



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

October 6, 2021

The Trauma-Informed Primary Care (TIPC) Implementation Advisory Committee met virtually on October 6, 2021, and was attended by 24 members as well as a guest presenter from RAND. This document summarizes the meeting and the key themes, which will be considered in the ongoing implementation of the ACEs Aware initiative. Visit [ACESAware.org](https://ACESAware.org) for meeting materials.

### Meeting Summary

California Surgeon General Dr. Nadine Burke Harris opened the meeting and welcomed members. Dr. Burke Harris noted that organizations such as the National Governors' Association and the United Nations Children's Fund are looking to California as an example of how to address ACEs and toxic stress and thanked members for their hard work on the initiative. She emphasized that she was looking forward to hearing feedback from members as the initiative enters its next phase.

Jennifer Ryan, Executive Vice President at Aurrera Health Group, restated the goals of the initiative and summarized the meeting objectives, which included:

- Providing updates on training and ACE screening numbers and highlighting new ACEs Aware resources;
- Reviewing TIPC advice and ACEs Aware responses from past meetings;
- Sharing a CALQIC evaluation update; and
- Discussing the UCLA/UCSF ACEs Aware Family Resilience Network (UCAAN) and initiative priorities for 2022.

### Updates

#### ACEs Aware Training & Screening Progress

Dr. Karen Mark, Medical Director at the Department of Health Care Services (DHCS), provided an update on the number of Medi-Cal claims submitted for conducting ACE screenings and the latest *Becoming ACEs Aware in California* provider training data. Medi-Cal providers screened over 500,000 unique patients between December 2019 and March 2021. She noted that in the 6-



month period between September 2020 to March 2021, there was a 96% increase in the number of unique patients screened.

Dr. Mark also shared that there has been great progress in the number of people who have completed the ACEs Aware training. More than 20,000 people completed the training between December 2019 and September 2021, Dr. Mark gave an overview of the training progress and overall trends, pointing out increases in training completions in response to the July 2020 attestation deadline, the response to several large ACEs Aware webinars, and the launch of the State of CAre campaign.

Dr. Mark noted that physicians make up about half of those who have completed the training and that there is an increasing share of other non-clinician types taking the training over time, including medical assistants, community health workers, marriage and family therapists, and medical students. While the training is most popular among pediatric clinical team members, there is a growing number of people completing the training who specialize in behavioral health, social work, and family medicine. The next ACEs Aware data and claims report will be released in early 2022.

### **New ACEs Aware Resources**

Tanya Schwartz, Principal and Senior Director of Medicaid Policy & Programs at Aurrera Health Group, provided an update on new ACEs Aware resources. These included four approved ACEs Aware Grantee Core Trainings and several Supplemental Trainings designed to complement Core Training curriculum by targeting additional audiences and/or aspects of ACEs and toxic stress. In addition, Ms. Schwartz highlighted the [ACE Screening Implementation How-To Guide](#) designed to facilitate the adoption of ACE screening and trauma-informed care by providing step-by-step resources and considerations to support clinics in implementing ACE screening, including ACE screening sample scripts for clinical teams that care for children.

### **Building on TIPC Advice**

Ms. Ryan summarized key themes from past TIPC meetings and highlighted key areas of work from the initiative that has been executed and informed by advice from the TIPC members. Past recommendations from TIPC include:

- Increasing engagement with family physician and adult providers;
- Addressing provider concerns around ACE screening and implementation;
- Highlighting actions providers can take for patients with high ACE scores;



- Recognizing other risk factors for toxic stress; and
- Increasing communication efforts to promote provider engagement.

The ACEs Aware initiative has responded to these recommendations by:

- Adding family practice as a specialty and collaborating with the California Maternal Quality Care Collaborative to increase engagement with adult and maternity care clinicians;
- Providing educational webinars and clinical response guidelines;
- Supporting community networks of care through the Network of Care Roadmap and the \$30 million grants program;
- Partnering with the Harvard Center on the Developing Child to research racism and discrimination as risk factors for toxic stress; and
- Using different mediums to spread communications such as YouTube videos, a direct mail campaign, and storytelling videos.

Ms. Ryan also noted that SB 428, which requires private health insurers to cover screening for ACEs, is heading to the Governor's desk.

Ms. Ryan facilitated a discussion on TIPC themes and key areas of work.

- One member asked for more detail on the partnership with the California Maternal Quality Care Collaborative (CMQCC). Dr. Burke Harris explained that CMQCC is researching how to best incorporate ACE screening into maternity care and how ACEs as a risk factor can lead to poor perinatal outcomes. Other members commented that this partnership is a great opportunity to advance the field of maternal and perinatal care and prevent intergenerational trauma.

## **CALQIC Evaluation Update**

Dr. Eddy Machtinger, UCSF, and Nicole Eberhart from the RAND Corporation provided an update on the California ACEs Learning and Quality Improvement Collaborative (CALQIC), which consisted of a 16-month learning collaborative across five regions of California. CALQIC provided grant funding, individualized coaching support, learning sessions and connections to resources, peers, and experts among 15 organizations representing 49 clinic sites serving over 250,000 Medi-Cal patients.

CALQIC found that clinics began with different levels of understanding and capacity related to ACE screening and response and that clinics need to establish the necessary infrastructure to integrate screening and response into clinical practice. Through CALQIC, clinics have advanced their ACE screening



practices and have invested in an approach to screening and response that emphasizes relationships with patients and families.

