

Human Trafficking: Establishing an Identification and Response Program

Business Plan Submission

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July 26, 2021

This paper is being submitted in partial fulfillment of the requirements of Fellowship in the American College
of Medical Practice Executives

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Project Summary

Human trafficking is a global health and human rights issue [28] involving the exploitation of 40.3 million people [29] and yielding profits of more than \$150 billion per year [32]. It is the fastest growing criminal industry in the world and is the second largest source of income for organized crime second to drug trade [17]. It is believed that the Human Trafficking industry at some point may bypass drug trafficking as a bag of cocaine can be sold once but a human can be sold repeatedly [32]. The United States is one of the largest markets for human trafficking and the National Human Trafficking Resource Center reports it is happening in all 50 states. Estimates suggest that internationally only 0.4% of the survivors of human trafficking cases are identified indicating that the vast majority go undetected [1].

According to a recent article by the American Medical Association, more than 85 percent of survivors were seen by a healthcare professional while being trafficked [12]. Healthcare workers are one of the few groups of professionals likely to interact with a victim while they are still in captivity [20]. Providers can be a victim's most promising lifeline when they have the knowledge and tools to identify and respond appropriately. However, in the situation where it is missed, the victims will return from a medical encounter back to their lives of coercion, manipulation and in many cases abuse. To be able to serve this vulnerable population, providers must be able to identify and provide care with a trauma-informed approach while factoring in the safety, legal and ethical issues.

The organization will develop a comprehensive educational program to ensure that key stakeholders are trained and equipped to identify and respond to trafficking victims. This education program will have an emphasis on 3 different areas: Non-clinical/Clinical Staff, Community, and Residency/Students. The first area of emphasis will focus on training key non-clinical/clinical staff who would be interacting with trafficking victims throughout the continuum of care to provide an overview and educate them on red flags. Community involvement, the second emphasis, will be a key aspect to the success of the program. The organization will focus on working with local law enforcement to educate key stakeholders in the community such as educators, housing authorities, government officials and businesses focused on farming, construction, manufacturing, and domestic services. Since the organization is associated with graduate residency/nursing/allied health programs, the final area of emphasis is on educating residents/students on human trafficking basics as well as strategies and interventions.

Executive Summary

Company Overview

The organization is a fully integrated health system that has been the primary provider of healthcare for a rural area in the southeast region of the United States since 1958. The health system is a community-driven organization whose purpose is to optimize access to quality healthcare services, assist in providing training and education for the health care providers of tomorrow and be the organization where employees choose to work. A local board of trustees comprised of 11 members governs the organization to ensure that it fulfills its mission to improve the health of the community it serves.

Mission

To improve the health and well-being of the communities we serve while providing exceptional patient-and-family centered care.

Vision

To meet the needs of our community by being a partner in healthcare excellence

Values

- We embrace our role as community care providers and are devoted to meeting the health care needs of the ones we serve
- We are committed to showing fairness, dignity, and consideration to the ones we serve as well as each other
- We support programs of higher learning that develop the future health care providers and leaders of tomorrow
- We promote a culture that appreciates diversity and one that listens to, learns from, and supports each other

Market Opportunity

The organization can hear the voices of the population it serves through the development of a community advisory committee. This committee not only creates opportunities to work with stakeholders representing key segments of the community, but also helps the system to identify needs in the community, prioritize those needs and develop a plan to address the areas of focus. Access to care is one area that was identified, creating an opportunity for the organization to address this as a focus area.

It not only creates additional points-of- access but also creates an opportunity to serve a vulnerable patient population through a different perspective of care.

Competitors

The organization's biggest competitor is a health system located 30 miles north. Services on a local level are much the same but it has direct ties with a large tertiary care center that is very well known. This connection is the focus of most of the marketing campaign used, which sometimes creates a draw within the community. The health system has acute care and primary care clinics in the community that create a referral stream to the inpatient facility in non-emergent situations. Typically, it limits the population served to those with the resources to travel to the facility to receive care.

Business Competitive Advantage

The organization is very involved in the community and has worked to establish and maintain relationships with businesses, government officials, and individuals. This community support has created a significant advantage over its competitors who operate under a corporate-driven structure. The organization is focused on exceptional patient-centered care and good outcomes which correlates to patients returning to the system for care. The health system serves a diverse population and places recruitment efforts into hiring a diverse workforce that understands the culture of the population served and promotes relationship building.

Financial Information & Key Personnel

There will be a minimal capital investment required for this project. Internal resources will be utilized with minimal outsourced pieces. The organization will collaborate with an outside creative design agency to develop a brand for the program and the organization's print shop will be responsible for all printing services. Promotional items for education will be provided to those who complete training within the organization. These items will be purchased from an outside vendor and paid from the organization's education budget.

The Director of Information Technology Services will be responsible for implementing changes to templates in the Electronic Health Record (EHR)/Practice Management System. Program development and training will be conducted within the organization by the established program development task force. The Education Program Coordinator will be responsible for communication with the residency program and colleges. The Community Outreach Team will play a key role in community integration and education and the Director of Quality will be responsible for the development, tracking, and reporting of performance metrics of the program.

Part I: Organizational Plan

Summary Description of the Existing Business

The organization is a healthcare system located in the Southeast region of the United States. It is one of the largest employers in the area and serves as an economic anchor in the community. The hospital is the only facility in a nine-county region, and it, as well as the primary care/ specialty clinics and urgent care centers serve a very large population of people who work in agriculture, factories, and areas of logistics such as inbound/outbound transportation and warehouses. The organization has established a partnership with a College of Medicine and College of Nursing & Allied Health in the state to assist in providing educational experiences through clinical rotations for residents, nursing, and allied health students. The health system is committed to caring for the people of the community and works to improve the quality of health and well-being of those served through compassionate and patient-centered care.

Existing Business SWOT Analysis

Strengths:

- Solid reputation and support in the community
- Hospital is in a central location for the service area
- Outreach through primary, specialty, and acute care clinics; good points of access

Weakness:

- Staffing shortage and limited applicant pool for positions even with school affiliation
- Difficulty recruiting new physicians to the area due to the planned retirement of seasoned physicians; physicians out of residency who have young families are moving to the metropolitan areas, as it offers better schools and opportunities for families
- Limited broadband in some locations and availability of new technology

Opportunities:

- Increase use of telehealth to expand access to services that potentially may be lost as seasoned physicians retire
- Exploring co-locations to be able to offer a broader range of medical services; Increase opportunities for physicians to lease space once or twice a month to bring specialty services to the area and offer a broader range of services
- Explore Foundation and/or other grants to support the purchase of new technology

Threats:

- Growing concerns around reimbursement
- Increased regulatory burden has escalated the cost and difficulty of compliance
- Health literacy concerns in the population

Summary Description of the New Business

The organization is recognized in the community as a leader not only meeting the needs of the population served but researching ways to exceed expectations. The Community Advisory Committee was developed to enhance local partnerships and receive input about the future healthcare needs in the community. The committee meets three times a year and once the needs are determined, subcommittee working groups come together to develop and implement solutions for the determined issues.

One of the needs identified is access to care with an increased focus on serving vulnerable populations in the community. As the committee looked at the vulnerable classes known to have high trafficking volume, the local industry, and the major interstate system, they realized that the geographic region was a potential breeding ground for human trafficking. It was also noted that the health system, as well as the community, lacked the education to prevent and identify trafficking situations and lacked a strategic plan to provide assistance.

Based on this assessment, key people in the healthcare system came together to identify the challenges and barriers to be addressed in the program. These efforts are the outline of the program. The focus of the program is to educate key stakeholders in the health system to see past the disease – see past the injury – see past the discrimination and see the victim that is hiding in plain sight. The program will offer education, tools to aid in intervention, and focus on community partnerships to extend help to this vulnerable population.

