

Welcome!



California ACEs Learning and Quality Improvement Collaborative (CALQIC)

Informational Webinar

March 12, 2020

This webinar is being recorded and will be posted to careinnovations.org/programs/calqic

Please use the [chat box](#) to ask questions.

Everyone is currently muted.

To unmute yourself: [Press *7](#)

To mute yourself: [Press *6](#)

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Center for Care Innovations

What we do



Strengthening the Health and Well-Being of Underserved Communities



Spark

New ways of working & creative problem solving



Seed

The research, testing & implementation of fresh approaches



Spread

Successful innovations, so our network rapidly adopts best practices

Background

Research Shows...



Individuals who experienced ACEs are at greater risk of developing health conditions, including **nine of the 10 leading causes of death** in the United States.

63.5%



of Californians have experienced at least one ACE

17.6%




of Californians have experienced four or more

At the same time...



Research also shows that early detection, early intervention, and trauma-informed care can **improve these health outcomes**.

The U.S. Centers for Disease Control and Prevention issued a report on ACEs and suggested that the prevention of ACEs **may lead to a reduction** in many health conditions, including:



Health Conditions

- Heart disease
- Stroke
- Cancer
- Diabetes
- Depression



Health Risk Behaviors

- Substance Dependence
 - Current Smoking
 - Heavy Drinking



Socioeconomic Challenges

- Unemployment

Learning from Current Work



RESILIENT BEGINNINGS COLLABORATIVE

MADE POSSIBLE BY

Genentech

A Member of the Roche Group

- In partnership with Genentech Charitable Giving, CCI launched the Resilient Beginnings Collaborative, a learning program dedicated to addressing childhood adversity in Bay Area pediatric safety net care settings.
- Timeline: May 2018 – May 2020

Spotlight: Lessons from the field

West County Health Centers



Engaged with RBC & local efforts to support **Recovery & Resilience** following catastrophic floods & fires the past two years.

Despite staff fears that patients would be triggered by screening, **patients have voiced positive support** for this work and appreciate WCHC addressing trauma as part of their medical care.



Program Overview

Statewide Learning Collaborative



The state of California, led by California's Surgeon General Nadine Burke-Harris, in partnership with Governor Newsom, DHCS recognizes the effects ACEs have on biological systems.

On January 1, 2020 California's Surgeon General launches ACEs Aware Initiative.

This initiative provides Medi-Cal providers training, clinical protocols, and payment for screening children and adults for ACEs.

UCSF Center to Advance Trauma-informed Healthcare, in partnership with the Center for Care Innovations (CCI), designs CALQIC to help support clinics & providers in adopting ACEs screening & response and align efforts with ACEs Aware Initiative.

What is California ACEs Learning and Quality Improvement Collaborative (CALQIC)?



An 18-month learning collaborative made up of 15 primary care organizations representing at least 50 sites serving primarily Medi-Cal patients, CALQIC is dedicated to **identifying promising practices, tools, resources and partnerships** that will inform future phases of California's ACEs initiative.



Why Primary Care?



Program Goal

Integrate **screening & response for ACEs** in healthcare settings in a way that enhances connection between patients and providers, helps connect patients to services that they want and need, and leads to better **outcomes, reduced disparities, and more positive experiences of care for all involved.**



Identify & overcome barriers to ACEs screening & response at both the site & organizational level



Align clinical efforts with the statewide initiative **ACEs Aware**, which is working to help providers get credentialed, use approved screening tools, bill using CPT codes and more



Develop or strengthen models of care & tools for **operationalizing ACEs screening & response** (i.e. roles, workflows, scripts, etc.)



Collect and track data to assess progress in ACE screening & response

Program Structure



18-month learning collaborative that will build on existing organization-led initiatives & interventions so that clinics can further **test, develop & strengthen** their role as a place to screen for ACEs, treat trauma & promote resilience.

