

needs. Phase 2, an 18 month randomized controlled pilot study for feasibility and preliminary efficacy, found that participants receiving MIND had a significant delay in transition from home, fewer unmet care needs, improved quality of life, and caregiver's had reduced time burden, compared to those receiving augmented usual care. Phase 3 (on-going) consists of two projects, an RCT to evaluate impact of a streamlined version of MIND on nursing home placement and societal cost, and a CMMI demonstration of an intensive version of MIND to test impact on outcomes and health care costs, to develop a web-based training platform to enhance adoption, and to develop a sustainable payment model for the Medicare/Medicaid dual eligible population. **Results:** From inception, pragmatic and translational considerations and design features have been iteratively incorporated into all phases of development, testing, and implementation of the MIND at Home program, with future adoption by service organizations as the ultimate goal. Critical considerations include: selection of patient-oriented outcomes/targets; stakeholder/community partnerships and input; pragmatic design (e.g. broad inclusion criteria, diversity); use of conceptual models; multi-pronged outreach approaches; intervention protocolization, materials, and packaging; and delivery and savings cost considerations. **Conclusions:** MIND at Home is one example of a dementia model of care that promotes evidence-based dementia care activities; family focus; individualization; and linkage and leveraging multiple services and resources to make clinically meaningful improvements in outcomes important to patients and caregivers. Born from a grassroots coalition, lessons learned include community partners and shared vision, use of hybrid trial design for implementation and dissemination, incorporation of theory, and considerations of social and policy contexts for sustainability.

F2-02-03 **"WECARE ADVISOR": A CLINICAL TRIAL OF A CAREGIVER FOCUSED, IPAD ADMINISTERED ALGORITHM TO MANAGE BEHAVIORAL SYMPTOMS**

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Background: Behavioral and psychological symptoms of dementia (BPSD), including aggression, agitation, anxiety, depression, sleep problems and socially inappropriate behaviors, are nearly universal in dementia. One-third of dementia care costs have been linked to BPSD due to high rates of health service utilization including hospitalization, ER visits and nursing home care, and family time spent in supervision. Caregivers managing BPSD are profoundly affected with high rates of distress, depression, lost work time and lower quality of life. The purpose of this study was to test a web-based tool called the WeCareAdvisor™, developed as part of an NIH-sponsored grant (NR014200-01). The WeCareAdvisor™ was designed to enable family caregivers to assess, manage and track BPSD and their contributing factors while providing them with tailored strategies for in-home non-pharmacologic behavioral management. **Methods:** This is a two-site randomized controlled trial with 60 family caregivers. Caregivers are randomized to either the WeCareAdvisor™ or a waitlist control. During the period of WeCareAdvisor™ use, caregivers are provided with the tool on an iPad for a one-month period. Interviews are conducted at base-

line, one month, and for the control group, also at two months. **Results:** To date, 20 of 60 caregivers have participated in the trial, with the population thus far primarily female (n=15 or 75%), Caucasian (n=14 or 70%), and having an average age of 63.5 years (SD=15.3). The sample to date is a mixture of spousal (n=9 or 45%) and adult child (n=11 or 55%) caregivers. In terms of tool use, caregivers have had a mean of 12.7 log-ins (SD 6.8, range 0-28) over the one month period of use. Behaviors with the most sessions have included: agitation, toileting, motor disturbance and anxiety. Qualitative feedback at one-month followup has included: "fantastic tool", "works like a dream" and "wish I would have had this a long time ago". **Conclusions:** Caregivers participating in the WeCareAdvisor™ trial have found the tool to be useful for helping to assess and manage BPSD. They are also providing us valuable feedback on functionality and content for future versions of the tool. The RCT once completed will test whether the tool improved outcomes including upset and burden and frequency and severity of BPSD. Future studies will examine usability of the tool in other settings including long-term care and outpatient clinics.

F2-02-04 **DISSEMINATION SCIENCE: ADDRESSING CHALLENGES TO THE WIDESPREAD USE OF EVIDENCE-BASED HOME DEMENTIA CARE**

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Background: New models of care of dementia care focus on redesigning the system of health care using currently available treatments and care approaches. Redesigning the system of care often includes a rethinking of the site, provider, content, and goals of care and typically requires a rethinking of the financial supports for such care. Dissemination science seeks to apply and adapt new knowledge generated in the setting of tightly controlled experiments so that this knowledge can benefit patients in a more uncontrolled, heterogeneous, ever-changing, real-world environment. We review ten challenges to moving evidence-based dementia care into the homes of the families who need it. **Methods:** Narrative review of current conceptual models of dissemination and implementation science and articulation of lessons learned in a case study of a formal dissemination program. **Results:** We describe ten challenges to widespread dissemination of dementia care models including: (1) workforce limitations; (2) heterogeneity of care recipients and caregivers; (3) heterogeneity of clinical settings; (4) controversy regarding the effectiveness of these models; (5) financial barriers; (6) complexity and scale of the practice redesign required by these models; (7) competing priorities; (8) lack of an integrated distribution network; (9) lack of leadership, talent, and experience in dissemination science, and (10) inadequate demand for these models from advocates. **Conclusions:** Generating new knowledge through the application of rigorous experimental design is only one step in a multi-step process to improve the care of older adults with dementia. While there is already long-term experience, a well-developed distribution network, and talented leadership to assist in the dissemination of new medications, no such infrastructure current exists for new models of care. While it is evident that health systems need to develop the science and infrastructure for dissemination science, it is also evident that these dissemination challenges must be built into the design and testing of new models of care.