



ACES Aware Initiative

“Becoming ACEs Aware in California” Provider Training:

March 2021 Update

March 2, 2021

ACES Aware Initiative Overview

In December 2019, the Department of Health Care Services (DHCS) and the Office of the California Surgeon General (CA-OSG) launched a first-in-the-nation statewide effort to screen children and adults for Adverse Childhood Experiences (ACEs) in order to assess for and to treat toxic stress to improve associated health outcomes.

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 risk of toxic stress, and responding with evidence-based interventions and trauma-informed care 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 payment to qualified Medi-Cal providers for screening children, adolescents, and adults up to age 65 with full-scope Medi-Cal for ACEs.

Training Background

“[Becoming ACEs Aware in California](#)” is a free, two-hour online training that presents patient cases for pediatric, internal medicine, family medicine, and women’s health providers. Providers receive 2.0 Continuing Medical Education (CME) and/or 2.0 Maintenance of Certification (MOC) credits upon completion. The ACEs Aware initiative is in the process of approving additional core trainings that will be released later in 2021. This report only includes data on those who completed the “Becoming ACEs Aware in California” training.

Medi-Cal providers must [attest](#) to having completed a core training to qualify for ACE screening payments. Individuals who complete the training, but are not Medi-Cal providers or are not on the [list of provider types eligible for Medi-Cal payment](#) are not required to attest.

This data update includes: 1) The number of individuals who have completed, and attested to completing, the ACEs Aware training; 2) Information on these individuals and their practices; and 3) The results of the participants’ training



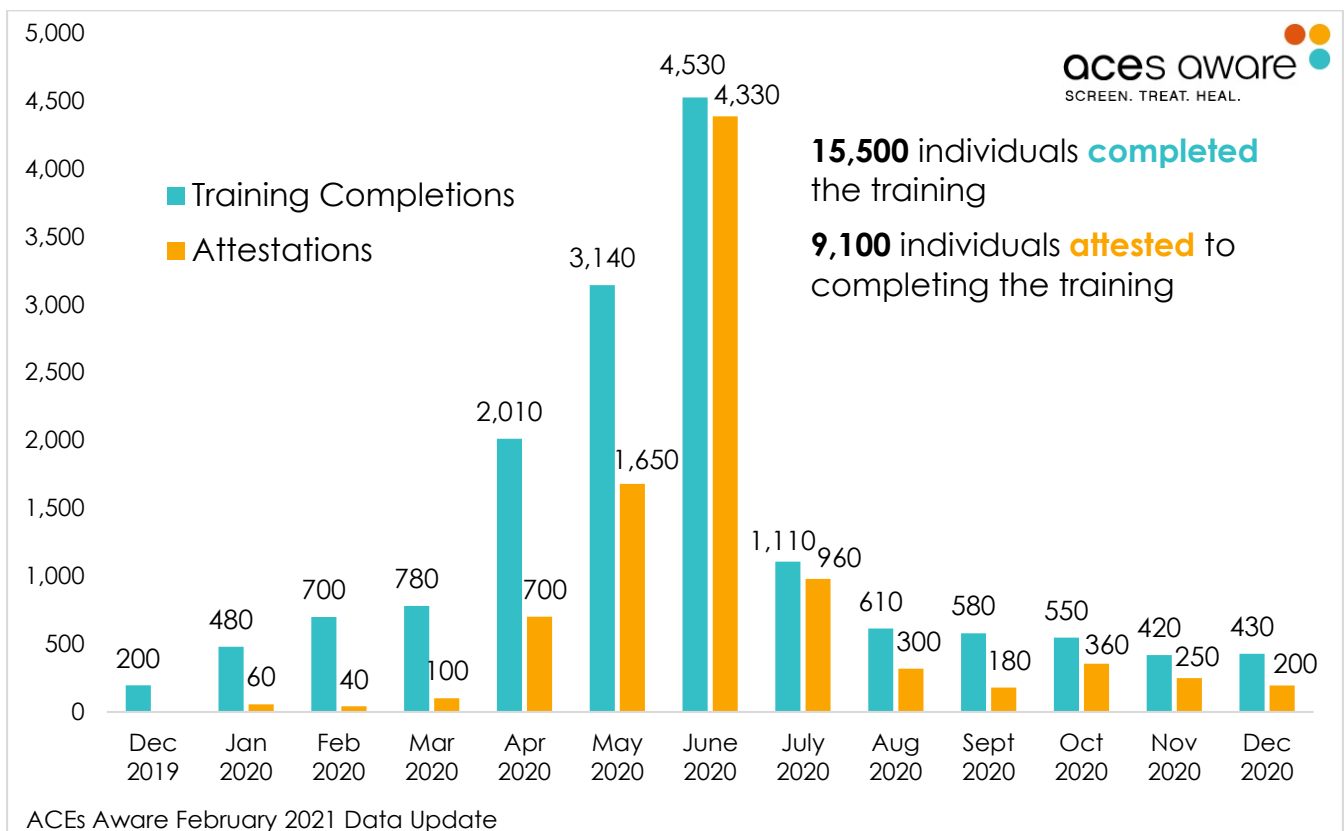
evaluations. The data include two groups of individuals: people who completed the training between December 4, 2019, and December 31, 2020 (the training launch date), and providers who attested to completing the training between January 13, 2020 (the ACEs Provider Training Attestation form launch date) and December 31, 2020.

