



Identifying an Indicator of Clinical Suspicion of Elder Abuse in VA Electronic Medical Records



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Background

- Health care visits are critical opportunities to identify elder abuse (EA) and initiate intervention
- EA interventions in healthcare settings are usually based on suspicion rather than confirmed or “diagnosed” EA
- Information about such clinical suspicion rarely exists in the electronic medical record (EMR) in a standardized fashion
- Limits population-level EA research in healthcare settings

Objective

To identify an optimal indicator of clinical suspicion of EA within the EMR of the Veterans Health Administration (VA), a large, national healthcare system.

Approach

Design: Cohort selection cross-sectional study

Candidate Administrative markers (AMs):

- 1) Positive screen for abuse/neglect indicator;
- 2) Social work consultation for “abuse/neglect” indicator;
- 3) Positive screen or EA social work consultation indicator.

Two-part Reference Standard (RS):

- 1) Natural language processing (NLP) program that searches for EA-specific language in progress notes;
- 2) Manual review of relevant text excerpts for those cases in which the indicator and NLP are discordant.

Data Source: VA medical records data

Sample: Random cohort of 10,000 VA patients age ≥60 with at least one primary care visit in 2019 will be selected from VA sites (N=8) where all 3 candidate AMs are observed (cohort selection)

Summary

An informatics approach leveraging unique electronic medical record data may help identify patients with clinical suspicion for elder abuse and facilitate future population-level research

Approach

Evaluation (Figure): The RS and each AM will be extracted for the cohort in a single year (cross-sectional), 2019. For each AM, every patient will receive an RS status (RS+/RS-) and an AM status (AM+/AM-)

Analysis: Positive predictive value, negative predictive value, sensitivity and specificity for clinical suspicion of EA will be calculated for each AM. PPV will be prioritized.

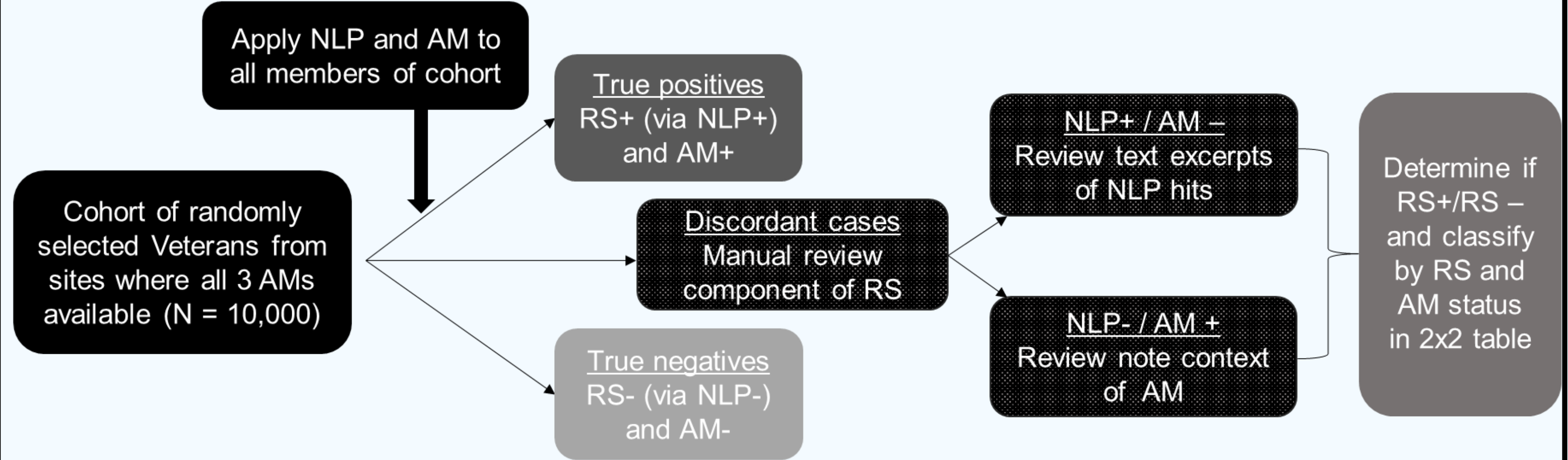
Strengths and Limitations

- Strengths: unique administrative data elements in VA, large population level health system data, novel use of NLP
- Limitations: inconsistent use of data indicators across VA sites, unclear how data indicators applied by providers, uncertainty of how good of an AM is “good enough” for future research

Future Directions and Implications

- We will use the highest performing indicator to create a national cohort of patients with clinically suspected EA for use in future research to improve understanding of EA detection and intervention in healthcare settings.
- We plan to use this cohort to develop a novel tool that indicates level of concern for possible EA to aid in clinician decision-making around EA assessment and intervention/prevention strategies.
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Figure: Study design to select best performing EA outcome marker for clinical EA suspicion



AM = administrative marker; NLP = natural language processing; RS = reference standard; EA = elder abuse

