

CMS Elder Maltreatment Quality Measurement Initiative

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CMS Elder Maltreatment Initiative

- Elder maltreatment is a multifaceted issue affecting many providers and in many settings.
- Evidence for screening elderly and vulnerable adults remains insufficient.
- The US Preventative Services Task Force found no valid, reliable screening tools to identify abuse of elderly or vulnerable adults in the primary care setting.

U.S. Preventive Services Task Force Recommendation Statement, 2013

ONLINE FIRST: This version will differ from the print version

Annals of Internal Medicine

CLINICAL GUIDELINE

Screening for Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults: A U.S. Preventive Services Task Force Recommendation Statement

Virginia A. Moyer, MD, MPH, on behalf of the U.S. Preventive Services Task Force*

Description: Update of the 2004 U.S. Preventive Services Task Force (USPSTF) recommendation statement on screening for family and intimate partner violence (IPV).

Methods: The USPSTF commissioned a systematic evidence review on screening women for IPV and elderly and vulnerable adults for abuse and neglect. This review examined the accuracy of screening tools for identifying IPV and the benefits and harms of screening women of childbearing age and elderly and vulnerable adults.

Population: These recommendations apply to asymptomatic women (women who do not have signs or symptoms of abuse) of reproductive age and elderly and vulnerable adults.

Recommendation: The USPSTF recommends that clinicians screen women of childbearing age for IPV, such as domestic violence, and provide or refer women who screen positive to intervention services (B recommendation).

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening all elderly or vulnerable adults (physically or mentally dysfunctional) for abuse and neglect (I statement).

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For author affiliation, see end of text.

*For a list of USPSTF members, see the Appendix.

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CMS Elder Maltreatment Initiative

- CMS began to peel back the onion skin and understand possible reasons for low reporting/screening on such an important topic.
- PQRS measures (#181) was evaluated for appropriateness.
- Three groups assembled with national experts:
 - Definitions
 - Screening
 - Measurement

Physician Quality Reporting System Measure

Current 2013 PQRS Measure (#181) on Screening for Elder Maltreatment

- All patients age 65 and above should be screened for elder maltreatment at least once in the reporting period (6 or 12 months).
- A follow-up plan should be documented.
- Challenges:
 - Measure seldom reported by EPs
 - Intention to improve feasibility of reporting this measure

2013 PQRS Measure Definitions

Screen for Elder Maltreatment: An elder maltreatment screen includes assessment and documentation of *all of the following components*:

- Physical abuse
- Emotional or psychological abuse
- Neglect
- Sexual abuse
- Elder abandonment
- Financial or material exploitation
- Self-neglect
- Unwarranted control

2013 PQRS Measure Definitions

Follow-Up Plan

- May include but is not limited to documentation of a referral or discussion with other providers, on-going monitoring or assessment, and/or a direct intervention.

Not Eligible

- A patient is not eligible if one of more of the following conditions exist:
 - Patient refuses to participate
 - Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status

Review of Reporting 1/1/12 to 6/29/12

- **There were 53,915,669** total denominator applicable cases (1/2 year)
 - **21,118** total denominator applicable cases for participating providers
 - **1,438** total QDC's reported on applicable cases
 - **1,365** reported as meeting measure (either one of two QDC's)
 - **82.71%** of the TIN/NPI's (133 participating) had a performance rate of at least 90 percent
- **Those reporting**
 - Counselor/Psychologist, Family Practice, Geriatrics, Internal Medicine, Other Eligible Professional, Physical/Occupational Therapy, Psychiatry, Urology

New Measure Development Team

Measure Concepts Explored

Care Setting Included in Measure

- Current Measure
 - Encounters/billing codes
 - Eligible providers who report encounter codes for
 - Office visits, psychiatric evaluation, social work activity, occupational therapy, medical nutrition, domiciliary or rest home, home visit, GYN visit, initial Medicare visit
- New Measure
 - Crosscutting to increase screening efforts
 - Additional care settings explored
 - Inpatient, nursing homes, assisted living, dentist, eye care