This is the second data update on ACEs Aware provider training and attestation; the first report issued in October 2020 is available on the [ACES Aware website](#).

1. Training Completion and Attestation

From December 4, 2019, through December 31, 2020, **15,500 individuals completed the “Becoming ACEs Aware in California” training**. Between January 13, 2020 and December 31, 2020, **9,100 individuals attested to completing the training**. This report does not include the number of individuals who are in the process of taking the training but have not yet completed it.

Exhibit 1: Training Completion and Attestation, by Month



Note: The **training completions** indicate the number of individuals who completed the “[Becoming ACEs Aware in California](#)” training. 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 individuals who have submitted the [ACEs Provider Training Attestation form](#) to receive Medi-Cal payment for conducting qualified ACE screenings.

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, 2020, attestation deadline. Starting July 1, 2020, Medi-Cal providers must have self-attested to completing the 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 individuals who have completed the training.
 - 55% of the individuals who completed the training are physicians, 14% are licensed clinical social workers or psychologists, and 12% are nurse practitioners/registered nurses/advanced practice nurses.
 - Of the health care providers who completed the training, nearly half (47%) specialize in pediatrics or family medicine.

Exhibit 2: Occupation/Provider Type

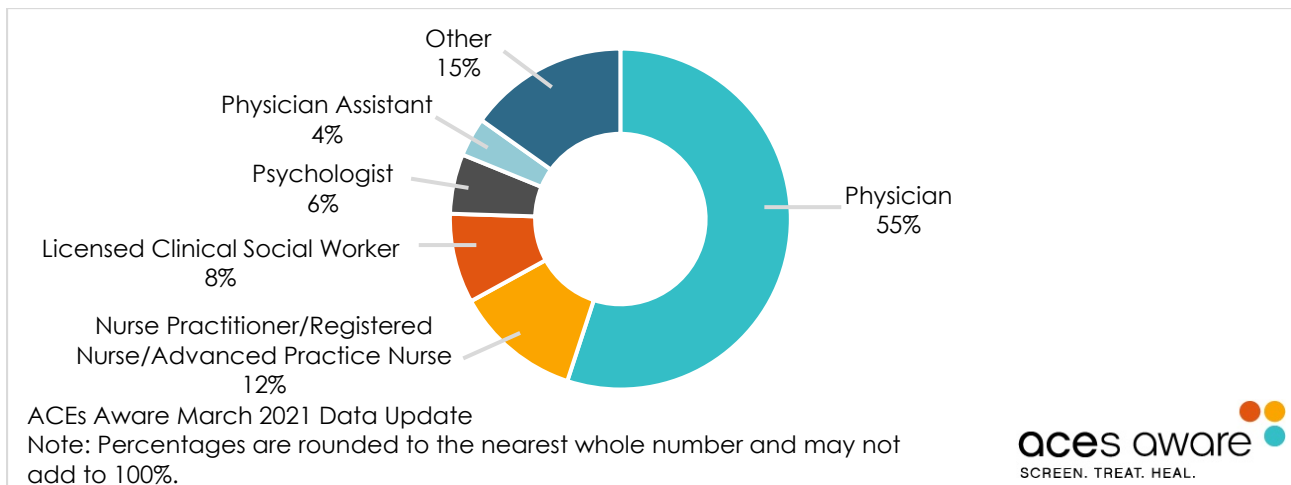
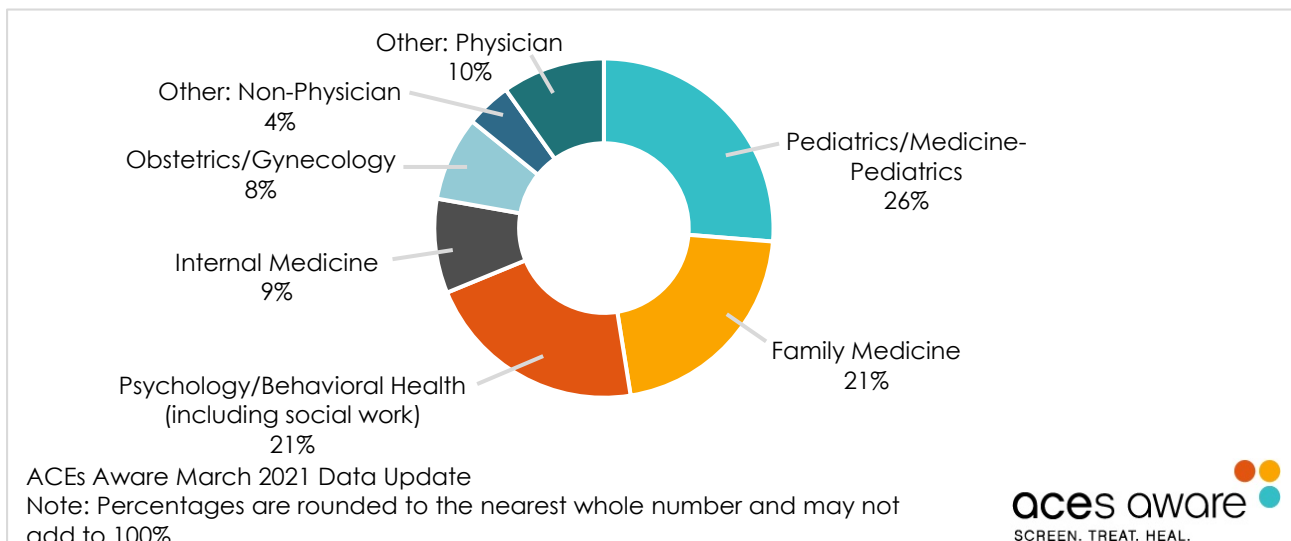


