Nothing Beats Good Data: Importance of an Electronic Database to Conduct a Needs Assessment and Track Service Use Among Patients At Risk of Self-Neglect

Courtney Reynolds, M.A., M.S.S.A., LSW [1]

Minzhi Ye, MA[1]

Farida K. Ejaz, Ph.D., LISW-S[1]

Raymond Kirsch, B. A. [2]

Miriam Rose, M.Ed [1]

Benjamin Rose Institute on Aging [1]

Texas Department of Family and Protective Services [2]

WellMed Charitable Foundation [3]

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Agenda

1. Project Overview
2. Development of Access Database
3. Demo and Case Studies

Project Overview

Our Project Collaborators

1. Benjamin Rose Institute on Aging (BRIA) – lead
2. TX APS
3. WellMed Charitable Foundation & WellMed Medical Management – project site
4. Georgia Anetzberger, Ph.D. - consultant
5. Elder Justice Coalition – federal insights

Project Overview

- Study Sites
  - San Antonio – HQ of WellMed; largest market
  - Corpus Christi – another large market

Research Methods

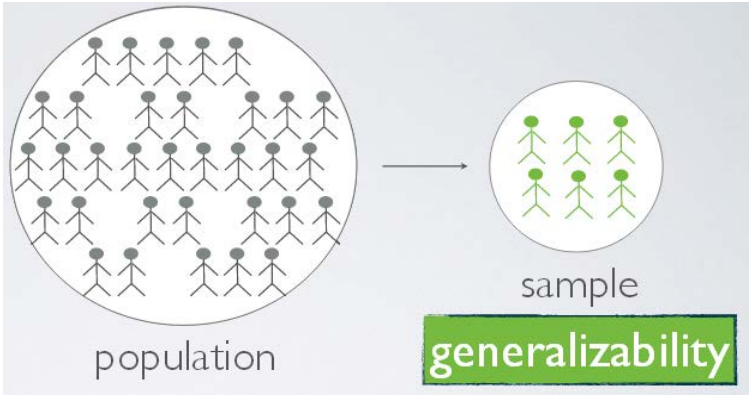
- 16 Primary Care Clinics, 8 in each region
  - Matched clinics in each region by:
    - Percent of Hispanic Population (high vs. low)
    - Similarity in # of patients served

- Randomly assigned to intervention and control groups:
  - 4 intervention & 4 control clinics (total 8) in each region for a grand total of 16 sites

Selection of Patient Sample in Both Intervention & Control Groups

Inclusion Criteria

- Patients having any 1 or more risk factors (EMR):
  - Dementia
  - Depression
  - Limitations in ADLs
  - Substance abuse/alcoholism
  - Prior report/referral to APS
  - Prior referral to Social Worker for *suspicion* of abuse
    - (Exclude if case currently open with APS)



- EMR Identified: 7,136 patients with risk factors (study population)

- Total Sample Size: 414 randomly selected patients (207 in each group)

Control Clinics: Receive Usual Care at WellMed

- Follow protocols developed in 2012-2016 Elder Abuse Prevention Grant funded by ACL
- Elder Abuse Suspicion Index – embedded in EMR
  - Screen for suspicion of ANE
  - Refer ‘red’ flagged cases to APS
  - Refer ‘yellow’ flagged cases to social workers at WellMed
  - ‘Green’ cases not referred
- Embedded APS worker – resource for clinicians

Control Patients Data Collection

1) Baseline interview
   - Includes background characteristics,
   - Health and well-being measures

2) Post-test at 4 months

Total of 2 data points

What Happens to Intervention Group Patients: During Initial Interview & Throughout the Study

Complete baseline interview (Time 1) at home

- Includes background characteristics, health and well-being measures and assessment for SN and ANE

- Victims of SN or ANE
  - Reported to APS (becomes APS case and is followed)
- Patients who are not SN or experiencing ANE (Prevention):
  - At-risk patients receive case management
  - Interventionists/social worker develops plan of care
  - Links patients to home- and community-based services or to residential care settings, if needed

Details on Prevention of SN & ANE

Social Workers/Interventionists:

- Follows up on a routine basis
- Tracks service utilization, addresses barriers, involves friends and family, if appropriate
- Adjusts plan as case needs change
- Collects data at 30, and 90 days after baseline
- Final post-test data collected at 120 days

- **Total of 4 data collection points**
  - Quantitative and Qualitative case notes

DATA SOURCES

- WellMed
  - EMR
  - Chart records
  - Case management system
  - Healthcare costs (includes Medicare billing)

- APS
  - Validation of case
  - Services provided
  - Outcomes

- BRIA (developed database to gather the following data)
  - Baseline interviews – intervention & control groups
  - Post-test interviews – intervention & control groups
  - In-home assessment for SN & ANE & care planning – intervention group

