

Identification

Barriers	Strategies
Lack of privacy	<ul style="list-style-type: none"> • Make it a policy to initially interview all patients privately on a routine basis • Arrange a cubicle with phone or educational materials for the victim to read or use in the office • Have a chair in the inside hallway for completion of health assessment forms or questionnaires • Confirm with patient privately where any communication or bills to be sent • Referral/shelter numbers updated and available for patients to access without having to disclose
Safety issues	<ul style="list-style-type: none"> • Place locking doors between waiting rooms and exam areas • Install panic buttons • Plan a back door for escape or access • Establish clear protocols and in-services for dealing with aggressive or threatening visitors
Time constraints	<ul style="list-style-type: none"> • Have other trained personnel to do reporting, assessments and referral process • Call local victim advocacy organization and ask for help with a patient on the phone or in person • If no injuries and no danger elements then reschedule the patient for further evaluation and follow-up • Establish clear referral patterns and accessible resources • Have standardized forms readily available
Possible court appearances	<ul style="list-style-type: none"> • Dictate or use a standardized format so that records are clear and complete thus maybe decreasing need for court appearance • Photodocument injuries – pictures are worth a thousand words in court • Negotiate date & time of testimony if possible.
Reimbursement issues	<ul style="list-style-type: none"> • Maximize reimbursement, remember to code for: <ol style="list-style-type: none"> a. Complex evaluation and management (99303) b. Team conferences (99374-2) c. Care plan oversight (99374-5) d. Preventive medicine services (99381) e. Preventive medicine counseling (99401) • Facilitate patient's application to victim restitution funds that can cover uncompensated care. • Address personal biases about violence and victimization
Pandora's box phenomena	<ul style="list-style-type: none"> • Utilize a team approach to intervention • List and prioritize problems systematically • Educate, refer and case manage
"Too personal of an issue"	<ul style="list-style-type: none"> • Have "DV is a Health Problem" brochures and posters throughout institution or clinic • Educate all staff about the health impact of DV on adults and children • Create a library of references and a list of on-line education programs about DV • Depersonalize the issue by asking all patients routinely and remembering that conflict is normal but abuse at any age has serious health ramifications

