

Update

The Health Impact of Intimate Partner Violence

This Issue

- *How To Make A Successful Referral*
- *The Health Impact of Intimate Partner Violence*
- *What You Need to Know About National Provider Identifier (NPI)*
- *Frequently Asked Questions*
- *Family PACT Calendar of Events*

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Intimate partner violence (IPV) is defined by the Centers for Disease Control as physical, sexual violence or threats of physical and sexual violence, psychological/emotional abuse including coercive tactics that adults or adolescents use against current or former intimate partners [1]. The terms intimate partner violence and domestic violence are used interchangeably here. Health care providers have a critical role in linking victims of IPV to needed services.

In a recent survey conducted by the Commonwealth Fund, it was estimated that approximately one-third of American women will become a victim of IPV at some point in their life [5]. Finally, while men are more likely than women to become a victim of violence, women are 3-5 times more likely than men to be victimized by an intimate partner [5-7].

Identification and diagnosis of intimate partner violence relies on patient disclosure that is either patient initiated or as a result of appropriate inquiry. Clinicians also identify domestic violence through pattern recognition of key historical or physical findings that appear consistent with domestic violence. Due to the powerful negative stigma associated with victimization, clients are reluctant to disclose. Therefore, universal screening by clinicians is essential to identifying abuse and linking clients to needed services.

Women who have been abused by a partner report significantly lower self assessments of health, increased disabilities and increased chronic health conditions than non-abused women [8].

Other health concerns that have been associated with IPV include functional gastrointestinal disorders, chronic abdominal pain [9], chronic headaches [10], and alcohol and drug addiction [11].

A few studies have established links between IPV and sexually transmitted diseases, including HIV, as women report they can not negotiate for condom use with their abusive partners [12] [13].

IPV in pregnancy results in increased morbidity and perhaps mortality. Studies suggest that women who are pregnant are at a higher risk of becoming victims of IPV [14].

Between 4-16% of all women who are pregnant are battered during pregnancy [11, 15-18]; 10-32% of women seeking prenatal care have a history of domestic violence [11, 18, 19]; and 40-60% of battered women report being a victim of domestic violence during their pregnancy [14].

The prevalence of abuse in pregnant adolescents appears even greater than that for adult women [20] [14]. Poor outcomes associated with IPV in pregnancy include premature onset of labor, increased antenatal hospitalizations, and low birth weight infants.

Maternal rates of depression, suicide attempts, tobacco, alcohol and illicit drug use are higher in abused than non-abused women [21].

Intimate partner violence erodes the health of patients, consumes healthcare dollars, compromises the health and safety of children and communities, and represents a liability exposure for the clinician who turns their head. California State law requires universal screening for IPV.

Healthcare providers must gain experience in diagnosis and management of IPV so that identification occurs earlier and intervention follows established protocols.

How To Make A Successful Referral

- Establish relationships with other providers.
- Inform these providers about Family PACT and give them your:
 - Family PACT Medi-Cal Provider Number
 - "S" Code primary diagnosis
 - Patient's HAP card number
 - For sterilization procedures, provide a copy of the completed PM330 form
- Assist the patient with making an appointment.
- Provide client's medical information to the rendering provider.

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Identifying and Screening for IPV in Your Client Population

The prevalence of intimate partner violence (IPV) in family planning clients ranges from 6 percent to 28 percent. In light of this information, it is imperative that providers and other staff in clinical settings recognize the patterns that are indicative of abusive behavior that affect the ability of patients to make healthy reproductive health care choices. In addition, it is necessary to understand how to screen for IPV in a confidential, direct and non-judgmental manner. The family planning visit may be the only opportunity for patients experiencing IPV to get the assistance they need.

Health Care Issues Associated With IPV

Several health care issues have been identified as being directly associated with IPV. They include:

- birth control sabotage;
- inconsistent condom use;
- sexually transmitted infections; and
- unintended pregnancy.

IPV Screening Guidelines

Family PACT agencies should have an IPV protocol in place and appropriate staff should understand their role in asking screening questions about IPV, seeing physical signs of abuse, etc. All family planning clients, including males, should be screened for IPV per California state law. Screening at each family planning visit should be included as a routine part of the

Although screening may seem difficult at first, by recognizing the importance of identifying IPV and following some simple guidelines, clinic staff can become more comfortable with the screening process.

- Always conduct screening in a private setting
- For monolingual clients or those with limited English proficiency, avoid using family or friends as interpreters
- Do not use the words, "battered woman"
- Use non-gender specific language, i.e. "partner" or "significant other"
- Don't assume that a patient will disclose abuse the first time you ask
- Use simple language
- Introduce the topic of IPV as a routine assessment issue
 - Example: "Because violence is common in women's lives, I now ask every patient I see about domestic violence." In the case of a male you can say: "Because violence among intimate partners is so prevalent..."
- Ask direct and specific questions if at all possible
 - Examples: "Has your partner or ex-partner ever hit you or physically hurt you?" "Has your partner ever forced you to have sex when you didn't want to?" "Do you ever feel afraid of your partner?"

