The SmartPrompt phone-based reminder application was designed according to neuropsychological theory and pilot testing to facilitate everyday functioning. A laboratory-based pilot of ten participants with MCI and mild dementia showed significantly greater task completion with significantly fewer checking behaviors when using the SmartPrompt versus a control condition. Younger individuals and those who engaged in more checking behaviors completed more tasks in the control condition, but these relations were not significant when using the SmartPrompt. After 15 minutes of training, caregivers achieved near perfect scores on a SmartPrompt configuration quiz. Participant and caregiver usability ratings were strong, even though participants reported relatively low computer proficiency and neutral/unfavorable attitudes towards technology. Piloting informed modifications of the SmartPrompt to enhance personalization (e.g., customized alarms/rewards) and improved human-computer-interaction for in-home testing. Preliminary in-home test data on individually-owned smartphones and conclusions regarding barriers and facilitators to the effectiveness of the modified SmartPrompt will be discussed.

ACTIVIDAILY: TURNING APATHY INTO ACTION IN NEURODEGENERATIVE DISEASE
Lauren Massimo, Sean Lydon, Alexander Miller, Katya Rascofsky, and Dawn Mechanic-Hamilton, University of Pennsylvania, Philadelphia, Pennsylvania, United States

Impairment of goal-directed behavior (GDB), often labeled apathy, is a common behavioral symptom in dementia. ActiviDaily is a novel mobile app that engages both patients and caregivers to increase GDB to improve everyday function. ActiviDaily targets key components of GDB (motivation, planning and initiation) and individualizes patient goals. Pilot testing in twelve patient/caregiver dyads occurred over 4 weeks of app use. Measures of behavior, everyday functioning, and psychological distress were assessed in a pre-post design. Goal Attainment Scaling (GAS) was used to establish individualized goals and measure progress on a standard scale. GAS showed that 79% of participants’ goals were met at or above expectations. Caregiver depression and stress were significantly reduced. There was also a reduction in ratings of patient apathy. ActiviDaily is an innovative intervention that individualizes treatment of apathy and has the potential to increase independence in day-to-day life and decrease caregiver burden.

CAN WE END THE AGE-OLD PROBLEM OF PRESSURE INJURIES?
Tracey Yap, Duke University, Chapel Hill, North Carolina, United States

A pressure injury/ulcer (PII) is a localized area of injured skin and tissue usually over a bony prominence and one of the highest priority problems identified in U.S. health care’s federal quality initiatives; approximately 26.8 billion is spent for treatment each year. The problem is accentuated for nursing home residents who are often immobile/bed-ridden. Currently, resident repositioning/movement by nursing staff every 2-hours is the cornerstone of prevention care. Successful interventions must be nurse-led and designed to facilitate the prevention care of nursing staff on the front lines. My research focuses on integrating movement into everyday care for institutionalized older adults and is advancing the science of PII prevention through testing of cueing interventions for nursing staff to improve the care delivery. My goals for innovating preventive care include enhancing our understanding of nursing subcultures’ influence on care outcomes and leveraging emerging technology to enhance the care team’s collaborative efforts.

Navigating the Treacherous Waters of Geriatric Complexity and Heterogeneity with the Help of Team Science
George Kuchel, University of Connecticut, Farmington, Connecticut, United States

Multifactorial complexity and heterogeneity challenge the care of older adults and research into the pathophysiology of common geriatric syndromes. Multicomponent interventions matching intervention components with individual risk factors are grounded in precision medicine by ensuring that interventions may be offered to those who will more likely benefit, sparing expense and side effects for those who will not. Nonetheless, the development of mechanism-guided interventions has been hampered by failure to identify single mechanisms for effective targeting within this multifactorial complexity, a problem worsened by historical barriers between research disciplines and silos. Geroscience-guided interventions target biological hallmarks of aging representing mechanisms that geriatric syndromes share with aging. We will present examples of multidisciplinary bench-to-bedside translational science seeking to transform the care of common geriatric conditions as diverse as frailty, voiding disorders and immunization against influenza and pneumococcal infections via geroscience-guided therapies applied with a greater emphasis on heterogeneity of aging and targeting.

Deprescribing in Older Adults: Is Evidence for Continued Medication Use Generalizable Beyond Age 75?
Joshua Niznik, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, United States

Older adults over the age of 75 are severely underrepresented in many of the clinical trials used to justify the continued use of medications for chronic disease prevention in advanced age. The gaps in evidence in this population have fueled an interest in research to better understand the potential benefits and harms associated with the continued use of medications with uncertain benefit in advanced age. Deprescribing, the intentional reduction or discontinuation of medications, has recently gained traction as an important component of the prescribing process, but raises questions about the safety of stopping medications. This presentation will provide an overview of the evolution of deprescribing research and how this has shaped my
career as a geriatric health services researcher. Specifically, I will address early studies that defined the field, challenges and opportunities for studying deprescribing in older adults, and future directions and priorities in deprescribing research.

