Quality ID #181: Elder Maltreatment Screen and Follow-Up Plan – National Quality Strategy Domain: Patient Safety

2018 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients aged 65 years and older with a documented elder maltreatment screen using an Elder Maltreatment Screening tool on the date of encounter AND a documented follow-up plan on the date of the positive screen

INSTRUCTIONS:
This measure is to be submitted a minimum of **once during the performance period** for patients seen during the performance period. This measure may be submitted by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding at the time of the qualifying visit. The documented follow up plan must be related to positive elder maltreatment screening, example: "Patient referred for protective services due to positive elder maltreatment screening." Cognitively impaired patients are included in the denominator of this measure and need to be screened using an elder maltreatment screening tool.

Measure Submission:
The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
All patients aged 65 years and older

Denominator Criteria (Eligible Cases):
Patients aged ≥ 65 years on date of encounter
AND
Patient encounter during the performance period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 96116, 96118, 96150, 96151, 96152, 97165, 97166, 97167, 97802, 97803, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0101, G0270, G0402, G0438, G0439, G0502, G0505
WITHOUT
Telehealth Modifier: GQ, GT, 95, POS 02

NUMERATOR:
Patients with a documented elder maltreatment screen using an Elder Maltreatment Screening tool on the date of the encounter and follow-up plan documented on the date of the positive screen

Definitions:
Screen for Elder Maltreatment – An elder maltreatment screen should include assessment and documentation of one or more of the following components: (1) physical abuse, (2) emotional or psychological abuse, (3) neglect (active or passive), (4) sexual abuse, (5) abandonment, (6) financial or material exploitation and (7) unwarranted control.
Physical Abuse – Infliction of physical injury by punching, beating, kicking, biting, burning, shaking, or other actions that result in harm.

Psychological Abuse – Willful infliction of mental or emotional anguish by threat, humiliation, isolation, or other verbal or nonverbal conduct. (Prevent Elder Abuse Website)
Neglect – Involves attitudes of others or actions caused by others-such as family members, friends, or institutional caregivers-that have an extremely detrimental effect upon well-being.

- **Active** – Behavior that is willful or when the caregiver intentionally withholds care or necessities. The neglect may be motivated by financial gain or reflect interpersonal conflicts.
- **Passive** – Situations where the caregiver is unable to fulfill his or her care giving responsibilities as a result of illness, disability, stress, ignorance, lack of maturity, or lack of resources.

Sexual Abuse – Forcing of undesired sexual behavior by one person upon another against their will who are either competent or unable to fully comprehend and/or give consent. This may also be called molestation.
Elder Abandonment – Desertion of an elderly person by an individual who has assumed responsibility for providing care for an elder, or by a person with physical custody of an elder.
Financial or Material Exploitation – Taking advantage of a person for monetary gain or profit.
Unwarranted Control – Controlling a person's ability to make choices about living situations, household finances, and medical care.
Note: *Self-neglect is a prevalent form of abuse in the elderly population. Screening for self-neglect is not included in this measure. Resources for suspected self-neglect are listed below.*
Follow-Up Plan – Must include a documented report to state or local Adult Protective Services (APS) or the appropriate state agency. Note: **APS does not have jurisdiction in all states to investigate maltreatment of patients in long-term care facilities. In those states where APS does not have jurisdiction, APS may refer the provider to another state agency - such as the state facility licensure agency – for appropriate reporting.**
Federal reporting: In addition to state requirements, some types of providers are required by federal law to report suspected maltreatment. For example, nursing facilities certified by Medicare and/or Medicaid are required to report suspected maltreatment to the applicable State Survey and Certification Agency.
For state-specific information to report suspected elder maltreatment, including self-neglect, the following resources are available:

1) National Adult Protective Services Association - National Adult Protective Services Association Website---(http://www.napsa-now.org)
2) Eldercare Locater - 1-800-677-1116 Eldercare Locator Website-http://www.eldercare.gov/Eldercare.NET/Public/Index.aspx)
3) National Center on Elder Abuse National Center on Elder Abuse Website--(https://ncea.acl.gov)

Disclaimer: The follow-up plan recommendations set forth in this quality measure are not intended to supersede any mandatory state, local or federal reporting requirements.
Not Eligible (Denominator Exception) – A patient is not eligible if one or more of the following reasons is documented:

- Patient refuses to participate and has reasonable decisional capacity for self-protection
- 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

