WellMed Medical Management, Inc.

Carol Zernial, MA
Executive Director
WellMed Charitable Foundation
Our Beginnings

Dr. George M. Rapier III founded WellMed in 1990 as a single clinic in the Medical Center area in San Antonio, Texas. He focused on preventive care and strong patient relationships instead of responding to the patient’s symptoms after they became ill.

Today, WellMed is a diversified healthcare company with clinics, medical management, Management Services Organization (MSO) operations, Quality and Risk Adjustment divisions, and an award-winning disease management program.
Vision & Mission

**Vision**
To change the face of healthcare delivery for seniors by providing quality, proactive patient care with a focus on prevention.

**Mission**
To help the sick become well and to help patients understand and control their health in a lifelong effort at wellness.
WellMed Owned PCP Locations

**Texas** - WellMed providers report under WellMed Medical Group, PA

- Dallas: 1 location
- El Paso: 10 locations
- Rio Grande Valley: 11 locations
- Corpus Christi: 14 locations
- San Antonio: 27 locations

Total: 76

**Florida** - WellMed providers report under WellMed Medical Management of Florida, Inc.

- Greater Tampa: 6 locations
- Greater Orlando: 3 locations
- Treasure Coast: 4 locations
- Miami: 6 locations

Total: 19

Doctors helping patients live longer for 25 years
Organizational Overview

Primary Care Centric Medical Group (Family Practice, Internal Medicine + added Podiatry, Dermatology, Cardiology, Oncology, Pain Medicine, Palliative Care)

Manage Full-Risk Capitated Insurance Contracts

Specialize in Medicare-eligible Seniors – responsible for 238,000 lives

Contract for all Medical Services (Specialty, Hospital, Ancillary, Hospice)

• Fully functional primary care centric, patient centered medical home (PCMH) functioning as an accountable care organization (ACO)
Typical Patient Experience
Team Based Care Is Our Goal

Doctors helping patients live longer for 25 years

Patient
Primary Care Physician (PCP)
Specialist
WellMed
Health Coach
Nurse Practitioner/Physicians Assistant
Case Manager
Front Office Staff
Hospitalist
“Stoplight” Stratification Process

Approach for identifying the acuity level or hospitalization risk of a patient

- **Red**: 5% of Panel: Highest Risk Patients
- **Yellow**: 10% of Panel: Elevated Risk Patients
- **Green**: 85% of Panel: Average Risk Patients
The WellMed Business Model

- Mutually beneficial relationships with PCPs
- High quality medical care focusing on access, care coordination and care delivery resulting in lower health costs
- Shifts away from traditional acute and episodic care to a chronic care delivery model
Expanding the Reach of APS: Screening for Abuse in Primary Care

Aging in America 2016
March 22, 2016

Robert Blancato, MPA
Carol Zernial, MA
Ann E. Cortez
Ray Kirsch
Farida Ejaz, Ph.D., LISW-S
Elder Justice Coalition – An Overview of National Initiatives

Robert Blancato, MPA
National Coordinator
Elder Justice Coalition
Washington, D.C.
The Bipartisan Elder Justice Coalition seeks to:

- Increase public awareness of the tragedy of elder abuse, neglect and exploitation at the local, state and national levels and discuss solutions at the federal level.
- Increase awareness, support and funding for the Elder Justice Act in the Senate and House of Representatives as a comprehensive approach to addressing elder justice issues. Continue related advocacy work around funding for the Social Services Block Grant and the Older Americans Act.
- Continue to work collaboratively with the Administration on elder justice initiatives.
- Monitor and appropriately influence other relevant legislation and regulations that pertain to the prevention of elder abuse, neglect and financial exploitation.
Priorities for 2016

• Ensure that FY 2017 funding includes **at least $25 million for the Elder Justice Initiative**. President Obama’s budget requested $10 million for the Initiative. Congress has not yet released their appropriations bills.

