Welcome!

California ACEs Learning and Quality Improvement Collaborative (CALQIC)
Evaluation Webinar
August 3, 2020

CALQIC

This virtual session is being recorded and will be posted to careinnovations.org/calqic-portal

Everyone is currently muted.
To unmute yourself: Press *7
To mute yourself: Press *6

Please use the chat box to ask questions.

CALQIC Kickoff Event – Quick Recap

Tuesday, July 14 from 2-3:30PM

- Representation from every CALQIC team

  - Valuable use of time: **4.3 out of 5**

  - Overall experience: **4.3 out of 5**

- Feedback from the polls:

  - **Tuesdays** and **Thursdays** are the best day for virtual events

  - **Lunch (12- 2pm)** and **Early Afternoon (2- 4pm)** are the best times of day for virtual events

Important Dates & Timelines

Save These Dates!

1st Coaching Call

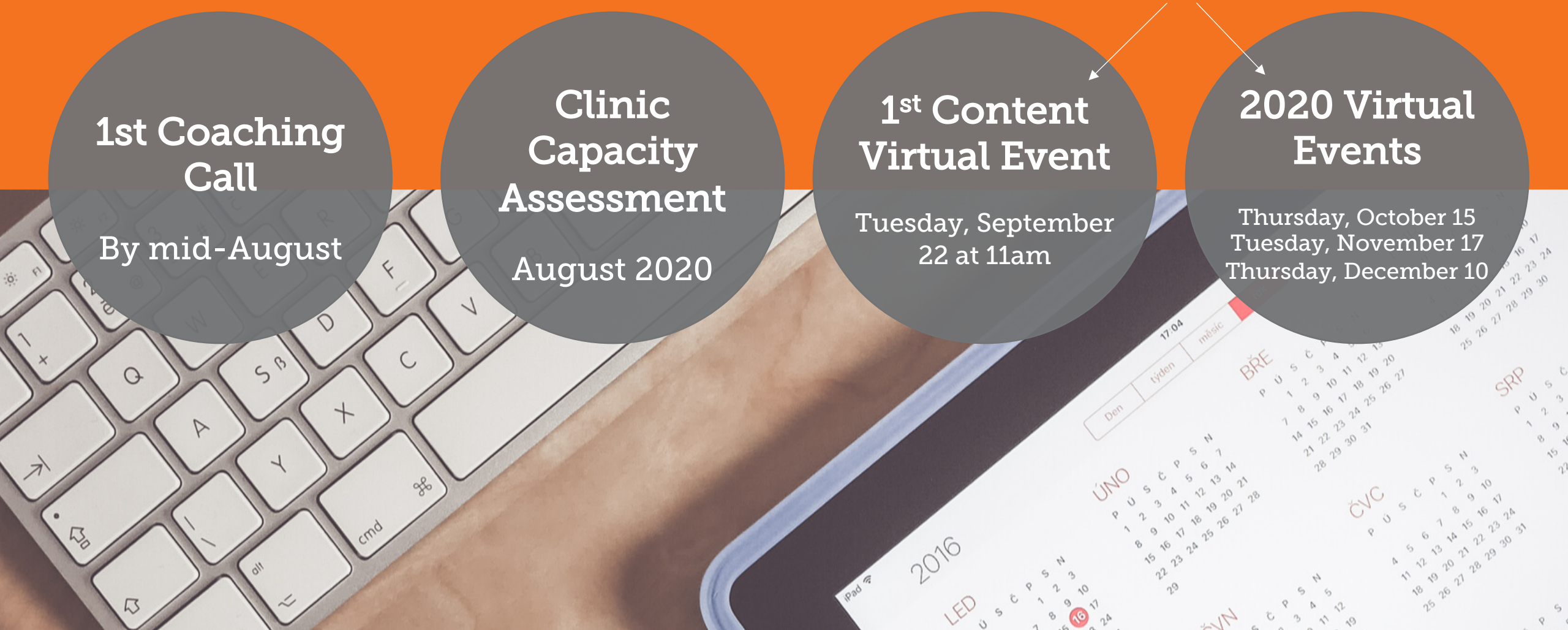By mid-August

Clinic Capacity Assessment

August 2020

1st Content Virtual Event

Tuesday, September 22 at 11am

2020 Virtual Events

Thursday, October 15
Tuesday, November 17
Thursday, December 10

Program Portal

❑ Upcoming Events & Activities
❑ Who's in the Program & CALQIC Community
❑ Information on Evaluation & Data Reporting
❑ Archive of virtual events
❑ TRIADS Framework & Tools

