
PROS Update

PROS Child Abuse Reporting Experience Study (CARES)



From Suspicion of Physical Child Abuse to Reporting: Primary Care Clinician Decision-Making

- CARES was a prospective observational study to determine how frequently primary care clinicians reported suspected physical child abuse, the levels of suspicion associated with reporting, and what factors influenced reporting to child protective services (CPS). Clinicians collected data on child injury visits, including information about the injury, child, family, likelihood that the injury was caused by child abuse (5-point scale), and whether the injury was reported to CPS.

- Of the 1,683 children with suspicious injuries included in this report, 95 (6%) were reported to CPS. The maximum number of children reported by an individual clinician was 3. Clinicians did not report 27% of injuries they considered likely or very likely caused by child abuse and 76% of injuries they considered possibly caused by child abuse.

- Clinician factors associated with reporting (based on multivariate analysis) indicated that clinicians were more likely to report if they had previously lost a family as patients because the clinician had reported to CPS and if they had not previously reported all suspected child abuse during their career. Practice level factors such as urban vs. rural and the availability of child abuse evaluative resources were not significant.

- The patient level factors that were most highly related to reporting were the injury not being consistent with the history provided and the patient being referred to the clinician because child abuse was suspected. Additional significant factors included race,

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clinician familiarity with the patient, and injury severity.

- Clinicians had some degree of suspicion that ~10% of the injuries they evaluated were caused by child abuse. It appears that clinicians apply various interpretations to the legal mandate to report when there is reasonable suspicion of child abuse. This will be explored further in the companion manuscript.

- This is one of the first national efforts to systematically and prospectively study the issue. Our prospective findings indicating that physicians do not report all suspected child abuse are consistent with retrospective study findings in which physicians admit they have not reported all suspected child abuse.

These were among the findings from the AAP's **practice-based** research network - Pediatric Research in Office Settings (PROS) and National Medical Association's **pediatric practice-based** research network, NMAPEDSNET. Funding for the Child Abuse Reporting Experience Study (CARES) was received from the Agency for Healthcare Research and Quality (grant R01 HS010746), the Maternal and Child Health Bureau (grant R40 MC 00107), and the American Academy of Pediatrics. Overall, 434 clinicians participated in data collection, and collected information about 15,003 child injury visits. The 327 clinicians included in this report represent 141 practices in 41 states.

This article based on study results appeared in Pediatrics: Flaherty EG, Sege RD, Griffith J, Price LL, Wasserman R, Stora E, Dhepyasawan N, Harris D, Norton D, Angelilli M, Abney D, Binns HJ. From suspicion of physical child abuse to reporting: Primary care clinician decision-making. The Child Abuse Reporting Experience Study Research Group. Pediatrics. 2008; 122 (3):611-619.

Pediatricians and the Law

Red Flags Rule --This Deadline May Be Real

Michael J. Schoppmann, Esq. Kern Augustine Conroy & Schoppmann, P.C., General Counsel AAP NJ Chapter

Once again, the deadline for implementation of the Red Flags Rule is approaching. By June 1st, absent a further delay, nearly every physician office in the country will need to implement policies to protect their patients against identity theft.

The Red Flags Rule was promulgated by the FTC and was to be enforced beginning May 1, 2009. After a number of last minute delays, the deadline was subsequently extended until June 1, 2010. It now appears that no further extensions will be forthcoming.

The best indicator that the FTC is not planning any further extension is news that the AMA, along with the American Osteopathic Association, have filed a lawsuit asking the courts to declare that the legislation which resulted in the Red Flags Rule was not intended to apply to physician offices, but only to banks, credit card companies, and other financial institutions. The fact that these organizations have now resorted to the courts suggests that they believe further efforts to have the FTC reverse its position are futile.

However, according to press reports, the suit does not seek immediate injunctive relief. Therefore, come June 1, every practice will be subject to the Red Flags Rule, and it may be years before a final decision is made as to whether the Rule should have been ap-



plied to physician practices. In the meantime, those who do not implement the Rule face stiff fines and other potential sanctions.

Fortunately, the efforts needed to implement the Red Flags Rule are not great. But, the penalties for non-compliance can be significant. Therefore, it is highly recommended that every practice develop a written program to prevent and mitigate identity theft. In most cases, the written plan can be developed in under an hour. Of course, once the program is developed, efforts must be taken to implement it. Even these efforts, however, should not prove overwhelming.

An article detailing the provisions of the Red Flags Rule can be found at the Kern Augustine Conroy & Schoppmann, P.C. website at <http://www.drllaw.com/Articles-and-Publications.aspx>. A template to help practices quickly develop their own program can also be found on the website. When implementing programs to prevent identity theft, practices must also consider individual state regulations which may differ from, or be more burdensome than, the federal regulations.

Kern Augustine Conroy & Schoppmann, P.C., Attorneys to Health Professionals, www.drllaw.com has offices in NJ, NY, FL, PA and IL. The firm's practice is solely devoted to the representation of health care professionals. Mr. Schoppmann may be contacted at 1-800-445-0954 or schoppmann@drllaw.com.