# Clinical Decision Support (CDS) Content and Health Level 7 (HL7)-Compliant Knowledge Artifacts (KNARTs)

## Mental Health: Military Sexual Trauma (MST) Clinical Content White Paper

**Department of Veterans Affairs (VA)**

**Knowledge Based Systems (KBS)**
**Office of Informatics and Information Governance (OIIG)**
**Clinical Decision Support (CDS)**

**Comment [A1]:** Team B3 2/6: We agree. The purpose of the amount of content is due the request from the VA SME, that is what they wanted.

**Comment [A2]:** 3/6/18 Linda: This is not OK. I have made many suggestions and edi below regarding how to fix the problem.

**Comment [A3]:** 3/9/18 Team B3: addresse with revisions below

**Comment [A4]:** 3/14/18 Linda/KBS: OK, resolved.

**Comment [A5]:** 2/1/18 KBS comment: Th document reads like complete training materials for performing MST screening. It would be impractical to use in a busy clinica practice. For example, one could instead provide links or other quick access to the guidelines/training materials, and make wha displayed to every user much more succinct. KBS would like to discuss with B3 what is t purpose of the large volume of narrative in t knowledge artifact.

**Comment [A6]:** 3/14/18 Linda/KBS: OK, resolved.

**Comment [A7]:** 3/14/18 Linda/KBS: I hav made many edits to this document. Please review the document carefully in its entirety confirm that your intended meaning is preserved.

**Comment [A8]:** 3/15/18 Team B3: Noted

**Comment [A9]:** 3/14/18 Linda/KBS: It is important for all to know that I have accepte all deletions of large volumes of text in this document, because it was impossible to edit the document in any way without doing that

**Comment [A10]:** 3/15/18 Team B3: Agre the structure was completely redone, so reading it with track changes on would be ve challenging.

# Clinical Decision Support (CDS) Content and Health Level 7 (HL7)-Compliant Knowledge Artifacts (KNARTs): Mental Health: Military Sexual Trauma (MST) Clinical Content White Paper

Publication date ~~January~~ March 2018

**Contract: VA118-16-D-1008, Task Order (TO): VA-118-16-F-1008-0007**

**Table 1. Relevant KNART Information: Mental Health: Military Sexual Trauma (MST)**

| Mental Health KNART | Associated CLIN |
|---|---|
| Military Sexual Trauma (MST) - Documentation Template | CLIN0005AA |

# Table of Contents

# List of Figures

# VA Subject Matter Expert (SME) Panel

| Name | Title | Project Role |
|---|---|---|
| Chris Skidmore | Veterans Health Administration (*VHA*) MST Support Team, Boston Healthcare System, 150 S Huntington Ave, 4C-16, Boston, MA 02130 | *SME*, Primary |

# Introduction

The VA is committed to improving the ability of clinicians to provide care for patients while increasing quality, safety, and efficiency. Recognizing the importance of standardizing clinical knowledge in support of this goal, VA is implementing the Health Level 7 (*HL7*) Knowledge Artifact Specification for a wide range of *VA* clinical use cases. Knowledge Artifacts, referred to as (*KNARTs*), enable the structuring and encoding of clinical knowledge so the knowledge can be integrated with electronic health records to enable clinical decision support.

The purpose of this Clinical Content White Paper (*CCWP*) is to capture the clinical context and intent of *KNART* use cases in sufficient detail to provide the *KNART* authoring team with the clinical source material to construct the corresponding knowledge artifacts using the *HL7* Knowledge Artifact Specification. This paper has been developed using material from a variety of sources: *VA* artifacts, clinical practice guidelines, evidence in the body of medical literature, and clinical expertise. After reviewing these sources, the material has been synthesized and harmonized under the guidance of *VA* subject matter experts to reflect clinical intent for this use case.

Unless otherwise noted, items within this white paper (e.g., documentation template fields, orderable items, etc.) are chosen to reflect the clinical intent at the time of creation. To provide an exhaustive list of all possible items and their variations is beyond the scope of this work.

# Conventions Used

Conventions used within the knowledge artifact descriptions include:

<*obtain*>: Indicates a prompt to obtain the information listed

- If possible, the requested information should be obtained from the underlying system(s). Otherwise, prompting the user for information may be required
- The technical and clinical notes associated with a section should be consulted for specific constraints on the information (e.g., time-frame, patient interview, etc.)
- Default Values: Unless otherwise noted, <obtain> indicates to obtain the most recent observation. It is recognized that this default time-frame value may be altered by future implementations

*[...]*: Square brackets enclose explanatory text that indicates some action on the part of the clinical user, or general guidance to the clinical or technical teams. Examples include, but are not limited to:

*[Begin ...]*, *[End ...]*: Indicates the start and end of specific areas to clearly delineate them for technical purposes.

*[Activate ...]*: Initiates another knowledge artifact or knowledge artifact section.

*[Section Prompt: ...]*: If this section is applicable, then the following prompt should be displayed to the user.

*[Section Selection Behavior: ...]*: Indicates technical constraints or considerations for the selection of items within the section.

*[Attach: ...]*: Indicates that the specified item should be attached to the documentation template if available.

*[Link: ...]*: Indicates that rather than attaching an item, a link should be included in the documentation template.

*[Clinical Comment: ...]*: Indicates clinical rationale or guidance.

*[Technical Note: ...]*: Indicates technical considerations or notes.

*[If ...]*: Indicates the beginning of a conditional section.

*[Else, ...]*: Indicates the beginning of the alternative branch of a conditional section.

*[End if ...]*: Indicates the end of a conditional section.

☐ *[Check box]*: Indicates items that should be selected based upon the section selection behavior.

# Chapter 1 - Mental Health: Military Sexual Trauma (MST)

## Section 1.1 - Clinical Context

[Begin Clinical Context.]

[Clinical Comment: Intended to support documentation of screening-related findings and decisions from screening for military sexual trauma (*MST*).

The following preexisting VA materials are regarded as the preferred sources: Documentation Related to Military Sexual Trauma (https://www.mirecc.va.gov/cih-visn2/Documents/Provider_Education_Handouts/*MST*-Documentation_Handout.pdf) and screenshots from the Portland VA Medical Center (*VAMC*) (*MST* screening.docx).]

**Table 1.1. Clinical Context Domains**

| | |
|---|---|
| **Target User** | Any clinician (primarily used by primary care providers, *PCP*s) |
| **Patient** | All patients |
| **Priority** | Routine |
| **Specialty** | ~~Primary care~~All specialties |
| **Location** | Outpatient |

[End Clinical Context.]

## Section 1.2 - Knowledge Artifacts

[Begin Knowledge Artifacts.]

This section describes the *CDS* knowledge artifact that is specific to *MST*. Health care professionals are required to screen all Veterans for *MST* and to document the results of this screening. The scope of *MST* is broad and includes events that may have taken place on-base or off-base, on-duty or off-duty, and perpetrated by military personnel or civilians.

The knowledge artifact defines this clinical use case. The artifact is the Documentation Template and is described in detail in the following sections.

- A Documentation Template: Mental Health: *MST KNART*
  - Supports documentation of MST related findings and decisions
- ~~Documents the information provided by the referring provider~~
  - Includes logic for appropriate display of documentation sections

[End Knowledge Artifacts.]

**Comment [A11]:** 2/6 comment review: screening typically performed by any clinical staff in PC clinic.

**Comment [A12]:** 3/6/18 Linda: OK, resolved.

**Comment [A13]:** 2/6 comment review: screening to be done on men and women.

**Comment [A14]:** 3/6/18 Linda: OK

**Comment [A15]:** 2/1/18 KBS: Please make this consistent with the target user.

**Comment [A16]:** Team B3 2/6: Changed to All specialties

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**Comment [A17]:** 2/1/18 KBS: There is no referring provider. Please make this consistent with the content of this KNART.

