



**American Hospital
Association™**

Advancing Health in America

What is trauma-informed care?

June 11, 2019

ICD-10 Diagnostic Codes for Human Trafficking

Introduction

Human trafficking is a public health concern many hospitals and health systems are combating every day. It is a crime occurring when a trafficker exploits an individual with force, fraud or coercion to make them perform commercial work or sex.

Data Collection Challenges

While more and more providers are trained to identify and document victims of forced (labor) or sexual exploitation, the existing ICD-10-CM abuse codes fell short of differentiating victims of human trafficking from other victims of abuse. Without proper codes, there was no way for clinicians to classify adequately a diagnosis and to plan for the resources necessary to provide appropriate treatment. This also prevented critical tracking of the incidence and/or reoccurrence of labor or sexual exploitation of individuals.

What's New

As urged by the AHA's Hospitals Against Violence initiative, the first ICD-10-CM codes for classifying human trafficking abuse were released in June 2018. AHA's Central Office on ICD-10, in partnership with Catholic Health Initiatives and Massachusetts General Hospital's Human Trafficking Initiative and Freedom Clinic, proposed the change. Effective FY 2019, unique ICD-10-CM codes are available for data collection on adult or child forced labor or sexual exploitation, either confirmed or suspected. These new codes, which drew support from other hospitals and health systems, may be assigned in addition to other existing ICD-10-CM codes for abuse, neglect and other maltreatment. In addition, new codes are also available for past history of labor or sexual exploitation, encounter for examination and observation of exploitation ruled out, and an external cause code to identify multiple, repeated, perpetrators of maltreatment and neglect.

Required Action

- As coding professionals review a patient's medical record to identify the appropriate ICD-10-CM codes to include, they should be aware of and begin utilizing the ICD-10-CM codes for forced labor and sexual exploitation, listed in Table 1.

- Hospitals and health systems should educate necessary individuals, including physicians, nurses, other health care providers, and coding professionals of the important need to collect data on forced labor or sexual exploitation of individuals.
- Tracking confirmed and suspected cases in the health care system will allow hospitals and health systems to better track victim needs and identify solutions to improve the health of their communities. It also provides another source for data collection to inform public policy and prevention efforts, as well as support the systemic development of an infrastructure for services and resources.

For additional information: Contact **Nelly Leon-Chisen**, RHIA, director of coding and classification, American Hospital Association, nleon@aha.org.

Key Terms

Key Terms Related to Human Trafficking Found in Medical Documentation

- Human trafficking
- Labor trafficking
- Sex trafficking
- Commercial sexual exploitation
- Forced commercial sexual exploitation
- Forced prostitution
- Forced sexual exploitation
- Forced labor exploitation
- Exploitation of manual labor
- Exploitation of sexual labor
- Exploitation for manual labor
- Exploitation for commercial sex
- Domestic servitude
- Labor exploitation for domestic work
- Force labor exploitation for domestic work

HUMAN TRAFFICKING HAPPENS
IN EVERY COMMUNITY.

HOSPITALS IDENTIFY AND
HELP VICTIMS EVERY DAY.

HOSPITALS CAN HELP.

LEARN MORE.



Advancing Health in America



Laura Castellanos

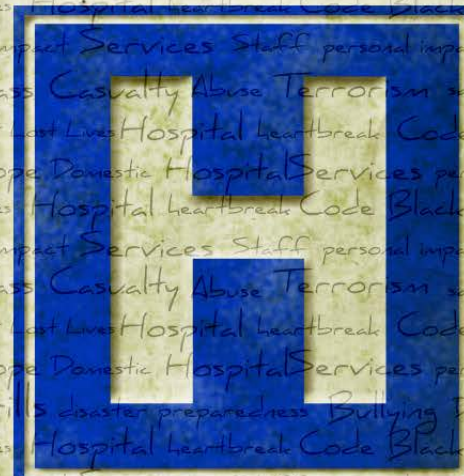
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www.aha.org/combating-human-trafficking

HOSPITALS AGAINST VIOLENCE



JONES
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What is Trauma Informed Care?

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American Hospital Association

Tuesday June 11, 2019

If today makes you uncomfortable, please feel free to take care of yourself in the way that best suits you.



