Globally, there is an increased need to provide patient-centered care for people diagnosed with Type 2 diabetes mellitus (T2DM). In Nigeria, a poorly financed health system worsens the difficulties associated with managing T2DM in clinical settings, resulting in a detrimental effect on patient-centered care. We aimed to develop a conceptual model to promote patient-centered T2DM care in clinical settings. We explored nurses’ contextual perceptions of clinical practices and operations that are relevant to T2DM management across public hospitals in Lagos, Nigeria. Identifying a nurse-led intervention is critical to care optimization for people diagnosed with T2DM. Using a qualitative research, we used semi-structured questions and the Constant Comparison Method to interview 17 practice (registered) nurses with over 1-year experience working in public hospitals across Lagos, Nigeria. The Framework Method was used for data analysis. The nurses provided insight into four areas of patient-centered T2DM management in clinical settings. They are: empowering collaboration, empowering flexibility, empowering approach, and empowering practice. The nurses discussed an empowering pathway through which health settings could provide patient-centered care to individuals diagnosed with T2DM. The pathway includes the integration of macro, meso, and micro levels for patient management. Their views informed the development of a conceptual model for the optimization of patient care. The model developed from this research sits within the Patient-Centered Care model of healthcare delivery. The model has the potential to inform patient-centered care in countries with poorly financed healthcare systems, and developed countries with comparatively better healthcare.

EXAMINING THE RISK OF POTENTIALLY PREVENTABLE HOSPITALIZATION IN ADULTS WITH CONGENITAL AND ACQUIRED DISABILITIES
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Introduction: Adults with congenital (cerebral palsy/spina bifida (CP/ SB)) or acquired disabilities (spinal cord injury (SCI) or multiple sclerosis (MS)) are more likely than those without disability to develop medical complications. Little is known about potentially preventable hospitalizations (PPH) among adults with disabilities. PPHs are preventable if a patient had timely access to care. Our objective was to estimate PPH risk for each of the aforementioned disabilities.

Methods: We used private payer claims data from 2007-2017 to identify adults (18+) with diagnoses of CP/ SB (n=10,617), SCI (n=5,173), and MS (n=6,198). Adults without these disabilities were included as controls. We propensity score matched individuals for age and sex. Logistic regression models with repeated measures were subsequently applied, adjusting for age, sex, race/ethnicity, health indicators, U.S. census divisions, and socioeconomic variables. Odd ratios (OR) were compared over 4-years of follow up.

Results: Adults with CP/ SB, SCI, and MS had higher odds of any PPH compared with adults without disability (CP/ SB: (OR=4.10; 95% CI: 2.31-7.31); SCI: (OR=1.67; 95% CI: 1.21-2.32); and MS: (OR=1.48; 95% CI: 1.00-2.25)). Use of preventative services reduced the PPH risk. For example, wellness visit reduced the odds of PPH by almost half [CP/ SB: (OR=0.52; 95% CI: 0.41-0.67); SCI: (OR=0.57; 95% CI: 0.45-0.71); and MS: (OR=0.53; 95% CI: 0.40-0.66)].

Conclusions: Adults with disabilities are at greater odds of PPH compared to adults without disabilities. Clinical guidelines for use of preventative care for adults living with disabilities need to be accordingly updated.

MEDICATION MANAGEMENT AND THE ROLE OF THE GERIATRIC PHARMACIST IN INTERDISCIPLINARY CARE TEAMS
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Among adults 65 and older, 30% are taking at least five medications to treat acute and chronic health conditions (Gavin, 2020). As the number of medications increases, the more complex the regimen tends to be, which increases risks with proper management and unwanted side effects. Our interdisciplinary geriatric assessment team has been conducting medication reviews for individuals living with dementia, where geriatric pharmacists meet with these individuals and their family caregiver. These sessions build a trusting relationship, where older adults are able to receive education about their prescription and over-the-counter medications, address any concerns and reach shared goals. Pharmacists routinely recommend deprescribing, and all recommendations are sent to the older adults’ primary care provider. After the initial appointment, a follow-up takes place six months later to re-examine adherence to recommendations and assess outcomes. Since April 2019, our pharmacists have served over 300 individuals, where nearly 90% would recommend this review to others. Pharmacists have recommended over 250 medication changes, averaging 2.53 per person. A statistically significant decrease in prescription medications (from 12.48 to 12.16) has been identified, in addition to a trending decline for over-the-counter medications (3.91 to 3.79). Medication reviews have successfully reduced the overall number of medications, as 36% of recommendations have been accepted by the patient and their healthcare provider. Comprehensive medication review programs, where pharmacists are integrated into an interdisciplinary care team, offer high quality, best practice healthcare, where safety and quality of life is improved for older adults.

PREDICTORS OF CARE MANAGEMENT UTILIZATION
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Care management is the process of planning and coordinating care to assist individuals or families in managing their health. This may involve managing inpatient or outpatient medical care or helping with other household, legal, or financial needs. Care management service providers are challenged in knowing how to allocate limited resources (i.e. care manager time) to best meet client needs. Research shows
STRENGTHS-BASED INTERPROFESSIONAL PRACTICE AND EDUCATION: TRANSFORMING CARE THROUGH DISRUPTION

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This is a conceptual paper proposing a new model of Strengths-Based Interprofessional Practice and Education (SB-IPE), incorporating appreciative inquiry and narrative, and its application to improve health and social care practice and policy for older adults. Within people, families, communities, and teams are people who understand their assets and culture, hold a collective wisdom derived from their individual biographies and shared history, and are deeply invested in their success. This wisdom and experience can be mined for strengths and best practices to improve health and social care for older adults and their families. The conceptual framework of the model and relationship between concepts are explained, reviewing and synthesizing relevant literature on the strengths perspective, interprofessional practice and education, evolution of the patient voice, appreciative inquiry, and narrative to leverage the voices and experiences of older adults, their families, and interprofessional teams. Providing person-, family-, and community-centered health and social care through SB-IPE involves eliciting, listening to, and processing stories and narratives, then coalescing and co-creating person/family/team narratives throughout the trajectory of care. Appreciate inquiry and narrative can be harnessed to imagine an improved experience of care for older adults and their families. Incorporating the potential disruption of the voices and perspectives of older adults and their families offers value for health and social care delivery and policy innovation. Application of the SB-IPE model holds promise for harnessing these voices and collective experiences leading from disruption to transformation of health and social care practice, health professions education, policy, and research.

DOES PLACE MATTER WHEN UNDERSTANDING LONELINESS AND SOCIAL ISOLATION?

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Physical distancing and restriction of movements as measures to prevent the spread of Covid-19 required people to change their work, home and social lives. Loneliness and social isolation have emerged as key public health issues during the pandemic. Traditionally when considering loneliness the ‘place’ to examine factors associated with those experiencing loneliness and/or social isolation during the pandemic with insights from a public health perspective. Collectively, these presenters will provide evidence of the challenges associated with older adults’ social isolation and loneliness throughout the COVID-19 pandemic.