

Breakout I.

Electronic Health Records: Meaningful Use Standards and System-wide Responses

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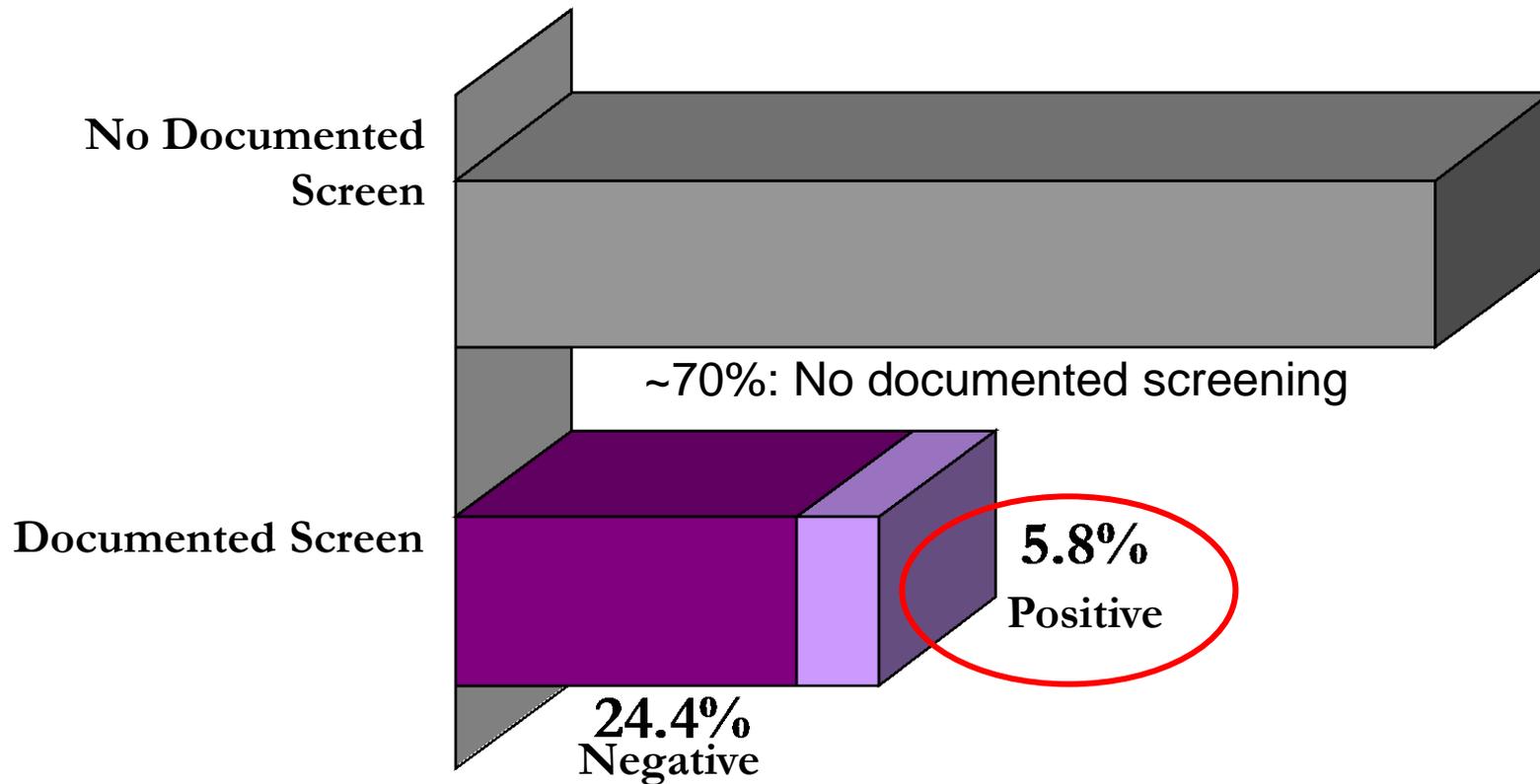
National Library of Medicine, NIH

