

Implementation of a Systems Model to Improve Intimate Partner Violence Services in Kaiser Permanente

National Conference on
Health and Domestic Violence

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Kaiser Permanente (KP)

- Largest, non-profit health plan in United States
 - Founded in 1945
 - 8.6 million members nationally
 - serves 9 states and District of Columbia
 - 15,130 doctors; 164,000 employees
- KP, Northern California
 - 3.4 million members
 - 4000+ doctors,
 - 55,000 employees
 - 14 hospitals, 35 health care offices

What does KP bring to this issue?

- Integrated system of care
 - primary care and specialty care
 - mental health services
 - emergency services and hospitalization
- Extensive experience in chronic condition management, electronic health record, medical education, research
- Commitment to Prevention
- Social Mission

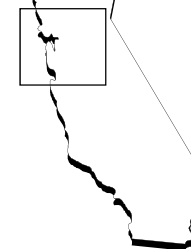
"Systems-Model" approach



**1998 KP NCal
DV Prevention Teams**



**NORTHERN
CALIFORNIA**



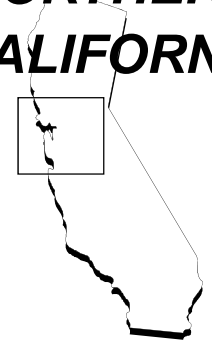
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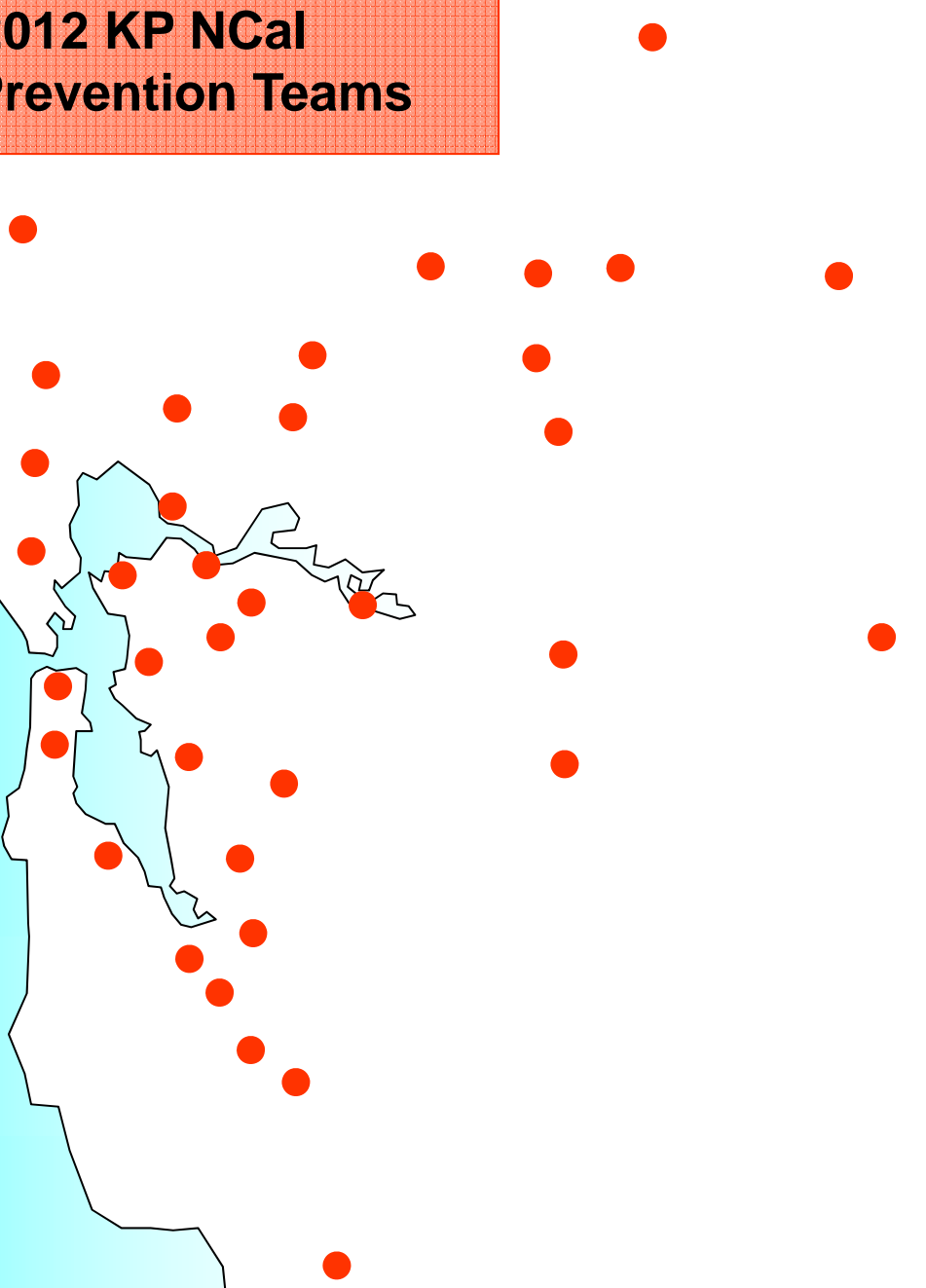
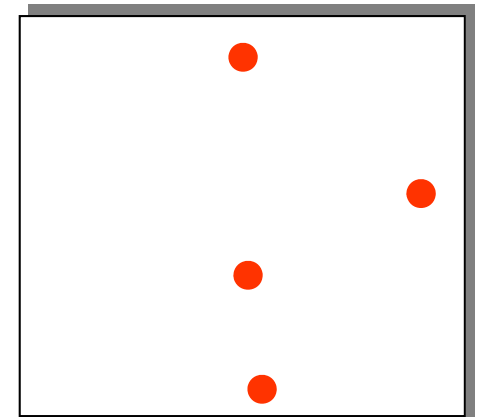
**2012 KP NCal
DV Prevention Teams**



