

Improving Domestic Violence Resources in the Health Care Setting:

*A Partnership between a Managed Care
Organization and Community Health Centers*

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Health Plan™**

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Presenters

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Neighborhood Health Plan



- Non-profit managed care organization in MA for 25+ years
- Founded by community health centers
- Over 243,000 members
- Primarily Medicaid and state-subsidized members
- 450 employees

Why a Health Plan?

- Relationship between DV and health
- Impact on our members and employees
- Access to large number of community providers
- Commitment to community, prevention, and vulnerable populations
- Organizational capacity and resources

NHP Domestic Violence Initiative

- NHP DV Initiative's began 5+ years ago
- Started as resource identification and community collaboration
- Grew into full program included in NHP's Community Benefits program and web content
- Includes Advisory Board with external experts to guide program and internal Task Force

Goals of NHP-CHC Collaboration

- Build CHC capacity
 - Community collaborations
- Identify existing resources
 - Delphi assessment tool
- Implement improved policies & protocols
 - Training & technical assistance
- Disseminate best practices
 - Apply these methods to other CHC sites



CHC Identification

- CAP/CCHERS conducted survey for NHP
- 54% of MA CHCs completed online survey
- Improvement areas: DV staff training (89%); DV policies (61%); and DV screening (61%)
- Barriers: Competing priorities (52%); lack of resources (36%)
- Chose sites based on indicated desire to improve and need to improve

South Boston Community Health Center

- Established 1972
- Full-service health facility featuring family, adult and pediatric medicine clinics, obstetric care, eye care, dental care and a pharmacy
- 160 employees



CHC Assessment

- Modified assessment tool based on previous tools*
- In-person interview
- Two interviewers for accuracy
- Collected copies of policies and screening questions

*

Modified with assistance from S. Chandler, A. Lewis-O'Connor and



DV Program Implementation

- Summarized assessment results
- Highlighted areas for improvement and strengths
- Provided site with recommendations from list of needs
- Asked site to prioritize tasks and identify key contact

DV Program Implementation

- Community Health Centers often do not have staff specifically trained in DV
- By working with NHP, we were able to develop a comprehensive DV screening policy and train staff how to respond to positive screens
- Early detection/intervention in DV cases can lead to healthier lives for our patients

Program Outcomes

- DV Screening policy developed and implemented
- Training provided to nurses & medical assts
- Nurses more comfortable handling DV related issues with patients
- Referrals to social services increased for safety planning, etc.
- Referrals to Medical Legal partnership increased

Challenges



- Overcoming financial barriers
 - No compensation for non-billable time or training time
- Resource and time burdens
 - Making time for DV screening and training given all other requirements for screening and training
 - DV screening not mandated
 - Resistance to “another training”

Challenges (continued)

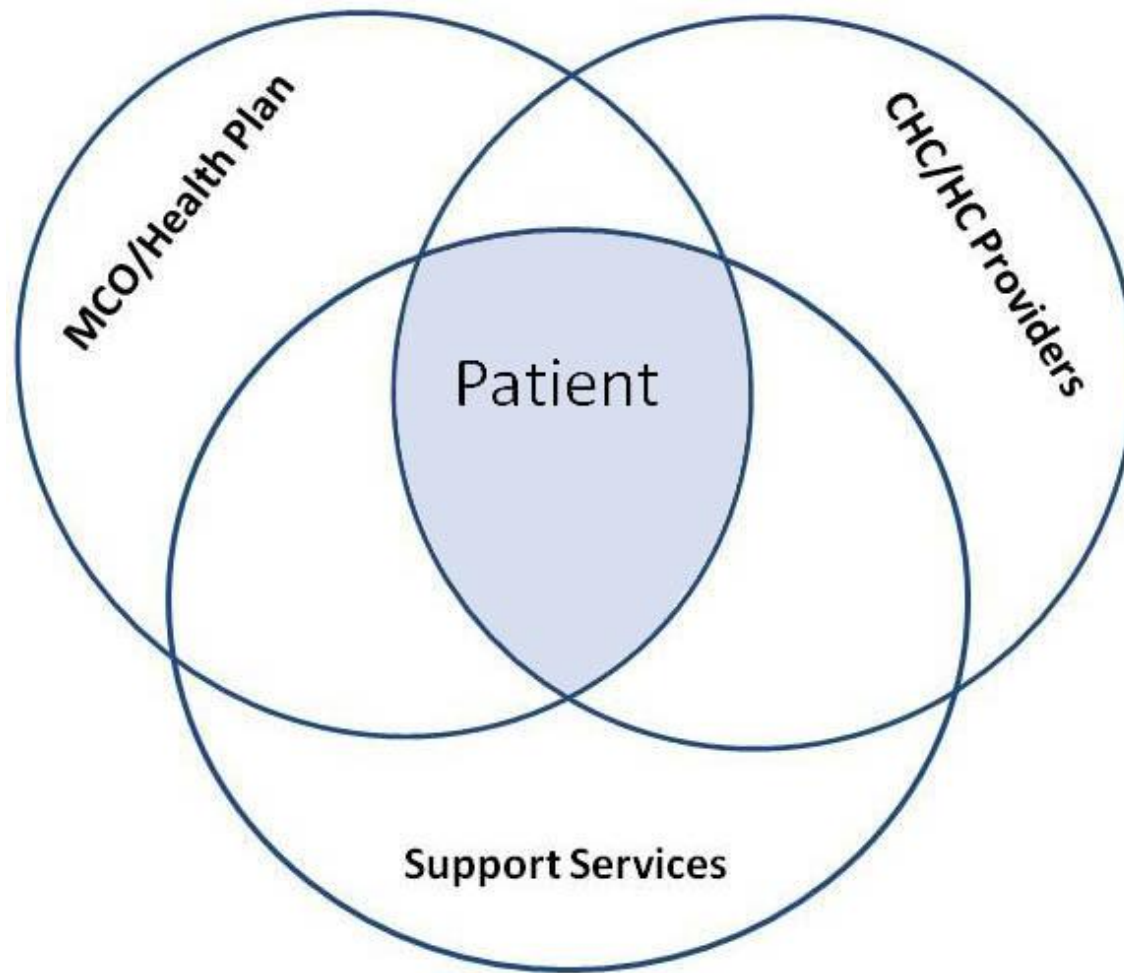
- Leadership buy-in
- Physician engagement (in addition to nurses and medical assistants)
- Comfort with the nature of DV work and empowering staff to utilize their knowledge

Sharing Best Practices and Lessons Learned

- Importance of leadership buy-in
- Building internal capacity
- Transferring tools to more sites (policy templates, etc.)
- Learning how to tailor trainings for different staff populations (e.g., training for physicians may be different from training for nurses or medical assistants)

Future Directions

- Moving beyond screening
- Maintaining improvements (sustainability of policy and protocol changes)
 - Regular training, re-training, and train the trainer
 - Keeping up to date on top-down changes (i.e. IOM screening regulations)
 - Using evidence-based practices
- Leverage technology tools (webinars, etc.)



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Questions?



For More Information

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