



Trauma-Informed Primary Care Implementation Advisory Committee Meeting: Key Themes

March 3, 2020

The Trauma-Informed Primary Care Implementation Advisory Committee (the Committee) met on March 3, 2020, with 28 members in attendance. This document summarizes the meeting and the key themes, which will be considered in the ongoing implementation of the ACES Aware initiative.

Meeting Summary

California Surgeon General Dr. Nadine Burke Harris opened the meeting by sharing that Newsweek Magazine's cover story is on the increasingly recognized public health crisis of Adverse Childhood Experiences, what health care leaders around the nation are doing to address it, and Dr. Burke Harris' work in California. Dr. Burke Harris also shared that CA-OSG and ACES Aware are partnering with the First 5 "Talk. Read. Sing." campaign to promote buffering activities for parents and small children.

The objectives of the meeting were to:

1. Provide updates on the ACES Aware initiative and activities;
2. Discuss the role of the Committee and Subcommittees in 2020;
3. Learn what Committee members are hearing from providers about ACES Aware, and how members are integrating ACES Aware activities, training, tools, and resources into their organizations; and
4. Provide updates on the California ACES Learning and Quality Improvement Collaborative (CALQIC) and the Initiative to Advance Precision Medicine.

ACES Aware Initiative Updates

Dr. Burke Harris provided an update on the ACES Aware initiative and the work that has been completed since the November TIPC meeting including launching the website, investments from the state of California, and efforts around engaging and supporting providers. Dr. Karen Mark, Medical Director for the Department of Health Care Services (DHCS), provided an update on DHCS implementation efforts.



Engaging and Supporting Providers

Committee members provided the following feedback on the ACEs Aware initiative as well as efforts to engage and support providers.

- **Highlight family physicians on the Becoming ACEs Aware curriculum:** Family physicians and family medicine should be more integrated into the Becoming ACEs Aware curriculum, specifically in the case descriptions and physician descriptions. CA-OSG and DHCS have since revised the curriculum by adding family practice as a specialty to the case descriptions and updating two cases to note that patients are now seen by a family practice physician.
- **Make the business case for providers:** Some providers will be more motivated to implement ACE screenings if they understand its value proposition of – including increased provider and patient satisfaction. These messages should be targeted to medical directors and administrators and integrated into ACEs Aware initiative communications materials.
- **Create a culture of care:** The ACEs Aware Initiative should focus on educating care teams (not just primary care providers) in order to shift the culture around trauma, toxic stress, and ACEs.
- **Continue to remove silos:** The ACEs Aware Initiative should continue to bring together a variety of organizations and representatives to address the toxic stress crisis.
- **Engage providers across specialties:** There was significant discussion on how to bring together multi-disciplinary teams – both within organizations and across sectors. For example, engaging physicians within the same specialty to discuss how to bring trauma-informed care into their work and engaging physicians as well as community providers on how to embed trauma-informed care into their practice.

Communications and Partner Outreach

Cate Powers, Communications Director for the Office of the California Surgeon General, and Carri Ziegler, Vice President of Strategic Communications and Public Affairs at Harbage Consulting, updated the Committee on the ACEs Aware education and engagement campaign.



Committee members provided feedback on additional strategies for provider-to-provider engagement, promoting partner engagement, and aligning efforts with the work of Committee members' organizations.

- **Engage providers outside of Medi-Cal:** Committee members suggested engaging payors and providers outside of Medi-Cal, including working with commercial payors to reimburse for ACE screenings and reaching out to providers who only accept commercial insurance to implement ACE screenings.

Dr. Burke Harris and Dr. Mark clarified that the current funding for the ACEs Aware initiative, Proposition 56 funds, is restricted to Medi-Cal providers only. The CA-OSG has a funding request in the Governor's budget for \$10 million to do cross-sector trainings and education campaigns that are not restricted to Medi-Cal providers.

However, DHCS and CA-OSG will work to improve communications efforts highlighting that the training, screening tools, clinical workflows, ACEs and toxic risk assessment algorithms, and website tools and resources are free and available to any provider. In addition, Dr. Burke Harris expressed that the current work lays the foundation for a proof of concept for commercial payers. ACEs Aware data, feedback, and health outcomes data will be able to be used to advocate for commercial payers adding ACE screenings as a covered benefit.

