

## Being Kansas CARE Provider

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Slide contributions by Drs. Jim Anderst and Jamie Kondis



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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.



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## 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



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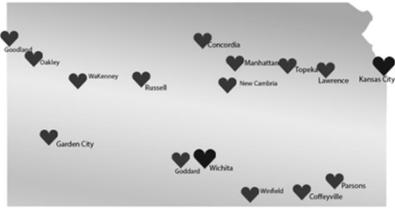
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## Kansas CARE Provider Network



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## 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)**



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## 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



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### CARE Provider Clinical Care

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



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### 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!!!



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### 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 Falls
    - ❖ Bleeding disorders/Thrombosis
    - ❖ "Temporary Brittle Bone Disease"
    - ❖ Rickets



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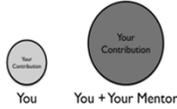
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### CARE Network Mentors

- **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



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### 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



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### CARE Provider Requirements

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



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## 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



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## Frequently Asked Questions



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## Written Documentation

- 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.



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## 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



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## 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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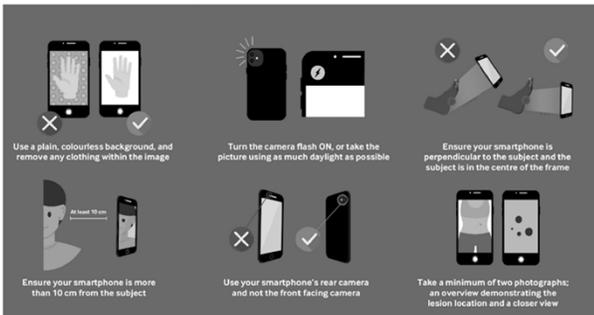
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## QUICK REFERENCE GUIDE



Zolte, et al. BMJ 2022;378:e067663 <http://dx.doi.org/10.1136/bmj-2021-067663> Published: 26 August 2022

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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.



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### 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).



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### 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.



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### How urgent are these appointments?

- What is the turnaround time for them contacting and us 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.



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### 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.



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### 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.



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### 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.



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### Being a CARE provider...

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



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### Welcome to the Kansas CARE Provider Network!!

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



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