Improving HEDIS & MCAS Performance Through an Intimate Partner Violence (IPV) Strategy

A resource for Population Health & Quality Improvement leaders at California Medi-Cal Managed Care Plans

Aligned with the DHCS 2025 Comprehensive Quality Strategy & Bold Goals 50x2025

Intimate partner violence (IPV) is a widespread, chronic public health issue that drives measurable, correctable gaps across HEDIS and MCAS performance. Building IPV screening, follow-up, and referral into existing care workflows is a practical population health lever MCPs can use to advance chronic disease, behavioral health, maternal health, and children's preventive care meas ures – while directly supporting DHCS' equity-driven Bold Goals.

Chronic Conditions Associated with IPV Survivorship

Condition category	Commonly associated conditions
Mental & behavioral health	Depression, PTSD/anxiety, substance use disorder, suicidality, sleep disorders
Cardiovascular & metabolic	Hypertension, heart disease, elevated diabetes / glycemic risk
Musculoskeletal & neurological	Chronic pain, traumatic brain injury, migraines, fibromyalgia-type symptoms
Gastrointestinal	IBS and other chronic digestive disorders
Reproductive & sexual health	STIs/HIV, unintended pregnancy, reproductive coercion, pregnancy complications
Health-risk behaviors	Smoking, binge drinking, care avoidance / delayed treatment-seeking

Why This Matters for Quality

Nearly 1 in 4 women and 1 in 7 men experience severe IPV in their lifetime. Survivors carry disproportionate rates of the chronic conditions at left – conditions already tracked by HEDIS/MCAS. Addressing IPV is therefore both a trauma-informed care imperative and a quality-measure improvement strategy.

HEDIS & MCAS Measures an IPV Strategy Can Improve

Domain	MCAS / HEDIS measure (acronym)	How an IPV strategy improves plan performance	MCAS MPL
Behavioral health	Follow-Up After ED Visit for Mental Illness / Substance Use – 30 days (FUM, FUA)	IPV survivors are overrepresented in ED visits for mental health and SUD crises; IPV screening plus warm hand-off to DV advocacy improves engagement and completion of follow-up care.	Yes
Depression	Depression Screening & Follow-Up; Prenatal / Postpartum Depression Screening & Follow-Up (DSF-E, PND-E, PDS-E)	IPV is strongly correlated with depression and PTSD; co-locating validated IPV screening (e.g., HITS, CUES) with depression screening raises identification and connects members to care.	Report only
Reproductive health	Prenatal & Postpartum Care: Timeliness / Postpartum Visit; Chlamydia Screening (PPC-Pre, PPC-Pst, CHL)	Reproductive coercion and unintended pregnancy are common IPV outcomes; IPV screening at prenatal intake and postpartum visits supports timely, safe engagement in care.	Yes / Yes / No
Chronic disease management	Controlling High Blood Pressure; Glycemic Status Assessment; Asthma Medication Ratio (CBP, GSD, AMR)	Chronic stress physiology and coercive control (medication/appointment sabotage) disrupt disease self-management; IPV-informed care planning supports adherence and control.	Yes / Yes / Yes
Substance use	Pharmacotherapy for Opioid Use Disorder (POD)	Substance use is both a risk marker for and consequence of IPV; integrated screening supports engagement in medication-assisted treatment.	Report only
Children's health	Well-Child Visits; Child & Adolescent Well-Care Visits; Developmental Screening (W30, WCV, DEV-CH)	Children in homes with IPV have elevated ACE exposure; caregiver IPV screening at pediatric visits supports referral and protects child preventive-care engagement.	Yes
Access & utilization	Adults' Access to Preventive/Ambulatory Health Services; Plan All-Cause Readmissions (AAP, PCR)	Care avoidance and delayed treatment-seeking are common among survivors; trauma-informed access strategies reduce avoidable ED use and readmission.	No
Emerging – direct measure	Intimate Partner Violence (IPV) Screening & Follow-Up – proposed HEDIS MY2027 (NCQA, in public comment)	New NCQA measure would directly assess IPV screening with a standardized tool and follow-up on positive screens – plans that build IPV workflows now will be positioned early.	Pending

Alignment with DHCS 2025 Comprehensive Quality Strategy – Bold Goals 50x2025

Bold Goals 50x2025 focus area	Target	IPV strategy connection
Children's preventive care	Improve well-child visit / immunization measures and close racial/ethnic disparities 50% by 2025	Caregiver IPV screening at well-child visits protects attendance and identifies household risk driving missed care.
Behavioral health integration	Strengthen behavioral health measure performance and disparity reduction	IPV screening + warm hand-off directly supports FUM/FUA follow-up completion and depression measure gains.

Bold Goals 50x2025 focus area	Target	IPV strategy connection
Maternal health & birth equity	Improve perinatal outcomes and close maternal care disparities 50% by 2025	IPV often escalates in pregnancy/postpartum; screening at prenatal/postpartum visits supports birth-equity goals.

Recommended Next Steps for MCP Population Health & QI Teams

- Embed a validated IPV screening tool into well-visit, prenatal/postpartum, and BH follow-up workflows.
- Train care coordinators & ECM/Community Supports staff on trauma-informed, warm hand-off to DV advocacy organizations.
- Track screening rate and positive-screen follow-up now as an internal QI metric, ahead of the proposed HEDIS MY2027 IPV measure.
- Build referral partnerships with community-based DV organizations through CalAIM Community Supports.

Sources: DHCS 2025 Comprehensive Quality Strategy & Bold Goals 50x2025; DHCS Medi-Cal Managed Care Accountability Set (MCAS), Reporting Year 2026; NCQA HEDIS® measure specifications, including the proposed MY2027 Intimate Partner Violence Screening & Follow-Up measure; CDC Intimate Partner Violence Prevention resources. For internal population health & quality improvement planning use.