- **Engage with the public health sector:** Committee members discussed the enthusiasm from public health and preventive medicine providers and ways to engage public health agencies. There was dialogue around ways to work with epidemiological data to locate populations with the highest burden of ACEs and target resources and effective interventions in those areas, exemplified by public health interventions used to reduce maternal mortality for African American women.

Dr. Burke Harris noted that they are hoping to partner with the public sector and that the Surgeon General's report will include a public health blueprint on ways to ameliorate ACEs. Dr. Karen Mark also noted that DHCS uses Behavioral Risk Factor Surveillance System (BRFSS) and state data to locate high prevalence of ACEs and can share that data with counties and public health departments.

Dr. Connie Mitchell, California Department of Public Health (CDPH), highlighted data collection efforts and resiliency trainings. CDPH has data on ACEs in children and



pregnant women as well as exposure to trauma. They also have a number of programs designed to increase resiliency and measure resiliency strategies in various populations. CA-OSG and DHCS will continue to work with CDPH to advance the ACEs Aware initiative.

Additionally, several committee members offered to connect CA-OSG with county public health work on ACEs, toxic stress, and resiliency – including through the California State Association of Counties (CSAC) meeting.

- **Recognize other risk factors for a toxic stress response:** The ACEs Aware initiative should consider the effects of discrimination and poverty on health – with the recognition that the science must also advance. Dr. Burke Harris noted that the PEARLS tool does include questions about discrimination. As the science of toxic stress advances and the Precision Medicine Initiative is implemented, they will learn more about discrimination as an additional risk factor for toxic stress.
- **Increase the focus on prevention and resilience:** Committee members emphasized the importance of prevention and ways to build resiliency when discussing ACEs. Committee members also stressed that messages should be fun and full of joy which will encourage diverse groups to engage.

The CA-OSG is also examining buffering factors that reduce the clinical risks of a toxic stress response. However, there is less science on effective interventions and resilience. Their approach to science is to look at ACEs from an epidemiological, clinical, and molecular level and ways to drive connections between the science.

- **Highlight providers' ACEs stories:** Kaiser Permanente has developed an internal education campaign featuring brief clips of providers – including executives – sharing their ACEs story and how they built their resiliency. This is intended to help destigmatize ACEs and promote provider interest in incorporating ACEs into their practice. Cate Powers noted that this approach can translate to press calls from reporters who want to talk to people who have been screened for ACEs or who are screening for ACEs. CA-OSG will work to incorporate compelling provider stories and amplify existing stories as part of their communications efforts.



- **Engage with a wide range of stakeholders:** Several committee members provided additional suggestions of sectors to reach out to, including early education providers, schools, reproductive health providers, and law enforcement.

TIPC Advisory Committee and Subcommittees in 2020

Dr. Burke Harris, Dr. Mark, and Tanya Schwartz, Harbage Consulting, Principal and Senior Director of Medicaid Policy and Harbage Consulting, described the TIPC Advisory Committee's role in 2020 and updated Committee members on the two new subcommittees, the Network of Care Subcommittee and the Provider Engagement and Education Subcommittee.

Committee members shared what they are hearing from providers in terms of aligning and coordinating networks as well as focus areas, opportunities, and challenges for the subcommittees.

- **ACEs Aware and California Advancing and Innovating Medi-Cal (CalAIM):** Committee members shared that providers had questions about how the ACEs Aware initiative intersects with CalAIM and informed the Committee that many providers have fatigue from CalAIM and other Medi-Cal program changes.
- **Concerns about children underutilization care:** One Committee member hears that providers have concerns with children underutilizing care or otherwise having difficulty accessing care. Want to ensure that these children are brought into the appropriate care networks.
- **Privacy and data sharing misconceptions:** One Committee member heard that providers were having difficulties sharing data, particularly behavioral health data.
- **Add ACE Screenings to existing assessments:** One Committee member suggested that the ACEs Aware initiative coordinate ACE screenings with other assessments. For example, Medi-Cal managed care providers must complete a Health Risk Assessment (HRA) for members. Adding the ACE screening to the HRA could be an efficient way to increase the number of people who complete an ACE screening.



