# A Practical Guide on Intimate Partner Violence, Human Trafficking, and Exploitation and Technology Tools

## Introduction

The health information technology (health IT) landscape is quickly evolving to include more data sharing and access, as is data collection on intimate partner violence (IPV), human trafficking (HT) and exploitation (E) in health settings. In 2020, the Health Resources and Services Administration (HRSA) introduced a new Uniform Data System (UDS) data element where health centers (HCs) report data on experiences of IPV and HT/E that are documented in the electronic health record (EHR). It is vital that HC staff consider the ways that EHRs and data sharing may decrease safety for IPV/HT/E survivors and take steps to ensure that patients who are surviving abuse are in control of their health information.

This guide outlines the principles and key tools to develop safe documentation for IPV/HT/E in EHRs, health IT and/or social referral platforms, and the best practices to protect patient privacy and confidentiality. Included are:

- Privacy principles to protect survivors in healthcare settings
- Best practices for documentation to protect confidentiality
- An overview of the evidence-based CUES intervention to shift health center practice
- Guidance on building community partnerships and using community referral platforms to address the needs of patients experiencing IPV/HT/E

## 1 Understanding Privacy Principles

It's important to review privacy principles as a HC staff and consider establishing a working group on the topic. The working group can be within your own HC, including representatives of all specialties, or can be a broader group of stakeholders from the HC program who may be able to support each other, like other clinics, Health Care Controlled Networks (HCCNs) and Primary Care Associations (PCAs), when available.

Privacy principles for protecting survivors in healthcare settings:

1. Patients learn how their health info is used, shared, and the limits of confidentiality.
2. Patients are informed of their rights to access and correct their health info.
3. Sensitive health info is de-identified when possible.

4. Providers respect patients' communication preferences, noting or changing them in the patient record when needed for privacy.
5. Privacy safeguards and consents are maintained when info is shared with other providers.
6. Providers can withhold info if disclosure could harm the patient.

Learn more by reading the paper, Privacy Principles for Protecting Survivors of Intimate Partner Violence, Exploitation and Human Trafficking in Healthcare Settings and these key sections:

- Importance of Privacy and Safety (pages 2-3)
- Patient Rights and Communication (page 4)
- De-identification of Information (page 5)
- Provider Discretion and Enforcement (page 7)

## 2 Documenting IPV/HT/E in the EHR Using a Trauma-informed, Survivor-centered Approach

Documenting IPV/HT/E in the EHR requires a trauma-informed, survivor-centered approach that ensures both accurate record-keeping and the protection of sensitive information to safeguard the well-being of survivors.

- When documenting IPV/HT/E in the EHR:
  - It is crucial that providers discuss:
    - What is being documented
    - How it is being documented
    - Why it is being documented
    - Circumstances under which the information could be shared
    - Who may have access to this information, including potential scenarios where information could be accessed without authorization.
      - Useful scripts for these and related discussions can be found in this reference: Guidelines Documenting ICD-10 Codes and Other Sensitive Information in Electronic Health Record
  - Providers must know how to mark or set a visit as private or confidential, in order to prevent it from being shared or pushed to the patient portal. A policy is needed that details when this is appropriate and the reason a provider should note for marking visits private and preventing sharing to protect the patient and to comply with 21st Century Cures Act Information Blocking Rule and protect the patient.
  - HC staff must also be sure they are aware of how to change or revoke access of a partner, spouse, or parent to a patient's medical record (including proxy portal access) when the patient may face harm from that access or when the patient requests this change.
    - For more on what HIPAA says about this, please see: Under HIPAA, when can a family member of an individual access the individual's PHI from a health care provider or health plan?

- It is important to have guidance and training on how to change any of the following in the EHR, as needed:
  - Family or Spouse
  - Emergency contacts
  - Subscriber/ Guarantor for insurance, and member relationship to subscriber
  - Advance care planning (which allows the patient to designate who can make medical decisions for them when they are not able to)

**Key resources for Documentation**

- Explanations of Benefits & Safeguarding Sensitive Health Information
- Confidentiality and Documentation of IPV and Exploitation: Balancing Safety with Data Collection

## 3 Partnering with EHR and Health IT platforms to Improve Patient Quality of Care and Privacy

**Implement the evidence-based CUES Intervention (Confidentiality, Universal Education, Empowerment, and Support), to initiate conversations with all patients on IPV/HT/E**

Updating your health IT platforms will rely on and work alongside your protocol for engaging patients around IPV/HT/E. To develop your HC's approach, adapt the 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). This protocol, available in English and Spanish, offers a model to empower HCs to implement CUES to provide trauma-informed, survivor-centered care and formalize strategies to connect patients with community-based services.

Futures Without Violence (FUTURES) has worked with two common EHRs, eClinicalWorks and OCHIN Epic to create smart tools for CUES. More information about eClinicalWorks national guide and OCHIN smart tools:

- eClinicalWorks smart tool: *coming soon*
- How does an OCHIN Epic user find/enable the IPV smart tool?
  - OCHIN internal website for OCHIN members only CUES information about the tools: https://ella.ochin.org/ip/mod/data/view.php?d=1&rid=922
  - Is it available for all OCHIN Epic users?
    - To ensure proper use of the tools, individuals must first complete a recorded CUES training prior to smart tool activation. There are components related to confidentiality for rooming staff, both virtual and in-person, as well as sections pertinent to providers. Other elements of the documentation tool, such as flowsheets and SmartPhrases, are accessible without restriction; users may locate these resources by searching for "CUES."

## 4 Using Community Referral Technology Platforms to Support Patients Experiencing IPV/HT/E

- Learn more about community referral technology platforms to safely connect health center patients with community-based domestic violence services; the following key sections are particularly important when considering community referral platforms:
  - Expansion of community referral platforms and their importance in connecting patients to social services
  - Use of community referral platforms to connect survivors of DV/HT with services
  - Questions that should be considered as HCs build partnerships with DV/HT service providers that leverage a SSRO
  - Concerns and conversations around platforms

**Develop partnerships between HCs and community-based organizations such as domestic violence and human trafficking advocacy programs that provide benefits for HC staff, survivors, and all patients by:**

- Increasing access to healthcare enrollment and health center services for survivors
- Increasing access to DV/HT advocacy programs for safety planning support
- Tailoring mobile health, pop-up, or onsite health services, for community-based programs
- Addressing intersecting needs like food access, legal support and housing

Other Resources:

- Adolescent Health and Confidentiality in the Age of Open Notes and Telemedicine (English)
- Leveraging Electronic Health Records to Promote Improved Care, Patient Safety and Privacy (English)
- Introduction to privacy and security for telehealth

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