



**DECEMBER 4, 2019**

# Welcome

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California Surgeon General

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Medical Director

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*Note: This session is being recorded*



# Agenda

- I. Welcome and Meeting Objectives
- II. Why Screen for Adverse Childhood Experiences?
- III. The ACEs Aware Initiative
- IV. How Medi-Cal Providers Can Participate
- V. DHCS Operational Implementation
- VI. Q&A

# Meeting Objectives

- Provide an overview of why screening plays an important role in addressing ACEs and toxic stress as a public health crisis.
- Familiarize providers with ACEs Aware tools on how to screen for ACEs and respond in primary care.
- Explain how Medi-Cal providers can receive payment for ACEs screenings.

# 10 Categories of Adverse Childhood Experiences (ACEs)

## ABUSE



Physical



Emotional



Sexual

## NEGLECT



Physical



Emotional

## HOUSEHOLD DYSFUNCTION



Mental Illness



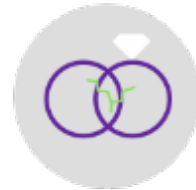
Incarcerated Relative



Mother treated  
violently



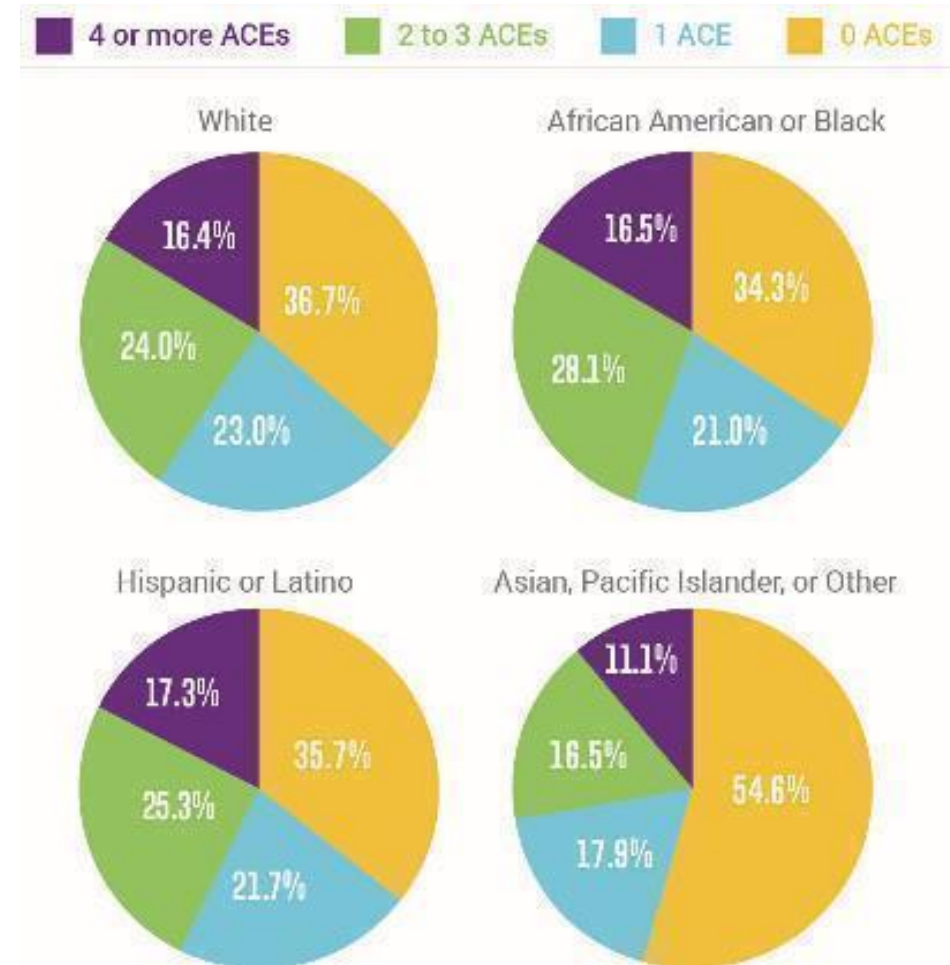
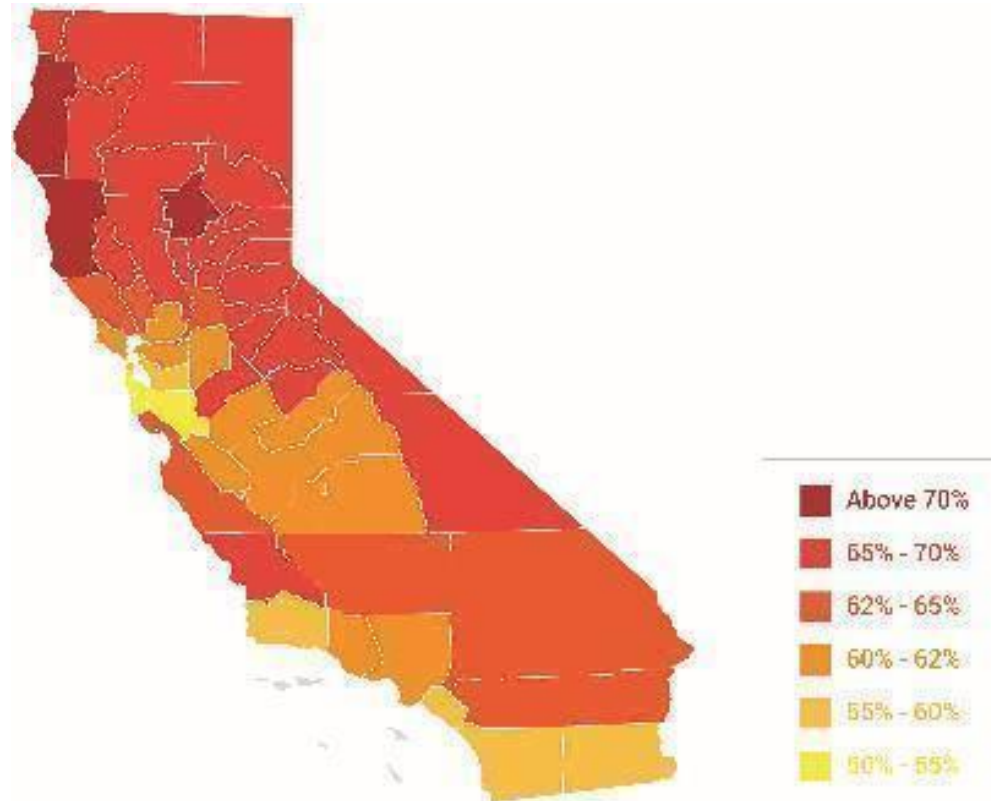
Substance Abuse