Strengths:

- Human trafficking (primarily labor & sex trafficking) was identified as a secondary area of concern when addressing access to care as part of the community needs assessment; there is good community support for this initiative
- Good physician/staff support for new programs
- Cultural connections in the community

Weakness:

- Cost and usage of health system resources
- No grants currently available

Opportunities:

- Increasing awareness of trafficking within the residency/student population that may seek employment in all parts of the nation could increase the educational footprint for human trafficking
- Continue to build the program by adding additional training sessions specific to trauma-informed care
- Certify the program to offer Continuing Medical Education (CME)/Continuing Education Unit (CEU) for licensed staff
- Work with state licensing boards to mandate human trafficking education, including a mandate for license renewal
- Collect data to quantify the cost of human trafficking to the health system
- Expansion of the program outside the community to a regional and/or national level
- Federal/National Grants and/or Specialty Organizations

Threats:

- Program could lose momentum if quality metrics are not properly identified, monitored, and communicated to stakeholders
- If procedures are not taught, implemented, and followed, it could increase the risk to the trafficking victim

New Business Strategy

Human Trafficking is a multi-dimensional issue that must be addressed by multi-disciplinary team members who share the same vision. The program was developed with trauma-informed, patient-centered care as the focal point. To be successful, key stakeholders must understand their role and how it contributes to the greater good of the health system and the patient.

- Short-term objectives include:
 - Education and Training
 - Identify victims through the use of screening tools and clinical indications
 - Understand and implement a trauma-informed approach to care

- Increase knowledge of available resources and steps for intervention
- Long-term objectives include:
 - Integration of the program into the community to change the cultural landscape
 - Incorporate trauma-informed care into the core values of the organization to create a patient-focused, trauma informed workforce

Key Stakeholders/Key Decision Makers

The health system CEO, as well as senior leadership, will be involved with the program and the final product will be presented to the Board of Trustees before implementation in the organization. The Program Development Team will be responsible for research of the educational content, development, and implementation of the program. An Advanced Practice Nurse with a background in Forensic Nursing will be hired with their time divided between overseeing the program/conduct training and providing patient care in the urgent care setting. Other health system directors will be involved at various stages including the Director of Information Technology Services, the Education Program Coordinator, Director of Security, Director of Quality and the Community Outreach Team.

Products or Services: Program Education Overview

The foundation of the human trafficking program is education. An overview of the program is outlined below, along with the target audience.

What is Human Trafficking? (Target Audience: All Groups)

Human Trafficking is the largest manifestation of modern-day slavery as victims are exploited for the economic gain of the trafficker, removed from mainstream society, separated from any support systems (other than the trafficker), and are subjected to physical, sexual, and psychological violence [21]. The Victims of Trafficking and Violence Protection Act of 2000 defines human trafficking as “the recruitment, harboring, transportation, provision or obtaining of a person for labor or services through force, fraud or coercion for the purpose of involuntary servitude, peonage, debt bondage or slavery.” [39]

Human Trafficking vs. Human Smuggling: There Is A Difference (Target Audience: All Groups)

Both human trafficking and human smuggling are illegal. Human smuggling usually occurs with the consent of the person being smuggled and they are generally cooperative and are not considered a victim. They are moved as cargo in boats, tractor-trailers, train box cars as well as commercial buses and airplanes. Many times they pay large sums of money to the smuggler to be brought into the United States. Smugglers typically transport adult males but in recent years there has been an increase in women, children, and families. Unfortunately, those that are smuggled may find themselves in a Human

Trafficking situation when they arrive in the U.S. [15] Victimization usually continues after the victim has reached their destination.

Forms of Trafficking [41] (Target Audience: All Groups)

Sex Trafficking: An individual makes a profit by selling another human in the commercial sex industry by means of force, fraud, or coercion [32]. The U.S. Department of Justice reported that between the years of 2008 – 2010, 83% of domestic sex trafficking victims were U.S. citizens [32]. The average age of entry into the commercial sex trade in the U.S. is 12 to 14 years old [1]. The most frequent form of recruitment known is through Facebook, Kik Messenger App, and other social media sites and chat rooms [32]. Roughly 3.9 million children are exploited by sex trade and approximately 300,000 children in the United States are being prostituted [32]. Statistics show that in the U.S., Super Bowl Sunday is one of the largest sex trafficking days of the year as victims are brought in to service the increased population of people [42].

Forms of sex trafficking include:

- Street Prostitution
- Online Prostitution
- Escort Services
- Lot Lizards
- Pornography
- Stripping
- Mail-order brides [8]
- Sex tourism

Labor Trafficking: According to the National Human Trafficking Hotline website, Labor trafficking is ‘a form of modern-day slavery in which individuals perform labor or services through the use of force, fraud, or coercion’ [26]. A person does not have to be moved from one location to another for the crime to fall within the definition of a trafficking victim [40]. This includes:

Forced Labor: Individuals are forced to work against their will [38]. Forced labor is much more difficult to identify and estimate than sex trafficking. Many times, trafficking victims are often working in jobs listed below, but they may be found anywhere in the U.S. doing any job that is profitable for the trafficker.

- Sexual Exploitation:
 - Personal Sexual Servitude (one-on-one service)
 - Remote Sexual Interaction (live stream)
 - Bars/Strip Club (Strip club dancing/selling alcohol to exploit for sex behind the scenes)
 - Escort services (hotel based/internet ads)
 - Pornography industry (pre-recorded videos and images, includes child pornography)

- Massage parlor (sexual/erotic services provided)
- Agriculture workers (growing/maintaining crops)
- Carnivals (food stands/ride operator/games)
- Factory/Manufacturing (shoe/clothes/electronics/vehicles)
- Health & Beauty (hair/nail salons)
- Hospitality (hotel housekeepers, front desk attendants)
- Restaurant/Food Industry (servers, cooks, bussers, dishwashers)
- Health/Elder Care (home health, residential nursing homes)
- Traveling Sales Crew – door-to-door sales (magazines)
- Begging & Peddling (sell small items like candy at outdoor events or actual begging on the street)
 - Involuntary Child Labor (more common in settings where employers are less likely to be detected)
 - Domestic Servitude (cooking, cleaning, taking care of small children). This form of trafficking takes place in a private home and unregulated by public authorities, so it is much more difficult to identify [23].

The National Human Trafficking Hotline has reported cases of labor trafficking that began with a victim reaching out for help. They entered what they believed were legitimate therapeutic group homes however once they were there, they were used for unpaid labor. In addition, some facilities convinced local court systems to unwittingly appoint vulnerable individuals to their care as an alternative to state institutionalization (roadmap for systems).

Debt Bondage/Bonded Labor: It is best described as work exchanged for a debt that can never be paid. The victim is told they can pay off a loan of their own or one of a family member by working off the debt. The work is usually required under very difficult or even brutal circumstances. During the time the person is working they will need basic necessities such as food, water, and shelter. These expenses and fraudulent fees are added to the original debt and the worker is never able to get ahead and pay the debt, which leaves them susceptible to the trafficker.

Organ Harvesting/Trafficking: It is the unseen form of Human Trafficking. It has been one of the lesser forms of trafficking, but it is believed that it may be on the rise due to the COVID-19 pandemic. Fewer transplants have been performed as hospitals have diverted resources which has created a backlog of patients on waiting lists. In addition, prior to the pandemic, there were people already facing challenges due to unemployment, being uninsured, and in some cases uneducated. These people are now desperate and exploring opportunities they once would have never considered [7]. A kidney is the most trafficked organ in the world. The World Health Organization reports that

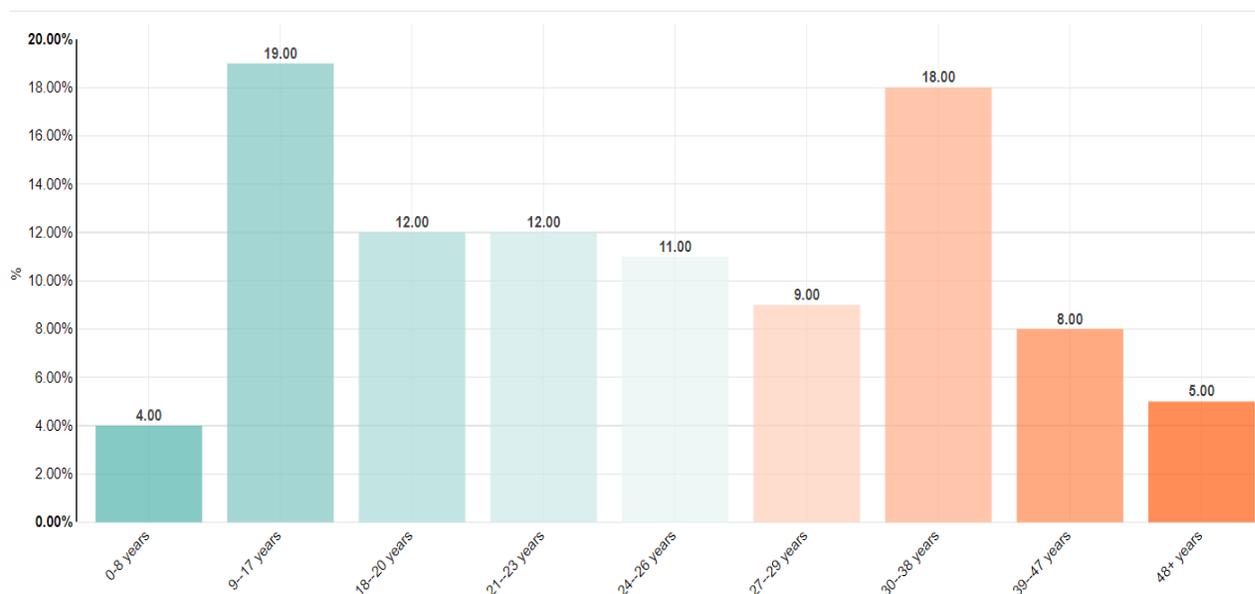
approximately 10,000 kidneys are traded on the black market worldwide each year – this equates to more than one every half hour [4].