• Include **more money for Older Americans Act (OAA) elder justice programs**,** including LTC ombudsmen**, in final FY 2017 funding bills. The President did not request increases for these programs.

• Protect **Social Services Block Grant** from cuts.

• Protect the **Crime Victims Fund (VOCA)** from cap reductions.
Priorities for 2016

• Implement the rest of the Elder Justice Act.
• Pass the Older Americans Act reauthorization.
• Reauthorize the Elder Justice Act.
• Ensure new Crime Victims Fund/VOCA funds go to underserved victims such as elder abuse crime victims.
Work in 2015

- Congress included $\textbf{8 million}$ in the final FY 2016 budget for the Elder Justice Initiative, a doubling of funding from the previous year.
- Funding for the \textbf{Crime Victims Fund (VOCA)} was $\textbf{2.65 billion}$ for FY 2016, which is an increase of $302$ million for state VOCA assistance programs over FY 2015. It has allowed some states such as California to expand more services to victims of elder abuse.
Work in 2015

• OAA Caregiver Support Programs also received increased funding.
• Social Services Block Grant (SSBG) was not cut.
• Continuation of data collection project from ACL with APS.
Work in 2015

- 2015 White House Conference on Aging included elder justice as one of its 4 priority issues. Zernial and Blancato were invited by the White House to attend. Key announcements were made, including new VOCA guidelines to direct more resources to elder abuse victims and expanding a program to train prosecutors.
- 10th anniversary of WEAAAD in 2015; Global Summit was conducted, and the EJC participated.
- Ongoing work on the grants awarded by ACL, including this one.
Visit the Elder Justice Coalition Website!

www.elderjusticecoalition.com
ACL Grant Overview

Ann E. Cortez

Texas Department of Family and Protective Services

Adult Protective Services
Elder Abuse Prevention Grants

- Grants awarded by the Administration on Aging/Administration for Community Living (AoA/ACL)

- Funds to be used to implement, test and measure performance of:
  - New approaches to identify, intervene and prevent elder abuse, neglect and financial exploitation
Awards

5 grantees in the following states:

1. Department of Health & Social Services – Alaska

2. New York State Office of the Aging – New York

3. University of Southern CA & CA Dept. of Aging – CA

4. University of Texas Health Science Center at Houston – TX

5. Texas Dept. of Adult Protective Services & WellMed Medical Management – Texas
Target Population for Intervention

- **Target Population for Intervention:**
  - Older patients of primary care clinics at WellMed
  - 5 regions of TX: San Antonio, Austin, Corpus Christi, El Paso, Lower Rio Grande Valley
  - Largely Medicare
  - Large Hispanic population
  - Low Income

- **Target Population for Prevention:**
  - Clinicians working in WellMed clinics
Intervention Components # 1 & 2: Role of APS Staff & Clinician Training

1. Embed 2 APS workers in WellMed Medical Management System to serve as a resource

2. Train clinicians to identify, screen & report abuse
   - Identification of types of elder abuse and risk factors
   - APS referral mechanisms
   - APS reporting requirements
3. Implement the Elder Abuse Screening Index (EASI)
   • Short 6-item screening tool to identify and prevent elder abuse in cognitively intact patients
   • Incorporated clinical protocols
     • High risk patients referred to APS
     • Medium risk patients to complex care workers at WellMed

   • Initially implemented as a paper-&-pencil document
   • Later embedded in the electronic medical record (EMR) as part of the annual assessment & critical care assessment
   • More on the EASI & protocols later in the presentation
4. Educational materials on abuse, neglect & exploitation:
   • Targeted information to patients at risk of abuse based on results of the EASI tool
   • All patients & caregivers, irrespective of score on EASI receive -
     • Educational materials
     • Initially hard copies were distributed
     • Now also available electronically (PDF files)
5. Caregivers of patients with dementia/Alzheimer’s

