

TIP SHEET

Key Considerations for Forming an Implementation Team

Being purposeful about who is recruited for the ACE screening implementation team can greatly boost your clinic's chances for success. The team's members will be the core driver for launching and then sustaining your practice's ACE screening and toxic stress treatment efforts. The team will also be responsible for inspiring practice change throughout the organization and will need to be ready and willing to address any challenges that arise.

There are different ways to structure an implementation team. Following are suggestions for what to think about as you consider what structure might work for your practice setting and culture.

Who: Determining team members

Every implementation team will be different. However, effective teams typically include members with three types of expertise: clinical leadership skills, technical/subject matter expertise, and day-to-day leadership skills.¹ People at your practice with this expertise may include the following:

Clinical leadership skills: Understands the clinical implications of screening and how changes may impact other areas of the organization, and has decision-making authority to introduce ACE screening and toxic stress treatment into routine practice.

- Office/practice manager
- Primary care clinician champion
- Primary care clinician
- Behavioral health specialist

Technical/subject matter expertise: Contributes specific expertise in key areas. Expertise you may seek could include people with a good understanding of ACE science and toxic stress treatment, expertise in quality improvement methods, experience with key roles in the workflow, knowledge of patient needs and community resources, and those who are familiar with the organization's technological infrastructure.

- Subject matter expert in ACEs and toxic stress
- Electronic health record data and reporting specialist
- Quality improvement process lead
- Training manager
- Human resources manager (e.g., employee assistance counselor)
- Referral specialist
- Social worker/case manager/care navigator/promotora (if applicable)
- Patient representative
- Medical assistant, care coordinator, front desk administrator, etc. (person who introduces and/or administers the screening tool)

Day-to-day leadership skills: Pushes forward planning for ACE screening and toxic stress treatment, ensuring tasks are completed and goals are met, and understands how changes may affect the organization's different systems and procedures.

- Office/practice manager
- Medical assistant
- Clinical administrator



Tip: Include expertise in the science of ACEs and toxic stress

It is important that at least one member of the team has strong expertise in the science of ACEs and treatment of toxic stress. This person should have taken the [Becoming ACEs Aware in California training](#) and should be familiar with the [clinical algorithms](#) for assessing risk of toxic stress, the list of [ACE-Associated Health Conditions](#), and the evidence-based interventions for treating toxic stress outlined in the [California Surgeon General's Report](#).

How: Structuring the team

Team size. The core implementation team should be small enough to be able to meet regularly and be agile in its decision-making. This team is responsible for the clinical, administrative, operational, and staff support planning and logistics for launching ACE screening and toxic stress treatment.

Teams at smaller practices may be composed of a few team members who are responsible for multiple roles at the practice, and may also have multiple roles on the implementation team. At larger multi-site or multi-department practices, the team may need to be larger to represent each department and specialized roles (e.g., quality improvement) and each person may be able to focus on a single team role.



Tip: Keep multiple teams aligned

For practices with multiple sites, establishing an “umbrella” implementation team to coordinate smaller, site-specific implementation teams can help maintain alignment across the organization.

Advisory group. To help ensure different stakeholders and viewpoints are represented, you may want to form a separate advisory group that works with the implementation team. Diversity should be an important feature of this group. This group can be helpful in thinking through the workflow, providing input on a pilot program, and offering perspectives on successes and strategies for overcoming challenges.



Tip: Emphasize diversity

Working with colleagues who have different perspectives helps ensure the team can anticipate and solve for challenges, questions, and needs from the start. Diversity can include factors such as age, length of employment (e.g., new team members, someone close to retirement), gender identity, race/ethnicity, lived experiences, and roles.

Initiative sponsor. It is helpful for the implementation team to have a “sponsor,” or someone at the management level to serve as a liaison to senior leadership across the organization, helping to link ACE screening to the organization’s strategic goals and advocate for resources. This person is not necessarily part of the implementation team, but can help keep the team accountable for making progress and achieving goals.

