



Leveraging Electronic Health Tools to Improve Care, Patient Safety and Privacy

July 25, 2024, 11am PST/ 2pm EST



Important Reminders

- This webinar will last approximately 1 hour.
 - For technical issues, please send a chat to Camila Sanchez
 - This session will be recorded.
 - The recording and electronic copy will be available on <https://healthpartnersipve.org/>.
 - At the end of the session we will be asking for your evaluation of this webinar. Your feedback is greatly appreciated.
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Welcome



Lisa James

(she/her)

Vice President, Health
Futures Without Violence



Lena O'Rourke

(she/her)

Principal, O'Rourke Health Policy Strategies



HEALTH CENTERS ARE KEY TO VIOLENCE PREVENTION

Health Partners on IPV + Exploitation

Health Partners on IPV + Exploitation is led by Futures Without Violence (FUTURES) and funded by HRSA BPHC to work with community health centers to support those at risk of experiencing or surviving intimate partner violence, human trafficking, or exploitation and to bolster prevention efforts.



Learning Objectives

Define

Define how electronic health tools can integrate prompts for providers to respond to IPV/HT with particular attention to patient privacy and safety.

Describe

Describe how electronic tools can help connect patients to community-based domestic violence (DV) and human trafficking (HT) services, including how to protect patient/survivor confidentiality.

Document

Safely document IPV/HT/E that adheres to the CURES Act.



Community Referral Technology Platforms

Using Community Referral Technology Platforms to Safely Connect Health Center Patients with Community-based Domestic Violence Services

Using Community Referral Technology Platforms to Safely Connect Health Center Patients with Community-based Domestic Violence Services

This memo provides recommendations for health center (HC) staff as they implement, tailor, and use electronic tools to connect their patients to community-based domestic violence (DV) and human trafficking (HT) services, including how to protect patient/survivor confidentiality. HCs increasingly play an important role in addressing the health-related social needs of their patients, including housing, food insecurity, and domestic violence. Today, referrals are often facilitated through online platforms, sometimes known as community referral networks or community referral technology platforms, to assist providers in connecting patients with necessary services and providing a mechanism for follow-up. However, concerns about privacy and confidentiality exist, particularly regarding sensitive health information such as experiences of violence. This memo addresses key questions and considerations for HC staff, emphasizing survivors' rights and control over their health information.

A note about terminology used in this paper: the terms [intimate partner violence \(IPV\)](#) and [domestic violence \(DV\)](#) will be used interchangeably throughout this paper.

Introduction

Health centers (HC) often respond to the health-related social needs of their patients, including housing, food insecurity, domestic violence (DV) and human trafficking (HT). Examples of this long history of connecting patients with social services include offering health enrollment in public programs and co-locating food and nutrition services. Addressing these upstream factors can prevent or mitigate negative health outcomes and support equitable, culturally responsive health solutions. Online supported referral and coordination platforms, sometimes called community referral networks or community referral technology platforms, can support this work. Community referral systems may be integrated into an electronic health record (EHR) or may be stand-alone and/or hyper-local platforms.

Community referral technology platforms help HC providers connect patients to social service agencies and national hotlines, and offer a feedback loop to review access. For example, a provider using an online tool giving a targeted list of food pantries to patients experiencing food insecurity can promptly follow-up to make sure the connections were made. Technology platforms can provide impactful value to survivors of DV/HT, connecting them with supportive safety services in real time and building trust with their providers.

[A solid partnership between a provider and a DV/HT service provider](#) is the most effective solution because it helps facilitate a warm referral¹—where the health care provider makes a personal referral to a known DV/HT service provider.

¹A warm referral, as referred to in the evidence-based [CUES intervention](#), is a supported referral to DV/SA advocacy services from a health provider, in which the provider is able to offer a patient access to an onsite DV/SA advocate; offer use of the clinic's phone to call a local resource; or offer the name and phone number so they can reach out independently, etc. Complement a warm referral with a brochure or safety card from a local DV/SA agency, if it is safe for the patient to take home.