www.careinnovations.org/calqic-portal

Today's agenda

1   CALQIC evaluation overview

2   Quarterly data reporting on screening & response

3   Clinic capacity assessment

4   Next steps

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CALQIC Evaluation Overall

ACES screening is an emerging field

Still learning how to do it and how to do it right

The overarching goals of CALQIC and the evaluation:

- Learning

- Dissemination

CALQIC Evaluation Overall

ACES screening is an emerging field

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The overarching goals of CALQIC and the evaluation:

- Learning: Quantitative and qualitative

- Dissemination

CALQIC Evaluation Overall

ACES screening is an emerging field

Still learning how to do it and how to do it right

The overarching goals of CALQIC and the evaluation:

- Learning: Quantitative and qualitative

- Dissemination: Office of the Surgeon General, ACES aware

CALQIC Evaluation Overall

Different elements of the evaluation:

- The full learning collaborative (all 50 clinics). CCHE-led

- Deeper dive in a subset of clinics. RAND-led

  - Individual interviews with patients and families

  - Patient-level data

    - Inter-relationships between age, gender, race, ethnicity, chronic diseases, and screening and response

CALQIC Evaluation Overall

Different elements of the evaluation:

- The full learning collaborative (all 50 clinics). CCHE-led

    - System level learnings, clinic transformation, scale and spread

- Deeper dive in a subset of clinics. RAND-led

    - Interpersonal relationships, amplifying patient and fam voices

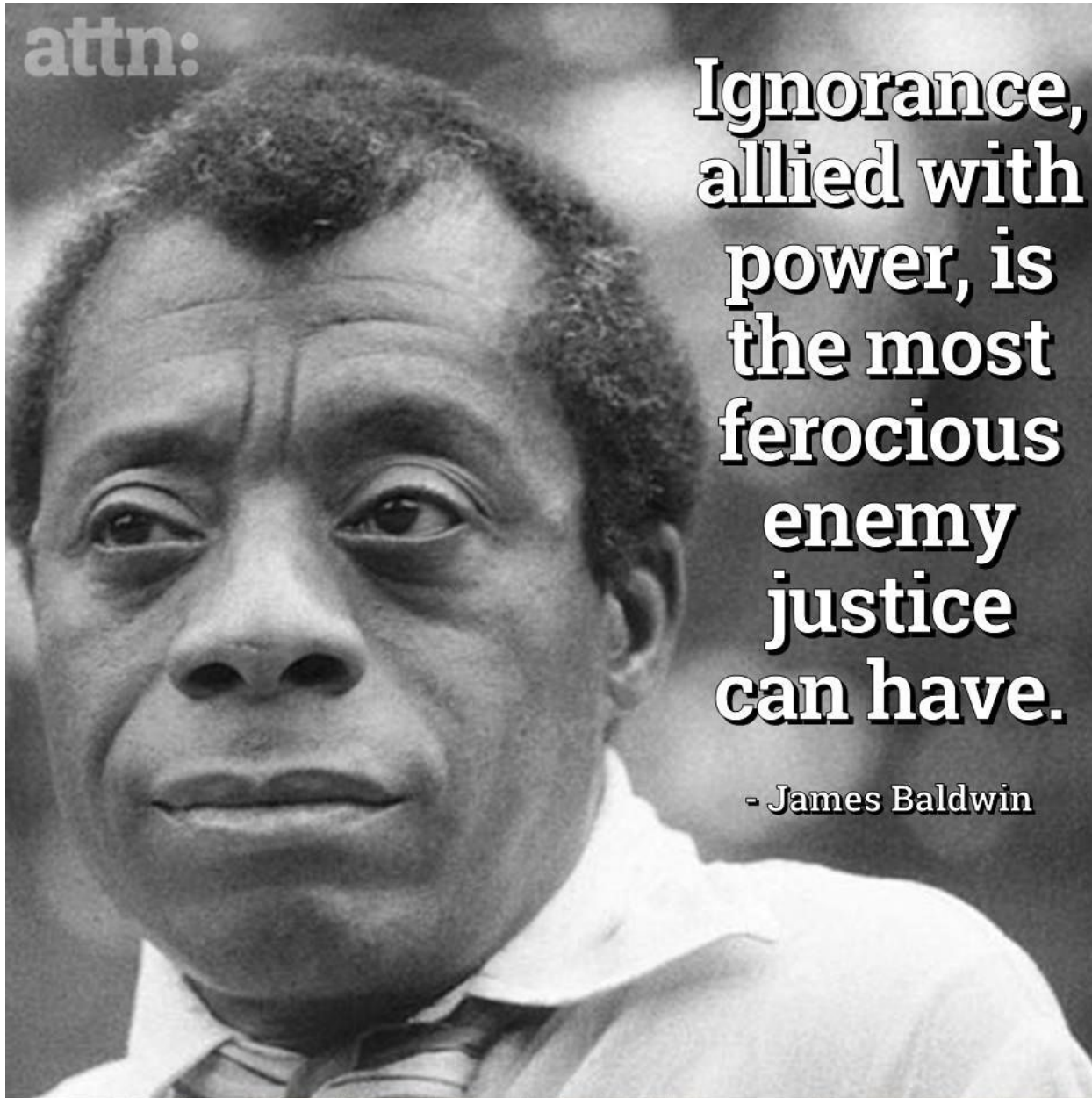   - Complex quantifiable questions

CALQIC Evaluation Overall

No gaps, no overlaps, actionable lessons, collaborative dissemination

Ignorance, allied with power, is the most ferocious enemy justice can have.

- James Baldwin

Evaluation Support
The Center for Community Health and Evaluation (CCHE)

CALQIC

