society can better address the challenges of caring for this growing population.

EMERGENCY DEPARTMENT AND INPATIENT HOSPITAL HEALTHCARE UTILIZATION IN THE YEARS PRECEDING INCIDENT DEMENTIA

Raj Kumar, Katherine Ornstein, Evan Bollens-Lund, Jing Li, Ken Covinsky, and Amy Kelley. 1. Icahn School of Medicine at Mount Sinai, New York, New York, United States, 2. Johns Hopkins University, Baltimore, Maryland, United States, 3. Cornell University, Ithaca, New York, United States, 4. University of California, San Francisco, San Francisco, California, United States.

There is evidence health utilization increases after incident dementia, particularly toward the end of life. However, less is known about utilization in the years before dementia. Our study objectives were to compare outpatient emergency department (ED) and inpatient hospital utilization in the six years preceding incident dementia compared to a reference group without dementia. We obtained data on n=5,547 Beneficiaries from the Health and Retirement Study-Medicare linked sample, and defined dementia using a validated algorithm. Those with (n=1,241) and without (n=4,306) dementia were balanced on confounders using inverse probability weighting applied to longitudinal Generalized Estimating Equation models. We found persons with dementia had greater odds of ED (OR=1.46, 95% CI: 1.21, 1.77) and inpatient hospital (OR=1.35, 95% CI: 1.12, 1.63) usage in the years preceding dementia compared to those without dementia across a comparable timespan. This study provides evidence to suggest greater healthcare burden may exist before manifestation of dementia.

THE EFFECT OF DISRUPTIVE MEDICAL EVENTS ON MORTALITY IN PEOPLE WITH AND WITHOUT DEMENTIA

Lauren Hunt, Sean Morrison, Siqi Gan, Edie Espejo, W. John Boscardin, Rebecca Rodin, Katherine Ornstein, and Alexander Smith. 1. University of California, San Francisco, San Francisco, California, United States, 2. Icahn School of Medicine at Mount Sinai, New York, New York, United States, 3. Johns Hopkins University, Baltimore, Maryland, United States.

Disruptive medical events such as pneumonia and hip fracture occur more frequently among older adults with dementia than those without dementia. It is not well-understood whether these events increase the risk of mortality to a greater extent for people with dementia (PWD) compared to people without dementia (PWoD). Using data from the Health and Retirement Study linked to Medicare claims, we estimated the impact of hip fracture and pneumonia on risk of mortality among 700 PWD and 12,438 PWoD using a Cox proportional hazards model. PWD had a higher risk of mortality both in the case of hip fracture (HR 1.64, 95% CI 1.31, 1.96) and pneumonia (HR 1.21 95% CI 1.09, 1.34) compared to PWoD who experienced those events. This study provides evidence that dementia may increase mortality after a disruptive medical event and suggests that the clinical course of dementia may not always be slow and gradual.

UNNECESSARY AND HARMFUL MEDICATION USE IN COMMUNITY DWELLING PERSONS WITH DEMENTIA

W. James Deardorff, Bocheng Jing, Matthew Growdon, Kristine Yaffe, Kenneth Boockvar, and Michael Steinman. 1. University of California, San Francisco, San Francisco, California, United States, 2. Icahn School of Medicine at Mount Sinai, New York, New York, United States.

Persons with dementia (PWD) often have multiple comorbidities which results in extensive medication use despite potentially limited benefit and increased risk of adverse events. Compared to the nursing home, little is known about medication overuse and misuse among the ~70% of PWD in the community. Therefore, we examined medication use from Medicare Part D prescriptions among 1,289 community-dwelling PWD aged ≥66 from the Health and Retirement Study. We classified medication misuse as medications that negatively affect cognition (strongly anticholinergics/sedative-hypnotics) and problematic medications (using Beers and STOPP criteria). We describe the prevalence and patterns of different types of medication overuse/misuse. Frequently problematic medications included antipsychotics (9%), benzodiazepines (12%), and gabapentinoids (13%). Our findings highlight the burden of unnecessary/harmful medications among PWD and inform future deprescribing interventions.

WHO CAN BENEFIT FROM HOME-BASED MEDICAL CARE?

Katherine Ornstein, Bruce Leff, Jennifer Reckrey, Evan Bollens-Lund, Margaret Salinger, Yihan Wang, and Christine Ritchie. 1. Johns Hopkins University School of Medicine, Baltimore, Maryland, United States, 2. Icahn School of Medicine at Mount Sinai, New York, New York, United States, 3. Harvard Medical School/Massachusetts General Hospital, Boston, Massachusetts, United States, 4. Massachusetts General Hospital, Boston, Massachusetts, United States.

Leaving the home to access medical care may result in undue burden for patients with dementia and other serious illnesses and their caregivers. While home-based medical care (HBMC) may be beneficial for many older adults, it is not clear how to best identify individuals who could benefit from such services. Using the 2015 NHATS linked to Medicare claims we estimated prevalence across multiple overlapping subtypes: Individuals who have moderate/severe dementia; are homebound; have serious illness; are frail; rely on assistive devices; have high caregiving needs; those with minimal primary care and high ED use; and those who met previously established criteria for Independence at home. Using these criteria, more than half of community-dwelling older adults could benefit from HBMC and more than 25% meet multiple criteria. Medicare and other payers can benefit from targeted identification of patients who could benefit from HBMC.

