



“Becoming ACEs Aware in California” Provider Training: September Data Update

October 15, 2020

ACES Aware Initiative Overview

The Department of Health Care Services (DHCS) and the Office of the California Surgeon General (CA-OSG) have developed a first-in-the-nation statewide effort to screen for Adverse Childhood Experiences (ACEs) and treat the impact of toxic stress to improve people’s health.

The ACEs Aware initiative offers Medi-Cal providers training, screening tools, clinical protocols, and payment for screening children and adults for ACEs. Screening for ACEs, assessing for toxic stress, and responding with evidence-based interventions can significantly improve the health and well-being of individuals and families. More information and resources are available at www.ACEsAware.org.

Effective January 1, 2020, DHCS began providing payments to qualified Medi-Cal providers for screening children, adolescents, and adults up to age 65 with full-scope Medi-Cal.

Training Background

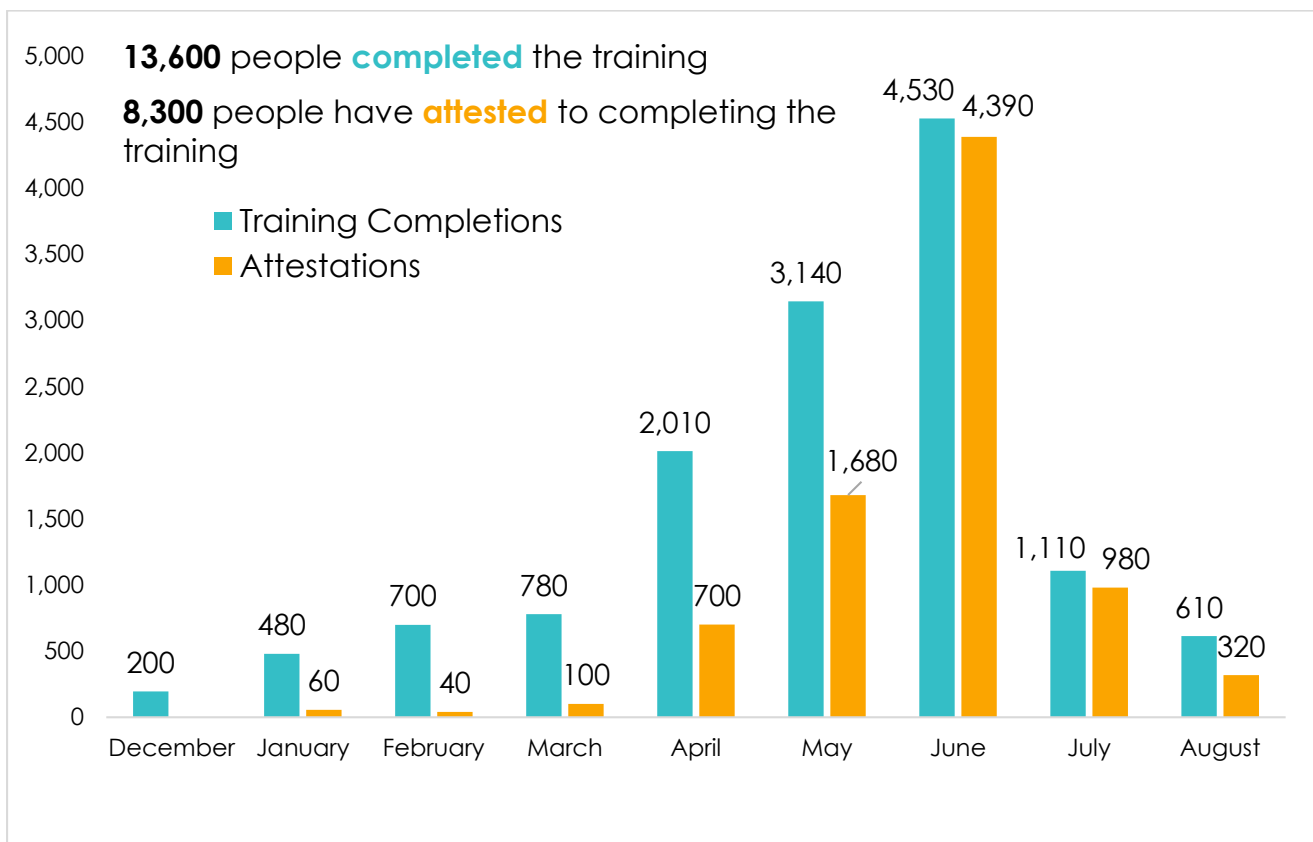
“[Becoming ACEs Aware in California](#)” is a free, two-hour online training that walks through patient cases for pediatric, internal medicine, family medicine, and women’s health providers. Providers receive 2.0 Continuing Medical Education (CME) and 2.0 Maintenance of Certification (MOC) credits upon completion. Medi-Cal providers must attest to completing a certified ACEs Aware Core Training to qualify for ACE screening payments after July 1, 2020. Providers who bill Medi-Cal may complete the training and attestation at any time. Not all persons who complete the training are expected to self-attest, since there is no need for providers who do not bill Medi-Cal, such as medical assistants, to self-attest.

