variables were nursing and therapy staffing intensity, while for potential moderation effect of staffing on the relation was modelled using random-effects regression, and we tested Resource File, HHS Provider Relief Fund, CDC NH COVID-
different datasets were merged for 2017– 2021: Medicare cost with the policy incentives; and 2) whether the adjustments NH's therapist and nursing staffing patterns are aligning explores NH responses to PDPM by: 1) examining whether (PDPM), moves away from the traditional system focused (NH) services on October 1, 2019. The new Medicare reim in the US, CMS modified the way it pays for nursing homes in overall quality rating, staffing, suggest that the participating NHs were not statistically sig-
larly sized, non-profit NHs and conducted bivariate, and pro-
the performance of a synthetic comparison group to study for measuring the wide range of outcomes and to examine
comparateness, staff satisfaction and burnout, clinical process of care
comes for SONs and NHs. Measures include student comp-
nency, staff satisfaction and burnout, clinical process of care
Evidence-based elements: Mobility, Mentation, Medication,
The 4M quality improvement framework focuses on four
imization framework through an online learning network.
The program is implementing the Institute for HealthCare
Initiative has fostered partnerships between three SONs
rted outcomes. While some resident level measures
WHRs and What Matters. In addition, the participating SONs are
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THE EFFECT OF PATIENT-DRIVEN PAYMENT MODEL ON COGNITION: EVIDENCE FROM THREE DIMINISHED RETURNS OF PARENTAL EDUCATION MINORITY AND DIVERSE POPULATIONS (PAPERS) II SESSION 4195 (PAPER)

Abstract citation ID: igad104.1547
UTILIZATION OF ELDER CARE AMONG PEOPLE LIVING WITH DEMENTIA IN SWEDEN: A REGISTER-BASED STUDY
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Christer Hydén3, and Susanne Kelfve1, 1. Linköping University, Norrköping, Ostergotlands Lan, Sweden, 2. Stockholm Gerontology Research Center, Stockholm, Stockholms Lan, Sweden, 3. Department of Culture and Society (IKOS), Linköping, Ostergotlands Lan, Sweden

The growing number of people living with dementia (PlwD) implies an increase in the demand for eldercare at different stages of the disease. This study aims to investigate the utilization of eldercare among people with and without dementia in Sweden during the last five years of life and what social-background factors influence the use of eldercare. Data were derived from four linked Swedish national registers comprising all decedents aged 70+ in Sweden as of November 2019 (n=6294). The primary outcome variable was the utilization of eldercare (no care, homecare, residenti-
care). Following the study sample retrospective from death, data analysis was performed using multinomial and linear logistic regression models. Results showed that (1) nearly a quarter of all PlwD did not use any eldercare, pri-
arily people who were newly diagnosed with dementia and living with partners; (2) three out of four PlwD used residential care in the last years of life; and (3) age, gender, and co-
habitation status were important social-background factors determining utilization of eldercare for PlwD. This study pro-
vides unique insight that many Swedes with a dementia diag-
nosis do not receive any eldercare and that the utilization of eldercare increases with time since dementia diagnosis. We suggest more research to investigate why a substantial part of PlwD does not have any eldercare at all and what the policy implications of this might be.