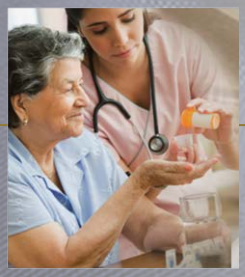

Technical Expert Panel (TEP) Summary Report

Elder Maltreatment Screening and Follow-Up Plan

Quality Insights Pennsylvania

TEP Name: *Elder Maltreatment Screening and Follow-Up Plan*

Clinical Quality Measures assigned to this TEP include:

PQRS Measure #181 Elder Maltreatment Screening and Follow-Up Plan

Measure Contractor Convening TEP: Quality Insights of Pennsylvania (Quality Insights)

Role of the TEP: Provide input to Quality Insights for the quality measure listed above.

Purpose and Objectives of the TEP: The TEP will perform a comprehensive review of the above stated measure including literature review and measure specification review, including evaluation of measure code sets for use in the Physician Quality Reporting System Program.

Description of TEP Duties:

- Evaluate updated literature reviews
- Review measure code sets
- Revise specifications for the Claims & Registry measure
- Evaluate the outcome of measure testing
- Evaluate responses to the public comment period
- Finalize recommendations for the measure
- Review measures for NQF submission

Description of How the Reevaluated Measure Meets the Overall Quality Concerns and Goals for Improvement:

The reevaluated PQRS Measure #181: Elder Maltreatment Screening and Follow-Up Plan measure meets the overall quality concerns and goals by the following:

- Elder Abuse and Neglect: In Search of Solutions (2013) reports that every year an estimated four million older Americans are victims of physical, psychological or other forms of abuse and neglect, and for every reported case there may be as many as 23 unreported. Although less prevalent, patients in nursing homes do experience maltreatment.

- The screening and follow-up requirements have been refined and include examples of screening tools and state-specific organizations, Web sites and phone numbers for reporting suspected abuse and self-neglect.

Dates of Meetings:

- May 2, 2013 from 4:00 – 5:30 p.m.
- May 28, 2013 from 4:00 – 5:30 p.m.

TEP Composition:

The TEP panel consisted of eight (8) members with varied backgrounds and credentials.

- **Backgrounds include the following:**
  - Psychology
  - Internal Medicine
  - Geriatrics
  - Health Policy
  - Chiropractics
  - Family Practice
  - Administration/Legislation

- **Credentials/positions include the following:**
  - Psychologist/Independent Practice
  - Senior Practice Associate for National Association for Social Workers
  - Vice President Medical Affairs
  - Executive Director for Professional Practice/American Psychological Association
  - Assistant Professor Special Title Series Coordinator, Ambulatory Process Improvement
  - Social Worker/Private Practice
  - Nurse Practitioner/Family Practice
  - Executive Director of National Adult Protective Services Association

Recommendations for the Reevaluated Measure:

- **Meeting Summary – May 2, 2013**
  - Historical overview of the measure as well as a summary of the Elder Maltreatment & Care Symposium and its outcome
  - Amendment of the Description and Numerator to include the use of an Elder Maltreatment Screening Tool
  - Amendment of Definitions

- Screen for Elder Maltreatment AMENDED to: An elder maltreatment screen should include assessment and documentation of all 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
- Self-neglect was REMOVED. Concerns were raised regarding the removal of self-neglect from this measure. Members of the TEP felt it was important to include this type of abuse within the body of the measure specification. Therefore, language was added. See next bullet.
- ADDITION of: "Please note: Self-neglect is a prevalent form of abuse in the elderly population. Screening for self-neglect and screening tools for self-neglect is not included in this measure. Resources for suspected self-neglect are listed below" in the Follow-Up Plan definition section.
- Follow-Up Plan was AMENDED to: Must include a documented report to state Adult Protective Services (APS) 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 – http://www.napsa-now.org/get-help/help-in-your-area/
  2. Eldercare Locater – 1.800.677.1116 or http://www.eldercare.gov/
  3. National Center on Elder Abuse – http://www.ncea.aoa.gov/NCEAroot/Main_Site/Find_Help/State_Resources.aspx

- **Meeting Summary – May 28, 2013**
  - INSTRUCTIONS: Third sentence AMENDED to: 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."

- Denominator: ADDED CODES 96151, 90832, 90834, 90837
- DISCLAIMER ADDED after review by Quality Insights Chief Executive Officer: **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
- Definitions: Not Eligible was AMENDED to: A patient is not eligible if one or more of the following reasons is documented
- ADDED Numerator Note: ***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).
- UPDATED the Rationale and Clinical Recommendation Statement

- **Follow-Up E-mail to Members**
  - Minutes and updated specification document sent out to all members requesting feedback for changes, updates or comments
  - Summary of additional changes which were approved by the TEP:
    - ADDITION of the following nursing home encounter codes:
      - **99308** – Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision-making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.
      - **99309** – Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: A detailed interval history; A detailed examination; Medical decision-making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s)

and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.

- **99310** – Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: A comprehensive interval history; A comprehensive examination; Medical decision-making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.
- **99318** – Evaluation and management of a patient involving an annual nursing facility assessment, which requires these three key components: A detailed interval history; A comprehensive examination; and Medical decision-making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.

- ADDITION of “or local” to Follow-Up Plan.
- ADDITION of “inability of the victim to report due to a cognitive deficit” to Rationale statement
- ADDITION of language to Clinical Recommendations Statement: “Though the USPTFS 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.”