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CALIFORNIA**



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OCEAN*

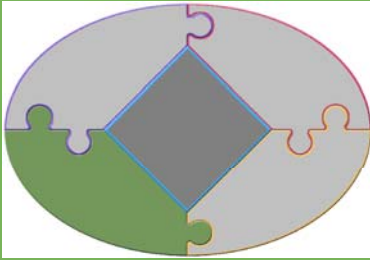


2012 – every KP region is using “systems-model” to improve IPV services



"Systems-Model" approach



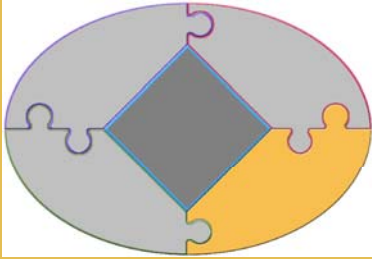


Supportive Environment

What is it?



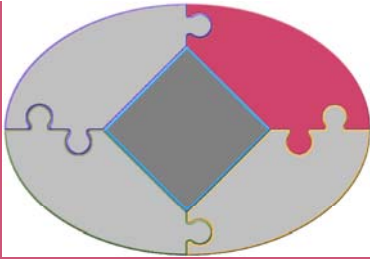
- Information: restrooms, exam rooms, on-line, podcasts, health ed classes
- Posters: "Let us know, we can help"
- Reaching patients everywhere they contact the health care system
- Engaged and informed workforce



Community Linkages

What are they?

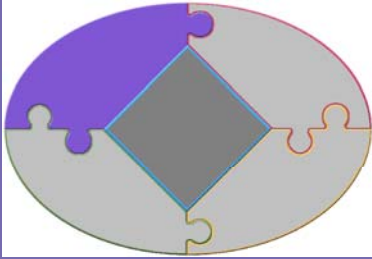
- 24-hour crisis response line
- Emergency shelter
- Transitional housing
- Counseling
- Legal services



On-site IPV Response

◆ Social Services ◆ Mental Health

- Triage for other mental health conditions
- Danger assessment
- Safety plan
- Support groups
- Referral to community resources



Inquiry and Referral

Role of the clinician is clear and limited

- ASK
- AFFIRM
- ASSESS
- DOCUMENT
- REFER

Making the right thing easier to do

Implementation – how it's done

Each medical center has Physician Champion and multi-disciplinary committee that:

- meets regularly
- implements the "Systems-model" in phases
- reviews quality measures and develops annual goals

All medical center committees meet twice yearly for:

- leadership development
- sharing best practices
- updates on research
- review of quality metrics
- developing goals and strategy

Phases of Implementation

Intimate Partner Violence Prevention

Oversight:

- Phase 1: • Identify Physician/NP Champion; • Create implementation team; • Develop protocol for referral to mental health services for crisis and non-crisis IPV+ patients
- Phase 2: • Identify priorities and set timelines for the implementation team
- Phase 3: • Oversee implementation and training plan • Use NCQA quality reports to guide implementation
- Phase 4: • Develop plan for long-term sustainability; • Incorporate IPV prevention training into yearly staff trainings and new employee orientation

INQUIRY and REFERRAL

- Phase 2: • Develop process for making tools available to clinicians for evaluation, documentation and reporting
- Phase 3: • Provide trainings to MDs, NPs, nurses in ED/MIC, Primary Care, Psychiatry, Specialty Depts, and the hospital on how to inquire, evaluate, document, report, and how to use the Tools Tile and OSCR;
 - Provide training for support staff (MAs, receptionists) in ED/MIC, Primary Care, Psychiatry, other Specialty Depts and the hospital;
 - Provide training for PT, Chronic Care Managers and Health ED instructors;
 - Develop plan for training managers on employee IPV issues
- Phase 4: • Establish Call Center protocols;
 - Establish quality improvement measure for processes for inquiry and referral to on-site mental health clinicians;
 - Coordinate/participate in workplace response to IPV
 - Coordinate services between in-patient and out-patient setting



ON-SITE IPV SERVICES

- Phase 2: • Provide trainings and tools to mental health clinicians receiving referrals
- Phase 3: • Establish link between mental health providers and community advocacy organization
 - Develop system for providing updated community resource materials to mental health clinicians
- Phase 4: • Develop systems for the following:
 - a. Coordination between departments and clinicians providing mental health services (ex: Social Services and Psychiatry);
 - b. Referral from mental health to community advocacy agency
 - c. Provision of feedback to front-line clinicians regarding mental health services provided to individual patients
 - Increase awareness of Employee Assistance Program (EAP) as a resource for KP employees affected by intimate partner violence

SUPPORTIVE ENVIRONMENT

- Phase 2: • Identify staff within Health Education department to participate on the implementation team, and to provide oversight for the environmental setup
- Phase 3: • Place appropriate materials in exam rooms, waiting areas, and restrooms
 - Establish mechanism for restocking materials in exam rooms, waiting areas and restrooms
- Phase 4: • Develop outreach and publicity plan (such as articles in Member News, employee newsletter, etc.)
 - Promote awareness of resources for Kaiser Permanente employees affected by intimate partner violence

COMMUNITY LINKAGES

- Phase 2: • Identify local community advocacy organization and invite a representative to implementation team meetings
- Phase 3: • Develop agreement with community advocacy organization for protocol for calling their emergency response team, availability of support groups, and materials to facilitate referral and follow-up;
 - Identify other community resources such as law enforcement, judiciary/courts, Child Protective Services, and Adult Protective Services;
 - Identify Kaiser liaison to communicate with community advocacy representatives and facilitate their inclusion in meetings and trainings
- Phase 4: • Actively engage in collaborative activities
 - Develop and implement a tracking mechanism for evaluation of collaboration
 - Explore opportunities for work with employer groups

Ncalhctestas, Test MRN: 110002684901 Age: 20 Y Sex: F PCP: Does Not Want Allergies: Asacol, Morphine Sulfate, Motrin Alert: N Spec Feat: Inactive kp.org

- SnapShot
- Chart Review
- Results Review
- Allergies
- Medications
- Flowsheets
- Problem List
- History
- Letters
- Demographics
- Scan
- CIPS
- eConsult
- Prev Health Prompt
- Patient Report
- Order Entry**
- Imm/Injections
- Doc Flowsheet
- Forms
- FYI
- Visit Navigator
- Hotkey List
- Exit Workspace

Order Entry (Enc Date: 11/9/2009) - Wt: (Not entered for this visit) Ht: (Not entered for this visit)

Association Pref List SmartSets Interactions Pharmacy Providers References Open Orders Pend Orders Sign Orders Financial Routing Drugs eConsult

Order:
This patient has open orders.

