Innovative Technology for
Improving the Detection of IPV in
Chemically Dependent (CD) Clients

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Today's Discussion

- Kaiser Permanente's Regional Goals Regarding IPV

- Polaris SATSS – Chemical Dependency Outcome System

- Inclusion of New IPV Content/Reporting

- Endorsement/Coding Change Within HealthConnect (EHR)

- Future Directions

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What is Polaris?

Products
- Behavioral health outcome management solutions
- Strong scientific foundations: NIH funding and peer-review

Solutions
- Designed for managed care organizations, public agencies and large provider organizations to help solve social and medical problems

Results
- Improved clinical outcomes and coordinated care
- Better identification of clinical problems and strengths
- Improved system learning and practice across stakeholders
- Consumer needs are better matched to services across different clinical profiles

Background: Kaiser Beginnings

"…to compete successfully in the behavioral healthcare marketplace, SCPMG must develop and implement an integrated behavioral healthcare outcomes assessment and management system."

From "SCPMG Outcomes Management Program: Strategic Roadmap for the 21st Century"
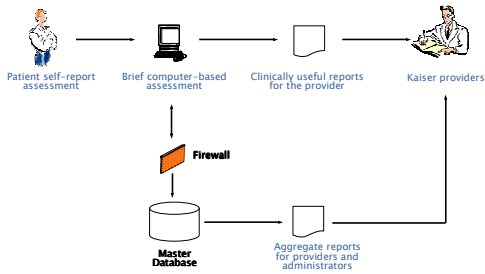
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Achieving Our Goals with SATSS

Goals	Achieved?	Examples
Monitoring quality/effectiveness	✓	Individual/aggregate data document effectiveness at patient and program level
Establishing successful practices	✓	Ability to identify which treatment practices deliver the best outcomes for patients
Decision support for individual case management	✓	Reports are used for treatment planning and case review
Planning for program design and improvement	✓	Placed increased emphasis on family for those patients indicating severe family problems in SATSS
Evolution of data collection instruments	✓	Extensive input from sites guided customization/shaping of system
Share information with purchasers and consumer groups	✓ –	Just beginning this process; have documented economic value to employers

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What is SATSS?

Patient self-report assessment → Brief computer-based assessment → Clinically useful reports for the provider → Kaiser providers

Firewall

Master Database → Aggregate reports for providers and administrators

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The Business Case for Addressing DV

- Research shows that abused women are at higher risk for long-term chronic disease (Anda et al., 2006)

- These women use up to 33% more healthcare services than non-abused women (Bonomi et al., 2010)

- After treatment, healthcare costs remain 20% higher than non-abused women but evidence suggests they do drop (Rivara et al., 2007

The Business Case for Addressing DV

- Long-term costs related to DV appear to be linked to severity – suggesting early intervention is important (Coker et al., 2002; 2004)

- In 5 to 9% of cases, abuse lasts more than 20 years (Thompson et al., 2006)

- Significant room to make a difference in clinical care and costs

Kaiser Permanente IPV Goals

IPV Training (Prior):

- CD Patients at higher risk for IPV
- CD counselors not typically trained to detect IPV
- Best practice prior to training/region focus on IPV was for existing questions
- Existing questions were designed as risk adjusters for prediction of CD outcomes
- Detection rate varied widely across clinics - 0 to 14%
- New Metric: 20% of cases detected in SATSS coded in EHR (HealthConnect)

Intervention:

- Three new items to determine current abuse embedded in SATSS system
- New reporting on page 1 of SATSS report
- Required counselors to review SATSS reports for IPV information and reflect conversation with patient
- Entrance of decision to code/not to code based on current likelihood of abuse/impact on treatment
- Provides clear guidance about types of codes to use
- Provides clear training on how to clinically follow-up

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SATSS IPV/Abuse Items

- **Original SATSS Items Related to Domestic Violence**
- · Have you been the victim of spousal abuse?
- · Were you physically or sexually abused as a child?
- · Have you been the victim of physical abuse as an adult?
- · Have you been the victim of sexual abuse as an adult?
- **Newly Added Items**
- · Within the past 12 months, has your partner hit, slapped, kicked, choked or otherwise physically hurt you?
- · Are you afraid of your partner?
- · Within the past 12 months, has your partner forced you to participate in any unwanted sexual activities?
- **Response Type: Yes/No/Prefer not to answer**