**2/6 comment review: Resolved by removing text.**

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# Chapter 2 - Documentation Template - Mental Health: Military Sexual Trauma (MST)

[Begin Documentation Template – Mental Health: Military Sexual Trauma (*MST*).]

[Clinical Comment: This documentation template is appropriate for all patients ~~in any clinical setting~~ seen in ~~the~~ any clinical setting in the *VHA*; however, screening for *MST* must be done by a trained and licensed clinical provider as described below.]

## Section 2.1 - Knowledge Narrative

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

Military sexual trauma (*MST*) involves exposure to one or more unwanted sexual experiences during military service and may be associated with a broad range of potential mental health and physical conditions, including depressive and anxiety disorders, posttraumatic stress disorder, substance use disorders, interpersonal difficulties and problems trusting others (even health care providers), self-blame and self-doubt, sexual functioning difficulties and sexual health concerns, issues related to sexuality and identity, difficulties navigating interpersonal boundaries, and increased risk of future victimization ("A Primer…", VA 2011). Many specific physical health diagnoses have also been found to be associated with *MST*. The scope of *MST* is purposefully broad and includes events that may have been labeled as "hazing," that took place on-base or off-base and while on-duty or off-duty, and that were perpetrated by military personnel or civilians. Health care professionals are required to screen all Veterans for MST and to document the results of this screening. All care for the mental and physical sequelae of *MST*, including pharmacologic therapy, must be provided free of charge. In support of that requirement, *VA* health care professionals are required to document when a visit included treatment for an *MST*-related condition. VA is also congressionally mandated to report on screening rates and treatment rates annually. Successful screening requires that clinicians be aware of the stigma, complexity, and sensitivity related to this screening. All VA clinicians are required to have completed a mandatory training designed to increase their knowledge, skills, and ability to successfully conduct the screening. Increased systematization and standardization of screening processes and tools has the potential to improve rates of identification and treatment of Veterans who have been victims of *MST* ("Military Sexual Trauma…", *VA* 2015).

[End Knowledge Narrative.]

## Section 2.2 - ~~Screening Text and Functionality~~MST Screening

[Begin ~~Screening Text and Functionality.~~MST Screening]

[Section Prompt: MST Screening]

[Technical Note: Provide ~~L~~link to Guidance for asking MST questions (see Appendix B).]

[Technical Note: Provide ~~L~~link to ~~Clinical Companion Page~~Knowledge Resources for MST screening (see Appendix B).]

[Section Prompt: Would it be okay if I asked about some things that may have happened to you while you were in the military? We ask all veterans these questions because VA offers free care related to these experiences. You can choose not to answer these questions if you prefer, or you may simply say 'yes' or 'no.']

[Section Selection Behavior: Select one. Required.]

**Comment [A18]:** 3/9/18 Team B3: Addresses KBS comment on 3/6/18 about providing link to Guidance to asking MST questions and removing the long section prompt.

**Comment [A19]:** 3/14/18 Linda/KBS: OK, resolved.

~~[Section Selection Behavior: Selecting "No" or "Declines to answer" auto-populates the "Declines answer" in the two questions below.]~~

☐ No

☐ Yes

☐ Declines to answer

[~~Section Selection Behavior~~Technical Note: Selecting "No" or "Declines to answer" in the question above should auto-populate~~s the~~ "Declines to answer" in the two following questions ~~below.~~]

-[Section Prompt: When you were in the military, did you ever receive unwanted, threatening, or repeated sexual attention (for example, touching, cornering, pressure for sexual favors, or inappropriate verbal remarks, etc.)?

[Section Selection Behavior: Select one. Required.]

☐ No, denies prior *MST*

☐ Yes, reports *MST* in the past

☐ Declines to answer

[Section Prompt: When you were in the military, did you have sexual contact against your will or when you were unable to say no (for example, after being forced or threatened or to avoid other consequences)?]

[Section Selection Behavior: Select one. Required.]

☐ No, denies prior *MST*

☐ Yes, reports *MST* in the past

☐ Declines to answer

[Technical Notes: If "Yes"~~yes~~ is selected on either of the two preceding questions ~~above~~below, display the following ~~Section Prompt~~]

l[~~Section Prompt: L~~ink to VA policy stating care for MST is free for the Veteran: https://www.gpo.gov/fdsys/pkg/USCODE-2011-title38/pdf/USCODE-2011-title38-partII-chap17-subchapII-sec1720D.pdf]

[End MST Screening]

## Section 2.3 - Referrals for MST

[~~End~~Begin Referrals]

[Section Prompt: Referrals for MST]~~[Section Prompt: Referrals for MST]~~

[Section Prompt: Even if the Veteran responds "no" to each question above or refuses screening, v~~, V~~eterans should still be offered a referral to an *MST* specialist.]

[Section Prompt: Would you like to speak to a clinical provider about MST treatment?]

[Section Selection Behavior: Select ~~one~~all that apply. At least one selection is Required.]

☐ No, declines referral for ~~*MST* treatment~~*MST* treatment

☐ No, Veteran is currently in *MST* treatment

**Comment [A20]:** 3/9/18 Team B3: Change addresses KBS comment on 2/6 and 3/6 about auto-populating the following two questions

**Comment [A21]:** [KNART-FIC: The clinical reminder is currently programmed to reset to become due again in one year in the event of a "declines" response. This functionality needs to remain in future iterations of the reminder to allow survivors multiple opportunities to disclose when they are ready and to ensure accurate data collection. Clinicians should also be able to find and re-complete the screening in the future by re-opening the clinical reminder, such as when a Veteran previously denied *MST* but then later reports *MST*; currently, this would be found in an "applicable" category in the clinical reminders list, rather than the "due" category.]

This has been logged by Team B3 as a Future Implementation Concern (3/9/2018)

**Comment [A22]:** 3/14/18 Linda/KBS: OK, resolved.

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**Comment [A23]:** 3/9/18 Team B3: Change addresses KBS comment on 2/6 and 3/6 about auto-populating the following two questions

**Comment [A24]:** 3/14/18 Linda/KBS: OK, resolved.

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**Comment [A25]:** Team B3 2/22: Links added, provided by SME.

**Comment [A26]:** 3/14/18 Linda/KBS: OK, resolved.

**Comment [A27]:** 3/6/18 KBS/Linda: These instructions should be in a technical note. If links are displayed then there needs to be a section prompt to indicate what is linked to. I am unable to access either of these documents, and that is a problem if we are going to include links to them in the KNART. Please let's be clear that display of this guidance is optional – users should never be forced to look at long textual material that is more appropriately included in a full course on the topic.

**Comment [A28]:** 3/9/18 Team B3: included in technical note. When we clicked on the link and it did take us to the PDF of Title 38 – ...

