gaps exist. The goal was to study the impact of a multi-component, experiential, brief curriculum on attitudes of dementia care. Methods: 108 medical students participated in a curriculum including didactics, clinical, and team-based learning followed by pre-post assessments. Results: Student’s perception of their ability to assess multiple facets of dementia such as behaviors, caregiver burden, and cognition improved significantly (p<0.001). Students’ perception of the role of social worker improved significantly (p=0.002). Conclusion: An interdisciplinary curriculum, improved medical students’ perception of their ability to assess for dementia in a cohort of predominantly rural Veterans.

SESSION 7220 (SYMPOSIUM)

SENSORY LOSS AND THE HEALTHCARE SYSTEM: OUTCOMES AND NAVIGATION
Chair: Nicholas Reed
Discussant: Charlotte Yeh

Communication is fundamental to patient-centered care. However, sensory impairment limits communication among older adults. Specifically, hearing impairment strains communication via degraded auditory encoding while vision impairment distresses ability to read and interpret visual cues. The presence of dual sensory impairment, defined as concurrent hearing and vision impairment, may exacerbate these effects. The potential consequences of age-related sensory loss on health care interactions and outcomes are beginning to surface in epidemiologic studies demonstrating poorer patient-provider communication, higher medical expenditures, increased risk of 30-day readmission, and longer length of stay when compared to individuals without sensory loss. Importantly, these associations may be amenable to intervention via sensory aids; however, uptake to sensory care is low. Notably, less than 20% of persons with hearing impairment have hearing aids and over 55% of Medicare Beneficiaries with reported vision problems have not had an eye examination in the prior year. Affordability and access may contribute to lack of sensory care uptake as Medicare explicitly excludes coverage of vision and hearing services. In this symposium, we will review current and new evidence for whether sensory loss affects health care outcomes, including satisfaction with care, incident delirium during hospitalization, navigation of Medicare, and present data on how persons with sensory loss are more likely to delay their care independent of cost and insurance factors suggesting fundamental changes in health care system interaction. We will place these results within the context of current national quality care and policy initiatives and review methods to address sensory loss.

HEARING LOSS AND HELP-SEEKING BEHAVIOR
Nicholas Reed, Johns Hopkins University, Baltimore, Maryland, United States

Hearing Loss (HL) is common among older adults and is associated with poor health care quality outcomes including 30-day readmissions, length of stay, poorer satisfaction, and increased medical expenditures. These associations may manifest in changes in help-seeking behaviour. In the 2015 Current Medicare Beneficiary Study (MCBS) (n=10,848; weighted sample=46.3 million), participants reported whether they knowingly had avoided seeking care in the past year and self-reported HL was measured as degree of trouble (none, a little, or a lot) hearing when using a hearing aid if applicable. In a model adjusted for demographic, socioeconomic, and health factors, those with a little trouble (OR= 1.612; 95% CI= 1.334-1.947; P<0.001) and a lot of trouble hearing (OR= 2.011; 95% CI= 1.443-2.801; P<0.001) had 61.2% and 101.1% higher odds of avoiding health care over the past year relative to participants with no trouble hearing. Future work should examine whether hearing care modifies this association.

SENSORY LOSS AND DELIRIUM AMONG MEDICARE BENEFICIARIES
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Sensory impairment is prevalent among older adults and may increase risk for delirium via mechanisms including sensory deprivation and poor communication which may result in confusion and agitation. In the Medicare Current Beneficiary Study (MCBS), delirium was measured using a validated algorithm of claims data. Sensory impairment was defined as any self-reported trouble hearing or seeing, with the use of aids, and was categorized as no impairment, hearing impairment only (HI), vision impairment only (VI), and dual sensory impairment (DSI). Among, 3,240 hospitalized participants in 2016-2017, 346 (10.7%) experienced delirium. In a model adjusted for socio-demographic and health characteristics, those with HI only, VI only, and DSI had 0.84 (95% CI: 0.6-1.3), 1.1 (95% CI 0.7-1.7), and 1.5 (95% CI 1.0-2.1) times the odds of experiencing delirium compared to those without sensory impairment. Future research should focus on mechanisms underlying association and determine the impact of treatment of sensory loss.

UNDERSTANDING MEDICARE WITH HEARING LOSS
Amber Willink, The University of Sydney, Sydney, New South Wales, Australia

Medicare has become an increasingly complex program to navigate with numerous choices available to beneficiaries with important implications on their financial exposure and access to care. While research has identified poor health literacy as a barrier to understanding Medicare, little information is available on the experience of individuals with hearing loss. Using the Medicare Current Beneficiary Survey (2016), a nationally-representative sample of 10,841 beneficiaries, we examined if difficulty understanding Medicare was associated with reported trouble hearing, while controlling for socio-demographic and health literacy factors. Compared to no trouble, Medicare beneficiaries with a little or a lot of trouble hearing had 44% (95% CI OR:1.34-1.55) and 63% (95% CI OR: 1.44-1.83) increased odds of reporting greater
difficulty with understanding Medicare. The existing tools to support Medicare beneficiaries understand and navigate the program must evolve to meet the needs of those with hearing loss—a highly prevalent condition among Medicare beneficiaries.

