

1) Program Specific Information: Project Objectives and Accomplishments

Goal 1: Develop partnerships between academia, primary care delivery sites or systems, and community-based organizations to educate and train a geriatrics healthcare work-force.

NCC Report/Y2 Activities: (character count 4665 no spaces)

Executive Committee met biweekly in Q4 Y1 and in Y2 to provide program oversight and ensure evaluation outcomes were met. AgingME Steering Committee met in Q4 Y1, Q1/Q2/Q3 Y2 and reviewed 3 evaluation reports: The **Wilder Collaboration Report**, citing mutual respect, understanding and trust as items that work well; an **Infographic** showing high # of Colloquium attendees increased skills/knowledge; a **Training Needs Assessment** highlighting medication, mentation and topics, such as Aging in Place, Isolation/Loneliness and COVID-19 as areas of need. Partners increased collaboration by sharing activities and discussing challenges. Example: in partnership with University of Maine (UMaine) Center on Aging (COA), an Eastern Area on Aging (EAAA) specialist attended Health Connection Chats, expanding knowledge, answering questions, and sharing resources to help meet community members/attendees needs. Reports can be found at <https://sites.une.edu/gwep/reports-for-hrsa/>. AgingME Council launched in Q4 Y1 and met in Q1/Q2 Y2 to discuss Training Needs Assessment; 4Ms; survey methods results; PCP Toolkit; Social Media/website; COVID-19 impacts; and how to increase messaging to older adults. Council feedback — older adults do not know how/where to find resources; face housing/financial stability; need prescribers to talk to them about medications - helped inform priorities. Our Website/Facebook, launched Q4 Y1, links to partners' pages, informed by a survey on social media use. The website, <https://sites.une.edu/gwep/>, highlights key events and houses the Primary Care Partner (PCP) toolkit, 4M handouts and AgingME Training Videos. Facebook campaigns included Falls Prevention, Mental Illness Awareness, ME in Motion, and COVID-19 vaccinations. Weekly summaries, established in Q4 Y1, share events/news from Maine/National partners. Statewide wellness/elder abuse prevention events included representation/presentation by AgingME representatives who serve on a variety of statewide task forces, committees and forums. Examples include UMaine Colloquium; Maine Council on Aging (MCOA) Wisdom Summit; York County Elder Abuse Task Force Conference; UMaine Health Connection Chats (Q4 Y1: 8; Y2: 17 so far); Annual Meeting of the Dirigo-Maine Geriatrics Society; Hospice Volunteers of Hancock County/Presentation to Hospice Foundation of America on "Social Isolation and End-of-Life Planning"; Maine Public Health Association Conference of Maine Age Friendly Communities; University of New England (UNE) Social Work (SW) Training in Aging Diversity (TRIAD) Fall Program; and a UNE College of Osteopathic (COM) program on Palliative Care and Maine Death and Dignity Act. Project Director (SWehryMD) presented local/national COVID-19 related webinars on nurturing resilience and reducing isolation for people living with dementia and carepartners (weekly) of community dwelling older adults, staff, residents of The Cedars (long term care community), Consumer Voice conference (Q2 Y2); Project ECHO (Q3 Y2) and Maine Medical Center's (MMC) Ground Rounds; the importance of self-care during winter months, kicking off the UNE Center for Excellence in Aging and Health (CEAH) Online "E-Power" Series (Q3 Y2); Resiliency & Recovery in Congregate Housing (Tri-State Learning Collaborative on Aging); and hosted an online presentation entitled Dementia Care and Healthy Aging in Q2 Y2. AgingME also introduced a 4M Educational Media Campaign in Q1 Y2 and provided postcards to partners to use in Q3 Y2 to reduce social isolation/loneliness. **Completed evaluation activities:** Process evaluation survey with steering committee partners; administration and analysis of Y1 Wilder Collaboration Factors inventory with steering committee members, and completion of training needs assessment. **Objective 1 Reciprocal partners involved: Academic Partners:** UNE Center for Excellence in Aging and Health (CEAH) (new) and Digital Health (CEDH) (new), Geriatrics Education Mentors (GEMs); Westbrook College of Health Professionals (WCHP); UMaine: COA Evaluation Team, Social Work (SW) Nursing (SON) Psychology (PSY) Food and