Maggie Jones,
Director

Lisa Schafer,
Senior Evaluation &
Learning Consultant

Monika Sanchez,
Evaluation & Learning
Associate

Creagh Miller,
Evaluation & Learning
Associate

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Ice Breaker

Chat in: When you think about the ACEs screening and response work at your organization, what are 2 words you'd ideally want your staff and patients to use to describe it?

Evaluation Overview

Goals of the Evaluation

- Assess **changes in organizations' capacity** related to implementing ACEs education, screening, & response.

- Assess **changes in clinic-level outcomes** related to screening and response.

- Provide **real time information to CCI** about program progress and participant experience.

- **Synthesize and communicate** results and learnings from the program to key stakeholders.

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Guiding Principles

Minimize burden on organizations and other partners

Build **trust** to increase the likelihood of **candor**

Ensure sufficient **reach & rigor** for credible results

Provide value to stakeholders

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Measurement Strategy

CALQIC

Clinical Data Reporting	Clinic Capacity Assessments	Program Participant Interviews	Coaching logs & Interviews	Learning Collaborative Activities
• Quarterly Submission	• Baseline • End of learning collaborative	• Mid-point • End of learning collaborative	*Evaluators & Coaches only*	• Post-event surveys

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Poll #1

How are you feeling about participating in the CALQIC evaluation? (*check all that apply*)

- ❑ *Curious*
- ❑ *Overwhelmed*
- ❑ *Excited*
- ❑ *Obligated*

- ❑ *Confident*
- ❑ *Cautious*
- ❑ *Unsure*
- ❑ *Ready to go*

Clinic capacity assessment

CALQIC clinic capacity assessment

Purpose: To assess your **clinic site's** capacity related to effectively integrating education, screening and response for ACEs