FO EU RI Now Ltr 4hr File Out Mail Full Detail (F4)
Xpct Prior EC Now Ltr 4hr File Out Mail

Take Req F/S Order Dx Detail

New Order Status Modifiers Cancel/Delete Select All Med Class Benefit CC Results Show placed orders F7 - Prev order F8 - Next order

Association: Selected Grid Auto Clear Replace LOS:

Diagnosis:

	P	Encounter	Diagnoses (right-click dx for more options)
1			DOMESTIC VIOLENCE [995.81A]

Add
Add

Link	Problem List (right-click problem for more options)	Status
	HEADACHE [784.0A]	Active,
	IRRITABLE BOWEL SYNDROME [564.1D]	Active,

New Dx Delete Dx Annotate/Edit Dx Primary Dx New Problem Edit Problem Resolve Now Show resolved

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Take	Req	F/S	Order	Dx	Detail

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→ Add
← Add

LOS:

Link	Problem List (right-click problem for more options)	Status
	HEADACHE [784.0A]	Active,
	IRRITABLE BOWEL SYNDROME [564.1D]	Active,

New Dx Delete Dx **Annotate/Edit Dx** Primary Dx New Problem Edit Problem Resolve Now Show resolved

Ncalhctestas, Test

MRN: 110002684901 Age: 20 Y Sex: F PCP: Does Not Want Allergies: Asacol, Morphine Sulfate, Motrin Alert: N Spec Feat: Inactive kp.org

- Snapshot
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Order Entry (Enc Date: 11/9/2009) - Wt: (Not entered for this visit) Ht: (Not entered for this visit)

Association Pref List SmartSets Interactions Pharmacy Providers References Open Orders Pend Orders Sign Orders Financial Routing Drugs eConsult

Order:
This patient has open orders.

Annotate/Edit Diagnosis

Diagnosis: DOMESTIC VIOLENCE [995.81A]
 Display as: DOMESTIC VIOLENCE
 Qualifier:
 Comment: Emotional abuse by spouse (threats, controlling access to family and friends). Resource information given.

Primary diagnosis Chronic

Accept Cancel

New Order Status Results Show placed orders F7 - Prev order F8 - Next order

- Order Entry**
- Imm/Injections
- Doc Flowsheet
- Forms
- FYI
- Visit Navigator
- Hotkey List
- Exit Workspace

Association: Selected

Diagnosis:

Link	Problem List (right-click problem for more options)	Status
	HEADACHE [784.0A]	Active,
	IRRITABLE BOWEL SYNDROME [564.1D]	Active,

Encounter Diagnoses (right-click dx for more options)

1	DOMESTIC VIOLENCE [995.81A]
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Add Add

New Dx Delete Dx Annotate/Edit Dx Primary Dx New Problem Edit Problem Resolve Now Show resolved

Violence prevention website Link on electronic medical record "homepage" where clinicians work

Epic Hyperspace - RCH-MED* >MAIN CAMPUS - Production - HCNCPRODEBM PRODEBM

Desktop Action Patient Care Scheduling Reg/ADT CRM/CM Reports Report Mgmt Tools Admin Help

Back Forward Home Schedule In Basket Chart Enc Tel Enc Refill Enc Ancil Ord Enc Patient Lists Secure Print Log Out

Epic Home EpicCare

Home

Schedule

08:50 AM	1F *NON-URGENT	Sch
09:10 AM	1F ST	Sch
09:50 AM	1A NOSEBLEED	Sch
10:10 AM	1A CHEST PAIN	Sch
11:10 AM	1F COUGH/COLD/SINUS	Sch
11:30 AM	1A UTI/SX	Sch
11:50 AM	1F N/V/D/ABD PAIN	Sch

In Basket

- Pt: Tel/Online Encounter (1)
- Staff Message - NOT PART OF PERMANENT M
- Results (7)
- Rx: RAR (2)
- Rx: Conversion (12)
- Chart: CC'd Charts (4)
- Chart: Open Visits (18)
- Chart: Other Open Encounters (9)
- Chart: Addendum Notification (2)
- Clinical Ltr

Links

KAISER PERMANENTE

What's New/How To

- > Ambulatory KPHC
- > Inpatient KPHC

Front Office

KP National Clinical Content Website

eConsult

Clinical Library

Clinical Images

Physician Home Page Info Site

Technology Group Website

Departmental Reports

Pharmacy Homepage

Rx Conversion

PEDI BMI TOOL

eDME

Secure Messaging/Online

Abuse and Assault

Email Print

Intimate partner violence

General assault

Sexual assault

Child abuse

Elder / Dependent abuse

Give us your feedback!