- Referred to Caregiver SOS program & Stress-Busting Program
  - (EASI cannot be administered to people with dementia/Alzheimer’s)
  - Caregiver SOS is available in San Antonio, Lower Rio Grande Valley and Corpus Christi
  - Partner with the AAA’s in Austin and El Paso to offer Caregiver Services in those areas
Project Details and Case Examples

Raymond Kirsch
Texas Department of Family and Protective Services
Adult Protective Services
Elder Abuse Suspicion Index – “EASI”

- Developed in Montreal, Canada at McGill University and CSSS Cavendish to raise suspicion about elder abuse

- Validated in ambulatory clinical settings in Canada with cognitively intact seniors

- 6 question survey administered by a clinician or trained staff

- Adapted by the World Health Organization and currently used in several countries around the world
### ELDERS ABUSE SUSPICION INDEX (EASI)

**EASI Questions**
- Q.1–Q.5 asked of patient; Q.6 answered by doctor
- Within the last 12 months:

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>Did not answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Has anyone tried to force you to sign papers or to use your money against your will?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Doctor: Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?</td>
<td></td>
<td></td>
<td>Not sure</td>
</tr>
</tbody>
</table>
Remember that the EASI Tool is meant to raise suspicion about the presence of elder abuse—it is not intended to confirm the presence of abuse.

1) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?

- It is important to recognize that when an individual with any form of a disability and/or a need for assistance replies in the affirmative to this question, it increases his/her risk for abuse, neglect and/or exploitation.
2) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with?

• This question is meant to explore the possibility of someone trying to isolate the individual as well as having control of his/her basic physical and emotional needs. This can signal possible neglect, lack of choice, economic vulnerability and/or isolation.
The EASI Tool Questions - Rationale

3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened?

• Making someone feel ashamed is a way of degrading the individual and controlling them. Individuals are particularly vulnerable when they are not able to control some of their behaviors; i.e., bodily functions, speech, ability to hear, etc.
• Threatening someone is a form of control and can result in an individual’s increased dependence and vulnerability to manipulation.
The EASI Tool Questions - Rationale

4) Has anyone tried to force you to sign papers or to use your money against your will?
   • A positive answer to this question raises suspicion of possible financial abuse, economic vulnerability as well as potential neglect, isolation and dependency.

5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?
   • This question is intended to raise suspicion about the presence of any sexual or physical abuse, intimidation, isolation, and/or the possibility of family violence.
The EASI Tool Questions - Rationale

6) Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?

- This question is specifically geared for the health care professional. If the findings described in this question are present, it may indicate the presence of abuse, even if the patient answered ‘no’ to all of the previous EASI questions.
The EASI Tool Questions - Rationale

- **RED** = at least one “Yes” to questions 2-5 and “Yes” to question 6

- **YELLOW** = at least one “Yes” to questions 2-5 and “No” to question 6

- **GREEN** = “NO” no responses to questions 2-6
EASI Protocols for Texas WellMed Clinics

- **Score = “RED”**
  - Provide patient education materials related to the prevention of elder abuse
  - Refer to WellMed Complex Care
  - Report to APS and record reference number (tracking)

- **Score = “YELLOW”**
  - Provide patient education materials related to prevention of elder abuse
  - Refer to WellMed Complex Care

- **Score = “GREEN”**
  - Provide patient education materials related to prevention of elder abuse (Abuse/Neglect/Financial Exploitation) to both patients and caregivers
Texas APS/WellMed Grant Successes to Date

• Goal was to implement 10,000 EASIs
  • 12,687 completed to date

• Misconceptions existed on both sides (WellMed/APS) of how the other entity operated

• Have already intervened with multiple patients who were at high-risk that would have not been identified without this grant
LOCAL EVALUATION

Farida K. Ejaz, Ph.D., LISW-S
Miriam Rose, M.Ed.
Lauren Borato, B.S.