Agriculture (FOA); Maine Health/Maine Medical Center (MH/MMC); Northern Light Health **Primary Care Practice Partners/Systems:** Sanford Family Practice (SFP), Full Circle Health Care (FHC), Penobscot Community Health Care (PCHC) (new Y2); Senscio Systems (new Y2/contract pending) **Community Based Partners:** All 5 State of Maine Agencies on Aging: EAAA; Aroostook Area Agency on Aging (AAAA); Southern Maine Agency on Aging (SMAA); Seniors Plus (new Y2), Healthy Living 4 Me (HL4ME)/Spectrum Generations (new Y2/contract pending), Alzheimer's Association (AA); York County Healthy Brain Task Force Initiative; YMCA Trafton Center (new Y2); Dementia Action Alliance (DAA) (new Y2); Long Term Care Ombudsman Program (LTCOP) (new Y2). **Objective 1 types of trainee:** patients, caregivers, direct care workers, students, faculty, practicing primary care health professions, geriatrics specialists.

Goal 2: Train geriatrics specialists, PCPs, health professions students, residents, fellows and faculty to assess and address the primary care needs of older adults. NCC Report/Y2 Activities (character count 3992 no spaces)

UMaine's annual Geriatrics Colloquium, Creating Age Friendly Health Systems, in Fall Y2 was held virtually with 300 attendees and featured Terry Fulmer. **UMaine** AgingME colleagues offered several courses: Nutritional Care of Older Adults; Interprofessional Care of Older Adults in Diverse Settings, Q1 Y2; Opportunities and Challenges of Aging, Q2/Q3 Y2; and Life Transitions and Health in Aging Q3/Q4 Y2 addressing age friendly health systems, social determinants of health, and brain health subject matter. MH's Y1 Project ECHO-Dementia ended Q4 Y1. Y2 Project ECHO-Geriatrics launched in Q2 Y2, averaging 15 interdisciplinary health professionals attendees. In Y2, **UNE GEMs** program expanded to include School of Pharmacy (SOP). Medical students collected GEMs medication information and were paired with SOP students to review Drug/Drug interaction (DDI) and Beers Criteria compliance. GEMs Consultant developed Focus Groups/Mentor Tips. Cliff Singer, MD, **Northern Light Health** and APD, Judy Metcalf, APRN created a training video "Transitioning to Telehealth: Experience of a Geriatric Psychiatry Clinic" (24 views to date). Further development of ANE/SANE grant collaboration with **UNE SON** is on pause due to pandemic. **UMaine** Schools of PSY, SW and SON hosted an AgingME Interdisciplinary Mindfulness Seminar (Q4 Y1). **UMaine** Schools of FOA, SW, SON hosted a TeleHealth webinar (Q1 Y2). **UMaine SON** successfully piloted 3 cognitive health simulations, identified curriculum placement for each, and developed case studies. 11 Family Nurse Practitioners (FNPs) trainees completed the 1st simulation (Q1/Q2 Y2) and is working with administration to build simulation cost into tuition student fees for long-term sustainability. This initial simulation work was done in partnership with the **UMaine** RSVP program which recruited and trained older adult community members to serve as mock patients. Integrating the simulation continued in Q3 Y2. 9 FNP-MSN students participated in TeleHealth lunch/learn which AgingME SON Lead was a panelist. **UMaine SW** students continued AgingME field placements until Q3 Y1; due to COVID-19, students completed activities via telehealth or were provided alternative activities. In Y2, SW delivered the Geriatrics Student SW Field Practicum developed in Y1; 5 SW Students had AgingME placements. SW initiated TeleHealth and Social Isolation for Older Adults lunch/learns. 2 interprofessional visits (EAAA/MH Geriatrics) and 1 visit to Northern Lights Geriatrics were held in Fall Y2. In Y2, **UMaine FOA** implemented a geriatrics nutrition practicum, including Telehealth for upper level nutrition majors/graduate dietetic interns. In Q4 Y1, AgingME **UMaine PSY** members completed TeleNP training, APA telehealth training, and developed educational materials for providers interested in older adult telehealth neuropsychological services (Q4 Y1, Q2 Y2). Y2 refinements include a suicide risk assessment section. PSY created a screening protocol, including Telehealth, at the **UMaine PSY** Clinic. Graduate students learned neuropsychological assessment of older adults and how to disseminate knowledge. Q3/Q4 Y2 semester included 4Ms, focused on solidifying cognitive screening procedures and training the Y3 Fellow. In Y2, faculty lead supervises a clinical PSY doctoral student providing interpersonal therapy for depression to older clients via telehealth. The AgingME Fellow is