Divorce

# 62.7% Californians with $\geq 1$ ACEs

## 17.6% with $\geq 4$ ACEs



Source: A Hidden Crisis: Findings on Adverse Childhood Experiences in California, Center for Youth Wellness, 2014

<https://letsgetthehealthy.ca.gov/goals/healthy-beginnings/adverse-childhood-experiences/>

# ACEs dramatically increase risk for 9 out of 10 leading causes of death in US

	Leading Causes of Death in US, 2017	Odds Ratio Associated with $\geq 4$ ACEs
1	Heart Disease	2.1
2	Cancer	2.3
3	Accidents	2.6
4	Chronic Lower Respiratory Disease	3.1
5	Stroke	2.0
6	Alzheimer's	4.2
7	Diabetes	1.4
8	Influenza and Pneumonia	
9	Kidney Disease	1.7
10	Suicide Attempts	37.5

Source of causes of death: CDC, 2017

Sources for odds ratios: Hughes *et al.*, 2017 for 1, 2, 4, 7, 10; Petrucelli *et al.*, 2019 for 3 (injuries with fracture), 5; Center for Youth Wellness, 2014 for 6 (dementia or Alzheimer's disease); Center for Youth Wellness 2014 and Merrick *et al.* 2019 for 9

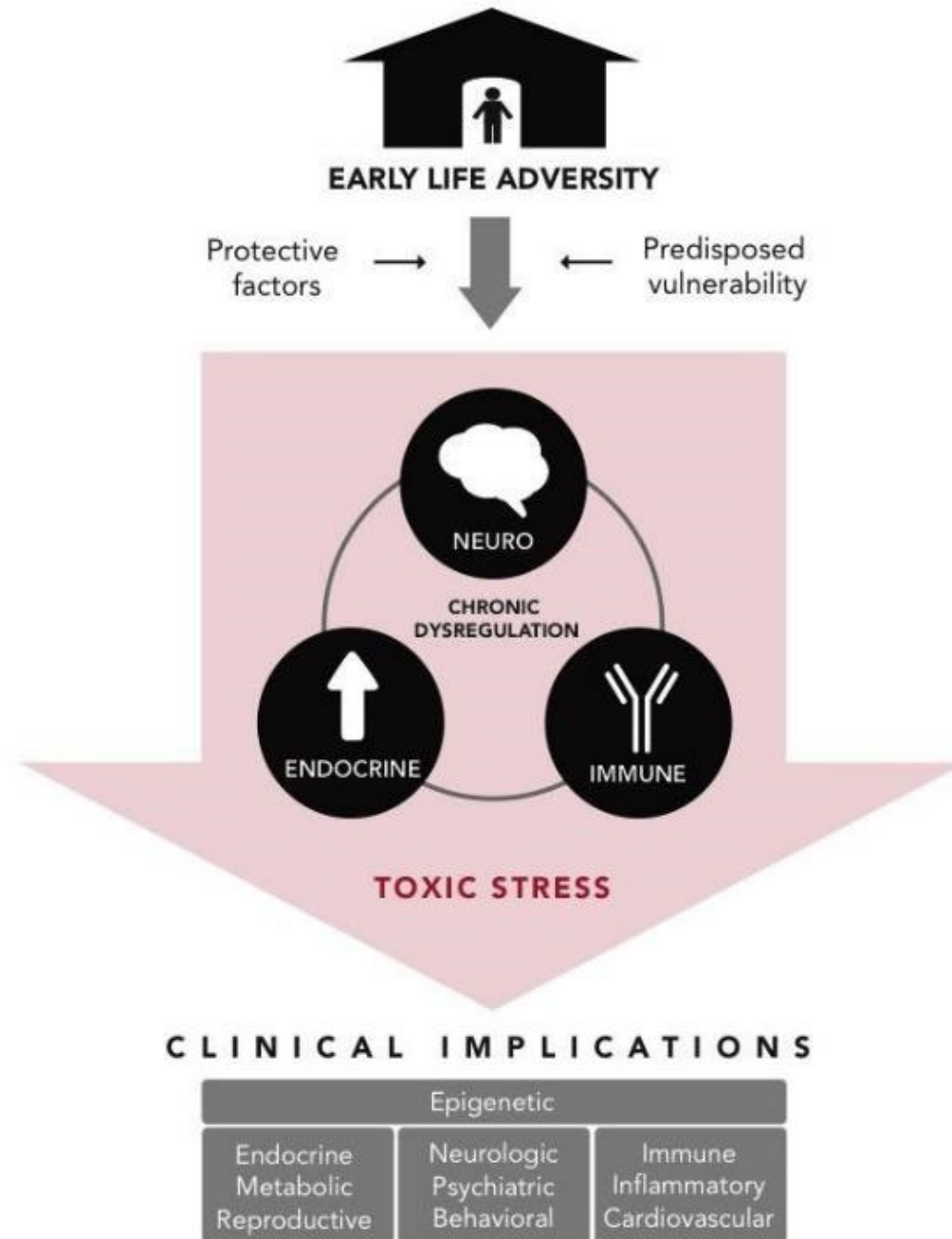
# ACEs dramatically increase risk for 9 out of 10 leading causes of death in US

