Role of Adult Protective Service Workers in Healthcare Settings: An Innovation in Practice

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Elder Abuse Prevention Grants

- Initiative on Elder Abuse Prevention
  - U.S. Administration for Community Living, Administration on Aging
  - 2012 – 2016
- Goal: New approaches to identify, intervene and prevent elder abuse, neglect and financial exploitation
- National grantees included Texas Dept. of Family & Protective Services and WellMed Charitable Foundation

Our Project Collaborators

1. Texas Dept. of Family & Protective Services - lead
2. WellMed Charitable Foundation and WellMed Medical Management – project site
3. Benjamin Rose Institute on Aging – local evaluator
4. Elder Justice Coalition – federal insights into project

Elder Abuse Prevention Grant: Intervention Components

1. **Train clinicians to identify, screen, and report abuse**
2. Insert Elder Abuse Suspicion Index (EASI) – into Electronic Medical Record (EMR) and follow clinical protocols to report victims and suspected cases of abuse
3. **Embed 2 APS Specialists in WellMed Medical Management system to serve as a resource**
4. **APS workers document cases reported to APS**
5. Distribute educational materials on abuse to patients and caregivers
6. Reduce stress and burden for caregivers of patients with dementia

Elder Abuse Intervention

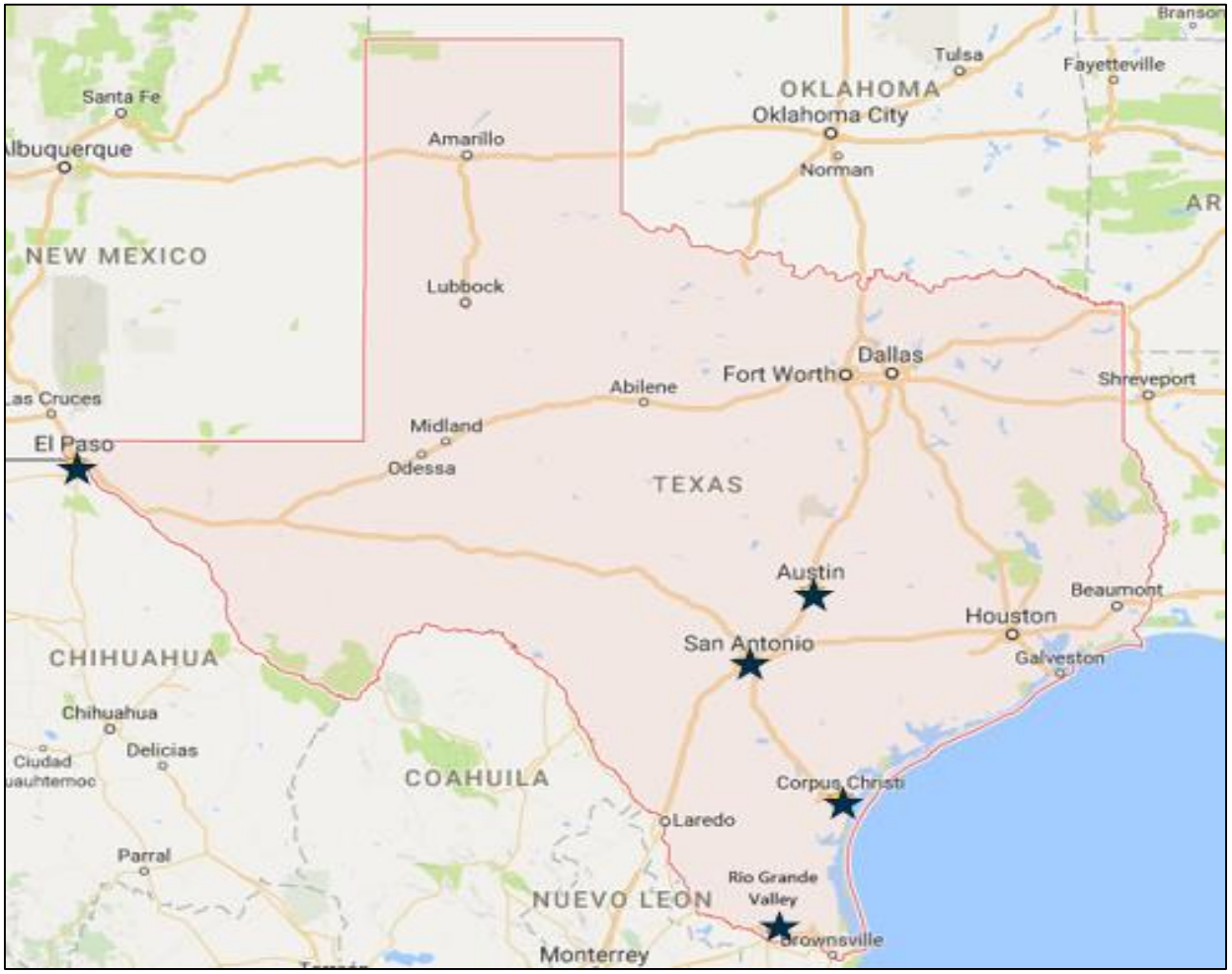
Target Population for Intervention

- Older patients of primary care clinics
- Largely Medicare and/or dually eligible, large Hispanic population

Target Population for Prevention

