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 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 adaptions 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

concepts will be introduced, along with a description of how these conceptual models facilitate application of roll-out and sustainment of complex evidence-based interventions. Conceptual frameworks that contributed to intervention selection and facilitation of STAR-VA implementation, including the Consolidated Framework for Implementation Research (CFIR) and Knowledge Reservoirs (KR) framework, and their application in health care practice, will be discussed. The CFIR Expert Recommendation for Implementing Change (ERIC) Mapping Tool will be introduced as useful to identify strategies that address barriers to sustaining implementation. Attendees will be provided with resources to support implementation and sustainment efforts.

BARRIERS TO SUSTAINED IMPLEMENTATION OF STAR-VA AND STRATEGIES TO OVERCOME THEM

Jennifer Sullivan,[1] Omonyele Adjognon,[2] Jacquelyn Pendergast,[3] Laura Wray,[4] Michele Karel,[5] and Kimberly Curyto,[6] *1. VA Providence Medical Center LTSS COIN and Brown University, Providence, Rhode Island, United States, 2. CHOIR, VA Boston Healthcare System, Boston, Massachusetts, United States, 3. CHOIR, VA Boston healthcare System, Boston, Massachusetts, United States, 4. VA Center for Integrated Healthcare, Buffalo, New York, United States, 5. Veterans Health Administration, Washington, District of Columbia, United States, 6. Center for Integrated Healthcare, VA Western NY Healthcare System, Batavia, New York, United States*

STAR-VA is an evidence-based, interdisciplinary program helping CLC teams effectively manage DBD. We conducted interviews with 42 key informants involved with STAR-VA implementation in 20 CLCs, guided by a sustainment framework, to understand facilitators and barriers to sustained implementation. We used directed content analysis to identify barriers and mapped them to the CFIR-ERIC Mapping Tool to identify associated implementation strategies. We identified six barriers: 1) staffing issues, 2) lack of written policies, 3) staff buy-in, 4) limited leadership support, 5) exclusion of STAR-VA criteria in performance evaluations, and 6) service line silos. We identified six strategies to overcome these barriers, three strategies most frequently mapped to reported barriers to STAR-VA sustainment: 1) assessing local CLC readiness, facilitators and addressable barriers; 2) identifying and preparing new champions; and 3) altering incentive/allowance structures. The identified strategies can be packaged to further integrate STAR-VA into usual CLC care processes to optimize program sustainability.

LISTENING TO CLINICAL TEAMS: DEVELOPING STRATEGIES TO SUPPORT SUSTAINED STAR-VA IMPLEMENTATION

Kim Curyto,[1] Kyle Page,[2] Karen Benson,[3] Laura Wray,[4] and Michele Karel,[5] *1. VA Western New York Healthcare System, Batavia, New York, United States, 2. Edward Hines Jr VA Hospital, Hines, Illinois, United States, 3. Home Based Primary Care - Kernersville, W.G. Bill Hefner VA Medical Center, Salisbury, North Carolina, United States, 4. VA Center for Integrated Healthcare, Buffalo, New York, United States, 5. Veterans Health Administration, Washington, District of Columbia, United States*

Feedback obtained from program evaluations and interviews with CLC team members who participated in

STAR-VA helped to inform the development of sustained implementation strategies guided by the CFIR-ERIC Mapping Tool. A CLC readiness assessment was developed to guide selection of new champions and assess for local team readiness to implement STAR-VA. Virtual training materials were developed along with a champion training checklist to prepare additional champions and support team training. We identified key implementation steps and optional strategies to support sustained implementation, developed a sustained implementation guide, associated sustained implementation checklist, and sustainability toolkit. We are piloting a regional community of practice model, encouraging development of and building on relationship networks to promote use of program tools, collaborative problem-solving, feedback, and a shared vision for implementation. We will discuss the importance of tailored strategies for integrating new practices into usual care.

SUPPORT FROM THE TOP: DIVERSE LEADERSHIP PARTNERS FOR SUSTAINED STAR-VA IMPLEMENTATION

Michele Karel,[1] A. Lynn Snow,[2] Christine Hartmann,[3] Jenefer Jedele,[4] and Lisa Minor,[5] *1. Veterans Health Administration, Washington, District of Columbia, United States, 2. Tuscaloosa VA Medical Center, Tuscaloosa, Alabama, United States, 3. VA Bedford Healthcare System, VA Bedford Healthcare System, Massachusetts, United States, 4. Veterans Health Administration, Ann Arbor, Michigan, United States, 5. Geriatrics and Extended Care, Washington, District of Columbia, United States*

The STAR-VA program was an initiative out of what is now called the VA Office of Mental Health and Suicide Prevention, partnering with the national Offices of Geriatrics and Extended Care and Nursing Services. Ongoing collaboration with these national, as well as regional and medical-center-level leaders, has been critical for informing program implementation and dissemination strategies. We will discuss several key partnered strategies, including (1) linking STAR-VA to national CLC systematic quality improvement efforts; (2) engaging national inter-office program leaders in decisions about outreach to and inclusion of facilities in STAR-VA training and implementation; (3) training local STAR-VA champions on strategies for engaging local leadership support; (4) briefing leaders across the system with program updates; and (5) using national VA data to inform STAR-VA sustained implementation. Discussion will address challenges and opportunities for engaging leadership stakeholders in facilitating sustained implementation of evidence-based programs.

Session 4420 (Paper)

Loneliness and Isolation

CHANGES IN MODES OF SOCIAL CONTACT AND THEIR LINKS WITH MENTAL HEALTH DURING THE COVID-19 PANDEMIC

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