NUMERATOR NOTE: *Documentation of an elder maltreatment screening must include identification of the tool used. Examples of screening tools for elder maltreatment include, but are not limited to: Elder Abuse Suspicion Index (EASI), Vulnerability to Abuse Screening Scale (VASS) and Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST). These tools are psychometrically sound instruments with demonstrated reliability and validity indices.*

Numerator Options:

Performance Met:	Elder maltreatment screen documented as positive AND a follow-up plan is documented **(G8733)**

OR

Performance Met:	Elder maltreatment screen documented as negative, follow-up is not required **(G8734)**
OR	
Denominator Exception:	Elder maltreatment screen not documented; documentation that patient is not eligible for the elder maltreatment screen at the time of the encounter**(G8535)**
OR	
Denominator Exception:	Elder maltreatment screen documented as positive, follow-up plan not documented, documentation the patient is not eligible for follow-up plan at the time of the encounter**(G8941)**
OR	
Performance Not Met:	No documentation of an elder maltreatment screen, reason not given **(G8536)**
OR	
Performance Not Met:	Elder maltreatment screen documented as positive, follow-up plan not documented, reason not given **(G8735)**

RATIONALE:

In 2015, elder maltreatment became the subject of a national priority when the White House Conference on Aging WHCOA) announced a focus on "elder financial exploitation, abuse and neglect" as one of four priority topics (Pillemer et al. 2015). This designation enhances coordination efforts in the areas of policy, research, and services. With aging baby boomers on the horizon, a sense of urgency to close research and knowledge gaps and create evidence-based solutions was identified.

Bond and Butler (2013) reported the cost of elder abuse annually is estimated in the tens of billions of dollars and can affect approximately 700,000 to 1.2 million elderly people. In addition, a greater use of health resources is associated with elder abuse. Dong (2015) cites emergency room use, hospitalizations, and 30-day readmissions as areas where health care use has been impacted. Costs of elder abuse, however, are not limited to resource use or monetary expenditures; costs such as physical and psychological injury, exacerbation of health problems, increased mortality risk, and untimely or early nursing home placement contribute to the overall cost of elder abuse (Pillemer et al. 2015). Pillemer et al. also noted financial exploitation by caregivers or family also has detrimental effects on the elderly and is considered an area of elder abuse.

Prevalence rates of elder abuse can vary across populations, geographic areas, and socioeconomic status. Dong (2015) reported black populations demonstrated a higher rate of financial exploitation and psychological abuse (three times and four times respectively) when compared with other populations. Dong's review further indicated the prevalence in North and South America ranges from 10% in cognitively intact to 47.3% in those with dementia.

Rosay and Mulford (2016) reviewed self-report data from the 2010 National Intimate Partner and Sexual Violence Survey (NISVS) to produce weighted estimates for past-year occurrences of abuse. Results from regression analysis showed "more than 1 in 10 adults who are 70 years of age or older (14.0%) have experienced some form of abuse in the past year, with 12.1% experiencing psychological abuse and 1.7% experiencing physical abuse. One in five victims (20.8%) were abused by both intimate and nonintimate partners."

Several studies noted that elder abuse is under-reported (Dong 2015, Pillemer et al. 2015, Ferrah et al. 2015). Health care providers, according to Dong, represent one of the lowest proportions of those reporting elder maltreatment and considers a failure to report elder abuse as a missed opportunity. Dong further states, "Almost all U.S. states have mandatory reporting legislation requiring healthcare professionals to report reasonable suspicions of elder abuse to APS. Despite these laws, many healthcare professionals are reluctant to report elder abuse because of concerns about lack of time, limited knowledge, fear of offending the individual and family, and sense of inability to make a difference" (p.1687). Hirst et al. (2016) also included other factors related to under-reporting of abuse such as lack of protocols to identify elder abuse, liability concerns, and limited availability of resources.

CLINICAL RECOMMENDATION STATEMENTS:

The United States Preventive Services Task Force (USPSTF) (2013) 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).

Though the USPSTF does not support elder maltreatment screening, it is important to remember that absence of hard evidence supporting screening is not evidence that it is not effective. There have been many qualitative reports that do support the benefits of screening. Expert consensus and public policy for mandatory reporting support the value of screening this vulnerable population.

Although there is a lack of evidence to support screening of all elderly, there is level I evidence (systematic review of the evidence) to support the use of screening tools for assessing the vulnerable elderly population for mistreatment. There is also a level I evidence for developing guidelines for responding to cases of elder maltreatment for the at risk or abuse population (Careces & Fulmer, 2013). Though this population is not harmonious with the denominator of this measure, those at risk are a subset of the total elder population, therefore these recommendations support the structure of this measure.