Clinical pathways for intimate partner violence:

MD, NP, RN

Mental Health/Social Services Clinician

Document in HealthConnect™ more

Refer patient to mental health and local resources more

Give member resource information more

Report to law enforcement (INJURY ONLY if age 18-64) more



Suspicious injury report form (OES-920)

Additional Resources:

How to screen

What to say when the answer is yes

HealthConnect video tip: Documenting domestic violence

Danger assessment

Safety plan

KP NCal Family Violence Prevention Program: Home | About | Contact

Phone: 510-987-2078 | Email: fvpp@kp.org

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Carepath

Brief trainings



Clinicians: Online training



KP HealthConnect Video Tip: Documenting Domestic Violence

KP Quality Improvement Measures

- Use automated database
- Make sense clinically
- Actionable
- Linked with NCQA standard

NCQA: "QI 11 – Demonstration of a health program showing continuity and coordination between medical and behavioral health care."

IPV Quality Measures

Qualitative measures

- **Each medical center has:**
 - Physician champion for IPV
 - Multi-disciplinary team to implement the model
 - Protocol for referral to mental health

IPV Quality Measures

Quantitative measures

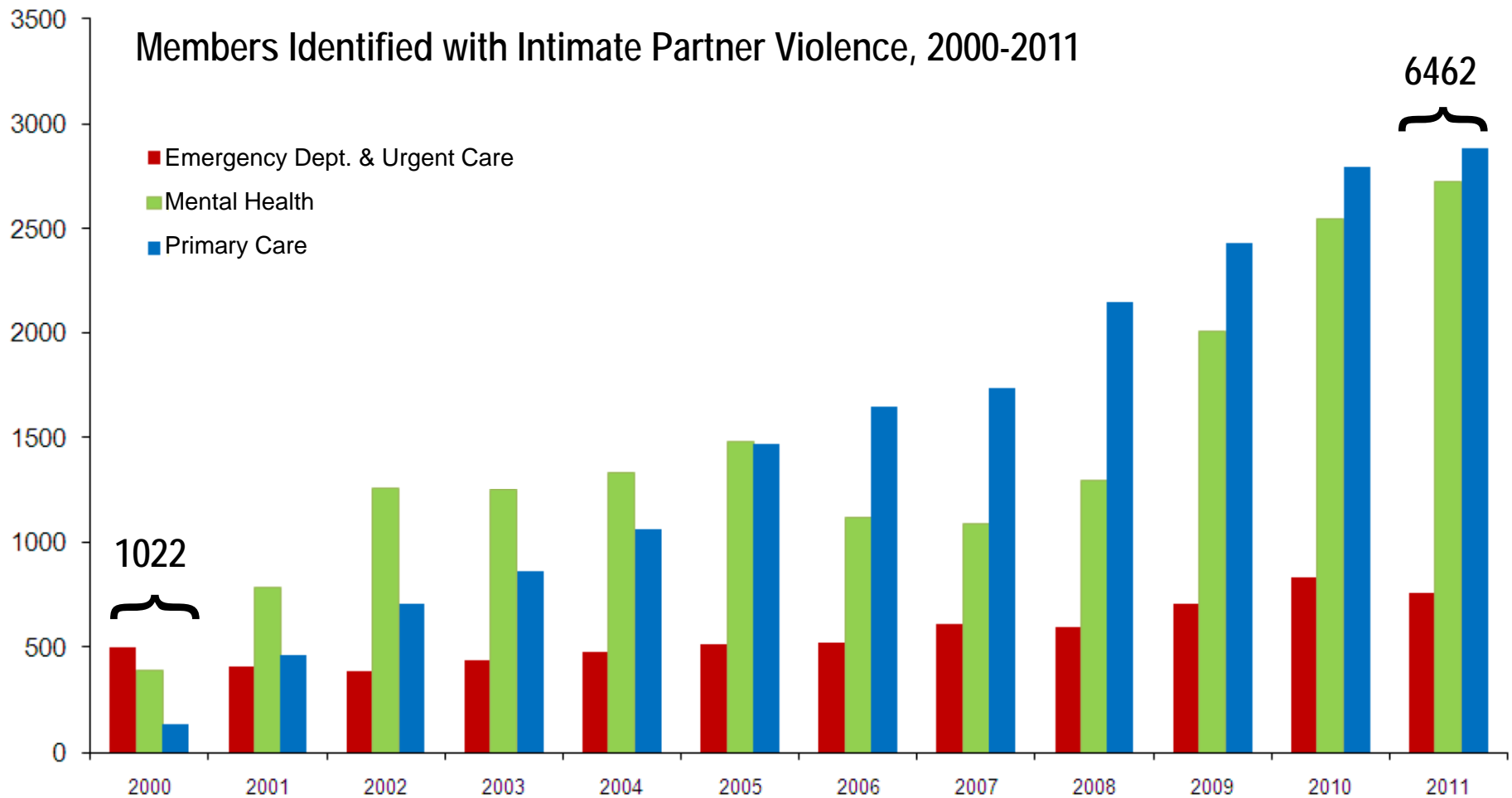
- IPV identification
- Mental health follow-up among those newly identified

IPV Quality Measures

Why measure IPV identification rather than screening rates?

