

An Overview: The RPMS Domestic Violence Screening Exam Code and GPRA Reporting

Recent initiatives and developments in health information technology offer the opportunity for improved documentation and data collection regarding assessment and intervention for domestic violence at the point of care. Being able to see the results of their efforts to increase screening rates through easy to generate electronic reports was very encouraging to providers.

-- Denise Grenier, MSW, LCSW, former Project Officer IHS-ACF DV Project and Federal Lead RPMS Behavioral Health

What are the current recommendations for screening for Domestic Violence?

Domestic Violence is a serious and common problem in the patients we serve. A 2008 CDC report on health and violence found 39% of Native women surveyed identified as victims of intimate partner violence (IPV) in their lifetime, a rate higher than any other race or ethnicity surveyed.¹ The U.S. Department of Justice Bureau of Justice Statistics report found that American Indian/Alaska Native women are more than five times more likely to be a domestic violence homicide victim than the rest of the population. DV is associated with 8 of the 10 Leading Health Indicators for Healthy People 2010 including tobacco use, substance abuse, injury and violence, mental health, responsible sexual behavior, access to health care, immunization, overweight and obesity.

Patients appreciate DV screening in the health care setting, as long as the screening is performed confidentially in a safe environment, and in a sensitive and respectful manner. A host of professional organizations, including the American Medical Association and the American Academy of Family Physicians, endorse screening women for DV in the clinical setting. Some courts have considered these professional recommendations to be common enough and strong enough to constitute a standard of care. JCAHO has required DV screening policies and procedures since the early 1990s, and Intimate Partner Violence/Domestic Violence (IPV/DV) has been a Government Performance and Results Act (GPRA) indicator since 2004.

What is the current GPRA clinical performance measure for DV screening?

The Government Performance and Results Act requires federal agencies to demonstrate that they are using their funds effectively toward meeting their missions. Appropriately for a healthcare organization, most IHS indicators describe clinical treatment and prevention measures. These performance measures are designed to improve clinical care and provide standards for quality care.

How are Domestic Violence screening results entered into RPMS?

IPV/DV GPRA Clinical Performance Measure **Objective: IPV/DV Screening**

Standard:

- **Adult females should be screened for domestic violence at a *new encounter* and *at least annually*;**
- **Prenatal patients should be screened *once each trimester***

2010 Goal

- **At least 40% of female patients ages 15-40* will be screened for domestic and intimate partner violence by the year 2010**

* The age range was set at 15-40 to reflect high rates of DV prevalence among that age group, however many facilities have opted to extend this range as low as 12 years old and as old as 99 years of age. While facilities may adapt the range, the GPRA performance indicator will only measure screening rates for women ages 15-40.

The Resource and Patient Management System (RPMS) is the health information system for IHS. It is a suite of clinical and administrative applications designed to support the provision of integrated and comprehensive health care. Domestic violence screening is recorded as an “Exam Code” within the context of a visit in RPMS. Providers can document results of screening on the Purpose of Visit (POV) line of the RPMS Patient Care Component (PCC) Encounter Form. Included on the POV line should be the name of the exam (IPV/DV Screening), the result, and the initials of the provider who screened. A brief comment related to the screening can also be included here. If a patient declines a screen or if the provider is unable to screen (for example, if the domestic partner is in the room) this should also be documented. Allowable results are:

(N) Negative – denies being a current or past victim of DV

(PR) Present – admits being current victim of DV

(PAP) Present and past – admits present and past victim of DV

(PA) Past – denies being a current victim, but admits being a past victim of DV

(R) Refused – patient declined exam/screen

(U) Unable to screen

RPMS Electronic Health Record

Providers can also enter results of IPV/DV screening electronically via the RPMS Electronic Health Record (EHR), or the RPMS Behavioral Health System (BHS). Direct provider entry of screening results is easy, efficient and provides additional privacy of sensitive patient information. The IPV/DV screening exam code is documented with other exams, health factors and patient education activities on the Wellness Tab in the above applications. Some providers have indicated that they believe the increase in the documented rate of IPV/DV screening at their facilities can be attributed to the ease of direct provider entry of clinical information into RPMS like the Electronic Health Record. Additionally the EHR offers providers clinical decision support tools to facilitate routine and effective screening, referral and documentation.

Clinical Reporting System

Clinical Reporting System (CRS – formerly known as GPRA+) is the reporting tool used

Clinical Reporting System IPV/DV Screening Indicator Logic

Denominators:

1) Female Active Clinical patients ages 15 and older at beginning of Report period.

GPRA: Female Active Clinical patients ages 15-40

Numerators:

GPRA: Patients screened for or diagnosed with intimate partner (domestic) violence during the Report period, including documented refusals in past year.

A) Patients with documented IPV/DV exam.

B) Patients with IPV/DV related diagnoses.

C) Patients provided with IPV/DV patient education or counseling.

D) Patients with documented refusal in past year of an IPV/DV exam or IPV/DV-related education.

