Family Violence Quality Assessment Tool for Primary Care Offices

Therese Zink, MD, MPH
University of Minnesota
Dept of Family Medicine & Community Health
zink0003@umn.edu
Goals of Health Reform—Triple Aim

- **Better health care**
  - Engage Communities
  - Enhance Consumer Experience

- **Healthier Communities**
  - Improve Health
  - Reduce Disparities

- **Lower Costs**
  - Reduce Costs
  - Reward Value
Patient Protection & Affordable Care Act

*Obamacare*

- Accountable care organizations
- Medical home/ health care home
- Team based care
- Quality measures
Accountable Care Organizations

- a healthcare organization characterized by a payment and care delivery model that seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients.
Team-Based Care

- Inter-professional teams
- Work at top of license
- Integrated behavioral/mental health
Quality Improvement

- Identify quality measures
  - Diabetes
  - Depression
  - Vascular
  - Asthma

- 30 day hospital readmissions
- Reduce Emergency Department use
Care Coordination

- Hospital discharge follow up
- Help with referrals
- Help with medication compliance
- Chronic care management
- Other ways of interacting w/ patients
Population Management

- Panel Management
  - Disease panel work
- Team effort
- Data are our patients
- Reimbursement for successes
Super-utilizers

- Atul Gwande, New Yorker, Jan 2011
  - Jeffrey Brenner, Camden NJ
PRACTICE
TRANSFORMATION
Pros and Cons

- Opportunities
- Additional resources
- Streamline efforts

- Chaos
- Competing demands
- Change is hard
Are you following?
Family Violence Quality Assessment Tool for Primary Care Offices

Therese Zink, MD, MPH
Bonnie Fisher, PhD

Quality Manage Health Care. 2007
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Purpose

- To develop a tool for evaluating family violence (FV) identification and management efforts in primary care offices.
  - CQI/TQM approach
State of the Research:

US Preventive Services Guidelines, 2004:

- No evidence for or against screening
- Lack tools to assess if screening for domestic violence makes a difference

Updating 2004 literature review
Recommendations:

- Professional organizations recommend asking and referring—IOM, AMA, AAFamily Practice, AAPeds, ACOG…
- Accreditation: JCAHO training and protocol for domestic violence
- Mandatory reporting for child abuse/neglect, vulnerable adult, and in some states domestic violence
- Quality of care concern
- Super-utilizer issue
Primary care is a very different venue…

- Continuity of Care
- Victims earlier in their process of understanding abuse
- Often care for all members of the family unit.
Patients

- Child abuse
- Partner abuse (perpetrator/victim)
- Elder abuse/vulnerable adult
- Sexual Assault

- Historical victims (ACE studies)
METHODS

- Started with Dr. J Coben’s AHRQ tool for Evaluating DV (hospital) Program

- Delphi process for consensus
- Focus Family Violence
- Identified 36 experts: physicians, nurses, advocates, social services
3 rounds – over 4 months (Jan-May 2004)

Likert scale: 1-5
Not useful—Extremely useful

Encouraged Comments

Number of experts:
1. 19
2. 18
3. 17 (90% retention)
Mean, standard deviation, range calculated. Measures with mean < 3 by more than 50% of the panelists were eliminated.

Original measures, mean (SD) and comment summaries presented for next iteration.

New measures derived from comments presented for ranking.

Smaller group of experts rank importance of each measure and each category.
Rd 1. Are translators/interpreters available for working w/ victims if English is not the victim’s first language.

Rd 2. Are translators/interpreters available or is the way to access translators outlined for working w/ victims if English is not the victim’s first language.

Rd 3. Final: Are translators/interpreters available, or is the way to access translators outlined, or is the National DV hotline referenced for working w/ victims if English is not the victim’s first language.
Family Violence Office Self-Assessment Tool

1. Office policies and procedures **
2. Office physical environment*
3. Office cultural environment**
4. Training of providers*
5. Assessment, documentation and management***
6. Evaluation activities**
7. Collaboration*
Office policies and procedures**

- Written policy/protocol
- Champion
- Confidentiality/privacy procedures
  - HIPPA
Office physical environment*

- Posters
- Brochures
- Resources for FV
Office cultural environment**

- Assessment of staff/provider knowledge about FV
- Workplace policies for staff
- Cultural competency
- Resources multi-lingual
Training of providers*

- Training plan
  - Orient new providers
  - On going efforts

- Discussion at staff meetings
Assessment***

- Standardized instruments or prompts
- Chart review
Documentation***

- Standard intervention checklist
- Available tools
  - Body map
  - Safety assessment
  - Safety plan
  - Risk assessment tool
  - Camera
Management***

- Resource list
- Mental health/behavioral health knowledgeable about FV
- Social work on site
- Clinical champion
- Procedures related to transportation
Evaluation activities**

- Part of quality improvement process
- Confidential list
- Case review
- Patient/client satisfaction
Collaboration*

- Community partners
- Local collaborative effort with community or organization
Office Differences

- Type of patients: adults, women only, children
- Part of health system, hospital system, public health or community health network or small group
- Number of years of family violence effort/program
- Location of practice: urban, suburbs, rural
Challenges

- Identify appropriate person for the tool
- Critical issues
  - Champion
  - Protocol about family violence
  - Private time w/ patients
- Central list of resources
- Collaboration w/ community based efforts
IMPLICATIONS:

- A tool for assisting primary care offices to assess their efforts to implement family violence protocols will improve care to patients and identify weak links in the office.
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