assessing older adult clients as part of Eastern Maine Medical Center (EMMC) practicum. UMaine PSY hosted Distinguishing Cognitive Problems from Depression and Cognitive Screening in Older Adults webinars in Y2. Evaluation activities completed: ECHO post-survey evaluations (series one and two); six month follow-up of Y1 colloquium and ECHO series one; pre-post learning surveys of Interprofessional Certificate in Gerontology attendees; survey to capture data on viewership of Transitioning to Telehealth Video; social work and nutrition practicum pre/post survey and Lunch and Learn evaluations; nursing simulation post surveys; psychology seminar post surveys, GEMs baseline survey. Surveys measure interest in working with older adults after graduation for students, knowledge gained, and application of skills. Survey to capture data on viewership of Transitioning to Telehealth Video. **Objective 2 reciprocal partners involved: Academic Partners:** UMaine SON, SW, PSY, FOA, COA Evaluation Team, UNE Division of Geriatrics, UNE SOP, MH/MMC ECHO, EMMC **Primary Care Practice Partners:** SFP and FCHC **Community-based Partners:** EAAA. **Objective 2 types of trainee:** students, fellows, faculty, practicing primary care health professionals and geriatrics specialists.

Goal 3: Transform clinical training environments to integrated and primary care systems to become age-friendly health systems that incorporate the principles of value-based care and alternative payment models (characters 4428)

SFP recruited Y1, received Level 1 as an Age Friendly Health Systems in Q4 Y1 and Level 2 Committed to Care Excellence Recognition in Q2 Y2. SFP makes progress despite challenges: staff COVID-19 redeployment and Site Coordinator (SC) resignation Q1 Y2. New SC hired Q2 Y2. SFP developed strategies that align with 4Ms in the Annual Wellness Visit (AWV). SFP/GWEP Staff/Evaluator meet 2x month and APD/SC meet 2x month. SC has on-boarded team members on Age-Friendly Care and 4Ms. SFP created a handout of local resources for caregiver information/resources in S. Maine and has partnered with YMCA Trafton Center to offer vouchers to patients to attend in-person/virtual classes to increase mobility and decrease social isolation; created a hand out to learn what matters most to older adult patients regarding health care/Advanced Care Planning (ACP); instructions on completion of ACP document. The Health Literacy (HL) consultant worked with team through Q3 Y2 to curate/develop 4Ms education materials and posters. SFP met with AA's Dementia Care Coordinator (DCC) and with SMAA to create awareness of resources/programs and develop a sustainable referral process. A Plan, Do, Study, Act (PDSA), completed with SFP in Q3 Y2, on Dementia Caregiver MIP as it did not show improvement. The goal: a 10% increase by end of Y2. SFP initiated virtual coffee meetings for AgingME PCPs to share work. **FCHC**, a small independently Physician Assistant (PA) owned rural Maine practice, was recruited Q3 Y1. FCHC has made slow, steady progress despite COVID-19. Unlike other AgingME PCPs, they lack a technical team to create/modify features necessary for documentation and data retrieval. In Y2, FCHC has faced challenges: transitioning from 1 EMR to another and resignation of SC Q3 Y2 (currently recruiting). FCHC/GWEP Staff/Evaluator meet 2x month and APD/SC meet 2x month. FCHC is using 4M Age-Friendly worksheet as a guide toward Age-Friendly Level-1 Recognition and are developing Falls Screen protocols, screening tools, education material and ways to capture processes while EMR is being transitioned. FCHC met with AAAA to create awareness among staff/patients of resources/programs and develop a sustainable referral process. The PA is an AgingME MAGIC scholar and ECHO participant who recently presented a FCHC difficult case. **PCHC**, Maine's largest Federally Qualified Health Center, opened a new Adult Wellness Center Q3 Y1 and became the 3rd AgingME PCP Q1 Y2. When opened, 2 providers were furloughed until June Y1 due to COVID-19, creating changes to workflow and patient panels. PCHC/GWEP Staff/Evaluator and APD/SC each meet 2x month. PCHC worked with evaluator to begin tracking progress through 5 MIPS measures. PCHC has support of their larger organization, including a technical team, and has made updates to data collection, capture processes and enhancements to EMR for MIPS measures, 4Ms and workflows. Building required fields for MIPS/4Ms within EMR faced