<https://healthpartnersipve.org/resources/using-community-referral-technology-platforms-to-safely-connect-health-center-patients-with-community-based-domestic-violence-services/>

Health Impact of IPV/HT

- Anxiety, Depression, PTSD
- Asthma
- Barriers to healthcare
- Bladder and kidney infections
- Cardiovascular problems
- Gastrointestinal issues
- Chronic pain syndromes
- Sleep Problems
- STIs and HIV
- Suicidality
- Unintended Pregnancies

Intimate Partner Violence

- Anxiety, Depression, PTSD
- Back pain
- Barriers to healthcare
- Cardiovascular problems
- Dental pain
- Headaches
- Gastrointestinal issues
- Sleep problems
- STIs and HIV
- Suicidality
- Unintended Pregnancies

Human Trafficking

Health Centers and IPV/HT/E

- Health centers address health-related social needs of their patients, including housing, food insecurity, intimate partner violence (IPV) and human trafficking (HT)/exploitation (E).
- Partnerships between a provider and a community-based advocate are effective strategies for supporting survivors of IPV/HT/E
 - Facilitate bi-directional warm referrals—where the health center staff make a personal referral to a known DV/HT community advocate, and the advocate can refer clients for health care.
- Technology platforms can provide value to survivors of DV/HT, connecting them with supportive safety services



Partnership with DV/HT Advocates



DV/HT service organizations are critical partners in a HC's care team



Federal rules do not prohibit DV/HT service organization from collaborating with HCs or receiving health insurance reimbursement for their services



DV/HT service organizations must be aware of the privacy and confidentiality protections in place at the HC and with any technology platform being used

CUES: An Overview



C: Confidentiality

- ✓ See patient alone, disclose limits of confidentiality

UE: Universal Education + Empowerment

- ✓ Normalize activity
- ✓ Make the connection—open the resource and do a quick review

S: Support

- ✓ Provide a "warm referral" to your local domestic/sexual violence partner agency or national hotlines



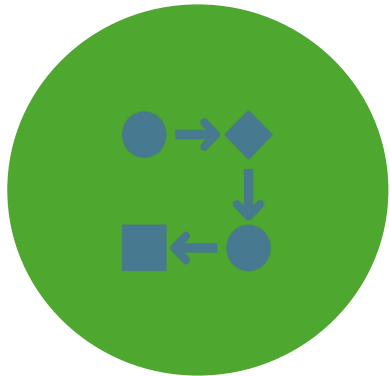
Safety cards are available for different settings, communities and in a variety of languages at store.futureswithoutviolence.org/





OCHIN EPIC Pilot Framework

FUTURES Partnered with OCHIN to develop a Smart Tool to:



FACILITATE
WORKFLOW



FACILITATE AND
DRIVE PRACTICE
CHANGE



FACILITATE DATA
COLLECTION



IDENTIFY AREAS FOR
IMPROVEMENT AND
GAPS IN RESPONSE
FOR CLINIC FLOW

OCHIN Toolbox

- ❑ CUES trained organization may elect to use to OCHIN's Best Practice CUES **Tools**.
- ❑ Workflows that include CUES-**informed scripts** and **SmartTools**
- ❑ **Toolkit** to support the implementation of CUES: **Folio 8: CUES Intervention to Support Survivors of IPV and Prevent Future Violence**

Thanks to OCHIN + Asian Health Services for your partnership!

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CUES Approach Within OCHIN's Electronic Health Record

Document

- **Confidentiality** -if the person had privacy for the conversation
- If and how **Universal Education** was provided
- **CUES informed scripts** available for various settings, including if disclosure happens to ensure **Support**

Clinical Decision Support + Reporting

- **Best Practice Advisory** - available to assist with the CUES approach workflow
- **CUES SmartTools** - aligned with UDS reporting for suspected and confirmed diagnostics

Survivors, Privacy, and Health Data

- Survivors will have questions about how their health data is collected and shared and must maintain agency over their data
- Adhering to privacy principles as much as possible is critical
- Transparency over who has access to health data and when
- Patient control over how health data is shared and with whom
- Robust, informed patient consent about sharing of healthcare data



Scenarios of Concern for Survivors

- What will happen if my partner finds out that I have been talking to my provider about the violence?
- What will happen if my partner—who works for the HC—can access my record?
- What will my provider think of me if they see I have disclosed violence?



