Part 1: Strengthening Healthcare-based Domestic Violence Programs through Evaluation

January 8, 2013

Welcome to the webinar! We will begin in a moment.

The slides and recording from today’s webinar will be available to download after the event:
http://www.futureswithoutviolence.org/section/our_work/health/webinars

This webinar is sponsored by Futures Without Violence’s National Health Resource Center on Domestic Violence. The Center is funded by a grant from the Family Violence Prevention & Services Program, Family & Youth Services Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.
How to use this technology

- Text chat
- Q & A
- The slides and recording will be available after the webinar: [http://www.futureswithoutviolence.org/section/our_work/health/_webinars](http://www.futureswithoutviolence.org/section/our_work/health/_webinars)
- Please send a private chat message to “Leaders & Assistants” for help
- Call iLinc Technical Support at (800) 799-4510
Feedback

Who are you?
A) Health Care Provider (inclusive)
B) Domestic Violence/Sexual Assault Advocate
C) Social Service Provider
D) Other (please type in the chat box)
Webinars

- **Part 1: Strengthening Healthcare-based Domestic Violence Programs through Evaluation**

- **Part 2: Strengthening Healthcare-based Domestic Violence Programs through Evaluation**

  Thursday, January 31\(^{st}\), 12-1:30pm Eastern (9-10:30am Pacific/ 10 11:30am Mountain/ 11-12:30 Central)

**Speakers**

- **Jeff Coben**, MD, West Virginia University Injury Control Research Center
- **Nancy Durborow**, Retired, former Health Projects Manager, PA Coalition Against Domestic Violence
- **Therese Zink**, MD, MPH, Department of Family and Community Medicine, University of Minnesota

Register for Part 2: [http://futureswithoutviolence.adobeconnect.com/january31/event/registration.html](http://futureswithoutviolence.adobeconnect.com/january31/event/registration.html)
Speakers

Vedalyn DeGuzman
Futures Without Violence

Nancy Durborow
former Health Projects Manager, PCADV

Colleen T. Moore
Family Violence Response Program
Mercy Medical Center

Annie Lewis O'Connor, NP, PhD, MPH
Brigham and Women's Hospital

Krista J. Kotz, PhD, MPH
Family Violence Prevention Program
Kaiser Permanente

Brigid McCaw, MD, MPH, MS
Family Violence Prevention Program
Kaiser Permanente
National Health Resource Center on Domestic Violence

For free technical assistance and tools including:

• Clinical guidelines
• Documentation tools
• Information on States’ reporting laws
• Posters, pregnancy wheels
• Safety cards
• Training curricula

www.futureswithoutviolence.org/health

Email: health@futureswithoutviolence.org
Healthcare-Based Domestic Violence Programs

Most women visit health care providers for routine medical care, and victims of domestic violence (DV) also see health care providers for treatment of their injuries. This puts health care providers in a unique position to help victims of abuse and provide them with referrals and support. The healthcare-based DV model approach, applicable to hospitals and clinical settings, enables the staff of a health care institution in conjunction with local DV and sexual assault (SA) programs to respond in a comprehensive manner. By networking with local DV and SA advocacy programs, providers can help their patients access essential services including safety planning, housing, peer support and counseling, and legal options that can be life saving.

Health care providers are an essential link in the coordinated effort to break the cycle of violence and build a healthy community. Identifying and responding to DV in health care settings can make a tremendous difference for patients’ physical health, mental health, safety, and quality of life. Although women are disproportionately impacted by DV, anyone can be a victim regardless of sex, gender, sexual orientation, race, ethnicity, culture, religion, age, income, or level of education. Victims of domestic violence turn to health care providers by the thousands every day seeking.

When health care providers identify past or present domestic violence in their patients, they will benefit from a better understanding of the root cause of their patients’ health concerns such as chronic pain, depression, obstetric complications, STIs, poorly controlled chronic conditions, substance abuse, and other health problems.