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Suggested Codes for Intimate Partner Abuse

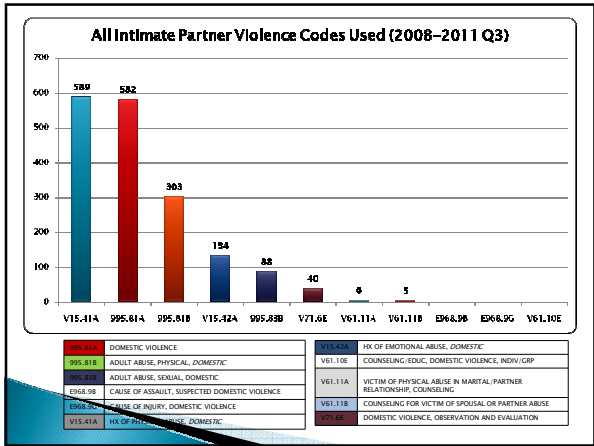|	CODE	DESCRIPTION
1	995.81A	DOMESTIC VIOLENCE
2	995.81B	ADULT ABUSE, PHYSICAL, *DOMESTIC*
3	995.83B	ADULT ABUSE, SEXUAL, DOMESTIC
4	E968.9B	CAUSE OF ASSAULT, SUSPECTED DOMESTIC VIOLENCE
5	E968.9G	CAUSE OF INJURY, DOMESTIC VIOLENCE
6	V15.41A	HX OF PHYSICAL ABUSE, *DOMESTIC*
7	V15.42A	HX OF EMOTIONAL ABUSE, *DOMESTIC*
8	V61.10E	COUNSELING/EDUC, DOMESTIC VIOLENCE, INDIV/GRP
9	V61.11A	VICTIM OF PHYSICAL ABUSE IN MARITAL/PARTNER RELATIONSHIP, COUNSELING
10	V61.11B	COUNSELING FOR VICTIM OF SPOUSAL OR PARTNER ABUSE
11	V71.6E	DOMESTIC VIOLENCE, OBSERVATION AND EVALUATION

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SATSS IPV Reporting

Domestic Violence Information that shows on the SATSS Intake Summary Form

Currently	Past 12 months		Adult Prior History			Childhood	Possible Codes
Afraid	Physical	Sexual	Physical	Sexual	Spousal	Abuse	
No	Yes	No	No	No	No	No	995.81A

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All Intimate Partner Violence Codes Used (2008–2011 Q3)

Chart values: 589, 582, 303, 134, 88, 40, 6, 5

X-axis: V15.41A, 995.81A, 995.81B, V15.42A, 995.83B, V71.6E, V61.11A, V61.11B, E968.9B, E968.9G, V61.10E

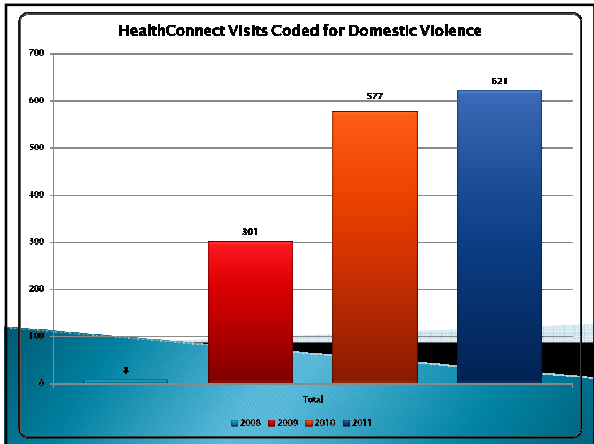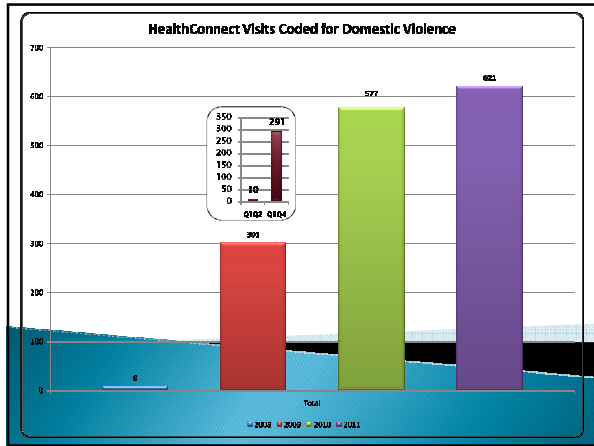| Code	Description	Code	Description
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HealthConnect Documentation

