



Lunch
&
Learn



A forum for researchers and policymakers to translate primary care research into action

PCC's October Lunch and Learn

October 25, 2022 | 11:00 AM - 12:00 PM ET



PCC October Webinar

Paying for Behavioral Health Integration

Thursday, October 27, 2022
1pm-2pm ET

PANELISTS



ALIN SEVERANCE

MD medical director of Behavioral Health Services, UPMC Health Plan



JUDY ZERZAN-THUL, MD

Chief Medical Officer, Washington State Health Care Authority



MIKE THOMPSON

President & CEO, National Alliance of Healthcare Purchaser Coalitions
Invited: Amerihealth Caritas

MODERATOR



ANN GREINER, MCP

President & CEO, Primary Care Collaborative

Register Here:

<https://register.gotowebinar.com/register/4866963357955475984>

Mark Your Calendars

Better Health:
BLOCK *by* **BLOCK**

 PCC Conference 2022

PCC's Annual Conference

When: In-Person, December 14-15

Where: Washington Marriot at Metro Center
775 12th St NW, Washington, DC 20005

Register: <https://pcpcccevents.com/registration/>



SPEAKERS



Philip Day, PhD
UMass School of Medicine



Ann-Marie Rosland, MD, MS
University of Pittsburgh



Ann O'Malley, MD, MPH
Mathematica

REACTOR

Lunch and Learn Co-Chairs



Irene Dankwa-Mullan, MD, MPH



Jack Westfall, MD, MPH

A vertical blue watercolor splash on the left side of the slide, transitioning from dark blue at the top to light blue at the bottom.

PEDIATRIC HURT, INSULT, THREATEN, SCREAM, SEX (PEDHITSS)

Philip G. Day, PhD

Associate Director of Education

*Department of Family Medicine and Community
Health*

UMass Chan Medical School

I HAVE NO CONFLICTS OF
INTEREST TO DISCLOSE

THE TEAM

Amer Shakil, MD, FAAFP

Jessica Chu, MPH

Sarah Woods, PhD,
LMFT

S. Kate Bridges, MS

Shakil A, Day PG, Chu J, Woods SB,
Bridges K. PedHITSS: A Screening Tool
to Detect Childhood Abuse in Clinical
Settings. *Fam Med*. 2018;50(10):763-
769.

doi:10.22454/FamMed.2018.778329



BACKGROUND:
INCIDENCE OF
CHILD
MALTREATMENT
IN THE USA

The national rounded number of children who received a child protective services investigation response or alternative response decreased from 3,476,000 for federal fiscal year (FFY) 2019 to 3,145,000 for FFY 2020.

Comparing the national rounded number of victims from FFY 2019 (656,000) to the national rounded number of victims in 2020 (618,000) also shows a decrease.

The FFY 2020 data show three-quarters (76.1%) of victims are neglected, 16.5 percent are physically abused, 9.4 percent are sexually abused, and 0.2 percent are sex trafficked.

The national estimate of victims who died from abuse and neglect decreased from 1,830 for FFY 2019 to 1,750 for FFY 2020. The rate of child fatalities also decreased from 2.48 per 100,000 children in the population to 2.38 per 100,000 children in the population.

VIOLENCE SCREENING IN PRIMARY CARE: FREQUENCY AND PRACTICES

Rodriguez MA, Bauer HM, McLoughlin E, Grumbach K. Screening and Intervention for Intimate Partner Abuse: Practices and Attitudes of Primary Care Physicians. *JAMA*. 1999;282(5):468–474. doi:10.1001/jama.282.5.468

Foster RH, Olson-Dorff D, Reiland HM, Budzak-Garza A. Commitment, confidence, and concerns: Assessing health care professionals' child maltreatment reporting attitudes. *Child Abuse Negl*. 2017;67:54-63. doi:10.1016/j.chiabu.2017.01.024

