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marin community clinics

connecting for health

Who We Are

- Federally Qualified Health Center (FQHC), founded in 1972 by volunteer physicians
- Comprehensive primary care, oral health, behavioral health, obstetrics/gynecology, and vision services
- Ancillary services: on-site labs, radiology, pharmacy and some subspecialties (podiatry, cardiology, dermatology, acupuncture, nutrition, chiropractic, etc)
- 5 Clinic Sites in San Rafael, Larkspur, Novato



Over 34,000 patients served annually, 40% pediatrics

In 2017, 96.1% patient earned 200% or less of Federal Poverty Guidelines, Uninsured (23%), Public Insurance (75%), Private Insurance (2%)

Demographics: 66.7% identify as Hispanic/Latino, 60.9% primarily non-English speaking

ASSESS HEALTH

We chose to focus on the PICC Framework section of Assess Health because this has been one of our main areas of focus in year one.

We entered year one in the midst of a pilot study, in conjunction with CYW, of ACES screening in our pediatric and obstetrics populations. We have now been screening for ACES in a subset of these patients for 1 year.

One of the main aims of our involvement in this collaborative is to develop a model that will bridge the care of our at risk OB population with the care of the mother and young child as they transition to primary pediatric and adult care to prevent ACES. As we have been creating this model, we have realized the need for developing a systematic way of identifying patients who would benefit from these interventions, and have thus created an additional tool to assess for risk and health factors.

ACES Screening

- We have completed our pilot and successfully screened 232 children for ACES. We piloted with a small cohort of pediatricians and family practice doctors and just completed our first year of screening.
- 33 had a score of 2+ ACES, 47 had a score of 1
- 52 OB patients were also screened as a mini pilot.
- 5 had a score of 2+, 10 had a score of 1
- Support was offered to almost every pt that scored 2+ (For 3 pts, intervention wasn't documented) and many of the pts who scored only 1 ACE
- No one refused the screen, and no providers voiced concerns with giving it.
- We have worked to streamline the ACES screening process by creating a template in our EHR, which is now available to all providers and enables us to record the ACES score in the child's chart.

Resilient Beginnings Program

- In order to identify families for our pilot, we developed an algorithm that included ACEs, Social Determinants of Health, and connection to services
- Created a Likert scale scoring system, and determined a range of scores that would qualify for inclusion in the study
- We tested the validity of the scale with our CPSP providers and a list of ~50 pregnant mothers. CPSP providers separately scored each mother, and compared the results with who they independently viewed as good fits for the program
- See Copy of the Scale

Lessons Learned

For ACES Screen:

If we could go back and do one thing differently, it would be to start with the PEARLS, since that is the measure we will likely be using going forward. We've gained momentum and shown that it's feasible to administer the screens and provide additional services in our clinics. Now we will focus on training all providers on the PEARLS and converting our Nextgen template accordingly.

Lessons Learned

For RBC Algorithm:

We are struggling with the desire to provide support to all families, and whether being in the High Risk Category should prevent a patient from being entered into the intervention cohort. Additionally, often the families we are most concerned about are the ones who are not connecting to care. Often we don't have sufficient information to stratify them and determine if they should be included. Additionally, the very reason we are worried about them is also what impedes them from receiving the services.

Gratitude

- We are grateful to the work of CHO and others for researching a tool to screen for ACES that is relevant and sensitive to the needs of the patients we serve
- We are grateful to Lifelong for their continued support of training and resources for our Centering Parenting Program
- We are grateful for the work of all members of this collaborative and to CCI for the opportunity to share ideas and learn from each other as we all work towards securing resilient beginnings for the families we serve

Next Steps

- In an ideal world one year from now, all of our pediatric providers would be fully incorporating a screen for ACEs into their 9 mos and 30 mos Well Child visits, as well as new patient visits.
- In an ideal world 3-5 years from now, our clinics would be screening for ACEs at every Well Child Visit
- In an ideal world one year from now, we would have a steady flow of mothers entering our Resilient Beginnings program and receiving case management and additional services as needed
- In an ideal world 3-5 years from now, we would have successfully prevented ACEs in our original cohort and improved the lives and well-being of the families we served

Discussion Questions

- As we move towards integrating the PEARLS into our clinic, we would like to know if CHO and others have developed any training materials that we could incorporate into our clinic trainings on ACES screening.
- We would love feedback on our algorithm and thoughts on how other sites have developed mechanisms for identifying families for services.