

*Documenting
Intimate Partner Violence /
Domestic Violence
Screening in RPMS*

Domestic Violence Screening
GPRA Clinical Performance Measure





GPRA

- Government Performance and Results Act – *federal law*
 - Performance-based budgeting
 - Measurable performance measures to demonstrate effectiveness in meeting Agency mission



Domestic Violence

GPRA Clinical Performance Measure

- During FY 2007
 - The IHS will maintain the domestic/intimate partner violence screening rate in female patients ages 15-40 at the FY 2006 rate of **28%**.
- IHS 2010 goal for DV/IPV Screening
 - 40% for female patients ages 15-40



Violence against women

- Approximately 4.4 million adult American women are abused by their spouse or partner each year.
- 30% of women in the United States experience domestic violence at some time in their lives.
- Women are 7 to 14 times more likely to suffer a severe physical injury from an intimate partner than men.



Young women at risk

- Women ages 16-24 are the group most likely to be victims of Intimate Partner Violence.
- Women in their high-school years to their mid-20s are nearly three times as vulnerable to attack by a husband, boyfriend or former partner as those in other age groups.
- Sixteen out of every 1,000 women between the ages of 16 and 24 were attacked by an intimate partner in 1999 – the highest rate of any age group.



Effects of Domestic Violence

- Symptoms of domestic violence may appear as injuries or chronic conditions related to stress.
- Women who experience domestic violence are more often victims of nonconsensual sex. They also have higher rates of smoking, substance abuse, chronic pain syndromes, depression, anxiety, and Post-Traumatic Stress Disorder.



AI/AN statistics

- American Indian and Alaska Native women experience domestic violence at rates higher than the national average.
- 13.5% of Navajo women seeking routine care at an IHS facility reported physical abuse in the past year; 41.9% had experienced physical abuse from a male partner at least once in their lives.
- 75% of women in the San Carlos Apache tribe reservation reported violence in their current relationship.



IPV during pregnancy

- Women may experience the start or escalation of violence during pregnancy.
- A review study found that an average of 4 to 8% of women had experienced intimate partner violence during pregnancy.
- In a survey of pregnant women at the Albuquerque Indian Hospital, 16% of women reported experiencing domestic violence within the last year.



Risks of IPV during pregnancy

- Abused pregnant women are at higher risk for infections, low birth weight babies, smoking, use of alcohol and drugs, maternal depression and suicide than non-abused pregnant women.
- Routine screening for intimate partner violence during pregnancy, with appropriate intervention, can help prevent more trauma.



Clinical Reporting System (CRS)

- RPMS software application – formerly GPRA+
- National reporting of clinical performance measures
 - Area and local reports as well
- On-demand reports for clinical performance measures on multiple clinical topics
- Eliminates need for manual chart audits for measures with data in Resource and Patient Management System (RPMS)



CRS GPRA Logic

- Denominator: Female Active Clinical patients ages 15-40.
- Numerator: Patients screened for or diagnosed with intimate partner (domestic) violence during the Report Period, including documented refusals in past year.



Clinical Reporting System (CRS)

- CRS IPV/DV measure report logic will currently search for:
 - IPV/DV Screening Exam Code # 34 or documented refusal
 - IPV/DV related POV
 - DV Patient and Family Education Code or documented refusal
- Preferred method of documenting screening is with the IPV/DV Screening Exam Code
 - ❖ Demonstrates intentional screening
 - ❖ Captures results of screening



National GPRA IPV/DV Screening Results

- FY 2004
 - 4%
- FY 2005
 - 13%
- FY 2006
 - 28%



Clinical Objectives

- 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*

*Source: Family Violence Prevention Fund



Why Screen?

- US Preventive Services Task Force (USPSTF)
 - Effectiveness of screening has not been validated
..... BUT
 - Screening is justifiable on other grounds including:
 - High prevalence of undetected abuse among female patients
 - Low cost and low risk of screening
 - Adverse economic and social impact of abuse
 - DV is a chronic, life-threatening condition that is treatable – if abuse is left untreated the severity and frequency of abuse often worsens



Why Screen?

- DV screening is recommended by:
 - American Academy of Family Physicians
 - American College of Physicians
 - American Medical Association
 - American College of Obstetricians and Gynecologists
- JCAHO Mandate
- GPRA Clinical Performance Measure
- Women want to be asked!

