

REPORT HIGHLIGHTS



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Medicaid Enrollees May Not Be Screened for Intimate Partner Violence Because of Challenges Reported by Primary Care Clinicians

Why OIG Did This Review

- Intimate partner violence (IPV)—which includes physical, sexual, and psychological abuse perpetrated by a spouse or partner—is a significant health problem that affects millions of Americans.
- The U.S. Preventive Services Task Force (USPSTF) and the Women’s Preventive Services Initiative (WPSI) recommend that clinicians screen certain women for IPV and provide, or refer those who screen positive to, support resources. The 41 States with Medicaid expansion programs must cover the IPV screening and referral services recommended by USPSTF and WPSI.
- This study analyzed survey responses from 1,186 primary care clinicians who served patients enrolled in Medicaid to identify clinicians’ screening and referral practices and the challenges they face related to providing IPV screening and referral services, as well as incentives that could improve these practices. Our findings are based on completed surveys from 4 percent of the clinicians who met our inclusion criteria and cannot be generalized to all primary care clinicians who serve Medicaid enrollees.

What OIG Found

Responding primary care clinicians who serve Medicaid enrollees reported a range of challenges to IPV screening.

The most frequently reported challenge was time constraints. Other barriers include concerns about patient privacy and safety, and inadequate training.

Among primary care clinicians who screened patients for IPV, there are additional challenges that hindered their ability to make referrals.

These additional challenges included limitations with IPV support resources for patients who screen positive.

Conclusion

Despite the widespread impact of IPV, clinicians may face limitations in their ability to screen and refer their patients for this significant health risk. Primary care clinicians who responded to the survey reported that changes to how IPV screening and referral services are reimbursed; better resources to help patients; and additional training and guidance may increase the likelihood that IPV screening and referral services are delivered to Medicaid enrollees. The results of this evaluation highlight challenges that hinder some primary care clinicians’ ability to perform IPV screening and make referrals as well as the incentives that may help them to overcome these challenges. Clinicians play a critical role in IPV screening and making referrals. Therefore, policymakers may consider the challenges and incentives the clinicians reported to OIG to plan steps so that primary care clinicians may more easily prioritize providing these critical services to their patients.