Addressing Intimate Partner Violence and Human Trafficking with New OCHIN SmartTools

Introduction

Intimate Partner Violence (IPV) and Human Trafficking (HT) are serious public health problems affecting millions of people every year. Health care providers and staff play a crucial role in identifying and responding to IPV/HT, as they may be the first point of contact for survivors seeking help. Health Information Technology (HIT) can be a useful tool in improving the health care response to IPV while also protecting survivors' privacy and confidentiality. Electronic Health Records (EHRs) can be used to document IPV and provide prompts and scripts for providers on how to discuss IPV and promote prevention. These tools can facilitate standardized and confidential conversations, making it easier for providers to initiate discussions about IPV and provide appropriate referrals and support. In a randomized controlled trial at four family planning clinics in Western Pennsylvania, provider scripts showed promise in improving implementation of universal education about intimate partner violence and decreasing experiences with abusive and coercive behaviors.

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- Health Care Provider

“Tool is easy to use and having it integrated into the flowsheet is a great time-saver”
- Health Care Provider

HIT platforms can also help health care providers coordinate care for patients who disclose IPV, ensuring they receive appropriate medical and mental health services, advocacy, and safety planning. Finally, HIT platforms can also help health centers document and track IPV-related assessment, services, and referrals, ensuring continuity of care across different providers and locations. These platforms facilitate data collection for quality improvement initiatives and compliance with regulatory requirements—such as the new UDS measures on IPV.

Health Partners on IPV + Exploitation, a project of Futures Without Violence, provides training and technical assistance to the nation's network of 15,000 health centers (HCs) that reach 30 million people annually.

As part of our ongoing efforts, we reached out to OCHIN to partner on the development and design of tools in OCHIN’s Epic platform to improve health center responses to IPV specifically implementing CUES and:

- Facilitate workflow
- Facilitate and drive practice change
- Facilitate data collection
- Identify areas for improvement and gaps in response for clinic flow

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About the OCHIN Tools

OCHIN has created a series of tools to help promote, script, and document CUES intervention outcomes. Piloted in 2022, the CUES tools are now ready for use for the over 200 health centers in the OCHIN network. Cues trained organizations may elect to use OCHIN’s Best Practice CUES Tools and Workflows, (note these links are only available to OCHIN users) and these best practice workflows include CUES-informed scripts and SmartTools that prompt users to go through every step of the intervention including the following:

C: Confidentiality

Prompts providers to document that the patient has privacy before discussing intimate partner violence and that the provider discloses limits of confidentiality (designed for both telehealth and in-person visits). Ensuring that a patient has a private space to talk about IPV and being clear about what may be reported or shared with others is not only a privacy issue for survivors but also a safety issue because the patient may be put at risk for retaliation if the abusive partner learns they have been discussing the abuse.

UE: Universal education

Offers scripts to conduct universal education with all patients about IPV and its impact on health and where to get help. Scripts include:

- “We are providing information to all of our patients about relationships and how they affect our health” including prompting to the provider to offer two copies of resources “one for yourself and other to share with friends or family members.”
- “Many patients are in relationships that don’t feel safe, where there may be physical, sexual, or emotional abuse.”
- “If this is part of your experience, please consider sharing with your medical provider so we can provide the best care possible.”

The tools prompt providers to document if:

1. The CUES universal education was provided (yes/no)
2. If direct inquiry was conducted after universal education
   (note – CUES can be offered alone or combined with the introduction of other standardized IPV screening forms)

S: Support

Even though disclosure of IPV is not necessarily a goal of the CUES intervention, many people do disclose, and this tool also provides scripts to guide providers on what to say if someone discloses and how to document if a referral was made or if the care plan was adapted to better support the patient experiencing IPV.

Follow up

Scripts for encouraging follow-up safely are also included in the tools:

- “Is there a number that is safe to use to contact you?”
- “Are there days/hours when we can reach you alone?”
- “Is it safe for us to make an appointment reminder call?”
Documentation, Privacy, and UDS measures

These tools can also help use data analytics to identify gaps in care and monitor quality measures—including helping CHCs collect information for the new UDS measures for IPV. These analytics can also provide insights into patient outcomes and help CHCs improve care coordination. Prompts are available to document and code IPV including suggested codes available.

Privacy:
In order to protect privacy, OCHIN has designed the resources so that all sections of the CUES documentation are located in the flow sheet and not in the visit diagnosis or summary sheets. Privacy protections are particularly important when documenting IPV, and this facilitates care coordination in a way that best protects patient privacy. For more information and recommendations on promoting privacy, see Privacy Principles for Protecting Survivors of IPV/HT/E in Healthcare Settings. After completion we piloted the tools with Asian Health Services in Oakland, California and adapted the tools.

Some additional feedback from AHS included needing to receive training to use the tools and making sure that language accessible resources are available for patients. Please reach out to Health Partners on IPV and Exploitation for these tools and additional training opportunities. The tools are now available! ★

For more information on training and resources on IPV:
- Visit healthpartnersipve.org to identify free learning opportunities and resources.
- Visit IPVHealthPartners.org for an online toolkit on how to build partnerships between community health centers and domestic violence programs and how to implement CUES and order free patient resources on IPV/HT safety.
- Email: healthpartners@futureswithoutviolence.org with questions or feedback.

About Health Partners on IPV + Exploitation
Health Partners on IPV + Exploitation, a project of Futures Without Violence, serves the nation’s network of 1,400 community health centers and their 15,000 sites. Futures Without Violence offers free training and resources on trauma-informed services, building partnerships, policy development, and the integration of processes designed to promote prevention and increase the identification and referral to supportive services for individuals at risk for, experiencing, or surviving intimate partner violence (IPV), human trafficking (HT), and exploitation. Visit: healthpartnersipve.org.

About OCHIN
OCHIN is a nonprofit leader in equitable health care innovation and a trusted partner to a growing national provider network. Our solutions draw from more than 20 years of industry expertise and the largest collection of community health data in the country to improve the health of rural and medically underserved communities. Learn more at: ochin.org.