SATISFACTION WITH HEALTH CARE BY DUAL SENSORY IMPAIRMENT STATUS
Lama Assi,1 Ahmed Shakarchi,1 Bonnielien Swenor,2 and Nicholas Reed,2 1. Johns Hopkins Wilmer Eye Institute, Baltimore, Maryland, United States, 2. Johns Hopkins University, Baltimore, Maryland, United States

Sensory impairment is a barrier to patient-provider communication and access to care, which may impact satisfaction with care. Satisfaction with the quality of care received in the past year was assessed in the 2017 Medicare Current Beneficiary Survey (weighted sample=53,905,182 Medicare beneficiaries). Self-reported sensory impairment was categorized as no sensory impairment, hearing impairment (HI)-only, vision impairment (VI)-only, and dual sensory impairment (DSI) – concurrent HI and VI. In a model adjusted for sociodemographic characteristics and health determinants, having DSI was associated with higher odds of dissatisfaction with the quality of care received (Odds Ratio [OR]=1.53, 95% Confidence Interval [CI]=1.14-2.06) relative to no sensory impairment; however, having HI-only or VI-only were not (OR=1.33, 95% CI=1.94-1.89, and OR=1.32, 95% CI=0.95-1.93, respectively). These findings have implications for healthcare providers as Medicare shifts to value-based reimbursement. Moreover, previous work that singularly focused on HI or VI alone may have failed to recognize the compounded effect of DSI.

ADDRESSING SENSORY IMPAIRMENT IN THE ICU: CRITICALLY IMPORTANT FOR IMPROVING OUTCOMES
Lauren Ferrante, Yale School of Medicine, New Haven, Connecticut, United States

Millions of older adults are admitted to an intensive care unit (ICU) every year. Many of these patients have preexisting impairment in hearing or vision, but sensory impairment is rarely addressed in the ICU. This talk will present recent work evaluating the association of sensory impairment with functional outcomes among older ICU patients, and discuss barriers to and potential strategies for addressing sensory impairment in the ICU.

SESSION 7225 (SYMPOSIUM)
SMART WEARABLES IN THE LENS OF AGING: RESULTS FROM THE ROAMM STUDY
Chair: Mamoun Mardini
Co-Chair: Todd Manini
Discussant: Jennifer Schrack

Continuous, long-term monitoring with remote capabilities using wearable technology is ideal for capturing information about patient/participant symptoms synced to sensor-based information. The Real-time Online Assessment and Mobility Monitor (ROAMM) is a smartwatch framework configured to collect data in free-living settings from both sensor-based (location and movement) and responses to symptom notifications through a visual display. The symposium presents the overall framework and preliminary findings from a demonstration study in older adults with knee osteoarthritis. Karnati will present the general framework of ROAMM explaining the data flow from the smartwatch to end users (clinicians and research). He will highlight components in the design that makes the framework unique and highly flexible to serve different studies with different research questions. Rouzaud evaluated satisfaction, usability and compliance wearing a smartwatch and using the ROAMM app. Participants were compliant to ecological prompts about pain, fatigue and mood three times a day (82.5% compliance rate). Additionally, >70% reported being satisfied with the function/usability and comfort with using ROAMM and wearing the smartwatch. Mardini examined the temporal relationship between ecological pain and derived life-space mobility features from Global Positioning System coordinates. Results suggested that higher level of knee pain in older adults was associated with lower life-space mobility. Manini examined physician perception towards an electronic health record (EHR) graphical interface of top ranked patient attributes of pain, falls, hydration and mobility patterns. Results indicated a relatively high level of usability of the EHR interface depicting smartwatch data.

A SMARTWATCH-BASED FRAMEWORK FOR REAL-TIME AND ONLINE ASSESSMENT AND MOBILITY MONITORING
Yashaswi Karnati,1 Rohith reddy Kessy reddy,1 Aseem Thakkar,1 Matthew McConnell,1 Tonatiuh Mendoza,1 Mamoun Mardini,1 Todd Manini,2 and Sanjay Ranka,1 1. University of Florida, Gainesville, Florida, United States, 2. The University of Florida, Gainesville, Florida, United States

Pervasive computing is changing the monitoring landscape for patients to communicate their healthcare information in real-time to clinicians and researchers. We developed a framework based on a smartwatch application allowing researchers to execute a study that is customized to their needs. The application is configured to collect patient generated data in remote settings from both sensor-based (location and movement) and user-reported health factors through the visual display. For example, data are used to investigate concurrent symptoms and mobility patterns in free-living conditions. To support the collection and analysis of this data in a robust and scalable fashion, we have developed an event driven, serverless computing platform using Amazon cloud services. This system also allows multiple campaigns to run concurrently each under the auspices of a different researcher. The framework is ideal for harnessing and scaling the utilization of smart wearable devices in research and clinical settings.

PHYSICIAN SUITABILITY OF AN EHR INTERFACE FOR DEPICTING ECOLOGICAL SYMPTOMS DERIVED FROM A SMARTWATCH
Todd Manini,1 Jordan Alpert,2 Tonatiuh Mendoza,3 Satya Prabhakar,3 Laurence Solberg,1 and Parisa Rashidi,3 1. The University of Florida, Gainesville, Florida,