This data update includes: 1) information on the number of providers who have completed, and attested to completing, the training; 2) a summary on providers and their practices; and 3) evaluation results from the training. The data capture providers who completed the training between December 4, 2019 (the training launch date) and August 31, 2020 and providers who attested to completing a certified ACEs Aware Core Training between January 13, 2020 (the ACEs Provider Training Attestation form launch date) and August 31, 2020.

1. Training Completion and Attestation

From December 4, 2019 through August 31, 2020, **13,600 people completed the “Becoming ACEs Aware in California” training**. Between January 13, 2020 and August 31, 2020, **8,300 people attested to completing the training**.

Exhibit 1: Training Completion and Attestation, by Month



Note: The **training completions** indicate the number of people who have completed the [“Becoming ACEs Aware in California”](#) training. As a reminder, the training is free and available to anyone, including non-billing Medi-Cal providers (such as medical assistants and office staff) as well as providers outside of California. The **attestations** indicate the number of people who have completed the [ACEs Provider Training Attestation form](#) to receive Medi-Cal payment for conducting a qualified ACE screening.

Data labels are rounded to the nearest 10 and do not sum to the total.

The major increase in training completions and attestations in June, followed by the reduction in July, is likely attributed to the July 1 attestation deadline. Starting July 1, 2020, Medi-Cal providers must have self-attested to completing the “Becoming ACEs Aware in California” training to continue receiving payment for screening patients for ACEs.

2. Provider and Practice Information

- The training registration form asks for information about providers and their practices to illustrate the types of providers who have completed the training.
- 58% percent of the people who completed the training are physicians.
- Of the health care providers who completed the training, nearly half (49%) specialize in pediatric or family medicine.

