aces aware
SCREEN. TREAT. HEAL.

CASE STUDY

FPA Women's Health

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This Case Study describes the experience of FPA Women's Health in getting multi-clinic ACE screening implementation off the ground. Our experience provides an example of how to pilot ACE screening at one clinic and then expand to other clinics over time. This Case Study reinforces the importance ACEs Aware places on ongoing training and education and giving clinicians and staff the tools and language to discuss sensitive issues with patients.

Organization Overview

Services: Women's Health, Family Planning, and Gynecology Services

Organization size: 25 clinics

Patient age: 80% between 18-35, mostly women seeking reproductive care

Patients enrolled in Medi-Cal: 65-70%

ACE screening goal: All patients under age 21 screened annually, and all patients over age 21 screened once.

Background

When I joined FPA Women's Health in early 2019, Dr. Nadine Burke Harris had just begun the conversation around Adverse Childhood Experiences (ACEs) and widespread screening as she joined the Newsom administration as California's first Surgeon General. As one of California's largest providers of comprehensive family planning and gynecology

services, FPA leadership was interested in launching new services that helped women pursue their own reproductive health and overall wellness goals.

We started ACE screening as part of our trauma-informed approach to care delivery. Our goal is to meet women where they are; ACE screening results are a vital sign to help clinicians more fully understand where the patient is coming from.

> **The chance to implement ACE screening and a behavioral health program in a clinical setting the size of FPA was one of the things that influenced me to take the job. I was excited for the challenge to create the positive impact it would have at this scale.**

Approximately 65-70% of our patients are enrolled in Medi-Cal, and some of our patients who are not enrolled may qualify. Then we have some patients with private insurance. We were hoping to grow behavioral health on a fee-for-service basis to support our patients.

Challenges to implementation

We looked at implementing ACE screening as a way to expand services for Medi-Cal patients. However, to hardwire a new process into our systems, it was difficult to only offer it to Medi-Cal patients. To be sustainable and ultimately fully implemented across the organization, we needed to apply screening consistently to all patients regardless of payer. We did not want to add unnecessary complexity to the patient intake process, because that would make it harder to implement and continue ACE screening.

We found it was initially challenging to bring clinicians on board with the idea of ACE screening because they were uncertain about what resources they had available to respond to the screening results. We knew that training would be critical to our success, and felt it was important for everyone to get the same training. However, that meant we needed to train 40 clinicians and 250 staff across our 25 clinics.

Get your clinicians ACEs Aware certified.

Consider ways to train all staff in Trauma Informed Care.

Solutions

We took a formal, systematic approach to implementation and had weekly and monthly reporting to track our progress. To begin the process, we brought in a consultant to prepare for and support implementation. At the time, before ACEs Aware, there was no training on ACEs and toxic stress available for us to use. We needed someone with prior experience implementing ACE screening to help us develop a training curriculum that would be based on content that had been successfully used in a clinical setting. The consultant also helped us develop materials like scripting and patient education, as well as identify regional resources and places to refer people for additional services and supports.

We also formed an implementation team of frontline care coordinators, clinicians, our medical director and office managers, the director of strategic projects, and information technology professionals from within our organization. The team met every two weeks to discuss challenges and plan training and screening protocols and materials.

This reinforces the importance of having an implementation team composed of administrators, clinicians, and staff from across your clinic. Learn more in Step 2 of the ACEs Aware ACE Screening Implementation How-To Guide

How we approached training

Because we knew training would be so essential to our success, we piloted our training program at one clinic. After incorporating learnings from that pilot into the training curriculum, we rolled out the training to all clinics.

As discussed in Stage 1 of the How-To Guide, you can start at one clinic, learn from your experience, and then expand your ACE screening efforts. Learn more: No One Size Fits All: Different Approaches to Piloting ACE Screening and Toxic Stress Treatment

For the full training rollout, we traveled to the clinics in-person. We blocked off the clinic's schedule for four hours and did a full in-person training for every provider and employee.

That kind of road-show training is not sustainable to do every year, or every time you onboard a new employee. Now we have a training package with a PowerPoint presentation for all new staff, and we also have annual refresher information. During COVID-19, the training has usually been held virtually or via a video presentation.

- We trained the medical assistants (MAs) to be comfortable with screening and use the correct language/scripting.
- We wrote scripting for the frontline staff so there would be consistent patient messaging about screening.
- We did individual role-play using scripting to help staff and clinicians feel comfortable with screening and talking about ACEs and toxic stress.
- We did education on the impact of ACEs and toxic stress on physical health and shared data about possible linkages to chronic conditions we see in our patient population.
- To help clinicians feel comfortable, we designed an in-house resource packet (e.g., community resources, social services, and specialty medical services) tailored by region, as well as a follow-up workflow to ensure we would check in with patients.

Providing scripts to your clinical team and staff can help make them feel more comfortable conducting ACE screenings. Review the ACEs Aware Sample Scripts for Pediatric Clinical Teams.

How we approached workflow and documentation

We already operated with a full team-based model, which positioned us well to sustainably launch ACE screening without needing to hire additional resources. In FPA's team-based approach, each provider has three care coordinators that do the intake. Specifically, a care coordinator hands the ACE screen to every new patient as part of the registration packet, and then enters the results into the patient's record.

To help design the best workflow for our clinics, we scheduled meetings with the implementation team, and asked for feedback from the frontline staff who would be doing the work.

In December 2021, we fully embedded the screening into the electronic health record (EHR) so the results are immediately available to our behavioral health specialist who uses it for follow-up on a positive screening. It was critical to make ACE screening a natural part of their everyday work, not something separate that's bolted on in a non-intuitive way.

Integrating ACE screening into the EHR is critical in making it part of your clinic's everyday work.

Results

- ✓ 40 clinicians and 250 staff across the organization trained in two months
- ✓ 98% of clinicians started screening
- ✓ Launched Phase 2 in December 2020 with a new, dedicated behavioral health specialist

Key Learnings

- We did not anticipate the need for constant follow-up training and reinforcement with the frontline staff. This is key. It is not naturally self-sustaining.
- Role play using scripting was essential to getting staff and clinicians on board and comfortable with ACE screening.
- It takes continuous quality improvement reporting and analysis to address barriers to implementation and encourage clinician and staff compliance.

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