unanticipated challenges: forms cannot be altered and new terms cannot be added without impacting other sites. PCHC has worked with their data team to better capture their 4Ms/MIPS progress. PCHC is working toward on-boarding another provider and Medical Assistant (MA) into the Age Friendly workflow. They met with EAAA to create awareness among staff/patients of resources/programs and develop a sustainable referral process. MIPS data for PCPs - see Attachment 6. The 18 month **Maine Academy for Geriatric Interprofessional Continuing Education (MAGIC)** mini-fellowship, postponed from April Y1 to June Y1 due to COVID-19 included 1 physician, 2 nurse practitioners (NP) and 1 PA who is the AgingME lead for FCHC, in the 1st cohort. Educational offerings include CASE Conferences, CORE conferences, JOURNAL CLUB, PRECEPTING as a group and 1 day of On-site PRECEPTING w/each Scholar including the AgingME FCHC PA. Also included was a COVID-19 friendly mini-“intensive” retreat, Q2 Y2. Content included Geriatric Pathophysiology; polypharmacy, and driving assessment. Educational sessions have had 85-90% attendance. Recruitment/selection for 2nd cohort was completed Q3 Y2. We have 4 applicants which include 2 Nurse Practitioners (NPs) and 2 Physicians. **Completed evaluation activities:** PCP Sites - collected baseline MIPS data for PCHC and FCHC and Y1 data for SFP. Evaluation team worked with practice to integrate MIPS/Age-Friendly Health System data into EMRs. MAGIC: Developed and implemented evaluation methodology for MAGIC program including pre/post survey, preceptor assessments, journaling, and post-Fellowship interviews. **Objective 3 reciprocal partners involved:** **Academic Partners:** UMaine Evaluation Team, UNE, MH/MMC **Primary Care Practices Partners (PCPs):** SFP, FCHC, PCHC **Community Based Partners:** SMAA, YMCA Trafton Center, AAAA, EAAA. **Objective 3 types of trainee:** patients, fellows, practicing primary care health professionals and geriatrics specialists.

Goal 4: Deliver community-based programs that provide patients, families, caregivers and direct care workers with the knowledge and skills to improve health outcomes for older adults.