Health Care Responsibilities

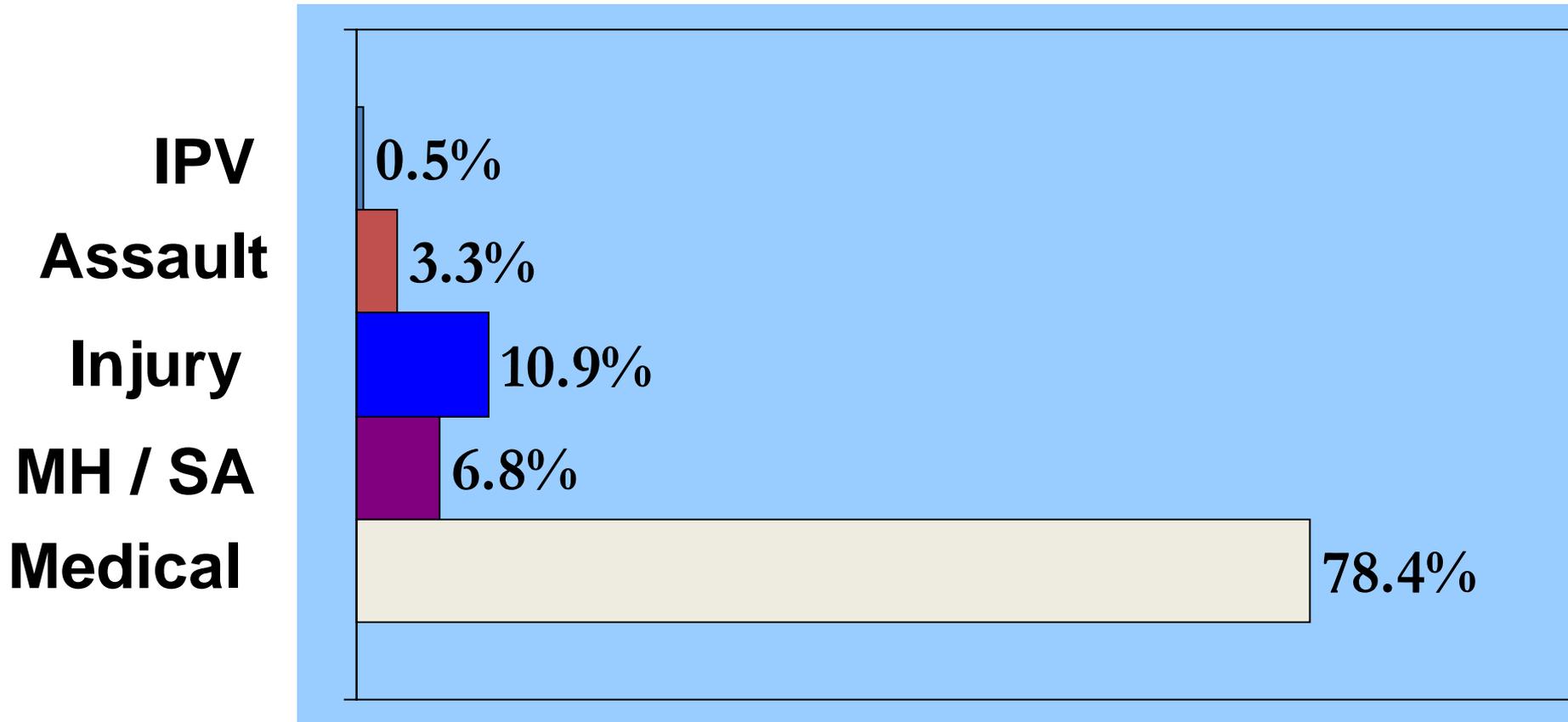
- Routinely screen for IPV
 - Are you in a relationship where you have been hurt or threatened?
- Recognize high risk situations
 - Stalking, choking, access to gun, suicide or homicide threats, times of leaving
- Link patients with appropriate resources
 - Shelter, counseling, legal resources, advocacy
- Legally-useful documentation
 - Direct quotes, forensic evidence; identity of the assailant, statement that the injuries sustained are consistent with assault

BUT WE ARE NOT VERY GOOD AT CASE FINDING!!

ED CHART REVIEW: IPV Screening (5,767 Visits by 993 Known IPV Victims)



Chief Complaints in 5,767 Visits by Police-Identified IPV Victims who used ED*



Sources: NIJ Victim Participation study & ED History study, Rhodes, et al, JGIM 2011

ED Interventions

If IPV was identified...

- 50% involved a police report
- 45% saw a social worker
- 33% documented safety assessment
- 25% referred to victim services

*Time for a change of strategy...

Why didn't the ED docs identify IPV?

- IPV is rarely the chief complaint
- Limited time, limited comfort
- Don't want to open Pandora's Box
- Patients don't conceive of themselves as victims
 - But most will disclose experiences with abusive behaviors if directly questioned

Suggs, Inui. JAMA 1992;267:3157-60

Gerbert et al. Med Care 1999;37:104-111

Promote Health Survey



Promote Health

Physician Report

Physicians to Assess Risk

Symptoms of Depression

Asses for current suicidal risk. If patient is depressed but not suicidal, give the following number 1-800-421-4211.

Possible Partner Abuse For more information, contact the Domestic Violence Hotline: at 1-800-799-SAFE.

Assess for current emotional, physical and/or sexual abuse. Assess safety issues and document. Give opportunity to file police report and to talk to someone during current visit. For more information, contact the Domestic Violence Hotline: at 1-800-799-SAFE, or the Rape & Abuse National Network: at 1-800-656-HOPE.

Research Info. ID #123

Time: 4:31:57 PM

Date: 1/23/2004

Time to finish quiz: 5 minutes

Demographics

Age: 30

Sex: Female

Race: Black

Height: 5' 3"

Weight: 150 BMI: 26.6

Marital: Single

Education: High school

Employed: Yes

Enough \$ to meet needs: No

Doesn't see MD due to \$: No

[Show all responses](#)

Health Risks By Category

General Health

Self-rated Health Status: Good.

Hx Asthma or lung disease Yes

Hx of MI Yes

Sx of chest pains Yes

Takes less of meds than prescribed Yes

OTC meds MD doesn't know about Yes

Hx of HTN on BP meds Yes

Doesn't get regular exercise Yes

Hx DM Yes

Hx of High cholesterol Yes

Social Network

Lives alone

Weak social network

Recent separation or loss

Mental Health

Depressed ≥ 2 wks in last year

Depressed in last 2 wks

Change in appetite

Trouble sleeping

Tired and w/o energy

Feels worthless or guilty

Trouble concentrating

Thoughts of suicide

Past Hx of suicide attempt

Sexual Health

No STD risks or skipped question.