Definitions:

1) *IPV/DV Screening*: PCC or BHS Exam Code 34

2) *IPV/DV Related Diagnoses*: POV, Current PCC or BHS Problem List 995.50, 995.51, 995.53, 995.54, 995.59, 995.8083, 995.85, V15.41, V15.42, V15.49; BHS Problem Code 43.*, 44.*

3) *IPV/DV Patient Education*: Patient Education codes containing “DV-” or “-DV”

4) *IPV/DV Counseling*: POV V61.11

5) *Refusals*: A) Any PCC or BHS refusal in past year with Exam Code 34, B) Any refusal in past year with Patient Education codes containing “DV-” or “-DV”.

Patient List: Women not screened and without documented refusal.

by the IHS Office of Planning and Evaluation to collect and report clinical performance results (GPRA measures) annually to the Department of Health and Human Services and to Congress. CRS is a software application intended to eliminate the need for manual chart audits for evaluating and reporting clinical indicators that depend on RPMS data.

The CRS logic for the domestic violence GPRA indicator is generous. Unsuccessful attempts to screen for domestic violence (recorded as “Refused” or “Unable to Screen”) are included in the logic as well as the results of completed screenings. Additionally, the logic includes domestic violence-related diagnoses (POVs) and DV-related Patient Education. Entry of any one of these items on a qualified patient for a qualified visit is considered as a positive count toward the GPRA indicator.

For further details on the IPV/DV GPRA indicator logic, CRS and GPRA, visit: <http://www.ihs.gov/cio/crs/index.asp>

IPV/ DV Health Maintenance Reminder and PCC Management Reports

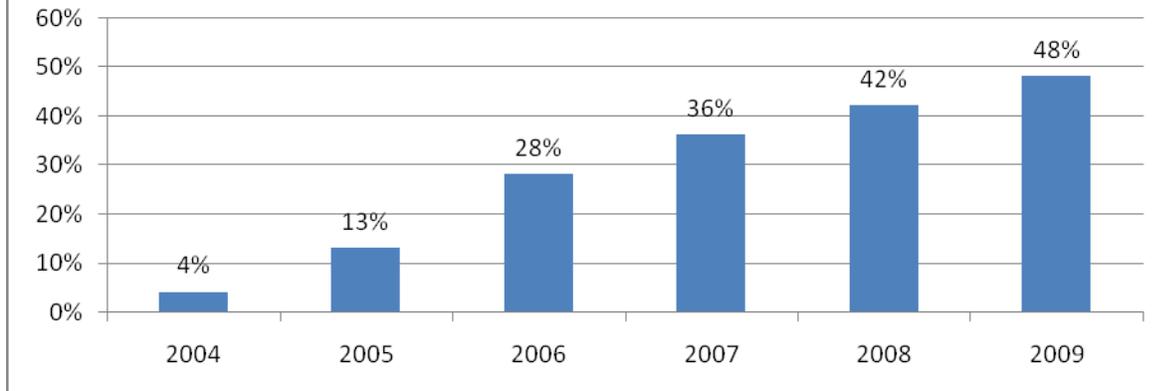
The RPMS IPV/DV screening exam also has a corresponding Health Maintenance Reminder (HMR) that appears on the Health Summary. The reminder mimics the CRS logic. The default parameters that control the display of the reminders are: females, 15 years and older, and annual screening. The display will include the “Date Last Done” and a prompt “Due Now” if a screening was not recorded in the last year. The IPV/DV Health Maintenance Reminder should be added to each type of Health Summary that includes the HMR component. To support local policy and procedures for screening (e.g. all female patients 15-40) the default parameters of the IPV/DV reminder can be changed locally by the RPMS Site Manager at the request of clinicians.

While CRS can provide aggregate data for Area and National reporting purposes, PCC Management Reports can provide a more precise view of domestic violence screening efforts at the local level. Access to the IPV/DV reports is controlled by a security key. Five different reports are available and by any specified date range can provide screening rates by gender, age, clinic, provider who screened, primary provider, and associated Purpose of Visit for the encounter in which the screening occurred. Patient lists including results of screening can also be generated to facilitate appropriate follow-up and care. Similar IPV/DV reports can also be found in the RPMS Behavioral Health System.

How is IHS doing?

The IHS long-term goal is to screen 40% of female patients ages 15-40 for domestic violence by the year 2010. IHS has already exceeded this goal. The data on the graph below reveal a steady increase in screening; from 4% in 2004 to 42% in 2008.

**Percentage of IHS AI/AN Female Patients Ages
15-40 Screened for Domestic
Violence/Intimate Partner Violence
(IHS 2010 goal is 40%)
Note: A higher score is better**



Conclusions

As more data becomes available over time the CRS quarterly and annual reports will provide real and meaningful comparisons to past domestic violence screening efforts, allowing the Agency to accurately measure its effectiveness in achieving this very important clinical objective. In addition, the latest version of the RPMS PCC Management Reports gives providers the flexibility to design their own reports and to evaluate locally determined measures of performance. Documenting screening results is now easier in the RPMS Electronic Health Record and GPRA reporting is becoming increasingly automated. All of these efforts will contribute to the mission of improved patient care and health outcomes.

For additional information on the RPMS IPV/DV Screening Exam Code contact Denise Grenier, MSW, LCSW: Denise.Grenier@ihs.gov

ⁱ Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence --- United States, 2005, *MMWR* February 8, 2008 / 57(05);113-117 <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5705a1.htm>