- Clinicians in primary care clinics

Elder Abuse Grant: Geographic Location of Project 5 Regions in Texas



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Poll #1

Benjamin Rose Institute on Aging: Local Evaluator

- Center for Research & Education
  - Applied research
  - One of the few nationally recognized research centers located within gerontology service organizations
- Adult Day Program
- Behavioral Health Services
- Rose Centers for Aging Well
- Senior Companion Program
- Social Work Services
- Subsidized Housing – HUD Section 202
- Empowering and Strengthening Ohio's People (ESOP)

Literature Review

- Estimated prevalence of elder abuse is 10%[1]
- Texas is a **universal** mandatory reporting state
- NAMRS data reveals the most common report sources[3]
  - Social services professionals (15.8%)
  - **Medical or health professionals (15.4%)**
  - None/unknown (14.8%)
  - Other professionals (13.7%)

Barriers to Reporting by Healthcare Professionals

- Lack of comprehensive training to identify and report abuse [5, 6]
- Confusion about reporting laws, especially what constitutes “suspicion” [4, 5]
- Concerns about the impact of reporting on the patient or patient-provider relationship [5, 6]

Research Questions

- How many and what types of clinicians were trained by the APS specialists (and project team members) to identify and report elder abuse?
- What roles did the APS specialists play during the course of the study
- Did clinicians consult the APS specialists on suspected abuse involving their patients and make reports to APS?

