was carried out to identify the factors that inhibit or facilitate the diagnosis and management of apathy among older adults with dementia. The result of the findings revealed five barriers and three facilitators. Barriers included inconsistencies in the definition and diagnostic criteria, lack of awareness, overlap with other neuropsychiatric disorders, a paucity of evidence-based information, and lack of familiarity. Facilitators were standardized definition and assessment tools, good communication among the interdisciplinary team, and adequate training, education, and experience. In conclusion, efforts should be geared towards raising awareness and developing a practice guideline to aid healthcare professionals in detecting and managing apathy optimally.

Session 3060 (Symposium)

INNOVATIVE MULTIDISCIPLINARY CARE MODELS PROVIDED VIA TELEHEALTH DURING THE COVID PANDEMIC
Chair: Shahla Baharlou
Discussant: Lee Lindquist
Integrated and collaborative care lead to better care. Addressing the behavioral and mental health care needs of patients results in better health outcomes. Interdisciplinary and multi-disciplinary approaches to health care delivery yield more effective health care planning. A holistic approach to healthcare sees the individual as more than the sum of diseases. Research studies have supported these assertions and yet, in actual practice, they are often more aspirational than actualized. The COVID-19 pandemic has made it even more difficult to implement collaborative care delivered by varied professional disciplines. This symposium describes efforts to provide more holistic and multidisciplinary care in the primary care geriatrics practice of the Dept. of Geriatrics & Palliative Medicine, Icahn School of Medicine. This New York City practice has 4,500 patients with diverse backgrounds and a median age of 85. In the first paper, Baharlou and her colleagues describe the establishment of an IMPACT collaborative care depression model in the middle of the COVID-19 pandemic. It was adapted to be provided by telephone and uses a different psychological intervention than is usually implemented. Hinrichsen and Leipzig outline the successful integration of Cognitive Behavioral Therapy for Insomnia into geriatrics primary care to improve insomnia in older adults and de-prescribe sleep medications. Munoz and her colleagues describe the ALIGN program which is an interdisciplinary team effort, informed by the social determinants of health framework, to facilitate access to an array of services delivered virtually because of the pandemic.

IMPROVING MOOD PROMOTING ACCESS TO COLLABORATIVE TREATMENT (IMPACT) PROGRAM IN GERIATRICS PRIMARY CARE
Shahla Baharlou,1 Gregory Hinrichsen,2 Lizette Munoz,3 Katherine Currey,1 Sheila Barton,1 Fay Kahan,3 Blair MacKenzie,1 and Laili Solemani,2 1. Icahn School of Medicine at Mount Sinai, New York, New York, United States, 2. Icahn School of Medicine at Mount Sinai, New York, New York, United States, 3. Mount Sinai Health System, New York, New York, United States
Improving Mood Promoting Access to Collaborative Treatment (IMPACT) is a well-established model for the treatment of depression in primary care. The COVID pandemic has caused increased distress and depression among the older patients in our New York City geriatric practice. This paper describes the establishment of a virtual IMPACT model during the pandemic in which IMPACT services have been provided via telephone. This effort was a multidisciplinary collaboration among geriatric medicine, geriatric psychiatry, social work, and geropsychology. Our IMPACT program uses a brief form of Interpersonal Psychotherapy (IPT) for depression as the psychosocial component instead of Problem Solving Treatment. Delivery of IMPACT by telephone appears to have enhanced engagement and sustained involvement in the program compared with prior efforts to deliver it by in-person meetings. IPT as a psychosocial modality was well-received by patients. To date, treatment outcomes have been favorable and will be reported in this presentation.

COGNITIVE BEHAVIORAL THERAPY FOR INSOMNIA IN GERIATRIC PRIMARY CARE
Gregory Hinrichsen, and Rosanne Leipzig, Icahn School of Medicine at Mount Sinai, New York, New York, United States
Insomnia is common in older adults and may have adverse cognitive, emotional, and physical consequences. Some older people are prescribed sleep medications for insomnia despite longstanding concerns about their use with older people (i.e., BEERS criteria). Cognitive Behavioral Therapy for Insomnia (CBT-I) is highly effective in the treatment for insomnia in adults and older adults. However, most studies of CBT-I in late life have been conducted with individuals younger than 70. This paper discusses four years of experience of providing CBT-I to older people in geriatric primary care, two-thirds of whom were older than 75 years of age. Among the subgroup of 29 individuals who completed a full course of CBT-I, almost all of those who had been on sleep medications discontinued them. Treatment outcomes were large and clinically meaningful. This paper will also describe our experience in providing CBT-I via telehealth because of the COVID pandemic.

