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Family Violence Quality Assessment Tool for Primary Care Offices

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Family Violence Quality Assessment Tool for Primary Care Offices

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Goals of Health Reform—Triple Aim

Patient Protection & Affordable Care Act *Obamacare*

Accountable care organizations
Medical home/ health care home
Team based care
Quality measures

Accountable Care Organizations

- a healthcare organization characterized by a payment and care delivery model that seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients.

Team-Based Care

- Inter-professional teams
- Work at top of license
- Integrated behavioral/mental health

Quality Improvement

- Identify quality measures
 - Diabetes
 - Depression
 - Vascular
 - Asthma
- 30 day hospital readmissions
- Reduce Emergency Department use

Care Coordination

- Hospital discharge follow up
- Help with referrals
- Help with medication compliance
- Chronic care management
- Other ways of interacting w/ patients

Population Management

- Panel Management
 - Disease panel work
- Team effort
- Data are our patients
- Reimbursement for successes

Super-utilizers

- Atul Gwande, New Yorker, Jan 2011
 - Jeffrey Brenner, Camden NJ

PRACTICE TRANSFORMATION

Pros and Cons

- Opportunities
- Additional resources
- Streamline efforts
- Chaos
- Competing demands
- Change is hard

Are you following?

Family Violence Quality Assessment Tool for Primary Care Offices

Therese Zink, MD, MPH

Bonnie Fisher, PhD

Quality Manage Health Care. 2007

Vol. 16, No. 3, pp. 265–279

Purpose

- To develop a tool for evaluating family violence (FV) identification and management efforts in primary care offices.
 - CQI/TQM approach

State of the Research:

US Preventive Services Guidelines, 2004:

- No evidence for or against screening
- Lack tools to assess if screening for domestic violence makes a difference

Updating 2004 literature review

Recommendations:

- Professional organizations recommend asking and referring—IOM, AMA, AAFamily Practice, AAPeds, ACOG...
- Accreditation: JCAHO training and protocol for domestic violence
- Mandatory reporting for child abuse/neglect, vulnerable adult, and in some states domestic violence
- Quality of care concern
- Super-utilizer issue

-
- Primary care is a very different venue...
 - Continuity of Care
 - Victims earlier in their process of understanding abuse
 - Often care for all members of the family unit.

Patients

- Child abuse
 - Partner abuse (perpetrator/victim)
 - Elder abuse/vulnerable adult
 - Sexual Assault
-
- Historical victims (ACE studies)

METHODS

- Started with Dr. J Coben's AHRQ tool for Evaluating DV (hospital) Program
- Delphi process for consensus
- Focus Family Violence
- Identified 36 experts: physicians, nurses, advocates, social services

3 rounds – over 4 months (Jan-May 2004)

Likert scale: 1-5

Not useful—Extremely useful

Encouraged Comments

Number of experts:

1. 19
2. 18
3. 17 (90% retention)

Mean, standard deviation, range calculated
Measures w/ mean < 3 by more than 50% of
the panelists were eliminated.

Original measures, mean (SD) and comment
summaries presented for next iteration.

New measures derived from comments
presented for ranking

Smaller group of experts rank importance of
each measure and each category

Rd 1. Are translators/interpreters available for working w/ victims if English is not the victim's first language.

Rd 2. Are translators/interpreters available or is the way to access translators outlined for working w/ victims if English is not the victim's first language.

Rd 3. Final: Are translators/interpreters available, or is the way to access translators outlined, or is the National DV hotline referenced for working w/ victims if English is not the victim's first language.

Family Violence Office Self-Assessment Tool

1. Office policies and procedures **
2. Office physical environment*
3. Office cultural environment**
4. Training of providers*
5. Assessment, documentation and management***
6. Evaluation activities**
7. Collaboration*

Office policies and procedures**

- Written policy/protocol
- Champion
- Confidentiality/privacy procedures
 - HIPPA

Office physical environment*

- Posters
- Brochures
- Resources for FV

Office cultural environment**

- Assessment of staff/provider knowledge about FV
- Workplace policies for staff
- Cultural competency
- Resources multi-lingual

Training of providers*

- Training plan
 - Orient new providers
 - On going efforts
- Discussion at staff meetings

Assessment***

- Standardized instruments or prompts
- Chart review

Documentation***

- Standard intervention checklist
- Available tools
 - Body map
 - Safety assessment
 - Safety plan
 - Risk assessment tool
 - Camera

Management***

- Resource list
- Mental health/behavioral health knowledgeable about FV
- Social work on site
- Clinical champion
- Procedures related to transportation

Evaluation activities**

- Part of quality improvement process
- Confidential list
- Case review
- Patient/client satisfaction

Collaboration*

- Community partners
- Local collaborative effort w/ community or w/ organization

Office Differences

- Type of patients: adults, women only, children
- Part of health system, hospital system, public health or community health network or small group
- Number of years of family violence effort/program
- Location of practice: urban, suburbs, rural

Challenges

- Identify appropriate person for the tool
- Critical issues
 - Champion
 - Protocol about family violence
 - Private time w/ patients
- Central list of resources
- Collaboration w/ community based efforts

IMPLICATIONS:

- A tool for assisting primary care offices to assess their efforts to implement family violence protocols will improve care to patients and identify weak links in the officerts.

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