A PATIENT WORK LENS TO UNDERSTANDING AND SUPPORTING HEALTH CARE AT HOME
Nicole Werner, University of Wisconsin-Madison, Madison, Wisconsin, United States

A majority of healthcare today occurs in private homes and is performed by older adults and their informal caregivers. However, only recently have we begun to understand more about the healthcare work of older adults and their caregivers and the home as a healthcare delivery system. Work science allows us to conceptualize the healthcare activities of older adults and their caregivers as a type of health-related work that has been conceptualized under the broad term, patient work. Applying a patient work lens can offer a unique perspective to addressing the persistent and pervasive challenges faced by older adults and their caregivers as they manage their healthcare at home and across healthcare settings. I will describe the historical development of the patient work approach and highlight recent efforts to use a patient work approach to understand and support the work of older adults and their caregivers providing care in the home.

GEROSCIENCE BRINGS NEW FOCUS ON THE LIFE-COURSE APPROACH TO HEALTH IN HUMANS
Luigi Ferrucci, National Institute on Aging, Bethesda, Maryland, United States

The geroscience paradigm stands on two assumptions: 1. Major changes in health are caused by accelerated aging; 2. The rate of aging can be modified by interventions with significant effects on health span. These simple statements change dramatically the portrayal of aging research in medicine. In the past, aging was considered fixed and irreversible, and the study of aging a speculative science, closer to anthropology than to physiology. However, if biological aging is the root cause of chronic disease and if the rate of aging can be changed, then the study of aging becomes the most important branch of medical research. The last twenty years of research support this view and suggest that the rate of aging is set during early development but is modifiable by appropriate interventions. These findings suggest that the architecture of disease development and subsequent loss of function may be more easily influenced by early interventions.

SESSION 7240 (SYMPOSIUM)

THE PAST, PRESENT, AND FUTURE OF HEALTH SCIENCES RESEARCH
Chair: Cynthia Brown
Co-Chair: John Batsis

The health sciences have experienced an evolution in research over the past 75 years, moving along the translational spectrum from bench to bedside to the community. This transformation has impacted health outcomes for older adults at a global and public health level. Expansion in geroscience and implementation science research has changed the lens through which we view how aging occurs, precision management of disease, and has allowed the integration of tested interventions into healthcare systems. This Presidential symposium will showcase investigators, ranging from junior to senior researchers, who will share where their science began, how their research has built on the past, provide insights into their own work, and share their perspectives on the continuing trajectory of their scientific work.

SESSION 7245 (SYMPOSIUM)

TRANSITIONAL CARE MANAGEMENT: EVIDENCE FOR NOVEL IMPLEMENTATION MODELS AND REHABILITATION IMPLICATIONS
Chair: Margaret Danilovich
Discussant: Margaret Danilovich

The transition between healthcare settings is a complex process presenting challenges for effective and consistent communication between older adults, their caregivers, and healthcare providers. These challenges often result in adverse health events and re-hospitalizations. Further, once transitioned to home, older adults often need ongoing care management and support and evidence for models remains unclear as to the precise parameters of supports needed for comprehensive care. This symposium will provide an overview of the evidence for both interdisciplinary care management models and transitional care programs, present the implementation of a care management program for low income older adults at one social service agency, and provide evidence-based tools for older adult functional assessment and decision-making for transitional care. The speakers will present new tools from the American Physical Therapy Association home health toolbox that promote patient-centered health care decision-making to facilitate successful transitions that reduce resource use and hospital readmission. The speakers will also discuss the implementation of a care management program for older adults in a care gap (having too much income for Medicaid home and community-based services, but still <200% of the federal poverty line). An implementation framework for the needs assessment will be highlighted and 1-year program outcomes will be presented. Attendees will learn strategies for interprofessional collaboration, enhanced communication, and advocacy within the interprofessional team to facilitate improved care management and transitional services for older adults.

EVIDENCE FOR A NOVEL CARE MANAGEMENT PROGRAM FOR LOW-INCOME OLDER ADULTS
Rachel Lessem,1 and Margaret Danilovich,2 1. CJE SeniorLife, Chicago, Illinois, United States, 2. CJE SeniorLife, Evanston, Illinois, United States