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1	Heart Disease	2.1
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3	ACEs are NOT destiny! With intervention, we can make a significant impact and improve outcomes.	
4		
5		
6		
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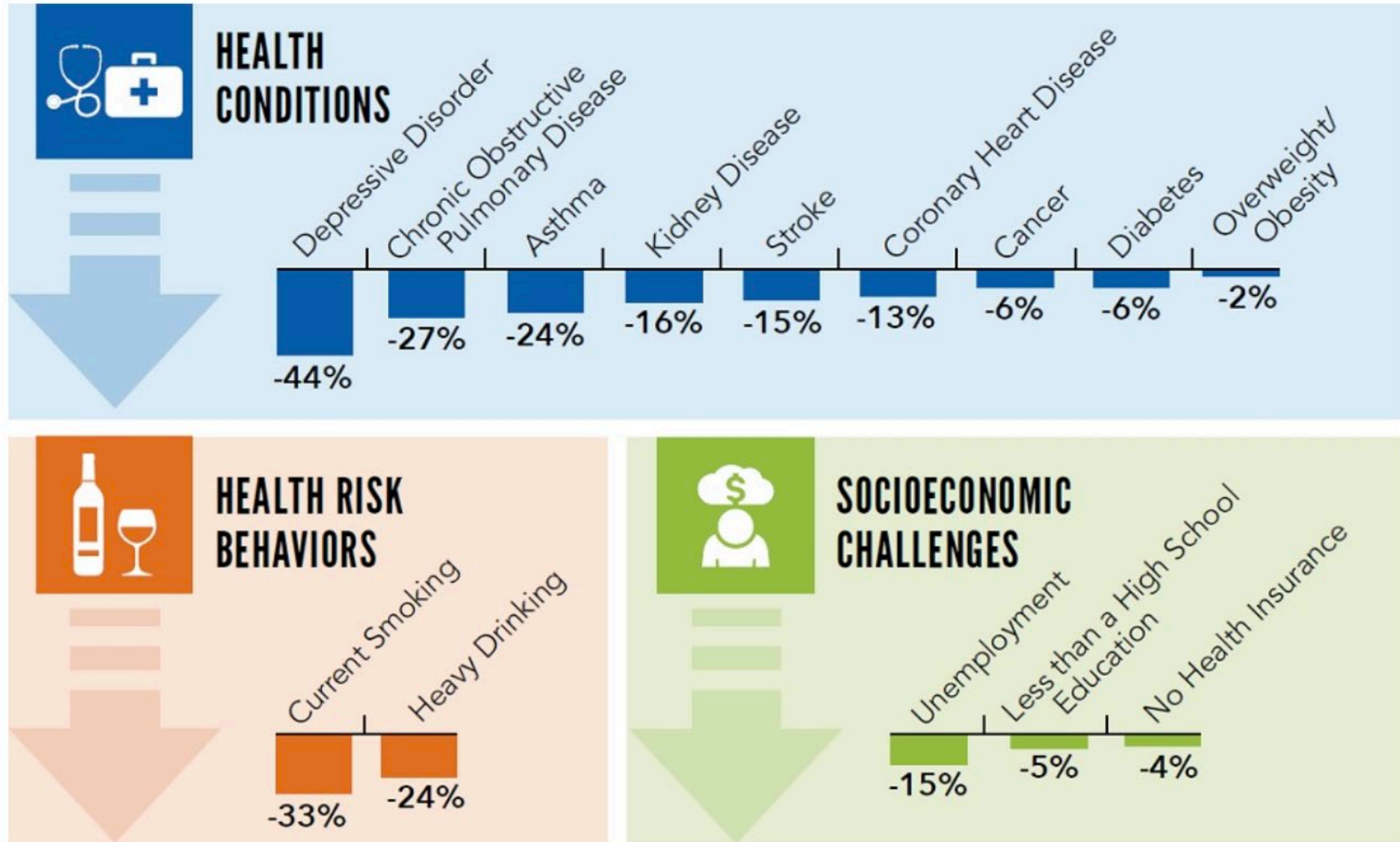
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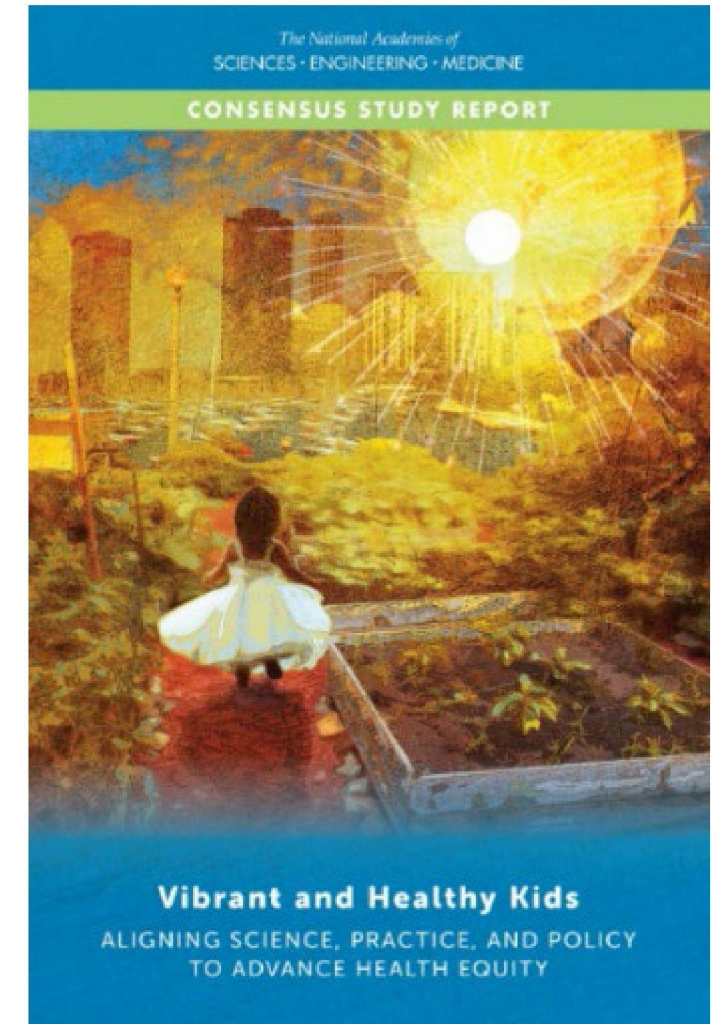
# Cut ACEs and Toxic Stress in HALF in one generation.

# Potential Reduction in Negative Outcomes in Adulthood



## Recommendation 8 -2: Routine Screening

Adopt and implement screening for trauma and adversities early in life to increase the likelihood of early detection.



# California's Approach

- Establish primary prevention by addressing systemic and structural factors and deploying a coordinated public education campaign.
- **Systematically deploy broad scale screening to enable early detection and early intervention of ACEs and toxic stress.**
- **Interrupt vertical transmission of ACEs by advancing screening and children in adults – with special focus on the prenatal and early parenting years.**
- Coordinate and strengthen the network of referral and treatment systems to make them more effective, accountable and easy to navigate for children, adults and providers.
- Advance the science of toxic stress, identify potential therapeutic targets and improve efficacy of interventions.



# California's Investment

## Routine Screening in Primary Care

- \$40.8M for ACE screenings of young children and adults receiving Medi-Cal.
- DHCS will provide a \$29 payment to Medi-Cal providers for trauma screenings for adults and children, beginning January 1, 2020.
- \$50M (plus match) over three years for robust provider training and engagement activities to equip Medi-Cal providers to screen for ACEs and respond with trauma-informed care.