Exhibit 2: Occupation/Provider Type

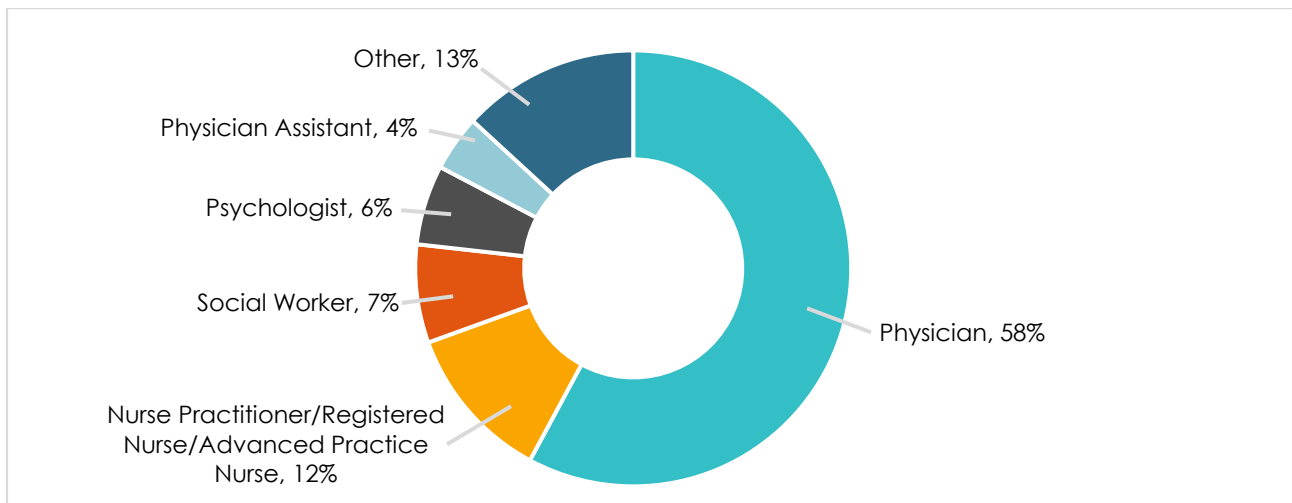
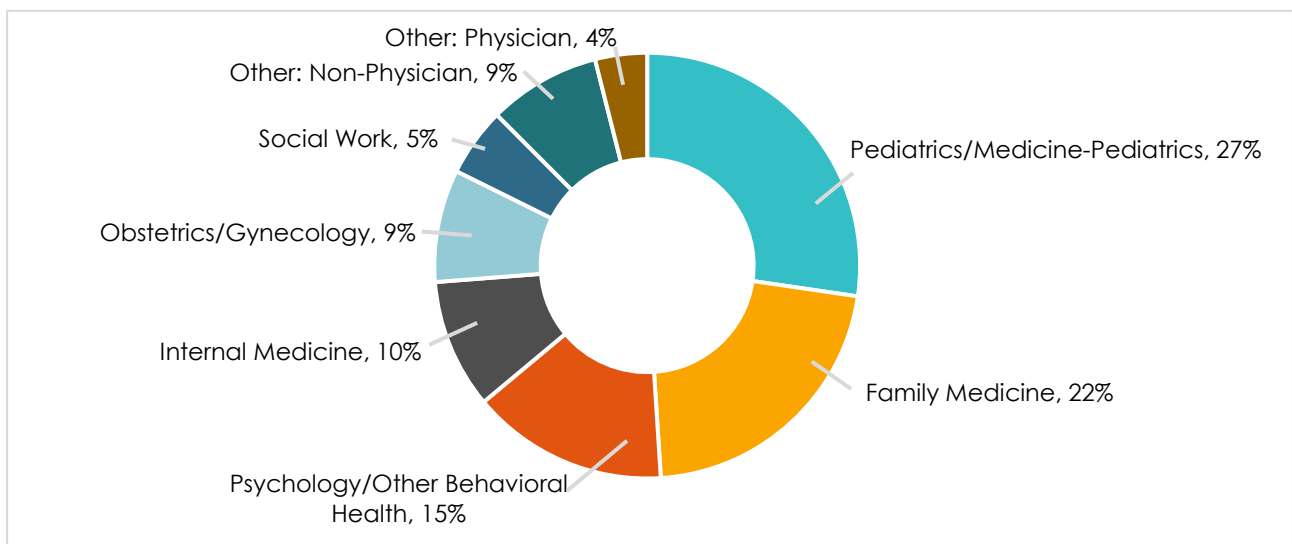