Ms. Eberhart presented an overview of the evaluation of Los Angeles County's ACE screening implementation efforts based on qualitative interviews with providers, staff, patients, and caregivers and on quantitative data from electronic health records. The results demonstrated that providers and staff are comfortable administering ACE screening, and that ACE screening was well-received by patients and their families. Additionally, screening can influence the quality of care because providers took more action for patients with higher ACEs. The evaluation also highlighted key recommendations for improvement, including the need to provide patients with a brief verbal explanation on the purpose of ACE screening, and ensuring providers address patient strengths when discussing ACEs.

The presentation was followed by a brief discussion on CALQIC's evaluation findings:

- One member asked if there were responses to ACE screenings that patients found to be effective. Ms. Eberhart explained that they do not have this data because they have not checked if patients followed up on referrals. Dr. Shannon Thyne explained that they are in the process of trying to track actual referrals made and hope to do so with more data in the future.
- Another member asked if the data could be shared and if there was an intention to open-source this data so that public health officials can research and publish on this data. Dr. Burke Harris explained that ACEs Aware has been working with DHCS to allow greater accessibility in data sharing and cautioned that it will take some time.
- Dr. Burke Harris asked if there were any findings related to how providers can better manage ACE-Associated Health Conditions (AAHCs). Dr. Thyne explained that they intend to look at diagnoses codes and specific referrals to do more evaluation on ACE screening and the management of AAHCs.
- Dr. Machtinger mentioned that they only have a data sharing agreement with one organization but the many Electronic Medical Record (EMR) systems in California make it challenging to share data and understand documentation of ACE screening and follow-ups in EMRs. Dr. Machtinger concluded the discussion by sharing that the final evaluation report from CALQIC will come out in early 2022.



## UCLA/UCSF ACEs Aware Family Resilience Network Update and Discussion

Dr. Burke Harris introduced Dr. Machtinger and Dr. Thyne from the leadership team at the UCLA/UCSF ACEs Aware Family Resilience Network (UCAAN). Dr. Burke Harris explained how the new partnership with UCAAN will leverage the resources of the UC system to ensure that the initiative's work continues to be both scientifically rigorous and sustainable as it scales.

Dr. Thyne provided an overview of UCAAN's structure, goals, and key values that will inform its work. UCAAN's three operational departments will consist of Education and Training, Clinics and Community, and Evaluation and Evidence. Dr. Machtinger described plans for a third round of community grants, with a focus building partnerships between Medi-Cal managed care plans, clinics, and community-based organizations designed to build a sustainable workforce to screen, respond to, and prevent ACEs.

Drs. Machtinger and Thyne requested feedback from TIPC members about the direction of the initiative generally, as well as more specific input on the content and direction of the training curricula moving forward:

- One member raised the issue of burnout and turnover in health care, especially in behavioral and mental health, and asked how UCAAN would work to improve retention of the current workforce given the focus of its upcoming grants. Dr. Machtinger acknowledged that attrition was a critical issue and emphasized that UCAAN would push for policies that are necessary for sustainability. Dr. Thyne noted that her organization has focused on "care for the caregiver" and that UCAAN would do the same.
- Several members brought up the importance of relational healing between primary care providers and their patients and of empowering providers to respond to patients' needs in the visit rather than having to make a referral.
  - One member praised ACEs Aware clinical advisor Dr. Rachel Gilgoff and her recent [science series webinar](#) for providing concrete strategies for providers to respond to patients in the moment.
  - Dr. Machtinger told TIPC members that he would like UCAAN to do further research on relational healing outcomes. Another member would like the initiative to develop trainings on relational healing.
- One member would like to see the initiative focus on a "train the trainer" approach so that clinics have more flexibility to implement the trainings in

a way that suits them, which is especially important in clinics that are responding to COVID.

- A few members brought up successful experiential, strengths-based, and empathy training they had conducted at their organizations in the past so that all staff members could provide the best care possible for patients.
- Multiple members wanted to ensure that those taking the training have adequate time to reflect on the content so that it sticks with people. Their reflection and feedback could then be used to adjust future trainings to make them more responsive to clinics and the communities they serve.
- Several TIPC members wanted to make sure that there was a team-based approach built into trainings so that clinics would get buy-in from all staff members. Different staffers bring different perspectives and training all staff may lead to improved outcomes for patients as well.
- TIPC members also acknowledged barriers to getting providers trained:
  - Dr. Burke Harris pointed out that clinicians who mostly serve adults may not recognize that they can prevent intimate partner violence and child maltreatment by addressing toxic stress in parents
  - One member noted that as an internist he was already very busy and did not feel like his training prepared him to have difficult conversations with patients about ACEs and trauma
    - Dr. Machtinger emphasized that providers should try to reframe these conversations as effective and relieving rather than difficult, since knowing about a patient's ACEs may help the provider better understand their health conditions and provide better and more empathetic care
  - Another TIPC member wanted providers to become more comfortable acknowledging their discomfort around ACE screening while also linking screening to providers' commitment to provide the best care for their patients. Giving providers the right tools and information can help ease this anxiety around screening.
  - TIPC members pointed out that a provider's reluctance to screen could be connected to their own trauma, and that they may not be able to recognize how that trauma has affected them. Discussing how to treat toxic stress may then help both the patient and the provider heal.

## Conclusion

Dr. Burke Harris and Dr. Mark provided closing remarks and thanked members for their thoughtful feedback as UCAAN begins setting initiative priorities. No members of the public opted to speak during the public comment period.