Training WellMed Clinicians

826 Clinicians
Trained on Elder Abuse over 1 year period

From 63 primary care clinics across 5 regions

Approx. 1 hour of in-person training

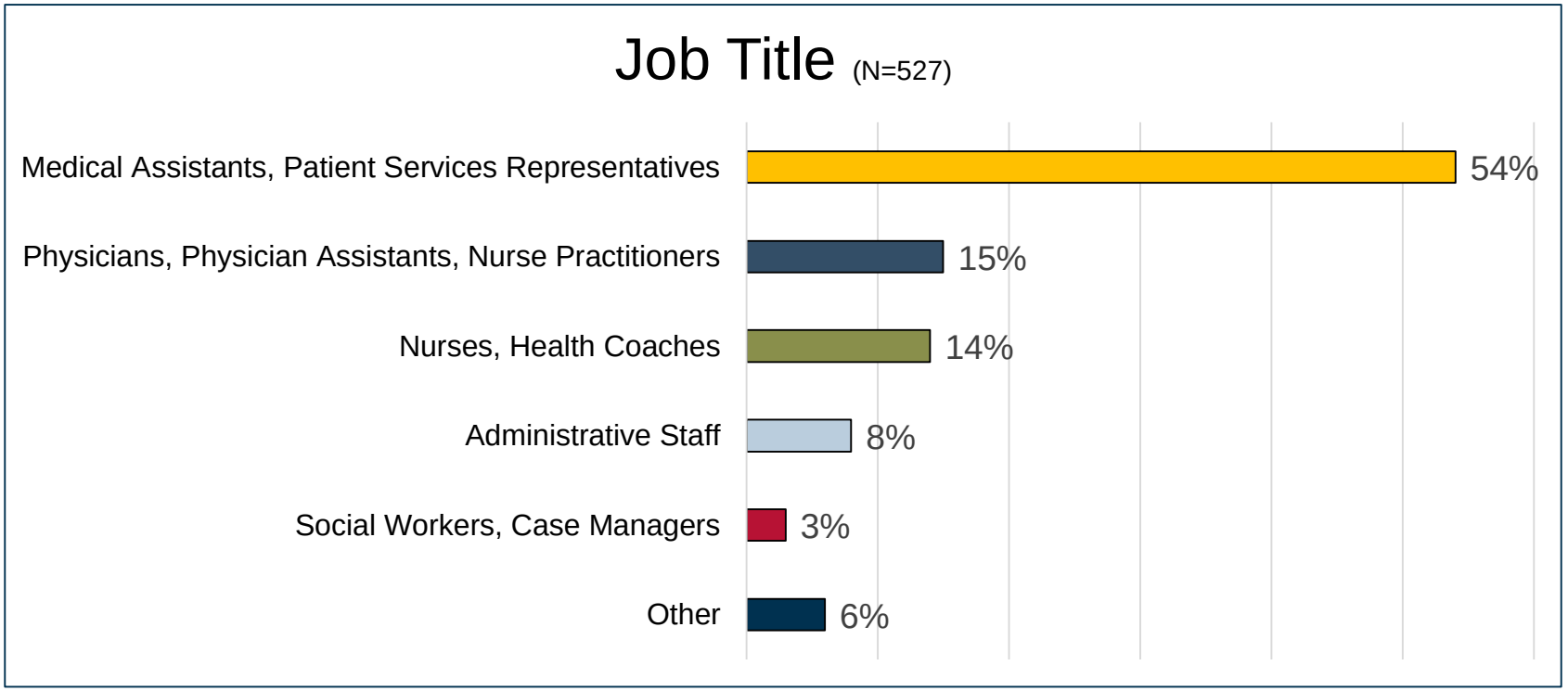
Social Workers received 2 additional trainings of 4 hours each

Training Clinicians: Content

- ✓ Types of elder abuse
- ✓ Identifying, screening for abuse
- ✓ APS reporting mechanisms
- ✓ APS reporting requirements

Trainee Demographics (n = 532)

- **Age:** Mean: 40, Range: 19-78
- **Gender:** 85% female
- **Race/Ethnicity:**
  67% White-Hispanic
- **Education:**
  44% ‘some college, no degree’



APS Specialists

Embed 2 APS workers in the WellMed Medical Management System to serve as a resource

APS Specialists' Backgrounds

- Specialist A
  - Female
  - Hispanic
  - Bilingual (Spanish/English)
  - With APS about 15 years
- Specialist B
  - Male
  - Caucasian
  - English-speaking
  - With APS about 14 years

Interviews with APS Specialists

- Individual phone interviews (1-2 hours long) led by PI
  - Observed by 2 research assistants
- 10 open-ended questions
    - Role of APS Specialists
    - Case studies
- Each interview was recorded and transcribed
- Data analyzed by 2 research assistants independently and then together; later with Senior Research Analyst and finally with PI to reach consensus

Findings from APS Worker Interviews

Multifaceted Roles
Educator
Resource Person
Consultant
Liaison
Trainer
Advocate

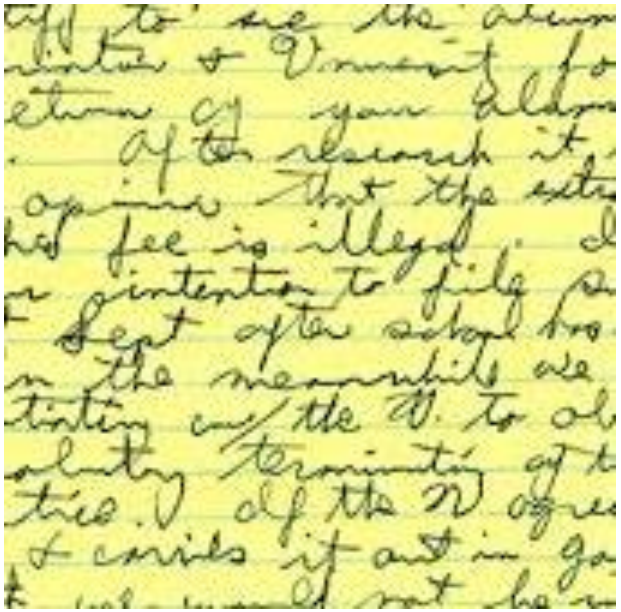
Populations Served
Clinicians
Patients/clients
Clients' family members
Community
APS workers throughout TX