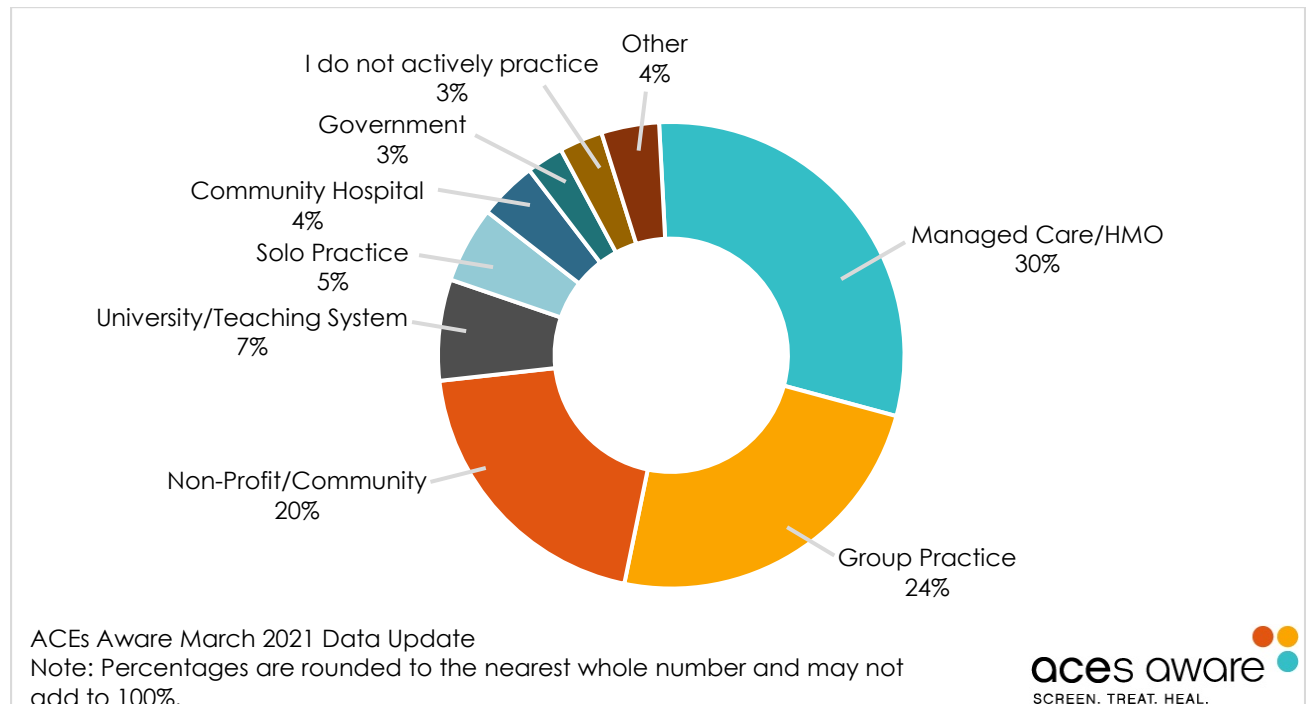
Exhibit 3: Provider Specialty



A. Practice Setting

Nearly one-third (30%) of individuals who completed the training are part of a managed care organization or health maintenance organization (HMO) provider network. Nearly one-quarter (24%) are in group practice, and one-fifth (20%) work at a non-profit or in the community.

Exhibit 5: Primary Practice Setting



B. Medi-Cal Provider Status

The ACEs Aware training requires an individual National Provider Identifier (NPI) number for providers seeking Medi-Cal payment. Among the 10,990 individuals who provided a 10-digit NPI and completed the training, 86% (9,440) are eligible Medi-Cal providers.

Individuals without an 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 [DHCS Provider Master File](#) and [DHCS Managed Care Provider Network File](#).



C. ACE Screening Rate Prior to Completing Training

Before taking the training, nearly two-thirds (63%) of individuals reported screening less than one-quarter of their patients for ACEs. More than one-third (35%) were not screening any patients, while 7% reported screening all patients.

Exhibit 8: Percentage of Patients Screened for ACEs, Prior to Taking Training

Percentage of Patients Screened for ACEs	Percentage
0%	35%
1-25%	28%
26-50%	8%
51-75%	6%
76-100%	8%
100%	7%
I do not directly provide care	8%

Note: Percentages are rounded to the nearest whole number and may not add to 100%.

3. Training Evaluation Results

A. Implementing Practice Changes Based on Training

After completing the training, participants were asked to report any practice changes they intended to make based on the training.

- More than two-thirds (68%) of participants reported that they planned to implement changes in their practice based on the information presented.
- Half reported that they planned to conduct routine ACE screenings for children (54%) and adults (52%).
- Among approximately 5,370 participants who completed the training and reported that they currently do not screen any of their patients, 81% indicated that they planned to implement routine ACE screening for children or adults.

