VIEWPOINT

INNOVATIONS IN HEALTH CARE DELIVERY

Transforming the Health Care Response to Intimate Partner Violence
Addressing "Wicked Problems"

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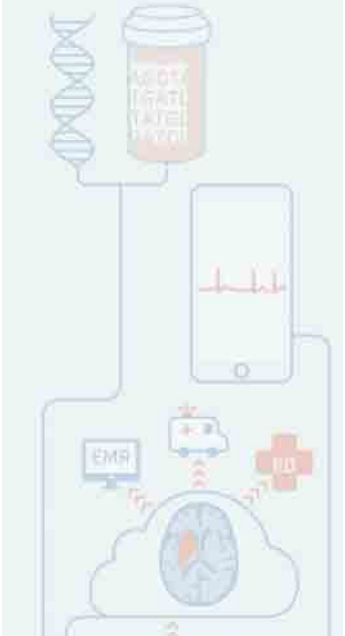

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The term "wicked problem" describes a difficult, complex, seemingly intractable issue, such as poverty, crime, and climate change.[1] In health care, it can refer to stigmatized conditions, such as obesity, substance use disorders, and domestic violence. This Viewpoint discusses how domestic violence (also referred to as intimate partner violence) is being addressed in a large health care organization using an innovative systems model approach, quality improvement methodology, health information technology (IT), and implementation science. The experience from this care delivery innovation may be applicable to other wicked problems and challenging health care issues that contribute disproportionately to reduced quality of life, chronic health conditions, and high health care utilization.

Intimate partner violence affects 1 in 4 women and 1 in 7 men in the United States during their lifetime and is associated with significant short-term and long-term physical and mental health problems.[2] Routine intimate partner violence screening and counseling is a core women's preventive service under the Affordable Care Act.[2] As of 2013 intimate partner violence screening is recommended for women of childbearing age by the US Preventive Services Task Force (USPSTF).[3] Yet traditional methods (eg, guidelines, clinician training) for incorporating intimate partner violence recommendations into clinical practice have shown limited improvement in intimate partner violence identification, intervention, and referral in most clinical settings.[4] Innovative approaches that leverage the entire health care environment, including community partnerships, and use quality improvement and health IT are necessary because they may lead to more robust interventions when intimate partner violence is identified.[4] This is important because 2 randomized clinical trials showed that intimate partner violence screening was not associated with improved health when simply followed by passive referrals to resources.[5,6] The USPSTF and a recent review found adequate evidence that more comprehensive intimate partner violence intervention can reduce violence, abuse, and physical and mental harm for women of reproductive age.[3,4,7]

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A Systems-Model Approach to Improving Intimate Partner Violence Services

Over the past 15 years, Kaiser Permanente Northern California (KPNC), a large (3.9 million patients) integrated health care organization, has made inquiry, recognition, and intervention for intimate partner violence "part of everyday care." This effort began in 1998 and involved developing, testing, and implementing an innovative systems model and disseminating this approach throughout all 15 medical centers. The evidence-based systems model includes 5 key interdependent components: (1) visible messaging for patients throughout the health care setting (eg, posters with "Are you being hurt, hit, put down? We can help. Talk to your doctor."); (2) routine private clinician inquiry, brief intervention, and referral; (3) services by behavioral health clinicians that include safety planning, triage for mental health needs, and follow-up; (4) partnerships with intimate partner violence advocacy organizations that offer crisis services, emergency shelter, legal assistance, and support groups; and (5) local leadership and oversight.[4,8]

Since 2000, intimate partner violence identification has increased 18-fold as this model has been fully implemented across the KPNC system from 1022 patients newly diagnosed with intimate partner violence in 2000 to 18 197 in 2015. Although the vast majority of those identified are women, approximately 15% of patients identified each year are men. The increased identification is significantly larger than can be attributed to membership growth and is not attributable to increases in exposure to intimate partner violence. Improvements have largely occurred in primary care and behavioral health settings, rather than in emergency departments, indicating that patients are being identified earlier, potentially before more serious injury occurs. Increased identification in outpatient settings suggests that clinicians have become more skilled in intimate partner violence inquiry and documentation, and patients may be more comfortable disclosing.[4,8]

Identification is a critical first step in connecting patients with essential services to improve safety and well-being. In the KPNC system, all patients identified as experiencing intimate partner violence receive information

about community resources. Two-thirds of the medical centers have on-site support groups. Furthermore, approximately half of patients identified are seen by a behavioral health clinician. A pilot study, based in primary care, using a case management model to facilitate and assess patient outcomes is currently under way. Given previous research, it is critical that the effectiveness of increased identification on outcomes be assessed.

Implementation

Integration of intimate partner violence screening into clinical care has been facilitated by the effective use of the electronic health record, continuous quality improvement, and what has been learned from implementation science.[9,10]

Clinicians use tools embedded in the electronic health record to facilitate screening, intervention, documentation, and referrals. Electronic health record questionnaires and progress note templates include prompts for further inquiry (eg, "Are you currently in a relationship where you feel threatened by your partner?"), assessment, and response. Diagnostic documentation related to intimate partner violence is confidential (eg, not visible on after-visit summaries, billing statements, or online patient portals). Microsites linked to the electronic health record offer practice recommendations for clinicians and easy-to-print resources on safety planning and advocacy organizations for patients. Electronic health record functionality also provides automated, deidentified diagnostic databases that allow for population description and research to identify predictors and outcomes associated with intimate partner violence exposure.[4,8]

Kaiser Permanente Northern California quantitative and qualitative quality improvement measures facilitate implementation and identification of promising practices and long-term sustainability. Granular data reports that include intimate partner violence identification rates across departments and medical centers are communicated quarterly to health plan leaders and multidisciplinary teams across medical centers, stimulating healthy competition for improvement. Variability in intimate partner violence identification indicates which medical centers might need additional help and highlights opportunities to learn best practices from high-performing medical centers. Furthermore, "improving intimate partner violence prevention" was chosen to demonstrate implementation of a behavioral health prevention guideline that shows coordination between primary care and behavioral health to meet a National Committee for Quality Assurance standard.[8]

Guided by a stepwise work plan, physician-led facility-based teams use implementation toolkits to facilitate local adoption of the systems model. Rapid cycle quality improvement is used to test new ideas for improving care. A regional medical director and a program director provide organizational leadership to ensure consistency of services, review quality improvement metrics, promote best practices while discouraging ineffective ones, coordinate with other initiatives, and provide updates to executive sponsors. Implementation across other Kaiser Permanente regions, facilitated by performance improvement methods, electronic health record tools, and local regional leadership, has been under way for the past 5 years.

The long-term sustainability of intimate partner violence prevention requires clear alignment with other health care priorities, such as patient safety, care coordination, efficiency, and improved patient outcomes. This helps to ensure that health care leaders see this work as a positive investment as illustrated by the Permanente Medical Group CEO and executive director: "Intimate partner violence prevention is part of a strategic approach to quality, service, and affordability. By doing the right thing, we can improve quality outcomes, patient satisfaction, and the personal lives of our patients while decreasing the cost to employers and individuals."[8]

This care delivery innovation was associated with a substantial improvement in a health care system response to intimate partner violence, a medical and public health problem that has been regarded as "intractable." If it is demonstrated that enhanced identification improves patient outcomes, this conceptual model could be adopted and customized nationally and internationally for use in other health care settings (eg, efforts are under way in Bangalore, India).[8] These successes could serve as a model for innovation to address other wicked problems that can be incorporated into everyday care in most health settings.

ARTICLE INFORMATION

Conflict of Interest Disclosures: All authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

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