SPECTRUM OF DEMENTIA IN OLDER HOSPICE RECEPIENTS

Lauren Hunt, Irena Cenzer, Alexander Smith, Amy Kelley, Melissa Aldridge, Kenneth Covinsky.
and Krista Harrison1, 1. University of California, San Francisco, San Francisco, California, United States, 2. Icahn School of Medicine at Mount Sinai, New York, New York, United States

We know little about differences between hospice enrollees with dementia co-existing with another terminal illness (like cancer), those dying from dementia (as principal hospice diagnosis), and those dying with no dementia. We used the National Health Aging and Trends Study linked to Medicare claims to compare characteristics, hospice use patterns, and care quality ratings. Among 1,105 decedent hospice-enrollees age 70+, we found 39% were dying with coexisting dementia, 17% from dementia, and 44% without dementia. In adjusted analyses, those dying with dementia had similarly high rates of functional impairment, higher rates of clinical needs, and worse measures of care quality compared to elders dying from dementia. Hospice use patterns were different for elders dying with dementia compared to elders without dementia. In summary, 56% of older hospice enrollees have dementia, mostly in addition to another terminal illness. Their differing hospice experience implies changes are needed to hospice care and policy.

SESSION 5050 (SYMPOSIUM)

ENRICHING THE LIVES OF OLDER VETERANS: THE GEROFIT WAY

Chair: Katherine Hall Co-Chair: Adam Gepner

Gerofit is a clinical exercise program for Veterans ages 65 years and older with multi-morbidities and functional limitations that place them at elevated risk for institutionalization. It was declared a VHA “Best Practice” in 2017 and was selected for widespread dissemination and implementation with over 30 Gerofit programs spanning the country. The original Gerofit program consists of supervised, facility-based exercise, offered 3 days per week in a group setting. Each exercise prescription incorporates aerobic training, progressive resistance training, and specialized exercises for balance and physical function. Everything changed in March 2020 when facilities began receiving orders to shut down face to face encounters and social distancing measures were put in place. Within six weeks, all of our sites had transitioned to group-based virtual classes, aptly called Gerofit to Home (GTH). This symposium includes 2 presentations that explore the effect of GTH on physical functioning and health-related quality of life outcomes in veteran participants during the pandemic: one focusing on resilience among GTH adopters vs. non-adopters in patients formerly participating in facility-based Gerofit; and the second focusing on patients enrolled directly in to GTH (no facility-based experience). The third presentation describes differences in physical function and health gains among Gerofit participants with and without peripheral artery disease (PAD). The fourth and fifth presentations describe augmented models of care to enrich the Gerofit experience for a) participants with supplemental nutrition programming and b) advanced physical therapy trainees through a Gerofit resident training model.

GEROFIT TO HOME (GTH) AS A NEW MODEL OF CARE

Rebekah Harris1, Miriam Morey2, Elisa Ogawa1, Alan Wesley1, Jonathan Bean1, and Katherine Hall2, 1. VA Boston, Boston, Massachusetts, United States, 2. Durham VA Health Care System, Durham, North Carolina, United States, 3. Puget Sound VA, Seattle, Washington, United States

Gerofit, a facility-based program transitioned to GTH, a completely virtual structured exercise program, at the onset of the pandemic and previously demonstrated that Veterans already engaged sustained performance with this transition (In-Person vs GTH, n=46; arm curls 19.7 vs 19.0 reps; 30-second chair stand 14.3 vs 15.9 reps). This study investigated whether gains in performance are achieved and sustained in Veterans who participated in GTH only, as it is unknown if virtual programs are as robust as facility-based programs. Measures of performance (3-month mean change, n=45, Arm Curls +3.4 reps; 30-second chair stand +1.5 reps) and self-reported function (SF-36 + 1.8 points) will be assessed from baseline to 3, 6, and 12 months. Pooled results from 14 sites have been accumulated and change scores, age and gender-based percentile changes and clinically meaningful thresholds will be presented. This knowledge can have implications to support programs for older adults aging in place.

CAN VIRTUAL EXERCISE PROMOTE PHYSICAL RESILIENCE DURING THE COVID-19 PANDEMIC AMONG ACTIVE OLDER ADULTS?

Kenneth Manning1, Stephen Jennings1, Megan Pearson1, Richard Sloane2, Katherine Hall3, Kyle Bourassa4, and Miriam Morey5, 1. Durham VA Healthcare System, Durham, North Carolina, United States, 2. Duke University Medical Center, Durham, North Carolina, United States, 3. Durham VA Health Care System, Durham, North Carolina, United States

Background: Gerofit is a facility-based exercise and health promotion program for older Veterans that transitioned to virtual delivery in March 2020. Little is known about how virtual exercise would promote resilience in the physical function of individuals previously participating in-person.

Methods: Preliminary data from 1 of 14 sites was gathered 72 Veterans returning to facility-based exercise after COVID mandated shutdowns. 39 individuals chose not to participate virtually, and 33 actively participated virtually for over 1 year. Re-entry data were then compared to the patients’ most recent test. Assessment means were compared within groups.

Results: Change scores from T1 to T2 were: -1.19 versus +2.4 repetitions for 30-second arm curls; +1.57 repetitions for 30-second chair stands; and -113.87 versus -77.3 yards for six-minute walk distance for non-virtual versus virtual groups. Implications: Participation in virtual exercise interventions may promote resilience and resistance to functional decline in previously active individuals during enforced isolation.

VIRTUAL NUTRITION EDUCATION AND PRODUCE DELIVERY INCREASES DIETARY QUALITY AMONG OLDER VETERANS

Elizabeth Parker1, Sarah Cassatt2, Jamie Giffuni3, Leslie Katzel4, Heidi Ortmeier5, and Odessa Addison6, 1. University of Maryland School of Medicine, Baltimore, Maryland, United States, 2. University of Maryland, United States