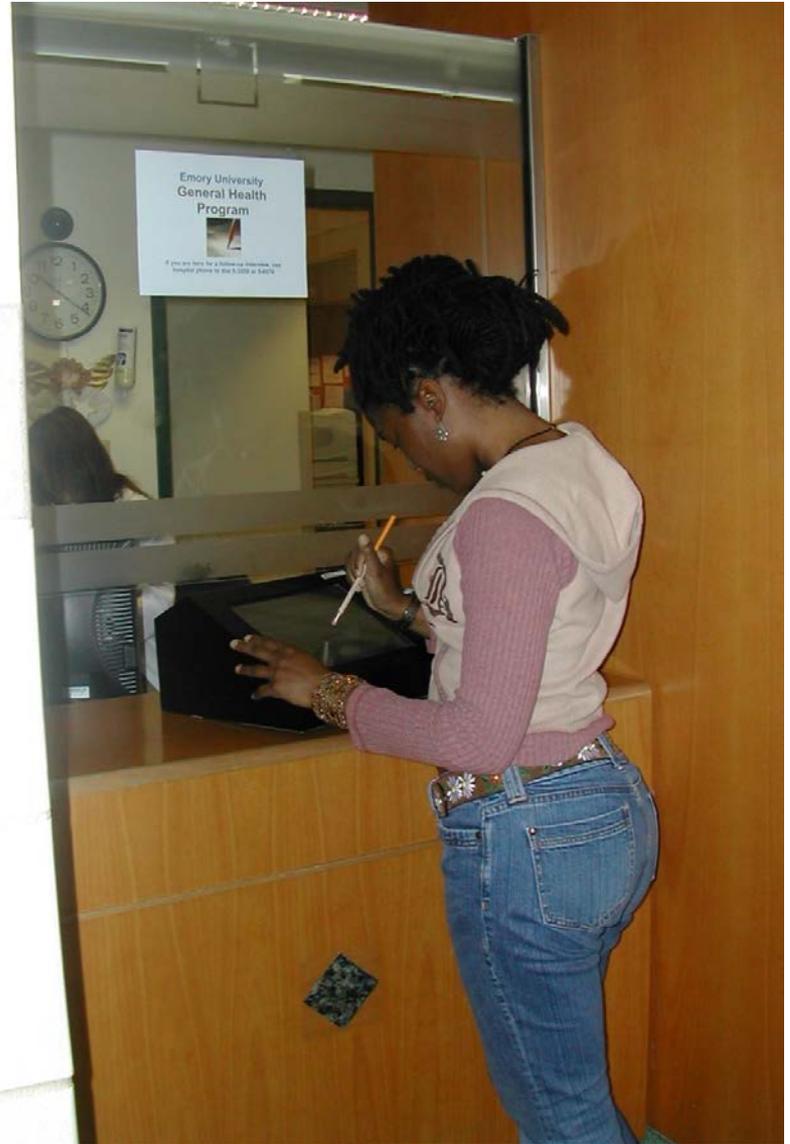
Safety

Access to gun.

No working smoke detector.

Drives after drinking

Doesn't always wear seatbelt



Promote Health Assessment

Computer-based Risk Assessment

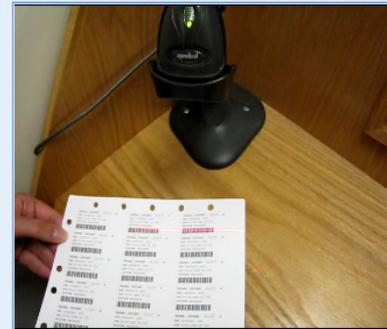
Linked to ED Electronic Medical Record for provider review.

Social Service Resources automatically printed with discharge notes.



Promote Health Assessment

To begin, place sheet of bar code labels under scanner until red light hits the barcode



Promote Health Includes:

- General Information
- Recent Symptoms
- Health Behaviors
- Daily Life
- Social Support
- Injury Risk Factors
- Conflict & Abuse
- Family History

General Information -- Page 1 of 10

To more fully address our patients' overall health, we are asking questions about your medical and family history, home life, emotional health, and lifestyle. Your decision to complete this survey will not influence your ability to receive care.

Enter Age

Sex Male Female

HEIGHT: Feet 1 2 3 4 5 6 7 8
Inches 0 1 2 3 4 5
 6 7 8 9 10 11

WEIGHT: Pounds

Race White Hispanic Multi-racial Other
 Black Asian Native American

Education None Some college
 Less than high school College graduate
 High school graduate Post college

In the past year, has ANYONE in your life hit or physically hurt you?

- Yes No Not Sure

IF YES, Is this person a:
(Check all that apply)

- current partner family member
 former partner someone else
 someone you have a child with

Does someone you live with have a problem controlling their anger?

- Yes No Not Sure

Do YOU have a problem controlling YOUR anger?

- Yes No Not Sure

Have YOU hit or physically hurt a partner?

- Yes No Not Sure

Do you currently feel threatened or afraid of anyone?

- Yes No Not Sure

IF YES, Is this person a:
(Check all that apply)

- current partner family member
 former partner someone else
 someone you have a child with

Have the police been called because of a fight between you and a partner?