KP Northern California

Six-fold Increase in IPV Identification



IPV Quality Data: focus on women age 18-65

Why focus on this group?

Women age 18-65 are at highest risk for IPV

IPV identification rate among women age 18-65

Medical Center	Women Members Ages 18 - 65	Women Experiencing IPV	Women Diagnosed with IPV	IPV Identification Rate
		Denominator	Numerator	Rate (%)
Medical Center A	15,486	619	288	46%
Medical Center B	16,420	657	219	33%
Medical Center C	28,796	1,152	295	26%
Medical Center D	8,134	325	82	25%

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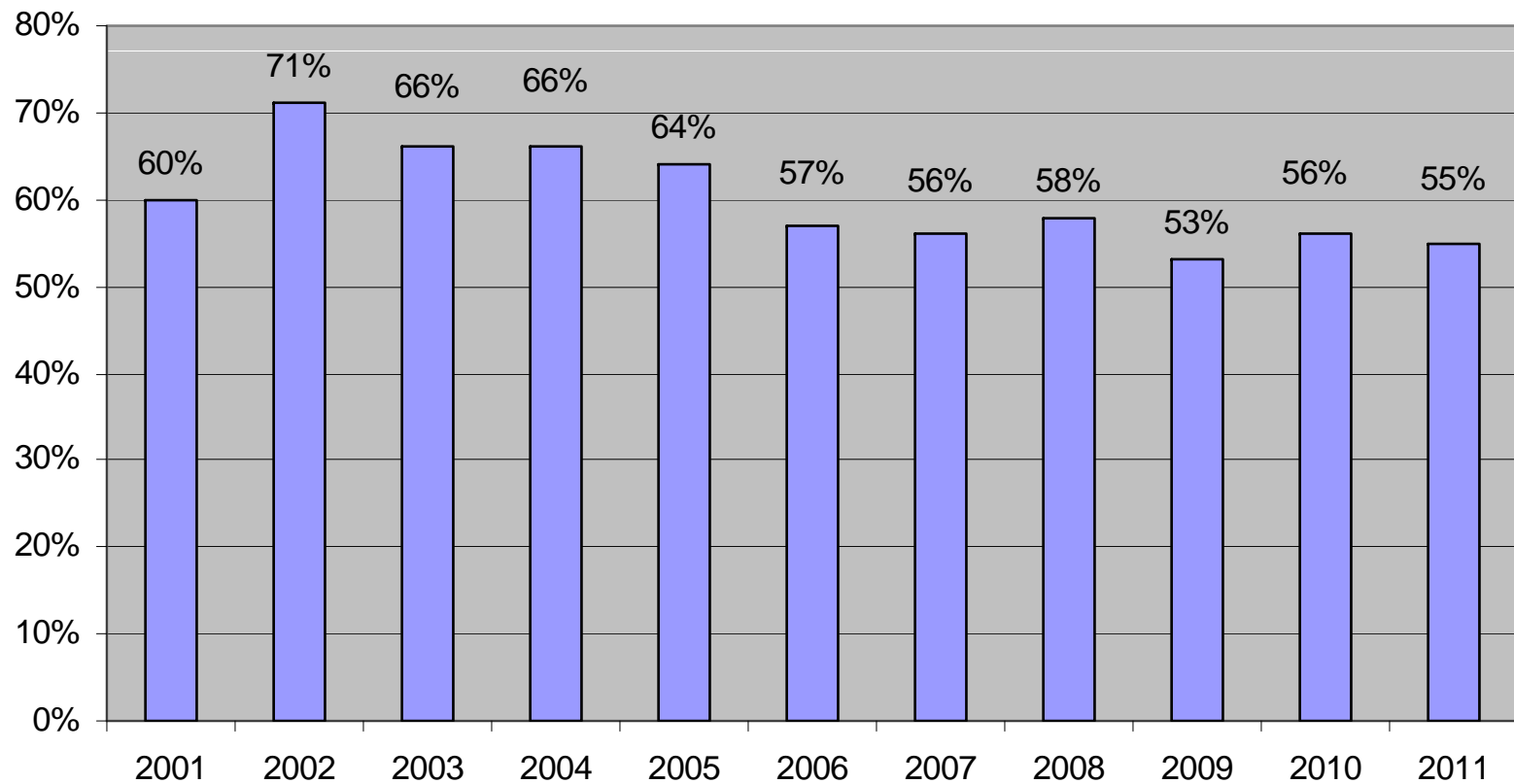
IPV identification rate – by Departments

