general, the implementation of Community HealthChoices appears to have led to improvements in several measures of well-being.

THE EFFECT OF COMMUNITY HEALTHCHOICES ON USE OF HOME AND COMMUNITY-BASED SERVICES

Keri Kastner, University of Pittsburgh, Pittsburgh, Pennsylvania, United States

Medicaid claims data for the years 2013 to 2020 were analyzed to examine use of common categories of home and community-based services (HCBS) as well as the proportion of people living in nursing homes as opposed to receiving long-term services and supports in the community. There was a long-term trend prior to Community HealthChoices of a shift the locus of LTSS away from nursing homes. The implementation of managed care to deliver LTSS continued, but did not appear to accelerate this trend. However, MLTSS did appear to control to growth in hours of personal care per person both in the aggregate and longitudinally within the same individuals over time. There were decreases in the use of adult day services and home delivered meals. However, the decline in home delivered meals was more than offset by an increase in uptake of the supplementary nutritional assistance program (SNAP).

IMPLEMENTATION OF THE COMMUNITY HEALTHCHOICES PROGRAM

Teresa Beigay, University of Pittsburgh, Pittsburgh, Pennsylvania, United States

The Community HealthChoices program was implemented in three phases, starting in 2018 in the SouthWest region of Pennsylvania, followed by the SouthEast in 2019 and the remainder of the state in 2020. Interviews were conducted with participants in each region during the first several months of each implementation. Focus groups were conducted in the months immediately following each phase. We reviewed all participant materials and public education events in each region. The percentage of participants who reported having received information about the new program increased in each phase. This is consistent with our observation that more public education events were held in 2018 and 2019 than in 2017. However, satisfaction with information did not improve over time. Focus groups revealed a mixed picture of successes (new benefit cards were received and claims were paid) and challenges (providers were not aware of the program; selecting primary care providers was confusing).

THE EFFECT OF COMMUNITY HEALTHCHOICES ON PARTICIPANT SATISFACTION WITH HOME AND COMMUNITY-BASED SERVICES

Todd Bear, University of Pittsburgh, Pittsburgh, Pennsylvania, United States

A stratified random sample of participants was interviewed in each region of Pennsylvania during each phase of the implementation using the Consumer Assessment of Health Providers Survey – Home and Community Based Services (CAHPS-HCBS) version. In addition, comparison groups were interviewed from the third implementation region. These data were combined with surveys conducted by the three Community HealthChoices managed care organizations (MCOs). Data were weighted to create geographically representative estimates of participant experience across a range of composite measures. We found that participant ratings of their personal care attendants declined on three out of four measures, however measures of medical and non-medical transportation improved as a result of the implementation of Community HealthChoices. There were notable differences between people of different racial and ethnic groups, with non-Hispanic whites consistently reporting lower levels of satisfaction with person care.

THE IMPACT OF COMMUNITY HEALTHCHOICES ON PERSON-CENTERED SERVICE PLANNING

John Yauch, University of Pittsburgh, Pittsburgh, Pennsylvania, United States

Person-centered service planning (PCSP) is a required component of home and community-based services programs that operate under Medicaid waivers. CMS requires that states have processes in place to assure that participants and their family members (as desired and appropriate) are involved in decisions about their care. This mixed-method study combines interviews with participants and qualitative service coordinators regarding the PCSP process. Participant interviews using the Consumer Assessment of Health Providers Survey – Home and Community Based Services version found that the measure of “choice over services” improved slightly however, the “planning your care” measure was unchanged. Interviews with service coordinators found that the introduction of managed care had led to a system that was overly bureaucratic and focused on medical rather than social needs. This led to a perception that the service plans neglect aspects of daily living that are important for a good quality of life.

SESSION 2600 (SYMPOSIUM)

IMPLEMENTATION SCIENCE FOR THE SCALE-UP, SPREAD, AND SUSTAINABILITY OF ASSISTIVE TECHNOLOGIES FOR HEALTHY AGING

Chair: Shannon Freeman Discussant: Simon Carroll

In this symposium we present papers from four key stakeholders on a Michael Smith Foundation for Health Research (MSFHR) Implementation Science Team (IST) that is investigating the application of an emerging approach, the non-adoption, abandonment, scale-up, spread, and sustainability (NASSS) framework (Greenhalgh et al., 2017, 2018), to help predict and evaluate the success of technology-supported health and social care programs in British Columbia (BC). Specifically, our team’s intention is to apply the NASSS framework to answer the following research questions: 1) Can the NASSS framework be used to enhance the effectiveness and impact of innovative ATs through improving the equitable scale-up, spread, and sustainability of these technologies for older adults? 2) What are the most important factors in the technology development and implementation process that contribute to equitable scale-up, spread, and sustainability of ATs for older adults? And 3) How can we improve transdisciplinary and intersectoral collaborations to enhance and improve the
equitable implementation of ATs for older adults? Based on discussions from team, advisory, and expert panel meetings, a Rapid Realist Review (RRR) of the literature, and an analysis of data collected to date, the speakers will respond to these questions.