# The ACEs Aware Initiative

- ACEs Aware is an initiative led by CA-OSG and DHCS to address the largely unrecognized public health crisis of toxic stress stemming from Adverse Childhood Experiences.
- ACEs Aware offers Medi-Cal providers training, clinical protocols, and payment for screening children and adults for ACEs. Detecting ACEs early and connecting patients to interventions, resources, and other support can improve the health and well-being of individuals and families.



# OSG ACEs Clinical Experts

- Nadine Burke Harris, MD, MPH - OSG
- Devika Bhushan, MD – OSG
- Karen Mark, MD, PhD – DHCS
- Connie Mitchell, MD, MPH - CDPH
- Eddy Machtinger MD, UCSF
- Alicia Lieberman, PhD – UCSF
- Leigh Kimberg, MD – UCSF
- Dayna Long, MD, FAAP – UCSF BCHO

- Sheela Raja, PhD - UIC
- Shairi Turner-Davis, MD, MPH – FL DPH
- Michelle Hoersch, MS - OWH
- Shannon Thyne, MD – LA City DHS
- Leena Singh, DrPH - CYW
- Ken Epstein, PhD – EBAC
- Nancy Goler, MD – TPMG
- Brigid McCaw, MD, MS, MPH – TPMG (ret)



# Adult Screening Tool

Our relationships and experiences—even those in childhood—can affect our health and well-being. Difficult childhood experiences are very common. Please tell us whether you have had any of the experiences listed below, as they may be affecting your health today or may affect your health in the future. This information will help you and your provider better understand how to work together to support your health and well-being.

Instructions: Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please add up the number of categories of ACEs you experienced prior to your 18th birthday and put the total number at the bottom. (You do not need to indicate which categories apply to you, only the total number of categories that apply.)

Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?

Did you lose a parent through divorce, abandonment, death, or other reason?

Did you live with anyone who was depressed, mentally ill, or attempted suicide?

Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?

Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?

Did you live with anyone who went to jail or prison?

Did a parent or adult in your home ever swear at you, insult you, or put you down?

Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?

Did you feel that no one in your family loved you or thought you were special?

Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?

Your ACE score is the total number of yes responses.

Do you believe that these experiences have affected your health?