**Comment [A29]:** 3/14/18 Linda/KBS: OK, resolved.

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☐ Yes, requests referral for *MST* treatment

☐ Yes, requests follow up visit for physical symptoms related to *MST*

☐ Declines to answer

~~[Technical Note: Provide link to https://www.mentalhealth.va.gov/docs/mst_general_factsheet.pdf.]~~

[~~Begin~~End ~~MST Screening~~Referrals]

~~Screening Clinical Considerations~~

## ~~Section 2.2 -~~ Section 2.4 - ~~[Section Prompt~~

**Comment [A30]:** Team B3 3/9: The words Mental Health are specifically left out of this section due to PO comments.

**Comment [A31]:** 3/14/18 Linda/KBS: OK, resolved.

**Comment [A32]:** 3/6/18 KBS/Linda: Replace this ENTIRE section with A FEW sections prompts consisting of MAXIMUM 3 words, that link to the appropriate guidance. It is not acceptable, ever, to bombard users with an entire course worth of guidance every time they open a documentation template

**Comment [A33]:** Team B3 3/9: See updates made towards end of document.

**Comment [A34]:** 3/6/18 KBS/Linda: same comment as for prior verbose section prompts.

**Comment [A35]:** Team B3 3/9: Revised towards end of document.

**Comment [A36]:** 3/6/18 KBS/Linda: This section could be a tool tip, but not text in the documentation template

**Comment [A37]:** Team B3 3/9: See updates below.

## Patient Education

[Begin Patient Education]

[Section Prompt: Patient Educations]

[Technical Note: This section should be made available if the answer to either question in the MST Screening section was "Yes."]

~~[Section Prompt: Patient Educations]~~

~~[Section Prompt: Print MST informational handout]~~

☐ Print MST Fact Sheet

[Technical Note: clicking the checkbox above prints the document located at https://www.mentalhealth.va.gov/docs/mst_general_factsheet.pdf.]~~Offer MST Fact Sheet~~

~~3) TBD]~~

[End Patient Education]

~~Referrals~~

~~[Begin Referrals.]~~

~~[Section Prompt: Would you like to speak to a clinical provider about MST treatment?]~~

~~[Section Selection Behavior: Select one or more. Required.]~~

~~Veteran requests mental health services~~

~~Veteran requests referral for physical health conditions only~~

~~No, Veteran declines referral for mental health services at this time~~

~~No, Veteran is currently in treatment with a mental health provider~~

~~[End Referrals]~~

## Section 2.5 - Provider Education

[Begin Provider Education]

[Section Prompt: Provider Education]

[Technical Note: The following references should be provided to users when they are selected.]

Dichter ME, Wagner C, Goldberg EB, Iverson KM. Intimate partner violence detection and care in the Veterans Health Administration: patient and provider perspectives. Womens Health Issues. 2015;25(5):555-560.

Jeffreys MD, Leibowitz RQ, Finley E, Arar N. Trauma disclosure to health care professionals by veterans: clinical implications. Mil Med. 2010;175(10):719-724.

Kimerling R, Street AE, Gima K, Smith MW. Evaluation of universal screening for military-related sexual trauma. Psychiatr Serv. 2008;59(6):635-640.

Meredith LS, Azhar G, Okunogbe A, et al. Primary care providers with more experience and stronger self-efficacy beliefs regarding women veterans screen more frequently for interpersonal violence. Womens Health Issues. 2017;27(5):586-591.

Minsky-Kelly D, Hamberger LK, Pape DA, Wolff M. We've had training, now what? Qualitative analysis of barriers to domestic violence screening and referral in a health care setting. J Interpers Violence. 2005;20(10):1288-1309.

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**Comment [A38]:** The patient is answering the question: Would you like to speak to a provider about this care? Agree that the second response above and the first response here are redundant.

**Comment [A39]:** Team B3 2/6: Revisions Made on the item above this section.

**Comment [A40]:** 3/14/18 Linda/KBS: OK, resolved.

**Comment [A41]:** 2/1/18: What question is the patient answering her? There is no clearly related section prompt. These checkboxes are partially redundant relative to the 2 checkboxes immediately above.

Roberts ST, Watlington CG, Nett SD, Batten SV. Sexual trauma disclosure in clinical settings: addressing diversity. J Trauma Dissociation. 2010;11(2):244-259.

[End Provider Education]

[End Documentation Template]

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**Comment [A42]:** [KNART-FIC: If a Veteran says "yes" to the referral question, the medical record/clinical reminder should be programmed to automatically open the *MST* referral consult request so that clinicians can complete a consult request while completing the clinical reminder. Clinicians should be prompted to include information about the Veteran's request for services, known treatment needs or *MST*-related problems, and any known treatment preferences, such as whether Veterans have a preference to be seen by a male or female provider or if they can come for services only on certain days/times. As above, which service/contact receives that consult request is determined by each local *VHA* health care system. This is a critical step in the referral process and part of how data on *MST*-related treatment requests are tracked at both local and national levels. It also helps to prevent Veterans who would like a referral from falling through the cracks. As above, if Veterans desire a referral for *MST*-related physical health conditions, the clinician would likely need to submit a separate consult request to the appropriate specialty after completing the clinical reminder.]

This has been logged by the CDS team as a Future Implementation Concern (3/9/2018)

**Comment [A43]:** 3/14/18 Linda/KBS: OK, resolved.

**Comment [A44]:** [KNART-FIC: The referral question in the clinical reminder also generates health factors for national tracking, and the reminder should auto populate text into the associated progress note. There are also specific technical parameters for Veterans who have additional military service after being initially screened. For health factors: 1) A "yes" response to the referral question is stored in the medical record as a health factor associated with the visit with the text "VA-MST REQUESTS MH REFERRAL"; 2) A "no" response indicating that the patient declines referral to care is stored in the medical record as a health factor associated with the visit with the text "VA-MST DECLINES MH REFERRAL"; and 3) A "No" response indicating that the patient is already receiving care is stored in the medical record as a health factor associated with the visit with the text ...

**Comment [A45]:** 3/14/18 Linda/KBS: OK

# Bibliography/Evidence

National Veterans Health Administration Military Sexual Trauma Support Team. Military sexual trauma (MST) screening for professionals (materials provided by Chris Skidmore, based on original slides by Margret Bell and Kerry Makin-Byrd, in Skidmore Brief MST Slides.pptx, November 13, 2017).

U.S. Department of Veterans Affairs. A Primer on Military Sexual Trauma for Mental Health Clinicians. https://www.mirecc.va.gov/cih-visn2/Documents/Provider_Education_Handouts/MST-A_Primer_on_MST_for_Mental_Health_Clinicians.pdf. Published March 2011. Accessed October 26, 2017.

U.S. Department of Veterans Affairs. Documentation: Related to Military Sexual Trauma. https://www.mirecc.va.gov/cih-visn2/Documents/Provider_Education_Handouts/MST-Documentation_Handout.pdf. Accessed October 26, 2017.

U.S. Department of Veterans Affairs. Military Sexual Trauma Clinical Reminder Referral Question and Re-Deployment Activation Patch: PXRM*2.0*43: Installation and Setup Guide. https://www.va.gov/vdl/documents/Clinical/CPRS-Clinical_Reminders/pxrm_2_0_43_ig.doc. Published June 2015. Accessed October 26, 2017.

U.S. Department of Veterans Affairs. Reminder Resolution: MST Screening. mst screening.docx. (Veterans Administration, materials provided in Mental Health-20170921T220116Z-001.zip, September 21, 2017).

Veterans' Benefits Act, 38 USC §1720D (2017).

# Appendix A - Existing Sample VA Artifacts

The following images are referenced from the Portland VAMC.

