

# Barriers to Conducting and Applying IPV Screening and Counseling Research

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# Barriers to Intimate Partner Violence SCREENING

## Provider

- Much variability in practice.  
Who should ask? How do I ask?  
When do I ask?
- Valid and Reliable Screening Tools-EMR do not often accommodate
- What do I do if they say 'yes?'  
What does brief counseling include? Resources?
- Generational differences seen in clinical practice.
- Frustration with patients

## Health Care Environment

- Many competing demands/mandates/documentation  
...
- Vague policies around screening
- No prompts, checklists, unreliable questions, screening does not occur in context of visit
- Patient's experience with health care environment- less than optimal (promising models for chronic illness)

# Health Care-Paradigm Shift

- Prescribed Model of Care  Patient Informed
- Paternalistic Model  Patient Centric
  - Patients (and Families) are part of the Health Care Team
  - Patient Autonomy, Choices, Options
  - Voice of the Patient is advising: Operations, Policies and Practice.. More recently Research thru PCORI Grants

# Voice of the Patient

- **Quality Assurance Data:**
  - N= 310 IPV and SA Patients
  - Disjointed/Un-coordinated
  - Chaotic
  - Too many providers
  - Miss-information
  - Long waits
  - Repetitive/Redundant
  - Systems are “Difficult to navigate”
  - Judgmental and insensitive
- **Patient and Family Advisory Council**

# Quality of Care

- **Structure:**
  - Environment of care
  - Relationship between patient and provider
- **Process**
  - Protocols, policies, evidenced based practice
  - Development, Implementation and Evaluation of a model of care
- **Outcomes**
  - Structure + Process= Health Outcomes
  - Health Outcomes, Health Care Utilization, Health Care Costs
    - Patient Advisory Council advises in all aspects.

# Gaps in Research

- Studies that assess the impact of a **patient**-informed intervention (PCORI)
  - Design, implement and test interventions based on patient informed process
- Assessment/Screening: moving from checklist to context of the health care visit.
- Explore best practices in other services ( ex- Centering for Pre-natal patients)
- What outcomes do patients want?
- How do patients want to receive their interventions? (On-line, group, social network, interactive video +/- in person visits
- Coordination of Law-Enforcement, Child Services and Mental Health
- Trauma- Informed Care (TIC)- can moving providers to think in this context improve patient engagement and ultimately patient health outcomes. More research in the area of measuring TIC across an institution- this work is in progress- but not in health care systems.