Resources:
1) Learn How to Create a Healthcare-based Domestic Violence/Sexual Assault Program (PDF).
2) Download the Resource List (PDF).
3) View the IPV Screening and Counseling Toolkit.
4) View a list of healthcare-based DV programs.
5) Download or order educational and clinical tools for providers and patients.
6) Join the Healthcare-Based Domestic Violence Programs Listserv.
7) Join our free Webinars.
8) Download presentation slides from the 2012 National Conference on Health and Domestic Violence (NCHDV) on the topic of healthcare-based DV programs.
Domestic Violence Evidence Project

http://www.dvevidenceproject.org/evaluation-tools/
Why Evaluation?

Evaluation = Critical Component to Measure the Effectiveness of Health Care Based Response to Domestic Violence

DID YOU KNOW THAT YOUR RELATIONSHIP AFFECTS YOUR HEALTH?
Feedback

Do you already have quality improvement measures and/or annual goals to evaluate how your program is doing?

☐ Yes
☐ No
Lessons Learned

- Learn the language
- Patient satisfaction
- Utilization review
- CQI
- JCAHO
Lessons Learned

Collaboration

- HIPAA
- Learn the hierarchy and the culture
- Become a team player
- Train and evaluate
- GPRA
What is the Role of Victim Advocates?

Advocate intervenes with individual victim:
- Provides crisis counseling/ emotional support
- Helps plan for safety
- Conducts needs assessment
- Provides information
- Discusses options
- Links to resources
- Advocates for the victim's agenda
System Advocates

Advocate intervenes on behalf of the victim:

- Advocates for victim-sensitive policies and procedures
- Addresses miscommunications or improper treatment on a systemic level
Hospital-based Victim Advocates

Victim Advocate within the health care setting:

- Provides intervention much like advocates associated with service provider
- Provides medical advocacy
- Has documentation privileges
- Can work within the institution for change
What must a hospital-based victim advocate do to be successful?

- Speak “hospital”
- Know the players
- Demonstrate need for services through evaluation
Why Evaluate?

- Improve *patient* services
- Demonstrate benefit of advocacy to the *hospital*
- Justify *funding*
Feedback

How is the pace of this webinar working for you so far?

- Faster
- Slower
- Perfect
- Please review
Moving from Evidence to Practice: An Institution’s Journey

BRIGHAM AND WOMEN’S HOSPITAL
Boston, MA

Annie Lewis-O’Connor NP, PhD, MPH
Acknowledgement

- **Mardi Chadwick** - Director Violence Intervention and Prevention
- **Wanda McClain** - Vice President of Community Health and Health Equity
- **Jackie Somerville** - Senior VP and Chief Nursing Officer
- **Karen Conley** - Associate Chief Nurse
- **Matt Fishman** - Vice President Community Health (Partners)

- Passageway Program, Social Services, Emergency Department ..... and our Community Partners
Partnerships- Key Element!

- Service Lines
- Public Relations
- Billing
- Security
- Administration
- Human Resources
- Quality/Risk Management
Framing the Work:
Patient and Family Centered
&
Trauma Informed Care

- **Patient and Family Centered Care**
  - Patients are informing practice and models of care real time.

  “Care that is respectful of and responsive to *individual* patient preferences, needs, and values.”

  Institute of Medicine

- **Trauma Informed Care**
  - Autonomy
  - Inclusive
  - Respectful
  - Choices
  - Safety
Ingredients for Success

Kaiser Permanente - Key Elements
Leadership and Oversight

- Administrative awareness and support - “Do No Harm Campaign”
Domestic Violence Awareness Month – October 2012

- **Do No Harm Campaign**
  - Month long display
  - BWH Photo Campaign
  - Social Media Campaign – Facebook, Twitter, Pintrist
- Schwartz Rounds presentation
- DV Tweet Up with STEPS
- Weekly Services to Honor Survivors at BWH chapel
- Grand Rounds at Brigham and Women’s Faulkner Hospital - Women Veterans and IPV – Creating Community Response
DO NO HARM
OCTOBER IS DOMESTIC VIOLENCE AWARENESS MONTH

“Hope lives here.”
Betsy Nabel, MD
BWH and BWFH President

Help is available. Call BWH Passageway at 617-732-8753 or SafeLink at 877-785-2020.