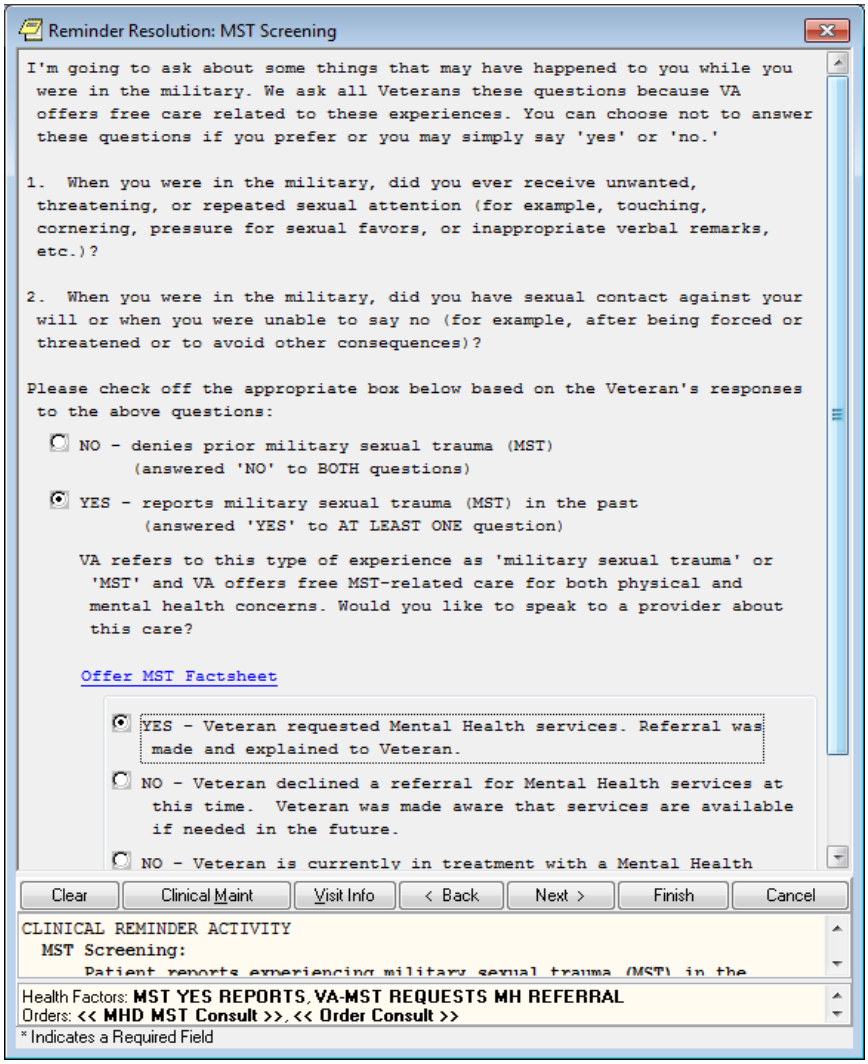


*Figure 1 – Reminder Resolution: Military Sexual Trauma (MST) Screening (image 1 of 2)*

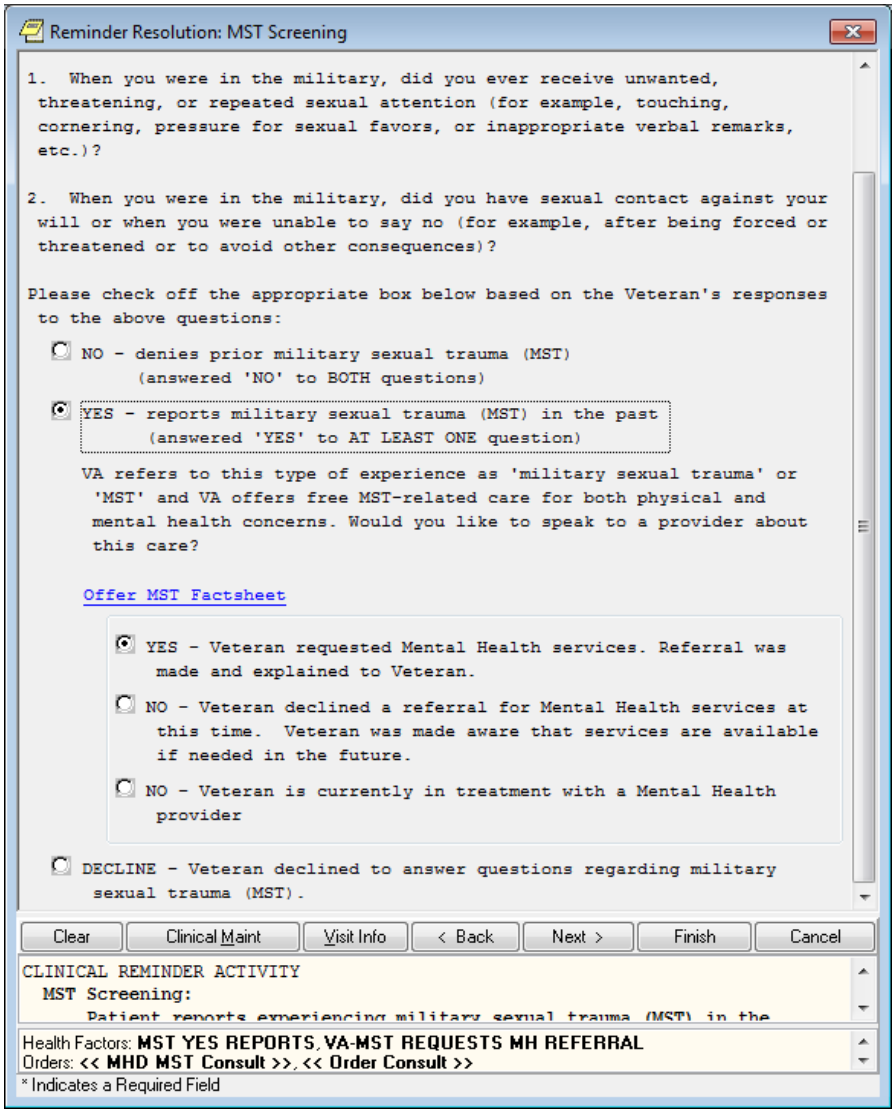


*Figure 2 – Reminder Resolution: Military Sexual Trauma (MST) Screening (image 2 of 2)*

# Appendix B – Additional References

[Technical Note: The following references should be provided to users when they are selected.]


Dichter ME, Wagner C, Goldberg EB, Iverson KM. Intimate partner violence detection and care in the Veterans Health Administration: patient and provider perspectives. Womens Health Issues. 2015;25(5):555-560.

Jeffreys MD, Leibowitz RQ, Finley E, Arar N. Trauma disclosure to health care professionals by veterans: clinical implications. Mil Med. 2010;175(10):719-724.

Kimerling R, Street AE, Gima K, Smith MW. Evaluation of universal screening for military-related sexual trauma. Psychiatr Serv. 2008;59(6):635-640.

Meredith LS, Azhar G, Okunogbe A, et al. Primary care providers with more experience and stronger self-efficacy beliefs regarding women veterans screen more frequently for interpersonal violence. Womens Health Issues. 2017;27(5):586-591.

Minsky-Kelly D, Hamberger LK, Pape DA, Wolff M. We've had training, now what? Qualitative analysis of barriers to domestic violence screening and referral in a health care setting. J Interpers Violence. 2005;20(10):1288-1309.

Roberts ST, Watlington CG, Nett SD, Batten SV. Sexual trauma disclosure in clinical settings: addressing diversity. J Trauma Dissociation. 2010;11(2):244-259.