- Family Violence
- Currently Afraid
- Past 12 months
- Adult Prior History
- Childhood Abuse

- Probe for additional information for "yes" answers to determine patients safety. (*From Kaiser Training*)

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HealthConnect Visits Coded for Domestic Violence

Chart values: 301, 577, 621

X-axis: Total

Legend: 2008, 2009, 2010, 2011

HealthConnect Visits Coded for Domestic Violence

Clinical Pathway: Prior Kaiser DV Training

Clinician Actions (Based on Referral Model vs New Model of Internal Treatment 2012)

1. Validate/Affirm
   ◦ "You are not alone. Help is available."
   ◦ "You do not deserve to be treated this way. It's not your fault."
   ◦ "I am concerned about your safety, and how this may be affecting your health."

2. Assess
   ◦ Review SATSS and probe during Intake Assessment to get additional information
   ◦ Walk through the Brochure "Are you being hurt by someone you love" and make appropriate referrals

3. Document and Code in HealthConnect™
   ◦ Document additional information or details in your intake assessment
   ◦ Code the appropriate diagnosis codes

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Clinical Pathway: Prior Kaiser DV Training
(continued)

4. Suggestions for treatment goals related to Domestic Violence
   • Help ensure patient's safety
   • Help patient explore options
   • Validate patient's thoughts, feelings, and choices
   • Help patient to think clearly
   • Help patient trust own decisions
   • Help patient feel less anxious and avoidant
   • Help patient establish boundaries
   • Help patient establish supportive connections
   • Model a more egalitarian model for relationship position

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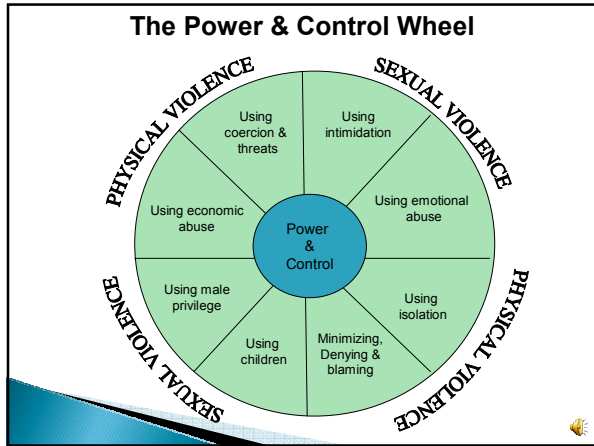## Self-Reported Abuse for Kaiser SATSS Sites
(2008-2011)

