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ON BEHALF OF THE
TEXAS ELDER ABUSE AND MISTREATMENT INSTITUTE

ELDER JUSTICE: PROTECTING SENIORS FROM ABUSE
AND NEGLECT

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ELDER JUSTICE: PROTECTING SENIORS FROM ABUSE AND NEGLECT

Testimony of Dr. Carmel Bitondo Dyer

Good morning Chairman Baucus, ranking member Grassley and Members of the Committee.

Thank you for convening this hearing and for allowing me to testify today about protecting seniors from abuse and neglect.

I'm Dr. Carmel Bitondo Dyer, a trained geriatrician. Geriatricians are physicians who are experts in caring for older persons and in gerontology, the study of the aging process itself. After Geriatrics fellowship, I began my academic career at Baylor College of Medicine with two goals in mind:

- 1.) To develop a geriatrics team at the Harris County Hospital District, Houston's public hospital system AND
- 2.) To study surgical operations in older people.

Once we had accomplished the first goal, our team began to see so many abused or neglected patients that we changed our focus entirely from operations in the elderly to elder abuse.

We proceeded to do the first thing that any good medical team would – we looked to the medical literature for guidance. There was precious little.

To learn what we needed to care for the ever-increasing number of mistreated patients we were seeing, we began working closely with the Texas Department of Protective and Regulatory Services – Adult Protective Services Division (APS). We formalized this unique state-medical school collaboration in 1997 and we call ourselves the Texas Elder Abuse and Mistreatment Institute or TEAM. Together we have care for over 500 mistreated elders.

Although through TEAM we have done a lot to characterize elder mistreatment and develop an intervention model – big gaps in the knowledge of this serious public health problem still exist. Health care professionals and others do not have all the information they need to accurately detect, effectively intervene and/or prevent elder abuse.

The members of the TEAM Institute, the American Geriatrics Society and the Texas Geriatrics Society believe that further research, training materials, an increased focus on geriatric research and efforts to increase the numbers of geriatricians in general would achieve that goal.

The Detection of Elder Abuse and Neglect Requires Medical Forensics Research and Practical Screening Tools.

The first step in addressing the public health problem of elder mistreatment is to detect it. An actual case seen in my hospital best describes this all too common occurrence.

An elderly woman was admitted to our hospital with mental confusion, bruises and with a piece of fractured bone sticking out of her leg. The bone was dry – it was obviously not a recent fracture. Her caregiver said that she had fallen; we were suspicious for abuse and called both the police and APS, but actually there are no medical forensics studies to demonstrate the difference between bruises, lacerations and fractures caused by a fall versus a beating. There are no studies to guide physicians and prosecutors about the malnutrition, dehydration and bedsores caused by illness versus caregiver neglect. Since there are no well-studied brief screening tools suitable for use by physicians in busy settings, abuse would probably not have even been suspected in a less obvious case. If the patient succumbed chances were that she would have not gotten an autopsy.

The Elder Justice Proposal provides remedies for these issues since it calls for medical forensics research, the development of screening tools and forensics centers. The suggested cross training of geriatricians and forensics pathologists will permit better chart abstraction and autopsy data.

The Need for Interdisciplinary Intervention Teams

We believe that interdisciplinary teams are an ideal intervention strategy to combat elder abuse and neglect. Again, an actual example best describes the clinical needs of victims of elder abuse and starkly illustrates the importance of policy solutions.

An elderly woman was noted to live in squalor as a result of elder self-neglect. She was plagued by paranoid delusions. She began to start fires in her home to ward off the devil. APS, the Houston Police Department and our geriatric team worked together to extricate her from her house. We diagnosed and treated depression and severe vitamin B12 deficiency. Her delusions were treated and the patient was eventually discharged into a safe community environment. This woman's situation was resolved because of the collaborative efforts of all the involved disciplines.

Elder mistreatment is such a complex phenomenon of social, medical and functional problems that it requires an interdisciplinary approach. In this case, the interdisciplinary approach was critical in properly intervening in the woman's case, developing a plan of care to improve her clinical and psychiatric condition and return her to the community.

