California ACEs Learning and Quality Improvement Collaborative: Quarterly clinic data report template guidance

Contents

Purpose

The purpose of CALQIC clinical data reporting 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 Excel data reporting template was designed to collect quantitative data on the CALQIC clinical measures each quarter. The data will also support a Community of Practice call where teams can hear from peers about how they collect and report data. The CALQIC measures are:

1. Percent of **providers credentialed** to bill for ACEs screening
2. **Screening rates** (percent of patients screened for ACEs)
3. Percent of patients **at high risk for ACE associated health conditions** per the state definition
4. **Response rates** (Percent of patients with a positive screen receiving response)
5. Optional: **Strengths and resilience** (e.g., Number of patients who are also screened for resilience or positive childhood experiences)

Data collection timeline and logistics

We will request these data each quarter for the duration of CALQIC via an Excel reporting template provided by the Center for Community Health and Evaluation. Please complete a **separate** Excel template for each site that has implemented screening, i.e., if 3 sites have implemented screening, complete and submit 3 Excel templates. Teams can email a completed version of the reporting template to Monika Sanchez at: monika.a.sanchez@kp.org. Due dates are highlighted in the table below.

Reporting period:	7/1/2020 to 9/30/2020	7/1/2020 to 12/31/2020	7/1/2020 to 3/31/2021	7/1/2020 to 6/30/2021	7/1/2020 to 9/30/2021
Nickname of reporting period:	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021
Due date:	10/15/2020	1/15/2021	4/15/2020	7/15/2021	10/15/2021

Overview of Excel template

The template includes 6 tabs:

1. **Site information** – Includes space for the organization and site name. Asks sites to complete questions about their specific screening and follow up workflows.
2. **PROVIDER data** – Collects data totals for CALQIC Measure 1 by race and ethnicity.
3. **SCREENING data** – Collects data totals for CALQIC Measures 2 and 3 by race, ethnicity, and age.
4. **Option 1 RESPONSE-TOTALS** – Collects data totals for CALQIC Measure 4 by age.
5. **Option 2 RESPONSE-CHARTS-Adults** – Collects chart data for CALQIC Measure 4 for adults.
6. **Option 2 RESPONSE-CHARTS-Peds** – Collects chart data for CALQIC Measure 4 for pediatrics.

In general, tabs are laid out with the following considerations:

- ✓ Enter data in **orange** cells.
- ✓ Cells colored gray are formulas and locked for editing.
- ✓ Cells that turn RED indicate the numerator is larger than the denominator, which is not allowed.
- ✓ There is space to provide comments about the data at the end/bottom of each tab.

How to fill out the Excel template

Step 1: Site Information tab

- Enter the Organization Name and Site Name
- Complete the 10 questions about this site's screening and referral workflows for pediatric and adult populations.

Step 2: PROVIDER data tab

- Enter data in **orange** cells.
- Cells colored gray are formulas and locked for editing.
- Cells that turn RED indicate the numerator is larger than the denominator, which is not allowed.
- If you are not able to report by race or ethnicity, please enter data in the row labeled "No data or declined to state."

- The race total and ethnicity total should be identical. If not, a warning will appear below the ethnicity table.
- Enter any comments about the data.

Step 3: SCREENING data tab

- This tab has 2 sections: the first for pediatric patients, the second for adults.
- Enter data in **orange** cells.
- Cells colored gray are formulas and locked for editing.
- Cells that turn RED indicate the numerator is larger than the denominator, which is not allowed.
- If you are not able to report by race or ethnicity, please enter data in the row labeled "No data or declined to state."
- The race total and ethnicity total should be identical. If not, a warning will appear below the ethnicity tables for pediatrics and adults.
- Enter any comments about the data.

Step 4: Select EITHER Option1-RESPONSE-TOTALS or Option2 RESPONSE-CHARTS (Adult tab & Peds tab)

Guidance for selecting Option 1 or 2 – Based on the data capacity survey CALQIC teams completed in July, many teams are growing their capability to collect and report data on referral/response rates. To address variation in sites' current data capabilities, the Excel data reporting template includes two options for reporting referral/response. Please use the decision tree on the following page to determine which Response tab your sites should use. Please revisit the decision tree *each reporting quarter*. Sites that report chart data (Option 2) in the first quarter should eventually transition to reporting totals (Option 1) over the course of the initiative.