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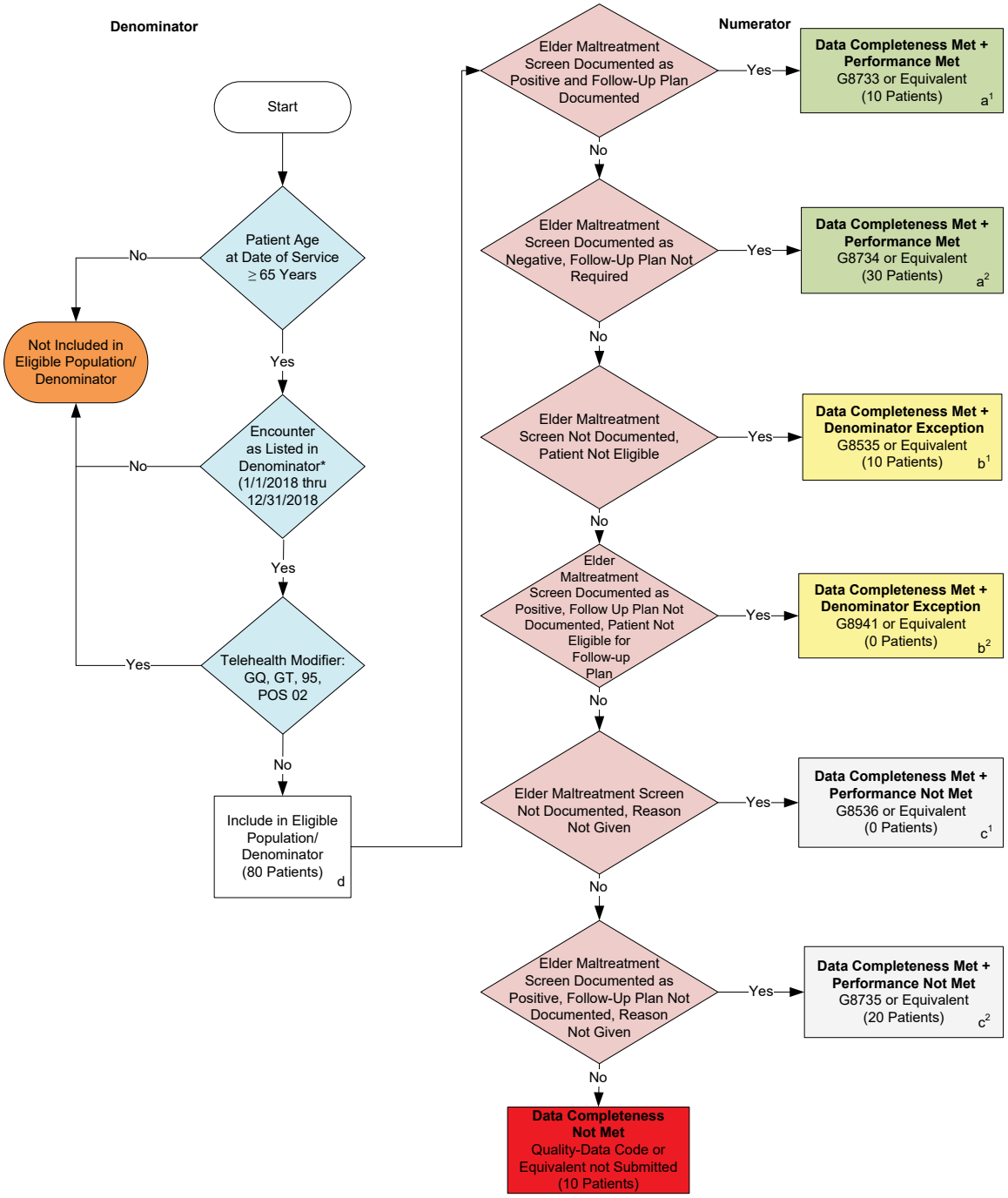
2018 Registry Flow for Quality ID #181: Elder Maltreatment Screen and Follow-Up Plan



*See the posted Measure Specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient Process

v2

2018 Registry Flow for Quality ID #181: Elder Maltreatment Screen and Follow-Up Plan

SAMPLE CALCULATIONS:

Data Completeness=

Performance Met (a^1+a^2=40 patients) + Denominator Exception (b^1+b^2=10 patients) + Performance Not Met (c^1+c^2=20 patients) = 70 patients = **87.50%**

Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=

Performance Met (a^1+a^2=40 patients) = 40 patients = **66.67%**

Data Completeness Numerator (70 patients) – Denominator Exception (b^1+b^2=10 patient) = 60 patients

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NOTE: Submission Frequency: Patient Process

v2

2018 Registry Flow for Quality ID
#181: Elder Maltreatment Screen and Follow-Up Plan

Please refer to the specific section of the Specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry data submission.

