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

Kaiser Permanente, Southern California

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

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: Kalser 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”

Achieving Our Goals with SATSS

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

What is SATSS?

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

- System
- Aggregate reports for providers and administrators

- Database
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
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

Suggested Codes for Intimate Partner Abuse

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>805.81A</td>
<td>DOMESTIC VIOLENCE</td>
</tr>
<tr>
<td>805.81B</td>
<td>ADULT-ABUSE, PHYSICAL, DOMESTIC</td>
</tr>
<tr>
<td>805.83B</td>
<td>ADULT-ABUSE, SEXUAL, DOMESTIC</td>
</tr>
<tr>
<td>930.88</td>
<td>CAUSE OF ASSAULT, SUSPECTED DOMESTIC VIOLENCE</td>
</tr>
<tr>
<td>930.89</td>
<td>CAUSE OF INJURY, DOMESTIC VIOLENCE</td>
</tr>
<tr>
<td>915.41A</td>
<td>ME OF PHYSICAL ABUSE, DOMESTIC</td>
</tr>
<tr>
<td>915.42A</td>
<td>ME OF EMOTIONAL ABUSE, DOMESTIC</td>
</tr>
<tr>
<td>801.10E</td>
<td>COUNSELING, EDUC, DOMESTIC VIOLENCE, INJURY/SEP</td>
</tr>
<tr>
<td>801.11A</td>
<td>VICTIM OF PHYSICAL ABUSE IN MARRITAL PARTNER RELATIONSHIP, COUNSELING</td>
</tr>
<tr>
<td>801.11B</td>
<td>COUNSELING FOR VICTIMS OF SPousal OR PARTNER ABUSE</td>
</tr>
<tr>
<td>801.12</td>
<td>DOMESTIC VIOLENCE, OBSERVATION AND EVALUATION</td>
</tr>
</tbody>
</table>

SATSS IPV Reporting

Domestic Violence Information that shows on the SATSS Intake Summary Form

<table>
<thead>
<tr>
<th>Currently</th>
<th>Past 12 months</th>
<th>Adult Prior History</th>
<th>Childhood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afraid</td>
<td>Physical</td>
<td>Sexual</td>
<td>Physical</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Possible Codes

- 805.81A
- 805.81B
- 805.83B
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)
**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

**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 assisted
   - Help patient establish boundaries
   - Help patient establish supportive connections
   - Model a more egalitarian model for relationship position
### Self-Reported Abuse for Kaiser SATSS Sites (2008–2011)

<table>
<thead>
<tr>
<th>Event</th>
<th>2008 (n=6,568)</th>
<th>2009 (n=7,184)</th>
<th>2010 (n=6,842)</th>
<th>2011 (n=5,917)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spousal Abuse as Adult</td>
<td>14.8%</td>
<td>14.6%</td>
<td>14.6%</td>
<td>13.6%</td>
</tr>
<tr>
<td>Sexual Abuse as Child</td>
<td>23.8%</td>
<td>26.3%</td>
<td>26.6%</td>
<td>25.3%</td>
</tr>
<tr>
<td>Physical Abuse as Adult</td>
<td>17.8%</td>
<td>16.3%</td>
<td>15.2%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Sexual Abuse as Adult</td>
<td>9.3%</td>
<td>7.4%</td>
<td>7.4%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Any of Above</td>
<td>37.3%</td>
<td>36.3%</td>
<td>35.6%</td>
<td>34.3%</td>
</tr>
<tr>
<td>Past 12 Months:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physically Hurt</td>
<td>8.7%</td>
<td>9.8%</td>
<td>9.8%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Afraid of Partner</td>
<td>5.1%</td>
<td>5.1%</td>
<td>5.1%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Forced to Have Sex</td>
<td>2.7%</td>
<td>3.0%</td>
<td>3.0%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Any Past 12 Months</td>
<td>11.9%</td>
<td>13.1%</td>
<td>13.3%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Any Event/Past 12 Months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(n=3,777)</td>
<td>30.1%</td>
<td>40.4%</td>
<td>38.1%</td>
<td></td>
</tr>
</tbody>
</table>

### 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

### 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.
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.

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

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