- **Highlight actions providers can take for patients with a high ACEs score:** Providers are struggling with a lack of resources and referrals for patients with a high risk of a toxic stress response.

Dr. Burke Harris and Dr. Mark noted that while they are working on resources for providers, there are a number of responses that providers can and should implement in the office. The ACEs Aware initiative will work on ensuring this message is incorporated into communications efforts to providers.

- **Screenings can be a solution to provider burnout:** Some Committee members expressed concern about the impact of conducting ACE screenings on safety net provider stress and provider burnout.

Dr. Burke Harris and Dr. Mark expressed that they appreciate the importance of supporting providers. They noted that the overwhelming feedback has shown that providers who integrate ACE screenings into their practice have higher levels of provider and patient satisfaction. ACEs Aware will work to incorporate this message into communications efforts.

- **Message for the “second wave” of provider engagement:** A Committee member shared experiences with providers who have started screening for ACEs and later felt guilty about not previously screening all patients and potentially missing a toxic stress response in former patients. Many of these providers become advocates. The ACEs Aware Initiative should learn from these findings in targeting resources and outreach to providers.

Other providers may have been conducting ACE screens in their practice informally and/or without calling it ACE screening. The ACEs Aware initiative should offer additional tools to this population of providers.

Finally, committee members suggested that messaging for early provider adopters may need to be different than messaging for later provider adopters.

“Becoming ACEs Aware in California” Provider Training

Dr. Burke Harris and Dr. Bhushan shared key elements of the “Becoming ACEs Aware in California” online provider training and users’ evaluations of the training. Dr. Burke Harris



highlighted that more than two-thirds of users who completed the training reported they plan to implement changes in their practice based on the information provided.

Committee members provided feedback on strategies for reaching more adult medicine providers, what they are hearing from providers, and additional types of trainings Medi-Cal providers need.

- **Strategies to target internal medicine providers:** One individual noted that most adults in the Medi-Cal population are served by family practice physicians. Internal medicine physicians are often considered “specialists” in Medi-Cal. Therefore, the Committee member appreciated the focus on outreach to pediatricians and family practice physicians.

Other Committee members suggested going through associations (however, the American College of Physicians does not have a presence in California), large health systems, administrative bodies, specialty-specific provider groups, professional societies, and the California Medical Association.

Several Committee members offered to assist the ACEs Aware initiative by promoting the training at upcoming meetings.

- **Train at the local level:** The ACEs Aware initiative should focus on conducting trainings at the local and grassroots level in order to effectively communicate to physicians the importance of ACE screenings and connecting patients to community resources.
- **Mimic certain aspects of the existing training:** In thinking about developing additional trainings, several Committee members suggested including aspects of the “Becoming ACEs Aware in California” training, including:
 - Case-based modules
 - Ease of fitting into a physician’s schedule (e.g., the ability to start and stop the training as needed)
 - Accessible via mobile devices
- **Ideas for additional trainings:** Committee members suggested future trainings could include:



- Workflow in a clinic and other operational aspects of implementing ACE screenings
- Chronic pain and toxic stress
- Toxic stress physiology
- 20-minute modalities, in which a training could be taken to a department meeting
- Crisis workflows (e.g., a triggered patient or a parent triggered by an ACE screening for their child)

ACEs Aware Provider Resources & Tools

Dr. Burke Harris highlighted some key resources on the ACEs Aware website and asked Committee members for feedback on tools they are currently using, where they find resources, what resources Medi-Cal providers need, and how to develop resources for diverse provider and patient populations.

