

appointments may be one barrier to caregivers engaging in treatment. This symposium highlights telehealth approaches, by various disciplines (Geriatrician, Neurologist, Geriatric Psychiatric, Geropsychologist, and Occupational Therapist), across urban and rural settings to address caregiver needs and improved access to care. The first presentation will focus on education of rural caregivers of PWD and increased connection to services (Sussman et al). The second presentation will focus on Video to home dementia visits for caregivers (Gately & Moo). The third study will focus on rural tele dementia caregiver support groups and effects on caregiver burden (Rossi et al). The final study will describe co-occurring caregiver and PWD telehealth groups (Thielke & Fredrickson).

TELEHEALTH PSYCHOLOGICAL INTERVENTIONS FOR RURAL CAREGIVERS: IMPROVING CARE TO PERSONS WITH DEMENTIA

Joleen Sussman, Nikhil Banerjee, and James Winslow, *Veterans Affairs, Aurora, Colorado, United States*

Geropsychologists are well-suited to assess dementia, assist caregivers in understand the disease and associated behavioral changes and ways to cope with their loved one's disease. However, majority of these services are offered during in-person clinic appointments in urban settings. This study aims to describe the utilization and potential benefits of providing dementia education telehealth services to Veterans and their families residing in rural mountain and plain areas of Colorado. Psychological intervention was provided via telehealth from the primary VA hospital to small community clinics or to Veterans homes via video mobile application. The present study provides demographics of participants who elect this service and discusses how these challenge ageism and other biases relate to technology use. Further, we examined how engagement in this intervention may impact utilization of geriatric and extended care services as well as use of primary care, emergency room visits, and use of anti-psychotic medications.

TELEGROUP VISITS FOR CAREGIVERS AND PATIENTS WITH DEMENTIA

Stephen Thielke,¹ and Kris Fredrickson,² *1. VA Puget Sound Health Care System, Seattle, Washington, United States, 2. Veterans Affairs, Seattle, Washington, United States*

Group visits have shown promise for caregiver support and medical management of patients with dementia. In-person visits can be challenging to schedule and complete, particularly in rural areas where there are few specialists. We describe our experience with using telehealth modalities to hold group dementia visits. For the last four years, we have held telegroup appointments with Veterans with dementia and their caregivers. A geriatric psychiatrist and geriatric social worker appear from the main facility, and the Veterans and caregivers are at remote sites. Participants have actively engaged. They have expressed that the structure allows them to support and be supported by peers, and to have frequent contact with care providers. This has led to improved care metrics. The technology requirements are minimal. We discuss the advantages of this approach, including flexibility and maximizing use of specialist resources. We address challenges to scaling up such programs.

IN-HOME VIDEO TELEHEALTH FOR CAREGIVERS AND VETERANS WITH DEMENTIA

Megan Gately, and Lauren Moo, *Bedford VA Medical Center, Bedford, Massachusetts, United States*

Home Video Telehealth offers a unique opportunity to support already burdened caregivers of persons with dementia. Veterans Health Administration, through the MISSION Act, is increasingly using video telehealth to provide "care at the right time and in the right place." Little is known about the benefits and challenges of using video telehealth for in-home caregiver support. We present findings from our seven years offering in-home dementia management to caregivers of Veterans with dementia, that includes supporting caregivers through supportive listening, tips for communication and safety strategies, and recommendations regarding non-pharmacologic management of behaviors. Perceived benefits of in-home video telehealth include an 'in vivo' perspective of the family's natural context and remediating barriers to care such as decreased mobility. Perceived challenges include dealing with technology and privacy concerns. By describing considerations for in-home video telehealth to a clinical population with unique care needs, we inform broader application of a promising technology.

INTEGRATING CAREGIVER EDUCATION AND SUPPORT INTO MULTIDISCIPLINARY VIDEO VISITS

Michelle Rossi,¹ Lauren Jost,² Ina Engel,² Carol Dolbee,² and Keisha Ward,³ *1. VA Pittsburgh Healthcare System, Pittsburgh, Pennsylvania, United States, 2. VA Pittsburgh Healthcare System, Pittsburgh, Pennsylvania, United States, 3. University of Pittsburgh, Pittsburgh, Pennsylvania, United States*

The TeleDementia Clinic is an interdisciplinary longitudinal telehealth dementia clinic providing care to rural Veterans in Western Pennsylvania with cognitive decline. The TeleDementia Caregiver Support group uses telehealth to provide caregiver support and education to those caregivers with the highest levels of caregiver burden in this population. The support group has caregivers participating in the session at different rural clinics while a multidisciplinary team of professional (geropsychologist, geriatrician, nurse practitioner and others) are located at an urban VA medical center. All can interact via video telehealth connection. Each session provides a short educational session on caregiving topics that then provides a springboard for caregiver discussion about their own experiences. The multidisciplinary clinician team lend their expertise to the education and support of caregivers. Both quantitative and qualitative analysis of effectiveness of this model will be discussed.

SESSION 5945 (SYMPOSIUM)

ACHIEVING HEALTH EQUITY FOR OLDER ADULTS THROUGH STATE-OF-THE-ART INNOVATIONS

Chair: Karen Fortuna

Co-Chair: John Batsis

Discussant: Daniel Jimenez

As health indicators such as life expectancy have improved for many older adults, some older adults experience a disproportionate amount of preventable disease, death, and disability. The causes of health disparities among older