follow-up study that measured mobility changes over time. Various types of GPS devices were used, including smartphones, GPS watches, or portable data logging kits. The GPS tracking period ranged from 1 to 30 days. The daily device wear time varied from 10 to 24 hours. Commonly reported GPS-based mobility measures included time out of home, distance moved, the number of out-of-home trips or walking tracts, the number of visited places, life-space area, and walking speed. Twenty-one studies reported some aspects of demographic, physical, psychosocial, or environmental factors related to the levels of GPS-based mobility. GPS tracking technology can continuously record individuals' activities and functional abilities within their life space. We found that there was heterogeneity in ways of applying GPS technology and defining and measuring mobility in community-dwelling older adults. Given the lack of consistency in GPS-based mobility assessment, a clear definition of mobility and standardization of GPS data collection and analysis are required for comparison across studies and better understanding determinants of mobility limitation in community-dwelling older adults.

USE OF VIDEO-ENABLED TABLET FOR VIRTUAL CARE AMONG OLDER VETERANS

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With the proliferation of virtual care, healthcare systems are exploring ways to bridge the digital divide among vulnerable patients. Department of Veterans Affairs (VA) is distributing devices for qualifying Veterans to enable video visits with medical providers at home, yet their use among older patients is unknown. This retrospective cohort study used administrative data to characterize the use of VA-loaned iPads among older Veterans compared to younger Veterans and identify demographic predictors of utilization. Among 16,385 patients who were shipped a VA-loaned iPad in 2014-2019, 33.66% (n=5,516) were over 65 years old, and 3.1% (n=503) were over the age of 85. Two thirds (n=6799) of younger patients had a video visit (mean=3 visits) with provider using iPad in the 6 months since shipment, compared to 50% (n=253) of 85+ year-olds (mean=1.8 visits). Most common types of virtual visits for the oldest old patients were for geriatrics or home-based primary care, compared to mental health visits among younger patients. Logistic regression identified characteristics of older patients who were more likely to use iPads, such a marital status, urban location, and lower disease burden, which is similar to their younger counterparts. While older age groups used VA-loaned tablets less frequently, those who engaged with the devices were similar in demographics as their younger counterparts. Older patients used iPads differently, with higher engagement in geriatric and primary care services. Providing devices for virtual care may allow health systems to more easily reach older patients in the comfort of their home.

USING WEARABLE SENSORS TO REMOTELY EVALUATE PROGRESS ON GOALS SET BY PATIENTS WITH DEMENTIA

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Patient Priorities Care (PPC) is a communication framework designed to facilitate priorities-based conversations between clinicians and older adults with multiple chronic conditions. PPC focuses on collaboratively setting specific and measurable goals based on what matters most, and patients often set goals involving physical activity. Measuring goal achievement for patients with dementia is difficult because they often struggle to report activity accurately. In this pilot study, we assessed the feasibility of using a wearable sensor to evaluate patient-defined goal achievement. The wearable sensor measured daily mobility and sleep performance, including length of walking bouts, time sitting, postural transitions, and sleep duration. Patients wore pendant sensors for 48 hours at baseline (before PPC conversations) and 3-6 month follow-up. We present a case in which remote monitoring exhibited evidence of goal achievement and another case in which monitoring exhibited failure to achieve a goal. In the former, the patient set a goal of walking his dogs daily. At baseline, mobility performance suggested that he was not engaged in this activity. At follow-up, in contrast, all parameters showed accomplishment of the patient's goal. In the latter case, the patient set a goal of maintaining his habit of walking a mile per day. At follow-up, sensor measures showed that the patient was not making progress on this goal. Conclusion: Remote monitoring using wearable sensors can provide objective information about goal achievement for patients with dementia. Sensor measurement can assist clinicians in evaluating goal achievement for patients with dementia and adjusting care based on these measures.

VIRTUAL REALITY BASED INTERVENTIONS AMONG PEOPLE WITH DEMENTIA: APPLICATIONS AND HEALTH-RELATED OUTCOMES

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The use of virtual reality (VR) technology to improve health among older adults has been receiving increased attention. VR technology has many applications and can produce benefits for people with various medical conditions such as symptom reduction or improving the diagnostic process. Despite the increase in the number of research studies of VR technology, little is known about how it has been used to improve health-related outcomes among people with dementia. This systematic review aimed to synthesize research evidence regarding the scope and impact of VR based interventions among people with dementia. Five databases, CINAHL, Embase, PsychINFO, PudMed, and Web of Science were searched to identify studies leveraging VR to facilitate interventions designed for people with dementia. Multiple keywords were used in combination including: dementia, Alzheimer's, VR, virtual reality, and Virtual Reality