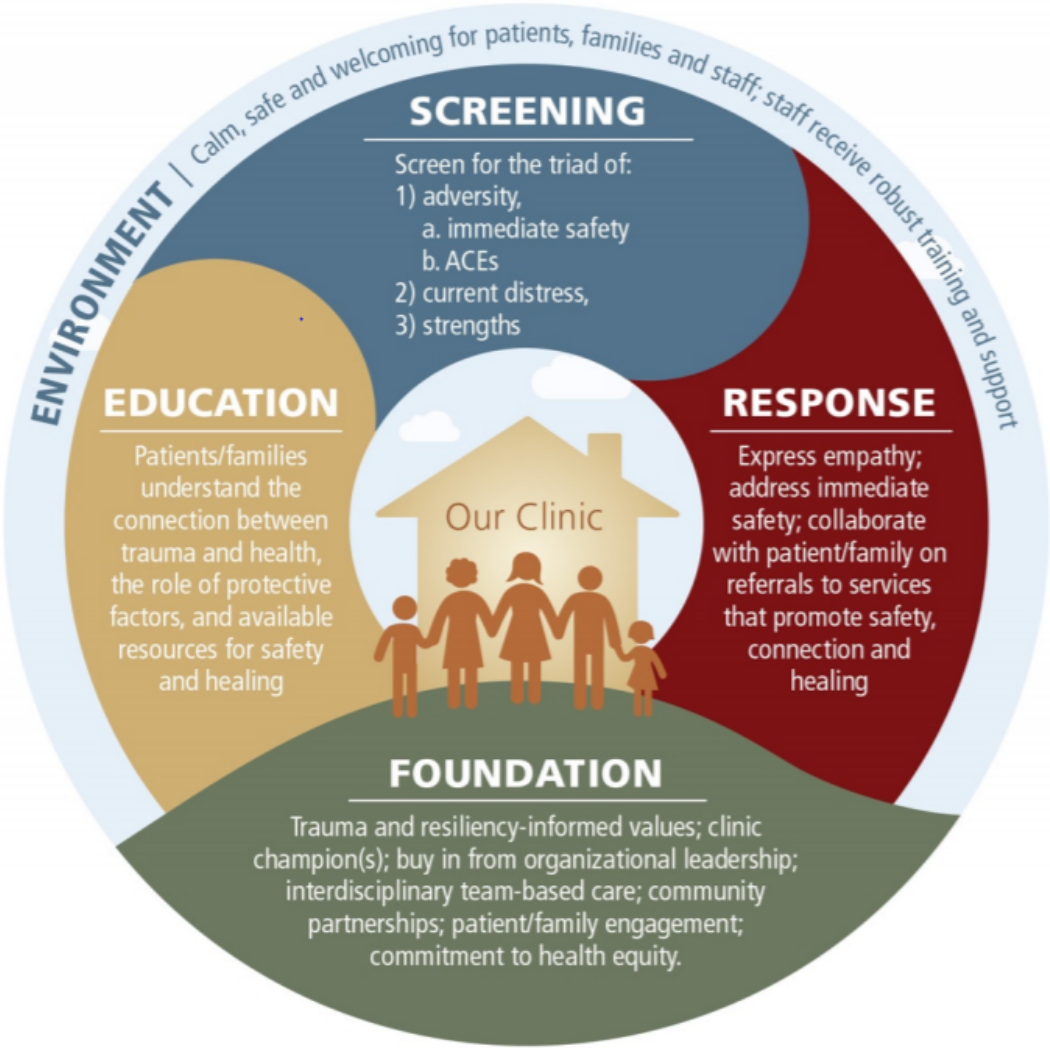| Why?	• Gather insights & generate dialogue about what is in place and where you are starting
Who?	• Collaborative process with your multi-disciplinary team
When?	• Beginning of CALQIC (Aug 2020) • End of CALQIC (Sept 2021)
What happens?	• Data benefits you, coaches, CCI and CALQIC overall

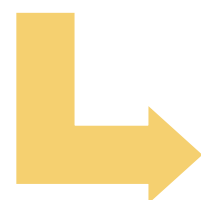# Assessment: grounded in the TRIAD framework

Administering the assessment

Assessment sent out via email on Wednesday, August 5th

Identify multi-disciplinary team to participate in the assessment
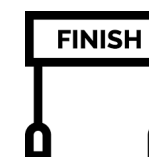
→

Each individual completes the assessment on their own (17 Qs)

→

Entire team meets virtually to discuss responses and come to consensus

→

One person submits the survey to CCHE via REDCap

Need a team for each clinic anticipated to participate in CALQIC

Note places where consensus was difficult in "comments"

FINISH

Assessments due on Friday, September 4th

Assessment: supplemental form

- Collects information about **clinic** characteristics (e.g., QI infrastructure, patient population information (race, ethnicity, payor information)

