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.