A SYSTEMS-MODEL APPROACH

Improving IPV services in a large health care organization

Institute of Medicine Workshop

Preventing Violence against Women and Children

January 28, 2011

Brigid McCaw, MD

Medical Director,

Family Violence Prevention Program

Kaiser Permanente
Health care has critical role in identification, intervention and prevention of IPV

- But, professional recommendations, practice guidelines and traditional clinician education are not enough to change behavior

- Kaiser Permanente noted as “demonstrating success with the use of systems-change models in a health care organization”
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
- Supportive Environment
- Leadership and Quality Improvement
- 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
Multiple types of training

- Lecture presentations (CME)
- Brief departmental updates
- Case presentations
- Online skill-building training
- Video clips demonstrating documentation
- Reports on quality improvement data
Using technology to improve care

**Supporting clinicians:**
- Tools in electronic medical record
- Online clinician training
- Point-of-care online resources

**Engaging patients:**
- Online information for patients
- Advice and Appointment Call Center
2010 KP NCal DV Prevention Teams

NORTHERN CALIFORNIA

PACIFIC OCEAN
Six-fold increase in IPV identification most in outpatient setting
2010 – every KP region is using “systems-model” to improve IPV services
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/MIIC, Primary Care, Psychiatry, Specialty Deps, 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/MIIC, Primary Care, Psychiatry, other Specialty Deps 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 (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
KP Quality Improvement Measures

**Qualitative: Process measures**
- Physician Champion
- Multi-disciplinary committee
- Referral protocol

**Quantitative: IPV Identification and follow-up**
- Overall identification of members experiencing IPV
- Identification rate among women aged 18-65
- Mental health follow-up
Learnings from “scaling up”

- Model must be easy to customize using available resources
- Develop tools to facilitate implementation in new sites
- Choose quality improvement measures carefully
- Take advantage of “technology enablers”
- Cultivate stories of success and look for promising practices
- Importance of research partnership
Long term sustainability requires alignment with other health care priorities

- Patient safety
- Quality and coordination of care
- Health care costs
- Patient satisfaction
- Reducing health care disparities
DV prevention is part of a strategic approach to both quality, service, and affordability.

By doing the right thing, we can **improve quality**, **increase service**, satisfaction, and personal lives while also **decreasing costs** to employers and patients.

It is important that all CEOs understand the imperative and that they see **DV programs as a positive investment**.

Comments by Dr. Robert Pearl, TPMG Executive Director

CEO Roundtable on DV and the Workplace
Sponsored by Fortune Magazine, 2007, New York City
We believe in
THE STRENGTH
of healthy relationships
Using the “Systems Model” in other health care settings and countries

Bilateral exchange of learnings
Health care settings will have an increasing role and influence in violence prevention

- primary prevention,
- early identification
- effective interventions

Assessment of trauma history (current and past) will be seen a necessary aspect of effective patient care
Action steps

- Promote basic AND translational research in trauma informed care
  - impact of interventions on individuals
  - effectiveness of implementation strategies
  - efficient translation into practice

- Prioritize strategies that focus on “systems change” models
Action Steps

- Develop *Measures that Matter* and can be drivers of change at local, national, and international level
- Look for ways to use new technology as an enabler
- Use science based models of dissemination of change
Brigid McCaw, MD, MS, MPH, FACP
Medical Director, Family Violence Prevention Program
Kaiser Permanente

Brigid.McCaw@kp.org
http://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 (3)

Supportive Environment

IPV information and resources for adults and teens

Patient brochure

Resource sheets

Teen dating violence

Everyone deserves a safe relationship.

Todas merecen una relación segura.

We're here to help.

Know the facts about teen dating violence.

You deserve a safety zone.
Supportive Environment

Information for Employees

Employee brochure

Online training for managers

Being safe. At home and at work.

It is a threatening or harmful relationship at home affecting your life and your work? Are you worried this might be happening to someone at work?

At Kaiser Permanente we care about our employees, clinical staff, and physicians. You can count on us to help you find a solution.

Kaiser Permanente.

ONLINE
Manager Training on KP Learn

Essentials for Managers: Domestic Violence Prevention

- What is domestic violence?
- What are the signs?
- How can it affect my department?
- As a manager, what can I do?

learn.kp.org > log in > search "domestic violence"
OR
kpmx.kp.org/violenceprevention > KP Workplace > Training

It’s a Workplace Issue

Domestic violence affects over 7 million American women over the course of their lifetime. It occurs in all types of households, regardless of income, education, or marital status. Domestic violence can be physical, emotional, psychological, or sexual.

It can lead to:
- Intimidation
- Financial abuse
- Work disruption
- Emotional distress
- Physical injury
- Emotional trauma
- Stress-related illness

KP Learn
Stories of courage, survival, and hope

kp.org/domesticviolence