



Enacted as part of the Patient Protection and Affordable Care Act in March of 2010, the Elder Justice Act represents the most comprehensive federal elder abuse prevention law to date, calling national attention to the millions of vulnerable older Americans who are victims of abuse, neglect, and exploitation. The Elder Abuse Prevention Interventions demonstration, authorized by the Elder Justice Act and funded by the Administration on Aging (AoA), U.S. Department of Health and Human Services (HHS) in FY 2013, provided funding to five state grantees to test interventions designed to prevent elder abuse, neglect, and exploitation. The HHS Office of the Assistant Secretary for Planning and Evaluation has contracted with NORC at the University of Chicago to design and conduct an evaluation of the interventions being tested through this demonstration. The purpose of the evaluation is to study the development and implementation of the state grantees' elder abuse interventions and report findings on the characteristics of victims and perpetrators of elder abuse or those at-risk, the use of prevention services, and outcomes.

The states participating in the demonstration and evaluation are: Alaska Division of Senior and Disabilities Services; New York State Office for the Aging; University of Southern California; University of Texas Health Science Center at Houston; and Texas Department of Family and Protective Services and WellMed Charitable Foundation. This Research Brief is one of five summarizing the tested interventions and findings to date.

Use of the Elder Abuse Suspicion Index © (EASI) Screening Tool and Adult Protective Services (APS) Specialists in a Clinical Setting

Texas Department of Family and Protective Services,
WellMed Charitable Foundation, and Benjamin Rose Institute on Aging

OVERVIEW

The Texas Department of Family and Protective Services, in partnership with the WellMed Charitable Foundation (TX/WellMed) and WellMed Medical Management Inc., is testing the feasibility of using the Elder Abuse Suspicion Index © (EASI) in a clinical setting to identify at-risk elders and prevent elder abuse. The screening protocols are being implemented in 73 of WellMed primary care clinics in five areas of Texas: San Antonio, Austin, Corpus Christi, the Lower Rio Grande Valley, and El Paso. Clinicians in the five regions are being trained on elder abuse, neglect and exploitation, instruction on how to use the EASI tool, and the use of clinical protocols for referring flagged cases to APS and complex care workers. TX/WellMed is also embedding two Adult Protective Services (APS) Specialists within WellMed to help with the training, provide technical assistance, communication facilitation, and education that supports increased screening to prevent elder abuse.

KEY FINDINGS TO DATE ¹

Theoretical/Clinical Basis of Prevention Intervention

The idea for administrating the EASI Suspicion Index in WellMed clinics was motivated by WellMed's knowledge of the tool from a prior collaboration with Lucy Barylak, MSW, in Montreal. The tool was developed and tested in Canada in family medicine centers and in a community organization but has not been tested with older patients in primary care clinics. Partners believed it was important to test the use of the EASI to screen and identify abuse with this population.

Prevention Intervention

The TX/WellMed intervention addresses elder abuse, neglect, and exploitation among cognitively alert, primary care patients and provides support to caregivers of patients with dementia or Alzheimer's disease. The intervention consists of four main components: 1) embed APS specialists at WellMed to serve as an on-going resource; 2) train clinicians in primary care clinics on screening and identification of abuse among cognitively intact patients; 3) administer the EASI suspicion index in clinics and follow appropriate protocols to report cases of actual or suspected abuse to APS

and/or WellMed complex care workers; and 4) refer caregivers of patients with dementia or Alzheimer's disease to the Caregiver SOS Program. All four components of the intervention are being locally evaluated by a team of researchers led by Dr. Ejaz from the Benjamin Rose Institute on Aging.

Outcomes

The intended outcomes include examining: 1) the impact of embedding APS workers in the WellMed system; 2) changes in knowledge of abuse and its reporting before and after the training and approximately a year later; 3) the feasibility of using the EASI in primary care clinics and the fidelity with which the reporting protocols were followed; 4) number of cases referred to APS; and 5) changes in caregiver outcomes as a result of participating in caregiver programs. These outcomes are likely to improve the identification of abuse, reduce the risk for future abuse and increase collaborations among community partners.²

INFRASTRUCTURE

Texas APS is the lead agency in the intervention. Established in the 1970s, APS is the primary state agency that investigates abuse, neglect, and exploitation for the state of Texas.

WellMed Charitable Foundation, the primary partner in the intervention, is an independent nonprofit and philanthropic partner to WellMed Medical Management Inc., a multi-medical specialty group. As a "capitated" full-risk Managed Service Organization, WellMed assumes full-risk for their patients' healthcare costs. Every patient is cared for by a multi-disciplinary team that includes a physician, specialist, health coach, social worker, and disease management staff, among others.

The project director at WellMed works with staff at APS to oversee the implementation of the intervention. The APS regional director supervises the two APS specialists. The APS specialists serve as the liaison between APS and WellMed, conduct educational trainings, and serve as a resource.