Team roles and responsibilities. It is important to “share the load” of ACE screening planning and implementation tasks. One way to do this is to clearly assign roles and responsibilities, taking care not to overburden individuals or certain groups. Although every clinic may structure its team slightly differently depending on its resources, the key roles of a successful implementation team include:²

- **Project lead/team leader:** Sets the meeting agenda, leads/facilitates meetings to ensure all voices are heard; ensures group agreements are held. Manages the work plan, assigns action items to responsible parties, and sets timelines; reports progress to leadership and other stakeholders.
- **Administrative person:** Takes notes on the main points discussed and shares notes with the team; schedules meetings. Documents action items including responsible party and timeline.
- **Subject matter experts:** Provide knowledge about the science of ACEs and toxic stress, and insights to help answer and solve clinical, administrative, IT, data, finance, trauma-informed care questions and challenges.
- **Communicator:** Reports team progress to leadership and other stakeholders and ensures clear communications about ACE screening across the organization.
- **Quality improvement lead:** Analyzes the data generated in quality improvement/Plan-Do-Study-Act cycles to make observations and suggests incremental improvements.



Tip: Protect team time

Working on ACE screening implementation should be accounted for as part of regular work hours. It will be critical to work with practice leadership to ensure team members will have time for implementation work – for example, temporarily relieving team members of other duties and ensuring there is “protected” time and funding to do the work. Protected time can range from two to eight hours per week; it will vary depending on the project and timeline. Make sure the time allotted allows space for independent work as well as meeting time.



Tip: Level the field

Power dynamics and cultural differences can be a factor on any team. You may want to consider ways to address this. For example, the meeting facilitator could allow time for each team member to voice their opinions and focus the conversation on active listening. Another strategy is to encourage team members who typically lead to be observers. Also, in meeting agendas, include time for each team member to report out on their tasks. Actively request agenda items from the team prior to the meeting.

How: Engaging and recruiting team members

Everyone is busy. How can you generate interest from others in joining the implementation team or advisory group? First, think about positioning the effort in alignment with known interests and needs (read [Why Should My Practice Screen for ACEs and Toxic Stress](#), [Making the Case for ACE Screening to Practice Leadership](#)). Second, ensure your communication is inclusive and transparent. For example:

- **Create an open invitation:** Make an announcement at staff meetings and send an email announcing that the ACE screening and toxic stress treatment initiative will be starting.
- **Be available:** Suggest that colleagues email or talk with you if they are interested in joining the implementation team or advisory group. Recruit people who want to engage in the work and who have volunteered their opinions (both those whose opinions align and do not align with yours).
- **Schedule meetings:** Carve out time to ask new team members about their interest in ACE screening and toxic stress treatment and in the needed team roles. Make sure that interested colleagues will be able to shift their time around and can truly commit.
- **Give regular updates:** Communicate about progress to the implementation team, advisory group, and the initiative sponsor in standing meetings or via email so that everyone stays informed. The cadence for updates will depend on your implementation planning timeline (i.e., tighter timeline/greater urgency requires more frequency). In general, updates should be provided often enough to maintain momentum but also allow time for progress so that there is something to report.
- **Report out:** In addition to regular progress updates, communicate any key implementation milestones to the larger practice.

Selecting the appropriate mix of people for the implementation team and advisory group does not have to be complicated, but be thoughtful about who you ask. Diversity, roles, expertise, bandwidth, and level of interest all come into play. Forming a team with these considerations in mind can help support your practice's success in getting ACE screening and toxic stress treatment off the ground.

Endnotes

- 1 Institute for Healthcare Improvement. Science of Improvement: Forming the Team. <http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementFormingtheTeam.aspx> (accessed Mar 30, 2021).
- 2 National Council on Behavioral Health. National Council on Behavioral Health Guide on Developing a Core Implementation Team (CIT) and CIT Checklist, 2019. <https://www.thenationalcouncil.org/wp-content/uploads/2019/11/Trauma-Informed-Primary-Care-CIT-Checklist.pdf?dof=375ateTbd56>.

References

Developed with input from ACEs Aware clinical advisors, [Clinical Implementation Subcommittee members](#), [Provider Engagement & Education Subcommittee members](#), and based on the following references:

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LeadingAge Maryland. Implementing Trauma-Informed Care: A Guidebook, 2019. <http://sdaho.org/wp-content/uploads/2019/03/Implementing-Trauma-Informed-Care-Guidebook-RFA-Guidebook.pdf>.

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