- Yes No Not Sure

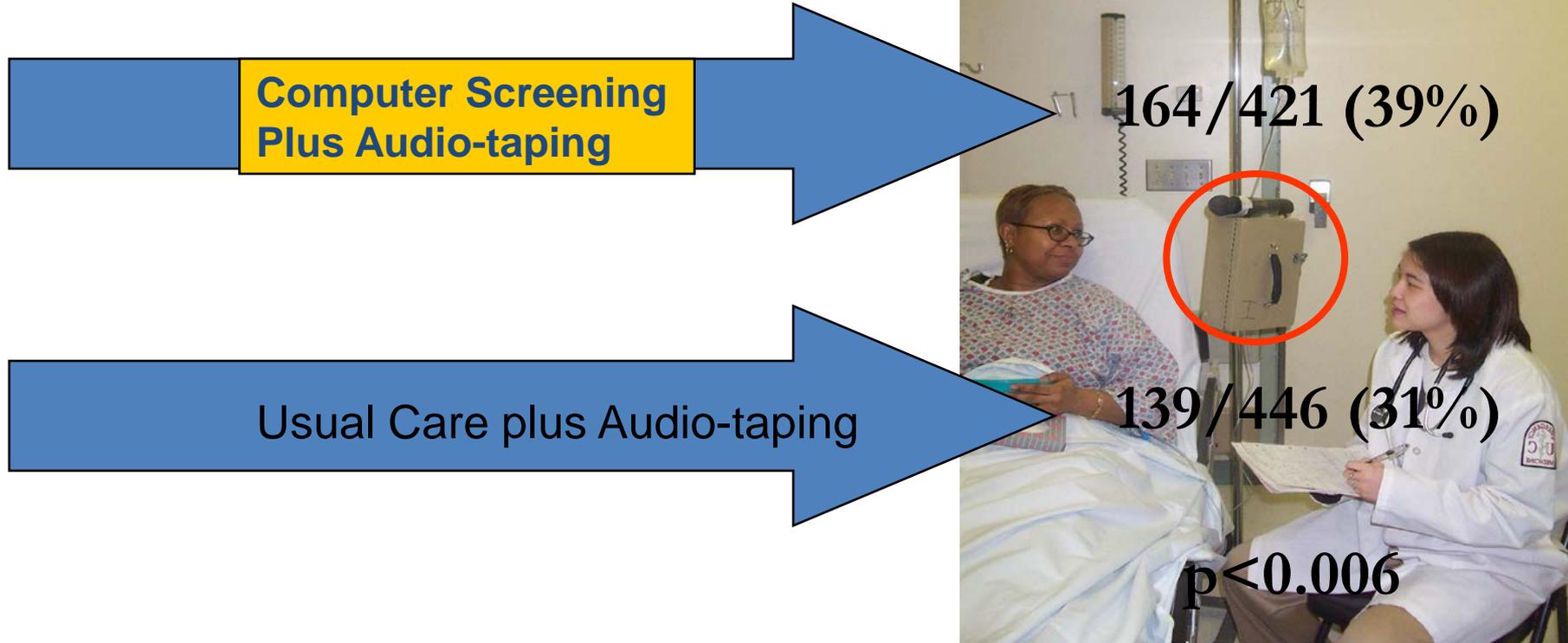
Done

<< Back

>> Next

Results: N=871 Audio-tapes More IPV Disclosures/Discussions* in the Computer screened Group

(*Any mention of IPV or IPV risk factor on audiotape)



Rhodes, et al. Lowering the Threshold for Discussions of Domestic Violence: A Randomized Controlled Trial of Computer Screening, Archives IM, 2006

Patient Satisfaction: Increased with Any IPV discussion*

Any discussion of IPV Risk	Satisfaction with visit “Very High” or “Excellent” on Exit
Yes	150/266 (56%)
No	195/455 (42%)
	p=.001

*For patients with both audio and exit data N=721

Universal Screening – is now both evidence-based and open to innovation

- Long recommended by most medical professional organizations
 - AMA, ACOG, ACEP, AAP, etc. and in 2011 by the IOM
- USPSTF (2012): Recommends screening women of childbearing age
- Evidence: RCT, (Kiely et al., Obstet& Gynecol 2010) National Institutes of Health-DC Initiative to Reduce Infant Mortality in Minority Populations
 - Women in the intervention group had less episodes of IPV during pregnancy and post partum; AOR=0.48; (0.29-0.80).



Many questions remain---

- How best to integrate (confidential) routine IPV screening into clinical care?
 - When, how often to screen, who to screen (all women, men?)
- Whether/how to transfer IPV information to the treating provider safely, securely and still empower the victim
 - Allow the women to have control over the sensitive information
- Screening without intervention is not likely to be effective (Klevens et al. JAMA, 2012)
 - Best interventions: for which groups? targeted at level of risk? length/intensity of intervention, outcomes to follow? Who should be conducting the interventions – MSWs, CHWs, Advocates?

Opportunities in the Electronic Health Record for Advancing IPV Screening, Intervention, and Research

DHHS IPV Research Symposium | December 9, 2013

Brigid McCaw, MD, MS, MPH, FACP

Medical Director, Family Violence Prevention Program

The Permanente Medical Group

Using the Electronic Health Record to Improve IPV Services



Patients



Clinicians



Health Care Organizations



Researchers

Many Elements in EHR



Billing

Compliance

HIPAA

Release of
Information

Kaiser Permanente

- Largest non-profit health plan in the US
 - Fully implemented electronic medical record
-

- **18,000** physicians & **9 Million** members
 - **8** states, **37** hospitals & **618** medical offices
-

- One of the largest health research programs

EHR Tools for Clinicians: Improving IPV Inquiry

- Prompts to ask about IPV
 - **Best Practice Alerts** (BPA)
 - triggered by age, gender, type of visit
 - triggered by symptoms complex, freq of visits

EHR Tools for Clinicians: Improving IPV Inquiry

Reminders embedded in **Progress Note**

History

Sexual Activity

Sexually Active:

Yes -- Male partner(s)

INTIMATE PARTNER VIOLENCE:

Current IPV: {GYN IPV Status:293106}

Past IPV: {GYN IPV Status:293106}

Partner interference with birth control or pregnancy choices: {GYN IPV Status:293106}

No results found for this basename: HPV CERVX

Last GYN Cytology Results:

Yes, added to Problem Lis

No

Not applicable

EHR Tools for Clinicians: Improving Documentation & Intervention

- Smart phrases (clinic note with essential elements)
- Smart set (includes note, orders, referral, followup)
- Danger/lethality assessment questionnaire
- Screening for depression, PTSD, CD

Overview of SmartSet Contents

The screenshot displays a software interface for a SmartSet titled "SmartSet - DOMESTIC VIOLENCE ASSESSMENT (DOMVIOL-NATL)". On the left is a vertical navigation menu with items such as Allergies, Medications, Flowsheets, Problem List, History, Letters, Demographics, Scan, CIPS, Patient Report, Order Entry, Imm/Injections, Doc Flowsheet, Forms, eConsult, Visit Navigator, Close Encounter, and SmartSet Selector. The "SmartSet Selector" item is highlighted with a red box. The main content area features a toolbar with icons for Association, Primary Dx, Edit Item, Favorite, Pharmacy, Questionnaire, Health Maint, Accept/Pend, and Accept/Sign. Below the toolbar, a context menu is open, listing several content categories, each with a plus icon in a square:

- GUIDELINES AND QUESTIONNAIRES
- PROGRESS NOTES
- DIAGNOSIS (RIGHT-CLICK TO ADD COMMENTS)
- MEDICATIONS - Right click to edit details
- FOLLOW-UP - Right Click to Edit Disposition and Follow-up Data
- PATIENT INSTRUCTIONS

The context menu is also highlighted with a red rounded rectangle.

SmartSet: Detailed Contents

The screenshot displays the 'SmartSet - DOMESTIC VIOLENCE ASSESSMENT (DOMVIOL-NATL)' interface. On the left is a sidebar with navigation options: Allergies, Medications, Flowsheets, Problem List, History, Letters, Demographics, Scan, CIPS, Patient Report, Order Entry, Imm/Injections, Doc Flowsheet, Forms, eConsult, Visit Navigator, Close Encounter, and SmartSet Selector. The 'SmartSet - DO...' option at the bottom of the sidebar is highlighted with a red box. The main content area features a toolbar with icons for Association, Primary Dx, Edit Item, Favorite, Pharmacy, Questionnaire, Health Maint, Accept/Pend, Accept/Sign, and Cancel. Below the toolbar is a list of 'GUIDELINES AND QUESTIONNAIRES' with expandable sections:

- GUIDELINES AND QUESTIONNAIRES
 - Clinical Practice Guidelines (multiple)
 - DOMESTIC VIOLENCE CLINICAL PRACTICE GUIDELINES - NW (RIGHT-CLICK TO VIEW)
 - For screening and danger assessment tool, click Questionnaire on toolbar above. (multiple)
 - If questionnaire is used with a clinic visit for a medical condition or assault, consider using Progress Notes
- PROGRESS NOTES
 - Progress Notes (multiple)
- DIAGNOSIS (RIGHT-CLICK TO ADD COMMENTS)
 - Diagnoses for Domestic Violence (multiple)
 - Diagnoses - Other. Use only if no DV-specific diagnosis applies, or for contraception (multiple)
- MEDICATIONS - Right click to edit details
 - Emergency Contraception (single)
- FOLLOW-UP - Right Click to Edit Disposition and Follow-up Data
 - Follow-up (single)
- PATIENT INSTRUCTIONS
 - Patient Instructions (DO NOT print this section out if it presents a safety issue) (multiple)

EHR Tools for Clinicians: Improving IPV Intervention & Referral

- Guidelines
- Treatment recommendations
- Referral protocol
- Intranet sites: "abuse and assault website"

Abuse and Assault Link Resources

Clinical Care

Facility Implementation

KP Workplace

Customer Engagement

Intimate partner violence

Email

Print

If the victim is under 18 years, see [child abuse](#). If over 64 years also see [elder abuse](#).

MD, NP, RN

Mental Health/Social Services Clinician

[Refer patient to mental health and local resources](#)

more ▼

[Give member resource information](#)

more ▼

[Document in HealthConnect™](#)

more ▼

[Report to law enforcement \(INJURY ONLY\)](#)

more ▼

Additional Resources:

[How to screen](#)

[What to say when the answer is yes](#)



▶ [Suspicious injury report form \(Cal EMA 2-920\)](#)

National Domestic Violence

Online Training Tools for Clinicians



[KP HealthConnect Video Tip: Abuse and Assault Link](#)



[Clinicians: Online Training \(14min\)](#)



A screenshot of the Kaiser Permanente Family Violence Prevention Program website. The page title is 'FAMILY VIOLENCE PREVENTION PROGRAM Northern California'. There are navigation tabs for 'Clinical Care', 'Facility Implementation', 'KP Workplace', and 'Customer Engagement'. A sidebar on the left lists various types of violence: Intimate partner violence, Teen dating violence, General assault, Sexual assault, Child abuse, Elder / Dependent abuse, and Animal Bites. The main content area is titled 'Intimate partner violence' and includes links for 'How to screen', 'What to say when the answer is yes', 'HealthConnect video tip: Documenting domestic violence', 'Danger assessment', 'Safety plan', and 'Treating a patient with injury? Reporting required'. There are also buttons for 'Refer patient to mental health and local resources', 'Give member resource information', 'Document in HealthConnect™', and 'Report to law enforcement (INJURY ONLY)'. A photo of a woman is on the right, with a link to a 'Suspicious injury report form (Cal EMA 2-920)'. At the bottom right, the National Domestic Violence Hotline number is provided: 800-799-7233.

