Healthcare Providers Can Use Special Knowledge to Prevent Teen Violence

Healthcare providers—whether physicians, nurses, managers, administrators, or large institutions—have a unique way of knowing things, proposed Deborah Prothrow-Stith, MD, at the Medical Group Management Association's annual conference in October. This unique way of knowing comes from their special position in the community, their contact with patients, and their firsthand experience with the consequences of social and public health problems. And this special knowledge, Prothrow-Stith continued, must become part of our public policy discussion and efforts at prevention of teenage violence.

If one is drawn to work in healthcare, "I believe it is in your nature to do good," said Prothrow-Stith, assistant dean for government and community programs at Harvard School of Public Health, Boston, and the author of *Deadly Consequences: How Violence Is Destroying Our Teenage Population and a Plan to Begin Solving the Problem*. To be true to that nature, she said, we have to look at how healthcare providers can help fulfill the public health mission and at how public health is going to help with issues of healthcare delivery.

Teenage Violence as a Public Health Problem

Prothrow-Stith described her frustration as an intern and resident at Boston's Women's Hospital 20 years ago, where she saw evidence of many societal problems that had a direct impact on health.

"I would stitch people up and send them out, knowing that they were going to get involved in another episode of violence," she said. Her young patients in the emergency room would tell her that they were going to get revenge and send someone else to the hospital to get stitches.

"I felt frustrated that we didn't have a prevention protocol," Prothrow-Stith recalled. That frustration sparked her interest in adolescent violence. She learned homicide was the leading cause of death for adolescent males growing up in urban poor communities, and the second leading cause of death for all adolescents in this country. "I was frustrated because as a clinician I had not been trained to prevent what was a major problem for the population."

Deborah Prothrow-Stith, MD, believes that preventing teen violence, like preventing lung cancer, will require a campaign to change public attitudes.

This frustration led to her work in public health; over the past 20 years "I moved from being a 100 percent clinician to being a 100 percent public health practitioner," said Prothrow-Stith. But attitudes toward violence 20 years ago were not what they are today. At first, Prothrow-Stith said, defining violence as a public health problem was considered "a bit bizarre. When I tried to do my senior resident lecture on homicide and violence, I was told it was not an appropriate topic." Now, two decades later, hospitals all over the country are holding programs on this issue. Prothrow-Stith hopes that the same sort of shift in attitude can take place for other problems, too.

Prothrow-Stith's emergency room experience taught her that healthcare providers' "contact with victims and the perpetrators of violence was very special . . . and demanded a response . . . . We have a unique contact with people that allows us to add something different to the spectrum." This makes it our responsibility to be true to our nature to do good and contribute to the public policy debate, to "participate in the public good in a way that allows us to use what we know."

Violence Requires an Interdisciplinary Approach

Prothrow-Stith described violence as "not a typical healthcare problem." Its prevention requires contributions from the media, educators, and parents, and also multiple strategies. As a clinician, Prothrow-Stith had a paradigm of primary, secondary, and tertiary prevention to offer. Taking lung cancer as an example, Prothrow-Stith explained that primary prevention is "what we do to change attitudes." To change public perception of smoking as glamorous to smoking as undesirable is primary prevention. The same shift

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From left, Kimberley A. Dunne, Bryan D. Daly, J. Frank Nitto, and Joseph N. Steakley.

Kimberley A. Dunne, assistant U.S. attorney, central California district, Los Angeles, warned, however, that simply having a compliance program will not "insulate" a healthcare organization from possible federal investigations. "But an organization that actually follows its program will stay within the law. You can't ask for better legal protection than that," she said.

Daly, who used to work with Dunne in the U.S. attorney's Los Angeles office, offered healthcare administrators seven guidelines for an effective compliance program:

- Fashion your program as a set of clearly written rules and make them available to every employee and subcontractor. You may want to require your employees and subcontractors to sign certificates saying they received copies of the program.
- Put someone with clout in charge of the program. The compliance officer must have credibility both with people inside the organization and with government investigators.
- Conduct background checks of employees in a position to affect compliance issues. Do not hire someone on the OIG's list of people excluded from Medicare and other federal healthcare programs.
- Teach employees and subcontractors about the program's practical aspects. It is not enough to publish the program. Hold training sessions.
- Create a system whereby employees and subcontractors can report possible cases of fraud without fearing retribution. Do not punish whistleblowers.
- Enforce standards consistently. Do not, for example, discipline an offending vice president less harshly than you would someone at a lower level.
- Respond quickly and appropriately to reported cases of fraud. The government gives organizations credit for reporting fraud voluntarily.

Nitto offered an eighth suggestion: "Make sure subcontractors have compliance programs of their own. If they don't, don't contract with them."

Credibility with the Government

A strong compliance program, one that prevents and detects fraud, will protect both the organization's money and its reputation, Daly said. "The whole point of the program is to bring potential problems to the boss's attention.

"But," he continued, "the bottom line is that such a program gives you credibility with the government. Remember, the government has tremendous power. If it sees you as a good corporate citizen, it will leave you alone. If it doesn't see you as a good citizen—if, for example, it thinks your compliance program is mostly for show—you'll have troubles."

Dunne agreed that, in a fraud investigation, the government's agents would take the effectiveness of the organization's compliance program into account. When she is assigned to such cases, Dunne said, she automatically asks of a program:

- Did employees understand it?
- Was its monitoring system effective?
- Did it compel an effective response?

Dunne said that executives responsible for corporate compliance should document everything they do. "Try to think about what a prosecutor might look for, including possible patterns of wrongdoing. And be prepared to educate a prosecutor about how your compliance program actually works."

—Gordon Burnside

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in attitudes is necessary to reduce violence.

Secondary prevention is "what we do to help people who smoke stop smoking:" clinics, behavior modification, and the like. In violence, secondary prevention is aimed at children at greater risk, who tend to be urban, poor, and male. Most at risk are those who witness violence or are victims of violence in early childhood. The special knowledge of healthcare delivery can be used for secondary prevention strategies against violence, to begin addressing the problem earlier, Prothrow-Stith said.

Tertiary prevention is the treatment. For lung cancer, it may be chemotherapy or surgery; in violence, this can be the treatment a victim's family, siblings, or peers receive at the hospital, as well as the treatment the victim receives. "That special contact, even in the emergency room, becomes very important," said Prothrow-Stith.

Taking Risks

How can violence-prevention strategies serve healthcare practices without having a negative effect on the bottom line? "We can mutually benefit from working on violence and other issues," said Prothrow-Stith. She told of a doctor who, at the six-week well-baby check, asks parents about the way they argue, and how they plan to discipline their child. "He writes actual prescriptions for parents to read to their child every night for 15 minutes, or to turn off the television set two or three nights a week," Prothrow-Stith said. "What else could we write prescriptions for?" Doctors could write prescriptions for voting, or for civic participation, she suggested. "We know people are healthier if there is social participation and interaction." Writing a prescription might be a way to start someone thinking about participating in the community, and we need to think of other things we can do, too, she said. "The challenge is to take a little risk—not a huge risk; to take small steps that allow us to claim our role in changing the situation."

—Ann Stockho

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