

patient and family-facing materials, about medication management and deprescribing for seriously ill older adults in home hospice. An environmental scan of the existing deprescribing resources was conducted; a state-of-the-art educational program for hospice deprescribing was located and used as the basis for an innovative clinician-facing educational intervention. A stakeholder panel of 2 hospice administrators, 3 nurses, 2 physicians, 2 pharmacists, and 2 former family caregivers, drawn from 2 geographically diverse hospice agencies, reviewed the content of the educational program and made recommendations for additional content. Iterative rounds of development and feedback resulted in: (1) a 3-part, 1 hour, clinician educational program with CE credits for nurses that presents a standardized deprescribing approach that aligns medication prescribing with the goals of patients and caregivers, and (2) a patient/family caregiver medication management notebook for intervention group participants (addressing management of common symptoms, medications in hospice, and deprescribing) and an adapted version for attention control participants. A professional designer created thematic coherence for all materials that were well received by stakeholder panelists and hospice staff. Ultimately, educational materials will support efforts to standardize deprescribing approaches that aim to optimize end-of-life care outcomes for patients and family caregivers.

GERIATRIC FAST FACTS: FOUR YEARS OF GROWTH AND REACH

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Clinical teachers are increasingly challenged to find the time to provide point of care education for learners. To meet this challenge, an interprofessional team from competing health care systems created and sustained Geriatric Fast Facts (GFF): easily accessible, concise 1-2 page topic summaries for clinical teachers to use (in lieu of the mini-lecture) with learners at the point of care. Designed by geriatrics educators in consultation with IT experts, we launched a mobile enabled website that is indexed and searchable by free text or topic, organ system, ACGME competency, disease, and the “underlying science” for the disease/illness. GFF topics are authored by subject matter experts with peer review by senior geriatricians. Brief quizzes test learners’ knowledge with score reports. Our 4-year results reveal that: 1) “Geriatric Fast Facts” appear in the top Google 10 listing; 2) Search engines account for 39% of site traffic; 3) 60% of unique users (N=29,000) are via direct link; 4) 19% via referral from another site. Our “bounce rate” (55%) is ideal as users quickly gain the information sought - affirmed by our session duration which averages < 2 minutes. Our Google Analytics results reflect steady growth and international reach: 73% of sessions are from the U.S., 5% from Canada, 22% international and growing! In summary with our population continuing to age and time for teaching being limited, GFFs are quick, accessible, evidence-based resources for point of care teaching.

LEARNER ATTITUDES ON INTERPROFESSIONAL EDUCATION THROUGH FORMAL INTERPROFESSIONAL CASE DISCUSSIONS.

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Interprofessional education case sessions allow learners to apply discipline-specific knowledge to real-life scenarios through facilitated discussion of a patient case. Our interprofessional case discussion was implemented for learners to develop care plans for complex geriatric patients; learners have intentional time to learn with, from and about each other’s roles in geriatric patient care. Cases were de-identified from actual complex patients seen in geriatrics clinic. All learners receive the case and work through it from their discipline’s perspective, then join a facilitated group discussion to develop collaborative care plans. At session end participants are surveyed using the ICCAS and qualitative comments about perceptions on interprofessional case learning. Thirty-five learners (47%) completed the feedback survey. Disciplines represented were medicine, pharmacy, psychology and social work. Thirty learners (85%) indicated the case discussion session was very educational (n=22, 62%) to educational (n=8, 23%). Themes used most frequently regarding what was most educational were: “different professional approaches”, “professional roles”, “collaboration” and “problem solving”. Typically, learners were unable to identify “least educational” components to the activity, but some learners found the pace of information presentation too rapid or felt other professionals did not provide enough context for the suggestions they made for the case. Suggestions to improve the interprofessional case discussion activity included increased “time for discussion and consensus building”, more session structure, and addition of other professionals (e.g., nutrition, law). The majority of interprofessional learners participating in interprofessional case sessions have found them to be educational. Feedback from learners aligns with goals of interprofessional education.