- Completed by only one person (e.g., team lead, QI or data representative)

- Form emailed to CCHE separately
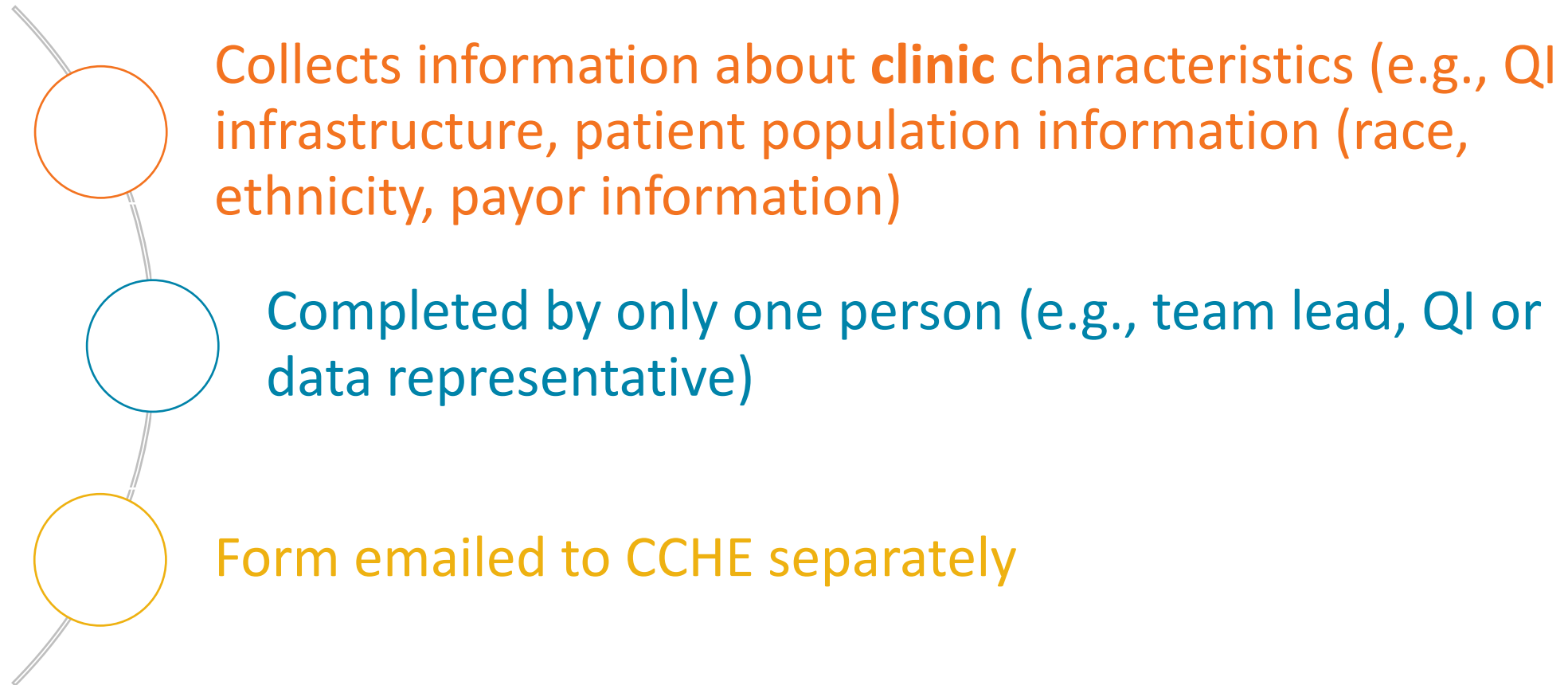
Poll #2

How are you feeling about the capacity assessment? (*check all that apply*)

- ❑ *This all seems straightforward, I'm ready*
- ❑ *This will be useful data to have*
- ❑ *I have concerns about reporting these data*
- ❑ *This seems like a lot of work/burden*
- ❑ *I have lots of questions*
- ❑ *I want to talk to my team more about it*

Questions & discussion

- In addition to your CALQIC team, what **additional perspectives/roles** would you want to include in the assessment process?