BRIGHAM AND WOMEN’S HOSPITAL
“Each of us can make a difference - we can ask, support and connect people to crucial sources of help.”

Eve Rittenburg, MD
Southern Jamaica Plain Health Center

Help is available. Call BWH Passageway at 617-732-8753 or SafeLink at 877-785-2020.
OCTOBER IS
DOMESTIC VIOLENCE AWARENESS MONTH

“Merecemos que nos quieran, nos valoren, nos respeten, nos ayuden.”

Liliana Rosselli-Risal, MD
Southern Jamaica Plain Health Center

Help is available. Call BWH Passageway at 617-732-8753 or SafeLink at 877-785-2020.
OCTOBER IS DOMESTIC VIOLENCE AWARENESS MONTH

“You’re not alone.”

Erin McDonough, MBA
Communication & Public Affairs

Help is available. Call BWH Passageway at 617-732-8753 or SafeLink at 877-785-2020.
OCTOBER IS DOMESTIC VIOLENCE AWARENESS MONTH

“Together we can heal.”

Jackie Somerville, PhD, RN
Chief nursing officer and senior vice president of Patient Care Services

Help is available. Call BWH Passageway at 617-732-8753 or SafeLink at 877-785-2020.
“Domestic Violence Prevention Begins With Me...and You.”

Elizabeth Reid
Office of the President

Help is available. Call BWH Passageway at 617-732-8753 or SafeLink at 877-785-2020.
OCTOBER IS
DOMESTIC VIOLENCE AWARENESS MONTH

“Because plastic surgery should be elective.”
Bohdan Pomahac, MD
Director of Plastic Surgery Transplantation

Help is available. Call BWH Passageway at 617-732-8753 or SafeLink at 877-785-2020.
“No one should live in fear.”

Bob Donaghue
Security

Help is available. Call BWH Passageway at 617-732-8753 or SafeLink at 877-785-2020.
OCTOBER IS DOMESTIC VIOLENCE AWARENESS MONTH

“My words don’t hurt.”

Katrina Cosner, MPH, MSW, LICSW
Center for Community Health and Health Equity

Help is available. Call BWH Passageway at 617-732-8753 or SafeLink at 877-785-2020.

BRIGHAM AND WOMEN’S HOSPITAL
On site DV services

- Passageway - 15 years of on site advocacy.
- Violence Intervention and Prevention
- Women’s After Care Clinic
- Consultative Service
Inquiry and Referral

- **Strangulation:**
  - Surveillance
  - Protocol Development
  - Education

- **Case Reviews** - informs practice. Ex. “Sandra”

- **Women’s After Care Clinic:**
  - Metrics: LOS, PEP
  - Texting
  - Patient Focused - “not prescriptive”
  - Delivery Model

- **Photo-documentation**
  - Development
Strangulation Data- Informing and Improving practice

BWH Strangulation Data

- FY 2009: 14
- FY 2010:
  - 68 recent cases (within past 3 months) and 24 past cases of choking/
    Total 92 cases
- FY 2011:
  - 60 recent cases and 66 past cases of choking/
    Total 126.
Texting

- ED follow-up- SA and DV patients:
  - Pre Text- 26%
  - Post Text- 87%

- HIV PEP- Data showed an improvement in the percentage of patients offered PEP compared to pre-2005 studies
  - 100% vs. 49% (Linden, 2005) and 19.2% (Merchant, 2008)

- More patients came for follow up after initiating PEP
  - 62% vs. 45% (Linden, 2005).
Supportive Environment