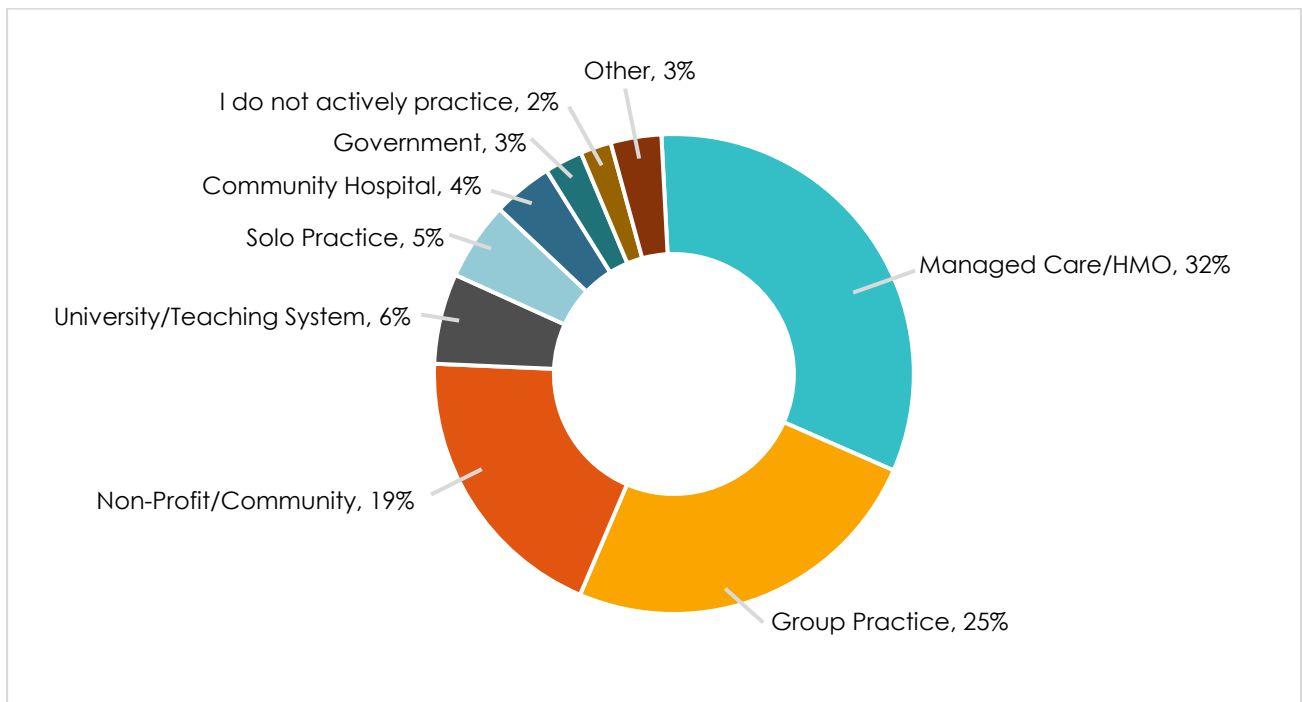
Exhibit 3: Provider Specialty



A. Practice Setting

Nearly one-third (32%) of providers who completed the training are part of a managed care organization or health maintenance organization (HMO) provider network.

Exhibit 5: Primary Practice Setting



B. Medi-Cal Provider Status

Among the 9,925 users who provided a 10-digit National Provider Identifier (NPI) and completed the training, 86% (8,512) are eligible Medi-Cal providers.

Note: The Becoming ACEs Aware in California training specifies that an individual NPI is required for providers seeking Medi-Cal payment. However, users without a NPI may still register for and complete the training. The status of eligible provider enrollment in fee-for-service Medi-Cal and/or Medi-Cal managed care is checked against the [Provider Master File](#) and [Managed Care Provider Network](#) file.

C. ACE Screening Rate Prior to Completing Training

Before taking the training and incorporating practice changes from the ACEs Aware training, nearly two-thirds (64%) of users reported screening less than one-fourth of their patients for ACEs. More than one-third (35%) do not screen any patients, while 7% report that they screen all patients.

Exhibit 8: Percentage of Patients Screened for ACEs, Prior to Incorporating Practice Changes

Percentage of Patients Screened for ACEs	Percentage
0%	35%
1-25%	29%
26-50%	9%
51-75%	6%
76-100%	8%
100%	7%
I do not directly provide care	5%

3. Evaluation Results

A. Implementing Practice Changes Based on Training

After completing the training, providers were asked to evaluate the training and report any practice changes they intend to make based on the training.

- More than two-thirds (69%) of users who completed the training reported that they plan to implement changes in their practice based on their participation in the training.
- Half of users who completed the training reported that they are going to conduct routine ACE screenings for children (54%) and adults (51%).
- Among approximately 4,700 people who completed the training and reported that they currently do not screen any of their patients, 81% indicated that they plan to implement routine ACE screening for children or adults.

