



Session # J4a

Understanding the Importance of Asking Hard Questions In Primary Care: One FQHC's experience with Implementing System Wide ACE Screening in WCCs

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Faculty Disclosure



The presenters of this session have NOT had any relevant financial relationships during the past 12 months.



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Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at <https://www.cfha.net/page/Resources> 2019 and on the conference mobile app.





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Learning Objectives

At the conclusion of this session, the participant will be able to:


- Identify adverse childhood experiences that commonly affect pediatric populations.
- List three strategies for promoting trauma informed care in their own agencies.
- Identify and discuss at least two different strategies for screening for ACEs in WCC in Primary Care.



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Bibliography / Reference


- Koita, K., Long, D., Hessler, D., Benson, M., Daley, K., Bucci, M., et al. (2018) Development and implementation of a pediatric adverse childhood experiences (ACEs) and other determinants of health questionnaire in the pediatric medical home: A pilot study. PLoS ONE 13 (12): e0208088. <https://doi.org/10.1371/journal.pone.0208088>
- Bellis, M., Hughes, K., Hardcastle, K., Ashton, K., Ford, K., Quigg, Z., & Davies, A. (2017). The impact of adverse childhood experiences on health service use across the life course using a retrospective cohort study. The Journal of Health Services Research & Policy, 22 (3).
- Korotana, L., Dobson, K., Pusch, & Josephson, T. (2016). A Review of Primary Care Interventions to Improve Health Outcomes in Adult Survivors of Adverse Childhood Experiences, Clinical Psychology Review, doi: 10.1016/j.cpr.2016.04.007
- Conn, A., Szilagyi, M., Jee, S., Manly, J., Briggs, R., Szilagyi, P. (2018). Parental perspectives of screening for adverse childhood experiences in pediatric primary care. Families, Systems, & Health, 36 (1).
- Gilbert, L., Breiding, M., Merrick, M., Thompson, W., Ford, D., Dhingra, S., & Parks, S. (2014). Childhood Adversity and Adult Chronic Disease: An update from ten states and the district of Columbia. American Journal of Preventive Medicine



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Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.



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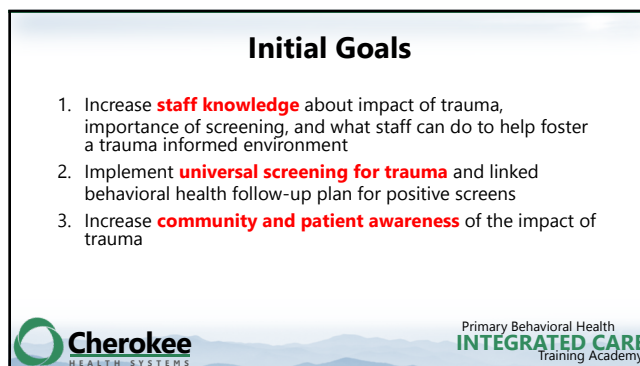
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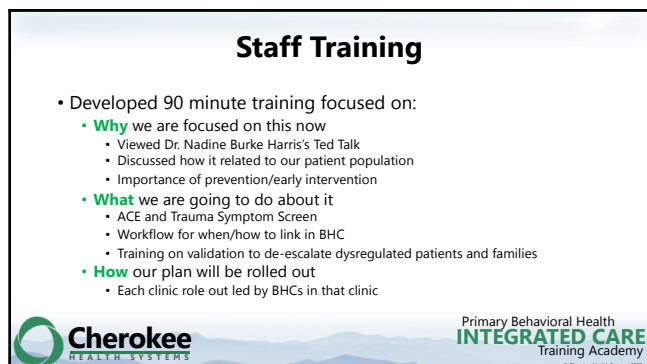
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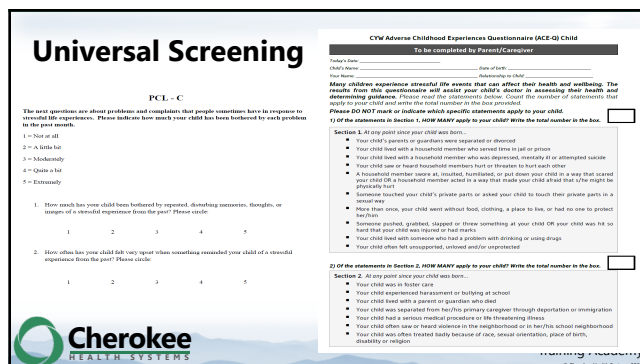
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Community/Patient Education