Lapidus G, Cooke MB, Gelven E, Sherman K, Duncan M, Banco L. A statewide survey of domestic violence screening behaviors among pediatricians and family physicians. *Arch Pediatr Adolesc Med*. 2002;156(4):332-336. doi:10.1001/archpedi.156.4.332

Screening Children for Abuse and Neglect: A Review of the Literature. *J Forensic Nurs*. 2017;13(1):E1-E2. doi:10.1097/JFN.0000000000000144

jured patients for intimate partner abuse. However, estimated routine screening was less common for new patient visits (10%; 95% CI, 7%-13%), periodic check-ups (9%; 95% CI, 6%-12%), and prenatal care (11%; 95% CI, 7%-15%). Neither

To date, mandated child maltreatment reporting has been minimally assessed among health care professionals (HCPs). A study published in 2000 found that 53% of physicians and 58% of physician assistants did not report all cases of suspected abuse (Delaronde, King, Bendel, & Reece, 2000). In another study (Gunn, Hickson, & Cooper, 2005), 28% of physicians suspected maltreatment and considered reporting but chose not to report.

64% in suburban practice. Only 12% of the physicians reported routinely screening for DV at all well-child care visits, 61% reported screening only selective patients, and 30% said they did not screen for DV at all. Sixteen percent of the physicians reported having an office protocol for dealing with victims

Notably absent in the literature is a comprehensive tool to assess all forms of child abuse and neglect at the point of care in the healthcare delivery system. There is currently no empirically established instrument available to screen for physical, sexual, and psychological abuse and neglect for all children under the age of 18 years at any point of care in the healthcare delivery system. Screening only for physical abuse and only in the emergency setting is inadequate for identifying children who are being abused by the other common forms of abuse (sexual, psychological, polyabuse, and neglect) with serious short- and long-term health consequences.



SCREENING BARRIERS IN PRIMARY CARE

- Provider bias
- Provider discomfort
- Lack of time
- Inadequate training
- Lack of effective screening tools

THE PEDHITSS TOOL

To develop a validated, short child abuse screening tool to identify and accurately screen childhood physical and sexual abuse in clinical settings

Please read the following and put a checkmark in the box to show how often an immediate family member has done the following to a child in the last year. Please do not sign or put your name on this survey.					
During the last year , how often would you estimate that an immediate family member did each of the following to a child.	Rarely (1)	Sometimes (2)	Fairly often (3)	Frequently (4)	Never (0)
Physically HURT him/her					
INSULT him/her or Talk down to him/her					
THREATEN him/her with physical harm					
SCREAM or Curse at him/her					
Forced him/her to have SEX					

Physical Abuse

Psychological Abuse

Verbal Abuse

Sexual Abuse

PEDHITSS: SELECTION AND METHOD

Setting

Participants (n=419) were recruited in 2017 from a primary care clinic, an at-risk clinic, and a women and children shelter

Assessments

Parents and guardians completed the Conflict Tactics Scale Parent-Child (gold standard) and the PedHITSS

Timing

Assessments were completed following a primary care visit (for not-at-risk) or following a counseling appointment (for at-risk subsample)

Cohort Status

Abuse was confirmed via report to CPS or via sites' intake procedures

PEDHITSS: RESULTS

At-risk subsample

- 52.2% female, 89.4% English-speaking
- 41.1% Black, 36.1% Hispanic

Not-at-risk subsample

- 53.3% male, 73.1% English-speaking
- 54.5% Hispanic, 19.4% White

PedHITSS' 5
items strongly
correlated with
CTSPC's 24

- Though it was more accurate at identifying group membership

PedHITSS has
an optimal
cutpoint of 1

- Any positive response should prompt provider follow-up

PEDHITSS:
SUMMARY
AND
CONCLUSION

PedHITSS is a 5-item, validated screening tool intended for clinical settings

PedHITSS performs as well as the gold-standard CTSPC, but without the complex scoring and time intensiveness

Limitations: social desirability bias, parent/guardian completion, doesn't assess neglect, inability to track follow-up of participants

The findings of the study suggest that PedHITSS is a valid and reliable tool to screen for physical, psychological, verbal and sexual abuse in children ages 12 years and under in clinical settings

ADDITIONAL HITS VALIDATION STUDIES

Female Adults

- Sherin KM, et al. HITS: a short domestic violence screening tool for use in a family practice setting. *Fam Med.* 1998;30(7):508-512.