Benjamin Rose Institute on Aging (BRIA)
Focus of Evaluation: Training Clinicians

Phase 1:
• Pilot tested the training in 2013
  • 3 primary care clinics
  • Invited to complete pre- & post-training surveys
  • Modified training & surveys based on results

Phase 2:
• Revised training implemented: 2/2014 - 2/2015
  • 63 primary care clinics across 5 TX regions
  • Invited to complete pre- & post-training surveys
  • Focus of presentation today
Clinicians Invited to Participate in Research

N = 711

Clinicians Not Invited to Participate in Phase II

N = 115

Clinicians Who Pilot-Tested Surveys in Phase I

N = 71

Clinicians Who Did Not Receive Surveys After Training

N = 44

Clinicians who refused to participate (did not complete Surveys)

N = 36

Clinicians who completed only pre-training Surveys

N = 72

Clinicians who completed only post-training Surveys

N = 71

Clinicians who completed both Pre- & Post-Training Surveys

N = 532
Phase II – Findings
Location of Participating Clinicians
(n = 411)

5 Regions Across Texas
- 43% San Antonio
- 13% Corpus Christi
- 13% Rio Grande Valley
- 6% Austin
- 4% El Paso
Clinician Demographics

Education Level
- 44% “some college”

Gender
- 85% female

Age
- Range: 19-78
- Median: 40

Ethnicity of Trainees (N = 529)
- Hispanic: 67%
- Non-Hispanic: 20%
- African American: 9%
- Other (American Indian, Native Hawaiian, Multiple Ethnicities): 4%
Profession of Clinicians

Professions (N = 527)

- 54% Medical Assistants, Patient Representatives
- 15% Physicians, Physician Assistants, Nurse Practitioners
- 14% Nurses, Health Coaches
- 8% Administrative Staff
- 6% Social Workers, Case Managers
- 3% Others
### APS Referrals Prior to Training

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Prior to Training Percent (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever made a referral to APS (Adult Protective Services)? (N = 532)</td>
<td>Yes</td>
<td>26% (136)</td>
</tr>
<tr>
<td>If yes, have you made a referral to APS in the last 12 months? (N = 136)</td>
<td>Yes</td>
<td>53% (67)</td>
</tr>
<tr>
<td>If yes, how many cases did you refer to APS? (N = 67)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>41% (15)</td>
</tr>
<tr>
<td>2 - 6</td>
<td></td>
<td>59% (52)</td>
</tr>
</tbody>
</table>

¼ trainees – ever made a referral to APS
½ of these made a referral in past 12 months
## Familiarity with the EASI Tool

### Prior to Training

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Percent (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you familiar with the EASI tool? (N = 530)</td>
<td>Yes</td>
<td>13% (60)</td>
</tr>
<tr>
<td>If yes, have you used the EASI tool in the past as a clinician? (N = 60)</td>
<td>Yes</td>
<td>38% (22)</td>
</tr>
</tbody>
</table>

### After Training

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Percent (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent do you agree or disagree that the EASI tool is useful to identify elder abuse? (N = 60)</td>
<td>Strongly Agree/Agree</td>
<td>92% (55)</td>
</tr>
<tr>
<td>To what extent are you comfortable with using the EASI in a clinical setting? (N = 60)</td>
<td>Very Comfortable/Comfortable</td>
<td>90% (54)</td>
</tr>
<tr>
<td>Will you administer the EASI tool to a patient who has Dementia and/or Alzheimer’s Disease? (N = 506)</td>
<td>No</td>
<td>84% (426)</td>
</tr>
</tbody>
</table>
Analysis of Statistically Significant Change From Pre- to Post-Training

- Paired t-tests - interval measures: change in mean scores

- Related samples Cochran’s Q - categorical variables
  - Change in the proportion of correct answers
  - Not interested in answers that remained the same

- Due to number of questions asked, a significance level of .01 was used
Recognizing Indicators of Abuse, Neglect & Exploitation (n = 527)