# Acronyms

| | |
|---|---|
| ADSMs | Active Duty Service Members |
| CCWP | Clinical Content White Paper |
| CDS | Clinical Decision Support |
| DoD | Department of Defense |
| HL7 | Health Level 7 |
| KBS | Knowledge Based Systems |
| KNART | Knowledge Artifact |
| MST | Military Sexual Trauma |
| OIIG | Office of Informatics and Information Governance |
| PCP | Primary Care Provider |
| RN | Registered Nurse |
| SME | Subject Matter Expert |
| TMS | Talent Management System |
| TO | Task Order |
| VA | Department of Veterans Affairs |
| VAMC | VA Medical Center |
| VHA | Veterans Health Administration |

# Appendix B: Knowledge Resources for MST screening~~Companion Page~~

~~[Technical Note: accessed by selecting the corresponding link in the top of the screening section.]~~

## ~~Section B.1 - Screening Procedure and Constraints~~

~~[Begin Screening Procedure and Constraints.]~~

~~[Section Prompt:~~ Who should be screened? It is VA policy that all Veterans seen for health care be screened for *MST*, and it is congressionally mandated that VA report on screening rates annually.~~]~~

~~[Section Prompt:~~ When should screening take place? Screening should ideally occur during the Veteran's first clinical visit. If not completed on the first visit, screening should occur as soon as possible thereafter in any subsequent visit.~~.~~

~~[Section Prompt:~~ If a Veteran is screened, and then has a subsequent period of military service, the screen should be re-administered upon returning to *VA* care (see below).~~]~~

~~[Section Prompt:~~ Where should the screening take place? Screening should be conducted only in private clinical settings It is never appropriate to conduct the screening in a public or group clinical setting.~~]~~

~~[Section Prompt:~~ Who should perform the screen? Screening should be conducted by staff with the ability and training to screen sensitively for *MST*, respond appropriately to disclosure, and connect Veterans with additional care or referrals as needed. Providers and/or clinical associates may screen for *MST*, as determined by local needs and state scope-of-licensure regulations. When screening is done by a clinical associate or registered nurse (*RN*) case manager, who must be familiar with the clinical considerations of screening described below, the licensed, credentialed provider associated with the visit should review the Veteran's response and initiate a follow–up discussion during the same visit, as needed. It is never appropriate to have administrative associates screen for *MST*.~~]~~

~~[Section Prompt:~~ What follow-up is required? It is *VA* policy that any Veteran who reports *MST* be offered a referral into *VA* mental health care. It is *VHA* policy and congressionally mandated that care for *MST*-related mental or physical conditions be provided free of cost to the Veteran.~~]~~

~~[End Screening Procedure and Constraints.]~~

## ~~Section B.2 - Screening Clinical Considerations~~

~~[Begin Screening Clinical Considerations.]~~

~~[Clinical Comment:~~ This section summarizes key clinical considerations when screening for *MST*. *VHA*'s mandatory *MST*-related training~~s~~ for mental health clinicians and primary care providers reviews some of the specialized knowledge and training in sensitive screening practices. Most users should have already completed one of these, but both are available in the Talent Management System (*TMS*) as helpful references. ~~Additional published articles about *MST* and the complexities of screening for sensitive topics are listed in Appendix B.]~~

### ~~*Consideration 1: Sensitivity*~~

~~[Section Prompt:~~ Sexual trauma is a highly sensitive, highly complex, and frequently stigmatized issue. Clinicians should maintain awareness of these factors when they proceed with screening. For example, it is important to be sensitive to barriers to disclosure, such as shame or self-blame, difficulties in trusting others, and societal stigma associated with sexual trauma (especially for male survivors). In fact, many Veterans may have received unsupportive or even blaming responses in the past if they previously disclosed *MST*, so it is critically important that clinicians offer patient, supportive, and empathic responses.~~]~~

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**Comment [A46]:** Team B3 3/9: Please note: questions listed above have been repeated here for context.

**Comment [A47]:** 3/14/18 Linda/KBS: I have made multiple edits to this section, primarily to remove formatting that should only be used in the white paper itself and not in an appendix that is intended to provide guidance to users.

**Comment [A48]:** 3/15/18 Team B3: noted, agreed – we believe this is a very usable knowledge resource now.

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**Comment [A49]:** 3/6/18 KBS/Linda/Diane: This entire section should be removed from the knowledge artifact and replaced with a link to guidance. This does not belong in a documentation template. Consider VERY BRIEF section prompts with links to ONLY the guidance that is relevant to that section– e.g. "Whom to screen", "When to screen", etc.

Team B3 3/9: Moved to separate companion page.

**Comment [A50]:** 3/14/18 Linda/KBS: OK, resolved.

**Comment [A51]:** 3/6/18 KBS/Linda/Diane: Replace this ENTIRE section with A FEW brief section prompts, that link to the appropriate guidance. It is not acceptable or useful, ever, to bombard users with an entire course worth of guidance every time they open a documentation template

**Comment [A52]:** 3/9/18 Team B3: Addressed this above at the beginning of the screening. There are 2 links. One will bring them to the entire Companion Page and one will directly take them to the guidance on asking questions.

**Comment [A53]:** 3/14/18 Linda/KBS: OK, resolved.

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**Comment [A54]:** Team B3 2/6: Agree

**Comment [A55]:** 3/14/18 Linda/KBS: OK, resolved.

~~[Section Prompt:~~ Veterans with a history of *MST* may also be particularly attuned to otherwise small comments or variations in tone and body language. When screening, use clear, behaviorally based language (e.g., unwanted touching or verbal remarks) and avoid emotionally laden terms (such as "rape" or "sexual assault"), since Veterans vary in the terms they use to describe their experiences and may be hesitant to identify with more stigma-laden terms. It is also important to be aware of your behavior and body language, to make sure you communicate that you are open to hearing what Veterans have to say and that you are ready to help. For example, turn off the volume on phones and other electronic devices, and face Veterans with an attentive posture and warm facial expression.~~]~~

~~[Section Prompt:~~ Clinicians should ask the screening questions below without reading from the embedded script word for word. This might involve practicing in advance to feel more comfortable and confident with the wording. The script is a guide, and should be followed closely, but clinicians can also integrate their own preferred language and words that suit the unique clinical encounter with each Veteran to help enhance the humanness of the conversation. How clinicians say something may be even more important than what is said. For example, clinicians should make eye contact with Veterans and speak in a quiet, calm, unrushed tone that shows comfort with asking the questions and that the answers are important to them. They should also be turned toward the Veteran, rather than looking away and reading from a computer screen, and body posture should be open and comfortable, rather than sitting forward into the Veteran's personal space or having arms crossed as if tense or closed off to the Veteran's responses. Even the smallest comments or variations in tone can carry great weight for survivors. For example, even asking how the *MST* happened or what a Veteran was wearing at the time could convey blame to the Veteran for what happened, when in fact *MST* is never the survivor's fault. As another example, saying something like, "I can't help with that," could be perceived as a sign clinician do not want to help or hear about their concerns, or even that the entire *VA* does not want to help. Alternatively, saying "I'm sorry you had to go through that while you were serving your country," in a sincere manner conveys that clinicians believe Veterans and truly care.~~]~~

~~[Section Prompt:~~ When someone responds "yes" that he or she experienced *MST*, it is important to provide the following:

1. A brief, authentic, empathic response, which has the power to be tremendously healing ("I'm sorry that happened to you while you were serving your country.")
2. Education, normalization, and hope ("VA refers to this type of experience as 'military sexual trauma' or '*MST*,' and *VA* offers free *MST*-related care for both physical and mental health concerns. Many Veterans have had experiences like yours and, for some, it can continue to affect them even many years later. People can recover, however.").
3. Information and connection with care if needed ("Would you like a referral for any physical or mental health care needs related to your experiences of *MST*?").]