Male Adults

- Shakil A, et al. Validation of the HITS domestic violence screening tool with males. *Fam Med.* 2005;37(3):193-198

Sexual Abuse

- Chan CC, et al. Reliability and validity of the “Extended—Hurt, Insult, Threaten, Scream” (E-HITS) screening tool *Hong Kong Journal of Emergency Medicine* 2010;17(2):109-17

Verbal Administration

- Shakil A, et al. Development of Verbal HITS for intimate partner violence screening in family medicine. *Fam Med.* 2014;46(3):180-185

Adolescents

- Day P, et al. Validating the TeenHITSS to Assess Child Abuse in Adolescent Populations. *Family Medicine* (forthcoming 2022)

QUESTIONS?

Thank you very much for your time!

Higher Level of Patient-Centered Medical Home Implementation Associated with Improvements in Chronic Disease Quality of Care in Nationwide VHA PACT Initiative

As published in: Health Services Research, 2018
August;53(4):2503-2522

Ann-Marie Rosland, MD MS

October 25th, 2022



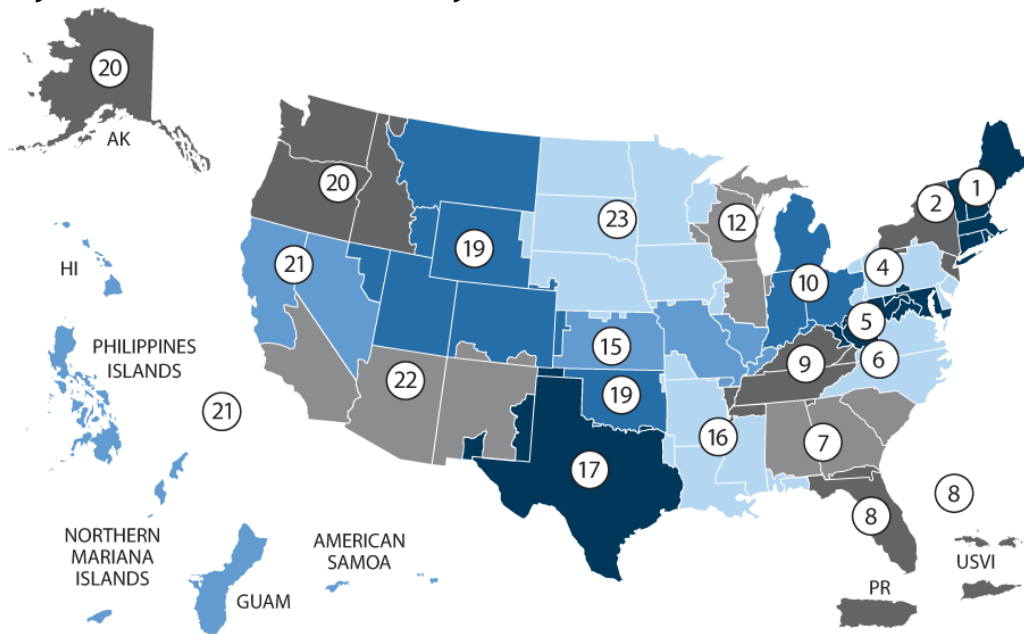
Caring for Complex Chronic Conditions

Research Center



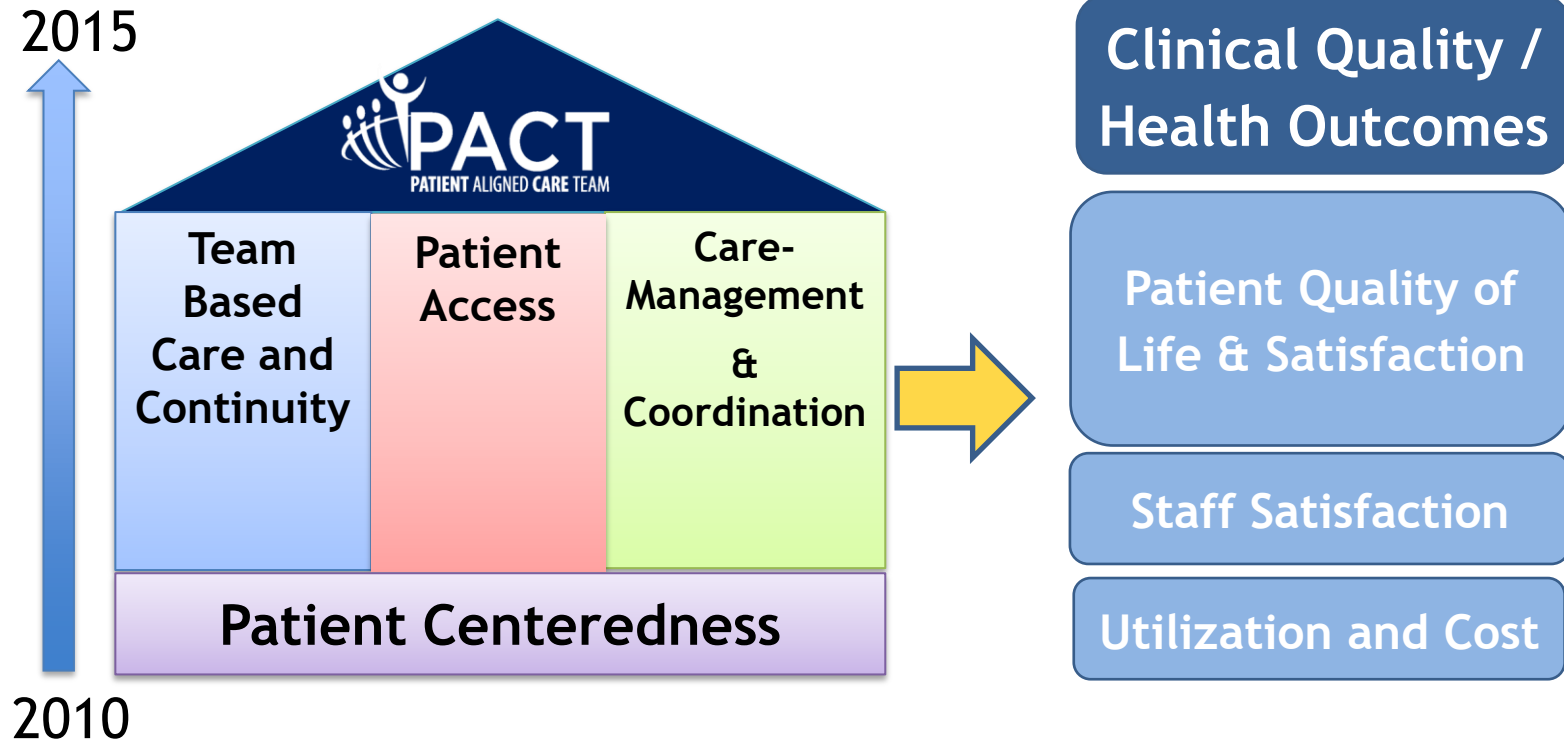
Veterans Health Administration (VHA): Largest U.S. Integrated Health Care System

- Over 7 million primary care patients
- 16.4 million primary care encounters annually in 2017
- 171 Medical Centers
- 1,113 Community-Based Outpatient Centers



VA Patient Centered Medical Home

Outcomes



Research Prior to 2017 on PCMH Clinical Outcomes

- Limited studies on clinical care quality
 - Most examine preventive care processes
- Most studies limited to PCMH programs with
 - Limited number of clinics
 - Targeted to specific patient populations or conditions
 - Limited amount and types of data