RPMS
IPV/DV Screening
Exam Mnemonic:
EX 34
or IPV Screen

AUM 4.1 Patch 1; AUPN Patch 11





Documenting IPV/DV Screening in RPMS

- Screening results are recorded as an “exam”
- Providers and Data Entry need to communicate about documentation of screening results
 - Providers need to know how and where to record results on the PCC Encounter Form
 - DE needs to know where to look for documentation and how to record in RPMS
- Only date of screen and provider initials – not result of screen – appear on Health Summary for reasons of patient safety



Documenting IPV/DV Screening in RPMS

- PCC
 - POV
 - Stamp
- PCC +
- BH applications (BHS v3.0 and BH GUI)
 - Direct provider entry of screening results when recording a visit
 - Wellness tab in BH GUI
- IHS Electronic Health Record
 - Direct provider entry
 - Exam component (typically on Wellness Tab)



Provider Documentation

Allowable Results:

- Negative – denies being a current or past victim of DV
- Present – admits being current victim of DV
- Past – denies being a current victim, but admits being a past victim of DV



Provider Documentation (cont'd)

- Unsuccessful attempts to screen should also be recorded
 - Refused (REF)
 - patient declined exam/screen
 - Unable to screen (UAS)
 - acceptable reasons for UAS include partner present, verbal child present



Provider Documentation (cont'd)

- Results can be recorded in the POV section of the PCC:

POV: DV Screen Negative, TC (provider initials)

or

POV: EX #34 UAS, partner present, TC



Provider Documentation (cont'd)

- Results can also be recorded by using a stamp on the PCC form, or
- Customized PCC+ template
 - Sample PCC+ text box below:

DV/IPV Exam Screening (circle one)				
Negative	Present	Past	Refused	Unable to screen
Comment				



IPV/DV Screening Data Entry

- Exam Mnemonic: EX 34 or IPV Screen (AUM 4.1 patch 1; AUPN patch 11)
- Allowable results:
 - N Negative
 - PR Present
 - PA Past



EX 34 – Data Entry

- Refusals Mnemonic: REF
 - Exam
 - Exam Value: INT (or INT)
 - Date Refused:



EX 34 – Data Entry

- Unable to Screen
- Mnemonic: UAS
 - Exam
 - Exam Value: INT (or 34)
 - Date UAS:



Related RPMS Functionality

- PCC and BHS Output Reports
 - Controlled by a security key
 - Local data by clinic, provider and patient (vs. aggregate national CRS data)
 - Timely data for peer reviews and performance improvement efforts
 - Identify providers/clinics with high screening rates
 - Identify providers/clinics with low screening rates
- Health Maintenance Reminder
 - Displays on Health Summary
 - Reminder to screen is provided at the point of care
 - Immediate access to patient's screening status (e.g. patient screened and result, or screening due)



PCC and BHS Screening Reports

- Tally and listing of all patients receiving IPV/DV screen including refusals, sort by:
 - Date range
 - Age
 - Gender
 - Result
 - Provider (of exam, if available; Primary Provider of Visit, PCP)
 - Date
 - Clinic
 - POV

**Note: These reports are not meant to be used in place of CRS for GPRA reporting; they are for local use only.*



Health Maintenance Reminder

- IPV/DV Health Maintenance Reminder
 - Title: DV-IPV Screening
 - Triggered by Exam Code #34
 - Default Parameters (based on GPRA Measure)
 - Females
 - 15 years- 40 years
 - Yearly screening
- *HMR Parameters can be changed to reflect local policy and procedures regarding screening



Health Maintenance Reminder

- Displays on Health Maintenance Reminder (HMR) component of Health Summary
- HMR has to be added to each type of HS
- HS Display
 - Title of Screen *and the notation:*
 - “May be Due Now” *or*
 - Date Last Done
 - Screening Result
 - Initials of Provider who screened



Documenting IPV/DV Screening in BH GUI (IHS Patient Chart)

POV	CC/SOAP	Rx Notes	Activity	CD STG	Wellness
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Behavioral Health Wellness Activity Behavioral Health Wellness Activity PCC Wellness Activity

Date	Education Topic	Health Factor	Alcohol Screening	Depression Screening

Education Health Factors **Screening**

Screening	Alcohol	<input type="text"/>	OK
	Comment	<input type="text"/>	Cancel
	Depression	<input type="text"/>	
	Comment	<input type="text"/>	
	IPV/DV	PRESENT	
	Comment	Safety planning done. See SOAP notes for details.	

Save Close



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