EHR Tools for Health Care Organizations

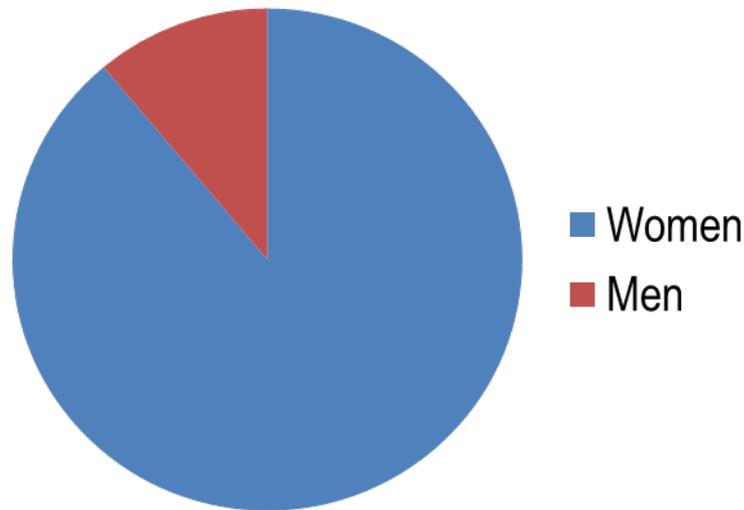
Using aggregated data from EHR based on diagnostic codes

- Descriptive information
- Registries
- Quality measures
- Participation in research networks

