HEALTH LAW

When Urgent Care is the Safest Place to Turn

■ JOHN SHUFELDT, MD, JD, MBA, FACEP

Note: While not a typical topic for a Health Law column, providing treatment to the victims of violence against women by definition sits at the intersection of crime and medicine. Hence, we present Dr. Shufeldt's call to action in his usual space.

In retrospect, it was bound to happen: An estranged husband received information from his insurance company about his wife's outpatient treatment. He called the patient accounting office to confirm the residential address his wife gave to the registration clerk.

He thanked the woman who supplied him with the information profusely, then got in his car and drove to the domestic violence shelter where his wife was recovering from the physical and emotional wounds he inflicted on her the week before.

He hunted her down and shot her four times in the face with his .357 magnum while she cowered in the corner.

An estimated 4.5 million physical assaults are committed against women by their intimate partners in the United States every year.[1] Unfortunately, slightly more than half of the victims live in households with children under the age of 12[2]; too often, those children witness and are forever scarred by these circumstances. Each year, more than 13,000 of these assaults are committed at the woman's place of work, and an average of three women are murdered every day by their husbands or boyfriends.[1,3]

Intimate partner violence (IPV) has replaced the older phraseology of domestic violence, wife battering, and spousal abuse. This change in terminology reflects that abuse can occur in all types of relationships—dating or marriage, current or former, heterosexual or homosexual. A variety of different forms of abuse exist: verbal abuse, emotional abuse, isolation, use of the "male privilege," economic abuse, sexual abuse, using children to manipulate behavior, physical abuse, and threats of physical abuse.

John Shufeldt is the founder of the Shufeldt Law Firm, as well as the chief executive officer of NextCare, Inc., and sits on the Editorial Board of *JUCM*. He may be contacted at *JJS@shufeldtlaw.com*.

Victims of IPV are often very reluctant to disclose the actual nature of the abuse for a number of well-founded fears: they will lose their children, the perpetrator will seek retribution or deny the charge, embarrassment, lack of trust in the healthcare provider, or, finally, they may simply not be ready or able to leave the relationship for emotional or economic reasons.

As a result, a woman may not want to go to the emergency department since the staff may be attuned to the pattern of injury. Instead, she may present to an urgent care center with a complaint of falling or tripping down the stairs.

The most common sites of such injury are the head, neck, face, arms, and areas covered by clothing like the chest, breast, and abdomen. Stroke symptoms secondary to carotid artery dissection after choking are not uncommon.

When my gut tells me something is not adding up, I say to the patient, "I don't know if this is an issue for you, but a lot of people I treat are in an abusive or controlling relationship and may be uncomfortable bringing it up so I have started to ask everyone I treat."

Role of the Urgent Care Provider

When confronted with a patient who is the victim of IPV, our role as urgent care providers is to:

- respond empathetically by validating her experience
- assess the immediate risk to the victim
- thoroughly document current and past events
- refer the victim to experts in IPV.

Most states require healthcare providers to report known or suspected case of IPV to the police. In some states, the criminal justice system's response to the victim may actually place the victim at greater risk. Therefore, victims of IPV must be apprised of the duty to report.

I suspect none of this information is news to you. I am also

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sure that you are aware that intimate partner violence is much more prevalent than reported. Hopefully, you are thinking, "What can urgent care physicians do about this epidemic besides providing empathetic patient care?"

Since 1997, a group of urgent care centers has been providing free, no-questions-asked care to patients and children residing in shelters housing victims of IPV.

Why is this important?

The most dangerous time for victims of IPV is when they leave the relationship. Abusers will go to great lengths to hunt down their victims in an effort to control the situation or silence their accuser. Submitting a claim to the perpetrator's insurance plan makes tracking down the victim much easier.

These altruistic urgent care owners have set up a call-ahead service with the shelters, which allows the patients to bypass the lobby and walk right in through the back door for their care. The patients are registered in the exam room, no insurance claim is submitted. and no payment is demanded. The patient or her children are treated, the care is documented, and the patient leaves through the back door.

It is time for us to step up to the plate and positively impact the lives of countless victims and their children.

A Challenge

Here is what I would challenge you to do: Contact the IPV shelters in your area to facilitate a no-charge, no-questions-asked care policy for their residents. Believe me, you will not be overwhelmed with patients and the care and empathy you provide these unfortunate victims will help them get back on their feet.

If 5,000 urgent care centers treat just one victim of IPV per day, we will impact the lives of 1.8 million patients per year.

Many of these women and children fleeing from their homes deny themselves medical care for fear their partner will either find them or they will incur debts they are unable to repay.

As urgent care centers, let us come together to address this too-silent epidemic and remove one barrier from their path to independence and freedom from fear.

Use this opportunity to show your staff and your community that the service you provide to the temporarily disenfranchised is as important to you as your bottom line.

Please e-mail me at *jjs@shufeldtlaw.com* and I will do whatever I can to help you achieve this goal. Your efforts will also be acknowledged in future issues of *JUCM*. ■

REFERENCES

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Out with the Negative, in with the Positive

Old phrasing: We hope to work with you.
New phrasing: We believe that we can make a real difference in your workplace health and safety.

Old phrasing: We specialize in addressing your health and safety problems.
New phrasing: We specialize in working with employers to enhance the health and safety of their workforce.

Old phrasing: You can reduce lost work time by developing a strong pre-placement screening program.
New phrasing: We find that companies like yours often reduce total lost work time by developing a strong pre-placement screening program.

Old phrasing: If you work with us, we will reduce your total workers' compensation costs by at least 10%.
New phrasing: We feel confident that we can reduce your total workers' compensation costs by 10% or more.

Old phrasing: You should develop a drug-testing program.
New phrasing: In my opinion, you should develop a drug-testing program

Old phrasing: Is it possible to schedule an orientation meeting with your first-line supervisors next week?
New phrasing: We find that an orientation meeting with first-line supervisors is a critical first step in developing a productive relationship with our employer clients.

SHARE YOUR SUCCESSES

Have you instituted an effective occupational medicine program, or devised a particularly successful sales and marketing campaign? Let us know. Describe what you've done to strengthen your occupational medicine services, either clinically or from a practice management perspective, in an e-mail to *editor@jucm.com*. We'll share your success stories in an upcoming issue of *JUCM*.