Exhibit 11: Intended Change to Practice After Completing ACEs Aware Training

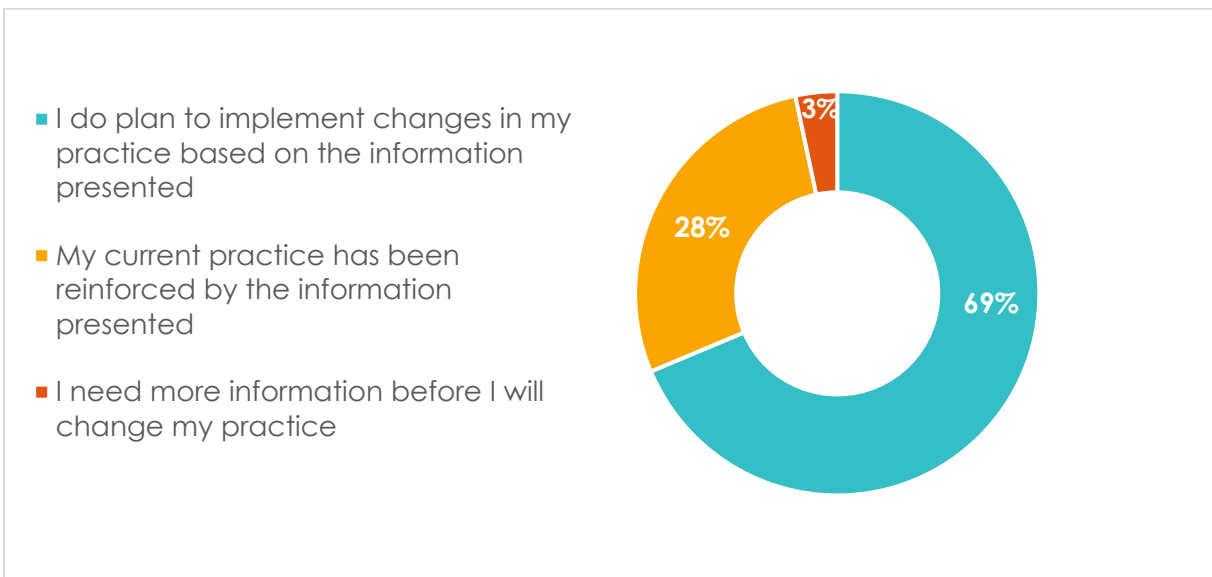
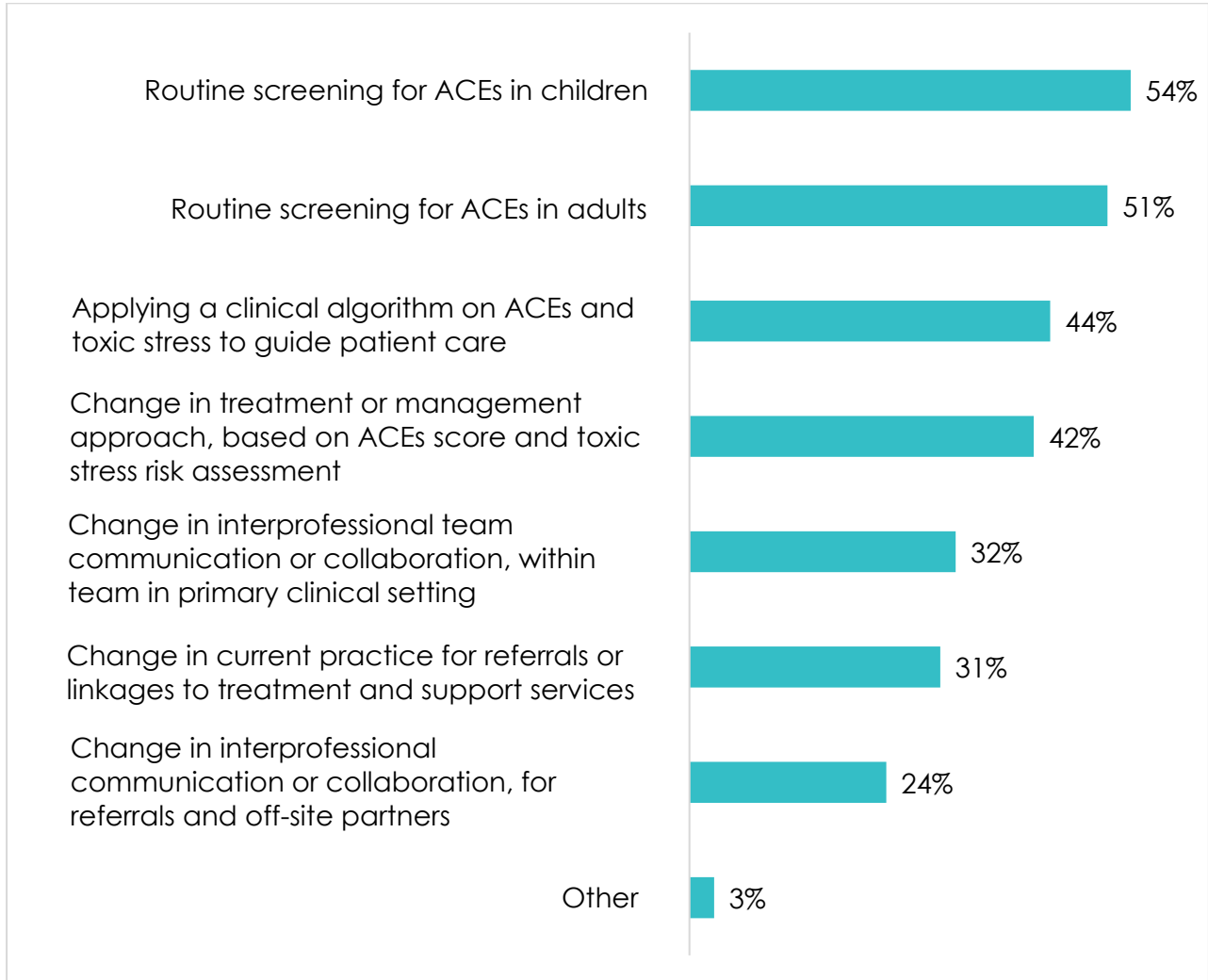