APS Specialists' Ongoing Interactions with Clinicians

- Cases discussed during patient care coordination meetings
  - Clinicians contextualize cases
  - APS Specialists provided recommendations
  - Consensus reached
- Cases also discussed by phone and email
- When it was decided a report should be made, APS Specialists always urged the clinician to **report the case by phone** instead of online

Data Collected by APS Specialists on Consultations with Clinicians

- Collected over 30 months
- Begun as handwritten notes, later converted into a Word document
- Unique ID for each patient
- Data analyzed independently by 2 research assistants, then together; later with Senior Research Analyst and finally with PI to reach consensus
- Exported to Excel and then into SPSS for analysis



Reports to APS

- Specialists tracked WellMed reports to APS
  - Types of allegations
  - Type of WellMed staff making the report
  - Alleged victim's history with APS
  - Outcomes – methods APS used to resolve cases
- Extremely rich data
- Provided invaluable information

Findings: Patients Reported to APS

- **529 patients reported to APS**
- According to APS Specialist: Dementia was present in about half of the cases they documented
- **289 (55%) patients were reported for the first time to APS,** i.e., had no prior APS involvement

Reports and Allegations

- **204 (39%) patients reported by WellMed Social Worker**
- **72 (14%) patients reported as a result of a Patient Care Coordination (PCC) meeting**
- **66 (13%) patients reported by a Health Coach (nurse)**

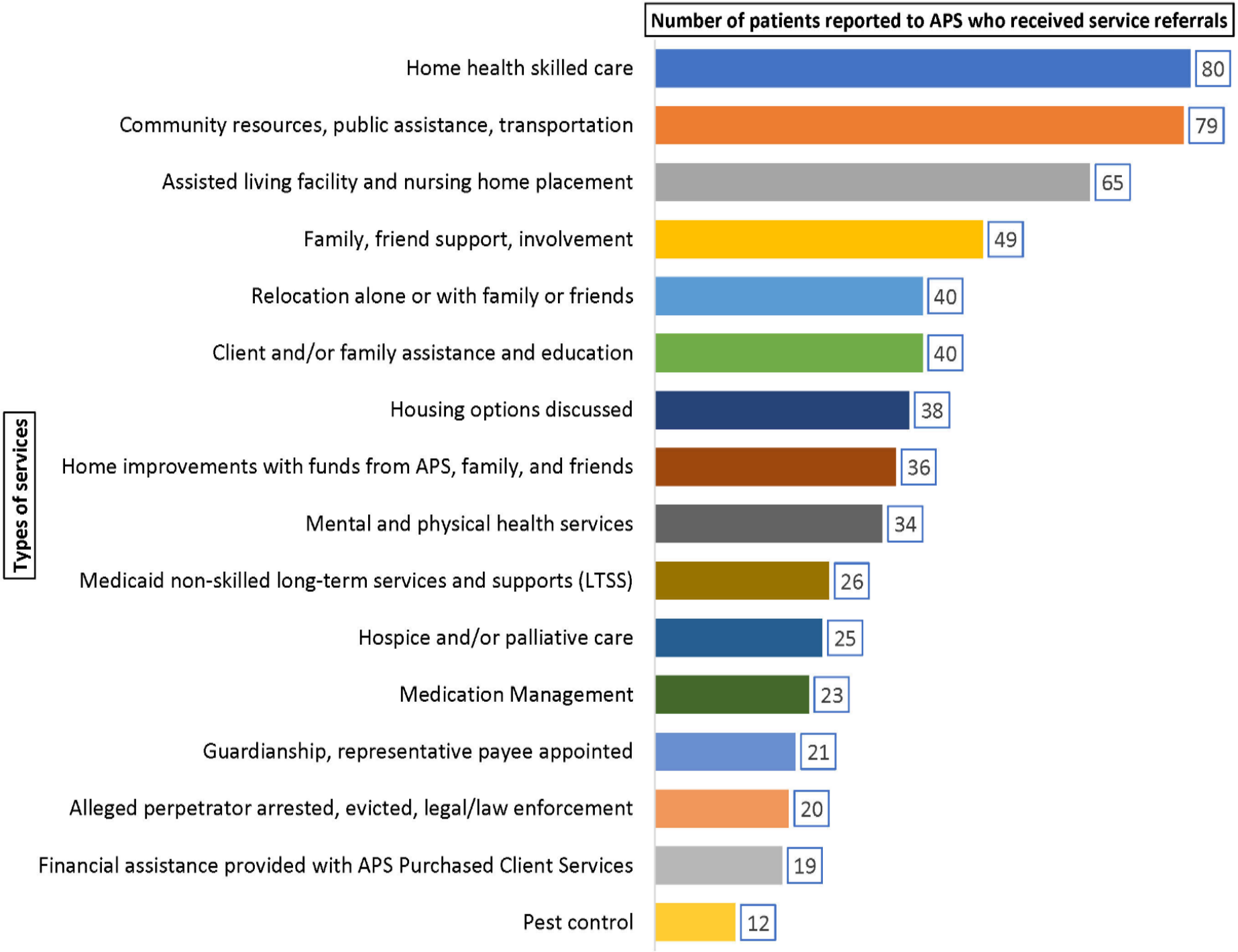
- Information on the 529 patients reported to APS
  - Total of 902 allegations
  - Some patients (140 or 27%) had multiple allegations
  - Majority (386 or 73%) had a single allegation