- What **questions or concerns** do you have about the assessment, administration process, or timeline?

- What ideas do you have about **how the assessment results could be useful** to your organization?

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Clinical data reporting

Clinical Data Reporting
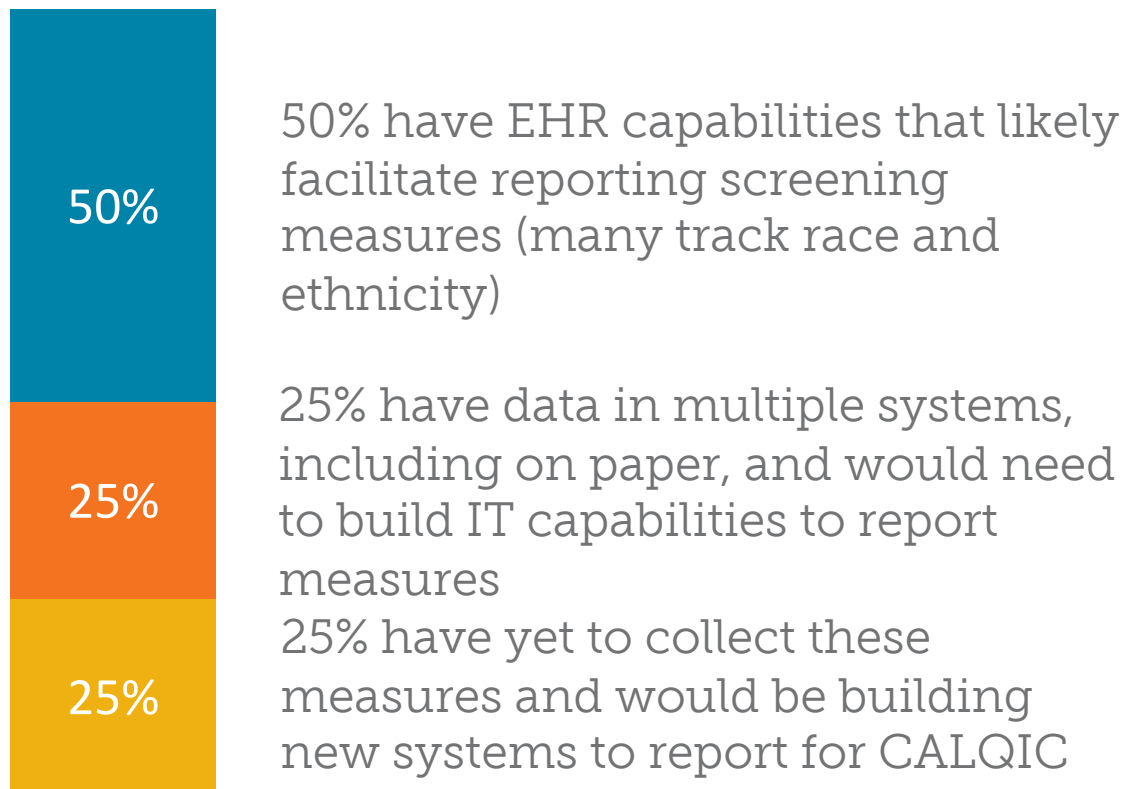## Original proposed measures

1 — **% providers credentialed** to bill for ACEs screening

2 — **Screening rates** (% of patients screened for ACEs)

3 — % of patients **at high risk for ACE associated health conditions** (per the **state definition**)

4 — % of patients with a **positive screen** indicating clinical response (per **sites' clinical definitions**)

5 — **Response rates** (% of patients with a positive screen per clinical definitions receiving response)

6 — Optional: **Strengths and resilience** (e.g., # of patients who are also screened for resilience or positive childhood experiences)

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Data capacity survey (July 2020)

We heard from 14 teams –

50% — 50% have EHR capabilities that likely facilitate reporting screening measures (many track race and ethnicity)

25% — 25% have data in multiple systems, including on paper, and would need to build IT capabilities to report measures

25% — 25% have yet to collect these measures and would be building new systems to report for CALQIC

Common challenges mentioned –

• Defining and accurately quantifying the **population eligible to receive screening**, especially across departments

• Few teams have a **consistent way to track referrals/response** to ACEs; many indicate this is labor intensive