- **Account for diverse socio-economic backgrounds:** Committee members suggested that when developing materials and trainings, ACEs Aware should consider cultural backgrounds, immigration status, race, ethnicity, language, income, and other socio-economic factors that affect the way people receive ACEs messages. Dr. Burke Harris noted that through the Request for Proposals, they are targeting provider training and engagement that incorporates cultural sensitivities and asked for feedback on how to manage the challenge of maintaining scientific rigor while supporting the development of additional materials. For example, national data demonstrates that the LGBTQ+ population has among the highest prevalence of ACEs and the ACEs Aware initiative wants to be sure that they are responsive to ways ACEs present in those communities.

Committee members also asked whether screening tools will be translated into different languages. Dr. Mark noted that DHCS will be releasing the screening tools in all threshold languages.

- **Emphasize parents reading to children as a resiliency tool:** One Committee member shared the research that 30 minutes per day of buffer time is almost enough to offset the toxic stress response to ACEs and pointed to reading campaigns as an effective strategy to increase resiliency. Dr. Burke Harris shared information about her recent partnership with First 5's "Talk. Read. Sing." campaign.



- **Incorporate ACE screenings and response into Electronic Health Records (EHRs) and clinical guidelines:** Committee members suggested adding ACE screenings and toxic stress responses to EHRs. Dr. Burke Harris noted that there is not a current guideline for EHR but the ACES Aware initiative is working to add ACEs and ACE-Associated Health Conditions to clinical guidelines and to support clinical implementation efforts.
- **Use different mediums to spread messages:** For example, one Committee member suggested podcasts (e.g., the Nocturnists). The ACES Aware initiative will continue to explore various ways to improve provider awareness of ACEs, toxic stress, and the ACES Aware initiative. There was discussion about providers needing bite-sized information in a mobile format.

California ACEs Learning and Quality Improvement Collaborative (CALQIC)

Dr. Edward Machtinger, CALQIC Co-Director and Director of the Center to Advance Trauma-informed Health Care (CTHC) at the University of California, San Francisco provided an update on the CALQIC partnership.

- **Use CALQIC to advance the quality of care:** Dr. Burke Harris noted that CALQIC will be used to advance the quality of care and sort fact from fear when it comes to clinical interventions for toxic stress.
- **Use data collected through CALQIC as a feedback loop to fuel the ACES Aware initiative:** California should use the data collected in CALQIC to evaluate in real-time the responses to ACE screenings, and in turn improve the quality of data used in the study. Dr. Burke Harris noted that they will use the CALQIC data to inform the ACES Aware initiative.
- **Broaden scope of data analysis in the future:** Committee members were excited about the evaluation plan Dr. Machtinger described and are eager to see it used in improving the quality of ACE screenings and expanding it to other partners. Dr. Machtinger and CA-OSG are considering how to expand the initiative to other partners, but noted that a successful model of care entails collaborations between primary care providers and community resources. The Surgeon General's report will also capture sector-specific best practices for ACEs.



Dr. Burke Harris also emphasized the important outreach that CA-OSG is conducting with national partners, federal agencies, and international networks on the science, evidence, and practice of reducing ACEs.

California Initiative to Advance Precision Medicine

Dr. Julianne McCall, Science Officer in the Governor’s Office of Planning and Research, provided an overview of the Request for Proposals on Addressing the Health Impacts of Adverse Childhood Experiences through a Collaborative Precision Medicine Approach. The California Initiative to Advance Precision Medicine has \$9 million to award three to five demonstration projects.

- **Clarifying questions:** Several Committee members asked questions about why academic institutions were required to be included in the grants. Dr. McCall explained that they want to ensure teaching and training are embedded into the project.
- **Unifying threads:** Dr. Burke Harris highlighted the unifying threads between the Precision Medicine initiative, CALQIC, and the ACEs Aware Initiative to maintain scientific rigor, represent the voice of the community, and have an inclusive process. The Precision Medicine initiative will help advance the science of ACEs and toxic stress, CALQIC will develop best practices for ACE screenings, and the ACEs Aware initiative will build capacity in the primary care workforce – followed by a broad education campaign and cross-sector trainings.

California is leading the way in addressing ACEs and toxic stress and the Committee is the strength of the ACEs Aware initiative. CA-OSG, DHCS, and all our colleagues are continuously grateful for the partners who help us along the way to continue boosting and sharing best practices, stories, and resources.