Survivor/Patient Questions About Health Data

Survivors will have questions about how their health data is being used:

1. What is written in electronic tools about my experiences of violence and other sensitive health information?
2. Who has access to the information submitted to the platform, including my personally identifiable health data?
3. What control do I have over my health information and what are my rights as a patient and as a survivor?



Best Practices for HCs to Promote Privacy

- Patients receive a verbal explanation of how health information is used, shared disclosed, including specific notification of the limits of confidentiality.
- Patients are made aware of their rights to access, correct, amend, and supplement their health information.
- Providers offer and respect patients' choice of communication preferences, including by phone, email, etc., and under what circumstances, built into records as mandatory fields.
- Providers have broad discretion to withhold information when disclosure could harm the patient.
- Patients provide informed written consent to share health information.



Emerging Technology: Referral Networks

- Online tools with a deep network of community partners participating in the network.
- Directory that lists services in a geographic region (e.g., all food banks in a certain zip code).
- Tracks real-time availability of the services offered and current capacity.
- Automatically generates resource lists, or outgoing electronic referrals to social service organizations.
- Tracks needed follow up to ensure the patient's access to support.



Survivors Benefit from Coordinated Care

Referral networks support survivors by...

- Facilitating their (and/or their providers') ability to find and access local, appropriate and available services
- Offering referrals from the health care system to IPV/HT service providers who are trauma-informed, experienced and able to meet their needs
- Sharing real-time availability of services
- Holding information so survivors don't need to re-share all their information



HCs and Community Referral Networks

- Community referral technology platforms help HC staff connect patients to local social service agencies and national hotlines.
- Consistent use of a community referral technology platforms and referral networks could lead to an increase in appropriate referrals of HC patients to community-based DV/HT advocates.
- The survivor's care team will know what services have been referred and/or made available.



Referral Networks By Any Other Name...

- Online supported referral
- Community referral networks
- Community referral technology
- Social Services Referral Organization

These platforms may be used independently or embedded as part of an electronic health record (EHR).



Examples of Community Referral Platforms

- CrossTx
- FindHelp (Formerly Aunt Bertha)
- Healthify
- NowPow
- One Degree
- TAVConnect (TAVHealth)
- Unite Us



Best Practices to Promote Privacy in Referrals

- Patient informed consent to collect/share information.
- Survivors can request restrictions in the use or disclosure of information.
- Personal and sensitive health information is de-identified whenever possible.
- Privacy safeguards and consents follow the data if shared with another provider.
- Strong and enforceable penalties for violations of privacy and consents both in a clinical setting, and across information exchanges.



Case Study: North Carolina

- A Medicaid pilot program in covers IPV services.
- Community organizations can be reimbursed by Medicaid for the IPV services they provide.
- A referral tool, [NCCARE360](#), provides hyperlocal, closed-loop referrals between health care providers and IPV and other community-based providers.
- Survivors get a referral to a DV advocacy service (or other service) that has availability, providing the exact set of services needed and where there is real-time availability to accept clients.



NCCARE360



Addressing Privacy in North Carolina

- To realize its potential for survivors, NCCARE360 had to engage in an ongoing conversation with DV service providers in the state who paused before committing to participation.
- There were deep concerns about the privacy and confidentiality of the information collected by the referral platform—and who could access it.
- State policymakers and DV advocates continue to work together to carefully monitor the implementation of this program to ensure that the privacy and confidentiality needs of survivors are met.



NCCARE360



Survivor Privacy in Context of Federal Rules

- New federal rules on sharing health data went into effect in 2021.
- The CURES Act supports information exchange to support care coordination and holistic care.
 - Curbs the practice of “information blocking”
- Patients benefit from seamless access to health data by the care team.
- Significant concerns about how survivors’ health data will be shared.



