to receive cognitive screening, $p < .05$. Results indicated that older adults with a positive life orientation reported greater intention to be screened for AD, whereas depressed participants were more likely to plan to be screened for AD. Bootstrapping results identified a mediating effect of self-efficacy (β = .2668, $t = 7.3137$, $p < .0005$). Self-efficacy mediated the relationship between knowledge about screening and intention to be screened. Using self-efficacy as a mediation effect indicated that older adults with knowledge about screening understand the benefits of early screening and diagnosis and are more likely to have self-efficacy (i.e., confidence to consult with a physician), and thus are more likely to show intention to be screened. Intention to be screened for AD could increase public awareness by defining effective ways to assist older adults to seek a cognitive screen.

SESSION 2920 (PAPER)

DEMENTIA I

A PATH TO EARLY DIAGNOSIS OF MCI AND DEMENTIA: INTEGRATING MYMEMCHECK INTO THE PRIMARY CARE WORKFLOW

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Barriers to the early detection of mild cognitive impairment (MCI) and dementia can delay diagnosis and treatment. myMemCheck® was developed as a rapid free cognitive self-assessment tool that can be completed in the practice setting or at home to identify older adults that would benefit from a more comprehensive cognitive evaluation for MCI and