☐ Not Much

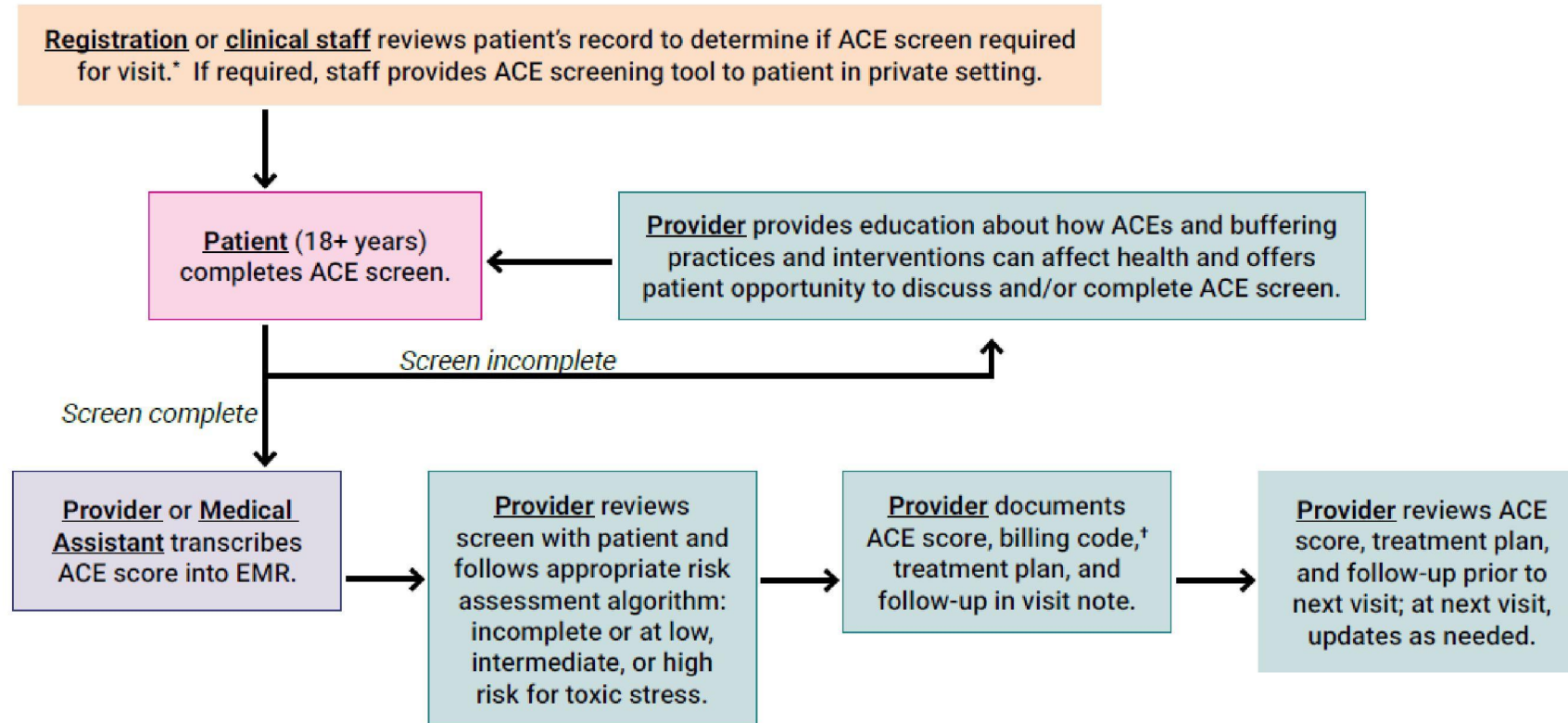
☐ Some

☐ A Lot

Experiences in childhood are just one part of a person's life story.  
There are many ways to heal throughout one's life.

Please let us know if you have questions about privacy or confidentiality.

