Elder Abuse and Neglect

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Elder Abuse

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- For every one case of elder abuse that comes to the attention of a responsible entity, another twenty-three cases never come to life.
  - Source: NYS Elder Abuse Prevention Study, 2011
- Elder abuse can occur in any setting (home, community/community centers, and facilities).
- Elder abuse can occur in a relationship where there is an expectation of trust; and/or when an older person is targeted based on age or disability.

Victims and Abusers

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- Elder abuse affects a diverse range of people:
  - ✓ All races, religions, ethnicities, cultures and socio-economic groups
  - ✓ All genders
  - ✓ Social isolation has been found to be a key factor
  - ✓ Health status
  - ✓ Living arrangements
  - ✓ Cognitive status

Victims and Abuser

- Most older victims are abused by someone they know and trust or would expect to trust:
  - ✓ Family members
  - ✓ Spouses or partners
  - ✓ Caregivers (family, paid, or volunteer)
  - ✓ Persons in positions of trust/authority
- Some abusers target older adults for their age and perceived or real frailty:
  - ✓ Strangers

Effects of Elder Abuse on Victims

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- Increased mortality: rates up to 300% higher than non-abused older people (National Academies, 2010).
- Older people experience significantly higher psychological distress and perceived lower self-efficacy than non-victims (Comijs, et al, 1999).
- Abused older adults have increased health issues including; bone or joint problems, digestive problems, depression or anxiety, chronic pain, high blood pressure, and heart problems (Stein & Barret-Connor, 2000).

What Can You Do?

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- ✓ Recognize the Signs of Elder Abuse
- ✓ Ask
- ✓ Report and/or Refer

Recognize the Signs

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- ✓ Listen to older adults and others who may tell you about suspicions of abuse.
- ✓ Do not discount older adult's claims simply because of cognitive impairment.
- ✓ Look for elder abuse indicators and behavior changes.
- ✓ Ask questions, even if you do not suspect abuse, in order encourage disclosures.

Ask

- Ask questions privately in an area where you will not be overheard. Protect the confidentiality and safety of the older adult.
  - ✓ Do you feel safe? Is anyone hurting or scaring you?
  - ✓ Is anyone asking you to do things you do not understand or make you uncomfortable?
  - ✓ Do you rely on anyone else for help? What kind of help? Does that person ever fail to help you meet your needs?
  - ✓ Do you regularly see friends and family? When is the last time you saw them?
  - ✓ Are you afraid of anyone in your life?

Report and/or Refer

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- Report:
  - ✓ 911 or law enforcement (life threatening or possible crime)
  - ✓ Adult protective services
  - ✓ Licensing board (if abuse occurs in a facility)
- Refer:
  - ✓ Aging network agency
  - ✓ Ombudsman
  - ✓ Domestic violence or sexual assault organization

Resources

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- National Domestic Violence Hotline 800-799-SAFE
- National Sexual Assault Hotline 800-656-HOPE
- Michigan Adult Protective Services Hotline 855-444-3911
- Michigan Licensing and Reporting Affairs (LARA) Reporting Line 866- 856-0126
- National Center on Elder Abuse http://www.ncea.aoa.gov

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Reaching for 5 Stars

Quality Improvement Measures Identified by CMS Stars Program

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What is the Star Initiative?

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- In 2007 The Centers for Medicare and Medicaid Services (CMS) developed a quality and financial incentive program that rewards Medicare Advantage plans.
- The financial incentives must be used to improve members benefits and or reduce costs for members enrolled in the health plan.
- Star measures assess quality healthcare and plan responsiveness.
- Helps beneficiaries to easily compare plan performance and quality for Medicare Advantage plans.

How is the Star measure determined?

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- For Medicare Advantage plans (Part C) with prescription drug coverage (Part D) there are both Part C and Part D measures that add up to meet the total Star measures for that year*.

- Each measure is rated on a scale of 1 to 5, with a 5 being the highest score.
- Some measures are weighted more heavily than others.
- A combined score gives the **Overall Star Measure** for the plan. More stars indicate better quality and performance for the types of services each plan offers:

5-star rating: Excellent
4-star rating: Above Average
3-star rating: Average
2-star rating: Below Average
1-star rating: Poor

*Number of measures can vary from year to year

Being a 5 Star Plan = Increased Benefits

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Becoming a Five-Star plan is an incredibly prestigious achievement that only select health plans are awarded annually. Health plans that earn at least four stars qualify for federal bonus payments, which by law, must be returned to the beneficiary in the form of additional or enhanced benefits, such as reduced premiums or cost-sharing (e.g., copayments) or expanded coverage.

Benefits for providers may include:

- Greater focus on preventive care and early detection of disease.
- Better performance in provider incentive programs and shared savings programs.
- Potential for increased patient base (Five-Star Rating plans are granted a special enrollment period, allowing Medicare beneficiaries to enroll throughout the year).
- Improved relations with your patients and AmeriHealth Caritas VIP Care.

Benefits for members may include:

- Greater focus on preventive services for early detection of disease
- Greater focus on access to and quality of care
- Increased level of customer service
- Improved care coordination and health outcomes

What is measured (Part C)?

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For plans covering **health services**, the overall rating is based on the quality of many medical/health care services that fall into 5 categories:

- **Staying healthy: screening tests and vaccines.** Includes whether members got various screening tests, vaccines, and other check-ups to help them stay healthy.
- **Managing chronic (long-term) conditions**: Includes how often members with certain conditions got recommended tests and treatments to help manage their condition.
- **Member experience with the health plan**: Includes member ratings of the plan.
- **Member complaints and changes in the health plan's performance:** Includes how often Medicare found problems with the plan and how often members had problems with the plan. Includes how much the plan's performance has improved (if at all) over time.
- **Health plan customer service**: Includes how well the plan handles member appeals.

What is measured (Part D)?

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For plans covering **drug services**, the overall rating is based on the quality of prescription-related services that fall into 4 categories:

- **Drug plan customer service:** Includes how well the plan handles member appeals.
- **Member complaints and changes in the drug plan's performance**: Includes how often Medicare found problems with the plan and how often members had problems with the plan. Includes how much the plan's performance has improved (if at all) over time.
- **Member experience with plan's drug services:** Includes member ratings of the plan.
- **Drug safety and accuracy of drug pricing**: Includes how accurate the plan's pricing information is and how often members with certain medical conditions are prescribed drugs in a way that is safer and clinically recommended for their condition.

Where do the scores come from?

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Many data sources are used to calculate the ratings for each measure:

- **HEDIS =** Health Care Effectiveness Data Information Set
- **HOS** = Health Outcomes Survey (member)
- **CAHPS** = Consumer Assessment of HealthCare Providers and Systems (member)
- **CMS Data Sources** = Eligibility, “Secret Shoppers” surveys / Notices
- **IRE** = Independent Review Entity
- **CTM** = Complaint Tracking Module
- **PDE** = Prescription Drug Event data
- **Plan Reporting**

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Coverage by AmeriHealth First.