Character count: 4375 no spaces

AgingME website (<https://sites.une.edu/gwep/>) and Facebook page (<https://www.facebook.com/agingmegwep/>) launched in Q4 Y1, include health resources, videos and events for older adults, care partners, health professionals and students. Increases in engagement on website/Facebook coincide with events or messaging campaigns suggest that both are successful tools for outreach. Website data analytics began in September and had an average of 308 unique page views per month, and Facebook analytics show an average of 44 views per post between September – February. A Facebook campaign to share COVID-19 vaccine information by answering frequently-asked-questions reached an unusually high single post view of 288. In Q4 Y1, the AgingME Health Literacy (HL) Consultant recorded a video about the importance of clear communication in medicine and public health, summarizing research on health literacy skills of American adults, available <https://sites.une.edu/gwep/agingme-gwep-training-videos/>. To date, it has had 156 viewers from a variety of disciplines: Medicine, Nursing, Educator, Allied Health Professions and Students. She also collaborated with the AgingME team and PCPs to create a patient education toolkit focused on the 4Ms which were sent to each of the PCPs. They are also posted on the AgingME website and shared with our community based partners. In Q3 Y1, **EAAA** trained 10 staff members/volunteers to offer the Conversation Project to older adults/caregivers. They pivoted in Y2 to virtual programming and began a monthly marketing campaign in their Newsletter and Social Media Page. In Q2 Y2, they held 1 virtual presentation on Brain Health. AgingME partners at UMaine and Northern Light helped market the program, which ended with 30 attendees, showcasing the strength of our partnerships. A second Brain Health presentation is scheduled in Q3 Y2 and will also be marketed on the podcast and local news. To focus on Falls Prevention, EAAA offered 1 Tai Chi virtual class in Q2 Y2, and a second class in Q3 Y2. In Q3 Y1, the Healthy Steps Training scheduled by **AAAA** was postponed due to COVID-19, and they were not approved to offer the program virtually. In lieu of Healthy Steps, they offered Tai Chi. These changes

were approved by the Project Officer. They also offered RSVP Bone Builders, an evidence informed and nation-wide program, Go4Life, Balancing Act, and “Easy Exercise to do while sitting” on-line video classes through the agency Facebook, you-tube and website. Conversation Project and Brain Health presentations were promoted on radio and in print in lieu of site visits. In Y2, they have held monthly Informational virtual sessions for: The Conversation Project, Brain Health and Falls Prevention. Initially low attendance picked up after using long-term care employees to make personal invitations. AAAA offered a Tai Chi, A Matter of Balance and a compilation of class, student and participant montage videos during the National Falls Prevention Awareness Week in Q1 Y2; provided a Falls Risk Assessment from the NCOA on their website; distributed falls awareness informational brochures to Meals on Wheels consumers; and participated in a local TV interview to promote falls awareness. AAAA is hosting Bingocize, the evidence based program with exercises to improve balance, in Q3 Y2 with 18 enrolled. AAAA’s director has presented 4Ms 2x to the Presque Isle Rotary Club and has 2 additional presentations scheduled. The Area Agencies on Aging, including SMAA, AAAA and EAAA have all met with their respective primary care team—SFP, FCHC, and PCHC— to strengthen partnerships, create awareness among staff and patients of 4M/Social Determinants of Health (SDoH) resources/programs and develop a sustainable referral process. In Y2, all 5 AAAs are AgingME GWEP partners. **SeniorsPlus** offered a monthly virtual Education Center in Q3 Y2 with a variety of rotating programs, including Tai Chi, Chronic Disease Self-Management, Savvy Caregiver, end of life decision making for older adults. AgingME partnered with the **YMCA Trafton Center** to administer 1 year membership vouchers, approved by our Project Officer. In Q3/Q4 Y2, the AgingME SFP physicians will offer to patients to increase activity and reduce social isolation and loneliness. **Completed evaluation activities:** Developed and implemented evaluation methodologies with Area Agencies on Aging, including tracking of attendance at programming and post-programming surveys to identify community member learning outcomes, confidence in talking to healthcare providers, and whether they engage in advance care planning. **Objective 4 reciprocal partners involved: Academic Partners:** UMaine Evaluation Team **Primary Care Partners:** SFP, FCHC, and PCHC **UNE Community-based Partners:** EAAA, AAAA, SMAA, SeniorsPlus, HL4ME/Spectrum Generations, YMCA Trafton Center. **Objective 4 types of trainee:** Older adults, families, caregivers, direct care workers, students and practicing primary care health professionals.