CURES Act

The Cures Act does not override other health information privacy laws (e.g., HIPAA):

- If data access is not permitted, the new rules would not allow it
- These risks are present with any use of electronic information
- Access is not made any wider than what HIPAA permits

Health providers must adhere to privacy principles and help patients be aware of the limits of confidentiality.



Providers' Discretion to Withhold Information

- Broad discretion to limit information exchange when disclosure could harm patient.
- Implement a system safeguard that protect sensitive information.
- No mention of IPV verbally or in writing should be made when communicating with providers.
- Use alternate codes (e.g., prevention codes) if there are concerns about documenting IPV in the record.



Requirement to Share Data if Requested

CURES ACT:

- Requests for health data on behalf of the patient should be acted on and the information requested be shared.
- Rule creates a presumption that data should be shared when requested.
 - **This does not mean that data must be disclosed to all requesters, for any purpose. There are number of important exceptions to this rule.**
- There is **no requirement** to proactively share or publish health data unless requested.
- There is **no requirement** to proactively make data available or to put it in the portal.
 - This rule applies to situations where a provider or a patient requests that the information be shared.



Exceptions to the Rule

- HHS (ONC) created either categories of exceptions including:
 - Preventing Harm: Reasonably necessary practices to prevent harm to a patient or another person.
 - Privacy: Refusing to fulfill a request to protect a person's privacy.



Exception: Preventing Harm

- The provider must believe that the denial will substantially reduce the risk of harm.
- For record keeping purposes, the process by which providers can apply this exemption should be in writing at the health center and applied in a consistent and nondiscriminatory manner.



Exception: Privacy

- The provider can withhold data if an individual requests information not be shared or if the provider was unable to obtain patient consent.
- Every health care practice should have clear and transparent policies for how they will apply the privacy exceptions to protect survivor confidentiality and autonomy.



Best Practices for Providers

Have documented policies for applying exceptions.

Evaluate on a case-by-case basis and in accordance with both the law and the practices documented policies.

Do not share sensitive data unless requested.

Key Resources

- [Preventing Harm FAQs](#)
- [Preventing Harm \(and Exceptions\) Fact Sheet](#)
- [Exemption webinar slides](#)
- [21st Century Cures Act: Considerations for working with survivors of intimate partner violence](#)
- [Information Blocking Exceptions](#)



OCHIN Epic Smart Tool

This Health Information Technology (HIT) Memo discusses how health centers can partner with HIT platforms to improve patient quality of care and privacy.

OCHIN

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.

"These tools provide a great opportunity to screen and have a rich conversation with patients"

-Health Care Provider

"Tool is easy to use and having it integrated into the flowsheet is a great time-saver"

-Health Care Provider

[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

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.

<https://healthpartnersipve.org/resources/addressing-ipv-ht-with-new-ochin-smarttools/>



Privacy Principles for Protecting Survivors of IPV/HT/E in Healthcare Settings

Health information technology (HIT) is a crucial tool for healthcare systems to coordinate care for patients, yet there are privacy concerns unique to people who have experienced intimate partner violence (IPV) and exploitation.



Privacy Principles for Protecting Survivors of Intimate Partner Violence, Exploitation and Human Trafficking in Healthcare Settings

Health information technology (HIT) is a crucial tool for healthcare systems to coordinate care for patients, yet there are privacy concerns unique to people who have experienced intimate partner violence (IPV) and exploitation. With potential impact to a patient's care utilization and engagement, this is not just an issue of privacy but also one of safety. While these concerns are relevant to other sensitive and stigmatized health information, IPV/exploitation survivors, specifically, may consider:

- What is written in my electronic medical record about my experiences of violence and other sensitive health information?
- Who has access to my electronic medical record and health data?
- What will happen if my partner finds out that I have been talking to my provider about the violence?
- How will I be treated differently if other people on my care team know that I am surviving violence?
- Will my health insurance or payer send an explanation of benefits to my address?
- What control do I have over my health information and what are my rights as a patient and as a survivor?