• Many teams **still building out referral categories, processes, and workflows**

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Assumptions & response

Assumptions	Response
Data need to be useful to your clinics & aligned with your clinical practices	We will provide guidance on measure definitions, but allow for some variation to ensure that the definition aligns with your clinical practice
All teams will be building data capacity to report on these measures as part of CALQIC	We have designed options for reporting to align with different stages of readiness/reporting for each measure
Hearing how your peers have overcome/addressed data challenges can be an important resource	We will be convening a data community of practice that will meet quarterly to discuss the most recent data and common challenges that have been reported
Equity is a central goal of CALQIC	All clinics will be asked to segment screening data (measures 1-3) by race & ethnicity

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Clinical Data Reporting
Revised measures

1   **% providers credentialed** to bill for ACEs screening

2   **Screening rates** (% of patients screened for ACEs)

3   % of patients **at high risk for ACE associated health conditions** per the **state definition**

4   *Eliminated as a separate measure*

5   **Response rates** (% of patients with a positive screen per clinical definitions receiving response)

6   Optional: **Strengths and resilience** (e.g., # of patients who are also screened for resilience or positive childhood experiences)

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Clinical data reporting initial timeline

CALQIC

Late Aug: Draft reporting template reviewed by 1-2 teams

Oct 15: Q3 (July-Sept) data report due to CCHE

Dec: Adjustments made to reporting template (as needed)

Early Sept: Reporting templates finalized & sent to all CALQIC teams

Nov: Dashboards shared & data reporting community of practice call

Future reports due:
- January 15, 2021
- April 15, 2021
- July 15, 2021
- October 15, 2021

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Questions & discussion

- What questions or concerns do you have about the metrics, reporting process, or timeline?

- Is there anything we can do to reduce burden/time it will take to report?

- Where do you anticipate needing support related to data documentation, reporting, and sharing?

- How can we make this data most useful to your clinics?

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Poll #3

How are you feeling about the clinical data reporting? (*check all that apply*)

- ❑ *This all seems straightforward, I'm ready*
- ❑ *This will be useful data to have*
- ❑ *I have concerns about reporting these data*
- ❑ *This seems like a lot of work/burden*
- ❑ *I have lots of questions*
- ❑ *I want to talk to my team more about it*

Questions & discussion

- What questions or concerns do you have about the metrics, reporting process, or timeline?

- Is there anything we can do to reduce burden/time it will take to report?

- Where do you anticipate needing support related to data documentation, reporting, and sharing?

- How can we make this data most useful to your clinics?

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Next steps

Timeline for CALQIC evaluation activities

CALQIC

2020   2021

Clinical data reporting & community of practice (COP)

Oct 15   **Nov**   **Jan 15**   **Feb**   **Apr 15**   **May**   **Jul 15**   **Oct 15**