- EAP; Human Resources
- Clinic
- Security
- Education-
  - Case Reviews
  - Grand Rounds
  - Partners Wide Symposium-10/2013

- Signage

- Media internally external
  - Medical Alert
  - Local newspaper
  - Local Radio/TV
Community Linkages

- Know and Partner with your community - ex Public Health Commission:
  - Grant
- Family Justice Center
- Jane Doe - State Coalition; Shelters
- Police
- Department of Children and Families
- Social Service
- Schools
Building Practice: Four Pillars:

- **Research** - intervention and outcomes
- **Education** - case studies, interdisciplinary forums, across service lines and health care staff
- **Clinical Practice** - Innovation - use of simulation, texting, social media and web information. Focus on health related outcomes, costs, utilization of resources
- **Policy** - internal, state, national

Clinical Framework:

- Patient and Family Centered
- Trauma Informed Model of Care
Thank-you!
Annie Lewis-O’Connor
alewisoconnor@partners.org
Feedback

How is the pace of this webinar working for you so far?

- Faster
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- Please review
KAISER PERMANENTE:
QUALITY MEASURES FOR
INTIMATE PARTNER VIOLENCE (IPV)

Brigid McCaw, MD, MS, MPH
Medical Director, Family Violence Prevention Program

Krista Kotz, PhD, MPH
Program Director, Family Violence Prevention Program
Overview

- IPV as a quality measure
- What do we measure? Why? How?
- What do the measures tell us?
- How do we use the data to drive change?
Kaiser Permanente (KP)

- **Largest, non-profit health plan in United States**
  - 8.6 million members nationally
  - serves 9 states and District of Columbia
  - 15,850 doctors; 167,000 employees

- **KP Northern California Region**
  - 3.4 million members
  - 7000+ doctors
  - 19 hospitals, 51 health care offices
IPV as a Quality Measure

- Allows consistent analytic resources for regular quality reports
- Formalizes IPV quality improvement as a goal for the organization
- Establishes accountability for ongoing improvement
- Helps leadership at the medical center level assign resources to the issue
Kaiser Permanente
IPV Quality Measures

**Qualitative**

- Each medical center has:
  - Physician champion for IPV
  - Multi-disciplinary team to implement the model
  - Protocol for referral to mental health
2008 KP NCal DV Prevention Teams
Kaiser Permanente
IPV Quality Measures

Quantitative

- IPV Identification:
  - How many members experiencing IPV are we identifying?

- Mental Health Follow-Up
  - How many members who are identified with IPV receive MH follow-up?
Why measure IPV identification rather than screening rates?
How do we measure identification?

- Domestic violence diagnostic code entered into the diagnostic field of our electronic medical record
- Diagnostic codes are broad and include diseases, conditions, or preventive procedures and counseling
- We include a wide range of codes for domestic violence, including past history
Encounter Diagnoses (right-click dx for more options)

1. DOMESTIC VIOLENCE [995.81A]

Link: Problem List (right-click problem for more options)

HEADACHE [784.0A]
IRRITABLE BOWEL SYNDROME [564.1D]

Auth Prov: LOCKMILLER, RICHARD GORDON (M.D.) [10087966]
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Why is documenting IPV identification so important?

- Monitor our progress in identifying and addressing IPV

- IMPROVED QUALITY OF CARE
Questions so far?

(Type in the chat window.)
What do the quality reports look like?

New Quarterly Release

Intimate Partner Violence
We are pleased to announce the release of the 2012 Q2 IPV Report.

Sent on behalf of Brigid McCaw, MD, Medical Director and Krista Katz, PhD, Program Director.

KPNC Family Violence Prevention Program

We are pleased to announce the 2012 Q2 release of the Intimate Partner Violence Quality Report.

