



# Petaluma HealthCenter





# Who We Are

- Southern Sonoma and West Marin
- Suburban and Rural Population
  - 50% Monolingual Spanish-Speaking
  - 50% Medi-Cal
- 4 Main Sites with additional school- based sites and one site within a homeless shelter
- eClinical Works is our EHR
- Important to know about us: We're never satisfied 😊



# Our CALQIC Team



Tiffany Jimenez, RN  
Director of Quality  
Improvement



Cynthia Weissbein, Site  
Director BH Services



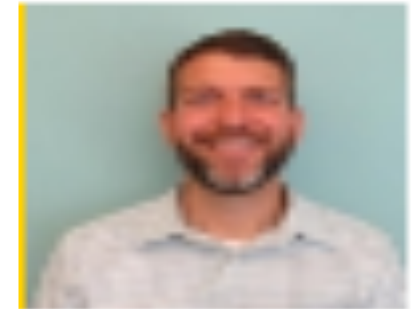
Jose Chavez, MA QI  
Coordinator



Claudia Menendez,  
LCSW



Jessica Moore, FNP  
Director of Innovations



Shaun Nelson,  
Data Analyst



# The 2020 Pivot

- We were screening children in-person prior to the pandemic with two of our teams, but when we made the switch to telehealth initially, we stopped all screening.
- We had planned to expand screening to all teams, but in the context of COVID, fires, and racial injustices, our CALQIC work in 2020 focused primarily on staff and organizational health, equity, and resilience.
- As patients have experienced the trauma and stresses of the past year, they appear to be more willing to engage in conversations about stress and trauma even apart from formal screening.
- Staff too is more aware of the need for tools to manage stress and mitigate the impact of trauma and build resilience.



# Fall 2020 Capacity Assessment Highlights

- Our strength identified in the capacity assessment was in the area of Environment.
  - This is not surprising, given that in the past 12 months we have focused less on screening and more on building the kind of environment that supports health and resilience for both staff and patients whether that is virtual or in-person care.
- We scored lowest in the area of Patient Education.
  - It was somewhat surprising to see this score, since we all value education and see it as a key part of this work.
  - We have reassessed our process and the tools we are using to educate patients and families and will have a much stronger education focus moving forward as we expand beyond our pilot.
- There was significant variability between PHC/Rohnert Park and Coastal Health with Coastal Health having lower scores overall.
  - This is not surprising given that Coastal Health recently merged with PHC and has not had the benefit of participation in RBC.
  - Coastal Health has engaged in RBN and is moving forward with foundational efforts.

# All primary care providers will attest to CALQIC training by April 15<sup>th</sup> and will screen at least 50% of eligible patients by October 31, 2021.



1

Train and attest 100% of eligible clinicians through ACES Aware by April 15<sup>th</sup>.

4

Able to report screening data by race/ethnicity

2

All participating sites will be screening for ACEs using PEARLS for pediatrics and/or an appropriate tool for adults.

5

Screen at least 50% of the patients in target/eligible population

3

Report screening data by participating sites

6

Develop a diversity, equity, and inclusivity workgroup including representatives from senior leadership and staff.



# Change Ideas

- Target in-person wellness exams for PEARLS/ACEs screening.
- BH clinicians to come to teams in-person during early implementation phase to model screening and response and give feedback to staff and providers.
- Create quality measure by team and provider and report data to teams monthly on their dashboard.
- Build Care Gap to identify what patients are due for screening during team huddle.
- Admin assistant scheduled provider CME time to complete ACEs training.
- Admin assistant is internally tracking provider certificates and attestation.
- Add a template during huddle as well as a template for positive/negative screen to simplify billing and documentation.

# Testing Changes

- Tested screening at telehealth visits via CHADIS first with two providers, then expanded to collect more data. The process was clunky and had a low rate of completion. We couldn't reliably communicate to patients about the purpose of screening ahead of time due to a combination of technology and patient/staff factors. Because of this we pivoted and are focusing on screening at in-person wellness visits.
- Tested screening at in-person wellness visits with one provider, but without a reliable flag in the system to screen it was easy for teamlets to forget. We are creating a care gap that pulls visit type information as well as the date of last screen for PEARLS and ACEs so that teams will be alerted in huddle if patients are due for screening at that visit.



# Impact, Results & Stories to Date

- 56% (30/54) Providers Completed ACEs Aware Training
- Pilot MA/Provider teamlet screened 23 patients in February during in-person wellness visits
- Response to screening especially by parents has been overwhelmingly positive. One mother said, “I’m so glad you are asking about this. It’s so important.”
- Making connections between childhood adversity and current health problems for adults has been enlightening for many patients. One patient with an ACE score of 5 and 4 young children was inspired to read the book, “The Body Keeps Score.” This has significantly impacted the way she sees herself and the way she is able to be present for her children.

