



# **New Measure Development Team Report: *Measure Concepts Explored***

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Tish Lawson, RN, MSN  
MIDS Director, Quality Insights of Pennsylvania



# Work Groups in Review

- Definitions
  - Presented by work group
- Tool selection
  - Presented by work group
- Measure Concepts Development
  - Identify and address the gaps in the current measure
  - Define concepts for screening that need exploration
  - Sensitivity to the feasibility and burden for the provider



# Summary of Concepts for Screening

1. Frequency
2. Care Setting
3. Screening
  - Types of abuse
  - Cultural diversity
4. Reporting
5. Follow-up Directives
6. Resources
7. Future Measure Development



# 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



# Care Setting Included in Measure

- Current Measure

- Encounters/billing codes

- Eligible providers who report encounter codes for
      - o 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
      - o Inpatient, nursing homes, assisted living, dentist, eye care



# 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



# Q&A

- How do we create a measure that will raise awareness of the importance of identifying elder maltreatment and will be utilized by a broad spectrum of providers, not just those who already have a special interest in the topic? *How do we achieve a balance between effectiveness and provider burden?*
- Should the measure be reported each time a provider sees the beneficiary, once during the reporting period (*i.e. once a year*), or *some other prescribed interval?*
- How prescribed should the follow up plan be to meet the intent of the measure? *Should any suspicion of abuse require automatic reporting to APS?*



Other comments or questions?