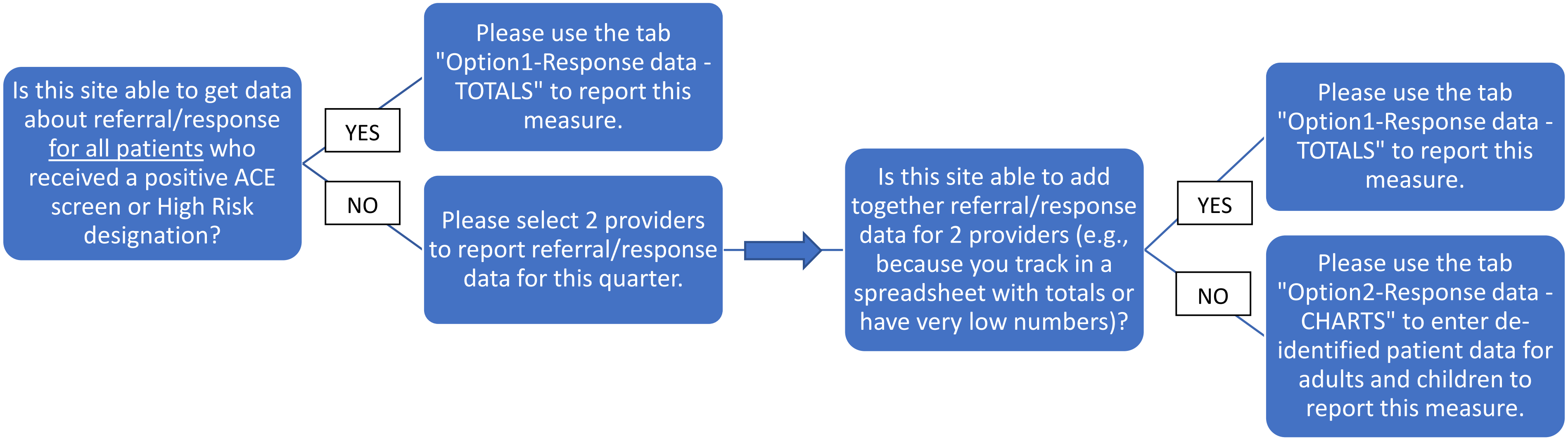
Step 5: Option1-Response data-TOTALS

- Indicate in row 8 whether you are providing totals for your clinic's entire screening population or for a sample of 2 providers.
- Enter totals reflecting only patients who had a positive screen or High-Risk designation.
- Enter data in **orange** cells.
- Cells colored gray are formulas and locked for editing.
- Cells that turn RED indicate the numerator is larger than the denominator, which is not allowed.
- Enter any comments about the data.

Step 5: Option2-Response data-CHARTS (Adult tab & Peds tab)

- Enter data only for patients who had a positive screen or High-Risk designation. (Enter 1=Yes in Column C)
- For Columns D through K, Enter 0=No, 1=Yes.
- We have provided space for up to 100 charts, should you need that many.
- The column labels are repeated every 20 rows for ease of scrolling.
- Enter data in **orange** cells.
- Cells colored gray are formulas and locked for editing.
- Cells that turn RED indicate the numerator is larger than the denominator, which is not allowed.
- Enter any comments about the data.

Decision tree for selecting how to report referral/follow up



Is this site able to get data about referral/response <u>for all patients</u> who received a positive ACE screen or High Risk designation?

Please use the tab "Option1-Response data - TOTALS" to report this measure.

Please select 2 providers to report referral/response data for this quarter.

Is this site able to add together referral/response data for 2 providers (e.g., because you track in a spreadsheet with totals or have very low numbers)?

Please use the tab "Option1-Response data - TOTALS" to report this measure.

Please use the tab "Option2-Response data - CHARTS" to enter de-identified patient data for adults and children to report this measure.

Definitions

Providers tab

of providers that are billable under Medi-Cal (Column B): Includes MDs, DOs, NPs and PAs; intended to capture people managing a panel of patients and acting as a primary care provider. Do not include providers who do not act as a primary care provider.

# of providers that have completed the state training (Column C): The state training refers to certified core ACEs Aware provider trainings. Includes MDs, DOs, NPs and PAs; intended to capture people managing a panel of patients and acting as a primary care provider. Do not include providers who do not act as a primary care provider.

Provider race: Aligned with the Health Resources & Services Administration Uniform Data System categories (UDS Manual, pages 30-31).

Provider ethnicity: Aligned with the Health Resources & Services Administration Uniform Data System categories (UDS Manual, pages 30-31).

Screening tab

of eligible patients [*per site screening protocol*] (Column B): Defined by each site. Outlined in Question 1 on the Site Information tab. Reflects patients the site intends to screen, e.g., patients aged 0-5 receiving annual well-child visits from 5 providers at Main Street clinic.

# of patients screened using ACEs tool (Column C): This is aligned with the State of California's screening tools eligible for reimbursement – PEARLS and ACE-Q.

# of patients with an ACE screen score of 4 or greater (Column D): This is aligned with the State of California's definition of individuals at high risk for ACE associated health conditions.