## Adult ACE Screening Clinical Workflow



\*ACE tool to be completed once per adult per lifetime

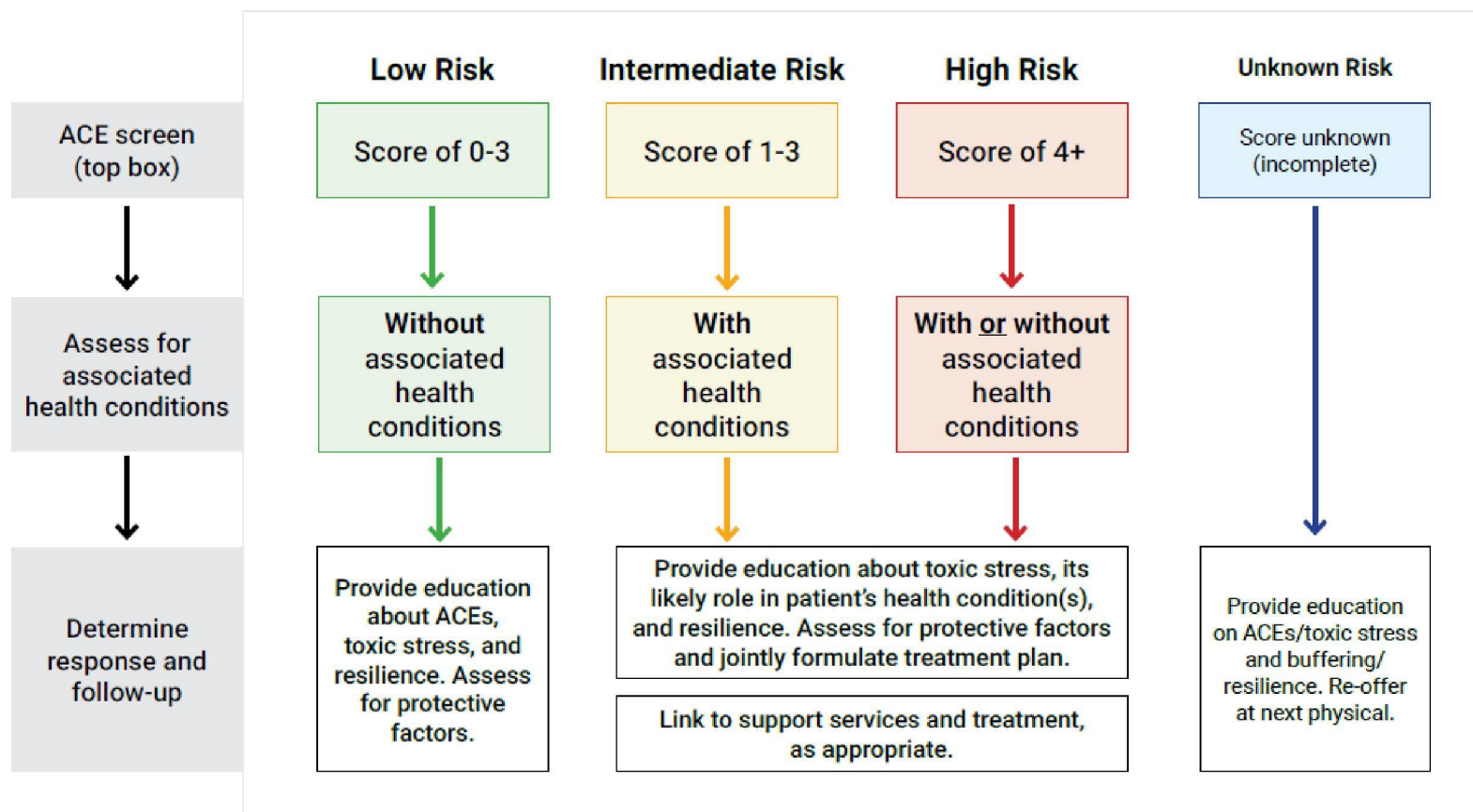
†Healthcare Common Procedure System (HCPCS) billing codes for ACE scores:

G9919: ACE score  $\geq 4$ , at high risk for toxic stress.