~~[Section Prompt:~~ You will see a range of reactions when a Veteran discloses an experience of *MST*. Some Veterans may be very emotionally flat and matter of fact; others may become very upset, crying or expressing anger. Some may answer "yes," and then decline to provide any additional information; others might share more details about their experiences. For Veterans who choose to share details about their experiences, it is important to balance following the Veteran's lead with using your clinical judgment about whether the Veteran may be opening up too much, too quickly. In some cases, Veterans may share more details than they would like to, almost as if they cannot help themselves, and then later regret having said so much. Sometimes they even drop out of treatment after a disclosure that made them feel too vulnerable. If you suspect a Veteran may be disclosing more details than will be helpful to them, intervene politely and supportively: "I'm so glad you feel like you can share this with me; that is really important. This may be the first time you have talked with anyone about this, though, and I just want to make sure you're going to feel okay, later, once you leave our appointment. Talking about these sorts of experiences for the first time can often bring some relief, but it can also bring up a lot of emotions. Would it be okay to pause here for now, and transition into figuring out next steps?" As a reminder, the Veteran does not need to provide any details of the *MST* or any evidence that it occurred; the Veteran simply can respond "yes" to either of the screening questions, and then be provided additional information about referrals and resources by the clinician in a sensitive manner.~~]~~

~~[Section Prompt:~~ Many providers also feel discomfort when asking about unwanted sexual experiences due to lack of training or practice, or even mistaken beliefs that this should be kept private or that survivors do not want to be asked. Instead, evidence suggests that survivors do want to be asked and will disclose in a safe environment when they feel ready. Clinicians need specialized knowledge and skills to create that safe environment, and it also requires

**Comment [A56]:** 2/1/18: You keep alternately between "section prompt" and "clinical comment" and it is not clear why. None of this seems addressed to the authoring team – it is only useful is displayed to a clinician.

**Comment [A57]:** Team B3 2/6: Globally clinical comments updated to section prompts.

**Comment [A58]:** 3/14/18 Linda/KBS: OK, resolved. Since this was converted to an appendix I have removed formatting that was relevant only to the body of the white paper.

**Comment [A59]:**

**Comment [A60]:** Team B3 2/6: agree

**Comment [A61]:** 3/14/18 Linda/KBS: OK, resolved.

appropriately inquiring about a referral to mental health and making one if a Veteran desires it. Clinicians also need to be prepared to answer questions about the effects of *MST* and *VA*'s free services for *MST*-related conditions. Training is required to do this well.

## *Consideration 2: Privacy and Trust*

[Section Prompt: Given the highly sensitive nature of *MST* experiences, privacy is often a central concern for patients. Special care should be taken to conduct the screening, as well as any follow-up conversations, in areas that are clearly private. You are likely already sensitive to privacy as a part of your standard practice, but it is an important issue to highlight clearly when talking about *MST*. Survivors may be vigilant for signs that suggest you are not a safe person to talk to and may be especially attentive to potential privacy breaches. It is useful to avoid things that a survivor may perceive as potential privacy breaches, such as a desk cluttered with paper that looks like patient information or chatting about what might be mistaken as patient information in a hallway. These small signals may be very meaningful to Veterans who are considering whether to disclose experiences of *MST*.]

[Section Prompt: It is important to keep in mind that many sexual trauma survivors do not report their experiences to the authorities and that some do not tell anyone at all. Establishing rapport with the Veteran, helping reduce fear of marginalization or discrimination, and creating the general sense of a safe and trusted environment are crucial to successful screening.]

[Section Prompt: Disclosures may result in a wide range of reactions. Some may be emotionally flat, while others may become very upset. Some may decline to provide any additional details, while others may share extensively about their experiences. It is important to use clinical judgment in determining the appropriate response to those reactions.]

[Section Prompt: Privacy and Trust considerations ~~This consideration is~~are especially important when deciding whether the provider or a clinical associate should administer the screen.]

## *Consideration 3: Integration into Care*

[Section Prompt: Screening is a powerful opportunity to assist Veterans who have experienced *MST*, and it may be the first conversation a Veteran has had about experiences of *MST*. Receiving a supportive, empathic response can be very healing for Veterans, and this can help clinicians to assist Veterans in accessing *MST*-related care, if needed. Also, many Veterans will not spontaneously disclose a trauma history, so asking about *MST* can be the first step in getting them the help they need. The specific text of the screening instrument is intended to serve as a guide, not as definitive language. Clinicians should be able to adapt the screening language to create a more human and sensitive screening experience for each Veteran.]

[Section Prompt: The timing of the screening can likewise vary. Some providers choose to ask about *MST* in the context of discussions about the patient's social history or military experiences. Other providers incorporate the screening within the context of broader assessments for general traumatic experiences. Another option is to ask about sexually traumatic experiences in general, and then follow up with more specific questions about whether the experiences occurred in the civilian or military setting. It is important to keep in mind that *MST* survivors may remain silent about their experiences. Most sexual trauma survivors do not report their experiences to authorities, and some do not tell anyone at all; some may remain silent for many years. This hesitancy to disclose can be because a Veteran does not think he/she will be believed, does not think it will make a difference to speak up, or struggles with shame or other strong feelings. A Veteran may also be concerned about stigma related to having experienced trauma or having associated mental health difficulties. Also, for marginalized groups, fear of discrimination or stereotyping can add another layer of difficulty to disclosure and help-seeking. These issues underscore the importance of creating a safe environment to facilitate disclosure, as well as providing supportive responses when disclosure does occur.]

[Section Prompt: Having a discussion with the Veteran about the relevance of experiences of *MST* for your work together conveys that this part of the Veteran's history is important and relevant to you, and that it is safe for the Veteran to speak up about any trauma-related distress that might be experienced during your appointments or otherwise. In addition, understanding that a Veteran has a history of *MST* may provide critical context for the Veteran's presenting problems. Knowledge of *MST* experiences can also help health care professionals in adapting care to better account for potential sensitivities or reactions to medical encounters. A history of *MST* may also

**Comment [A62]:** 2/1/18: Please use "section prompt" rather than "clinical comment' throughout this document, according to your conventions, to indicate text to be displayed to the user.

**Comment [A63]:** Team B3 2/6: Revised

**Comment [A64]:** 3/14/18 Linda/KBS: OK, resolved.

**Comment [A65]:** 2/1/18: What consideration?

**Comment [A66]:** Team B3 2/6: "This consideration" is "Privacy and Trust,"

**Comment [A67]:** 2018-03-07 KBS/Diane:. KBS has edited the text so that any reader can understand. Many readers will not know what you are referring to if you say "This consideration" four full paragraphs (18 lines and 282 words) beyond the line that says "Consideration 2 Privacy and Trust". There is no downside to being explicit.

**Comment [A68]:** Team B3 3/9: Accepted.

**Comment [A69]:** 3/14/18 Linda/KBS: OK, resolved.

generate issues related to trust and other complex reactions that can be better managed with knowledge of those events.]

[Section Prompt: The clinical reminder comes with a downloadable informational fact sheet that should be given to all Veterans who would like a copy, regardless of their decision to participate in additional care. Reaffirm that the Veteran's experiences are relevant and that the Veteran should feel safe in discussing any trauma-related distress as needed. The current edition of the fact sheet can be retrieved from the *VA* Mental Health *MST* Internet site here: https://www.mentalhealth.va.gov/docs/mst_general_factsheet.pdf. Clinicians should also be prepared to answer potential questions about the effects of *MST* and about *VA*'s free services for *MST*-related conditions.]

## *Consideration 4: Referral to Additional Care*

[Section Prompt: If a Veteran reports a history of *MST*, it is *VA* policy to offer further information and connection with additional care in the form of a referral question embedded in the *MST* screen (also referred to as the Clinical Reminder below). For Veterans who express an interest in further care, the regular referral process at that local VA facility should be followed. Some facilities will automatically inform the facility *MST* Coordinator upon completion of the clinical reminder.]