Medicine, OBGyn, ED,
Psychiatry, and Chemical Dependency

Medical Center	Women Members Ages 18 - 65 Who Visited Medicine Dept	Women Experiencing IPV	Women Diagnosed with IPV	IPV Identification Rate Among Women Who Visited Medicine Dept
		Denominator	Numerator	Rate (%)
Medical Center A	2150	946	195	21%
Medical Center B	1603	705	139	20%
Medical Center C	676	297	46	15%
Medical Center D	2988	1,315	181	14%

Mental Health Follow-up

**Percent of members identified with IPV who received MH visit,
KPNC, 2001-2011**



Reports are sent via email to clinic teams and to Chiefs groups and other leadership groups

New Memo Reply Reply To All Forward Delete Follow Up Folder Copy Into New Chat Tools

Zihua Lin/CA/KAIPERM
03/11/2011 04:42 PM

To: FVPP_impl_ALL Team-KPNC
cc: Bernadette S Ruud/CA/KAIPERM@Kaiperm, I
KAIPERM@KAIPERM, Sue Flautt/CA/KAIPER
KAIPERM@Kaiperm, Brigid McCaw/CA/KAIPER
bcc:
Subject: IPV 2010Qtr4 Report

History: This message has been replied to and forwarded.

QUALITY AND OPERATIONS SUPPORT

NEW REPORT RELEASE - 2010Qtr4

Intimate Partner Violence Quarterly Report

Key messages

Data reports

This message is being sent on behalf of Krista Kotz, PhD—Program Director of KPNC Family Violence Prevention Program, and Brigid McCaw, MD—Medical Director of KPNC Family Violence Prevention Program

CLICK TO VIEW



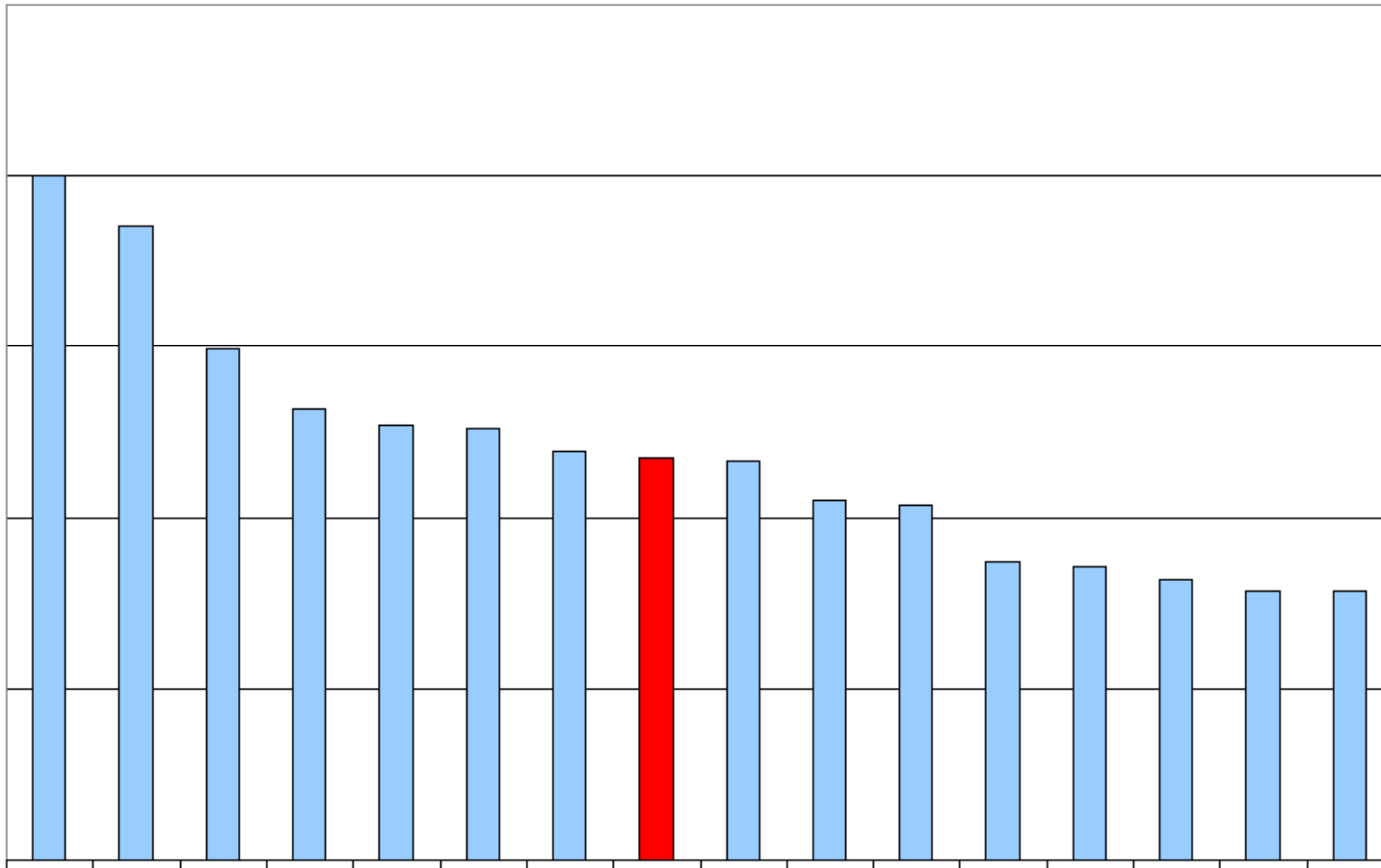
We are pleased to announce the 2010 year end release of the **Intimate Partner Violence Quality Report**, which tracks IPV identification and follow-up.