There are only a handful of interdisciplinary teams in the country like ours made up of health care professionals, lawyers, law enforcement officers and APS specialists. Members of other disciplines such as psychiatry, ethics, and physical or occupational therapy are added on an ad-hoc basis.

The interdisciplinary team allows for more comprehensive evaluations, the detection of underlying disease and effective legal and clinical interventions. A recent New England Journal of Medicine article demonstrated that the geriatric care delivered by a team versus usual care resulted in a better sense of well-being, the patients were more functional and there were no increased costs incurred. The TEAM Institute model incurs minimal costs since it simply links existing organizations. There is no research detailing the best intervention models based on types of abuse or the setting. The Elder Justice Proposal calls for demonstration projects to study best practices.

The Geriatric Medicine Approach Can Lead to Elder Abuse Prevention

Geriatric medicine promotes wellness and preventive care, with emphasis on care management and coordination that helps patients maintain functional independence in performing daily activities and improves their overall quality of life. Geriatric Medicine is the cornerstone of the Texas Elder Abuse and Mistreatment Institute or TEAM approach.

We were recently asked to see a 90 year-old man who was living in a nursing home. He had become bed bound, incontinent of urine and so delirious that he could only mumble. Physical exam showed a seriously low heart rate. He was on two medications that although appropriate for middle-aged adults, should not be given to elderly people. We stopped the medications and the patient began to improve. We diagnosed depression, treated it, and worked with physical therapists to get the patient walking again. Since the patient could now walk and had a clear mental state, we were able to transfer him from the nursing home back into the community.

Had our geriatric team not been called to see the patient a number of things could have happened. The patient could have developed bedsores, become unable to ever walk, and had an expensive and unnecessary hospitalization (it has been estimated that nearly 20% of Medicare admissions are due to the adverse effects of drugs) or he could have died.

The Geriatrics approach differs from the traditional medical approach since geriatricians often take away medication or therapy rather than add to it. Geriatricians are taught about the pharmacology of aging, they understand normal aging and disease of old age. They are trained to work on interdisciplinary teams and screening for neuropsychiatric disease, functional impairment, and social situations are all routine procedures.

Teams of geriatric professionals can help prevent elder victimization through a more comprehensive approach. Geriatricians and other gerontology professionals address more than the medical care, they strive to improve functional status and social support systems.

There are more people over the age of 65 living in this country today – than there are in the entire population of Canada – but there are presently only 9,000 geriatricians in this country – an estimated 20,000 are needed by the year 2020. In 1998, Medicare funded 98,000 residency slots – only 324 were filled by trainees in geriatrics. As an educator, I can tell you that Medicare cuts have discouraged young doctors from entering the field of geriatrics. Many practicing physicians are declining to see any more Medicare patients due to the financial losses incurred. The Geriatric Care Act (S. 2075 / H.R. 3027) addresses this issue.

The Elder Justice Proposal calls for incentives to increase not only the number of geriatricians, but also of other gerontology professionals. We must increase the number of persons in this specially trained workforce if we want to treat or prevent the physical and/or mental decline that leads to an increased vulnerability and victimization.

Conclusion

If each of you could walk in our shoes for a day and see the vulnerable elders living in squalor, the homes full of roaches, rats, multiple cats and dogs because of self-neglect;

If you could see the look on the face of a senior when he realizes that his offspring made “bad investments” and that he can no longer stay in his home or pay his bills;

If you could see the 96 year-old woman admitted on Christmas Eve with her face swollen and bloody because her niece physically abuse her ...

Imagine further, knowing these cases exist but that the resources and proper treatment options do not. In Houston we are lucky to have a model program; we need to duplicate this effort around the country.

If you could shadow us for a day, you would see even more clearly the need for an Elder Justice Bill. The proposal is comprehensive, endorses the appropriate studies and brings this country closer to effective detection, intervention and even prevention of elder abuse that we have ever been before.

We look forward to working with you to enact this bill. On behalf of my co-director, Nicolo Festa and the members of the TEAM Institute, I want to thank you for the opportunity to testify today.