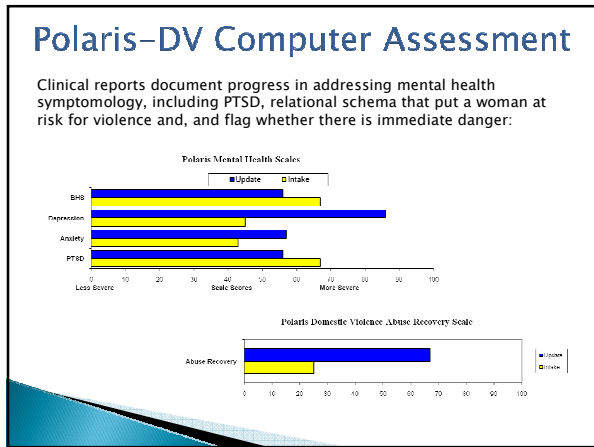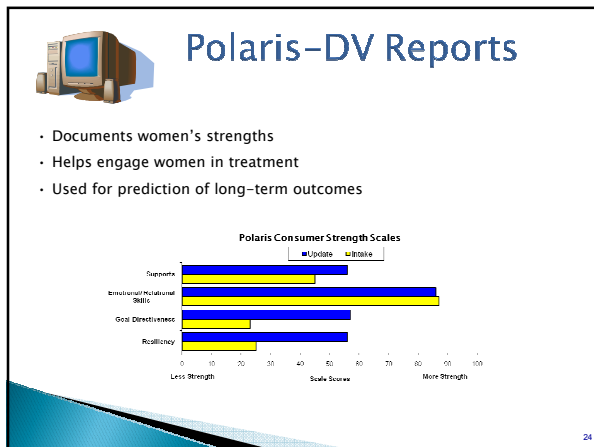|	2008 (n=6,568)	2009 (n=7,194)	2010 (n=6,092)	2011 (n=5,917)
Ever:				
Spousal Abuse as Adult	14.8%	14.6%	14.4%	13.6%
Sexual Abuse as Child	23.8%	24.2%	24.4%	23.2%
Physical Abuse as Adult	17.8%	16.2%	15.2%	15.8%
Sexual Abuse as Adult	9.3%	7.6%	7.6%	7.0%
Any of Above	37.3%	36.3%	35.9%	34.5%
Past 12 Months:		(n=3,777)		
Physically Hurt		8.7%	9.8%	8.9%
Afraid of Partner		5.3%	5.2%	5.3%
Forced to Have Sex		2.7%	3.0%	4.4%
Any Past 12 Months		11.9%	13.1%	12.3%
		(n=3,777)		
Any Ever/Past 12 Months:		39.8%	40.4%	38.3%

Why Go Beyond Screening of Abuse?

- Screening does not prevent reenactment – more than two thirds of women in this project have PTSD

- Abuse and shame are associated with approach-avoidance patterns with providers

- Abuse is associated with long-term chronic disease in women – and these women use up to six times more medical services than non-abused women

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Polaris DV: Addressing Factors related to Long-Term Recovery from Abuse

- Measurement of client strengths and improvement in schema
- Tracks long-term mental health changes that impact her ability to process new information and build new relationships
- Assesses quality of women's social network; her ability to determine safe/unsafe situations; and abuse schema;
- Readiness to Change and Attachment Styles
- Clinical data can be used to create a case "roadmap" to encourage positive behavior and dialogue between providers and clients
- Polaris DV reports are specifically designed to be shared and used in empowerment and other counseling.

The Power & Control Wheel

PHYSICAL VIOLENCE

SEXUAL VIOLENCE

- Using coercion & threats
- Using intimidation
- Using emotional abuse
- Using economic abuse
- Power & Control
- Using isolation
- Using male privilege
- Minimizing, Denying & blaming
- Using children

SEXUAL VIOLENCE

PHYSICAL VIOLENCE

Polaris-DV Computer Assessment

Clinical reports document progress in addressing mental health symptomology, including PTSD, relational schema that put a woman at risk for violence and, and flag whether there is immediate danger:

Polaris Mental Health Scales

■Update □Intake

- BHS
- Depression
- Anxiety
- PTSD

Less Severe — Scale Scores — More Severe

Polaris Domestic Violence Abuse Recovery Scale

■Update
□Intake

- Abuse Recovery

Polaris-DV Reports

- Documents women's strengths
- Helps engage women in treatment
- Used for prediction of long-term outcomes

Polaris Consumer Strength Scales

■Update □Intake

- Supports
- Emotional/Relational Skills
- Goal Directiveness
- Resiliency

Less Strength — Scale Scores — More Strength

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What Would Be Success in this Area?

- More detection of DV in routine medical care

- Less need for specialty medical care

- Effective treatment of co-morbid trauma, behavioral health, addiction (SATSS programs)

- Improved coordination across areas

- Improved abuse schema, reduced revictimization/enactment (DV pilot)

- Improved resilience (DV pilot)

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Possible Next Steps

- Expansion of DV screening to behavioral health – considering items in EVS system for outpatient mental health

- Longitudinal monitoring of progress in SATSS programs; inclusion of Abuse Recovery/PTSD scales; items to identify current use

- New clinical models for treatment – no referral, internal system treatment

- Pilot study of outcomes associated with a model for the recovery model of abuse – Using Polaris DV in selected clinics

- Evaluation of regional unit effort – improved coding in Healthconnect via revised SATSS items/scales

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