Phase 1

Building a Foundation for ACEs
Screening & Response

Phase 2

Test & Implement ACEs
Screening & Response

Phase 3

Spread & Sustain

Learning Collaborative Support & Delivery



Statewide Learning Community

3 In-Person
Convenings

Coaching

Up to \$70K in Grants

2
Workshops

Access to
technical
experts

Toolkits &
Resources

Site Visits

Webinars



Expert & Peer Support

In-Person & Virtual Sessions

In-Person Convenings (*Tentative Dates*)

- **Session #1:** Tuesday, June 23, 2020 (Bay Area)
- **Session #2:** Tuesday, December 8, 2020 (LA)
- **Session #3:** Thursday, May 20, 2021 (Bay Area)

Optional Regional Workshops

Virtual Sessions



Guidance & Connection

Coaching

- Helps with **troubleshooting** and assists teams in advancing work
- Monitors participants **experience** of the learning collaborative
- Connects teams with **additional resources, experts, and other organizations** and informs CCI of additional needs
- Provide support & guidance on **implementation of ACES screening & response, EHR integration, QI tools, etc.**



Inspiration & Examples

Site Visits

- Intended to **inspire** teams and provide **guidance** for work in the learning collaborative
- Locations pending
- Opportunity to send up to 2 team members per site visit
- Will occur in fall 2020 & spring 2021



Financial Support

**Grant
Dollars**

Each organization will receive **up to \$70K**

Funds can be used to:

- **Offset staff time** spent participating in this program & leading change efforts at your organization;
- **Travel costs** to attend the program's in-person convenings and site visits;
- **Other** associated costs.



What We'll Cover



Trauma-informed care principles and how to achieve them in patient care and for your organization



Information on ACEs and toxic stress physiology related to implications for patients' short- and long-term health



Clinical algorithms and workflows to address ACE-associated health conditions by supplementing usual care with education on toxic stress and strategies to regulate the stress response



Tools and interventions to **promote resilience**



Knowledge and tools for preventing, recognizing, understanding, and responding to **vicarious trauma and burnout among staff**



Knowledge and approaches **for involving patients and families** in designing and implementing trauma informed approaches to care

Our Expectations

Participation Requirements



**Engaged
Leadership**

**Reporting
Data on
Measures**

**Patient &
Community
Involvement**

**Continuity
&
Dedicated
Team**

**Learning
Session
Attendance &
Active
Participation**

**Peer
Sharing**



Measurement Strategy

How & When



Clinical Data Reporting

- Quarterly Submission



Organizational & Clinic Capability Assessments

- Baseline
- Mid-point
- End of learning collaborative



Program Participant Interviews

- Mid-point
- End of learning collaborative



Coaching logs & Interviews

**Evaluators & Coaches only*



Learning Collaborative Activities

- Post-event surveys



Clinical Data Reporting

Required Metrics



Measure Description	Definition (Required # to report)	Data Source
% providers credentialed to bill for ACEs screening	Numerator: # of providers (including MDs, DOs, NPs and PAs) that have completed the state-approved training Denominator: # of clinic providers that are billable under Medi-Cal.	Internal Registry
Screening rates (% of patients screened for ACEs)	Numerator: # of patients screened using PEARLS or ACE-Q Denominator: # of eligible patients (depending on defined screening target population)	CPT/HCPCS Codes EHR fields Chart review
% of patients at high risk for ACE associated health conditions (per the state definition)	Numerator: # of patients with a PEARLS or ACE-Q screen score of 4 or greater Denominator: # of patients who were screened using PEARLS or ACE-Q	CPT/HCPCS Codes EHR fields Chart review
% of patients with a positive screen indicating clinical response (per sites' clinical definitions)	Numerator: # of patients with a PEARLS or ACE-Q screen score of [at least XX without symptoms (or at least YY with symptoms of trauma)] Denominator: # of patients who were screened using PEARLS or ACE-Q	EHR fields Chart review
Response rates (% of patients with a positive screen receiving response)	Numerator: # of patients that received a response (categories to be finalized) to a positive screen Denominator: # of patients with a positive screen (using either state or site-specific definition—see below)	EHR fields Chart review