The attached "IPV 2010Qtr4.xls" is our newly formatted quality report, and includes familiar data on IPV identification and follow-up, as well as new data showing IPV identification rates for specific departments. "IPV Identification Rate 2005-2010" shows the yearly trend for the overall IPV identification rate (among women age 18-65) for each facility and medical center (select *enable macros* to open either file).

IPV identification continues to improve. However, as a Region we are still **only**

Reports allow comparison with other medical centers

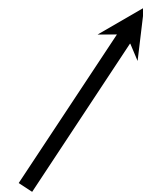
IPV Identification Rate Among Women Age 18-65, By Medical Center



Women's Health Dashboard

Outpatient Quality Metrics

Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening	Post-Partum Visit Rate	PreNatal Entry	Intimate Partner Violence
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New data reports - clinician level data

How many patients does each clinician identify with IPV in a year?

Findings: much variation in practice

Action: clinicians who identify more IPV share learnings with others



Empowering. Offering Hope. Breaking the Cycle.

Kaiser Permanente is proud to be a leader in preventing family violence.

www.kp.org/domesticviolence

Contact Information

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kp.org/domesticviolence

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- **AHRQ Innovations Solution:** “Family Violence Prevention Program significantly improves ability to identify and facilitate treatment for patients affected by domestic violence,”
<http://www.innovations.ahrq.gov/content.aspx?id=2343>
- **AHRQ Tool for Assessment of Health System Response**
<http://www.ahrq.gov/research/domesticviol/>
- **National Consensus Guidelines** Identifying and Responding to Domestic Violence, Family Violence Prevention Fund 2004
- “Intimate Partner Violence,” McCaw, B., *A Provider’s Handbook on Culturally Competent Care: Women’s Health*, Kaiser Permanente National Diversity Council and Office 2009

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- "Women Referred for On-site Domestic Violence Services in a Managed Care Organization," McCaw B, Bauer H, Berman W, Mooney L, Holmberg M, Hunkeler E. *Women and Health*, 35(2-3), 2002.
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- “The Science of Large Scale Change in Global Health,” McCannon C, Berwick D, Rashoud M. *JAMA* 298 (16), 2007.
- “Disseminating Innovations in Health Care,” Berwick D.M., *JAMA* 289 (15), 2003.
- *Real Collaboration: What It Takes for Global Health to Succeed*, Rosenberg M. et al, UC Press 2010.
- *Switch: How to Change Things When Change is Hard*, Heath C, Heath D, Crown 2010.