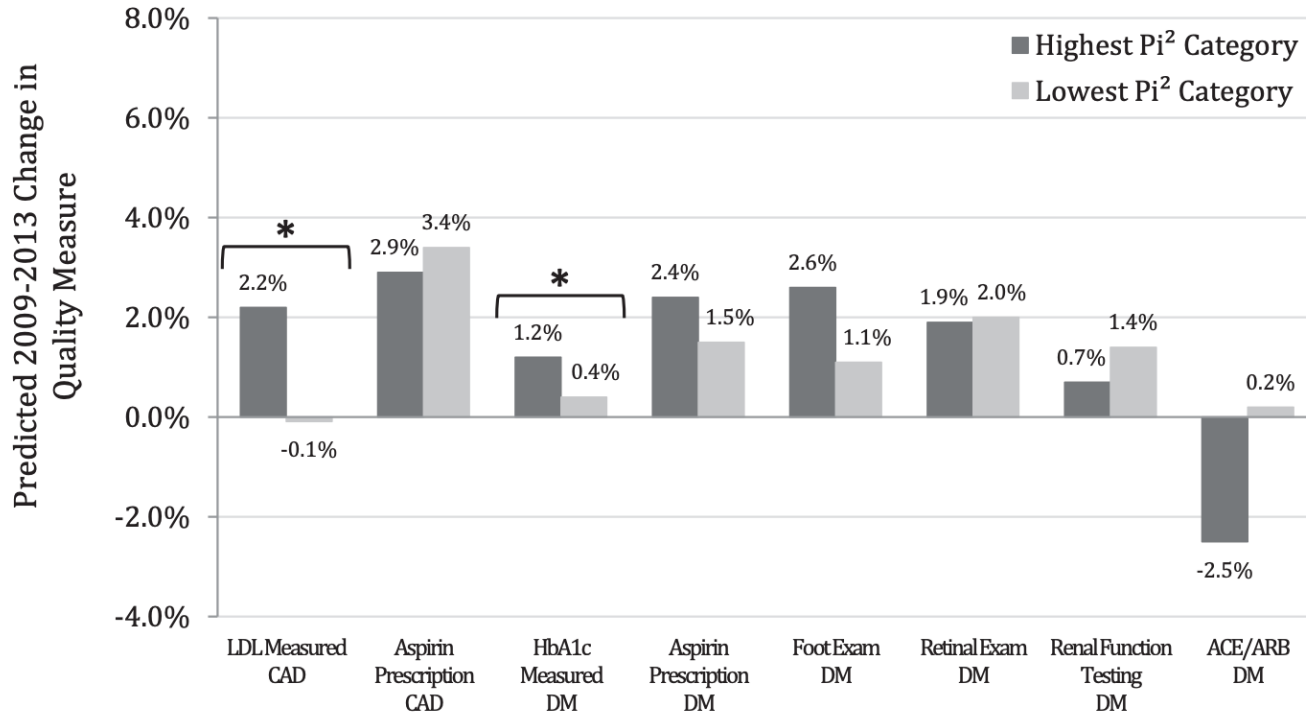


Study Question

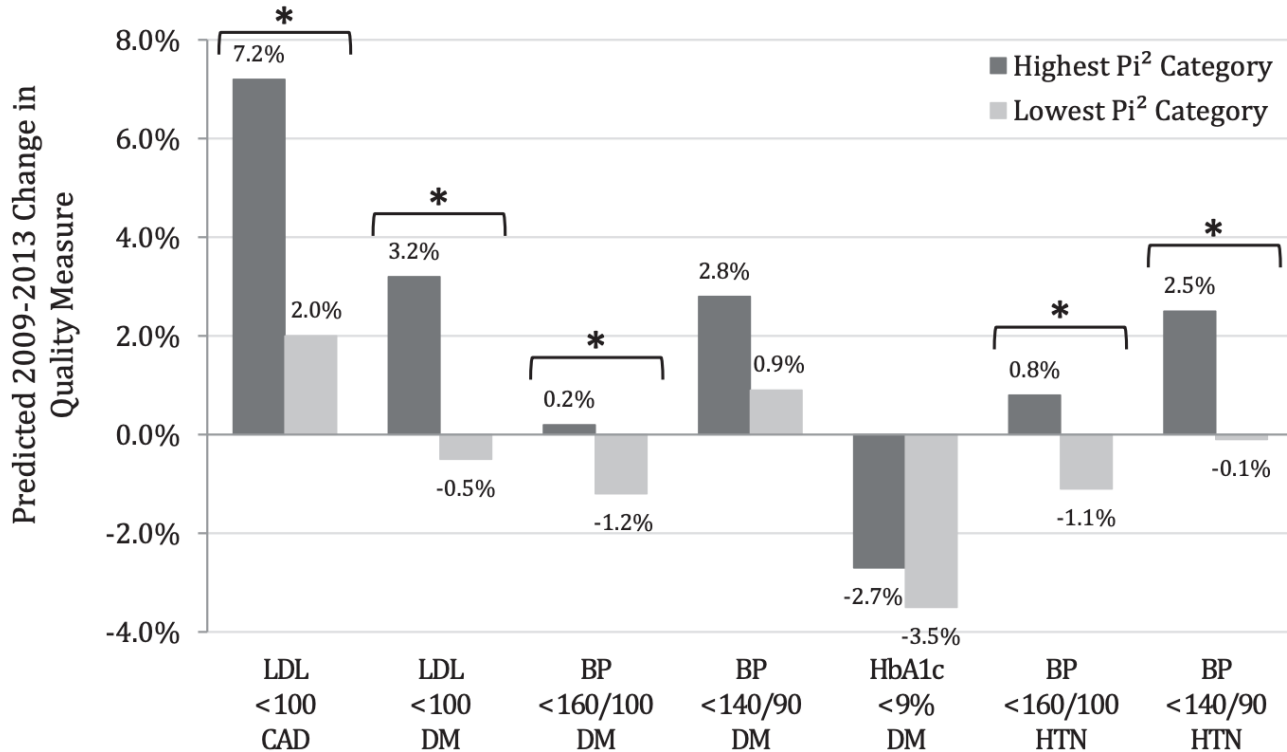
- Did VHA primary care clinics with more extensive PCMH implementation have more improvement in chronic disease quality measures....
- In a PCMH program that
 - Included all enrolled primary care patients
 - Focused on ‘upstream’ patient-centered care processes