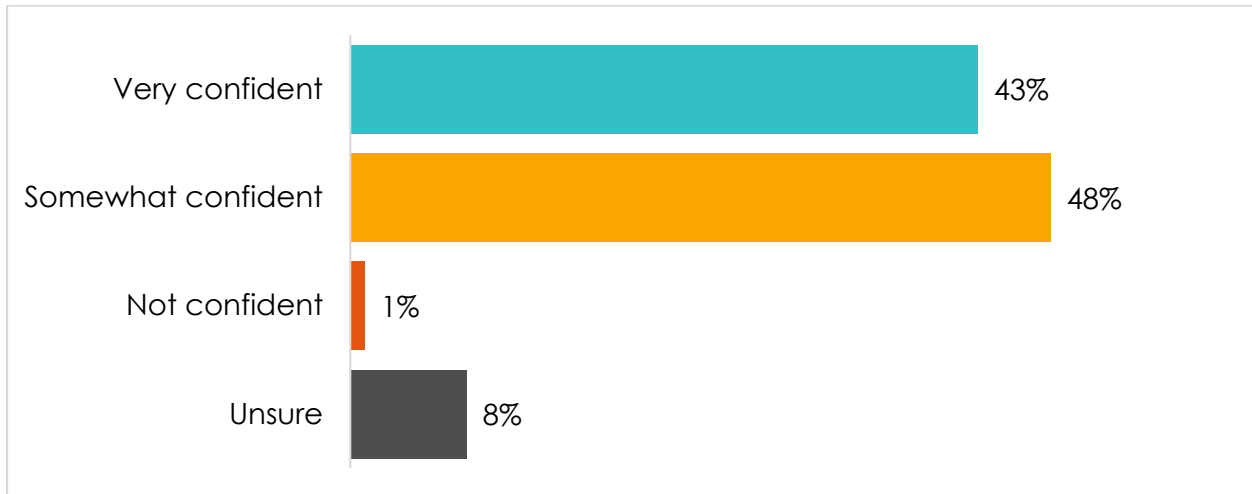
Exhibit 12: Types of Intended Practice Change



B. Confidence in Ability to Make Intended Changes

- The vast majority (91%) of individuals who completed the training reported being somewhat or very confident that they would be able to make their intended changes.