Goal 5: Provide training to patients, families, caregivers, direct care workers, providers, health professions students, residents, fellows and faculty on Alzheimer’s Disease and Related Dementias (character count: 2451 no spaces)

SMAA’s 2nd Savvy Class and AgingME’s Health Literacy (HL) Consultant’s training “How to talk with your Practitioner” scheduled for Q4 Y1 were cancelled due to COVID-19. In Y2, SMAA completed a virtual Savvy Caregiver class Q2 Y2 with 6 attendees and re-offered the HL Consultant’s training in Q3 Y2. The HL Consultant worked with the 3 PCP teams to develop and distribute a patient education toolkit (print and electronic versions), which includes Caregiver resources. See resources at: <https://sites.une.edu/gwep/resources-for-pcps/>. The **AA** Habilitation Training was offered in Spring Y1 through the Blue Jeans virtual platform (42 attendees). In Y2, a planned AA Habilitation Training was postponed indefinitely due to contract processing issues. With our Project Officer’s approval, we substituted two train the trainer sessions of Dementia Reconsidered presented by AgingME GWEP’s PI/Project Director, Dr. Susan Wehry, based on her evidence based training, Oasis 2.0, focused on person-centered care. One training session was for professionals working in facility based care (34 attendees), and the second was for health professionals supporting aging in place (52 attendees). Dr. Wehry offered a third Dementia Reconsidered training session: Compassion, Not Control, in Q3 Y2, (133 attendees), which was recorded professionally to be offered in our AgingME library. Due to the success of Dementia Reconsidered, a 4th Dementia Reconsidered session, on medications, is scheduled in April;

all training modules are available on a dedicated Google site for all attendees. Survey results from the initial Dementia Reconsidered training indicates 26 people have accessed the online training and 4 people have completed it. The AA's Dementia Care Coordination (DCC) program contact has met with two primary care practices, SFP and PCHC, to set up their referral program for care partners of persons living with dementia. COM medical students completing a community health rotation (8) participated in the PD/PI's Drop In discussion sessions for people living with dementia. **Completed evaluation activities:** Developed data sharing procedures with AAA's to receive SAVVY Caregiver post-surveys. Implemented post-training surveys with attendees in Habilitation and Dementia Reconsidered trainings to measure knowledge gained and confidence supporting people with dementia; developed and implemented survey for individuals watching the health literacy video. A facebook campaign to share partner DAA's Free and Fun Webinar series reached a uniquely high single post view of 233. **Objective 5 reciprocal partners involved: Academic Partners:** UMaine Evaluation Team; UNE COM **Primary Care Partners:** SFP and PCHC **Community-based Partners:** SMAA, AA and DAA. **Objective 5 types of trainee:** patients, families, caregivers, students, direct care workers.

2) Project Barriers and Activities taken to resolve:

Barrier 1: Primary Care Practice #4 Enrollment: The Pines – Caribou Health Center had shown interest in participating as the 4th GWEP site for Y2 but decided in Q1 Y2 they were not able. APD Judy Metcalf, APRN, BC, MS, reached out to several Maine primary care practices, including Greater Portland Health and practices in MaineHealth, but none, due to COVID-19, were able to take on additional activities at this time.

Activities taken to resolve: Project Officer was notified of this challenge. The PD and APD continue to recruit for a 4th practice team to begin in Y2, however it is doubtful under the current pandemic circumstances that we will be able to recruit our 4th Primary Care Practice Team by the end of Y2. We continue to identify other statewide practices for potential recruitment in Y3.