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Department of Justice

Thank-you to:
Partners HealthCare & Department of Medicine at
Brigham Women's Hospital

Poll

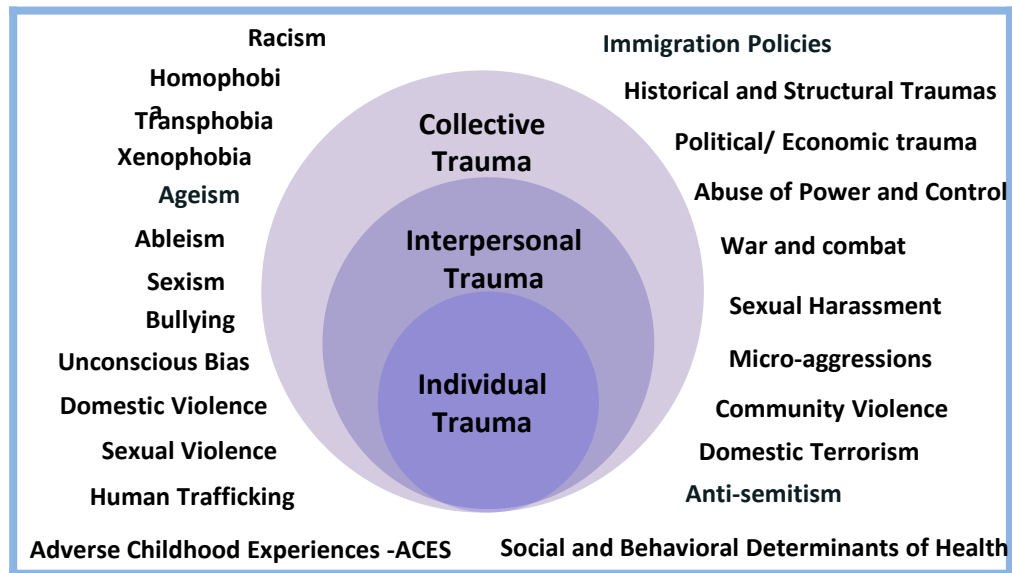
- Please tell us who you are: (check all that apply)
 1. Clinician (MD, Nurse, Social Worker, etc)
 2. Administrator
 3. Director| Manager
 4. Researcher

AB is a 35 year old woman who presents to establish care with new PCP and follow up recent hospitalization with diabetic ketoacidosis and sexual assault. Her medical history includes poorly controlled Type 1 Diabetes Mellitus, post-traumatic stress disorder, depression, migraines, asthma, and recurrent shoulder dislocations.

What might you think or ask about at this first visit?

One of the main principles of trauma-informed care is assume, not ask, if a patient has a history of trauma.





© Lewis-O'Connor, A. 2015 © Rittenberg, E 2015 © Grossman, S. 2015 UPDATED, 2019

Poll

Question 1

- How many people are familiar with the findings from the ACE study?

Question 2

- How many incorporate ACE scores in their practice

IMPACT OF CHILDHOOD TRAUMA

The CDC and Kaiser Permanente surveyed 17,000 of the health plan's members to ask whether they'd had adverse childhood experiences defined as:

ABUSE

Psychological
Physical
Sexual

NEGLECT

Emotional
Physical

HOUSEHOLD CHALLENGES

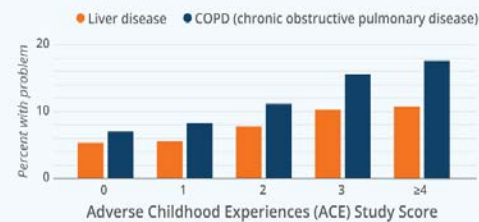
Family member experiencing:
Domestic abuse
Mental illness
Imprisonment

NEARLY TWO THIRDS

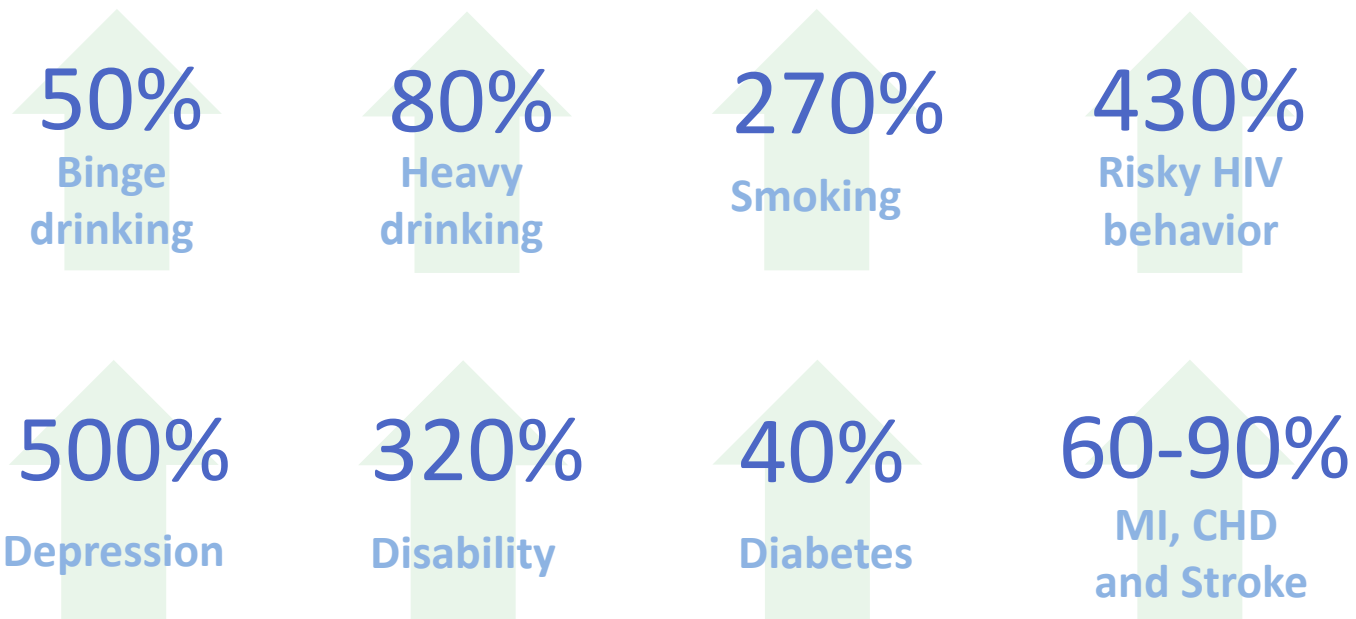
of those surveyed experienced at least one event.