# Tools & Resources



Creating a Care Gap in our data analytics that will identify when a patient is due for screening (i.e. an adult coming in for a wellness exam who has never been screened or a child who has not been screened in the past year with a WCC appt).



Created a template to merge during huddle as well as a template for positive/negative screening that streamlines documentation and billing.



Collaborating with local partner, Hanna Institute, to create awareness and outreach campaign including posters and short podcasts and blogposts about ACEs for the community.



# Current Challenges & Barriers

1

Difficult to track which of our providers has completed the attestation. We collect the certificates, but since the attestation process is separate it's hard to ensure this piece is done as well. The online look-up tool does not appear to be accurate, and our billers are unclear what providers they can bill for without this information.

2

Change fatigue and training overwhelm is a big challenge. The amount of change staff has experienced in the past year has been overwhelming. Adding training and screening in this context is challenging.

# CALQIC Next Steps

- Continue to engage providers to complete their attestation, designating time and process for attestation.
- MA training refresher on foundations as well as workflow for screening in April.
- Expand pilot to at least 3 teamlets following April training.
- All team training scheduled for May once providers have completed attestation and MAs have had the foundational training.
- Work with DEI committee on climate survey for the organization as well as changes to HR policies to center equity, diversity, and inclusivity.





# UCSF Fresno Medical Education Program

# Who We Are

- Fresno (Central SJV)
- Pediatrics, Family Medicine, OB/GYN
- Serve 14,120 Medi-Cal Patients Annually
  - 81% of total patient population MC
  - 48% children
  - 49% under 65
  - 3% over 65
  - 4% OB
- EPIC
- UCSF Fresno has been training medical students, residents, and fellows for 45 years





# Our CALQIC Team



**Ila Naeni, DO**

Associate Program Director  
Family and Community Medicine



**Amy Parks, DSW, LCSW**

Project Lead, DBP Faculty  
Department of Pediatrics



**Ellen Middleton, PhD, NP**

Obstetrics and Gynecology



**Jacquelynn Wagoner, DO**

Assistant Clinical Professor  
Department of Pediatrics



**Soe Maw, MD**

Assistant Clinical Professor  
Department of Pediatrics

# [How You Pivoted in 2020]

- Had to pivot to a smaller scale project at the beginning with hopes of expansion in future.
- Training residents and faculty in both family medicine and pediatrics
  - Focusing on training
- Envisioned front office and MA's participating in distribution of surveys, but had to pivot work flow due to high turn over from COVID.
- Timeline of implementation plan had to be adjusted due to current pandemic situation and fires



# [Fall 2020 Capacity Assessment: What You Learned]

- Strengths – Individual team and department support and motivation.
- Area for development- Clinic administration and support
- Impacted work- Played into our pivot, by changing our workflow and timeline.

# [Your CALQIC Aims & Sub-Aims]

UCSF Fresno will implement a curriculum to educate future physicians creating a foundation of Trauma Informed Care as well as a learning environment that fosters physicians in training and provides foundational skills and tools that they can implement into their future practice.

- 1 Train and attest 100% of eligible clinicians through ACES Aware
- 2 All participating sites will be screening for ACEs using PEARLS for pediatrics and/or an appropriate tool for adults.
- 3 Report screening data by participating sites
- 4 Able to report screening data by race/ethnicity
- 5 Screen at least 50% of the patients in target/eligible population  
Develop your own additional sub-aim(s) to address relational healing and equity. \* changing sign in sheets?\*\*  
Will try to get medical director of clinic to help make the change
- 6

# [What are some of your top changes/ideas to achieve your aims?]

- Faculty development on ACEs implementation.
- Resident education on ACEs implementation including script and workflow.
- Develop handout with local resources and referrals.
- Collaborating with our local ACEs Aware grantees

# [What are you testing or what is your plan for testing changes? What have you learned?]

## Testing

- Testing in small continuity clinic for screening
- Currently 2 providers
- Resident-run clinic (FQHC)

## Lessons Learned

- The way the screen is intro/explained to families can impact receptivity
- Effective resources available to support provider screening efforts
- Difficult to scale without clinic admin support



# [Impact, Results & Stories to Date]



# [Key Tools & Resources]



Stress Busters



Circle Chart



Triads



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# [Current Challenges or Barriers]

- 1 Residency Training Program-coordinating education of trainees and the clinic workflow (teaching while managing patient flow)
- 2 FQHC Administration and MA Turnover

# [CALQIC Next Steps]

- Continue residents, faculty, and staff training
- Look at options for ongoing MA training and support
- Provide ongoing support and troubleshooting with residents and faculty regarding screening implementation





**EISNER  
HEALTH**

**Eisner Health**

# Who We Are

- Downtown LA (4), South LA (1), San Fernando Valley (4)
- Full life-cycle primary care
- 8 primary care
- NextGen
- We are 100 years old!



