

### THE 4MS IN A PANDEMIC: A SURVEY OF TRAINING NEEDS AMONG HEALTHCARE PROFESSIONALS, OLDER ADULTS, AND COMMUNITY MEMBERS

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The University of New England, in collaboration with the University of Maine, received a five-year grant from the Health Resources and Services Administration (HRSA) to improve the health and well-being of Maine's older adults through enhanced training under HRSA's Geriatrics Workforce Enhancement Program (GWEP). As part of these efforts, stakeholder training needs assessment data were collected via a statewide electronic survey that was distributed to community members and providers throughout Maine. The survey, which focused on the 4M's of Age-Friendly Healthcare, received 68 responses from older adults/community members (N = 26), program administrators (N = 12), along with community leaders, and those working in the public and non-profit sector (N = 13). A significant emphasis on social isolation, mental health, and grief and loss issues was noted and dominating themes centering on two dimensions of the 4M framework: "What Matters" and "Mentation." Findings reflect an overriding priority by providers and consumers to keep older adults socially connected (28%, N = 34) and maintaining mental health and well-being during the pandemic (21%, N = 14). Qualitative response analysis identified additional COVID-19-related training topics such as: what to do if you or a loved one contracts coronavirus, how to handle grief and loss related to COVID-19, strategies for supporting loved ones during COVID-19, and socially distanced bereavement support. Results indicate a need to focus on meeting the emotional and mental health needs of older adults, as well as the importance of encouraging connections and mitigating the effects of social isolation during COVID-19.

### USING THE 4 M OF THE AGE FRIENDLY HEALTH SYSTEM TO IMPROVE MIPS DOCUMENTATION IN PRIMARY CARE: A FEASIBILITY STUDY

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Age Friendly Health Systems (AFHS) commit to evidence-based, low-risk, coordinated care that is centered on what matters most to older adults, their families and caregivers. Nova Southeastern University South Florida Geriatric Workforce Enhancement Program (NSU SFGWEP) has partnered with multiple primary care clinics to provide dedicated AFHS training and support to increase AFHS transformation in Broward and Miami-Dade Counties. As part of the initiative, SFGWEP provide didactic training, clinic on-site brief demonstration, and infographic guidance for EHR documentation. NSU SFGWEP activities are conducted through training surveys, provider feedback, and e-clinical measures that align with CMS MIPS measures. Three participating health systems report annually on seven e-clinical measures that, collectively, provide indicators of the 4Ms of AFHS

(what matters, medication management, mentation and mobility.) From baseline to Year 1, NSU SFGWEP saw improvement in controlled hypertension (54% to 94%), opioid screening (<1% to 11%), advance care planning (21% to 35%) and falls risk assessment (45% to 59%). Results demonstrate the need to continue and expand AFHS interventions for sustainability. In Year 2, SFGWEP will continue to expand awareness of best practices and benefits of the AFHS through education and training at NSU and at the various primary care sites. As mutual collaboration and implementation methods are shared among participating members, the expectation is that quality healthcare of our elder community adults will measurably improve.

## Session 9305 (Poster)

### Geroscience

#### AGE, SEX, AND CEREBRAL MICROBLEEDS AFFECT WHITE MATTER INTEGRITY ACROSS ADULTHOOD AFTER MILD TRAUMATIC BRAIN INJURY

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The contributions of age, sex, and cerebral microbleeds (CMBs) to WM changes after mild traumatic brain injury (mTBI) have not been studied. We used diffusion tensor imaging (DTI) to map WM fractional anisotropy (FA) changes across the first ~6 months post-mTBI in 109 subjects aged 18-77 (46 females; age  $\mu$ : 40 y,  $\sigma$ : 17 y) imaged within ~1 week post-injury and ~6 months later. After partialing out age, sex, and CMB counts, significant mean FA decreases were found in the anterior body, posterior body, and splenium of the corpus callosum (CC;  $p = 0.003, 0.009$  and  $0.015$ , respectively), left superficial frontal fasciculus ( $p = 0.008$ ), and left branch of the corticospinal tract (CST;  $p = 0.007$ ). Age contributed to mean FAs measured acutely in the CC body ( $p = 0.04$ ), and chronically in the CC genu ( $p < 0.001$ ), CC body ( $p = 0.01$ ), and middle longitudinal fasciculi ( $p = 0.04$ ), older adults exhibiting larger decreases. CMB counts were positively associated with mean FA decreases in the CC body ( $p = 0.04$ ) and middle longitudinal fasciculi ( $p = 0.04$ ). Significant age-by-sex and CMB count-by-age interactions mediated FA decreases in the CC genu ( $p = 0.02$  and  $p = 0.03$ , respectively), older males exhibiting larger decreases. Thus, the CC, longitudinal fasciculi, superficial frontal WM and CST are particularly vulnerable to post-traumatic neurodegeneration moderated by age, sex and CMB count, men and older adults being at highest risk for adverse effects. Future research should investigate our findings relative to cognitive function.

#### AGE-RELATED AORTIC STIFFNESS CAN BE TRANSFERRED AND AMELIORATED VIA FECAL MICROBIOTA TRANSPLANT IN MICE.

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