The higher the score on ACE survey, the more likely people were to be in poor health:

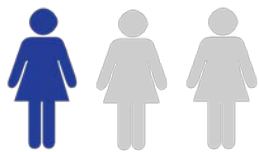


Sources: CDC ACE Study page <https://www.cdc.gov/violenceprevention/acestudy/> and V. J. Felitti and R. F. Anda, "The Relationship of Adverse Childhood Experiences to Adult Health, Well Being, Social Function, and Health Care," from *The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic* (Cambridge, England: Cambridge University Press, September 2010).



Data from 49,000 Americans in 2011 BRFSS, Campbell, Am J Prev Med, 2016

Over 1 in 3



Nearly 1 in 6



Telephone survey
by CDC/NIJ/DOD

7,758 women
6,397 men
Age 18+

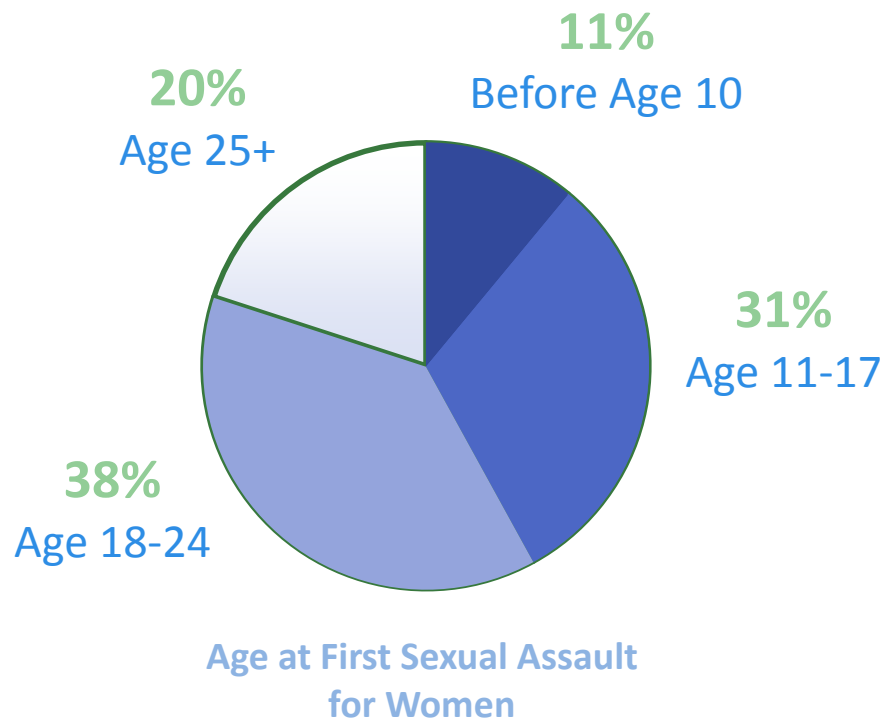
Were victims of contact sexual violence* at some point in their lives

4% of women & 2% of men

Were victims of contact sexual violence*
at some point in **the last 12 months**

* Contact sexual violence includes rape, being made to penetrate, sexual coercion, and/or unwanted sexual contact.

2011 National Intimate Partner and Sexual Violence Survey, Brieding, MMWR 2015



42%
of women who
have been raped
were first raped
before age 18

80%
before age 25

The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report. Atlanta, GA. NCIPC, C

Health Impact of Intimate Partner Violence

Acute

Death:

>40% of female murder victims are killed by intimate partner.