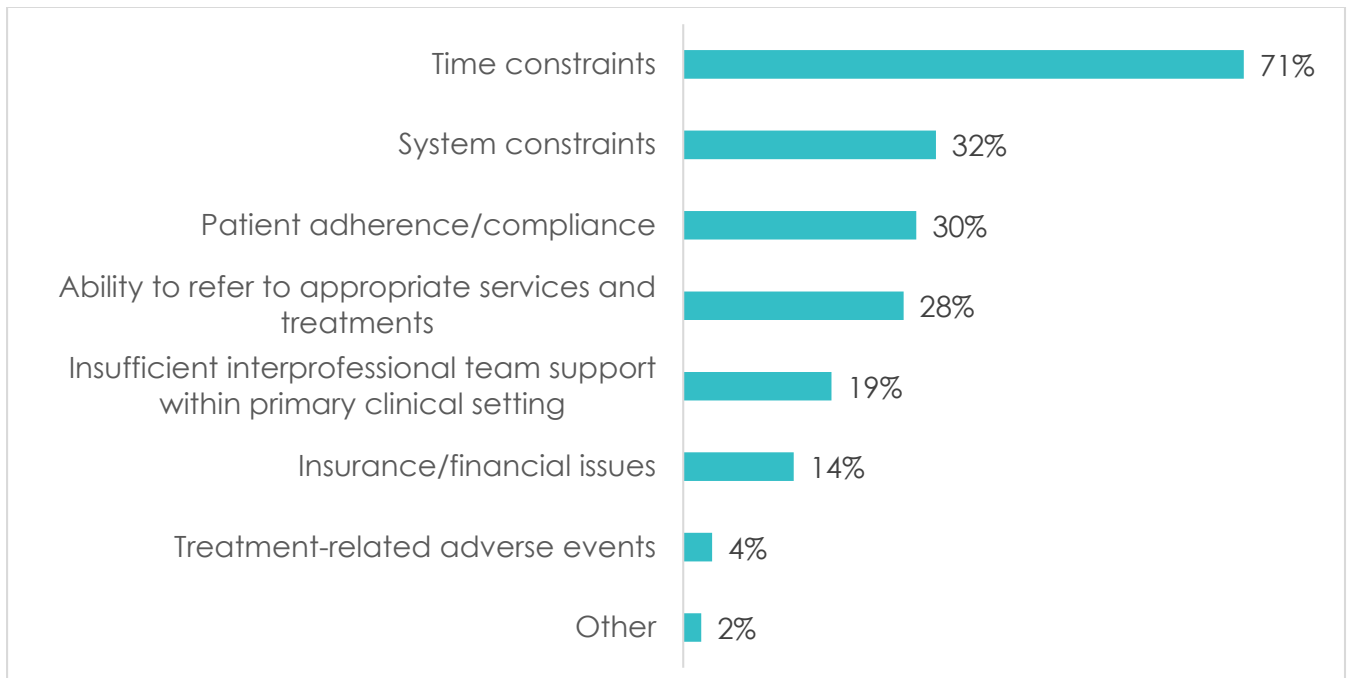
Exhibit 13: Confidence in Ability to Make Intended Changes



C. Barriers to Implementing Change

- Users who completed the training anticipated the following primary barriers to implementing change: 1) time constraints (71%); 2) system constraints (32%); 3) patient adherence/compliance (30%); and 4) ability to refer to appropriate services and treatments (28%). Users were able to choose more than one answer.

Exhibit 14: Barriers to Implementing Change



D. Learning Objectives

- Most users who completed the training agreed or strongly agreed that the course:
 - Defined ACEs, their prevalence, and their impacts on health, including underlying biological mechanisms (96%)
 - Was evidence-based (95%)
 - Identified how to introduce and integrate ACE screening into clinical care (94%)
 - Enhanced their current knowledge base (93%)
 - Was effective in presenting the material through cases (93%)
 - Provided useful information to their practice (92%)
 - Helped users apply the clinical algorithm for ACE screening and assessment for ACE screening and assessment for associated health conditions in creating a tailored treatment and follow-up plan (89%)
 - Identified the Medi-Cal billing codes for administering ACE screening (77%)