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

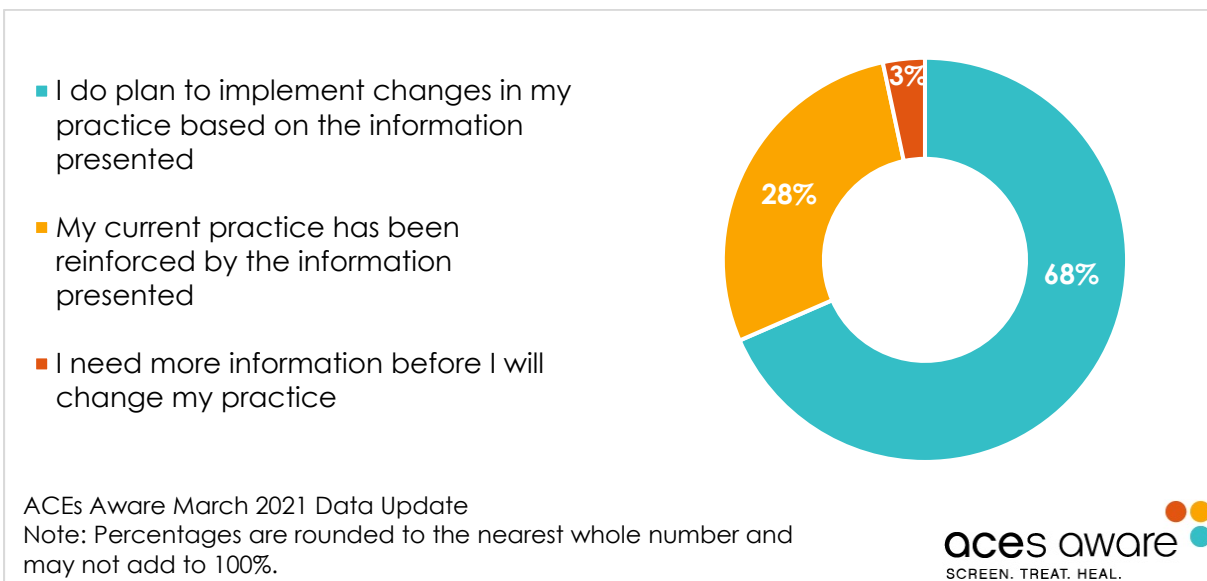
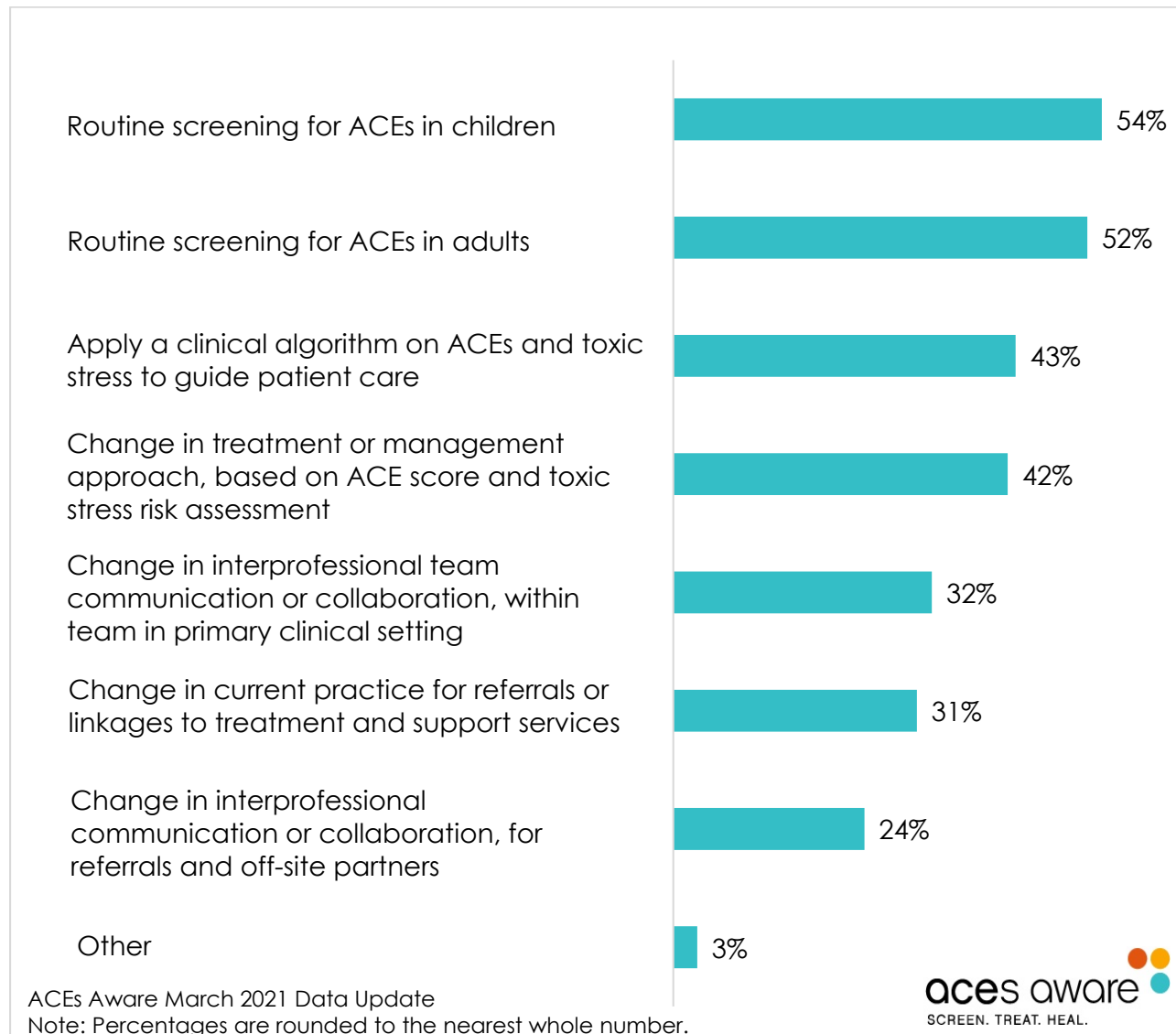