1. Start with Denominator
2. Check Patient Age:
    a. If the Age is greater than or equal to 65 years of age at Date of Service and equals No during the Performance Period, do not include in Eligible Patient Population. Stop Processing.
    b. If the Age is greater than or equal to 65 years of age at Date of Service and equals Yes during the Performance Period, proceed to check Encounter Performed.
3. Check Encounter Performed:
    a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
    b. If Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
4. Check Telehealth Modifier
    a. If Telehealth Modifier as Listed in the Denominator equals Yes, do not include in Eligible Patient Population. Stop Processing.
    b. If Telehealth Modifier as Listed in the Denominator equals No, include in the Eligible Patient Population.
5. Denominator Population:
    a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
6. Start Numerator
7. Check Elder Maltreatment Screen Documented as Positive and Follow-Up Plan Documented:
    a. If Elder Maltreatment Screen Documented as Positive and Follow-Up Plan Documented equals Yes, include in Data Completeness Met and Performance Met.
    b. Data Completeness Met and Performance Met letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^1 equals 10 patient in the Sample Calculation.
    c. If Elder Maltreatment Screen Documented as Positive and Follow-Up Plan Documented equals No, proceed to Elder Maltreatment Screen Documented as Negative, Follow-Up Plan Not Required.
8. Check Elder Maltreatment Screen Documented as Negative, Follow-Up Plan Not Required:
    a. If Elder Maltreatment Screen Documented as Negative, Follow-Up Plan Not Required equals Yes, include in Data Completeness Met and Performance Met.

b. Data Completeness Met and Performance Met letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^2 equals 30 patients in the Sample Calculation.

c. If Elder Maltreatment Screen Documented as Negative, Follow-Up Plan Not Required equals No, proceed to Elder Maltreatment Screen Not Documented, Patient Not Eligible.

9. Check Elder Maltreatment Screen Not Documented, Patient Not Eligible:

   a. If Elder Maltreatment Screen Not Documented, Patient Not Eligible equals Yes, include in the Data Completeness Met and Denominator Exception.

   b. Data Completeness Met and Denominator Exception letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^1 equals 10 patient in the Sample Calculation.

   c. If Elder Maltreatment Screen Not Documented, Patient Not Eligible equals No, proceed to Elder Maltreatment Screen Documented as Positive, Follow-Up Plan Not Documented, Patient Not Eligible for Follow-Up Plan.

10. Check Elder Maltreatment Screen Documented as Positive, Follow-Up Plan Not Documented, Patient Not Eligible for Follow-Up Plan:

    a. If Elder Maltreatment Screen Documented as Positive, Follow-Up Plan Not Documented, Patient Not Eligible for Follow-Up Plan equals Yes, include in the Data Completeness Met and Denominator Exception

    b. Data Completeness Met and Denominator Exception letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^2 equals 0 patients in the Sample Calculation.

    c. If Elder Maltreatment Screen Documented as Positive, Follow-Up Plan Not Documented, Patient Not Eligible for Follow-Up Plan equals No, proceed to Elder Maltreatment Screen Not Documented, Reason Not Given.

11. Check Elder Maltreatment Screen Not Documented, Reason Not Given:

    a. If Elder Maltreatment Screen Not Documented, Reason Not Given equals Yes, include in Data Completeness Met and Performance Not Met.

    b. Data Completeness Met and Performance Not Met letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c^1 equals 0 patients in the Sample Calculation.

    c. If Elder Maltreatment Screen Not Documented, Reason Not Given equals No, proceed to Elder Maltreatment Screen Documented as Positive, Follow-Up Plan Not Documented, Reason Not Given.

12. Check Elder Maltreatment Screen Documented as Positive, Follow-Up Plan Not Documented, Reason Not Given:

    a. If Elder Maltreatment Screen Documented as Positive, Follow-Up Plan Not Documented, Reason Not Given equals Yes, include in Data Completeness Met and Performance Not Met.

    b. Data Completeness Met and Performance Not Met letter is represented as Data Completeness Rate in the Sample Calculation listed at the end of this document. Letter c^2 equals 20 patients in the Sample Calculation.

    c. If Elder Maltreatment Screen Documented as Positive, Reason Not Given equals No, proceed to Data Completeness Not Met.

13. Check Data Completeness Not Met:

    a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

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