Reports to APS: Patients & Allegations

Type of Abuse	Patients (n=529)
At least one allegation of:	Percent of Patients
Self-Neglect (primarily physical, followed by medical)	90%
Neglect by Others*	17%
Emotional Abuse	10%
Exploitation	9%
Physical Abuse	9%
Sexual Abuse	1%
Unknown Abuse	>1%
Note: Some patients had more than one type of abuse alleged; therefore percentages total to more than 100%.	
*Others include Provider, Relative, Friend/Neighbor, Spouse/Partner, and Unknown Perpetrators.	

Allegation Validation

Validation Rates by Type of Allegation			
Type of Allegation	**Validated Allegations**	**Total Allegations**	**Validation Rate**
Self-neglect	423	617	69%
Neglect by others	12	110	11%
Exploitation	6	56	11%
Emotional abuse	3	59	5%
Physical abuse	5	52	10%
Sexual abuse	0	5	0%
Unknown abuse	0	3	0%
Total	**449**	**902**	**50%**


Number of patients reported to APS who received service referrals
Types of services
Home health skilled care
80
Community resources, public assistance, transportation
79
Assisted living facility and nursing home placement
65
Family, friend support, involvement
49
Relocation alone or with family or friends
40
Client and/or family assistance and education
40
Housing options discussed
38
Home improvements with funds from APS, family, and friends
36
Mental and physical health services
34
Medicaid non-skilled long-term services and supports (LTSS)
26
Hospice and/or palliative care
25
Medication Management
23
Guardianship, representative payee appointed
21
Alleged perpetrator arrested, evicted, legal/law enforcement
20
Financial assistance provided with APS Purchased Client Services
19
Pest control
12

Conclusions

- APS Specialists essential in raising awareness of patients' social concerns beyond their healthcare needs
- Social workers made the most referrals
  - **Longer and more in-depth training**
  - **Perhaps physicians gave them referrals to handle**
- **90% of patients experienced self-neglect**
  - Higher than expected based on 61% (NAMRS FFY 2017)[2] report, but more aligned with Texas (82% of all cases) in the same period
  - Perhaps physicians became more alert to self-neglect issues
- 50% of all cases and 69% of self-neglect cases were validated

Initial Challenges

- Clinicians
  - Initial lack of understanding of APS limitations
  - Direct reporting to APS improved but some clinics needed further encouragement
  - Long investigation periods by APS
- State APS staff
  - Increased caseload
  - Without staffing increase

