

IS YOUR PATIENT A VICTIM OF HUMAN TRAFFICKING?

By Amy Wasdin, RN, MBA, Patient Safety Risk Manager II, The Doctors Company



Most healthcare providers are aware they have a responsibility to identify and report victims of child abuse, elder neglect, and domestic violence. Another type of abuse—human trafficking—is, however, on the rise in every state throughout the nation. The National Human Trafficking Hotline statistics for 2017 include 8,524 cases reported and 26,557 calls received.

This crime occurs when a trafficker uses force, fraud, or coercion to make an individual perform labor or sexual acts against his or her will. Victims can be any age (adults or minors), any gender, and from any cultural or ethnic group. The trafficker—or abuser—might be a stranger, a family member, or a friend. This criminal industry is very profitable, generating billions of dollars worldwide. Lack of awareness and misconceptions can allow opportunities to identify victims to go unnoticed and unreported.

Although trafficking victims rarely find opportunities to interact with others without approval from the abuser, research shows that an overwhelming majority of victims see a medical or dental professional during captivity. A visit to a physician or dental practice provides a rare opportunity for an individual to receive help.

Human trafficking victims are commonly seen in medical and dental practices with the following conditions:

- Trauma such as broken bones, bruises, scars, burn marks, or missing teeth.
- Poor dental hygiene.
- Gynecological trauma or multiple sexually transmitted infections.
- Anxiety, depression, or insomnia.

Victims are usually afraid to seek help for reasons that stem from fear, shame, or language barriers. Medical and dental

providers and their staff should be trained to recognize the signs of human trafficking and know what steps to take.

Below are examples of red flags exhibited by human trafficking victims:

- Fearful.
- Depression or flat affect.
- Submissive to his or her partner or relative.
- Poor physical health.
- Suspicious tattoos or branding.
- Lack of control over personal identification or finances.
- Not allowed to speak for himself or herself.
- Reluctance or inability to verify address or contact information.
- Inconsistency with any information provided (medical, social, family, etc.).

Victims may be fearful and distrustful of their environment, so it is best not to ask individuals direct questions about being a victim of human trafficking. **The following questions can help in identifying victims:**

- Has anyone threatened you or your family?
- Can you leave your job or home if you want to?
- Are there locks on your doors and windows to keep you from leaving?
- Do you have to get permission to eat, sleep, or use the restroom?
- Has someone taken your personal documents or identification?

Human trafficking is a federal crime with severe penalties. The Trafficking Victims Protection Act, enacted in 2000, provides tools to address human trafficking on a national and worldwide level. Many states also have laws and penalties for human trafficking.

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Upcoming Events

August 5	Executive Committee Meeting – 5:30 p.m.
September 16	Foundation Trust Meeting – 5:00 p.m. Executive Committee Meeting – 5:30 p.m. JCMS Board Meeting – 6:30 p.m.
September 17	Wayne Finley Breakfast 811 Breakfast Club – 8:30 a.m. JCMS Board Room
November 2	Opioid Seminar – 8:30-10:30 a.m. Riverchase Country Club Presenter: Dr. Greg Ayers
November 14	JCMS Annual Social and Meeting 6-8 p.m. at The Club

Contact Juanita Pruitt at jpruitt@jcmsalabama.org
for more information.

IN MEMORIAM

THE JCMS WANTS TO ACKNOWLEDGE THE RECENT
PASSING OF THE FOLLOWING JCMS MEMBERS:

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MARCH 16, 2019

JOE FRANK SHARP, M.D.
MAY 30, 2019

JOHN B. HODO, SR., M.D.
JUNE 20, 2019

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IT'S NOT (ENTIRELY) YOUR FAULT: REFRAMING THE OPIOID EPIDEMIC

By: Nicole Mansour, B.S., Account Manager at Pack Health

The epidemic of opioid misuse is well documented in the United States. Coverys, the largest medical malpractice insurance company in the world, recently released ["A Dose of Insight,"](https://coverys.com/PDFs/Coverys_White_Paper-A_Dose_of_Insight.aspx)¹ which analyzes the relationship between advances in medication episodes of care and medical professional liability claims. Among Coverys's policyholders, events involving opioids accounted for almost one-fourth of the medication-related claims. They identified two areas with the highest risk and vulnerability: 1) the initial ordering of medication; and 2) the monitoring and management of a patient's medications.

