Making the Case to Clinic Leadership

How to bring key decision-makers on board with ACE screening

Securing buy-in from practice leadership is a critical step in initiating and sustaining Adverse Childhood Experiences (ACE) screening and toxic stress treatment. Since ACE screening to assess for risk of toxic stress is an emerging medical field, leadership may not be familiar with it nor understand the value-add to clinical practice. Therefore, you will want to be prepared to explain the value and importance of screening children and adults for ACEs to assess for risk of toxic stress and responding with evidence-based interventions.

This article offers five principles to help structure your approach for achieving your organization’s support to implement ACE screening and toxic stress treatment.

1. Understand your work environment

Who influences whom? Some people in your organization may be reluctant to implement ACE screening because they feel it may compete with and take resources away from other organizational priorities and programs. To determine how to best navigate the political dynamics of your organization, it can help to identify the essential decision-makers and stakeholders you need to get on board, such as the practice manager, medical director, and/or CEO (read Finding and Engaging Champions and Key Decision-Makers for Implementing ACE Screening and Toxic Stress Treatment).
It also can be helpful to think about how other new efforts have been successfully introduced into your organization in the past. Furthermore, it is important to anticipate how the ACE screening process may impact each member of the clinical team and existing clinical workflows (e.g., changes to the language used in patient conversations, when patients get roomed, data entry requirements, and patient education needed) so you can anticipate and proactively address concerns.

2. **Align with leadership priorities**

What are your organization’s existing goals and priorities? They may include population health management initiatives (e.g., mitigate chronic health issues, improve health equity), efforts to integrate medical and behavioral health, or working to be recognized as a patient-centered medical home.

If ACE screening can support achieving at least one of your organization’s strategic goals, you can make a stronger case for prioritizing ACE screening, integrating it into existing work, and requesting resources. How can ACE screening support existing goals and priorities? For example, screening for ACEs and treatment of toxic stress can be an essential practice for improving individual and population health and making health care more equitable.

3. **Anticipate and address potential barriers**

What will leadership’s concerns be? Before you engage with leaders, think about any barriers, practical issues, and concerns that might come up during discussion so that you are prepared to address them. Questions may include:

- Will there be any required additional costs and resources?
- How will we integrate ACE screening into the existing clinic workflow?
What impact will ACE screening have on our team (e.g., clinician and staff time, burnout, secondary traumatic stress)?

ACE screening and toxic stress treatment has been successfully integrated into a wide range of clinical settings — from small to large — and practice specialties including pediatric primary care, adult primary care, family medicine, and women's health and prenatal care. It can be effective to highlight examples of practices similar to yours that have successfully overcome challenges and implemented ACE screening. The case studies in this How-To Guide can be a good place to start.

In addition, more information about common questions and concerns that implementation teams have encountered in the past can be found in the FAQs.

4. Propose starting small

Does it have to be all or nothing? Implementing ACE screening and toxic stress treatment across your organization may seem like a tough sell, particularly given all of the other work going on. One way to begin moving forward is by reviewing your practice's experience in successfully implementing other clinical care changes and thinking about how to learn from and build on these approaches.

It may be practical to start with a smaller pilot to try out the selected ACE screening approach. Data can be collected to demonstrate the potential value of screening to patient care and to support decision-making to inform how the program is scaled over time. (Stage 3 of this How-To Guide provides more information on scaling up a pilot and how to collect and track performance indicators.)

A pilot generally requires fewer resources, can be conducted with little formal support, and allows you to demonstrate the feasibility of ACE screening within your organization. It can also demonstrate your clinic’s
commitment and capacity to ultimately implement ACE screening and toxic stress treatment across the organization. You can approach designing an ACE screening pilot in different ways. Ideas that can be adapted from other ACE screening pilots include:

- Limit screening to patients of only one or a few clinicians
- Screen patients only on certain days/times
- Screen a specified/limited number of patients each day
- Screen for a specified time period
- Start by screening a certain sub-population of patients; i.e., all 4-year-olds or all pregnant patients.

For more information about piloting, read No One Size Fits All: Different Approaches to Piloting ACE Screening and Toxic Stress Treatment.

5. **Stay the course**

What do you do if leadership turns you down? Do not be discouraged if your initial attempt to secure buy-in from leadership is unsuccessful. Instead, work to address the concerns they bring up and suggest revisiting the conversation at a later date. In the meantime, continue to strategize how to align ACE screening and toxic stress treatment with your organization’s priorities and consider starting (or continuing) a small pilot screening program. You and other ACE screening champions at your clinic can also continue to engage and educate leadership, clinical teams, and staff about the science of ACEs and toxic stress, as well as the importance of ACE screening and evidence-based responses.
Citations


References


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