Benjamin Rose Institute on Aging serves as the local evaluator. Robert Blancato from the Elder Justice Coalition is another collaborating partner who will help disseminate findings at a national level.



ELDER ABUSE IN TEXAS

Texas APS completed 81,681 investigations of suspected cases of abuse, neglect, and exploitation of elders 65 years of age and older and persons with disability in FY 2014. On average, the victim is a white female and the perpetrator is an adult female over 45 years (generally the adult daughter). The majority of elder abuse cases in Texas involve self-neglect.

INTERVENTION

Target Population

The target population for the administration of the EASI screening tool is all patients at 73 clinics in the five regions participating in the intervention. WellMed primarily serves Medicare eligible patients ages 65 or older or those with disability and has a predominantly Hispanic clientele.

Thus far, the EASI tool has been administered to more than 7,500 patients. On a weekly basis, WMMI receives about 100 completed tools from clinics that have been trained. In addition to referrals made to APS based on the EASI tool, the APS Specialists in WellMed have consulted on over 400 client cases suspected of abuse during patient care coordination meetings.

APS Specialists as a Resource: Two APS specialists (one of whom is bilingual) are embedded at WellMed and serve as a resource by providing educational training. APS specialists also provide consultation to clinical staff through individual inquiries or patient care coordination meetings where patients identified as high risk (for being hospitalized, discharged home or some other issue) are discussed among a team of WellMed staff.

Clinical Training: For each of the five regions, APS specialists provide training to clinicians on elder abuse, neglect and exploitation, instruction on how to use the EASI tool, and the clinical protocols for reporting flagged cases to APS and WellMed's complex care workers.

EASI Tool Administration: The EASI has been incorporated into the electronic medical record. There is a two-step process to administer it.

- **Step 1 (EASI Tool Administration):** The six-item EASI tool is administered to cognitively intact patients without the presence of their caregiver at least once a year. Typically, the first five questions are asked by the medical assistant who is already recording the patients' vital signs. These are:
 1. Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?
 2. Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?
 3. Have you been upset because someone talked to you in a way that made you feel shamed or threatened?
 4. Has anyone tried to force you to sign papers or to use your money against your will?
 5. Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?

Once completed, the tool is handed off to the physician who then completes the last question:

6. Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months? If the patient responded "yes" to any of the first five questions, the physician may ask clarifying questions about the situation and probe further.

- **Step 2 (Risk Assessment and Referral):** WellMed uses a "spotlight" approach to identify the risk level for elder abuse and the appropriate corresponding protocol to follow. Patients falling into the high-risk/red category are reported to APS and referred to WellMed's Complex Care workers. Patients in the elevated risk/yellow category are referred to Complex Care for follow-up. Patients in the low-risk/green category do not receive intervention. All patients, regardless of rating, are offered educational materials on elder abuse, neglect and exploitation; and families receive information on caregiver stress.

Caregiver SOS: Caregivers of patients with dementia or Alzheimer's disease are directed to Caregiver SOS (the umbrella program for all of WellMed's caregiver services) and are specifically referred to the Stress-Busting Program for Family Caregivers,TM an evidence-based program focused on education, support, problem-solving, and stress management.

IMPLEMENTATION

While adjustments have been made over the course of the intervention, the components of the intervention were largely implemented as intended.

One unanticipated finding was the number of referrals to APS that were generated through the patient care coordination meetings, which was not originally a feature of the intervention. The EASI tool may or may not have been completed on these patients.

Factors facilitating the implementation of the intervention include the uniqueness of WellMed as a medical practice (every patient is supported by a primary care team and has access to social services through Complex Care Workers), training of clinicians, and the complementary services that APS and WellMed provide. Whereas APS can assist in investigating cases of suspected abuse and provide short term services, WellMed addresses their medical and social service needs on a continual basis.

Barriers to the intervention include time constraints in administering the EASI tool and occasional clinician discomfort with APS.

LESSONS LEARNED

The project is still in its implementation phase. Preliminary analysis of the data from over 500 clinicians who completed both the pre-and post-training surveys demonstrates that clinicians experienced significant improvements in their knowledge of abuse, Texas law, and reporting. The findings suggest that elder abuse training is likely to greatly benefit clinicians in primary care settings. Incorporating the EASI tool in the electronic medical record is an important means of ensuring that clinicians complete a screen to identify abuse and follow appropriate reporting protocols. Further, the presence of APS workers as a resource and during care coordination meetings is an innovation that is likely to improve the identification and prevention of abuse in a timely manner. In order to meet the needs of the most vulnerable population of older adults, collaborations between APS and health care systems and other community agencies are required to increase awareness of abuse and its prevention.

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¹ Findings to date are based on a two-day site visit to UT Health in December 2014 to learn about planning, infrastructure and implementation of the prevention intervention and progress to date. Program documents were reviewed and key informant interviews conducted with the research team, APS, and geriatrician. NORC accompanied staff on a home visit. NORC thanks UTHHealth for hosting the visit.

² Outcome data will be analyzed in mid-2015.