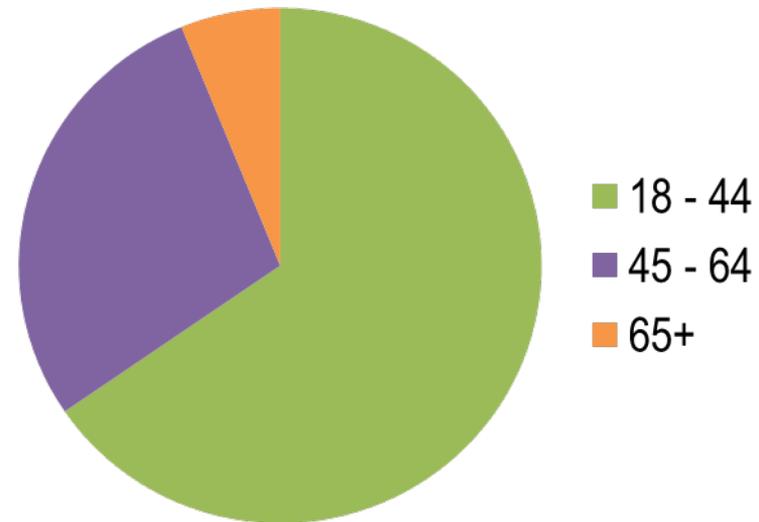
37,219 KP Patients Identified with IPV

1998-2011

By Gender



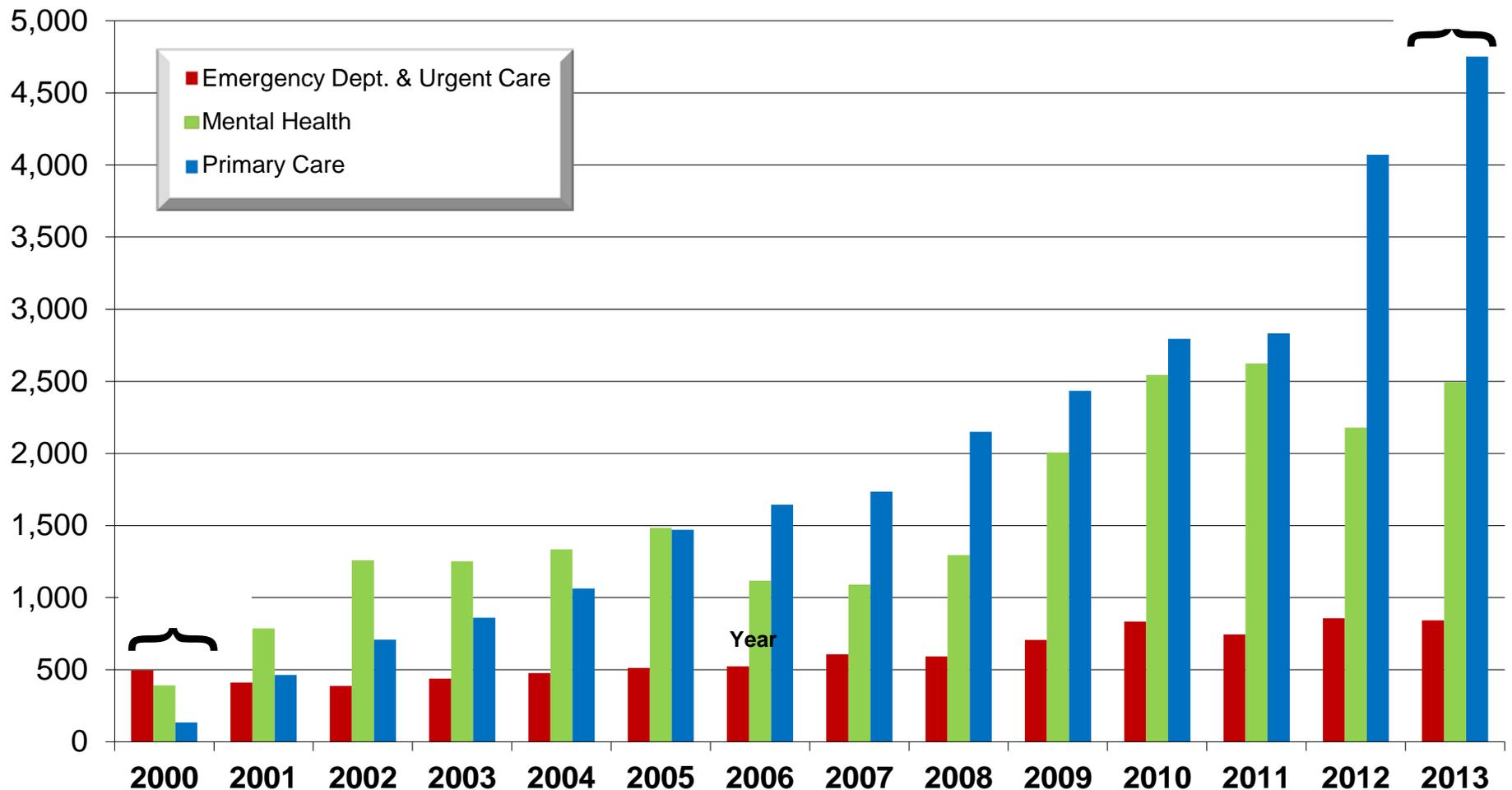
By Age



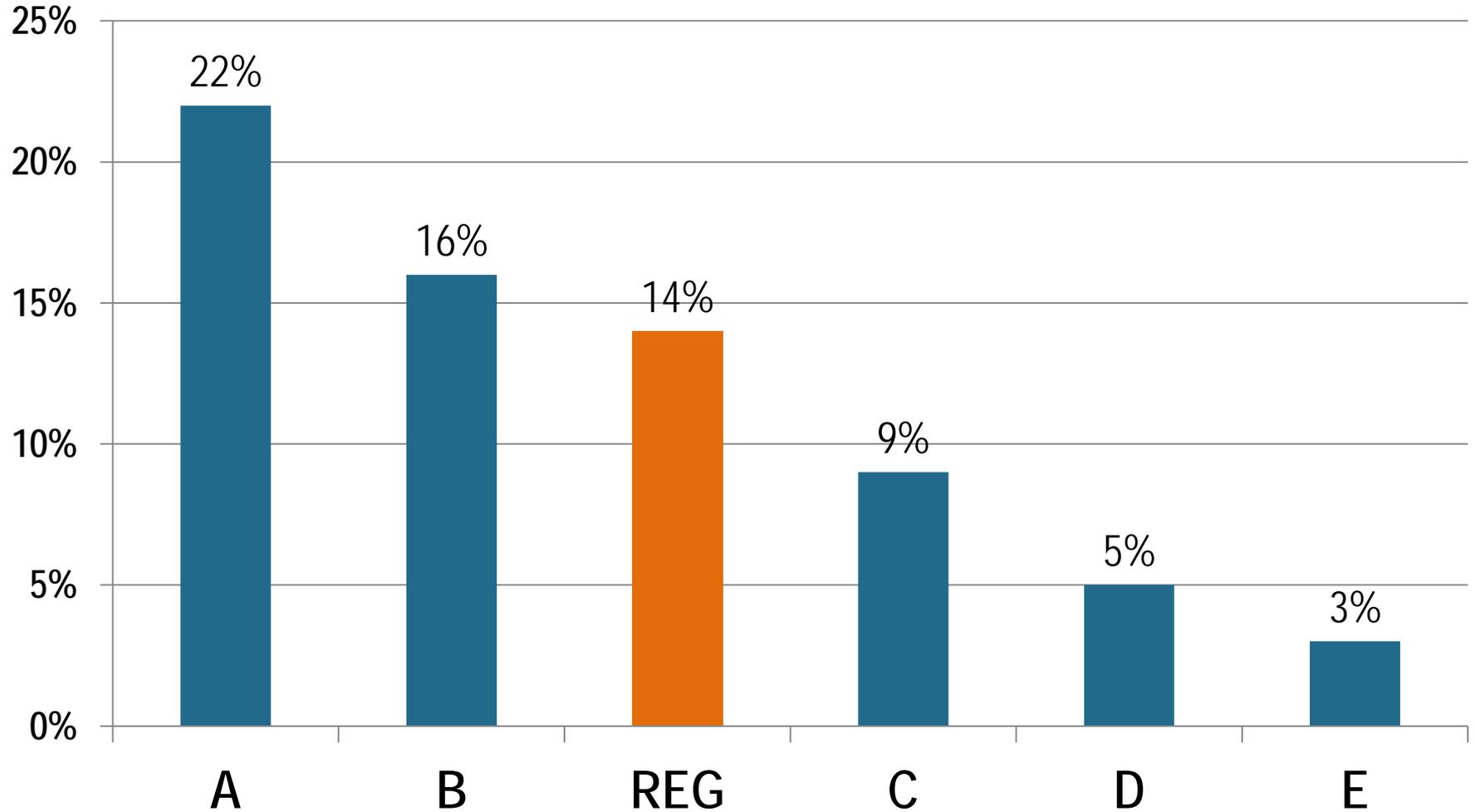
Additional Information: Ethnicity ▪ Language ▪ Length of Kaiser membership ▪ Smoking status ▪ BMI ▪ Pregnancy within 2 years of IPV diagnosis

