

Title

A Novel Intervention to Identify and Report Suspected Abuse in Older, Primary Care Patients

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Source

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Summary of Research

An innovative collaboration between Texas Adult Protective Services (APS), a large healthcare system (WellMed Medical Management and WellMed Charitable Foundation), and a gerontological research institute (Benjamin Rose Institute on Aging) was tested in primary care clinics across Texas. In the project, two APS Specialists were 'embedded' in the healthcare system that serves a large Medicare population. The APS workers each had 14-15 years of experience and held the highest-ranking APS caseworker position. One was male and the other was female and bilingual.

The APS Specialists and WellMed staff trained 826 clinicians during 61 in-person training sessions over the course of a year in clinics in Austin, Corpus Christi, El Paso, Lower Rio Grande Valley, and San Antonio. The one-hour training covered topics such as types of elder abuse, including physical, emotional, and sexual abuse, neglect, self-neglect, and exploitation; how to screen for abuse using the Elder Abuse Suspicion Index (EASI; Yaffe et al., 2008); and the requirements and process for making reports to APS. Texas is a mandatory reporting state, which means everyone must report suspected abuse. Therefore, it was considered important to train clinic staff including physicians, physician assistants, nurses/health coaches and social workers/case managers, as well as medical assistants and patient service representatives. Social workers received more in-depth training at two additional, 4-hour sessions. The Principal Investigator from the research institute conducted semi-structured, qualitative phone interviews, which lasted 1-2 hours, with each APS Specialist individually. Ten open-ended questions covered their perception of their role on the healthcare team, how they engaged with clinicians, the types of cases that were discussed, a few examples/case studies, and how they tracked case consultations. Analyses of these data by the research team found that both APS Specialists served as a resource to clinicians. They had offices at the main headquarters of the healthcare system in San Antonio. They attended multi-disciplinary patient care coordination meetings and consulted with clinicians on cases of suspected abuse during meetings or by phone or email. They acted as a liaison by cross-sharing information between the healthcare system and APS. A very important aspect of their role was to educate clinicians on what APS could and could not do, especially with regard to client self-determination and the least-restrictive alternatives when referring clients to services. They encouraged clinicians to report the abuse on their own, using the toll-free hotline rather than online reporting, so clinicians could discuss the case with the APS intake worker. They kept detailed notes of their consultations about patients who were reported to APS.

The patient case consultation notes over the course of 32 months were also analyzed by the research team. Among the total of 529 patients who were reported to APS, more than a third were reported by social workers, followed by clinicians who participated in the patient care coordination meetings; nurses (8%) and

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physicians (6%) reported fewer cases. Almost two-thirds of the patients who were reported were female and their median age was 76 years. More than half the patients who were reported (55%) had no prior APS history. Both APS Specialists noted that more than half the patients they consulted about had some form of dementia.

The majority (73%) of the 529 patients had only one allegation of abuse, while the remaining 27% had multiple allegations. Overall, the 529 patients had 902 allegations of suspected abuse. The most frequent allegation was self-neglect (90% of patients, and 68% of all allegations). Neglect by others was the second most common allegation reported (12%). Self-neglect and neglect by others included physical neglect (75%), medical neglect (20%), and mental health neglect (5%). Upon investigation, half (449 or 50%) the allegations were validated/confirmed as cases of abuse by APS. Moreover, of the subset of allegations related only to self-neglect, 69% were validated.

Many of these patients were referred to multiple services. The most frequent service referral was to home health services, followed by referrals to community resources, public assistance, and transportation. About 65 referrals were made for placement in assisted living facilities and nursing homes. In combination, providing supports to families, educating patients and families, involving them to support the patient, and relocating a patient to a family member or friend's home, comprised the largest proportion of the help APS Specialists provided to patients.

The study findings point to the important role that APS Specialists can play in a healthcare setting. It also highlights the critical role played by social determinants of health in improving outcomes for older patients who are at risk of abuse. Since social workers made the most reports to APS, it is likely that physicians and other clinicians delegated the making of APS reports to them.

An interesting finding from our study was that 90% of the patients reported to APS had an allegation of self-neglect, a far higher percentage than that reported in the national literature (almost two-thirds of all allegations made to APS; Aurelien et al., 2018). Perhaps clinicians who were trained about self-neglect as a type of abuse became more attuned to identifying physical and medical self-neglect in their patients.

During the course of the study, clinicians and APS Specialists gradually developed a trusting relationship, and clinicians came to understand the important role they played in helping to improve the overall quality of life of older patients. As a result, these patients received services and supports they may not have otherwise. The value of this public-private partnership was recognized when the project partners received the National Adult Protective Services Association (NAPSA) 2018 Collaboration Award. Additionally, the healthcare system and APS developed a contract for the ongoing placement of one APS Specialist in the healthcare system to continue to serve as a resource to clinicians and facilitate case coordination. We hope that other collaborations such as this can lead to further innovations in APS practice to help improve the lives of older adults.

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Further Reading

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