LEVERAGING PREHOSPITAL CARE TO ADDRESS ELDER MISTREATMENT: DEVELOPMENT OF AN ONLINE TRAINING FOR EMS

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Elder abuse affects an estimated 1 in 10 older adults in the US and has devastating consequences for their health and well-being yet is widely under-recognized. Prehospital emergency medical service (EMS) providers are particularly well-positioned to identify older adults who are at risk of or experiencing mistreatment, and to report and intervene as appropriate. However, many EMS providers across the country lack the training and tools required

to facilitate consistent identification and intervention. Recognizing the critical need for easily accessible, comprehensive, and relevant training, Education Development Center received funding from RRF Foundation for Aging to develop and pilot test the Elder Mistreatment EMS Training Curriculum (EM-ETC). The EM-ETC aims to improve identification, referral, and linkage to coordinated care and support services for older adults who are at risk of mistreatment. In this presentation, we will describe our iterative and collaborative process for developing an interactive online training program for EMS providers. The training leverages the unique circumstances of prehospital care to prepare EMS providers to recognize and respond effectively to elder abuse and help them to fulfill state licensing requirements. We will present findings from our formative research comprising consultation with subject matter experts and state offices of EMS education, focus groups with EMS and Adult Protective Services providers, and user testing with EMS providers.

UNDERSTANDING MEDICAL STUDENTS' KNOWLEDGE OF OPIOID USE DISORDER: A PRELIMINARY STUDY

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The rise of the opioid epidemic over the last two decades has increased the mortality rate, healthcare cost, and drug overdose deaths across the country. Practicing physicians are lacking in education regarding non-opioid alternatives to pain management, prevention, diagnosis, and treatment of opioid use disorder (OUD). Existing literature suggest a link between knowledge discrepancy and opioid use among clinicians resulting in patient's abuse of opioids. Therefore, it is important to educate medical students at the start of their career. This preliminary study assesses the current knowledge and perceived skills of medical students regarding (OUD)/opioid misuse and related content in order to identify gaps and provide necessary education. The study used a pre-post survey method to understand the demographics, medical, and clinical knowledge about opioid use, abuse, and clinical knowledge regarding patient opioid overdose. The self-administered survey was administered to all students 18 years or older, M1- M4 enrolled in NSU-KPCOM. A total of 1164 students met these criteria. However, only 137 students participated in the Pre-survey collected from August 2019 to September 2019. Approximately 12% of the eligible students participated in the pre-survey. Data was analyzed using frequencies and percentages. Results of the pre-survey suggest a progressive increase in opioid knowledge from M1 to M4 years. Results of the study suggest investigating a relationship between medical education and knowledge of opioid usage, with a specific lens aimed at assessing the efficacy of opioid education during second and third years of medical school

USING QUALITY MEASUREMENT TO SUPPORT HEALTHY AGING: THE ADULT IMMUNIZATION STATUS COMPOSITE MEASURE

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Vaccine-preventable diseases remain a significant public health threat, especially for older adults and those with compromised immunity. Efforts to drive vaccine uptake can include quality measures, which help providers, health care organizations, payers, and others to benchmark and track immunization activities. To help address low immunization rates in adults, the National Committee for Quality Assurance (NCQA) released the Adult Immunization Status (AIS) composite measure, which calculates a single rate for health plan performance on influenza, Td/Tdap, shingles, and pneumococcal immunizations. Discern Health and the American Medical Group Association (AMGA) performed a mixed-methods study using de-identified patient data from three healthcare organizations to analyze feasibility of the AIS measure in quality programs at the medical group-level. The team also team conducted qualitative interviews with the organizations to understand best practices for improving immunization rates in adults. The study showed that the AIS measure is feasible for use at the medical-group level. It also revealed that adults 50 years of age and older were less likely to receive all age-appropriate vaccinations than those younger than 50. These findings indicate that there is a significant gap in rates of immunizations among older adults and point to potential solutions that can be supported through use of the AIS measure.

SESSION 2902 (POSTER)

CHRONIC DISEASE AND MULTIMORBIDITY

ABILITY AND PERFORMANCE OF DAILY ACTIVITY FOR OLDER ADULTS WITH MULTIPLE CHRONIC CONDITIONS

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Older adults with multiple chronic conditions (MCC), and especially with added depression, have lower levels of daily activity than those without MCC. Engagement in daily activities can be measured by ability (what individuals can do) and performance (what individuals actually do). Understanding this difference is critical to developing interventions that align with the daily activity needs of older adults with MCC. The aim of this study was to understand the relationships between ability and performance of instrumental activities of daily living (IADL) among older adults with varied MCC and depression status. We conducted a cross-sectional study using data from the National Health and Aging Trends Study. We used MANOVA to detect differences in ability and performance of IADL by MCC status and t-tests to test the difference between ability and performance for our sample. There was an effect of MCC status on ability and performance for older adults in this sample, $F(10,13386) = 67.12$,