Who Are Targets for Trafficking? [17] (Target Audience: All Groups)

There is no single profile for a trafficking victim, however, traffickers tend to prey on those with emotional needs, those that show vulnerability, or are in difficult circumstances. Trafficking can happen to men and women, but children and adolescents who can be easily manipulated or terrorized are frequently a target. The following groups have little in common, but they are in a greater risk category for trafficking [17]:

- Victims of child abuse or neglect
- Children living in Foster Care
- Children in the juvenile justice system
- Disabled
- People in rural population
- Communities of color
- Lesbian, Gay, Bisexual and Transgender (LGBTQ) individuals
- Undocumented immigrants
- Homeless youth

The profile of a trafficked child is different from that of an adult regarding recruitment, gender, and control. The victim’s family being involved in the trafficking ring is four times higher in children than adults [6]. Children who are victims of labor trafficking are usually seen begging or are forced into domestic work. The graph below provided by the Counter-Trafficking Data Collaborative shows the average age of victims [6].



The highest percentage of female victims can be found in the 18-20 age group, while the highest percentage of male victims can be found in higher age groups.

Facts about Traffickers (Target Audience: All Groups)

The 2020 Global Report on Trafficking in Persons shows that in 2018 two-thirds of people convicted for human trafficking were men [14]. Even though most are men, both men and women are human traffickers. Women (known as a ‘madam’ in the sex trafficking world) may appear more trustworthy than men especially when recruiting women and children for sexual exploitation.

Many traffickers have a criminal background and use trafficking as a source of income, yet there are many cases where the trafficker is a business owner, an intimate partner, a family member, and in some cases even a parent [9].

Elements of the Trafficking Process (Target Audience: All Groups)

For the healthcare profession to be able to recognize and assist potential trafficking victims, it is important for them to understand the elements of human trafficking [13].

- **Act** – Actions of the trafficker:
 - Induces
 - Recruits
 - Harbors
 - Transports
 - Provides
 - Obtains
- **Means** – The means used by the trafficker to get the individual to enter and stay in a trafficking situation:
 - Force – Physical assault, rape, physical confinement, isolation
 - Fraud – Promise lucrative employment, a stable environment, opportunity to obtain an education, a way to make income to send home to help provide family support, or a loving relationship [35]
 - Coercion – Psychological manipulation - threats of harm to the victim’s safety and/or life as well as their family members, threats of deportation, shame and fear inducing threats
- **Purpose** – Why it is done
 - The purpose is often around gaining profit without an individual’s consent

Victim Identification (Target Audience: All Groups)

Identifying a victim of trafficking can be difficult as there is no clear-cut picture. Sometimes, it takes the entire team identifying and putting the pieces together to realize the patient may be a trafficking victim. This identification process begins at the registration desk. Flags should be built in the electronic health record to serve as a communication tool as the patient is worked through

the continuum of care. According to The Joint Commission, a health care accreditation organization, the following signs can be used to help identify potential victims:

- **Communication/Information/Suspicious Circumstances**
 - Accompanied by a 3rd party who does all the speaking and may insist on being the interpreter; there may be a significant age difference, and the victim may seem submissive to his or her partner
 - Communication may seem coached or coaxed
 - Reluctant to answer questions about basic information such as date of birth
 - Unsure of city or state where they are located (traffickers sometimes move victims to different places to escape detection)
 - Lack of knowledge about occupation or social activities
 - Obsessed with their cell phone (a cell phone is a tool used for tracking the victim by the trafficker)
 - Dressed in clothing that may not be appropriate for the temperature/season
 - No health insurance – pays cash
 - Lack of identification documents (many times the victim has given them to the trafficker)
 - Markings or tattoos used for branding (can be located in various areas but frequently are on the neck, arms, or above the groin) [36]
 - *Bar codes*: Some believe that the sum of these numbers represents the amount a victim would have to earn to gain their freedom [36]
 - *Currency*: Dollar sign/Dollar sign with an amount of money (this is the victim's selling price for 'tricks' or price to be purchased)
 - *Crown*: may include the trafficker's name or initials

Clinical Indication (Target Audience: Clinical Staff)

Trafficking victims can present with a variety of conditions. Many are advanced rather than acute due to the lack of care received under a trafficker. If the victim did receive any previous care, it may have been provided by an 'doctor' hired by the trafficker who was unqualified but would treat the patient and not ask questions about the situation. Conditions common with trafficking victims include but are not limited to [11,3]:

- Injuries
 - Cuts/Bruises/Scars at different stages of healing
 - Physical marks in areas that can be hidden under clothing such as strangulation marks, cigarette burns, stab wounds, bullet wounds and bite marks [11]
 - Repetitive motion injury or overuse injury such as recurrent back pain from manual labor or working long hours in high heels
 - Injuries from inadequate personal protective equipment in the workplace
 - Inconsistency in the clinical presentation of the injury and the history given by the patient
- Untreated medical conditions such as diabetes, high blood pressure, cancer
- Poor Dental Health [18]
- Jaw & Neck Strain
- Mental Health/Emotional Issues
 - Panic/Fear
 - Phobias
 - Depression/flat affect
 - Anxiety
 - Sleep Deprivation
 - Memory Loss
 - Post-traumatic Stress Disorder (PTSD)
 - Combative Behavior
 - Self-inflicted injury
 - Substance/Alcohol Abuse
 - Signs of withdraw from drugs or alcohol
- Gynecological Symptoms/History
 - High number of sex partners
 - Gynecological trauma/sexually related infections
 - Urinary tract infections (recurrent)
 - Unplanned pregnancy
 - Unsafe/Frequent abortions

Patients should also have the opportunity to help flag themselves as a trafficking victim. Signs should be placed in the patient restrooms where urine specimens are collected, and patients could place a colored dot on their specimen cup. The dot would flag the patient and ensure that they were away from the person accompanying them and in a safe area when answering the screening questions [37]. During the screening, the person accompanying the patient could kindly be asked to complete paperwork with the front desk receptionist or wait in the waiting area while the patient is being taken for an x-ray or other procedure. It is important that it is handled in a manner that would not create suspicion. Providing privacy so the patient can talk could be the difference between life and death in some situations.

