

NPPC Pilot Site Clinic Profile:

Kaiser Permanente Southern California Bellflower Clinic

September 2019

NPPC Overview

The National Pediatric Practice Community (NPPC) on Adverse Childhood Experiences (ACEs) is a program of the Center for Youth Wellness (CYW) to support health care professionals in applying ACEs and toxic stress science to pediatric practice and shaping the field of trauma-informed medicine. The NPPC pilot program launched in 2017 to support integrating ACEs screening in pediatric clinical settings by providing training, technical assistance, and practice coaching to a small group of medical practices. The pilot included an intensive six-month period where organizations tested and refined screening implementation. For an additional six months, NPPC helped sites embed and spread their screening practices as appropriate, including supporting clinical systems for ongoing data tracking and monitoring.

Acknowledging that screening for ACEs is not yet standard practice in pediatric clinics in the United States, the NPPC pilot program was framed as a quality improvement endeavor using a plan-do-check-adjust (PDCA) framework with coaching and systems in place to monitor, reflect on, and formally document their experience and learning.

Pilot Site: Bellflower Clinic in Downey, CA

Organization: Kaiser Permanente is a large national, integrated health system serving around 12 million members across 8 regions.

Site Description: Bellflower Clinic is part of Kaiser Permanente Southern California region's Downey system, which serves medically underserved communities at 12 sites in Downey, CA.

Kaiser Permanente Southern California region's Bellflower pediatric clinic was the only NPPC pilot site that was part of a private, integrated health system. The regional chair for child abuse prevention was personally inspired to bring ACEs screening to the Bellflower clinic, where she practices as a pediatrician, to illustrate the extent to which their patient population has experienced trauma and make the case for screening across the region. She obtained permission from regional leadership to participate in NPPC, paving the way for ACEs screening throughout the whole Southern California region (Los Angeles to San Diego).



Screening activities & outcomes

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| Training | 14 staff were trained in the science of ACEs |
| Ages screened: | all 3- and 5-year old children at well child visits |
| Tool: | ACE-Q core 10 questions |
| “Positive” score: | 1-3 ACEs with symptoms or 4+ with or without symptoms |
| Workflow: | Front desk staff explains and gives patients the paper screen to complete. The medical assistant (MA) or licensed vocational nurse (LVN) enters the score into EPIC prior to the provider entering the exam room, flagging scores of 1 or more for provider review. |
| Follow up: | Providers assess for safety and symptoms and assign patients to intermediate or high-risk groups for follow up. All patients with a positive score receive education, and high-risk patients are referred to behavioral health services as appropriate. |
| Screening results: | <ul style="list-style-type: none">• 75% of eligible patients were screened• 10% screened received a positive score• 44% of patients with a positive score were referred to or already receiving services |



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A couple [providers] have said parents are very happy to be asked, and the screener helps them understand patients' symptoms.

Kaiser Permanente Bellflower provider

Bellflower reported several other important outcomes from the pilot project. It increased provider and staff knowledge and comfort regarding ACEs screening, which the provider champion plans build on by facilitating peer sharing. It also enhanced providers' understanding of their patients, which aided in symptom interpretation and treatment. For example, because of screening a provider better understood a significant speech delay in a 4-year-old who had experienced family trauma several years prior. Clinic staff also strengthened their referral practices—every site compiled a list of potential local resources (e.g., parenting classes through ECHO and Exchange Club)—and improved the ability to track relevant data in their electronic health record (EPIC), including exploring adding drop-down boxes for recording symptoms and referrals.

The Bellflower champion for ACEs screening was able to leverage the Kaiser Permanente child abuse prevention network and spread to five additional sites during the first six months of the pilot. The clinic plans to continue the screening currently underway and has plans to spread across the region to nine additional sites in 2019. In 2020, the organization plans to extend the age range and add screening for 10- and 13-year-olds.

Lessons learned

There is no one-size-fits-all approach for screening implementation, and practices will need to make a variety of key decisions at various stages in the process. Three key lessons learned for Kaiser Permanente Bellflower are detailed below.

1 Leadership support was a critical element that was gained by communicating the value of ACEs screening and illustrating how it positions Kaiser Permanente to be on the “cutting edge.”

The provider champion at Bellflower reflected that Bellflower started implementing ACEs screening when the national conversation around ACEs was gaining traction. Since Kaiser Permanente likes to be at the forefront of medical practice, that was a helpful frame for increasing buy-in and support for screening, which combined well with an organizational culture that promotes innovation and peer pressure to adopt new practices.

“You need to do the right thing, even if it takes more time.”

Kaiser Permanente Bellflower provider

2 Spreading to five additional clinic sites benefitted from a focus on implementation and illustrating the value of screening to providers.

The champion developed a training presentation for all staff at additional sites that included equal parts of an ACEs foundational overview, samples of workflows and the screening process, and options for follow-up resources. Providers who requested additional information received one-on-one coaching from her. Since the pediatricians are juggling a lot of competing demands, the champion worked to integrate the screening process into their typical practice. She helped them see how this screening helps to answer some of their questions and improves their ability to issue diagnoses and provide quality care. She tells providers, “It will make your life easier.”

3 Active engagement and strategic thinking ensure that the screening data collected are useful for monitoring and communicating about progress along the way.

Bellflower reflected that it is helpful to involve an information technology (IT) professional early on who is thinking critically about how to obtain and report on the best data to answer key questions related to implementation. Screening roll-out at the additional five sites was supported by monthly calls with the Bellflower champion who reviewed the data and made recommendations if necessary.

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