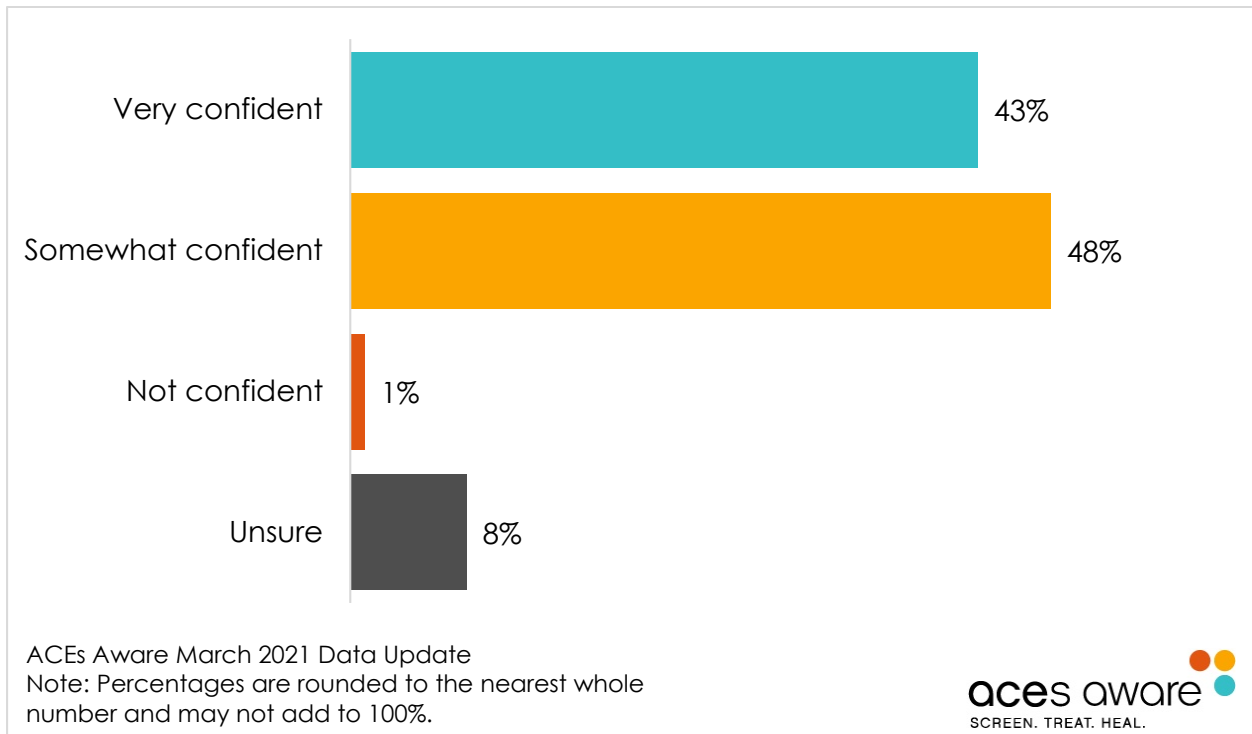
Exhibit 12: Types of Intended Practice Change



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.