Physical injury:

41% of women IPV survivors
14% of men IPV survivors

Fewer than half seek health care for their injuries

Chronic

Increased risk of:

Chronic pain

Seizures, syncope

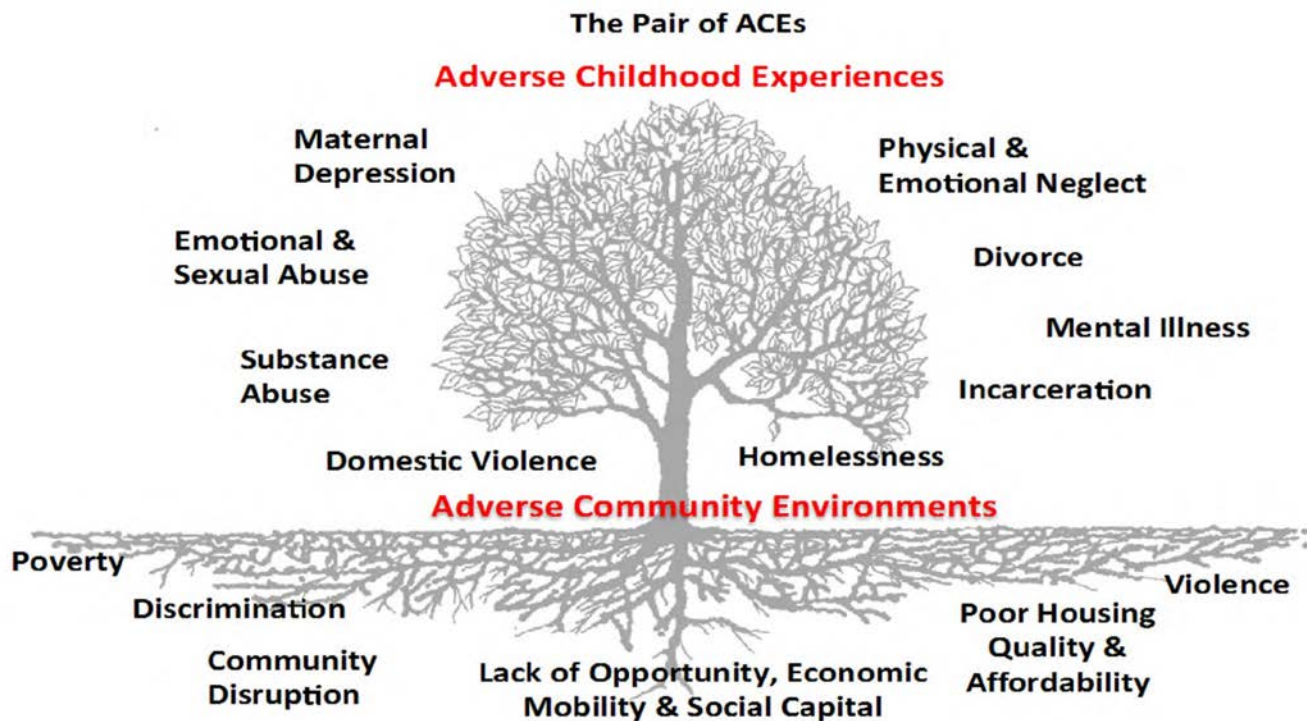
Gastrointestinal symptoms

Vaginal infections, STIs

Mental health disorders

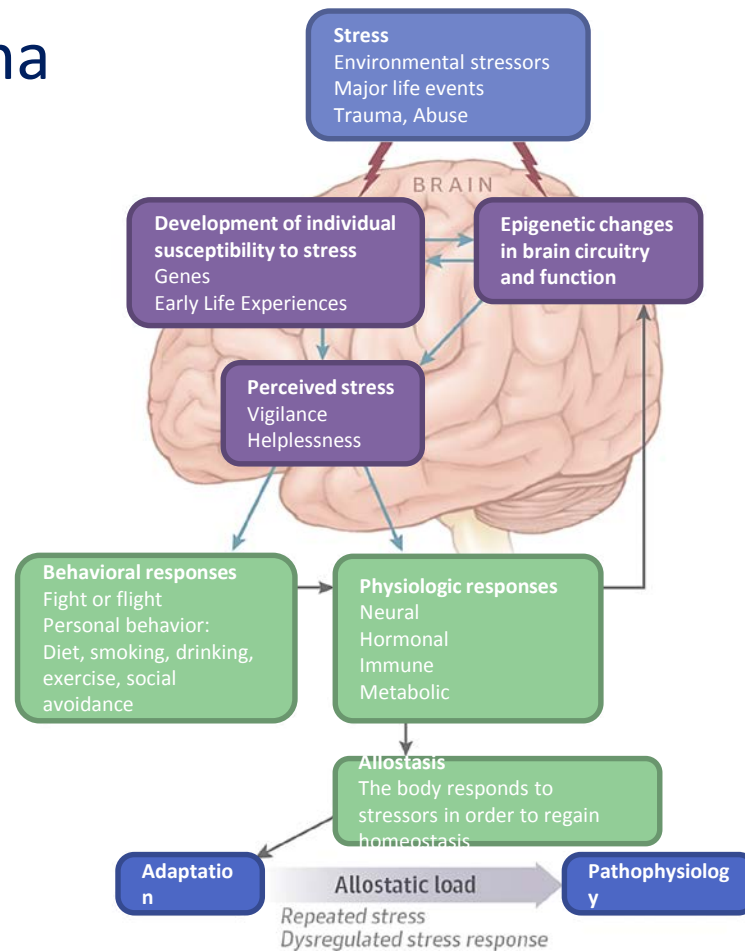
3x increased healthcare utilization - often without obvious injuries