Reporting Frequency

- Current Measure
 - Report once per measurement period
- New Measure Recommendation:
 - Each visit considered
 - Trust may not be developed, patient may not report on first assessment
 - Patients' situations change

Screening

- Current Measure
 - Must address all 8 components
- New Measure
 - Use of a screening tool that is more feasible
 - Should reference cultural specific screening tools

Reporting Directives for Positive Screen

- Current Measure
 - No clear guidance for response to a positive screen
- New Measure
 - Standardize the intervention
 - Include specific language vs. algorithm
 - APS to be utilized as the first contact to report suspicion
 - If APS is not the appropriate contact, they will refer the caller
 - Disclaimer language to seek out state regulations for reporting to trump APS

Resources Listed for Reporting

- Current Measure
 - No listing of resources
- New Measure
 - List of resources to adjust to needs of the patient
 - APS number
 - NCEA help lines, hot lines, referral source Web site
 - Elder locator phone number for state information
 - Federal reporting information and links

Follow-Up Directives for Positive Screen

- Current Measure
 - No clear guidance for follow-up care
- New Measure
 - Follow-up on how to document actions from positive screen/follow-up plan
 - List exact agency notified
 - List follow-up plan to be followed by the provider

Future Measure Development

- Develop a Suite of Measures for Elder/at Risk Population
 - More in-depth screening measure
 - Two tier screening
 - Comprehensive Geriatric Assessment
 - Self neglect screening
 - May include a more extensive home visit
 - At risk screening measure
 - Follow-up care measure
 - Multidisciplinary collaboration

Screening Tools for Elder Maltreatment

Selection of Screening Tools: Key Considerations

- Burden on the provider.
- Number of questions.
- Type of scale used in the tool.
- Focus of elder abuse questions (physical, psychological, sexual, financial, neglect).
- Cross cutting — versatile for use in various health care environments and populations.
- Usability for cognitively intact as well as cognitively impaired/mildly cognitively impaired individuals.

Screening Tools for Consideration

Name of Screening Tool	<i>Tool screens for —</i>				
	Physical Abuse	Psychological/ Emotional Abuse	Neglect by Others	Sexual Abuse	Financial or Material Exploitation
Elder Abuse Suspicion Index (EASI)	X	X	X	X	X
Vulnerability to Abuse Screening Scale (VASS)	X	X		X	X
Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST)	X	X		X	

Validation of Screening Tools

EASI

Yaffe MJ, Wolfson C, Lithwick M, Weiss D. Development and Validation of a Tool to Improve Physician Identification of Elder Abuse: The Elder Abuse Suspicion Index (EASI). *Journal of Elder Abuse & Neglect*, 2008; 20(3):276-300.

H-S/EAST

Neale AV, Hwalek MA, Scott RO, Sengstock MC. Validation of the Hwalek-Sengstock Elder Abuse Screening Test. *The Journal of Applied Gerontology*, 1991; 10(4):406-418.

VASS

Schofield MJ, Mishra GD. Validity of Self-Report Screening Scale for Elder Abuse: Women's Health Australia Study. *The Gerontologist*, 2003; 43(1):110-120.



Elder Maltreatment Definitions

Objective

Explore the development of a comprehensive definition or concept of elder maltreatment in order to assist with the development of a quality measurement and screening tool

Exploring Existing Definitions

- There is no standardized definition of elder abuse/maltreatment (interagency or global)
- The Definitions Workgroup collected definitions of elder maltreatment and will run thematic analyses on these definitions to build a strong concept of global maltreatment

Centers for Disease Control and Prevention

- Physical Abuse
- Sexual Abuse or Abusive Sexual Contact
- Psychological or Emotional Abuse
- Neglect
- Abandonment
- Financial Abuse or Exploitation

National Center on Elder Abuse (AoA)

- Domestic elder abuse
- Institutional elder abuse
- Self-neglect or self-abuse

Questions

Many thanks!