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

Minzhi Ye, MA

Farida K. Ejaz, Ph.D., LISW-S

Raymond Kirsch, B. A.

Miriam Rose, M.Ed

Benjamin Rose Institute on Aging

Texas Department of Family and Protective Services

WellMed Charitable Foundation

Presented at the annual meeting of the National Adult Protective Services Association (NAPSA)

Anaheim, CA

August 30, 2018
Acknowledgements

This project (Grant # 90EJIG0004-01-00) is funded by the U.S. Administration for Community Living.

Special thanks to:

Deborah Billa, Pauline Cerda, Miriam Witthauer, Elizabeth Almendarez, & Siegmundo Hirsch of WellMed Charitable Foundation; and Catherine Bingle and Ann Cortez of Texas Department of Family and Protective Services, Adult Protective Services.
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 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
Contact Information

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

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