Trafficking Terminology (Target Audience: All Groups)

Language is a very powerful tool. It impacts the way people view and respond to an issue. As healthcare providers and community advocates, it is important to understand the language of human trafficking to be able to relate to and communicate with victims. The following is a list of key terms from the Shared Hope Website used in sex trafficking [5]:

- Daddy — The term a pimp will often require his victim to call him
- Date — The exchange when prostitution takes place, or the activity of prostitution
- John — An individual who pays for or trades something of value for sexual acts
- Kiddie Stroll – An area known for prostitution that features younger victims
- Lot Lizard — Person who is being prostituted at truck stops
- Out of Pocket — When a victim is not under the control of a pimp but working on a pimp-controlled track; a victim who is disobeying the pimp’s rules
- Quota — A set amount of money that a trafficking victim must make each night before coming “home”
- Seasoning — Combination of psychological manipulation, intimidation, gang rape, sodomy, beatings, deprivation of food or sleep, isolation from friends or family and other sources of support, and threatening or holding hostage of a victim’s children; Designed to break down a victim’s resistance and ensure compliance
- Squaring Up — Attempting to escape or exit prostitution
- “The Life”/“The Game” – Commercial sex industry
- Track/Stroll/Blade – Section of a street block used to solicit sex
- Trade Up/Trade Down — Move a victim like merchandise between pimps
- Trick – Sexual act performed for money
- Wifey— Term that women and girls under the control of the same pimp call each other

Industries Commonly Exploited by Traffickers (Target Audience: All Groups)

Traffickers must have space, advertising, transportation, and financial services to be able to operate. Many times, businesses are not aware that the space, business, or service that they offer is being used in a trafficking situation. In some cases, businesses are aware, but the profit outweighs ethics. Businesses offering the following services should be educated on the potential of a trafficking situation, as they also play an important role in fighting human trafficking [13]:

- Transportation: Freight, airlines, bus, rail, taxi
- Financial: Cash transfer services
- Advertising agencies

- Recruiting agencies
- Hospitality: Hotels, motels
- Landlords
- Travel services
- Visa/Passport Services

Screening Tools (Target Audience: Clinical Staff)

Trafficking victims may be fearful of the environment and the provider. It is best to try to open the dialogue by asking probing questions rather than directly asking if they are a trafficking victim [12]. The clinician should try to avoid sounding judgmental when asking the questions. The American Medical Association and Maryland Hospital Association has provided a list of questions that would be used below to aid in screening a patient [12,17]:

- Are you comfortable? Are you hungry?
- Do you have to get permission to eat, sleep or use the restroom?
- Where are you living? Who do you live with?
- Do you feel safe where you live?
- Has anyone ever hit you or forced you to do something you did not want to do?
- Has someone taken your personal documents or identification?
- Do you live, work, and sleep in the same place?
- Have you ever traded anything for sex?

Laws/Regulation/Mandatory Reporting (Target Audience: All Groups)

The Trafficking Victims Protection Act of 2000 provided the foundation for the federal response to human trafficking [39]. Since that time, Congress has built on this foundation using a multi-agency approach. State and federal officials are working to combat human trafficking. In the state where the health system is located, laws have been strengthened around sex trafficking creating an increase in services available to victims [32]:

- In 2015, the law changed and any person considered an adult (age 19 or older) must prove force, fraud, or coercion in order to be classified as a sex trafficking victim, however, a minor (age 18 or younger) does not have to prove force, fraud, or coercion. [32]
- In 2017, a law requiring individuals with a Class A Commercial Driver's License to complete an annual course on recognizing signs of human trafficking [32]
- In 2017, a law was put in place requiring the vehicle to be impounded when a person is arrested for an offense involving sexual solicitation [32]

Some states have required postings regarding human trafficking in certain settings, such as the emergency room and urgent care centers. There is no one-size -fits all approach for handling human trafficking situations. Consequently, each healthcare institution should be aware of state and federal laws.

Role of the Provider/Health System (Target Audience: Clinical Staff)

When a potential victim is identified, the provider should provide further assessment, followed by the steps outlined in the decision tree. Children would be referred to child protective services and adults would be offered the opportunity for intervention. Healthcare professionals should avoid the fantasy of trying to ‘rescue’ the patient from the trafficking situation. Unless involving law enforcement is mandatory or impending danger is suspected, it is best to involve the patient and not involve the police without the patient’s permission since the victim and family could be at risk of harm. Instead, it is important to try to partner with the patient to develop a patient-centered plan. Patients may not open up to a provider on their first visit, but they may feel more comfortable during a follow-up visit.

Building trust can be a slow process that requires desire, tolerance, and resolve, but it is a critical first step. The provider should respect the patient’s autonomy, provide care to meet their healthcare needs, provide education regarding trafficking (some may not realize or accept that they are a victim), make them aware of the options available and work to empower the patient to make a change.

The services required to appropriately respond to and meet the needs of a trafficking victim expands outside what can immediately be supplied by the provider and maybe even the health system. Community integration is an essential part of the program and may provide:

- Immediate needs – Housing, food, safety, language interpretation, legal services [20]
- Mental health counseling [20]
- Income support – Money, living assistance [20]
- Legal services – (if the victim is international) – T-visa, immigration [20]

Healthcare providers have the responsibility to identify and report child and elder abuse and domestic violence. In some states, providers are also responsible for reporting victims of human trafficking. The provider must be knowledgeable and follow state laws regarding mandatory reporting and must consider that even with a child, there could still be negative consequences.

Trauma-Informed Care (Target Audience: Clinical/Non-Clinical staff)

Trauma is a result of exposure to an adverse situation – emotional, abuse, violence, neglect, poverty, discrimination, and other adverse events [19]. Most of the injuries, illnesses, or conditions being treated in

primary care centers are in some way trauma related. Human trafficking victims experience a high level of trauma and are more likely to respond to a provider, skilled in trauma-informed care, who understands the manifestations and can relate to people as a whole.

There are Six Key Principles to Trauma-Informed Care [31]:

- Safety – Organizational approach to make the people they serve, whether children or adults, feel safe; the physical setting and interactions should feel safe
- Trustworthiness/Transparency – Operations are transparent with the goal being to build a trusting relationship with the patient
- Peer Support – Involvement with others who may have been through similar trauma to provide support and promote healing
- Collaboration/Mutuality – Organizational approach that every person in the health system plays an important role in trauma-informed care
- Empowerment/Voice/Choice – Teaching patients that they have a voice and a choice in their care
- Culture/Historical/Gender Issues – The organization should respect cultural and traditional practices when possible and be aware of personal bias

Treating patients with trauma-informed care can improve patient outcomes, build relationships, and develop engaged patients. Providers tend to become more empathetic, and in some situations, more forgiving of the patient's actions and short-comings.

Trauma-informed care is not the 'fix-all' as patients will still struggle, but they may be able to open up, begin to trust, and have longer periods of stability. Teaching trauma-informed principals is not only important for clinical staff, but also non-clinical staff, to help set the tone for the environment within the organization. Valuable lessons can be learned by taking time to see the full picture of the patient as well as their life situation.

Response Protocol/Algorithm (Target Audience: Clinical Staff)

Response protocols must be comprehensive and coordinated. The moment a victim decides to leave their traffickers is the most dangerous time for them [11]. Traffickers are hypersensitive to changes in the victims' behavior. If there is no help or resources available, or if the victim does not have someone who they can trust once they are away from the trafficker, history will often repeat itself. A victim may end up back with the same trafficker or even a new one [11].

ICD Coding/Documentation (Target Audience: Clinical Staff)

International Classification of Disease (ICD) Codes are used to document disease processes, patient's symptoms, causes of injury and illness, and social situations that are recognized during an encounter. Extant abuse codes did not completely capture the exploitative extent of trafficking or adequately distinguish a patient in a trafficking situation from other patients that had experienced some level of abuse. In 2019, ICD-10 codes were established to help strengthen data collection of risk factors associated with trafficking situations, the significance of the burden of comorbid injuries and illnesses, and determine resources needed to effectively provide care for those who are in trafficking situations.

ICD Codes provide a great tool for tracking, especially when measuring the effectiveness of a new program, although they could also put the victim at an increased risk of danger. Proper training is critical. The organization should implement measures to ensure that certain sensitive codes do not print on an after-visit summary, show on a problem list in the medical record or print out on the billing summary. If this information is provided to a trafficker, even indirectly, it puts the victim in immediate danger and greatly reduces the chance of the victim receiving follow up care.

Documentation is important with every patient interaction. Documenting detailed, accurate and unbiased information is especially important in a human trafficking situation. Standard documentation procedures may need to be considered, along with a process to secure the privacy of the records by using an alias or other measure. Documentation in each facility should be decided with the consultation of legal counsel, defense attorneys, and advocates. The legal climate can help dictate the amount and nature of information entered into the patient's medical record [33].

Supportive Resources/Tools (Target Audience: All Groups)

The National Human Trafficking Hotline is available to connect victims of human trafficking to services in the local area to help them stay safe. It offers a toll-free number and chat function and is available 24 hours/day, 7 days/week, 365 days/year. The helpline is available in Spanish and English and offers more than 200 additional languages through an on-call interpreter [26]. The hotline provides services by offering safety planning, emotional support and/or immediately connecting the victim with emergency services. The process begins with a trafficking assessment to determine the next steps. The victim always has the right to choose the next steps and decide if the information is reported to law enforcement unless the victim is a minor or is believed to be in imminent danger. The hotline is operated by Polaris, a non-profit, non-government organization, and its funding is provided by the U.S. Department of Health and Human Services [26].

