Being Kansas CARE Provider

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Disclosure

- In the past 12 months, I have had no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial service(s) discussed in this CME activity.

Kansas CARE Provider Network

- A network of medical providers
- With additional training in evaluation and diagnosis of child abuse and neglect
- With mentorship by a board-certified child abuse pediatrician
- To provide standardized, high quality, local care for children across the state
How does it work?

- A child is referred to you for evaluation of possible abuse/neglect
  - DCF, Law Enforcement, family, another provider
- Perform a medical assessment
  - Document findings
  - Provide medical impressions to DCF, police, as needed
- Improved reimbursement (standard rate based on performing the exam; not based on diagnosis)

CARE Provider

- Main roles:
  - See patients in a clinical setting where concerns of child maltreatment exist
  - Community resource
    - DCF and Law Enforcement will call you about cases
    - Other medical providers will call you and/or refer patients to you
    - Work with your CAC
    - Serve on an MDT team
    - Testify in court
CARE Provider Clinical Care

- Neglect
- Physical abuse:
  - Bruises
  - Simple burns/skin findings
  - Single extremity fractures
  - Minor head injuries
  - Sibling screening

CARE Provider Clinical Care

- Things you shouldn’t be doing alone:
  - Caregiver Fabricated Illness (Medical Child Abuse)
  - Complex trauma
    - Multiple fractures
    - Significant head trauma
    - Intra-abdominal trauma
    - Severe burns

- GET HELP FROM A RESOURCE CENTER!!!

Why?

- Evaluation of complex trauma requires a lot of training and expertise
  - Timing of head injuries
  - New/past studies that may affect diagnosis
  - Medical conditions that may (or may not) mimic abuse
    - Ehlers-Danlos
    - OI
    - ALTE
    - Short Fails
    - Bleeding disorders/Thrombosis
    - "Temporary Brittle Bone Disease"
    - Rickets
CARE Network Mentors

- Your mentor should:
  - Be willing to discuss cases with you
  - Give you honest feedback
  - Work with you on wording in your notes
  - Council you on court testimony preparation
  - Review your cases
  - Give tips on working with the MDT

CARE Network Mentors

- Definitely review:
  - Complex physical abuse cases
  - Cases going to court
  - Concerns for sexual abuse: Abnormal genital findings/injuries or STIs in prepubertal children

CARE Provider Requirements

- Complete 2-day CARE Provider training
- Ongoing child abuse specific CME requirements
- Participate in mentorship
Continuing Education as a CARE Provider

- CARE Network sponsored trainings
  - ECHO Webinar series
  - Case-based webinar series
  - Others TBD...
- Other Child Abuse conferences will be approved by Resource Centers
  - Example: Lurie Children’s Conference, held in October

Frequently Asked Questions

- Do the records become part of our office records? Or are they only for DCF? Is there specific paperwork for this?
  - No specific forms/templates/paperwork.
  - Providers write a note as they would for any other visit. The records are handled the same as normal medical records and would be part of typical office medical records.
  - DCF could, and likely would, request them. Court/attorneys/parents could also request the medical records.
  - If a potential alleged perpetrator requests records and you are concerned about the child’s safety, there are pathways to do a denied disclosure (and not release medical records). If you use a software for your EMR there are also options to do “private/protected” records that would not be immediately release on a patient portal.

Written Documentation
Forensic Photography

- You need a way to take photos of injuries and to store those photos
  - Some places already have this function as part of their EMR
  - Others maintain a separate secure file of digital photos
- Photos would be released to DCF/LE with medical records requests
  - Typically not released to parents

Forensic Photography 101

- Put the item of interest in the center of the photograph
- Take multiple photos of the same finding
  - Orienting photo showing the location of injury on the body
  - A close-up without a ruler shows the pattern and that nothing was covered up
  - A close-up with a ruler allows the injury to be measured

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How does payment work?

- How does the payment work? How quick? Who pays? Do we need to send some special invoice?

- There will be a specific invoice that would be submitted directly to KDHE for them to directly pay the practice/provider. KDHE is still working out exactly how this process will look, but there should not be a significant delay in payment.

How often will I be doing this?

- How many exams should we expect to do?

- This is really county/community specific, and can vary a lot. In general, a medical evaluation is recommended for only a small percentage of kids with abuse concerns, so don't anticipate a great influx of these exams. Some months, maybe 1 or 2, others you may not have any.

- Based on DCF data, a generous estimate is that there would be 500-700 exams for the entire state annually, with most of those occurring in the more populated areas (i.e. Kansas City and Wichita areas).

What about court?

- How often will the provider be subpoenaed to testify?

- Usually the medical provider is not subpoenaed. I would estimate that the provider would be asked to testify in perhaps 10% of cases, especially for the more “minor” abuse cases you can expect to see in your office.

- If so, how are providers paid? Who pays?

- This is really up to you and the attorney. Some providers charge a fee and some don't. The attorney’s office who is subpoenaing you would pay, based on what you work out with them. We designed the reimbursement rate as a flat fee of $750 with the idea that for most cases your office visit will be your only involvement, and the reimbursement is therefore relatively high, and only for a small number of cases you would be asked to go to court. So the higher rate of reimbursement for most cases could help offset the costs of rare court attendance.
How urgent are these appointments?

- What is the turnaround time for them contacting us and fitting the child in for the exam?
  - This will need to be pretty quick, usually within a couple of days. When the recommendation is made for a child to see a CARE Provider, it is typically because they have current (or at least very recent) findings/injuries or neglect concerns. It is always easier to assess a finding that you can see firsthand than one that is described to you or shown in a photo.

What do I need to have at my clinic?

- Labs and radiology
  - Use your regular lab. Lab testing would be recommended for some patients, and you would follow your regular process for this. Same for obtaining x-rays or head imaging. DCF will typically be involved and can help to coordinate this if needed for places that use off-site labs/radiology.
  - An in-office camera to take photos and some type of measuring device for a size standard. Your office would likely need to purchase the camera/iphone/etc for photos if you don’t already have one.

Is there concern for Conflict of Interest?

- If the case happens to be a patient already in our practice, or someone that the Care Provider knows - is there any cause for a “Conflict of Interest”?
  - You can certainly see patients who are already in your practice if there are concerns of abuse/neglect. If you have a personal relationship with the patient/family and feel that you are not able to be objective, you should refer them to another provider.
What about malpractice insurance?

- Is there extra or a change to coverage that would be needed for any of the Care Providers?
- Does their malpractice cover these?

I am not aware of any special needs for additional malpractice coverage. The evaluation for abuse, and the diagnosis of abuse, are legitimate medical diagnoses. Although someone could attempt to sue a provider for a wrongful diagnosis of abuse, there are also some legal protections for providers, and since the provider would be paired with an expert mentor who is a child abuse pediatrician, there is that additional level of support to ensure that the medical standard of care is applied, and any diagnoses are appropriate.

Being a CARE provider...

- Is a process...one doesn't leave initial training as a “finished product”
- Can be stressful
- Can be very rewarding

Welcome to the Kansas CARE Provider Network!!

KS AAP will work with you to complete the required next steps
Refer to your information packet