[Section Prompt: Many Veterans who experienced *MST* may genuinely be recovering well and do not need care. Alternatively, some Veterans may simply not yet be ready to engage in care. For this reason, when a Veteran declines a referral, it is useful to first validate and respect that, and then also keep the door open for the future: "If you ever change your mind and want to speak to someone, just let me or one of your other providers know."]

[Section Prompt: In addition, a Veteran's response of "no" to the *MST* questions may be a genuine "no." In case it is not, and the Veteran is just not ready to disclose an *MST* experience, leave the door open for future disclosure: "I'm glad to hear that. I asked because VA has free, specialized services to help Veterans who've had these sorts of experiences, so I wanted to make sure to talk to you about those resources if they are relevant now or ever become relevant in the future."]

[End Screening Clinical Considerations.]

## Section B.3 - MST Screening: Guidance with asking MST Screening Questions

[Technical Note: accessed from Link to Guidance with asking MST questions

[Begin MST Screening: Guidance with asking MST Questions.]

[Section Prompt: MST screening.]

[Section Prompt: Would it be okay if I asked about some things that may have happened to you while you were in the military? We ask all veterans these questions because VA offers free care related to these experiences. You can choose not to answer these questions if you prefer, or you may simply say 'yes' or 'no.']

☐ No

☐ Yes

☐ Declines to answer

[Section PromptTechnical Note: For Veterans who decline to answer the prior question, the clinician should acknowledge and respect that choice and then click "Declines to answer" for both of the following two questions should be auto-populated as 'Declines to answer'.]

[Section Prompt: For Veterans who do not decline, the clinician should proceed with asking the following questions, with a comfortable tone and good eye contact, and using the script below as a guide. It should not be read verbatim, but clinicians can have the *MST* Clinical Reminder open on a computer screen or printed out in a packet of standard screening paperwork in their lap if needed as a reference. The language below may be phrased in a slightly

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**Comment [A70]:** 3/9/18 Team B3 3/9: NOTE - The questions for the screening are repeated here so that the user of the guide is able to receive guidance in the context of the questions that are asked.

**Comment [A71]:** 3/14/18 Linda/KBS: OK, resolved.

**Comment [A72]:** 3/6/18 KBS/Linda: I suggest that the data for the next 2 questions should be populated automatically if the veteran declines to answer the first question.

**Comment [A73]:** 3/9/18 Team B3: addressed with edits

different way if necessary to capture language that the clinician is comfortable with in that encounter with that specific Veteran, as long as it fully captures both categories of unwanted sexual experiences.]

[Section Prompt: When you were in the military, did you ever receive unwanted, threatening, or repeated sexual attention (for example, touching, cornering, pressure for sexual favors, or inappropriate verbal remarks, etc.)?]

☐ No, denies prior *MST*

☐ Yes, reports *MST* in the past

☐ Declines to answer

[Section Prompt: When you were in the military, did you have sexual contact against your will or when you were unable to say no (for example, after being forced or threatened or to avoid other consequences)?]

[Section Prompt: If yes is selected below, display these links https://www.gpo.gov/fdsys/pkg/USCODE-2011-title38/pdf/USCODE-2011-title38-partII-chap17-subchapII-sec1720D.pdf. file:///C:/Users/Lindsey/AppData/Local/Packages/Microsoft.MicrosoftEdge_8wekyb3d8bbwe/TempState/Downloads/12010033.pdf]

☐ No, denies prior *MST*

☐ Yes, reports *MST* in the past

☐ Declines to answer

[Section Prompt: If a Veteran answers "yes" to either question, the clinician must be mindful to respond in a sensitive, compassionate, and validating manner. For example: "I am very sorry you had to experience that while serving your country. Thank you so much for sharing that information with me. It will help me to better understand what you are going through. *VA* refers to this as 'military sexual trauma' or '*MST*,' and we offer free care to men and women for physical and mental health concerns related to *MST*. Would you like to speak with a provider about this care?" However, the clinician does not need to prompt or ask for more details about the experience, and the Veteran does not need to have told anyone or have any evidence that the *MST* occurred. Service connection is also not required to receive *MST*-related services. If instead a Veteran answers "no," the clinician should respond with a comment such as, "Thank you. I ask all Veterans these questions, because VA offers free care related to these experiences, and we want to make sure all Veterans are aware of this."]

[End MST Screening: Guidance with asking MST Questions.]

## Section B.4 - Patient Education

[Begin Patient Education.]

[Section Prompt: OPTIONAL PHRASES:

1) Thank you for sharing that with me. *VA* refers to this type of experience as 'military sexual trauma' or *'MST*,' and *VA* offers free *MST*-related care for both physical and mental health concerns.

2) Thank you so much for sharing that information with me. It will help me to better understand what you are going through. VA wants Veterans to know about common difficulties related to *MST* and *VA's* free *MST*-related services, so it created a factsheet that we can give out to Veterans. It describes what *MST* is, how MST may affect you, and how to get help if you would like it. Would you mind if I printed it out and gave it to you to take with you? I am also happy to answer any questions you have. Every facility also has an *MST* Coordinator who is a point person for Veterans on *MST*-related issues. This facility's *MST* Coordinator is _____.]

[Section Prompt: Print MST informational handout.]

☐ Print MST Fact Sheet

[Technical Note: clicking the checkbox above prints the document located at https://www.mentalhealth.va.gov/docs/mst_general_factsheet.pdf.]Offer MST Fact Sheet

**Comment [A74]:** 3/6/18 KBS/Linda: I suggest making the section prompt something like "Guidance for asking MST questions" and providing the rest of the verbiage in a link or perhaps a tool tip.

**Comment [A75]:** 3/9/18 Team B3: addressed in screening section above

**Comment [A76]:** 3/14/18 Linda/KBS: OK, resolved.

**Comment [A77]:** Team B3 2/22: Links added, provided by SME.

**Comment [A78]:** 3/6/18 KBS/Linda: These instructions should be in a technical note. If links are displayed then there needs to be a section prompt to indicate what is linked to. I am unable to access either of these documents, and that is a problem if we are going to include links to them in the KNART. Please let's be clear that display of this guidance is optional – users should never be forced to look at long textual material that is more appropriately included in a full course on the topic.

**Comment [A79]:** Team B3 3/9: Edits addressed in screening section above.

**Comment [A80]:** 3/6/18 KBS/Linda: Please remove all of this text from the section prompt. There could be a small number of VERY SHORT (couple words) section prompts that bring up either a link to the guidance or a tool tip.

**Comment [A81]:** 3/9/18 Team B3: Addressed by removing from screening above and placing in the guidance section here.

**Comment [A82]:** 3/14/18 Linda/KBS: OK, resolved.

**Comment [A83]:** [KNART-FIC: Responses on the *MST* Clinical Reminder also generate health factors and activate parts of the encounter form associated with Veterans' appointments, both of which are critical for both access to free MST-related care and for national tracking purposes as described above: 1) A "yes" response to either item is stored as a health factor associated with the visit with the text "MST YES REPORTS"; 2) A "no" response to both items is stored as a health factor associated with the visit with the text "MST NO"; 3) A "declines" response to both items is stored as a health factor associated with the visit with the text "MST DECLINES TO ANSWER"; 4) Any combination of a ...

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[Section Prompt: Clinicians should be ready to discuss the handout contents if needed.

## Referrals for MST

Even if the Veteran responds "no" to each question above or refuses screening, veterans should still be offered a referral to an *MST* specialist.

Ask the patient: Would you like to speak to a clinical provider about MST treatment?