The attached "IPV 2012 Q2.xlsx" includes data on IPV identification and followup, including rates for specific departments. "IPV Identification Rate 2005-2012 7.12" shows the yearly trend for the overall IPV identification rate (among women age 18-64) for each facility and medical center (select ability buttons to open other file).

The good news is that Primary Care (Med/FP)OBGyn and ED|UC have increased the number of members identified with IPV. Unfortunately, identification in Psychiatry/CD has dropped.

Biggest improvement was seen in the San Francisco Medical Center. The Diablo and Fresno Service Areas continue to be the top performers.

Our focus on OBGyn is working – the IPV Identification rate in that dept has improved.

What can your team do?

1) Work with your Chiefs, especially in OBGyn - share the data for your facility, and plan short dept presentations.


Please address specific questions or concerns regarding this report to Zihua Lin, 510.625.7133, Quality and Operations Support.
Intimate Partner Violence (IPV)
Quarterly Report - 2012Qtr2

Number of men and women diagnosed with IPV age 18 and older

IPV identification rate among women age 18-65

Mental Health Follow-up rate among members with new IPV dx

Measure Definitions

- REGION - Total by Year
- REGION - Dept Types by Year
- FACILITY & MED CTR (Table) IPV Identification Rates
- MED CTR (Graph) IPV Identification Rates
- Dept-specific IPV Id Rates (Med/FamPr, OBGyn, ED/UC, Psych/CD)
- Mental Health Follow-up Rate
- Definitions

Kaiser Permanente

TPMG - Quality and Operations Support
Zihua Lin, 8-428-7038
IPV Identification is Increasing

Members Diagnosed with Intimate Partner Violence, 2000-2012*
(Women and Men)

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of Members</th>
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<td>2000</td>
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<td>2002</td>
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<td>2,575</td>
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<td>2004</td>
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<td>2005</td>
<td>3,551</td>
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<td>2006</td>
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<td>3,534</td>
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<td>2009</td>
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<td>2010</td>
<td>6,248</td>
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<td>2011</td>
<td>6,308</td>
</tr>
<tr>
<td>2012</td>
<td>6,719</td>
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</table>

No duplicate MRNs within each year
Is IPV identification the same as prevalence?

No!

- **Prevalence** is assessed through anonymous surveys.
- Documented **identification** happens only when the patient discloses to a clinician.

Increasing IPV identification means we are getting better at asking and responding in a way that’s helpful to our members.
Primary Care includes Behavioral Medicine Specialists and Early Start Specialists

No duplicate MRNs within each year

*Note: 2012 estimate is based on data from July 1, 2011 through June 30, 2012

IPV Identification by Dept Type

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

Number of Members with IPV Diagnosis

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

Year
Mental Health Follow-up

Percent of members identified with IPV who received MH visit, KPNC, 2001-2011
Total Count Alone Is Not Enough

- Need to measure *rates* – how many of those experiencing IPV are we identifying?

- We focus on women age 18-65 because they 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 (Denominator)</th>
<th>Women Diagnosed with IPV (Numerator)</th>
<th>IPV Identification Rate (Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Center A</td>
<td>129,974</td>
<td>5,199</td>
<td>1,164</td>
<td>22.4%</td>
</tr>
<tr>
<td>Medical Center B</td>
<td>69,416</td>
<td>2,777</td>
<td>444</td>
<td>16.0%</td>
</tr>
<tr>
<td>Medical Center C</td>
<td>32,769</td>
<td>1,311</td>
<td>168</td>
<td>12.8%</td>
</tr>
<tr>
<td><strong>Region</strong></td>
<td><strong>1,118,100</strong></td>
<td><strong>44,724</strong></td>
<td><strong>5,606</strong></td>
<td><strong>12.5%</strong></td>
</tr>
<tr>
<td>Medical Center D</td>
<td>77,641</td>
<td>3,106</td>
<td>339</td>
<td>10.9%</td>
</tr>
<tr>
<td>Medical Center E</td>
<td>158,478</td>
<td>6,339</td>
<td>528</td>
<td>8.3%</td>
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# IPV Identification Rate