The landscape of HIT is rapidly evolving, as is data collection on IPV in health settings. In 2020, the Health Resources and Services Administration introduced new Uniform Data System (UDS) measures that require all federally qualified health centers to collect data on disclosures of IPV and HT.¹ It is vital that healthcare providers consider the ways that electronic medical records and data sharing could decrease safety for IPV survivors and take steps to ensure that patients who are surviving abusive relationships are in control of their own health information. These steps become even more critical as identification and documentation of IPV increases, patients receive expanded access to their own health information, and coordinated care is broadened to include services that address social determinants of health. Health systems and providers should review these principles and establish a working group including representatives from all specialties and including Health Center Controlled Networks (HCCNs) when appropriate to implement changes.

Below are guiding principles that should be applied by healthcare providers, administrators, policy makers and developers when designing, building, utilizing or regulating health information systems that will hold or exchange sensitive health information.

¹ <https://bphc.hrsa.gov/sites/default/files/bphc/dateresourcemap/2021-uds-manual.pdf>

<https://healthpartnersipve.org/resources/privacyprinciples/>



Building and Formalizing Partnerships



- Download a sample MOU: <https://healthpartnersipve.org/resources/sample-memorandum-of-understanding/>
- Bi-directional Infographic: <https://healthpartnersipve.org/resources/partnerships-between-hcs-and-dv-and-sv-advocacy-programs-bi-directional-infographic/>

Adaptable Health Center Protocol on IPV/HT/E

In English and Spanish:

<https://healthpartnersipve.org/futures-resources/sample-health-center-protocol/>

[Name of Community Health Center]	
MANUAL: Clinical	Section:
Exploitation, Human Trafficking, and Intimate Partner Violence	
Policy Approved:	Procedures Last Revision Date:
Policy Last Review Date:	Procedures Last Review Date:

Protocol for HRSA-supported Community Health Centers to Engage Patients through Universal Education Approaches on Exploitation (E), Human Trafficking (HT), Domestic Violence (DV) and Intimate Partner Violence (IPV)

Protocol Purpose: The protocol purpose is to prevent exploitation, human trafficking, domestic violence, and intimate partner violence by helping patients have healthy relationships and promote their health as workers. This will occur through universal education about healthy relationships and fair labor practices for the prevention of abuse, violence, and exploitation. The protocol will enable the health center to provide trauma-informed, survivor-centered care; intervention with clinical and case management services; and formalized ways to connect patients with community-based services that provide resources for domestic violence, employment assistance, housing, food, civil legal aid, and other basic needs. Also, health centers will attend to the patients' physical and mental health needs and create safety plans in partnership with community-based advocates. Patients often have physical and emotional safety needs that must be supported by trauma-informed protocols and healing services. For example, health impacts of domestic violence and human trafficking/exploitation include exacerbation of chronic illness, sexually transmitted infections, reproductive coercion, traumatic brain injuries and history of strangulation, anxiety, depression, and post-traumatic stress disorder (PTSD). (For more information about the health impact of trauma and abuse, and to download community health center tools on these topics visit: <https://ipvhealthpartners.org/>).

This protocol also serves as a support resource for health center staff. Given the prevalence of violence and exploitation in communities, health center employees also have personal experiences of violence, abuse, trauma, or exploitation, and may experience vicarious trauma, secondary traumatic stress, or PTSD re-traumatization from caring for patients affected by violence. The community-based resources in this protocol also serve as resources for staff. In addition, it is recommended that health centers create workplaces free from domestic violence, sexual harassment and violence, and stalking (helpful policies and toolkits are available through [Workplaces Respond to Domestic and Sexual Violence: A National Resource Center](https://www.workplacesrespond.org/), a project of Futures Without Violence, visit <https://www.workplacesrespond.org/>).

This protocol addresses both [intimate partner violence \(IPV\)](#) and [domestic violence \(DV\)](#) and the terms are used interchangeably (with "domestic violence" as the broader term across the document).

(Version: July, 2021)

Thank you!

Please open the link that's posted in the chat box and complete the post-survey.

<https://redcap.link/88cwacva>

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