SCREENING FOR IPV BY HEALTH CARE PROVIDERS: FVPSA RESPONSE

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KEY FINDINGS FROM THE IOM

- DV screening could help prevent future abuse, lessen disability, and improve future functioning and success in life.
- Women don’t disclose unless asked (safely).
- Victims use health care services more often.
- Physicians are in a unique position to identify abuse, but most rarely screen their patients.
- Physicians say they don’t screen because they lack experience, training, time, and confidence.
IOM Recommendation 5.7

Screening and counseling for interpersonal and domestic violence.

Screening and counseling involve elicitation of information from women and adolescents about current and past violence and abuse in a culturally sensitive and supportive manner to address current health concerns about safety and other current or future health problems.

Affordable Care Act

- HHS Secretary Kathleen Sebelius included screening in the Affordable Care Act’s recommended preventative services
- Screening and brief counseling are included in HRSA’s guidelines on preventative care
- Screening for interpersonal and domestic violence, including brief counseling, must be covered at no cost to the patient
- Screening is not mandated, and no direction is given about when, how, or how often
U.S. PREVENTIVE SERVICES TASKFORCE

- Recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive for intervention
- DRAFT recommendation was circulated for public comment (July 2012)

WE SHARE YOUR CONCERNS

- Mandatory reporting
- Child protective services
- Immigration
- Training for health care providers
- Insurance discrimination
- Distinguishing DV from “interpersonal violence”
- Increasing/overwhelming demand for DV services
COALITIONS AND DV SERVICE PROVIDERS ARE THE LYNCHPIN

- Regular screening will lead to an influx of referrals to domestic violence shelters and programs
- Coalitions must also partner with programs and provide training for clinicians and staff
- We know you have extremely strained resources:
  - 67,399 Victims Served in One Day...
  - 22,508 Hotline Calls Answered...
  - ...10,581 Unmet Requests for Services
- For screening and counseling to work, victim service providers and coalitions will need support

SO WHAT ABOUT TIMING...

- No influx of screening on August 1st
- Most new plans won’t take effect until Jan 1, 2013
- Many plans will be grandfathered – not “new”
- The Affordable Care Act does not mandate screening – only that if screening occurs, it must be provided without a co-pay or deductible
- USTPF recommendations are adopted slowly
- Referrals, field engagement, and collaboration will build over time
COORDINATING COUNCIL ON WOMEN’S HEALTH INITIATIVE

- FVPSA office via the CCWH leading HHS in promoting the IOM recommendation:
  - Coordinating the Department’s implementation of the recommendations
  - Researching strategies for including DV in medical records
  - Developing tools, models and resources to support training and technical assistance
  - Discussions include ways to integrate IPV screening across HHS and provide access to recommended screening tools and protocols

FVPSA OFFICE INITIATIVES

- FAQ for providers – official HHS guidance
- Fact sheet series for providers – unofficial guidance
- Advocacy for coalitions and local programs – importance of inclusion and need for funding
- Connecting stakeholders in health care and the DV movement
- Assessing research on screening
- Developing training and dissemination strategies
- On-line toolkit development through the Health Resource Center on DV
WHAT’S NEXT FROM TEAM FVPSA?

- Awareness webinars for coalitions & programs
- Learning more about technical assistance and capacity-building needs
- Collecting feedback on the online toolkit
- IPV Healthcare Screening Coalition Workgroup
- Continuing to work with HHS and federal colleagues to learn all we can and promote collaboration

FOR MORE INFORMATION

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