**Among Women age 18-65**

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*Among Women age 18-65*

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<td>129,974</td>
<td>5,199</td>
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<td>69,416</td>
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# IPV Identification Rate

**Among Women age 18-65**

<table>
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<tr>
<th>Medical Center</th>
<th>Women Members Ages 18-65</th>
<th>Women Experiencing IPV (Denominator)</th>
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IPV Identification Rate
Among Women age 18-65

- A: 22.4%
- B: 16.0%
- C: 12.8%
- REG: 12.5%
- D: 10.9%
- E: 8.3%
IPV Identification Rate Trend

IPV Identification Rate, KPNC Women 18-65, 2001-2012

- 3.4% in 2001
- 12.5% in 2012
## IPV Identification Rate: *By Department*

Among Women age 18-65

<table>
<thead>
<tr>
<th>Department</th>
<th>Women Members Ages 18-65 who visited dept</th>
<th>Women Experiencing IPV (Denominator)</th>
<th>Women Diagnosed with IPV (Numerator)</th>
<th>IPV Identification Rate (Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB/Gyn Dept A</td>
<td>35,479</td>
<td>1,419</td>
<td>263</td>
<td>18.5%</td>
</tr>
<tr>
<td>OB/Gyn Dept B</td>
<td>38,717</td>
<td>1,549</td>
<td>190</td>
<td>12.3%</td>
</tr>
<tr>
<td>OB/Gyn Dept C</td>
<td>14,649</td>
<td>586</td>
<td>58</td>
<td>9.9%</td>
</tr>
<tr>
<td><em>Regional OB/Gyn</em></td>
<td>527,547</td>
<td>21,102</td>
<td>1,543</td>
<td>7.3%</td>
</tr>
<tr>
<td>OB/Gyn Dept E</td>
<td>73,587</td>
<td>2,943</td>
<td>143</td>
<td>4.9%</td>
</tr>
<tr>
<td>OB/Gyn Dept F</td>
<td>36,544</td>
<td>1,462</td>
<td>51</td>
<td>3.5%</td>
</tr>
</tbody>
</table>
## Women’s Health Dashboard: Outpatient Quality Metrics

<table>
<thead>
<tr>
<th>Breast Cancer Screening</th>
<th>Cervical Cancer Screening</th>
<th>Chlamydia Screening</th>
<th>Post-Partum Visit Rate</th>
<th>PreNatal Entry</th>
<th>Intimate Partner Violence</th>
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### Notes:
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening
- Post-Partum Visit Rate
- PreNatal Entry
- Intimate Partner Violence
Measurement Matters
FAMILY VIOLENCE PREVENTION PROGRAM

Our Innovative Model

Kaiser Permanente Northern California’s unique and effective approach to intimate partner violence prevention.

About our Program

Live TweetChat Hosted by AHRQ Innovations Exchange

A live TweetChat on Domestic Violence Prevention featuring Dr. Brigid McCaw @brigidmccaw was held on Thursday, September 13th, 2012. View a transcript of the chat.

Family Violence Prevention: Kaiser Permanente’s Innovative Model

Learn more about KP’s inspiring, innovative and effective model for addressing family violence. Watch the video on YouTube.

NEWS

Domestic Violence in the Workplace 2012 Conference

Futures Without Violence Launches RESPECT! Challenge

US Preventive Services Task Force Updates Recommendation on Screening for IPV

Ending Violence @ Home: A Global App Challenge

IPV Screening Encouraged in OB/Gyn Clinical Settings

Our Unique Approach

This video highlights Kaiser Permanente Northern California’s unique and effective approach to intimate partner violence prevention.

Watch the video
Questions?

Please type your questions in the chat window.
Thank you for participating in the webinar! Please take a few minutes to complete our survey (a new browser window will appear after you log out of the webinar). Your responses will be kept confidential.

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