The community advisory subcommittee met with the anti-trafficking organizations and service providers in the area to educate them on the National Human Trafficking Hotline guidelines and assist them in completing the referral directory applications. This would allow their organization to be added to the directory to provide resources on a local level when the hotline was contacted.

The Human Trafficking Educational Program will be offered to non-medical community stakeholders in the area to make them aware of trafficking red flags to consider when hiring employees and interacting with the public. The following businesses list is not inclusive:

- Domestic Violence Shelter
- Tattoo shops
- Truck stop owners/employees
- Churches/Faith-based Organizations
- Superintendent/Principal/Counselor/
Nurse for local public school system
- Homeless Shelter
- Family Crisis Center
- Farmers who hire seasonal/migrant farm
workers
- Operations Manager/Human Resources
Officer with the following local
employers:
 - Chicken processing plant
 - Frozen Food storage facility
 - Major retail
warehouse/distribution center
 - Food Packaging Company;
Major Freight/Transportation
 - Beverage/bottling Company

Community education increases awareness to businesses and offers them the opportunity to serve by teaming up with local anti-trafficking organizations/programs to offer:

- Basic Services
 - Food
 - Clothing
 - Transportation
 - Emergency Financial Assistance
- Housing
 - Hotel Rooms
 - Short-term Housing Assistance
 - Transitional Housing
- Legal Services
- Employment
- Immigrant Services
- Vocational Services
 - Employment Assistance
 - Job Placements
 - Vocational Training
- Employment

Barriers to Intervention (Target Audience: All Groups)

Barriers to intervention may be created by the victim, however sometimes reluctance exists on the part of the healthcare provider. Some providers avoid reporting potential cases of trafficking or may not offer

patients assistance outside of the health system due to the fear of violating the Health Insurance Portability and Accountability Act (HIPAA) [27]. They should be assured that the HIPAA Privacy Rule permits disclosure of patient health information (PHI) when there is a suspected human trafficking case under the following conditions [27]:

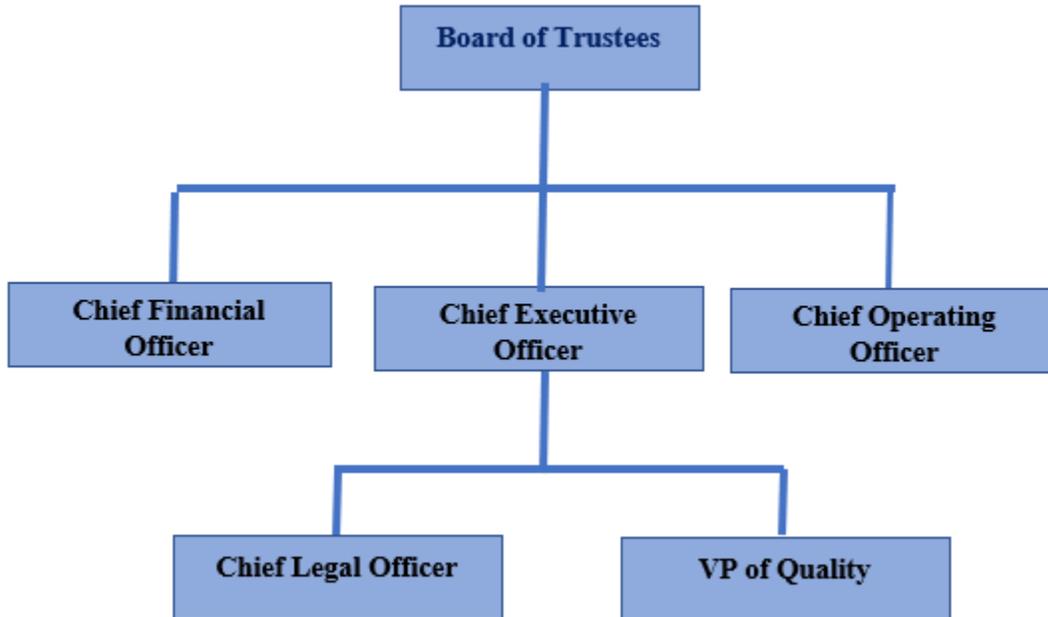
- The patient gives permission for disclosure
- The patient does not give permission, but the release of information is permitted under certain exclusions defined under HIPAA:
 - Mandated reporting - HIPAA allows reporting if state law specifically mandates a disclosure for suspected trafficking of a minor, or the situation falls under the child-abuse mandated-reporting law [27]
 - Imminent danger to the patient or staff – the healthcare provider may disclose PHI in a case where it would lessen a threat to the patient or public [38]

State and federal laws are subject to change. The organization must stay well informed of the compliance considerations, and providers should familiarize themselves with the state mandated-reporting laws applicable to human trafficking [27].

There are situations where the victim creates a barrier to intervention. Trafficking is often recurrent as individuals may seek help but then return for several different reasons [35]. The victim:

- Fears the police and the consequences of being identified as a criminal or illegal immigrant rather than a victim
- Has been conditioned to fear and not to trust anyone other than the trafficker
- Feeling of emotional or financial indebtedness to the trafficker
- Fears the trafficker will retaliate against them or their family members
- Is ashamed of the choices they have made and how they will be received by their friends, families, and communities
- Lack of a support system or legal support
- May feel there is no other option due to limited education and employment opportunities

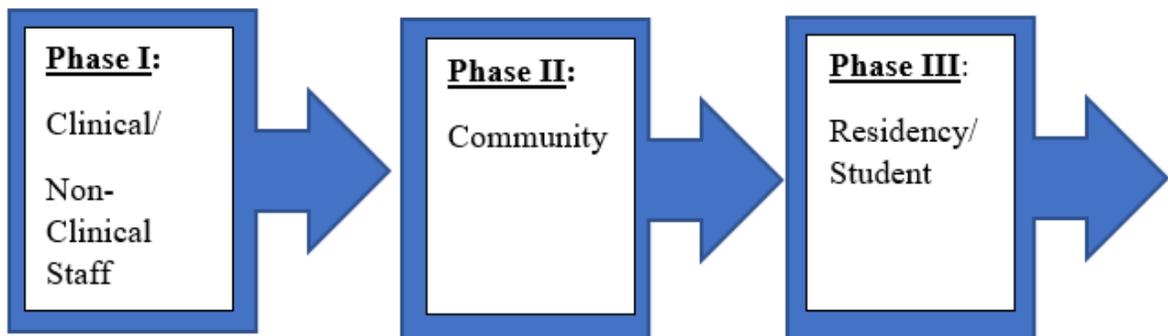
Administrative Plan



The plan will be reviewed for approval by the VP of Quality and Chief Legal officer before being sent to the CEO, COO and CFO. Final approval will be required from the Board of Trustees before the program is implemented.

Operational Plan

The program will be implemented in three phases:



The first phase will be directed to clinical/non-clinical stakeholders in the organization. Residents and students that are actively assigned a clinical rotation within the organization will be included in Phase I. Phase II will focus on the stakeholders in the community. Phase III will include students and residents not assigned to a clinical rotation.

The biggest challenge with this plan is coordinating times for staff to attend. Meeting times and locations will be provided to department managers for them to determine the best time for staff attendance. The same will be true for coordinating times for university students.

The program task force will meet weekly to review the implementation strategy of each phase and determine the progression toward meeting the short-term goals.

Incorporation Strategy

Once all three phases of the plan have been implemented, the organization will incorporate the program into new employee orientation and student orientation within the university system. In addition, the Community Advisory Committee will add the topic to the annual community education review. Education sessions will be offered in the community on an annual basis and as needed.

Regulatory/Accreditation

The Joint Commission has recently increased its focus on the care of traumatized patients. Articles providing guidance to health care professionals dealing with human trafficking situations are available at <https://www.jointcommission.org/>.

Exit Strategy

It is not anticipated that an exit strategy will be necessary. If it is determined that the program is not offering any benefit to the organization, it can be discontinued, which will require minimal action.

Part II: Marketing Plan

Overview and Goals of the Marketing Strategy

The program was designed to educate key stakeholders on identify trafficking victims and provide care with a trauma-informed approach. The media's reporting of human trafficking has increased awareness of the issue and shaped public perceptions. The health system has a reputation for working collaboratively to identify and meet the needs of the community by providing factual information on public health issues.

Market Analysis

The health system's marketing efforts are directed at internal and external stakeholders. Although the target audience will not change for the roll out of this marketing campaign, the message will be different. The focus will not be on a new service line or the latest technology offered by the organization, but instead the marketing campaign will promote the recognition of human trafficking and increase the stakeholder's knowledge of available resources. The program is the only one of its kind in the area. There is no competitive market.