Most programs focused on addressing the opioid epidemic center around educating professionals about safe and responsible ordering of medications. While technologies and education have significantly improved the selection, dispensing, and administration of medications, 31% of medical errors are still related to inadequate monitoring of the patient's medication regimen. A prescriber can do everything right.

But when the patient leaves the office, what happens then?

Monitoring requires communication. [Studies](#)² repeatedly show that the intervention most associated with readmission reductions is closely monitoring recent discharges for new symptoms. This could be home visits, interactive voice response (IVR), or enlisting the help of outside resources such as health coaching. [One study](#)³ observed that when nurses called patients post-discharge, the readmission rate was 23% lower. Additionally, remote patient monitoring is reimbursable through Medicare. These factors indicate that the shift to value-based care includes the patient's care outside of the clinic. Yet, without changing the entire workflow of the prescriber, it is very difficult to mitigate risk by extending care outside the office while also managing time and cost factors.

What can you do?

Jefferson County physicians and their patients have access to a program that helps the patients in their homes. As part of an initiative to prevent opioid misuse, the Coverys Community Healthcare Foundation funded the creation of a program by Pack Health which is specifically designed for patients who have been prescribed an opioid medication. Pack Health is a leading patient coaching company for chronic care management. The Alabama Power Foundation provided a matching grant to distribute the program at no cost to up to 500 patients within the state of Alabama.

So how might that complement a clinical setting?

Health coaches at Pack Health are non-clinical, coming from diverse backgrounds spanning social work to dietitians to exercise physiologists. They connect with your patients weekly for:

- **Accountability:** checking in with your patients regularly via phone call to answer questions, identify struggles and adverse events, and keep them on target towards their health goals.
- **Education:** providing information around what it means to take an opioid medication, risks and benefits, as well as equipping them with other pain management techniques to supplement the opioid (to ultimately reduce the intensity and frequency of use).
- **Support:** not only do the coaches support patients, they support medication reconciliation by tracking the medications patients take and encouraging the patients to bring their medications to every clinic visit.

Pack Health has experience working in different clinical settings, spanning from large health systems to small clinics. There is no cost to patients who participate in the program or to the healthcare providers who refer patients. If you are interested in having your patients sign up for this program or want additional information about the program, contact Nicole Mansour, Account Manager at Pack Health, at nicolem@packhealth.com or (205) 517-8009.

1 https://coverys.com/PDFs/Coverys_White_Paper-A_Dose_of_Insight.aspx

2 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4180324/>

3 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3128446/>

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If you suspect that someone is in immediate danger, call 911.
If you suspect that a patient is a victim of human trafficking,
contact the National Human Trafficking Hotline:

Call: 888.373.7888

Text: 233733

E-mail:

help@humantraffickinghotline.org

Online Report:

<https://humantraffickinghotline.org/report-trafficking>

Follow state laws regarding mandatory reporting to provide notification of patient abuse or neglect situations. All states require reporting of child trafficking but may not require reporting for adults. While the HIPAA Privacy Rule allows the disclosure of protected health information without authorization in some circumstances, such as imminent danger, contact your risk manager or legal counsel if you are in doubt. Unless calling the authorities is mandatory or impending danger is suspected, it is best not to do so without the patient's permission.

Healthcare practices and facilities should have protocols in place that outline a process for recognizing the signs of human trafficking and taking action. Staff training opportunities should include role-playing scenarios for various human trafficking situations.

For more information, contact patientsafety@thedoctors.com.