Eventual Successes

- Led to trust and understanding of each other's roles
- Specialists had access to APS data
- Taught clinicians' importance of:
  - Patient self-determination & autonomy
  - Least restrictive service options
- Team effort to identify suspected abuse
  - Some physicians, nurses and social workers made house calls
  - Particularly for those living with dementia

Limitations & Strengths

Limitations

- Dementia among patients not documented systematically
  - Empirical information on the link between dementia and abuse, particularly self-neglect, is critical
- Not a randomized clinical trial

Strengths

- Innovation in both APS and healthcare practice
- Collaboration involved “thinking outside the box”

Other Strengths

- Patients received protective services and community supports they might not have otherwise
- Patients were ‘safer’, able to live more independently
  - Relocation alone or to a relative’s home or placement into NH or ALF did occur
- APS strategies involved improving family relationships and assistance to help maintain older adults in their own home
  - Combination of ‘family/friend support’ and ‘client and family assistance and education’ was most frequent service offered

Case Study

Presented by Raymond Kirsch, APS Specialist

Case Study

- Brothers with disabilities
  - Hispanic, older residential neighborhood in urban Central TX, family not involved, limited income
  - Age 54, difficulty walking, seizures, cognitive issues
  - Age 64, wheelchair-bound amputee, COPD, diabetes, liver cancer (caregiver for 54 year-old)
- Care Coordination meeting re: 54 year-old (WellMed interdisciplinary team + APS Specialist)
  - Report on 54 year-old by WellMed to APS
  - Second APS case opened on 64 year-old

Risks/Challenges

- Unable to access health care
  - Lack of transportation
  - Unable to seek assistance from family
- Unsafe home
  - Broken door, lack of heat, poor wheelchair access, inoperable plumbing
- Barriers to accepting help (64 year-old)
  - Feelings of guilt/fear accepting help for brother
  - Unfamiliar with services/supports

Help Provided

Arranged for Services:	Purchased for Home:
Palliative medical care in home (WellMed BRIDGES program)	Heaters, blankets, A/C
Enrollment in city's special transportation services	Fixed broken door and window
Meals on Wheels	Cleaned residence
Adult daycare for cognitively impaired brother	Permanent entrance ramp
Provider services for both	Other home repairs

Outcomes

Client Safety, Family Preservation, QoL

- Improved safety, home environment
- Locating resources/services
- Ensuring access to medical care and mobility
- Full wraparound of federal, state and local services
- Led to increased self-sufficiency, independence and QoL

Sustainability of Project

- WellMed has **incorporated one APS specialist into their healthcare system**

- Executive Director of WellMed Charitable Foundation, Carol Zernial remarked:

  "*This partnership has created culture change throughout our system*. *Our clinicians have become the eyes and ears of APS by expanding their reach to frail and older healthcare patients. We hope others will follow our lead.*"

Collaboration - Good News

2018 National Adult Protective Services Association (NAPSA) Collaboration Award
Texas ACL Elder Justice Project Team

Felt like this at times…

Now this!

Next Steps

- **2016 – 2020: Elder Justice Innovation grant**
- Continues partnership between BRIA, Texas APS, and WellMed
- Focus on Self-Neglect (SN)
  - Developing interventions to prevent SN among at-risk patients
  - Includes older + disabled adults

- **2018 – 2021: State APS Enhancement Grant**
- Focus on creating enhancements in Oklahoma APS self-neglect practice based on our prior work in Texas
- Building on innovations in practice between state APS partners, researchers and other collaborators

Poll #2

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Questions

Resources

- U.S. Administration for Community Living/Administration on Aging
  acl.gov
- Consumer Financial Protection Bureau
  https://www.consumerfinance.gov/practitioner-resources/resources-for-older-adults/
- National Center on Elder Abuse
  ncea.acl.gov
- Ageless Alliance
  agelessalliance.org
- Center of Excellence on Elder Abuse and Neglect
  www.centeronelderabuse.org
- National Committee for the Prevention of Elder Abuse
  www.preventelderabuse.org
- Texas Adult Protective Services
  www.dfps.state.tx.us/adult_protection/

THANK YOU !

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