# Our CALQIC Team



Deborah Lerner MD, Chief Medical Officer, All Clinical Providers & Processes, QI, & Strategic Planning



Andi Fetzner PsyD, Trauma Informed Care Coordinator, Staff Wellness & Trauma Informed Care Integration



Devanee Hernandez LMFT, Director of Behavioral Health, Mental Health Services



Courtney Fischer MD, Pediatrician, Physician Champion



Michelle King, Clinical Supervisor, Operations



Jessie Yuan MD, Director of Clinical Informatics, EHR Integration



Jessica Esparza, Case Manager, Therapeutic Patient Support & Resourcing



Marisol Keegan, LCSW Integrated Behavioral Health and Mental Health Provider



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# How We Pivoted in 2020

- We have piloted in 6-11 year-olds with 2 providers
- Using talking tablets, in-person surveys was plan and was derailed
- Process now takes more than one day (requires more prep/workflow)
- The anonymous part has become more difficult
- Everything is virtual/electronic
- Flow of communication- was in clinic but is now virtual (using technology)
- Equity- the people who we most want to get ahold of are the people who have the hardest time accessing technology/phone
  - New process is more limiting for patients
- Trauma-informed care internally for staff wellness
  - Initial training
  - Added mindfulness and wellness to department meetings

# Fall 2020 Capacity Assessment: What We Learned

- We were aware that we were starting at the beginning and used the results as a guidance tool to support the workplan.
- We scored high:
  - Leadership commitment to trauma-informed care
  - Establishing safety and privacy practices for patient interactions
  - Prioritizing accessibility
  - Building relationships with community partners
  - Conducting warm handoffs to internal referrals
- We scored low:
  - Not tracking data
  - Not engaging patient and family member advisors who represent the community
  - Not asking staff about burnout, supporting teams with relationship-based supervision, creating a shared understanding of trauma and the importance of addressing trauma in primary care
  - Comfort talking about trauma with patients and caregivers
  - Patient education overall
  - Not yet screening for ACEs



# CALQIC Aims & Sub-Aims

What is your overall CALQIC Aim?

1

Train and attest 100% of eligible clinicians through ACES Aware

4

Able to report screening data by race/ethnicity

2

Sherman Oaks site will be screening 6-11 year-olds for ACEs by April 2021 using PEARLS

5

Screen at least 50% of the patients in target/eligible population

3

Report screening data by participating sites

6

Nurture a trauma-informed culture within the clinic

# What are some of our top changes/ideas to achieve our aims?



- Developed provider/MA scripts
- Developed workflow
- Establish EHR integration
- Identify process for response including circle charts
- Refined resource list of different services for patients
- Increased communication within the team about processes/resourcing around ace screenings
- Coordinated with QI for data collection
- Added check-ins to huddles
- Modify processes in clinic to support staff wellness
- Discuss burnout and wellness skills in department meetings

# What are we testing or what is our plan for testing changes? What have we learned?

- Staff wellness is essential
- Related to ACE Screening
  - Scores being zero aren't always accurate- the follow-up and response is important
  - Patients are not as upset about asking questions as anticipated- have received positive feedback
- That screening is a **PROCESS** so we focused on identifying places where we can create more transparency and safety non-judgmental collaboration
- Modality of communication with patients matters!
- So does their access to technology (or, more often, lack thereof)

# Impact, Results & Stories to Date

- One mom responded after her 11 y/o daughter scoring zero on the survey that while her kids haven't had these experiences, she can see why it's important. She continued to share that they were fostering her nieces and can see effects of their trauma on health.
- Another parent responded, "So many people need this so thank you for asking."

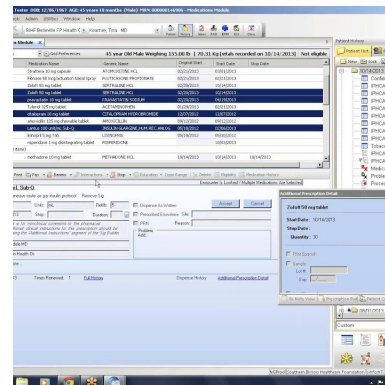
# Key Tools & Resources



Please email CCI ([nikki@careinnovations.org](mailto:nikki@careinnovations.org)) copies of shareable resources so that we can post to the CALQIC program website.



The Circle Chart is a tool that is utilized in the response phase to lead the conversation between provider and parent. Through a strengths-based approach, they identify goals to work on until the next appointment and are connected with the case manager if needed.



Nextgen Electronic Health Records workflow supports continuity of care in retaining the information from one visit to the next.



My phrases in Nextgen support providers in communicating consistent information to patients and streamline the documentation process.

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# Current Challenges or Barriers

- 1 Access and familiarity using technology for visits (patients & staff)
- 2 COVID affected the regularity of physical visits and continuity of care



# CALQIC Next Steps

- Train MA/Providers on scripts, workflow, response
- Expand ACE screening to more providers within the age group
- Continue integration of staff wellness activities including talking about burnout