Data COP   *Data COP*   *Data COP (if needed)*

Clinic capacity assessment

Sept   **Sept**

Phone interviews

Feb & Mar   **Sept & Oct**

Ongoing evaluation activities

Coach interviews & logs   *Post-event surveys*   *Observations*
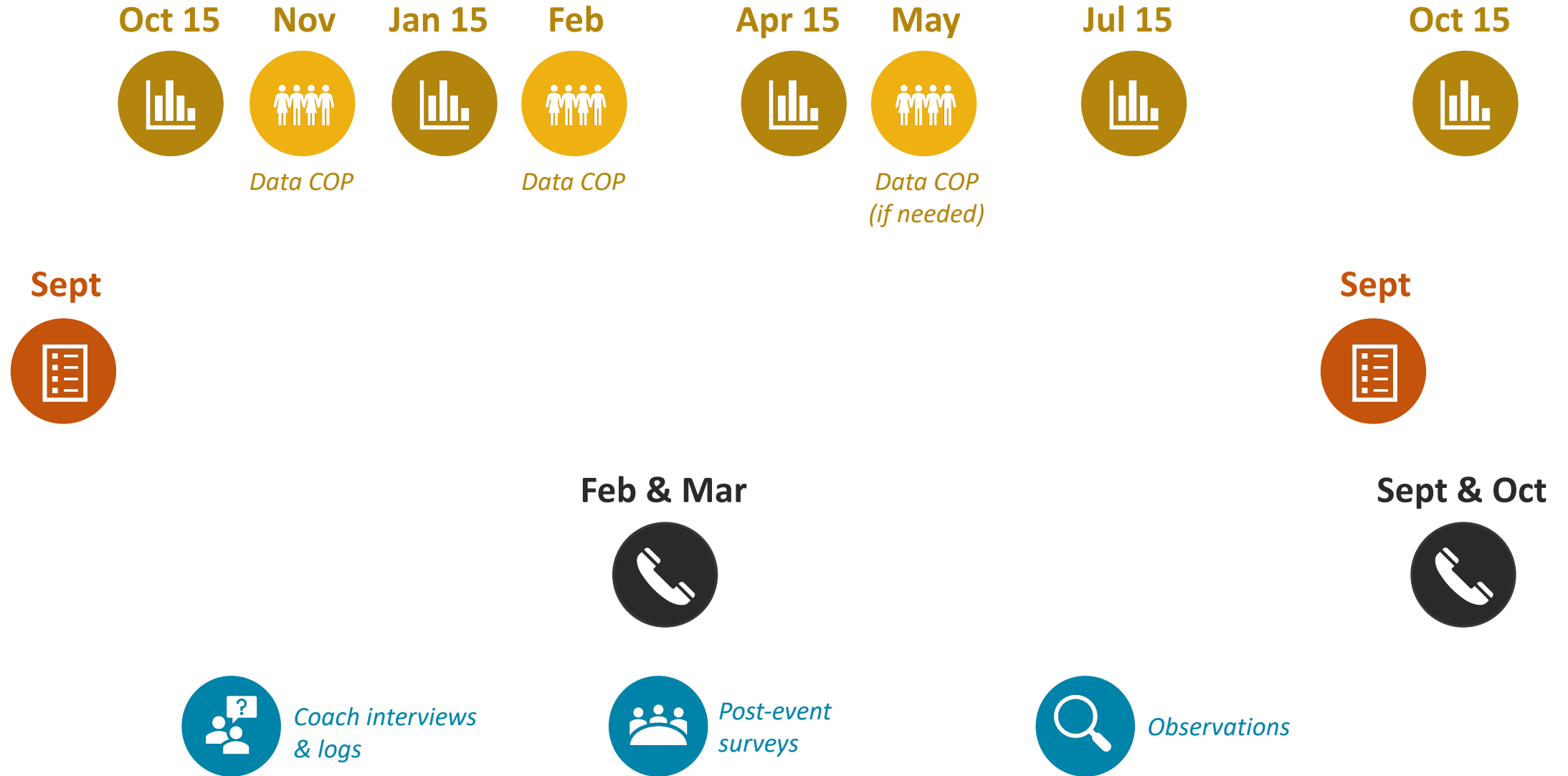
Questions?

Contact us!

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Appendix

What's in the assessment

Assessment elements	Questions relate to (examples):
Foundation: The core values that a healthcare organization needs to successfully educate about, screen for, and respond to ACEs.	• Understanding of and commitment to trauma and resilience-informed care and supporting practices • Leadership provides resources and supports/cultivates champions • Patient, family, and community engagement
Environment: A calm, safe, and accessible clinic setting.	• Safe, calm, empowering physical or virtual (telehealth) environment • Knowledge and comfort of healthcare team members with related to trauma, resilience, and ACEs • Support for the well-being all healthcare team members
Patient education: Information for patients and families to understand the relevant information related to screening and response (including protective factors)	• Implementation of universal education • Education related to screening rationale and procedures • Education related to patient and families' own physical and mental health concerns

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What's in the assessment

Assessment elements	Questions relate to (examples):
Screening: The practices and policies necessary to provide safe and effective screening for ACEs, distress, and strengths.	• Policies and protocols for screening and assessment • Current screening and assessment practices related to: ACEs, immediate safety issues, basic needs, current symptoms of distress, protective factors and preferred coping strategies
Response: The healthcare team's response to patient/family disclosure of trauma in both actions and attitudes/approach.	• Care team attitudes and approach • Utilization of internal resources and referral network • Ensuring ongoing care and follow-up

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