NPPC Pilot Site Clinic Profile:

La Clínica de la Raza
Fruitvale Village Pediatrics Clinic

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NPPC
National Pediatric Practice Community

CENTER *for* YOUTH WELLNESS

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: Fruitvale Village Pediatrics Clinic in Oakland, California

Organization: Federally qualified health center with 28 clinics serving medically underserved patients, about 95% of whom speak Spanish.

Site Description: Clinic staff consists of 7 medical doctors, 3 nurse practitioners, 12 medical assistants (MAs), and 5 front desk staff seeing around 100 patients daily.

Fruitvale Village Pediatrics providers became interested in ACEs screening because of the frequency with which trauma touches their patient population and a desire to have a more systematic way to assess their patients. Providers often see patients with symptoms that stem from trauma and wanted to address the trauma before puberty, when old experiences often emerge in a painful way. The clinic had an existing annual screening practice for 3- to 11-year-olds focused on behavioral health issues and saw ACEs screening process as a complementary opportunity to see if they could identify other patients who had experienced trauma.

Screening activities & outcomes

Training 20 staff and providers were trained in the science of ACEs

Ages screened: 7-11-year-olds

Frequency: annually

Tool: Spanish and English versions of ACE-Q core 10 questions + 7 supplemental questions + 3 questions from the clinic's existing behavioral health screen + 5 questions about trauma-related physical symptoms

"Positive" score: 1-3 with symptoms or 4+ with or without symptoms

Workflow: The front desk staff distributed and explained the screen and gave it to patients to complete on paper. The medical assistant (MA) answered patients' questions and recorded the score and any symptoms in the electronic health record prior to the visit for the provider to review. The MA reported positive scores in the pre-visit huddle with the provider.

Follow up: For positive scores, the provider asked safety questions, offered anticipatory guidance, and referred to internal behavioral health providers or an outside behavioral health agency if indicated and the patient was willing. Staff also considered earlier follow-up with the provider at the clinic.

Screening results:

- 68% of eligible patients were screened
- 7% screened received a positive score
- 34% of patients with a positive score were referred to services

> *"We found that the screener wasn't going to uncover a lot of hard things and bog the system down. Instead it was helpful to think of it as another tool to help you understand the patients."*
>
> **Fruitvale Village Clinician**

Fruitvale Village Pediatrics reported several other important outcomes from the pilot project. These included increased provider knowledge and comfort regarding ACEs screening. They found the screening process gave new patients and providers the opportunity to get to know each other better and build trust. Fruitvale Village Pediatrics also strengthened data tracking in the electronic health record (NextGen) after building a template for the medical assistant and provider to record scores, referrals, and trauma-related symptoms captured by the ACEs screen and the discussion during the visit.

Going forward, the clinic brainstormed ideas of how to expand to a second patient population— Guatemalan immigrants who speak Mam, a Mayan language. This population is often illiterate in Mam and Spanish, and so were not included in the initial pilot because of logistical barriers. Given the high incidence of trauma in this population, the clinic was exploring the idea of administering the screen with the aid of an audio or visual recording of the screen questions.

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 Fruitvale Village Pediatrics are detailed below.

1 Staff buy-in to the new screening process was greatly increased by the NPPC training on ACEs, particularly among the medical assistants.

The team attributed the high level of buy-in among its front-line and clinical support staff to the fact that many of them come from the community that the clinic serves and thus support efforts to take care of their community. Additionally, feeling involved in the process and aware of the reasons behind the new screening practice helped garner support among staff. Through NPPC, team members were introduced to the concept that even having the discussion can be therapeutic for patients, which was particularly helpful in creating buy-in with providers.

2 The ACEs screening process did not overextend the clinic's referral systems and gave providers ideas for how to better use their health educator.

The pilot core team administered a survey to understand providers' experiences with the pilot. At the start, they worried about overwhelming their internal behavioral health services. This did not occur—they indicated that they still had some capacity, and providers reported that 90% of the time they were able to provide needed resources. In addition to behavioral health, patients were often linked to the organization's positive parenting program.

3 Prior to the pilot, Fruitvale Village Pediatrics Clinic had a robust behavioral health screening practice in place but found the ACEs screen expanded the information gathered in useful ways.

At the outset of the pilot, the providers were interested in learning if combining the ACEs screen with their existing behavioral health screen would give them more useful information about clients. They added the following behavioral health questions to the back of the ACE screen.

1. Does your child demonstrate more worry or sadness than other children of similar ages?
2. Has your child ever experienced or witnessed anything traumatic at home, school or anywhere else?
3. Does your child consistently demonstrate more oppositional behavior or more problems paying attention than other children of similar ages?

Providers found the combination of the ACE and behavioral health screen provided a neutral way to delve into less common topics, giving new patients and providers the opportunity to get to know and trust each other. The specificity of the questions on the ACE screen expanded the information gathered about patients' experiences with trauma in ways providers found valuable. Additionally, the way the two screens ask about symptoms complemented each other to give a more complete picture for providers.

> *"The medical assistants seemed very engaged, never forgetting to give out the screener. They tend to like things that take extra care of the community. The initial training successfully increased their knowledge and created a lot of buy-in since they felt involved in the reason behind the practice change.*
>
> **Fruitvale Village Clinician**

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