Barrier 2: Electronic Medical Record challenges: (1) Collect MIPS measures and (2) Document Age-Friendly 4M Care: Efficiently capturing MIPS data has continued to be a challenge in Y2 due to difficulties of integrating needed data fields into the EMR systems of PCPs. Despite the challenges, MIPS data have been collected for all 3 unique participating PCP sites. None of the participating PCPs have used MIPS in the past to adjust their Medicare reimbursement, so AgingME staff and the PCPs have had to work from scratch to implement EMR and workflow changes to facilitate MIPS data collection. Challenges with EMR integration include lack of PCP knowledge of how to incorporate changes into EMRs; limited time to focus on this aspect of the work; inability to have evaluators access EMR systems to provide technical support; and reconciling MIPS and Age-Friendly Health Systems data requirements. The biggest factor in successful EMR integration has been involvement of IT staff in practice transformation work. PCHC has engaged data analysts and information systems staff in meetings with evaluators and primary care practice staff to prioritize EMR changes and workflow processes. To a great extent, data reporting is now automated, eliminating the need for chart review. A facilitating factor for PCHC is that they are a new practice and still developing their workflow for seeing patients, so MIPS work has been complementary to their stage of development. One challenge that PCHC did face was having to develop a method for making additions to the EMR forms locally without impacting other sites that currently use the same software. If practice enhancement activities expand to other PCHC practices, these EMR best practices can be expanded as well. In the case of SFP, data analysts and information systems experts have been less integrated with the practice transformation team which has resulted in slower communication and lengthened the time to develop solutions and extract data. This was also the

first practice participating in AgingME primary care practice work, resulting in a steeper learning curve. The most challenging EMR integration has been FCHC which is a small and rural practice that does not have in-house information system support. This has led to slower progress with modifying the EMR. Further compounding this challenge was the need to migrate old data from the previous EMR used by FCHC. In all cases, the UMaine IRB or internal policies within practices have prevented evaluation staff from having direct access to EMR systems to evaluate the current state of the EMR and opportunities for implementing changes. Additionally, MIPS and Age-Friendly Health Systems performance data are related but not completely congruent, which has required careful thinking about how to collect data in a way that is not duplicative and meets reporting needs for both frameworks.

Activities taken to resolve: Development of strategies that avoid major overhauls to the EMR and take advantage of customization options have been key. For two practices, this required the use of templates and dot phrases, which involve inserting standard phrases into note fields. These bring up customizable screens to capture data necessary for IHI Age-Friendly and MIPS data needs. SFP is furthest along, while FC progress is slow due to need for third party technical support for their EMR. Evaluation team is working to access this practice's EMR directly to assist with template building absent an in-house information systems staff. To reconcile MIPS and Age-Friendly Health Systems data frameworks, the evaluation team has developed a guide to demonstrate how data can be collected without duplicate data entry. FCHC will be the first practice to fully implement this model of merging data collection frameworks. PCPs have engaged coordinators with knowledge of EMR functionality and skill in dot phrase development, to help facilitate future EMR work.

Barrier 3: Transitioning to virtual: Throughout Q4 Y1 and Y2, transitioning from in-person, face to face programs, to a virtual platform has created significant challenges among our five AAAs. Due to COVID-19, programs have had to be redesigned to be offered virtually and the five AAAs have experienced lower participation in virtual programs than initially expected. Reasons include a lack of broadband availability, especially in the more rural areas in Maine; lack of financial resources of older adults to have the equipment/Broadband services to access the programs; lack of knowledge of older adults as to how to use a computer/tablet and discomfort seeking help; lack of usual supports due to COVID-19 required quarantines; lack of interest; and, lack of familiarity with this option.

Activities taken to resolve: Promoting virtual programs required multiple strategies and frequent tweaks to find the most effective way to increase participation. This remains a work in progress. AAAs are using different ways to promote their programs and resources including marketing in newsletters, social media, websites, the radio and TV news media. Employees personally invite attendees to activities. and they have recruited AgingME GWEP partners to spread the word about programs and resources. As PCPs also increase awareness among staff and patients and develop a sustainable referral system, participation will continue to grow.

3) Technical Assistance Needs:

Our Project Officers, Nina Tumosa and Jaqueline Kreinik, have been very responsive, timely and provided answers to our questions on several occasions. The monthly HRSA GWEP meetings with the Project Officer were replaced by the GWEP-CC Action Community monthly webinars. We are hopeful the HRSA GWEP meetings will resume; they were much appreciated as were HRSA's Technical Assistance Calls to facilitate completion of the HRSA NCC Year 2 progress report. Our quarterly meetings with our Project Officer serve as an opportunity to share the ongoing work of our AgingME GWEP and to discuss challenges.