Research shows that human trafficking is a multi-billion-dollar industry that is the fastest-growing and second-largest criminal industry in the world [32]. Until there is a change in education, intervention and/or laws/regulations around human trafficking – there will be a need for education.

Marketing Strategy/ Implementation of Marketing Strategy

Key stakeholders will be educated on the program prior to implementation with the information provided in the weekly newsletter from the health system's Chief Executive Officer. The Information Technology department will update the health system's intranet site with information on the program, which will include human trafficking statistics to help increase awareness and interest in the program. Video clips will be shown on the televisions in the waiting rooms of the emergency room and urgent care centers with basic information about the program and the phone number for the National Human Trafficking Hotline. Trifold pamphlets will be placed in the waiting rooms of the hospital and clinics and posters will be placed throughout the organization with the image below:



In addition, laminated shoe tags with the national hotline number will be provided in treatment areas for victims that are not ready for intervention. This will provide a resource that the victim can discretely slip in a shoe and use for future reference. Gynecology kits that discretely include the National Human Trafficking Hotline number on sanitary napkins/tampons will also be placed in OB/GYN offices and available to send out with patients when needed. The marketing material and the content of the program are designed to create an emotional connection with victims who seek care in the health system.

Part III: Financial Documents

Summary of Financial Needs

The health system operates an urgent care clinic that is staffed by one full-time physician FTE and several contracted physicians who fill in on an as needed basis. One of the challenges is finding adequate coverage to support vacations and extended hours. The urgent care clinic demand can support an additional provider. Due to the challenges in recruiting in the rural community, an advanced practitioner can help provide coverage and meet community needs. The proforma and income statement budget allocate the advanced practitioner .6 FTE to the clinic. The other .4 FTE is allocated to the system education budget to oversee the program and provide human trafficking training. It is anticipated that the nurse practitioner will assist with other community training needs in the future. There is no additional employee FTE needs as the staff is already in place.

- a) The project will not require a significant financial investment/capital so the health system will not need to apply for financing or secure funding.
- b) Resource cost – there will be cost associated with promotional material, training material, training incentives, purchased services and miscellaneous items such as food services for meetings and patient materials as listed below. The cost has been budgeted in the health system's education cost center and should supply the program for approximately 24 months.

Category	Item	Total Cost
Promotional Material	Foam Poster (16 X 20)	495
	Letter/Postage to be sent to key stakeholders in the community regarding training	715
Training Material	Pre/Post Survey	630
	Ink Pens	600
	Tape Bound Presentation Booklet and Note Pad	3,195
Training Incentives	Eye Glass Magnets	500
	Stainless 11 oz Logo tumbler	2,070
Purchase Services	Creative services agency	750
	eLearning Training Module development/recording	2,798
	Video clip recording for waiting rooms	1,350
Miscellaneous	Laminated Shoe Tag	370
	Color Trifold Pamphlet 8.5” x 11”	2,220
	Laminated 8.5” x 11” Sign (Bathroom Signs)	110
	Stickers (Bathroom Stalls with Trafficking Number)	350
	Food Services: Physician/Residency/Students/Clinical Staff	3,200
	Food Services: Non-Clinical Staff: Drink Service Only	750
	Gynecology Kits: Tampons/sanitary napkins with the National Human Trafficking number printed inside the wrapper	1,400
Total		21,503

Opportunity cost - The program helps to identify a vulnerable patient population known to have advanced disease processes and potentially limited financial resources. At this time, the health system has no alternative use for the resource that could produce the same/similar result and have this same level of impact on the quality of life for a patient.

- c) Cost allocated from original business – cost for the program is allocated from the current health system budget.

Expectations around ROI

See descriptions in sections below

Pro Forma Cash Flow Statement /Break-Even Analysis

The proforma assumes that the advanced practitioner is allocated .6FTE to the urgent care clinic with three clinic days scheduled per week. The proforma uses a conservative reimbursement methodology with Medicare only reimbursement rates. However, it is likely to have a mix of commercial and government rates with a higher reimbursement average. The proforma also assumes a 0% incident to billing which traditionally results in 85% of the allowable. However, it is possible there may be some incident to billing depending on the physicians staffed in the clinic. While it is likely the advanced practitioner will bill more CPT codes that are displayed in the proforma, it is assumed that evaluation and management new and established visits make up most billed services. The CPT code distribution is based on similar billing profiles of other advanced practitioners in the primary care setting.

The proforma utilizes 48 weeks in a year to allow for vacation and sick time benefits. Using Medicare reimbursement rates at the 100% nurse practitioner direct billing for 85% of the allowable results in 11 patients per day to generate approximately \$140K in revenue. The breakeven assumes the direct salary and benefits for the advanced practitioner and 56.87% overhead for a total of \$140K in expenses. Even though there are no additional staffing or capital needs, the goal is to have the clinic breakeven on its own which is why the overhead percent is included.

Southeastern Urgent Care
 Adv Practitioner Pro Forma/Breakeven

Assumptions

- Medicare Reimbursement Only
- 0% Incident To
- Overhead Expense from Income Statement Budget
- Adv Practitioner Allocated .6 FTE to Clinic

Proforma

Office Charges

Clinic Weeks per Year	48	Adjust to account for vacation/sick time policies
Total Patients per Clinic Day	11	
Clinic days per week	3	
Incident To Visit Percentage	0%	Percentage of visits billed "Incident To" following Medicare Guidelines

CPT CODE	Medicare Reimbursement	CPT Distribution	Units	wRVUs	wRVUs/YR	Gross REV/YR
99212	\$ 56.88	5%	79	0.70	55.44	3,829
99213	\$ 92.47	60%	950	1.30	1,235.52	74,701
99214	\$ 131.20	20%	317	1.92	608.26	35,330
99203	\$ 113.75	10%	158	1.60	253.44	15,315
99204	\$ 169.94	5%	79	2.60	205.92	11,440
			1,584		2,359	140,615

Adv Practitioner Salary 60,002.00

Adv Practitioner Benefits 10,158.00

Clinic Overhead
 56.87% 70,308

Breakeven

Revenues	
Collections	140,615
Expenses	
Direct NP Expenses	
Salary	60,002
Benefits	10,158
Office/Building/Other Expenses	
Clinic Overhead 56.87%	70,308
Total Expenses	140,468
Net Income	148

Income Statement

The income statement budget is a projection based on the past twelve months of history from the urgent care clinic. It is assumed that some of the physician expense will be transferred to the advanced practitioner expense with the reduced need for contract physicians. There is no additional need for support staff or capital needs as the advanced practitioner expense replaces contract physician expense. The clinic budget expenses compare with MGMA primary care single specialty benchmarks [2]. Support staff expense make up about 22% of the revenue. The operating expense is 57%. Advanced Practitioner expense is 8% of revenue. Physician expense is 35% of revenue. The goal of the budget is to have the revenue cover operating expenses. There is approximately \$55K in administrative expenses allocated from the health system to cover clinic needs.

**Southeastern Urgent Care
Income Statement Budget**

Revenue	Jan-Dec 2022	% of Rev
Charges	1,772,837	
Adjustments	864,958	
Adj Charges	<u>907,879</u>	
Gross Collection Ratio	49.92%	
Adj Collection Ratio	<u>97.48%</u>	
Net Revenue	<u>885,000</u>	
Expenses		
Support Staff Salaries	147,926	17%
Support Staff Benefits	46,561	5%
Information technology operating cost	8,308	1%
Drug supply	49,686	6%
Medical and surgical supply	7,000	1%
Building and occupancy	50,042	6%
Building/occupancy depreciation	3,102	0%
Furniture and equipment	1,535	0%
Furniture/equipment depreciation	2,563	0%
Administrative supplies and services	6,552	1%
Professional liability insurance	9,256	1%
Other insurance premiums	428	0%
Legal fees	499	0%
Consulting fees	411	0%
Outside professional fees	2,822	0%
Clinical laboratory operating cost	1,484	0%
Radiology and imaging operating cost	599	0%
Promotion and marketing	494	0%
Other ancillary services	1,699	0%
Billing and collection purchased services	26,997	3%
Management fees paid to MSO or PPMC	75,061	8%
Miscellaneous operating cost	4,793	1%
Cost allocated to practice from parent	55,454	6%
Total Operating Expense	<u>503,272.0</u>	57%
Adv Practitioner Salary	60,002	
Adv Benefits	<u>10,158</u>	
Total Adv Practitioner Expense	<u>70,160</u>	8%
Physician Salary	275,596.0	
Physician Benefits	<u>35,176.0</u>	
Total Physician Expense	<u>310,772.0</u>	35%
Total Expense	<u>884,204</u>	100%
Net Income/(Loss)	<u>796.00</u>	