G9920: ACE score of 0 – 3, at lower risk for toxic stress (on algorithm, at either low or intermediate risk).

## Adverse Childhood Experiences (ACEs) and Toxic Stress Risk Assessment Algorithm

Adults



Partial completion may indicate discomfort or lack of understanding. If partial response indicates patient is at intermediate or high risk, follow the guidelines for that category.

If the ACE score is 0-3 without ACE-associated health conditions, the patient is at "low risk" for toxic stress physiology. The provider should offer education on the impact of ACEs and other adversities on health (including reviewing patient's self-assessment of ACEs' impact on health), buffering/protective factors, and interventions that can mitigate health risks. If the ACE score is 1-3 with ACE-associated health conditions, the patient is at "intermediate risk." If the score is 4 or higher, even without ACE-associated health conditions, the patient is at "high risk" for toxic stress physiology. In both cases, the provider should offer education on how ACEs may lead to a toxic stress response and associated health conditions, as well as practices and interventions demonstrated to buffer the toxic stress response, such as sleep, exercise, nutrition, mindfulness, mental health, and healthy relationships. The provider should also assess for protective factors, jointly formulate a treatment plan and link to supportive services and interventions, as appropriate.

## ACEs-Associated Health Conditions: Adults

Symptom or Health Condition	Odds Ratio (excluding outliers)
Cardiovascular disease <sup>21</sup> (CAD, MI, ischemic heart disease)	2.1
Tachycardia <sup>37</sup>	≥ 1 ACE: 1.4
Stroke <sup>20</sup>	2.0
Chronic obstructive pulmonary disease (emphysema, bronchitis) <sup>21</sup>	3.1
Asthma <sup>43</sup>	2.2
Diabetes <sup>21</sup>	1.5
Obesity <sup>20</sup>	2.1
Hepatitis or jaundice <sup>1</sup>	2.4
Cancer, any <sup>21</sup>	2.3
Arthritis <sup>32, 7</sup> (self-reported)	3 ACEs, HR: 1.5 ≥ 1 ACE: 1.3
Memory impairment <sup>20</sup> (all causes, including dementias)	4.9
Kidney disease <sup>43</sup>	1.7
Headaches <sup>11</sup>	≥ 5 ACEs: 2.1
Chronic pain, any <sup>38</sup> (using trauma z-score)	1.2
Chronic back pain <sup>38</sup> (using trauma z-score)	1.3
Fibromyalgia <sup>37</sup>	≥ 1 ACE: 1.8
Unexplained somatic symptoms, including somatic pain, headaches <sup>20, 2</sup>	2.0 - 2.7
Skeletal fracture <sup>1</sup>	1.6
Physical disability requiring assistive equipment <sup>23</sup>	1.8
Depression <sup>21</sup>	4.7
Suicide attempts <sup>21</sup>	37.5
Suicidal ideation <sup>20</sup>	10.5
Sleep disturbance <sup>20</sup>	1.6
Anxiety <sup>21</sup>	3.7
Panic and anxiety <sup>20</sup>	6.8
Post-traumatic stress disorder <sup>37</sup>	4.5
Illicit drug use <sup>21</sup> (any)	5.2
Injected drug, crack cocaine, or heroin use <sup>21</sup>	10.2
Alcohol use <sup>21</sup>	6.9
Cigarettes or e-cigarettes use <sup>35</sup>	6.1
Cannabis use <sup>35</sup>	11.0
Teen pregnancy <sup>21</sup>	4.2
Sexually transmitted infections, lifetime <sup>21</sup>	5.9
Violence victimization <sup>21</sup> (intimate partner violence, sexual assault)	7.5
Violence perpetration <sup>21</sup>	8.1

Odds Ratios for individuals with > 4 ACEs, except where specified otherwise, all compared to 0 ACEs



# Treatment Planning

**Clinical response to identification of ACEs** and increased risk of toxic stress should include:

1. Applying principles of **trauma-informed care** including establishing trust, safety and collaborative decision-making
2. Identification and treatment of **ACE-Associated Health Conditions**
3. **Patient education** about toxic stress and buffering interventions including:
  1. supportive relationships,
  2. mental health treatment (if indicated),
  3. regular exercise,
  4. good sleep hygiene,
  5. healthy nutrition, and
  6. mindfulness practices.
4. Validation of existing **strengths and protective factors**.
5. **Referral to patient resources** including educational materials, community resources, social work, and/or mental health care as necessary.
6. **Follow-up** as necessary.