National Center for Injury Prevention and Control, Division of Violence Prevention CDC, Feb 2019
Coker AL, ... Smith PH. Physical and mental health effects of intimate partner violence for men and women. Am J Prev Med. 2002 Nov 23(4):260-8.
Campbell JC. Health consequences of intimate partner violence. Lancet 2002 Apr 13;359(9314):1331-6.
Smith SG, ... Chen, J. (2018) The National Intimate Partner and Sexual Violence Survey: 2015 Data Brief – Updated Release. CDC.

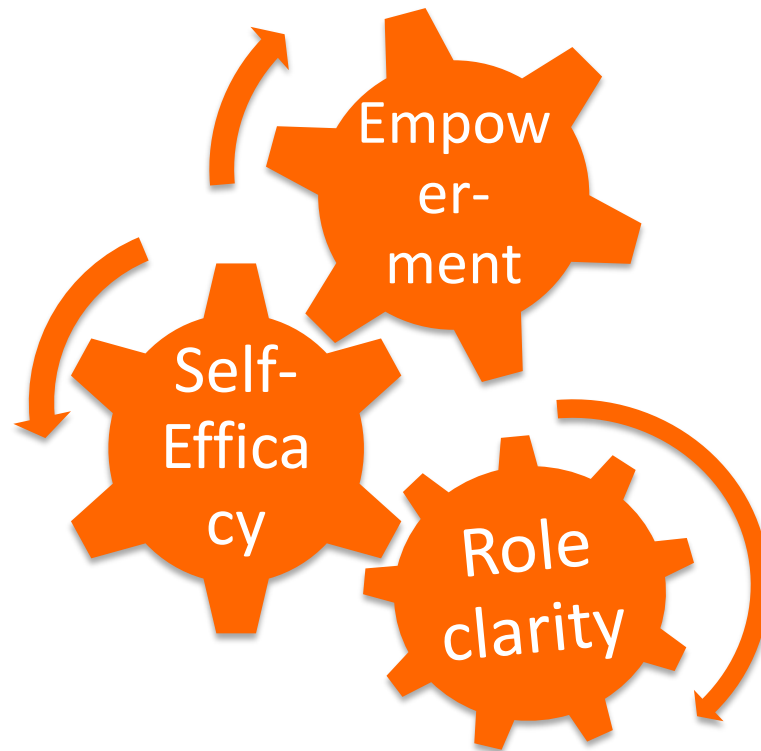


Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

How does Trauma Impact Health?



McEwen, JAMA Psychiatry 2017



©Nomi Levy-Carrick 2019

Trauma is pervasive amongst **patients and staff**

Trauma has significant **health and mental health** effects.

Trauma greatly influences **how people access and experience healthcare.**

Without
considering
trauma:

Healthcare services can be re-traumatizing,
Treatments may not be effective
Patients may not be able to engage with you

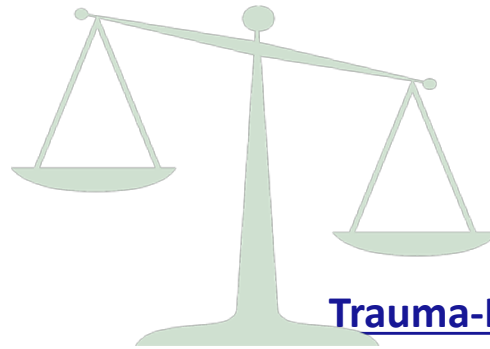


"I'm right there in the room, and no one even acknowledges me."

- Personal, cultural, and historical trauma
- Lifetime and cumulative experiences
- Fear and confusion
- Lack of privacy
- Procedures: **not routine for patients**
- Physical touch, removal of clothing
- Vulnerable physical positions
- Inquiry: embarrassing, distressing, and or may trigger

Huang, L.N., Sharp, C.S., Gunther, T. SAMHSA and National Council for Behavioral Health Webinar 8/6/13.
“It’s Just Good Medicine: Trauma Informed Primary Care.”

Philosophical Shift



Traditional

What's wrong with you?

- Deficits
- Expert Mode
- Control
- Gate-keeping
- Dependence
- Prescribed

Trauma-Informed

How has what happened affected you?