Three-Year Income Projection

The three-year income projection is revenue and expense neutral. Contracted support physicians who work from a professional service agreement will be replaced by the advanced practitioner. Physician expense will be replaced by advanced practitioner expense. The system will keep the contracted support physicians in place to assist with provider vacations, sick time, and unexpected absences. The three-year income projection assumes a 2.5% cost of living increase for employee and provider salaries. The challenge is meeting revenue to offset inflationary overhead expenses. The three-year income projection is compared to median MGMA physician owned single specialty practices as a percent of revenue [2]. The intent is to have the clinic self-sustaining. Many hospital owned practices have an operating loss as

physician salaries are guaranteed before overhead expenses are allocated. Employee salaries are the biggest overhead item for the clinic; however, they are about 5% lower than MGMA [2]. This is the result of some of the administrative support provided by the hospital. The clinic does not have human resource, information system, billing, and executive management expenses allocated in employee salaries and benefits. It is allocated to the clinic on the cost allocated to practice from the parent line item. The overhead ratio is 56% which is in line with industry benchmarks. Advanced practitioner and physician related expenses are also budgeted in line with industry benchmarks.

**Southeastern Urgent Care
3yr Projection**

Revenue	Jan-Dec 2022	% of Rev	Jan-Dec 2023	% of Rev
Charges	1,772,837		1,800,000	
Adjustments	864,958		880,000	
Adj Charges	<u>907,879</u>		<u>920,000</u>	
Gross Collection Ratio	49.92%		50.28%	
Adj Collection Ratio	97.48%		98.37%	
Net Revenue	<u>885,000</u>		<u>905,000</u>	
Expenses				
Support Staff Salaries	147,926	16.7%	151,624	16.8%
Support Staff Benefits	46,561	5.3%	47,725	5.3%
Information technology operating cost	8,308	0.9%	8,400	0.9%
Drug supply	49,686	5.6%	50,000	5.5%
Medical and surgical supply	7,000	0.8%	7,000	0.8%
Building and occupancy	50,042	5.7%	51,043	5.6%
Building/occupancy depreciation	3,102	0.4%	3,102	0.3%
Furniture and equipment	1,535	0.2%	1,535	0.2%
Furniture/equipment depreciation	2,563	0.3%	2,563	0.3%
Administrative supplies and services	6,552	0.7%	6,600	0.7%
Professional liability insurance	9,256	1.0%	9,300	1.0%
Other insurance premiums	428	0.0%	450	0.0%
Legal fees	499	0.1%	500	0.1%
Consulting fees	411	0.0%	400	0.0%
Outside professional fees	2,822	0.3%	3,000	0.3%
Clinical laboratory operating cost	1,484	0.2%	1,500	0.2%
Radiology and imaging operating cost	599	0.1%	600	0.1%
Promotion and marketing	494	0.1%	500	0.1%
Other ancillary services	1,699	0.2%	1,700	0.2%
Billing and collection purchased services	26,997	3.1%	27,607	3.1%
Management fees paid to MSO or PPMC	75,061	8.5%	75,500	8.3%
Miscellaneous operating cost	4,793	0.5%	4,800	0.5%
Cost allocated to practice from parent	55,454	6.3%	55,500	6.1%
Total Operating Expense	<u>503,272</u>	56.9%	<u>510,949</u>	56.5%
Adv Practitioner Salary	60,002		61,802	
Adv Benefits	10,158		10,412	
Total Adv Practitioner Expense	<u>70,160</u>	7.9%	<u>72,214</u>	8.0%
Physician Salary	275,596		283,864	
Physician Benefits	35,176		36,055	
Total Physician Expense	<u>310,772</u>	35.1%	<u>319,919</u>	35.4%
Total Expense	<u>884,204</u>	99.9%	<u>903,082</u>	99.8%
Net Income/(Loss)	<u>796</u>		<u>1,918</u>	

Projected Balance Sheet

The balance sheet for Southeastern Urgent Care Clinic has \$41K in current assets and \$163K in property and equipment. It is not anticipated that there will be any additional capital needs with the advanced practitioner working in the clinic. Current liabilities consist of payroll and retirement contributions. There

is \$74K in notes payable in existing furniture and equipment for the clinic. There is no stock as the providers are employed by the health system. The clinic has some retained earnings to cover any unexpected expenses.

**Southeastern Urgent Care
Balance Sheet**

ASSETS	
CURRENT ASSETS	
Checking Account	40,000
Petty Cash	1,000
Total current assets	<u>41,000</u>
PROPERTY AND EQUIPMENT	
Computer hardware	35,000
Furniture and fixtures	26,000
Leasehold improvements	65,000
Medical equipment	12,000
Office equipment	25,000
	<u>163,000</u>
Accumulated depreciation	(83,000)
Net property and equipment	<u>80,000</u>
OTHER ASSETS	
Deposits	5,650
Investments	-
Total other assets	<u>5,650</u>
TOTAL ASSETS	<u><u>126,650</u></u>
LIABILITIES AND STOCKHOLDERS EQUITY	
CURRENT LIABILITIES	
Payroll taxes payable	14,000
Retirement plan contributions payable	18,000
Total current liabilities	<u>32,000</u>
LONG TERM LIABILITIES	
Note Payable	74,000
Total Liabilities	<u>106,000</u>
STOCKHOLDERS EQUITY	
Common stock	-
Retained earnings	20,650
Total stockholders equity	<u>20,650</u>
TOTAL LIABILITIES AND STOCKHOLDERS EQUITY	<u><u>126,650</u></u>

Financial Statement Analysis

See description in each section

Business Financial History

The urgent care clinic generates about \$1.7 million in charges with about \$885K in revenue. The gross and net collection ratio is 49% and 97% respectively. The health system operates a central billing office and expenses are allocated directly to the clinic. The billing and collection services are about 3.1% of net revenue which is in line with industry benchmarks. The importance of the urgent care in relation to the health system is that it provides access at a lower cost than the emergency room. It also provides extended hours to meet the needs of the community.

Part IV: Innovative Elements and Expected Business Outcomes

More than 40.3 million people are victims of trafficking and are hidden in plain sight. Physicians/health care providers are the few professionals that have the opportunity to interact with trafficking victims while they are in captivity. Providers can be a victim's most promising lifeline when they have the knowledge and tools to identify and respond appropriately. Until there is a change in education, intervention, and/or laws/regulations around human trafficking, there will be a need to educate key stakeholders.

As with any project, there can be challenges. Those encountered during this process have been limited coordinated resources for trafficking victims and the lack of laws/regulations around human trafficking.

For the organization to proceed, the next steps include hiring the APN that will lead the program, order the supplies and materials needed to support the program and develop a timeline for implementation.

Part V: Other Factors

There are no additional elements or considerations that have not been addressed in Part I – IV that would be essential for this new business plan. It is not necessary to review alternative options at this time. Prior to the development of this plan, other options were explored but did not meet the needs of the stakeholders.