- If necessary, start with indirect questions
 - Example: "You mentioned that your partner uses alcohol. How does he/she act when he/she is intoxicated?"

Steps to Take If a Patient Discloses IPV

- Assure the patient that she/he did not do anything to deserve IPV and that it is not her/his fault
- Discuss a safety plan with the patient and whether they can safely return home
- Refer the patient to local IPV agencies or assist in making calls if the patient agrees (be careful about giving out printed materials if the patient is returning home)
- If the patient has an injury caused by IPV, take the following steps:
 - Do a thorough physical exam
 - Document injuries and any other information provided about the incident in the client's chart
 - If possible, take photos of the injury and keep in chart
 - Report the abuse to local law enforcement. Find out which law enforcement agency (DA, police, sheriff, etc.) in your county handles IPV reports and cases.

Useful IPV resources listed on the following page.

IPV Resources for Family PACT Providers

Get help developing office protocols or compiling local referral resources for your clients from the following sources:

- **Guidelines for Developing Office Policies and Procedures for Victims of Intimate Partner Violence at Family PACT Sites** available at: http://www.dhs.ca.gov/pcfh/ofp/Documents/PDF/FamPact/ipv_document.pdf
- Safe Network: California's Domestic Violence Resource for shelters and other resources. Available at: www.safenetwork.net/directory.cfm
- American Medical Association, **Diagnostic and Treatment Guidelines on Domestic Violence**. Available at: <http://www.ama-assn.org/ama1/pub/upload/mm/386/domesticviolence.pdf>
- California Partnership to End Domestic Violence: www.cpedv.org
- California Department of Health Services Battered Women Shelter Program. Available at: www.mch.dhs.ca.gov/programs/bwssp/
- California Family and Domestic Violence Referral directory. Available at: www.dhs.ca.gov/epic/fvrefer/

What You Need to Know About National Provider Identifier (NPI)

Who needs to apply for a National Provider Identifier?

Every healthcare provider, whether they are individuals or organizations, must obtain an NPI for use to identify themselves in HIPAA standard transactions. Even providers who do not bill for services many need to disclose their NPI to providers who order lab tests or refer patients for diagnostic testing, etc.

When and how do I apply?

You can apply now for your NPI. Apply at the National Plan and Provider Enumeration System (NPPES) website at <https://nppes.cms.hhs.gov>

What is the deadline for applying for NPI and registering for Medi-Cal?

The deadline for applying is May 23, 2007. For Medi-Cal, the implementation of NPI will take place on **November 26, 2007**. A dual-use period will begin on May 23, 2007 and end on November 25, 2007. During this dual-use period, the Medi-Cal provider number will be required for all billing, communication, and/or transactions with Medi-Cal. The dual-use period encourages submission of an NPI along with the Medi-Cal Provider Number. Beginning November 26, 2007, only the NPI will be required for all billing, communication and/or transactions with Medi-Cal unless you are considered an "atypical" provider as defined by the HIPAA final rule.

Is there a cost to obtain an NPI? There is no charge to obtain an NPI.

What are the steps for registering the NPI with Medi-Cal?

1. Apply for an NPI with NPPES.
2. Register the NPI with DHS on the Medi-Cal website (www.medi-cal.ca.gov) that will contain a link to the NPI registration tool.

As a provider, are there particular things I need in order to register?

- Current Medi-Cal/CHDP provider number.
- PIN (Provider Identification Number) **or** last 4 digits of SSN (Social Security Number) **or** last four number of TIN (Taxpayer Identification Number).
- NPI assigned by the National Plan and Provider Enumeration System (NPPES).
- Taxonomy code(s) provided in the original NPI application to NPPES.
- NPIs registered with Medicare, if applicable.
- Non-Physician Medical Practitioner (NMP) NPIs if the provider has NMP data on file with Medi-Cal.

How do I get more information about the NPI?

There are several places to obtain more information about NPI.

- Medi-Cal website: www.medi-cal.ca.gov
- CMS website: www.cms.hhs.gov/NationalProviderStand/
 - This website contains an NPI Training Package
- Telephone Service Center: 1-800-541-5555

Frequently Asked Questions

Q: Is a consent form required for removal of an IUC?
A: Yes, a consent form is required for insertion or removal of an IUC.

Q: Is the HPV vaccine a covered benefit by Family PACT?
A: No. The HPV vaccine is not a covered benefit of Family PACT.

Q: What "S" Code is used for abstinence?
A: When a client uses abstinence as a method of contraception, use S501 when seeing the patient for the first time, or S502 for a continuing client.

Q: How often can Plan B be dispensed?
A: A provider can dispense and bill for up to 6 packs of Plan B per year/per client from either a clinic or pharmacy. There is a 2 pack maximum per month although both may be dispensed at the same time from a clinic. There is a 1 pack maximum per month when dispensed from a pharmacy.