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.
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To mute yourself: Press *6
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1. Background
2. Program Overview
3. Our Expectations
4. Eligibility Requirements
5. Application Process
6. Q & A
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
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:

- Heart disease
- Stroke
- Cancer
- Diabetes
- Depression
- Unemployment
- Substance Dependence
  - Current Smoking
  - Heavy Drinking
- Socioeconomic Challenges
  - Unemployment
Learning from Current Work

- 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
- 2 Workshops
- Access to technical experts
- Coaching
- Toolkits & Resources
- Up to $70K in Grants
- 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
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
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
- Continuity & Dedicated Team
- Learning Session Attendance & Active Participation
- Patient & Community Involvement
- 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

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<thead>
<tr>
<th>Measure Description</th>
<th>Definition (Required # to report)</th>
<th>Data Source</th>
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| % 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   |
| % 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   |
| % 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         |
| 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     |
### Clinical Data Reporting

#### Optional Metrics

<table>
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<tr>
<th>Measure Description</th>
<th>Definition (Required # to report)</th>
<th>Data Source</th>
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<tbody>
<tr>
<td>Strengths and resilience</td>
<td>Options for measures will be presented on the CALQIC kick-off call. This will likely include as potential measures:</td>
<td>TBD</td>
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|                          | • Number of patients who are screened for ACEs who are also screened for resilience or positive childhood experiences  
                          | • Results of resilience measurement                                                                                                                                                                                              |             |
|                          | 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.                                  |             |
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
Other CCI Opportunities

Resilient Beginnings Collaborative

Amplify Healing Connections
Q & A
Thank you!

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