

Appendix: CALQIC Measures

The purpose of the CALQIC measures is to support CALQIC teams in understanding their progress over the course of the program and to understand how screening and response practices are advancing across the learning collaborative participants. The CALQIC measurement approach will collect a mix of qualitative and quantitative data from all 15 organizations and their participating clinic sites.

The measures described in the tables below will be used across the participating organizations and their sites. The learning collaborative will provide coaches and technical experts to support clinics in developing additional measures that are meaningful to them, if they choose to measure additional aspects of care beyond the requirements.

| Table 1. All measures | |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Data type | Description |
| Clinical data reporting* | Quarterly reporting from all clinics on key quantitative metrics related to ACEs screening implementation (see Table 2). |
| Organizational and clinic capability assessments | Assessment at both the organization and clinic levels to capture changes in capacity and practices related to building a trauma informed culture (TIC) and healing organization, ACEs screening, and response. Assessments will be conducted at baseline, mid-point, and end of the learning collaborative. |
| Participant interviews | Reflective interviews will be conducted to collect qualitative data on progress and lessons related to ACEs screening and response, care team experiences in screening and building healing relationships with their patients, families, and caregivers. Interviews will include: <ul style="list-style-type: none"> • Interviews with key leaders at each participating organization (n=15) at mid-point and the end of the learning collaborative • Interviews at site level from a sample of clinic sites (potentially including leaders, clinicians, frontline staff) |
| Coaching logs and interviews | CCHE will review coaching logs and conduct reflective interviews with coaches to capture insights on organizations' progress and quality improvement and implementation lessons learned. |
| Learning collaborative activities | Post-event surveys will be conducted to understand satisfaction with the activity and how future offerings can be improved. |

* Data collection options: Because clinics have different data infrastructure, IT, and reporting capacity, there are different options for collecting the quantitative measures in Table 2:

- a) extract data from an EHR or registry (some clinics may already have these or be interested in building them)
- b) manually conduct a small number of chart reviews each month (10-20)
- c) use administrative data (e.g., HCPCS/CPT codes) for measures 2 and 3 in Table 2

It is possible for a clinic to use different data collection methods for different measures. CCHE will work with each organization and their coach to create operational definitions for these metrics that align with the clinics screening processes and systems for reporting (example definitions are provided below).

Table 2. Quantitative measures

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