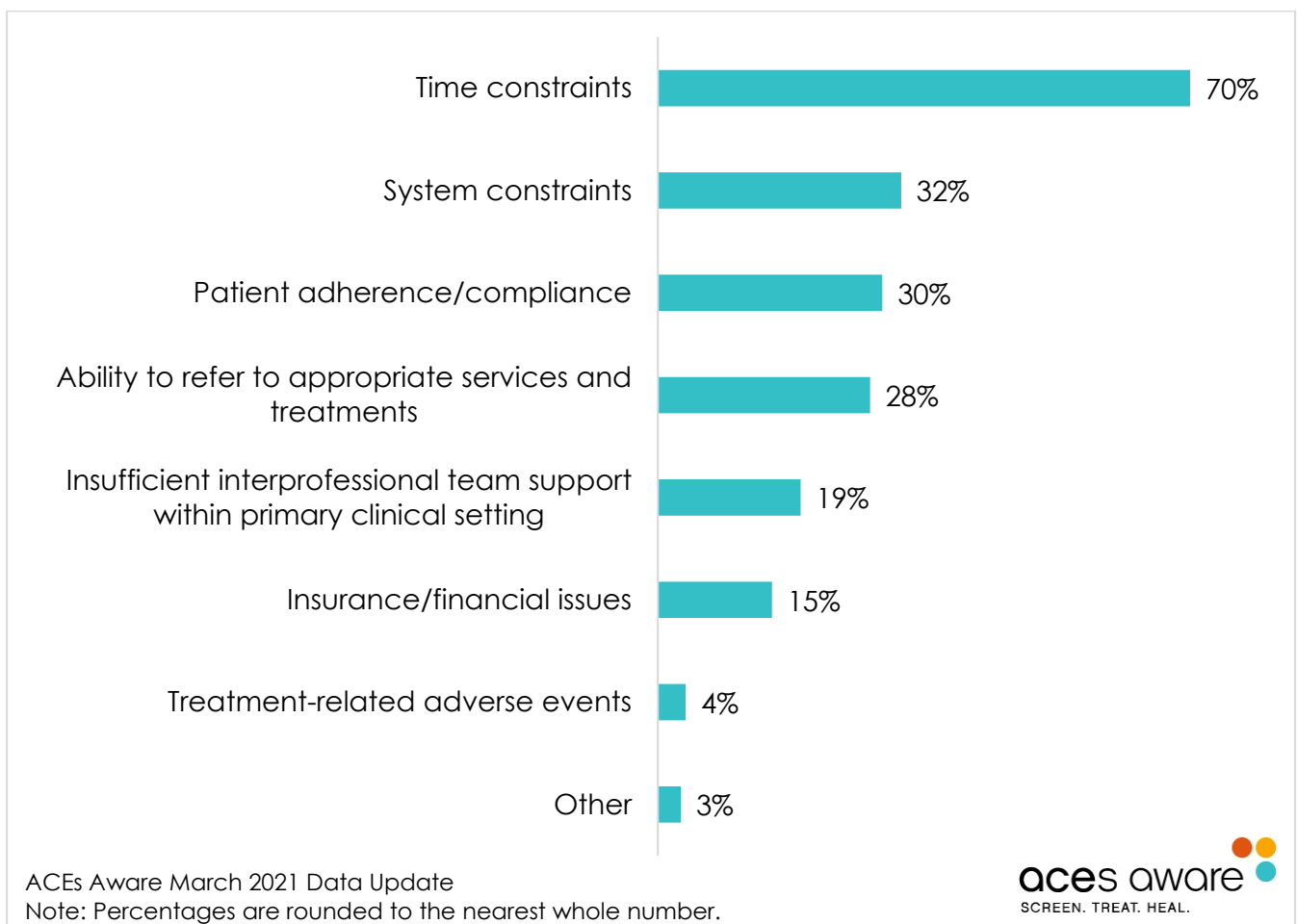
Exhibit 13: Confidence in Ability to Make Intended Changes



C. Barriers to Implementing Practice Change

- Individuals who completed the training anticipated the following primary barriers to implementing change: 1) Time constraints (70%); 2) System constraints (32%); 3) Patient adherence/compliance (30%); and 4) Ability to refer to appropriate services and treatments (28%). (Note: respondents were able to select more than one answer.)

Exhibit 14: Barriers to Implementing Change



D. Training Learning Objectives

- Most individuals who completed the training agreed or strongly agreed that the course met the following training learning objectives:
 - 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 them 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%).

Conclusion

ACEs Aware will continue to update and release Medi-Cal provider training and attestation data reports on a periodic basis. There is an accompanying [March 2021 claims data report](#) that profiles individuals with Medi-Cal coverage who have received an ACE screening and providers who have conducted ACE screenings.