- Strengths and Resilience
- Partnership model
- Collaboration and Mutuality
- Empowerment, Voice and Choice
- Patients choose how much to share

© Copyright Lewis, O'Connor, A. 2018 © Grossman, S. 2018 © Rittenberg, E. 2018

- Universal Awareness



We ask patients to embrace and access *our* health care services despite our knowledge that there can be many inherent challenges –

Perhaps we need to create a system *with* patients that provides a new and improved way to participate in their health care.

Annie Lewis-O'Connor

- ***Realizes*** the widespread impact of trauma and understands potential paths for recovery
- ***Recognizes*** how trauma affects all individuals involved in an organization, including its own workforce
- ***Responds*** by fully integrating knowledge about trauma into policies, procedures, and practices
- ***Resists*** re-traumatization

A TI approach refers to a change in
organizational culture.

Safety: Physical &
psychological

Trustworthiness &
transparency

Peer Support

Collaboration &
Mutuality

Empowerment,
Voice, Choice

Cultural, Historical,
& Gender
Acknowledgment

www.samhsa.org/TIC

Why?

- Assessment can be an intervention itself
- Allows understanding of how a person's experiences impact health
- Allows you to offer intervention
- Contributes to establishing relationship and engagement
- Makes possible research and understanding of the prevalence and impact of trauma

How?

Disclosure is NOT the goal

- Provide a safe environment for people to share as much or as little as they want
- Minimize need to retell the story
- Include education about trauma and its effects
- Balance trauma with resiliency

Tiered Approach:



Leitch L. Action steps using ACEs and trauma-informed care: a resilience model. Health Justice 2017 Dec; 5:5.

Option 1: Assume a History of Trauma Without Asking

Option 2: Screen for the Impacts of Past Trauma Instead of for the Trauma Itself

Option 3: Inquire About Past Trauma Using Open-ended Questions

Option 4: Use a Structured Tool to Explore Past Traumatic Experiences

Machtinger, E.L., Davis, K. B., Kimberg, L.S., Khanna, N., Cuca, Y.P., Dawson-Rose, C., Shumway, M., Campbel, I., Lewis-O'Connor, A., Blake, M., Blanch, A., and McCaw, B. (2019). From treatment to healing: inquiry and response to recent and past trauma in adult health care. *Women's Health Issues*, 29(2), 97-101.

Inquire about impact of the event- not the details of event.

Ask open-ended questions such as:

- “Has anything happened in your life that you feel has impacted your health and well-being?”
- “How do you feel this has affected you?”
- “Have you had any experiences with health care (or this exam, etc) that you feel I should know about?”
- “What would be helpful to make you feel safe and comfortable during this visit?”



Lewis-O'Connor, A. 2018 © Grossman, S. 2018 © Rittenberg, E. 2018 ©

In the emergency department, AB had disclosed that her ex-partner, who was her employer and the father of her youngest child, had sexually assaulted her. He had been physically, sexually, and psychologically abusive to her during the past four years.

She had stopped taking her insulin regularly and had lost 20 pounds in the weeks preceding the hospitalization. She had seven ED visits in the past year with hypoglycemia, DKA, and assaults.

Her past medical history was notable for the diagnosis of diabetes at age 14, asthma with one intubation in childhood, and a history of childhood sexual abuse.

She is a single mother of four children ages 2 to 14, works as a carpenter, lives with her children and her elderly aunt. No alcohol, no cigarettes, occasional marijuana.

During the hospitalization, she was re-referred to Passageway, and referred to the C.A.R.E. Clinic; in turn, they had connected her to a primary care physician.



"Sure, we doctors make a lot of money. But, don't forget, we spend a heck of a lot, too."

Of course I'm listening to your expression of spiritual suffering. Don't you see me making eye contact, striking an open posture, leaning towards you and nodding empathetically?

Explain:

- **What** will be done
- **How** it will be done
- **Why** it is necessary

Allow the patient the option and time to decline.

"What can I do to help you be more comfortable?"

"If you want me to stop and pause please ask or signal me."

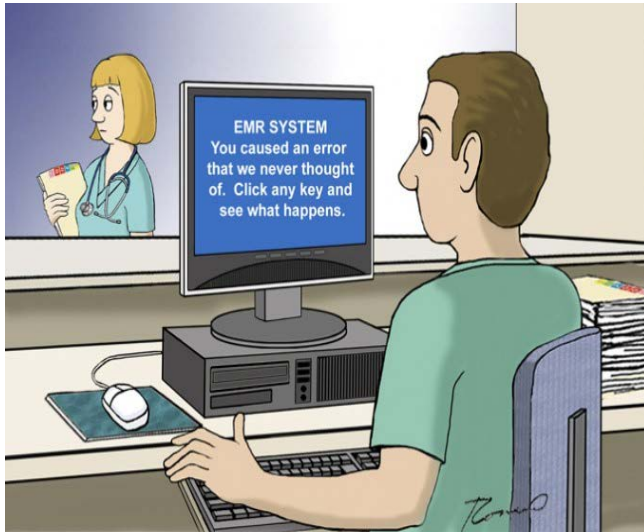
"Is it OK if I continue with the exam? or would you prefer me to stop?"