- ☐ No, declines referral for *MST* treatment
- ☐ No, Veteran is currently in *MST* treatment
- ☐ Yes, requests referral for *MST* treatment
- ☐ Yes, requests follow up visit for physical symptoms related to *MST*
- ☐ Declines to answer

]

[Technical Note: Provide link to https://www.mentalhealth.va.gov/docs/mst_general_factsheet.pdf.]

☐ Print MST Fact Sheet

[End Patient Education]

## Section B.5 - Referrals

[ Begin Referrals.]

[Section Prompt: Would you like to speak to a clinical provider about INSERT BETTER VERBIAGE?]MST treatment?]

[Section Selection Behavior: Select one or more. Required.]

. Required.]

- Veteran requests mental health services
- Veteran requests referral for physical health conditions only
- No, Veteran declines referral for mental health services at this time
- No, Veteran is currently in treatment with a mental health provider

[Section Prompt: Veterans who request a referral should be connected to mental health services in a timely manner consistent with local policy and procedures. Facilities will vary on how referral requests are handled. Clinicians should explain the referral process to the Veterans and what they can expect next. ]

[Section Prompt: In addition, Veterans may say 'yes' to the referral question but intend to request a referral only for physical health conditions. The *MST* Clinical Reminder is programmed to assist with mental health referrals only, and that is typically how the referral is set up at each facility. It is clinicians' responsibility to assess the nature of Veterans' requests for a referral and to make appropriate referrals for *MST*-related physical health conditions via other means if that is the main or an additional need. Also, when a Veteran screens positive for MST in primary care

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**Comment [A84]:** Team B3 3/9: The words Mental Health are specifically left out of this section due to PO comments.

**Comment [A85]:** 3/14/18 Linda/KBS: OK, resolved.

**Comment [A86]:** 3/6/18 Linda: We don't need to know what is in the clinical reminder – this is not a reminder (not an ECA rule). I suggest a section prompt here something like "Print informational handout" followed by a checkbox that could perhaps make that happen – nothing more. The checkbox should occur under #2 below.

**Comment [A87]:** Team B3 3/9: Updated.

**Comment [A88]:** 3/14/18 Linda/KBS: OK, resolved.

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**Comment [A89]:** Team B3 2/6: This refers to MST focused therapy. In the workflow, the screener would present the information about possible treatment to the patient, and then use the pronoun "this" in reference to the treatment they just discussed or was given in the print out.

**Comment [A90]:** 2018-03-07 KBS/Diane: If the Section Selection Behavior is "Select One", then what shall the clinician select in the event that the Veteran requests mental health services AND requests referral for a physical health condition? Likewise, what shall the clinician select if the Veteran requests referr...

**Comment [A91]:** Team B3 3/9: Updated.

**Comment [A92]:** 3/14/18 Linda/KBS: OK...

**Formatted:** No bullets or numbering

**Comment [A93]:** The patient is answering...

**Comment [A94]:** Team B3 2/6: Revisions ...

**Comment [A95]:** 3/14/18 Linda/KBS: OK...

**Comment [A96]:** 2/1/18: What question is...

**Comment [A97]:** 3/14/18 Linda/KBS: OK...

**Comment [A98]:** 3/7/18 KBS/Linda: This ...

**Comment [A99]:** 3/9/18 Team: brought to ...

**Comment [A100]:** 3/14/18 Linda/KBS: O...

**Comment [A101]:** 3/6/18 KBS/Linda: Thi...

**Comment [A102]:** Team B3 3/9: brought ...

**Comment [A103]:** 3/6/18KBS/ Linda: Ho...

**Comment [A104]:** Team B3 3/9: Logged ...

and requests a referral for mental health services, primary care team members are encouraged to consider providing a warm hand-off to a primary care mental health provider whenever possible.]

[[Technical Note:Section Prompt:] 1) A Veteran's subjective experience is sufficient for a positive screen; 2) Can occur on or off base, while a Veteran was on or off duty; 3) Perpetrator identity does not matter; 4) Notess that all health care services (inpatient, outpatient, and pharmaceutical care) for physical and mental health conditions related to *MST* are provided free of charge.] In addition, Veterans with additional military service after their original *MST* Clinical Reminder has been completed (for both "yes" and "no" responses) need to be rescreened after they separate from the service again, as they have had additional opportunity for exposure to *MST*. [The *MST* Clinical Reminder should thus be programmed to show up as due again after additional military service, with the screening questions slightly rephrased to ask about the most RECENT period of service.]

[End Referrals]

## Other Data Issues and DefinitionsSection B.6 - Provider Education

[Begin Provider Education.s]

[Technical Note: The following references should be provided to users when they are selected.]


Dichter ME, Wagner C, Goldberg EB, Iverson KM. Intimate partner violence detection and care in the Veterans Health Administration: patient and provider perspectives. Womens Health Issues. 2015;25(5):555-560.

Jeffreys MD, Leibowitz RQ, Finley E, Arar N. Trauma disclosure to health care professionals by veterans: clinical implications. Mil Med. 2010;175(10):719-724.

Kimerling R, Street AE, Gima K, Smith MW. Evaluation of universal screening for military-related sexual trauma. Psychiatr Serv. 2008;59(6):635-640.

Meredith LS, Azhar G, Okunogbe A, et al. Primary care providers with more experience and stronger self-efficacy beliefs regarding women veterans screen more frequently for interpersonal violence. Womens Health Issues. 2017;27(5):586-591.

Minsky-Kelly D, Hamberger LK, Pape DA, Wolff M. We've had training, now what? Qualitative analysis of barriers to domestic violence screening and referral in a health care setting. J Interpers Violence. 2005;20(10):1288-1309.

Roberts ST, Watlington CG, Nett SD, Batten SV. Sexual trauma disclosure in clinical settings: addressing diversity. J Trauma Dissociation. 2010;11(2):244-259.


[End Provider Education.]

**Comment [A105]:** Team B3 2/6: Agree, there are more just technical notes/clinical reminders that would not be populated in a progress note. This is true for the rest of the paragraph as well.

**Comment [A106]:** 3/14/18 Linda/KBS: OK, resolved.

**Comment [A107]:** 2/1/18: Why does this verbiage populate a progress note? Recommend not doing that.

**Comment [A108]:** Team B3 2/6: Revised.

**Comment [A109]:** 3/14/18 Linda/KBS: OK, resolved.

**Comment [A110]:** 3/6/18 KBS/Linda: This is clinical, not technical guidance. Please provide it as a link or tool tip – this text does not belong in a documentation template.

**Comment [A111]:** 3/9/18 Team B3: brought to this guidance section

**Comment [A112]:** 3/14/18 Linda/KBS: OK, resolved.

**Comment [A113]:** 3/6/18 KBS/Linda: Please remove this text & include as a future implementation concern.

**Comment [A114]:** Team B3 3/9: Noted as future implementation concern.

**Comment [A115]:** 3/6/18 KBS/Linda: Remove this entire section from this white paper and list it in the "future implementation concerns" white paper.

**Comment [A116]:** Team B3 3/9: Noted as future implementation concern.

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# Acronyms

| | |
|---|---|
| ADSMs | Active Duty Service Members |
| CCWP | Clinical Content White Paper |
| CDS | Clinical Decision Support |
| DoD | Department of Defense |
| HL7 | Health Level 7 |
| KBS | Knowledge Based Systems |
| KNART | Knowledge Artifact |
| MST | Military Sexual Trauma |
| OIIG | Office of Informatics and Information Governance |
| PCP | Primary Care Provider |
| RN | Registered Nurse |
| SME | Subject Matter Expert |
| TMS | Talent Management System |
| TO | Task Order |
| VA | Department of Veterans Affairs |
| VAMC | VA Medical Center |
| VHA | Veterans Health Administration |