Patient race: Aligned with the Health Resources & Services Administration Uniform Data System categories (UDS Manual, pages 30-31).

Patient ethnicity: Aligned with the Health Resources & Services Administration Uniform Data System categories (UDS Manual, pages 30-31).

Response tab: Option1-RESPONSE-TOTALS

of patients with a positive screen warranting follow up/referral [*per site screening protocol*] (Column C): Defined by each site. Outlined in Question 6 on the Site Information tab. Reflects the group of patients the site intends to provide specific follow up or referral due to their ACE screen score, e.g., patients with an ACE score of 2. This can also be identical to the state's definition of a high-risk designation (ACE score of 4+).

Types of follow up and response provided to patients with a positive screen (patients may receive multiple responses in Columns D through K) –

- In-visit conversation about ACEs, trauma, toxic stress, strengths, & resilience (Column D): Verbal connection with the patient/caregiver during the visit about the patient's ACE score, ACEs, trauma, toxic stress, family strengths, and resilience, for example: a statement of appreciation that this information allows the provider to understand the patient better and will help provide better care; reflective listening, normalizing, acknowledging and affirming strengths; explanation of how ACEs/toxic stress impact health and wellbeing and the value of building on patient's resources and supports; information about health promoting practices in nutrition, exercise, and sleep hygiene; strategies to regulate the stress response.

- Literature or other "take away" resources (Column E): For example, pamphlets, handouts, videos, or other broad resources related to ACEs, trauma, toxic stress, strengths, and resilience provided to patients/caregivers as part of the visit. Topics may include, for example: information about health promoting practices in nutrition, exercise, and sleep hygiene; strategies to regulate the stress response.
- Already receiving/enrolled in appropriate services, no new services offered (Column F): Patient's record indicates they are currently connected to interventions or supports aligned with their positive ACE screening result and were not offered additional referrals. Sites do not need to indicate whether the patient/caregiver is active in utilizing these supports.
- Offered internal intervention/service/referral, declined (Column G): The patient/caregiver was offered a referral, intervention, or service available internally at the clinic, for example, mental health support, but declined to participate or be connected to those supports.
- Offered internal intervention/service/referral, accepted (Column H): The patient/caregiver was offered a referral, intervention, or service available internally at the clinic, for example, mental health support, and accepted the connection. Sites do not need to indicate whether the patient/caregiver followed through on the connection.
- Offered external intervention/service/referral, declined (Column I): The patient/caregiver was offered a referral, intervention, or service provided externally, outside the clinic, for example, mental health support from a community partner, but declined to be connected to those supports.
- Offered external intervention/service/referral, accepted (Column J): The patient/caregiver was offered a referral, intervention, or service provided externally, outside the clinic, for example, mental health support from a community partner, and accepted the connection. Sites do not need to indicate whether the patient/caregiver followed through on the connection.
- No response offered/no response documented (Column K): There is no documentation of any sort of response to a patient's positive ACE screening result.

Response tab: Option2-RESPONSE-CHARTS (Adult tab & Peds tab)

For definitions see above, Option1-RESPONSE-TOTALS.

Calendar month of patient visit (Column B): Acts as a way to "mark your place" during data entry. Some sites may find it easier or less time consuming to enter charts every month, rather than waiting until the end of the quarter to do them all at once.

FAQ – Frequently Asked Questions

What if our organization/site has not started screening yet?

Though you won't have numbers to report this quarter, the questions on the Site Information tab may be helpful to consider as you develop your screening and referral processes. It will also be important to think about how this site will build data capability to report screening and referral numbers in this Excel template subsequent quarters.

Which sites should we be submitting these data for?

Please complete a separate Excel template for each site that has begun implementing screening. If 3 sites have implemented screening, complete and submit 3 Excel templates.

Can we customize the race categories?

If you have a significant proportion (i.e., 10% or more) of your patient population that identifies in a more specific race category that your site feels is important to track, please let us know. While we can customize your site's data template for your own learning purposes, race data for cohort reporting will be aggregated into the broader categories.

Can we customize the response/referral categories?

If your site uses more specific response/referral categories that would be important for you to track, please let us know. While we can customize your site's data template for your own learning purposes, referral/response data for cohort reporting will be aggregated into the broader categories.

Our site is screening for resilience – how can we report data for this measure?

Please request this optional measure be added to your data reporting template after submitting data for Q3 2020. This measure can be included beginning in Q4 2020.

Are there questions we should be asking ourselves as we look at these data?

Some reflection questions to consider:

- Are the measures [% providers eligible to screen, % of eligible patients screened, % screening positive, % provided response/follow up] close to what you thought they would be?
- If not, why do you think they are different from what you expected?
- Does anything need adjustment in the workflow or data reporting to help this site improve screening implementation or the accuracy of these data?