1. **Calm:** Pay attention to how you are feeling. Breathe deeply and calm yourself to model and promote calmness for patient, yourself, and co-workers.
2. **Contain:** Allow patient to maintain safety; don't emotionally overwhelm the provider or the patient.
3. **Care:** self-compassion, cultural humility, de-stigmatize adverse coping behaviors.
4. **Cope:** emphasize coping skills, positive relationships, interventions that build resiliency.

Kimberg L and Wheeler M. Trauma and Trauma Informed Care, in Gerber (ed) Trauma-Informed Healthcare Approaches. Springer 2019.

“Care imitates language; that is we tend to relate to people the same way we write and talk about them.” Sasser, 1999

- How we speak about our patients has ramification on how our patients are treated.
- Labels: Dysfunctional, Non-compliant, Resistant, Difficult, Entitled, Demented, Addict, Drug-seeking, Borderline, etc.



- Transparency and mutuality:
Respect patient's wishes
- Include patient's strengths
- Establish team communication
- Minimal details/ Need to know

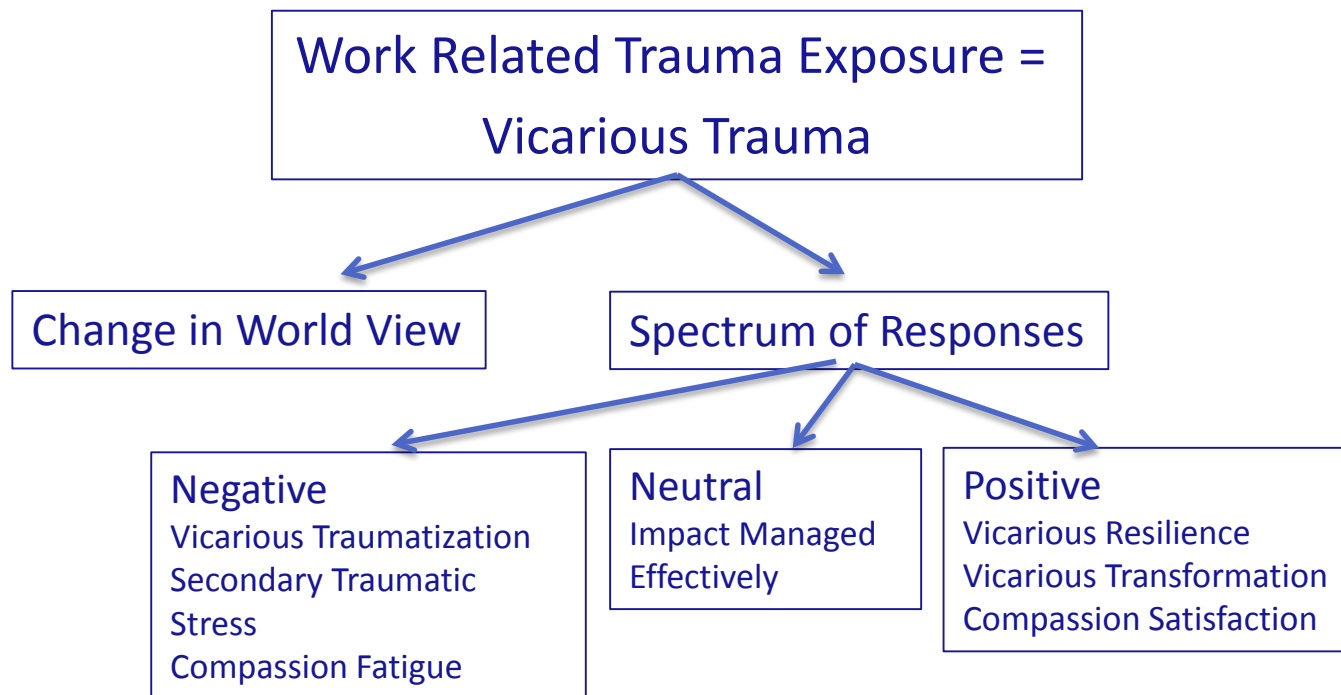
Many of us have our own stories
30% of faculty women in past 2 years

Hierarchy of medicine
& traditional gender roles
Changes as more women enter medicine

*How can we create space for our patients
who wish to disclose their experiences while
caring for ourselves?*



Vicarious trauma



Adapted from Trauma-Organizational Readiness Guide for Victim Services. <https://vtt.ovc.ojp.gov/>.



