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

National Conference on Health and Domestic Violence
March 31, 2012

Krista Kotz, PhD, MPH
Program Director,
Family Violence Prevention Program
Kaiser Permanente Northern California

Brigid McCaw, MD
Medical Director,
Family Violence Prevention Program
Kaiser Permanente Northern California
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

Inquiry & Referral

On-Site DV Services

Leadership and Quality Improvement

Supportive Environment

Community Linkages
1998 KP NCal DV Prevention Teams

PACIFIC OCEAN

NORTHERN CALIFORNIA
2012 KP NCal DV Prevention Teams
2012 – every KP region is using “systems-model” to improve IPV services
“Systems-Model” approach

Inquiry & Referral

Leadership and Quality Improvement

Supportive Environment

On-Site DV Services

Community Linkages
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 NCOA 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, Psychiatry, Specialty Departments, 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 Departments, 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 participation 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 (e.g. Social Services and Psychiatry);

b. Referral from mental health to community advocacy agency

c. Provision of feedback to frontline 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

The Permanente Medical Group, Inc. – FVPP Systems Model Overview Rev. March 14, 2008
**Diagnosis:**

<table>
<thead>
<tr>
<th>ID</th>
<th>Diagnosis</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DOMESTIC VIOLENCE [935.61]</td>
<td>Active</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Link:**
- HEADACHE [784.0A]
- Irritable Bowel Syndrome [564.1D]
This patient has open orders.

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.
Violence prevention website
Link on electronic medical record “homepage” where clinicians work
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

Members Identified with Intimate Partner Violence, 2000-2011

- Emergency Dept. & Urgent Care
- Mental Health
- Primary Care
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

<table>
<thead>
<tr>
<th>Medical Center</th>
<th>Women Members Ages 18 - 65</th>
<th>Women Experiencing IPV</th>
<th>Women Diagnosed with IPV</th>
<th>IPV Identification Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Denominator</td>
<td>Numerator</td>
<td>Rate (%)</td>
<td></td>
</tr>
<tr>
<td>Medical Center A</td>
<td>15,486</td>
<td>619</td>
<td>288</td>
<td>46%</td>
</tr>
<tr>
<td>Medical Center B</td>
<td>16,420</td>
<td>657</td>
<td>219</td>
<td>33%</td>
</tr>
<tr>
<td>Medical Center C</td>
<td>28,796</td>
<td>1,152</td>
<td>295</td>
<td>26%</td>
</tr>
<tr>
<td>Medical Center D</td>
<td>8,134</td>
<td>325</td>
<td>82</td>
<td>25%</td>
</tr>
</tbody>
</table>
# IPV identification rate among women age 18-65

<table>
<thead>
<tr>
<th>Medical Center</th>
<th>Women Members Ages 18 - 65</th>
<th>Women Experiencing IPV</th>
<th>Women Diagnosed with IPV</th>
<th>IPV Identification Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Center A</td>
<td>15,486</td>
<td>619</td>
<td>288</td>
<td>46%</td>
</tr>
<tr>
<td>Medical Center B</td>
<td>16,420</td>
<td>657</td>
<td>219</td>
<td>33%</td>
</tr>
<tr>
<td>Medical Center C</td>
<td>28,796</td>
<td>1,152</td>
<td>295</td>
<td>26%</td>
</tr>
<tr>
<td>Medical Center D</td>
<td>8,134</td>
<td>325</td>
<td>82</td>
<td>25%</td>
</tr>
</tbody>
</table>
### IPV Identification Rate among Women Age 18-65

<table>
<thead>
<tr>
<th>Medical Center</th>
<th>Women Members Ages 18 - 65</th>
<th>Women Experiencing IPV</th>
<th>Women Diagnosed with IPV</th>
<th>IPV Identification Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Center A</td>
<td>15,486</td>
<td>619</td>
<td>288</td>
<td>46%</td>
</tr>
<tr>
<td>Medical Center B</td>
<td>16,420</td>
<td>657</td>
<td>219</td>
<td>33%</td>
</tr>
<tr>
<td>Medical Center C</td>
<td>28,796</td>
<td>1,152</td>
<td>295</td>
<td>26%</td>
</tr>
<tr>
<td>Medical Center D</td>
<td>8,134</td>
<td>325</td>
<td>82</td>
<td>25%</td>
</tr>
</tbody>
</table>
# IPV identification rate – by Departments

**Medicine, OBGyn, ED, Psychiatry, and Chemical Dependency**

<table>
<thead>
<tr>
<th>Medical Center</th>
<th>Women Members Ages 18 - 65 Who Visited Medicine Dept</th>
<th>Women Experiencing IPV</th>
<th>Women Diagnosed with IPV</th>
<th>IPV Identification Rate Among Women Who Visited Medicine Dept</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Center A</td>
<td>2150</td>
<td>946</td>
<td>195</td>
<td>21%</td>
</tr>
<tr>
<td>Medical Center B</td>
<td>1603</td>
<td>705</td>
<td>139</td>
<td>20%</td>
</tr>
<tr>
<td>Medical Center C</td>
<td>676</td>
<td>297</td>
<td>46</td>
<td>15%</td>
</tr>
<tr>
<td>Medical Center D</td>
<td>2988</td>
<td>1,315</td>
<td>181</td>
<td>14%</td>
</tr>
</tbody>
</table>
Mental Health Follow-up

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

<table>
<thead>
<tr>
<th>Year</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>60%</td>
<td>71%</td>
<td>66%</td>
<td>66%</td>
<td>64%</td>
<td>57%</td>
<td>56%</td>
<td>58%</td>
<td>53%</td>
<td>56%</td>
<td>55%</td>
</tr>
</tbody>
</table>
Reports are sent via email to clinic teams and Chiefs groups and other leadership groups.

NEW REPORT RELEASE - 2010Qtr4

Intimate Partner Violence Quarterly Report

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 13-65) 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
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

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

www.kp.org/domesticviolence
Contact Information

Krista Kotz, PhD, MPH
Program Director, Family Violence Prevention Program
Kaiser Permanente
Krista.Kotz@kp.org

Brigid McCaw, MD, MS, MPH, FACP
Medical Director, Family Violence Prevention Program
Kaiser Permanente
Brigid.McCaw@kp.org

kp.org/domesticviolence

**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

References (2)


References (3)