Pre-training $\bar{x} = 3.6$, Post-training $\bar{x} = 4.2$, $t = 17.56$, $p < .001$
Dept. of Aging & Disability Services – Responsible for Investigating Resident (NH & ALF) Abuse (n = 464)

Test statistic = 156.28, $p < .001$
Correct Identification of Judges/Court as Making the Final Determination of Capacity to Consent (N = 438)

Test statistic = 18.03, $p < .001$
Increased Familiarity with Clinical Protocols

Report Victims: test statistic = 228.15, $p < .001$
Refer Victims: test statistic = 219.42, $p < .001$
Familiarity with Selected Caregiver Programs

- Caregiver SOS program (N = 513)
  - Pre-Training: 10%
  - Post-Training: 52%

- Caregiver Stress Busting Program (N = 511)
  - Pre-Training: 3%
  - Post-Training: 43%

Caregiver SOS program test statistic = 216.02, $p < .001$

Caregiver Stress Busting Program test statistic = 204.02, $p < .001$
Some Other Significant Findings

Clinician responses also indicated significant improvements in knowledge from pre- to post-training that:

• Alleged perpetrators of abuse can be an un-paid caretaker, a family member, and any person who has an ongoing relationship with the victim (test statistic = 7.35, $p < .01$).

• The **most** likely perpetrator of financial exploitation is a family member or someone known to the individual (test statistic = 9.00, $p < .01$).
Other Significant Findings (continued)

• APS provides all the following services: legal interventions, case management, guardianship referrals, referral to a nursing home, referral to home and community based services (test statistic = 24.24, $p < .001$).

• APS investigates cases of reported abuse within 24 hours (test statistic = 189.68, $p < .001$).
Nonsignificant Finding

Clinicians’ knowledge that in Texas, reporting abuse, neglect, & exploitation is mandated for the following professionals:

• Social workers
• Nurses
• Providers (Physicians, Physician’s Assistants, & Nurse Practitioners)

*98.5% of clinicians answered correctly before training vs. 98.3% after training
Next Steps: Follow-up Survey

- Clinicians are completing a follow-up survey approximately 1 year after training
  - On a staggered basis (trained in May 2014 – followed up May 2015)
  - Online
  - 30 questions – takes approximately 5-10 minutes
  - Clinicians who completed both pre- and post-training surveys
  - 396 have been contacted at 49 clinics
  - n = 182 to date from 48 clinics
  - Survey will close May 2016
  - 46% approx. response rate thus far
Conclusions

• First project of its kind to train clinicians working in primary care clinics on abuse identification and reporting

• Findings thus far indicate that training clinicians is an effective mechanism for increasing knowledge of abuse and reporting protocols
Implications

Short-Term:
• Clinicians are likely to report abuse in a timely manner
• Likely to prevent abuse from occurring or reoccurring

Long-Term:
• Likely to save health care costs – victims experience negative and costly health outcomes
Questions
Resources – Elder Justice


• Recommendations of the EJCC: www.aoa.acl.gov/AoA_Programs/Elder_Rights/EJCC/docs/Eight_Recommendations_for_Increased_Federal_Involvement.pdf

• Elder Justice Initiative: http://www.elderjusticecoalition.com/current-issues

• Department of Justice Elder Justice website: www.justice.gov/elderjustice
Other Resources

• Administration on Aging: http://aoa.gov
• Consumer Financial Protection Bureau: www.consumerfinance.gov/older-americans
• National Center on Elder Abuse: www.ncea.aoa.gov
• Ageless Alliance: www.agelessalliance.org
• Center of Excellence on Elder Abuse and Neglect: www.centeronelderabuse.org
• National Committee for the Prevention of Elder Abuse: www.preventelderabuse.org
• Texas Adult Protective Services: https://www.dfps.state.tx.us/adult_protection/
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