Work Cited

1. 11 facts about human trafficking. (n.d.). Retrieved March 20, 2021, from <https://www.dosomething.org/us/facts/11-facts-about-human-trafficking#fnref3>
2. *2020 Report Based on 2019 Data. All Practice Expenses as a % of Total Revenue for Primary Care Single Specialties for Physician Owned*. MGMA DataDive Cost and Revenue. (n.d.). Retrieved June 03, 2021 from <https://mgma.com/data/benchmarking-data/costs-revenue-data>.
3. Baldwin, S., Eisenman, D., & Sayles, J. (2013, August 20). Identification of human trafficking victims in health care setting. Retrieved May 01, 2021, from <https://www.hhrjournal.org/2013/08/identification-of-human-trafficking-victims-in-health-care-setting/>
4. Campbell, D., & Davidson, N. (2012, May 27). Illegal kidney trade booms as new organ is 'sold every hour'. Retrieved April 07, 2021, from <https://www.theguardian.com/world/2012/may/27/kidney-trade-illegal-operations-who#:~:text=The%20illegal%20trade%20in%20kidneys,Health%20Organisation%20experts%20have%20revealed.>
5. Common sex trafficking language. (2016, January 27). Retrieved April 07, 2021, from <https://sharedhope.org/the-problem/trafficking-terms/>
6. Counter-Trafficking Data Collaborative (CTDC). (n.d.). Retrieved March 21, 2021, from <https://www.ctdatacollaborative.org/story/agevictimschildrenandadults#:~:text=The%20average%20age%20for%20IOM,who%20are%20born%20into%20trafficking.>
7. COVID-19 a 'perfect Storm' for organ trafficking victims. (2021, February 04). Retrieved May 01, 2021, from <https://www.scidev.net/global/features/covid-19-a-perfect-storm-for-organ-trafficking-victims/>
8. Forced Marriage is Human Trafficking: We Explain How and Why. (n.d.). Retrieved March 21, 2021 from <https://www.safehorizon.org>
9. *Global report on trafficking in persons* (14th ed., Vol. 10, Rep.). (2014). Vienna, Austria: United Nations Office on Drugs and Crime.
10. Guest. (2021, May 06). Pope Francis APPOINTS survivor to office to protect minors. Retrieved April 20, 2021, from <https://sharedhope.org/2021/05/06/pope-francis-appoints-survivor-to-office-to-protect-minors/>
11. Health Care Providers Are Missing Chances to Help Victims of Sex Trafficking. (n.d.). Retrieved May 01, 2021 from <https://magazine.jhsph.edu/2020/health-care-providers-are-missing-changes-help-victims-sex-trafficking>
12. Henry, T. (2016, March 16). How physicians can identify, assist human trafficking victims. Retrieved April 04, 2021, from [https://www.ama-assn.org/delivering-care/public-health/how-physicians-can-identify-assist-human-trafficking-victims#:~:text=Physicians%20can%20help%20get%20information,\(888\)%203737%2D888.](https://www.ama-assn.org/delivering-care/public-health/how-physicians-can-identify-assist-human-trafficking-victims#:~:text=Physicians%20can%20help%20get%20information,(888)%203737%2D888.)
13. How human trafficking happens. (2021, April 20). Retrieved March 17, 2021, from <https://polarisproject.org/how-human-trafficking-happens/>
14. *Human rights and human trafficking* (Publication). (2004). United Nations Human Rights Office of the High Commissioner.
15. Human smuggling equals grave danger, big money. (n.d.). Retrieved March 21, 2021, from <https://www.ice.gov/features/human-smuggling-danger>
16. Human trafficking FAQ's. (n.d.). Retrieved April 10, 2021, from <https://www.unodc.org/unodc/en/human-trafficking/faqs.html#h6>
17. Human Trafficking: Guidelines for Healthcare Providers. (n.d.). Retrieved April 02, 2021 from https://www.mhaonline.org/docs/default-source/resources/human-trafficking/human-trafficking-guidelines-for-healthcare-providers-v2.pdf?sfvrsn=7bbed60d_8
18. Human trafficking: Red Flags for Dental Professionals. (n.d.). Retrieved April 02, 2021, from <https://www.unodc.org/unodc/en/human-trafficking/faqs.html#h6>

19. Informed care Champions: From Treaters TO Healers - TRAUMA-INFORMED CARE Implementation Resource Center. (2019, January 24). Retrieved April 02, 2021, from <https://www.traumainformedcare.chcs.org/trauma-informed-champions-from-treaters-to-healers/>
20. Isaac, R., Solak, J., & Giardino, A. (n.d.). Health care Providers' training needs related to human trafficking: Maximizing the opportunity to effectively screen and intervene. Retrieved March 14, 2021, from <https://digitalcommons.library.tmc.edu/childrenatrisk/vol2/iss1/8/>
21. Logan, T., Walker, R., & Hunt, G. (2009). Understanding human trafficking in the United States. *Trauma, Violence, & Abuse, 10*(1), 3-30. doi:10.1177/1524838008327262
22. Macias-Konstantopoulos, W. (2018, December 01). Diagnosis codes for human trafficking can help ASSESS INCIDENCE, risk factors, AND comorbid illness and injury. Retrieved April 23, 2021, from <https://journalofethics.ama-assn.org/article/diagnosis-codes-human-trafficking-can-help-assess-incidence-risk-factors-and-comorbid-illness-and/2018-12>
23. Major forms of trafficking in persons. (n.d.). Retrieved April 02, 2021, from <https://2009-2017.state.gov/j/tip/rls/tiprpt/2008/105377.htm>
24. Mashelemiah, J. (2019). 8. In 1363210664 997262013 R. Lynch (Ed.), *The Cause and Consequence of Human Trafficking: Human Rights Violations*. Ohio: The Ohio State University Pressbook.
25. McInnes, K. (n.d.). Human trafficking overview. Retrieved April 15, 2021, from <https://www.ncsl.org/research/civil-and-criminal-justice/human-trafficking.aspx>
26. Millman, M. L. (1994). *Access to health care in America*. Washington, DC: National Acad. Press. doi:10.17226/2009
27. National hotline Overview. (2020, July 16). Retrieved April 10, 2021, from <https://humantraffickinghotline.org/national-hotline-overview>
28. Powell, C., Asbill, M., Brew, S., & Stoklosa, H. (n.d.). Human trafficking And HIPAA: What the health care professional needs to know. Retrieved April 07, 2021, from <https://healtrafficking.org/publications/human-trafficking-and-hipaa-what-the-health-care-professional-needs-to-know/>
29. Quick safety Issue 42. (n.d.). Retrieved March 27, 2021, from <https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-42-identifying-human-trafficking-victims/>
30. Saad, S. (2020, January 16). Signs of human trafficking can be dangerously subtle - here's what to look for. Retrieved March 27, 2021, from <https://www.bustle.com/p/signs-of-human-trafficking-can-be-dangerously-subtle-heres-what-to-look-for-20510236>
31. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. (n.d.). Retrieved April 10, 2021, from https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf
32. *Sex Trafficking and the Sex Industry: Victim Services and Awareness Staff Training*. (2021, April 10). Lecture presented at Partners Against Trafficking Humans in Summit, LR.
33. Showalter, J. (n.d.). Human trafficking: Hidden problem, hidden costs. Retrieved May 02, 2021, from <https://www.hfma.org/topics/trends/61668.html>
34. Stoklosa, H., Grace, A., & Littenberg, N. (2015, October 01). Medical education on human trafficking. Retrieved May 02, 2021, from <https://journalofethics.ama-assn.org/article/medical-education-human-trafficking/2015-10>
35. Syme, S., Camardese, S., & Mehlman-Orozco, K. (2017, August 11). Human trafficking: Red flags for dental professionals. Retrieved April 07, 2021, from <https://decisionsindentistry.com/article/human-trafficking-red-flags-dental-professionals/>
36. Tattoos of human trafficking victims. (n.d.). Retrieved April 23, 2021, from <https://www.napnappartners.org/tattoos-human-trafficking-victims>
37. Tortolero, G. A. (n.d.). Human Trafficking Victim Identification and Response Within the United States Healthcare System. Retrieved April 23, 2021, from <https://iahssf.org/research/human-trafficking-victim-identification-and-response-within-the-united-states-healthcare-system/2/>

38. U.S. Department of Health and Human Services Office for Civil Rights. (2013b). HIPAA administrative simplification: Regulation text: 45 CFR Parts 160, 162, and 164: 45 CFR 164.512(j) Uses and disclosures to avert a serious threat to health or safety. (Unofficial Version, as amended through March 26, 2013). Retrieved May 02, 2021 from <http://www.hhs.gov/sites/default/files/hipaa-simplification-201303.pdf>
39. Victims of Human Trafficking and Violence Protection Act of 2000. (n.d.). Retrieved April 3, 2021, from <https://www.govinfo.gov/content/pkg/PLAW-106publ386/pdf/PLAW-106publ386.pdf>
40. *Victims of Trafficking and Violence Protection Act of 2000* (H.R. 3244 ed., Vol. L, ISSN 1014-5567, Publication). (2000). U.S. Department of State.
41. What is forced labour, modern slavery and human trafficking. (n.d.). Retrieved May 01, 2021, from <https://www.ilo.org/global/topics/forced-labour/lang--en/index.htm>
42. Why should I be concerned about human trafficking? (2016, February 12). Retrieved April 23, 2021, from <https://beautifuldream.tv/who-we-are/news/why-should-i/>