Additional Resources

[American Hospital Association, Protocols and Guidelines to Combat Human Trafficking](#)

[American Medical Association, How Physicians Can Identify, Assist Human Trafficking Victims](#)

[Centers for Disease Control and Prevention, Sex Trafficking](#)

[National Human Trafficking Hotline, Service Providers](#)

[The Joint Commission, Quick Safety 42: Identifying Human Trafficking Victims](#)

[U.S. Department of Health and Human Services, Adult Human Trafficking Screening Toolkit and Guide](#)

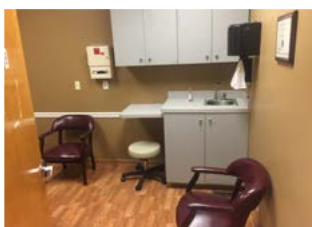
The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each healthcare provider considering the circumstances of the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.

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JCMS Welcomes the Following New Members

Justin A. Aldred, D.O.	Obstetrics-Gynecology	Kertrisa R. McWhite, M.D.	Surgery
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Daniel B. Cox, M.D.	General Surgery	David J. Riddle, M.D.	Internal Medicine
Kristy P. Curl, D.O.	Dermatology	Benjamin B. Roberts, M.D.	Anesthesiology
Olumide B. Gbolahan, M.D.	Internal Medicine/ Medical Oncology	Steven D. Scarcliff, M.D.	Colon & Rectal Surgery
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Graeme E. McFarland, M.D.	Vascular Surgery	David E. Wever, M.D.	Radiology



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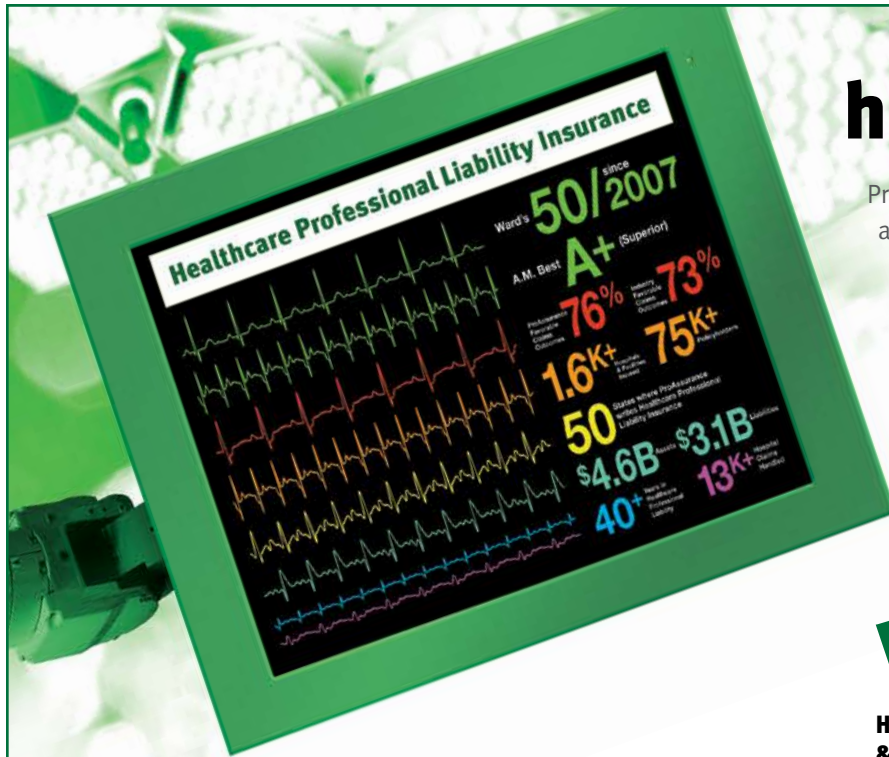
Located at: 1508 Cogswell Avenue, Pell City, AL 35125
The present owner will entertain all offers for sale or lease.
Contact Jeff Hill at 205-908-3891



Congratulations!

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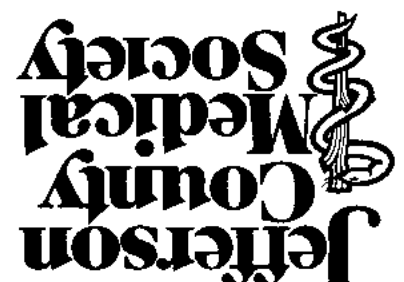
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