# Benefits of Screening

By screening for ACEs, providers can:

1. Better determine the likelihood a patient is at increased health risk due to a toxic stress response.
2. Better identify ACE-Associated Health Conditions that may benefit from a trauma-informed intervention.
3. Identify which patients may be at risk of vertical transmission of ACEs and toxic stress and target prevention efforts.
4. Empower patients to achieve better health by addressing potential toxic stress physiology.

# How Medi-Cal Providers Can Participate

**Step 1**



**Step 2**



**Step 3**



**Step 4**

Get Trained

Start Screening for  
ACEs and Implement  
Trauma-Informed  
Care

Receive Medi-Cal  
Payment

Help Advance Our  
Health Care  
System



# DHCS Operational Implementation

Element	Description
Payment Effective Date	January 1, 2020
Attest to Completing Training By	July 1, 2020
Target Population	Children and adults up to 65
Provider Types	All
Rate	\$29
Healthcare Procedure Coding System (HCPCS) Codes	<ul style="list-style-type: none"><li>• G9919 (ACE score of 4 or greater, high risk)</li><li>• G9920 (ACE score of 0 to 3, lower risk)</li></ul>



# Screening Tools

- **For Children & Adolescents:** PEARLS (PEdiatric ACEs and Related Life-Events Screener)
  - PEARLS for children ages 0 –11, to be completed by a caregiver.
  - PEARLS for teenagers 12 –19, to be completed by a caregiver.
  - PEARLS for teenagers 12 –19, self-reported.
- **For Adults:** ACEs Assessment Tool
  - For adults ages 18 and older.
  - If an alternative version of the ACEs questionnaire is used, it must contain questions on the 10 original categories of ACEs to qualify.
- **For ages 18 – 19:** Either PEARLS or ACEs can be used.

# Frequency

## **Members Under 21**

DHCS will provide payment for periodic rescreening as determined appropriate and medically necessary, not more often than once per year, per provider, per managed care plan.

## **Members Over 21**

DHCS will provide payment for screening once in adult lifetime up to age 65, per provider, per managed care plan.

# Training & Payment

- All Medi-Cal providers should go to [www.ACEsAware.org](http://www.ACEsAware.org) to learn how to screen, respond with trauma-informed care, and receive payment.
- Medi-Cal providers can take a free, two-hour training to learn about ACEs, screening tools, and trauma-informed care.
- Providers will receive Continuing Medical Education (CME) credits and Maintenance of Certification (MOC) credits upon completion.
- *Additional in-person trainings will be offered in 2020.*

# ACEs Aware Phased Implementation

## Phase 1 – Minimum Requirements for Reimbursement

- 2-hour online training that covers the basics of what billing providers need to know to appropriately screen and treat patients for ACEs and toxic stress, and how to participate in the program.
- Training will provide Continuing Medical Education (CME) and Maintenance of Certification (MOC) credits and will be available in the Fall of 2019.

## Phase 2 - Provider Engagement and Training

- Partnering with organizations to provide additional certified training opportunities that are targeted to specific provider specialties and/or offered in different modalities (such as in-person).
- All trainings would need to meet CA-OSG/DHCS-developed curriculum criteria.

# ACEs Aware Phased Implementation

## Phase 3 – Learning and Quality Improvement

- Development of a Learning and Quality Improvement (LQI) Collaborative to implement a data-driven, iterative evaluation and quality improvement process
- Will draw on inputs from diverse hospitals and clinics across California, and provide technical assistance in identifying, improving upon, and implementing evidence-based best practices.
- The LQI Collaborative would work to disseminate these best practices to health systems across the state.

# Advancing the Science

## Precision Medicine:

\$9 million for research demonstration projects that address health impacts of ACEs using precision medicine approaches through the California Initiative to Advance Precision Medicine RFP announced yesterday, Tuesday 12/3.



# Cross-Sector Coordination

CA-OSG has convened the **ACEs Reduction Leadership Team**:

A collaborative effort of leaders across the Newsom administration to develop a multidisciplinary plan to cut ACEs and toxic stress in CA in half in a generation.

- Governor's Office
- All California Health and Human Services Departments
- Department of Education
- Law Enforcement



# Resources & Support

- The ACEs Aware initiative is committed to empowering clinical and social innovations, providing support and solutions for clinicians and community leaders to continue to deliver the care that works best for their populations.
- Resources and support around ACEs, toxic stress and trauma-informed care are being implemented in communities across California today – **we want to use ACEs Aware to shine a light on the great work being done by our partners today to address ACEs.**
- We will convene, aggregate, and share learnings, research, practices, and experiences that will unite us to advance the standard of care for ACEs and toxic stress together.



**Website & Training Available Now!**

[www.ACEsAware.org](http://www.ACEsAware.org)



# Q&A



Information, materials, and training opportunities are available at  
[www.ACEsAware.org](http://www.ACEsAware.org)

Contact  
[info@ACEsAware.org](mailto:info@ACEsAware.org)