EXAMPLES OF OUTCOMES

Differences between intervention & control group patients:

- APS:
  - Number of reports to APS on SN
  - Other types of ANE
  - Recidivism to APS
  - Types of services
- WellMed:
  - Case management services
  - Overall healthcare utilization & costs (ED visits, hospital readmissions)
- Benjamin Rose:
  - Psycho-social well-being, e.g., depression, anxiety, quality of life
  - Services—Referred to by type by problem area, followed through by patient, changes required, and case outcomes

Development of Access Database

Our Goal: Electronic Data Collection

- "Real time" data collection
- Less likely that mistakes occur during data collection
  - Response choices provided
  - Skip patterns built into file
  - Avoids manual data entry
- Facilitates data exports to SPSS/other statistical software

Choosing Access

- Part of MS Office
- Able to be used across organizations
- BRIA staff were already familiar with the program's general functions
- Training course taken locally by lead developer at BRIA

Patient Questionnaire (Time 1 - Baseline)

- Section 1 – Consent & Cognitive Screen
- Section 2 – Background Information, Health & Well-being, Quality of Life
- **Section 3 - Assessment for SN and ANE**
- **Section 4 – Care Plan**

Follow-Ups (Intervention Group Only)

- **Conducted on phone or in person**
- **30 Days after Time 1 Interview**
- **90 Days after Time 2 Interview**
- **As Needed**

Patient Questionnaire (Time 2 – Post-Test)

- Section 1 – Verification of Contact Information
- Section 2 – Background Information, Health & Well-being, Quality of Life
- **Section 3 – Assessment for SN and ANE**
- **Section 4 – Care Plan**

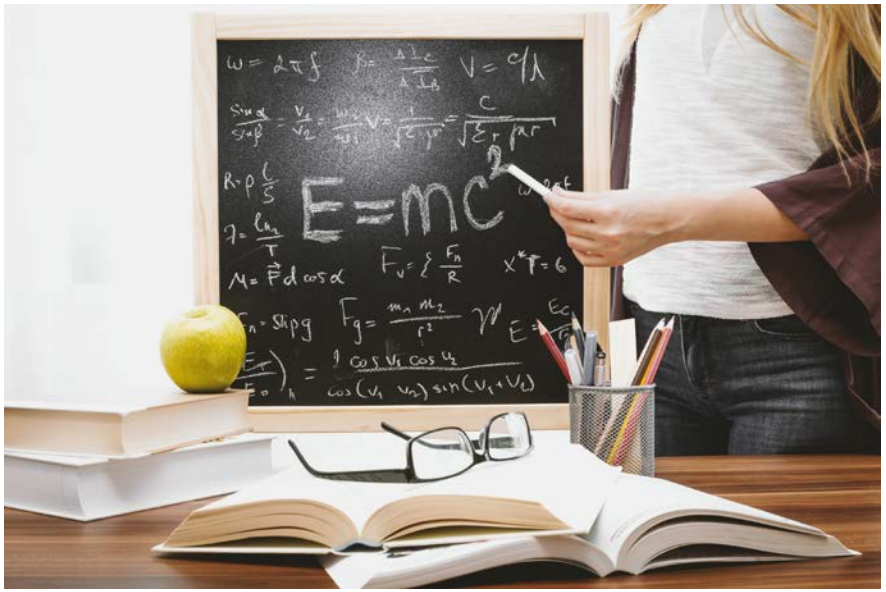
Developing the Access file

- Tested at each stage of development
- Edited regularly for grammar, content, and user-friendliness
- Tested in Texas by interviewers for user-friendliness and compatibility
- On-going file updates based on feedback

Challenges

- IT issues at BRIA
- Access version incompatibility
- Has crashed in the field
  - Interviewers carry paper copies of questionnaire as backups
- Not all interviewers comfortable with electronic data collection
- Data still require cleaning/cross-checking with those collecting data

Lessons Learned



- Backup Your Files!!!!
- Partners must test the file after every change
- Variables in the translated version must correspond to the Access file
- Coordination between developers and users in the field is vital

Overall Experience with Access

- Very positive
  - Complicated data collection best suitable for electronic methods
  - Automates data from previous sections
  - Avoids pitfalls of collecting manual data
  - Includes options to collect qualitative case notes
  - Cost effective
  - Database can be adapted for a variety of uses and settings
    - E.g. APS agencies for tracking new and innovative programs

Demo & Case Studies

Questions

Contact Information

Courtney Reynolds
Project Coordinator
Benjamin Rose Institute on Aging
Center for Research and Education

Email: creynolds@benrose.org
Phone: 216-373-1612