Buffering the Toxic Stress Response

- Regular Exercise/Physical Activity
- Quality Sleep
- Balanced Nutrition
- Supportive Relationships
- Mindfulness/Meditation Practices
- Psychotherapy and/or Psychiatric Care

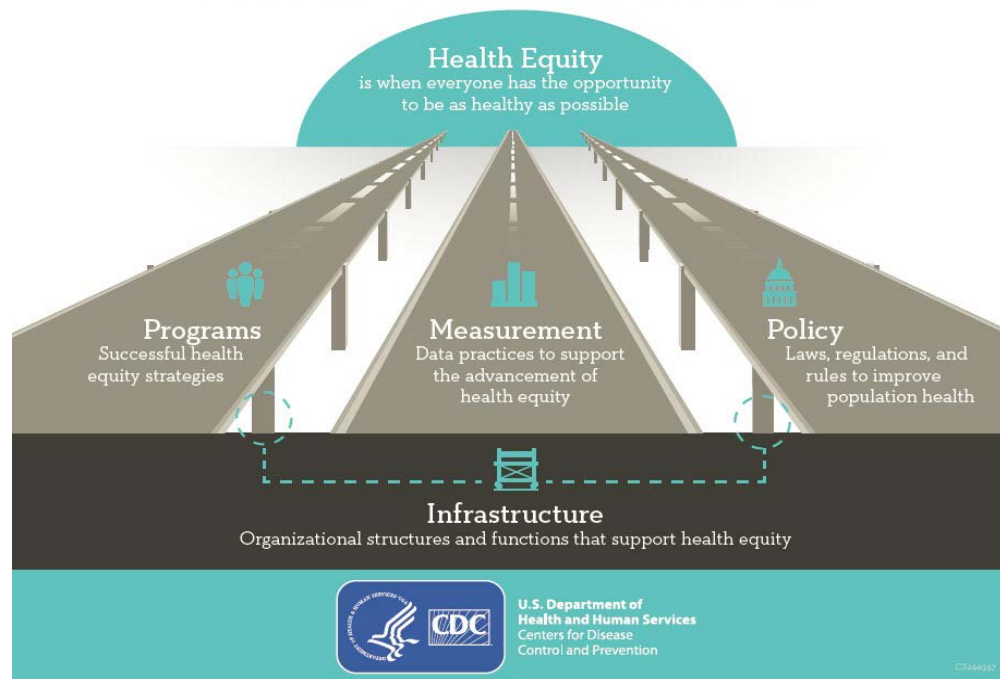
From: Nadine Burke Harris, presentation ALI Jan 14, 2019

Two and half years later...

“I realize my past is my past.” “I am so grateful you all took time to know me and care about me, I am a stronger person.”

She is engaged in case with regular visits to her PCP, endocrine, therapist, and psychiatrist. She maintains custody of her children. She has housing, has had less hospitalizations. She has engaged twice in out patient mental health day treatment. Diabetes remains a challenge. She expresses her personal growth and gratitude to the care team.

PAVING THE ROAD TO HEALTH EQUITY



- What do you think you will do in the next month to advance trauma-informed care?
 - 1) I will inquire about trauma using broad questions.
 - 2) I will apply the 6 principles into the patient care visit.
 - 3) I will review our policies and procedures with an eye for trauma-informed approaches.
 - 4) I will facilitate the convening of a TIC working group.
 - 5) Other: please type in your answer



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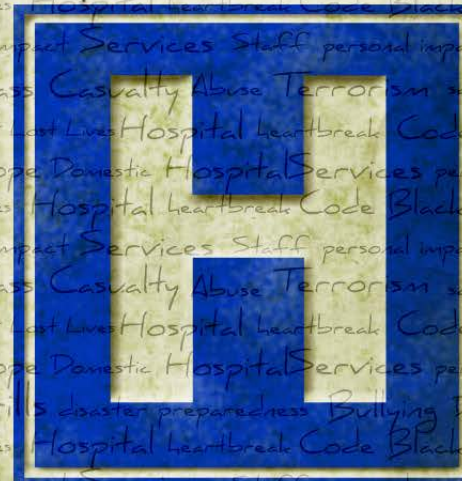
We invite your questions!

To submit a question, please type your question on the left-hand side of your presentation screen.

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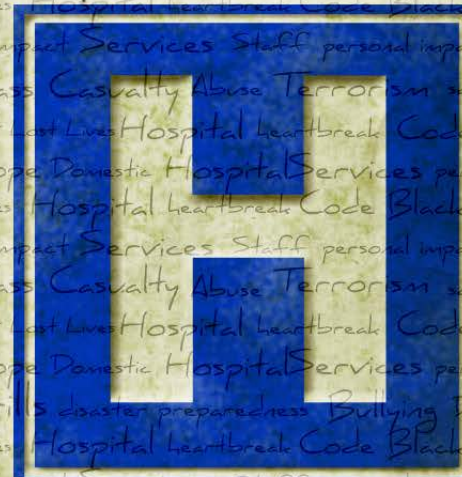
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Thank you!

We value your participation and interest in our AHA Education events.

For further information about this topic, please visit:

<https://www.aha.org/combating-human-trafficking>



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