Clinical Data Reporting

Optional Metrics



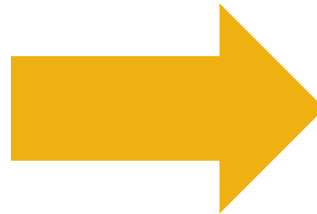
Measure Description	Definition (Required # to report)	Data Source
Strengths and resilience	<p>Options for measures will be presented on the CALQIC kick-off call. This will likely include as potential measures:</p> <ul style="list-style-type: none">• Number of patients who are screened for ACEs who are also screened for resilience or positive childhood experiences• Results of resilience measurement <p>These will be optional measures for reporting but we are including this as a category as we know many clinics are pairing ACES screening with resilience or strength-based questions.</p>	TBD

Eligibility Requirements

Who's eligible to apply?



Organizations that provide comprehensive primary care services to Medi-Cal patients.



Examples include:

- Federally qualified health centers (FQHC) and FQHC look-alikes
- Community clinics, rural health clinics, and free clinics
- Ambulatory care clinics owned and operated by public hospitals
- Indian Health Service clinics
- Other primary care (or pediatric) practices serving mostly Medi-Cal patients

Two-Tiered Grant Support



There will be two tiers of grant support depending on the **ability to spread** to other sites

Tier 1

1-2 Sites
\$50,000 per organization

Tier 2

3-5 Sites
\$70,000 per organization

Application Process



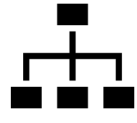
How to Apply

Applicant organizations must submit the following materials

1. Application Form
2. Application Narrative
3. Budget Template
4. Tax Status Documentation
5. Letter of Leadership Support

**All materials must be received
by 5:00PM PST on Tuesday
March 31, 2020**

What makes a strong application?



Started to implement organizational-wide, **trauma-informed care** practices



Piloted or implemented **screening** processes to identify ACEs OR have the ability to begin screening at least one clinical site by mid-2020



A desire to align clinical efforts with the statewide initiative, **ACEs Aware**



Data, IT, and QI systems in place with **the ability to track and make improvements** to ACEs screening and response processes



Either **behavioral health** or other **internal resources** available, or **partnerships** with external agencies or community-based organizations to address identified adversity or other related needs

Important Dates & Timelines

**Application
Deadline**

**Tuesday
March 31, 2020
5PM**

**Cohort
Announced**

**Thursday
April 30, 2020**

**Program
Kick off Webinar**

**Wednesday
May 20, 2020**

**In Person Learning
Session #1**

**Tuesday
June 23, 2020
(Bay Area)**

Program Page

All this information & more can be found here:

www.careinnovations.org/programs/calqic



Population Management
Innovation & Design Thinking

Technology Solutions
Community-Centered Care

ABOUTGET INVOLVEDDONATE

The Resource Center

CCI PROGRAM

California ACEs Learning and Quality Improvement Collaborative (CALQIC)



OVERVIEW



In cooperation with the UCSF Center to Advance Trauma-Informed Healthcare and other key partners, we are launching the California ACEs Learning and Quality Improvement Collaborative (CALQIC), a learning collaborative dedicated to identifying promising practices, tools, resources, and partnerships that will inform future phases of California's ACEs initiative.

Apply Now!

MARK YOUR CALENDARS FOR THESE UPCOMING DATES AND STAY TUNED FOR MORE INFORMATION!

Informational Webinar: Thursday, March 12 at 12-1pm – REGISTER HERE

Application Deadline: Tuesday, March 31 at 5pm

If you have any questions about CALQIC, please contact CCI's Senior Program Manager, Megan O'Brien.

About This Program

Apply Now!

Goal: Integrate screening and response for ACEs in healthcare settings in a way that enhances connection between patients and providers, helps connect patients to services that they want and need, and leads to better outcomes, reduced disparities, and more positive experiences of care for all involved.

Partner: UCSF Center to Advance Trauma-Informed Healthcare

Program Start: May 2020

Program End: October 2021

Phase: Ongoing

Focus Area: Community-Centered Care

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Other CCI Opportunities



**Resilient Beginnings
Collaborative**



**Amplify
Healing Connections**

Q & A

Thank you!

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