IPV Identification Increasing: Largely in primary care and mental health departments

Members Diagnosed with Intimate Partner Violence, 2000-2013



Comparison of Clinics: IPV Identification Rate *Among Women age 18-65*



18 HMORN Research Networks

Group Health,
Center for Health Studies

HealthPartners,
HealthPartners
Research Foundation

Marshfield Clinic,
Marshfield Clinic
Research Foundation

Health Alliance
Plan, Henry Ford
Health System

Harvard Pilgrim
Health Care,
Department of
Ambulatory Care
& Prevention

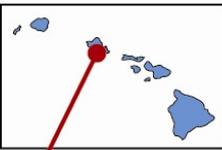
Kaiser Permanente Northwest,
Center for Health
Research/Northwest

Kaiser Permanente
Northern California,
Division of Research

Kaiser Permanente
Southern California, Department
of Research and Evaluation

Fallon Community Health
Plan, Meyers Primary
Care Institute

Geisinger Health Plan,
Center for Health Research



Kaiser Permanente Hawaii,
Center for Health
Research/Hawaii

Lovelace
Health Plan,
Lovelace Clinic
Foundation

Kaiser Permanente
Colorado, Institute
for Health Research

Kaiser Permanente Georgia,
Center for Health
Research/Southeast



Contact Information

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510-987-2035

References for Kaiser Permanent Family Violence Prevention Program

- AHRQ Innovations Exchange
<http://www.innovations.ahrq.gov/content.aspx?id=2343>
- IOM Forum on Global Violence Prevention
Preventing Violence Against Women and Children – Summary
<http://iom.edu/Reports/2011/Preventing-Violence-Against-Women-and-Children-Workshop-Summary.aspx>
- Institute for Health Policy
Kaiser Permanente Policy Stories Vol 1 Issue 10
<http://www.kpihp.org/kaiser-permanente-policy-stories-v1-no-10-transforming-the-health-care-response-to-domestic-violence/>

“Meaningful Use” (MU)

- Medicare/Medicaid-eligible hospitals and health professionals may receive incentive payments (& later avoid penalties) if they:
 - Use “certified” EHR products
 - Use required EHR standards (e.g., terminology, record exchange)
 - Meet specific EHR use criteria
- Requirements escalate: 2011, 2014, 2017

General Benefits for Research (and practice)

increasing over time

- More standardized electronic data available as a by-product of care
- Standard data export/import formats supported by all EHR systems
- Standards for inserting/testing screening instruments/interventions in all EHR systems

Possible ways to enhance “Meaningful Use” to benefit IPV Screening & Counseling research *(and practice)*

- EHR product certification
 - Add requirements for relevant capabilities, e.g.,
 - import, use, and export standard data capture forms (like screening instruments)
- EHR standards
 - Ensure that IPV concepts/key screening instruments are represented in relevant required standards
 - address intellectual property issues
 - Promote useful convergence re: screening instruments??
- EHR use criteria
 - Include specific requirement(s) for IPV screening &/or counseling

The 50,000 foot view

- IPV screening works, if done & connected to services
- Integrating domestic violence prevention with EHRs works
 - What research specific to documentation and intervention is needed?
- MU EHR enhancements could facilitate more effective IPV screening, documentation, intervention, & referral
 - What steps can be taken to promote this?
- More EHR data may support new methods for identifying at risk patients
 - What research is needed?

References

- Barghava R, Temkin TL, Fireman BH, Eaton A, McCaw B, Kotz KJ, Amaral D (2011) **A Predictive Model to Help Identify Intimate Partner Violence Using Diagnoses and Phone Calls**. *American Journal of Preventive Medicine*. 2011 Aug. 41(2): 129-35.
- Ahmed A, McCaw B (2010) **Mental Health Services Utilization Among Women Experiencing Intimate Partner Violence**. *American Journal of Managed Care*, 16(10)731-738
- Decker M, Frattaroli S, McCaw B, et al (2012) **Conference proceedings: Transforming the Health Care Response to Intimate Partner Violence and Taking Best Practices to Scale**. *Journal of Women's Health* 21 (12) 1222-1229

Research questions related to EHR

- Do “prompts ” (eg Best Practice Alerts (BPA,) reminders embedded in progress notes) increase screening? Does it increase identification? Do some “prompts” work better than others?
- Do clinician tools (guidelines, care path, smart phrases, smart set) improve the IPV clinical intervention help? Which work best ?
- Is on-line training more effective in changing clinician behavior than traditional training?

Research Questions Related to EHR

- Visible documentation of IPV: does this improve coordination of care and clinical outcomes? Are there unintended consequences? Any safety concerns? How do patients feel about it?
- What kind of screening and intervention do pts prefer, both those that are experiencing IPV and those that are not.
- What health systems level implementation approaches are associated with increased identification and improved outcomes?

EHR Challenges that Impact IPV Research

- Accuracy of data is impacted by:
 - Concerns regarding documentation related to visibility, stigma, privacy, confidentiality, safety
 - Differences in terminology, definition of abuse, multiple codes
- Different points of view: patients, clinicians, DV advocates, compliance officers, researchers, IRB's, criminal justice
- Rapidly evolving technology