**ASSESSING INNOVATIVE ASSISTIVE TECHNOLOGIES FOR OLDER ADULTS: A KNOWLEDGE AND TECH DEVELOPER’S PERSPECTIVES**

Robin Syme, University of Victoria, Victoria, British Columbia, Canada

Objective: CanAssist is a University of Victoria organization that has been developing assistive technologies (ATs) for almost two decades aimed at developing client-centred broad-impact solutions that address unmet need and help people improve their independence and quality of life. CanAssist’s interest and involvement in this study is predicated on our belief that their approach to technology development align with the criteria needed for determining better tools for evaluating assistive technologies need to be developed and implemented. This is critical to our goal of providing successful customized technology solutions to sustain our clients’ independence and autonomy.

Methods: From the beginning of the project, as a Research User Co-Lead, CanAssist has actively participated in regular advisory committee and expert panel meetings along with several other research activities to co-create all dimensions of the study.

Results: The results from the Rapid Realist Review and preliminary analyses of the interview data with older adults and caregivers have validated the need for more appropriate assessment/evaluation tools to address the varied AT needs of older adults and their caregivers. In particular, the study has provided opportunities for our staff and clients to examine and discuss important factors/processes for successful AT development and implementation.

Conclusions: As a key partner on this implementation science team, CanAssist will use the study’s findings to provide information to our development and management teams on how to appropriately scale-up, spread, and sustain the use of ATs in the health and social care system.

**A RAPID REALISTIC REVIEW TO INFORM AN IMPLEMENTATION PROJECT; ASSISTIVE TECHNOLOGIES WITH CO-DESIGN AND OLDER ADULTS**

Matilde Cervantes Navarrete, University of Victoria, Victoria, British Columbia, Canada

Objective: This presentation reports on a rapid realist review of participatory co-design approaches to developing assistive technologies with older adults. It provides an evidence synthesis of the key mechanisms, contexts and outcomes that drive success and failure in the use of participatory co-design in this field. This KISSS-AT sub-project, was undertaken to help inform stakeholder partners and the wider gerontechnological community of the key challenges and opportunities, that participatory co-design offers the field.

Methods: We conducted a rapid realist review (Saul et al., 2013). We identified 1060 citations from databases (AgeLine, BSC, CINAHL, MEDLINE, PsyINFO, Sociological Abstracts and Web of Science), and 936 from hand journal searches (Ageing and Society, CSCW, Gerontechnology). We screened 311 full-text articles, with 19 articles for extraction. We extracted an additional 9 articles in order to capture post-search publications and a few articles identified through additional snowball citation searches. We analyzed the data for context-mechanism-outcome configurations (Pawson, 2015; Wong et al., 2013) that we found were relevant to our initial program theory, and used analytical induction to test emerging themes with our data set.

Results: We identified two key theoretical dimensions (1. Epistemological 2. Ethico-political) of participatory co-design with older adults, as part of our program theory, along with several C-M-O-Cs related to each dimension.

Conclusions: We found that paying attention to the underlying dimensions of participatory co-design, and the key mechanisms and contexts that support its successful implementation is fundamental to realizing the promise of this approach to gerontechnology development and implementation.

**ASSESSING INNOVATIVE ASSISTIVE TECHNOLOGIES (ATS) FOR OLDER ADULTS: AN EXECUTIVE SPONSOR’S PERSPECTIVE**

Manik Saini, British Columbia Ministry of Health, Victoria, British Columbia, Canada

The BC Ministry of Health (BC MoH)’s Health Technology Assessment unit is part of the Partnerships and Innovation Division. Our interest in this project concerns the status of ATs and the health technology assessment (HTA) process. The role of AT implementation as a key feature of the potential for new ATs to maximize health impact for older adults is something the Ministry sees as critical to meet the goal of enhancing healthy ageing and sustaining independence and autonomy.

Methods: From the beginning of the project, as Executive Sponsor, the Partnerships and Innovation Division helped to co-create the research program and played a key role in developing partnerships with health authorities and other stakeholders. With monthly meetings and several other research activities, the project has provided multiple opportunities for genuine policy engagement.

Results: The results so far have seen the project extend the scope of its partnerships with key stakeholders in BC. The Ministry was on a local reference group of knowledge users for a rapid realist review of participatory co-design, and Mr. Saini is a co-author on a publication based on that work. The project received additional funding from the BC MoH, and recently the Ministry collaborated on a successful University of Victoria Research Acceleration Fund grant application.

Conclusions: The BC MoH sees this as a key implementation science project, which will provide guidance to the HTA process, as it inevitably confronts increased demand for the public provision of ATs for older adults, particularly vulnerable and disadvantaged groups.

**A KNOWLEDGE USERS’ PERSPECTIVE: CONSTRUCTING MEANINGFUL PARTNERSHIPS AT THE IMPLEMENTATION SCIENCE PROJECT**

Kahir Lalji, United Way British Columbia – working with communities in BC’s Interior, Lower Mainland and Central & Northern Vancouver Island, Burnaby, British Columbia, Canada