

Table 3
Summary of cost savings

Description of change	Cost impact (£m)	Nature of change
Financial cost from increasing care provided to fast progressors in England	(272)	Cost increase
Financial saving from consequential reduction in unplanned care experienced by fast progressors in England	497	Cost saving
Financial saving from reducing time spent in more expensive care settings in England	66	Cost saving
Net benefit	291	

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ORAL SESSIONS
O2-12

PSYCHOSOCIAL AND ENVIRONMENTAL: IMPROVING CARE ELECTRONICALLY AND THROUGH THE COMMUNITY

O2-12-01 ALZHEIMER'S CARE VIA TELEMEDICINE FOR OREGON (ACT-ON), PHASE I: ESTABLISHING THE FEASIBILITY AND RELIABILITY OF STANDARD MEASURES USED WITH TELEMEDICINE

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Background: Innovative models of care are needed to meet the increasing demand for high-quality, patient-centered, dementia care. *Direct-to-hometelemedicine* care for persons with Alzheimer's disease (AD), and their caregivers, can help remove access barriers. However, the reliability of commonly-used dementia measures, when used with telemedicine, has not been established. ACT-ON, Phase I addresses this gap by assessing the reliability of these measures when used with telemedicine, as well as the feasibility of using telemedicine with persons with AD and their caregivers. **Methods:** Participants (persons with AD and their caregivers) completed an identical battery of tests in both the clinic setting and with direct-to-home telemedicine approximately two weeks apart. Test-retest reliability was measured by the intraclass correlation coefficient for continuous variables and the Kappa statistic for categorical variables. Persons with dementia were assessed with the Montreal Cognitive Assessment (MoCA), a modified Clinical Dementia Rating scale (CDR), the Revised Memory and Behavior Problem Checklist (RMBPC) and the Geriatric Depression Scale (GDS). Caregivers were assessed with the Zarit Burden Interview (ZBI) and the Marwit Meuser Caregiver Grief Index

Table 1
Demographics ACT-ON Phase I (n=20 Dyads)

Caregivers (% female)	55%
Persons with AD (% female)	65%
Age, Caregiver (mean, range)	66.4 (50 – 79)
Age, Person with AD (mean, range)	71.8 (51 – 93)
Hours/week caregiving (mean, range)	83.4 (0 – 168)
Years living with AD (mean, range)	3.5 (0 – 12)
Distance from clinic	80% >10 miles

Table 2
Results ACT-ON Phase I (n=20 Dyads)

Measures of Dementia Status			
Scale	Face to Face Score	Telemedicine Score	ICC/ Kappa
MoCA (mean, range)	11.2; 0-21	11.2; 0-21	0.89 (Excellent)
CDR (range)	0.5-3	0.5-3	0.71 (Good)
RMBPC (mean, range)*			
(Frequency of behaviors)	11.1; 7-18	10.9; 3-16	0.67 (Good)
GDS (mean, range)**	1.4; 0-3	2.5; 0-7	0.24 (Marginal)
Measures of Caregiver Stress			
MMCGI (mean, range)	46.1; 22-66	44.7; 23-61	0.88 (Excellent)
ZBI (mean; range)	6.5, 3-11	6.6, 2-15	0.81 (Excellent)
RMBPC (mean, range)*			
(Reaction to behaviors)	14.2 (2-36)	13.1 (1-43)	0.83 (Excellent)

*=13 dyads

**=11 dyads

(MMCGI). Raters provided feedback on ease-of-use and feasibility of using telemedicine with persons with dementia. **Results:** Of the 22 dyads who attempted visits in both settings, 20 completed both test sets, indicating good feasibility. Persons with AD ranged in age from 51-93 (Table 1); MoCA ranged 0-21. Test-retest reliability for the MoCA, RMBPC (caregiver reactions to behaviors), ZBI, and MMCGI was excellent (0.89, 0.83, 0.81, 0.88 respectively), and good for the CDR (0.71) and RMBPC (number of care-recipient behaviors) (0.67). The reliability for the GDS was marginal (0.24) (Table 2). Raters were, for the most part, satisfied with the visits. **Conclusions:** Preliminary findings indicate that within-dyad scores on most of these measures have good/excellent consistency between telemedicine and clinic visits and thus, clinicians can use telemedicine versions with confidence. To our knowledge, this is one of the first studies that provides reliability data on these scales when used with telemedicine. This work provides valuable information which can facilitate increased access to dementia care across multiple boundaries.

O2-12-02 EFFECTS OF DEMENTIA-RELATED VISUAL IMPAIRMENT ON ROUTE FOLLOWING IN POSTERIOR CORTICAL ATROPHY AND TYPICAL ALZHEIMER'S DISEASE

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Background: Dementia-related visual impairment is a common but under-recognised symptom of Alzheimer's disease and is a leading symptom of Posterior Cortical Atrophy (PCA; a neurodegenerative condition characterised in part by a decline in visuospatial and visuo-perceptual skills due to parietal and occipito-temporal atrophy). Corticovisual impairment has multiple negative consequences on both independence and quality of life of people with dementia, for example, increasing risks of falls and/or getting lost in both familiar and unfamiliar environments. This study explores the effect of dementia-related visual impairment on route following in PCA and typical Alzheimer's disease (tAD) and investigates under what conditions any problems with route following can be minimised. **Methods:** Eleven PCA patients, 10 tAD patients and 13 healthy controls visited the Pedestrian Accessibility Movement