ALIGNING TO A NEW NORMAL DURING COVID-19
Lizette Munoz, Mount Sinai Health System, New York, New York, United States
The Acute Life interventions Goals and Needs Program (ALIGN) is an inter-professional team of medical and social work providers dedicated to offering time-limited intensive ambulatory care to the most complex, high cost, high needs older patient population at Mount Sinai Hospital in NYC. During the 2020 COVID19 pandemic, ALIGN pivoted to focus on emergency planning actions. Such actions included language and culturally concordant goals of care discussions with patients and family, completion of electronic Medical Orders for Life Sustaining Treatment, reassessment of patient’s social determinants of health, determination of adequate access to food, medication, and emotional support to those alone and isolated, and assistance with video
Session 3065 (Symposium)

LESSONS LEARNED IN THE DELIVERY OF LIVE REMOTE GROUP WEIGHT LOSS AND PHYSICAL ACTIVITY INTERVENTIONS FOR OLDER ADULTS
Chair: Jason Fanning
Discussant: Barbara Nicklas

Social connection lies at the root of lasting health behavior change, and as such most effective interventions are built around social tools. Group leaders and peers provide education, and act as models of successful change and collaborators in addressing common barriers to behavioral adoption and maintenance. Unfortunately, many older adults do not have access to high quality group programs due to factors such as limited transport options, lack of local availability, or worries over personal safety. Importantly, developing effective, synchronous remote group programming is not as simple as delivering an in-person session via teleconference software. Instead, careful consideration must be paid to technology selection, fostering effective group communication, and developing confidence for use of remote intervention tools. This symposium provides key lessons learned from three group-based activity and weight loss interventions for older adults that focused on live, remote interaction. Jason Fanning will share lessons from the MORPH study, which paired remote group-mediated behavioral counseling with dietary weight loss and the accumulation of aerobic activity across the day. Christina Hugenschmidt will share her experiences adapting a group program involving improvisational dance or social gaming for remote delivery. Kushang Patel will present results from a mixed-methods study on the feasibility and acceptability of a remotely-delivered exercise program for older adults with knee osteoarthritis. Finally, Barbara Nicklas will place these experiences in the context of the development of exercise interventions for older adults over time, and highlighting vital next steps for ensuring more older adults have access to this important behavioral medicine.

DELIVERING A GROUP-MEDIATED WEIGHT LOSS AND ACTIVITY PROGRAM TO OLDER ADULTS WITH CHRONIC PAIN IN THE MORPH STUDY
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Chronic pain in aging is a potent cause and consequence of obesity, inactivity, and prolonged sedentary behavior, making these especially important targets for behavioral intervention. This study aimed to refine a theory-based group-mediated diet and sedentary behavior intervention for older adults with chronic pain. Participants (N=28) attended 12 weekly group meetings generally in home via WebEx and used an mHealth self-monitoring app as they attempted to move more often and reduce caloric intake. Relative to a control condition, the program produced improvements in physical function (η²=.08), pain intensity (η²=.12), sedentary time (η²=.07), and weight loss (η²=.21). Key findings related to effective remote group intervention delivery included: (1) the importance of a self-efficacy-enhancing technology orientation; (2) the value of small group bonding activities to seed communication; and (3) the impact of software choice on interpersonal communication. We will discuss the value of these findings for future remote intervention design.

THE VIRTUALIZATION OF A MOVEMENT AND SOCIAL GROUP-ACTIVITY INTERVENTION FOR OLDER ADULTS AND THEIR CAREGIVERS
Christina Hugenschmidt1, Deepthi Thumuluri2, Christina Soriano1, Rebecca Barnstaple4, Jason Fanning3, Jessie Laurita-Spanglet4, and Edward Ip1 1. Wake Forest School of Medicine, Winston-Salem, North Carolina, United States, 2. Wake Forest School of Medicine, Winston-Salem, North Carolina, United States, 3. Wake Forest University, Winston-Salem, North Carolina, United States, 4. York University, Toronto, Ontario, Canada, 5. Wake Forest University, Winston Salem, North Carolina, United States, 6. University of Southern Maine, Portland, Maine, United States

COVID-related safety concerns mandated suspension of our ongoing trial testing the effects of movement and social engagement in older adults with early-stage dementia and their caregivers (dyads). Participant vulnerability and the requirement for group social interaction complicated intervention resumption. We present results from a successful pilot to rapidly and iteratively optimize study interventions for remote delivery targeting intervention mediators (social connection, movement) based on participant feedback. Three-dyad groups (n=6 individuals) completed cycles of intervention via Zoom immediately followed by an interview with open-ended and quantitative feedback. Cycles were repeated until no new information was solicited, then repeated with new participants. Optimization revealed needs for technological support, more intensive movement, and social connection. Specifically, the inability to make eye contact, see others’ full body, and technology-associated timing asynchronies impeded social connection in the movement group. We will present practical tips for crafting remote group interventions for caregiver/person living with dementia dyads.

FEASIBILITY AND ACCEPTABILITY OF TELE-ENHANCE FITNESS IN OLDER ADULTS WITH KNEE OSTEOARTHRITIS
Kushang Patel1, Elise Hoffman,1 Neta Simon,1 and Nancy Gell2 1. University of Washington, Seattle, Washington, United States, 2. University of Vermont, Burlington, Vermont, United States

Enhance Fitness (EF) is an evidence-based, group exercise program for older adults. When COVID-19 halted in-person EF classes nationally, we adapted EF for remote delivery (tele-EF) by engaging key stakeholders. To determine feasibility and acceptability of tele-EF, we conducted a mixed methods study among 42 older adults (≥65 years).