Change in Process Measures: 808 Clinics



Changes in Outcome Measures: 808 Clinics



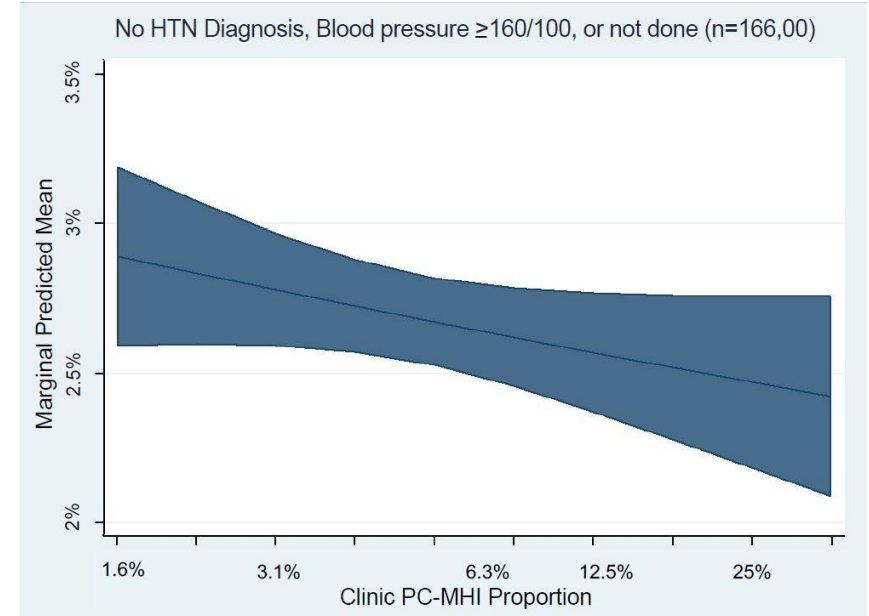
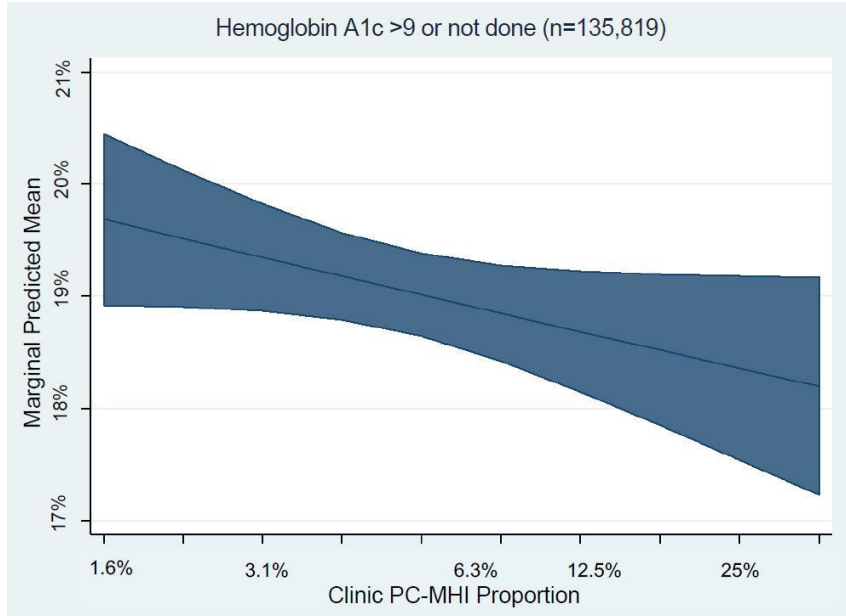
Association of Integrated Mental Health Services with Physical Health Quality Among VA Primary Care Patients

Lucinda B. Leung, MD, PhD, MPH^{1,2} , Lisa V. Rubenstein, MD, MSPH^{2,3,4},
Erin Jaske, MPH⁵, Leslie Taylor, PhD⁵, Edward P. Post, MD, PhD^{6,7},
Karin M. Nelson, MD, MSHS^{5,8}, and Ann-Marie Rosland, MD, MS^{9,10}

[Journal of General Internal Medicine](#) 2022, volume 37, pages 3331–3337



Integrated Mental Health in PC - DM & HTN Outcomes



Conclusions

Health systems that invest resources in PCMH and integrated mental health care delivery across all patients could realize downstream improvements in chronic disease quality measures

Collaborators: VA Office of Primary Care Analytic Team, VA-PCAT High-Risk Network, Karin Nelson, Stephan Fihn, Edwin Wong, Matthew Maciejewski, Donna Zulman, Rebecca Piegari, plus Lucinda Leung, Lisa Rubenstein & team.



(Optional Slide)





Other Team Members

Clinical Pharmacy Specialist ± 3 panels
Social Work: ± 2 panels
Trainees

Integrated Behavioral Health

Psychologist ± 3 panels
Social Worker ± 5 panels
Care Manager ± 5 panels
Psychiatrist ± 10 panels

Teamlet:

Assigned to 1 panel (±1200 patients)

- **Provider: 1 FTE**
- **RN Care Manager: 1 FTE**
- **Clinical Associate (LPN, Medical Assistant): 1 FTE**
- **Clerk: 1 FTE**

Patient

Caregiver

Team-Based Care