NAPSA R2P Seminar August 2023

Research to Practice Brief – Content:

Title: Measuring Outcomes of APS-Geriatrics Collaboration Using Virtual Capacity Evaluations

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Source: Factora R, Hashmi AZ. Impact of a collaboration revolving around virtual capacity evaluations. Health Serv Res. 2023 Feb;58 Suppl 1(Suppl 1):63-68. doi: 10.1111/1475-6773.14068. Epub 2022 Sep 29. PMID: 36123772; PMCID: PMC9843072.

Summary of Research:

During the period of May 2020 through September 2021 as a pilot program for virtual capacity evaluations was being conducted between Geriatricians at the Cleveland Clinic and Cuyahoga County Adult Protective Services (APS), data was collected on 54 individuals and eventually analyzed retrospectively. Elements of the capacity evaluation included assessment of cognitive function (utilizing validated cognitive testing tools), evaluation of gait, review of medications and medical problems, and offering resources and services to help meet any needs identified during the assessment.

Collected data included the following elements: age; gender; determination if the individual was receiving routine medical care prior to evaluation; if the individual had a diagnosis of dementia; achievement of the following: completion of Statement of Expert Evaluation (SEE) which reflects clinical determination that the individual had impairment in medical and financial decision making capacity, assignment of a guardian or conservator, recommendation and acceptance of services to support the individual, ability of individual to remain in current residence, placement in a more supervised setting, connection/reconnection to medical care after evaluation completed; the type or types of elder abuse that were alleged.

In 40 cases (74%), allegation of abuse was due to a single cause, with the remaining 14 cases (26%) due to multiple causes, with neglect and self-neglect were the most common single causes of alleged elder abuse (30) and financial exploitation being the most common component in the cases involving multiple causes (10).

SEE was completed in 38 cases (70%). Guardian was assigned by the Probate Court of Cuyahoga County in 28 and conservator assigned in 3. Of these initial 38, 15 remained home, 18 were moved to a more supervised setting (e.g. nursing home/long term care (LTC)), and 5 (13%) moved in with other caregivers (e.g. family). Of these same 38 individuals, 21 refused services (of which 13 (62%) were placed in a more supervised setting, 7 (33%) remained home, and 1 moved in with other family members.) By comparison, 12 persons who accepted services, 7 (58%) remained home, 4 (33%) were placed in a more supervised setting, and 1 moved in with other family members.

Twenty-seven of 28 individuals who were assigned a guardian by the court were offered services. Of this cohort, 9 (33%) accepted and 18 (37%) refused. Five of the 9 who accepted services (56%) stayed at home and 4 (44%) were placed into a more supervised setting. By comparison5 of 18 persons who refused services (28%) stayed at home and 12 (67%) were placed into LTC, with the remaining 1 person moving to live with another family member.

Prior to the evaluation, 23 persons (vs. 33) were already connected to routine medical care, but afterwards an additional 21 were newly connected to routine medical care, resulting in a total of 44 persons having access to primary care after completion of the evaluation. Comparing clients who were connected to primary care prior to the evaluation to those who were not, 16 (70%) vs. 22 (21%) had a SEE completed, 11 (48%) vs. 17 (55%) had a guardian assigned, 16 (70%) vs. 15 (48%) remained at home, and 5 (22%) vs. 13 (42%) were placed into LTC.

Practice and Policy Implications:

Despite the small number of persons included in this study, there are several potential implications for future study as well as practice implementation:

Practice Implications:

* Persons referred to APS should be reconnected to primary care to re-establish medical care as this may reduce social isolation, allow for identification of care needs, and connect persons to resources necessary to maintain their health and prevent neglect/self neglect
* Guardians have the opportunity to utilize community services to help keep a person at home, reduce placement into nursing homes, and maintain as much independence for the individual as possible
* Virtual Capacity Evaluations can be conducted in the context of a partnership between Adult Protective Services and a medical provider willing to provide this service
* Work has to continue to help support this type of intervention with manpower and financial resources in order to maintain sustainability

Future Research Areas of Focus:

* Outcomes of virtual capacity evaluation-APS collaborations can continue to be measured and compared to usual care to see if the differences result in a better quality of life for persons being evaluated, improved efficiency in process, and reduction in cost of care longitudinally
* Acceptability of this intervention by APS staff, physicians involved in the collaboration, and members of the legal arena would be worthwhile to explore to help improve the process and (potentially) justify its use further

Further Reading:

Halphen JM, Dyer CB, Lee JL, Reyes-Ortiz CA, Murdock CC, Hiner JA, Burnett J. Capacity evaluations

for adult protective services: videoconference or in-person interviews. J Elder Abuse Negl. 2020

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Burnett J, Dyer CB, Clark LE, Halphen JM. A Statewide Elder Mistreatment Virtual Assessment

Program: Preliminary Data. J Am Geriatr Soc. 2019 Jan;67(1):151-155. doi: 10.1111/jgs.15565. Epub

2018 Sep 17. PMID: 30221757.

Steinman, K.J., Anetzberger, G., Dayton, C., Jones, S.C., Pettey, A. & Teferra, A. (2021). Ohio’s Adult

Protective Services System: Assessment Report. Columbus, OH: Ohio State University College of

Education and Human Ecology.