- Provided scripts to nursing staff to help with patient education for those patients not screening positive for ACEs
- Engaged partnerships seeking opportunities to share information with other agencies:
 - UT Audiology and Speech Pathology
 - UT Ob/Gyn Residency Program
 - UT Dept of Social Work
 - Knoxville Metro Drug Council
 - Meharry Medical College
 - Emerald Youth Foundation



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The Reaction

- PCPs' Initial **Concerns**
 - Hesitancy about perceived invasiveness of asking these questions
 - Concerned about the possible increase in time spent per patient
- PCPs' Current **Experience**
 - "No impact on my day"
 - Overall view is very positive



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The Reaction

- Nurses' Initial **Concerns**
 - Thought patients/parents would lie
 - Felt sure patients/parents would complain
- Nurses' Current **Experience**
 - Absolutely, there are some complaints
 - Have been very surprised at how honest people have been
 - Nurses mentioned that it seems like people really want help with this issue, and never would have known how to ask for it before
 - "Even if you have only 1 person telling the truth for 5 people who don't, that's one more person you can help."



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The Reaction

- BHCs' Initial **Concerns**
 - Overwhelmed by the likely increase in identified patients who need care
 - Concerned about how families would react
 - Felt responsible for helping nurses and PCPs be comfortable with implementation
- BHCs' Current **Experience**
 - There has been a definite increase in patients identified in our clinic
 - We have had to make some adjustments
 - The more you talk about trauma, the more comfortable it feels
 - Overall, families have been either neutral about the screening or willing to discuss their concerns



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The Reaction

- Patients and Families
 - Overwhelmingly positive or neutral
 - Many families have said they are glad we are asking these questions
 - When families have had questions, or even seemed defensive, they have responded very well to learning about why we felt the need to ask these questions



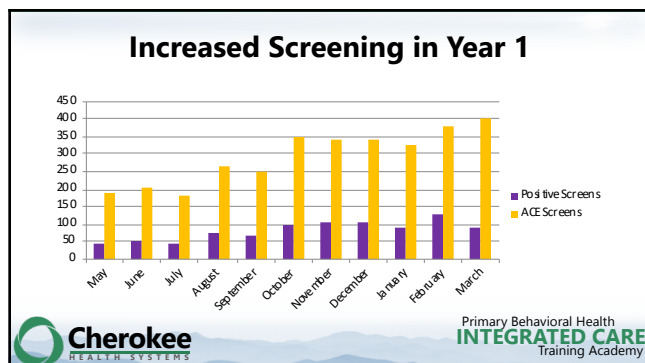
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Work Flow

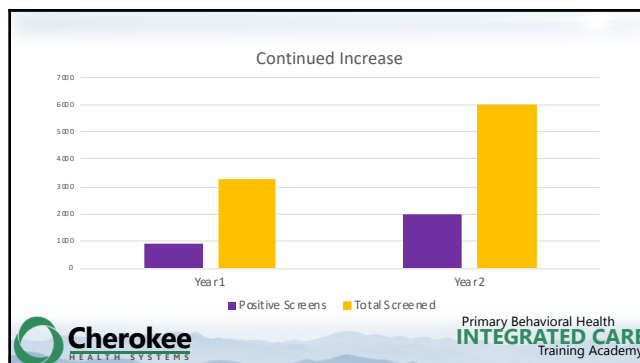
- ACE-Q and PCL-C Screeners included in well child check paperwork, provided by front staff
- Typically, nurses review completed screeners
 - Nurses will alert both PCP and BHC score is above 3
- If at all possible, BHC will meet with Pt/family on the same day as the failed screener
- If not possible...
 - BHC will follow-up briefly by phone and schedule if needed
 - PCP will request that Pt schedule back with BHC



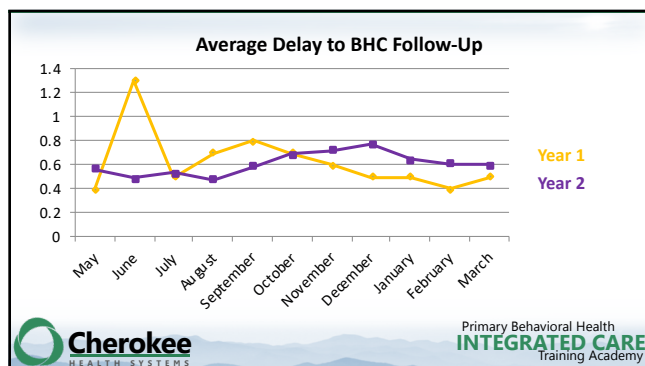
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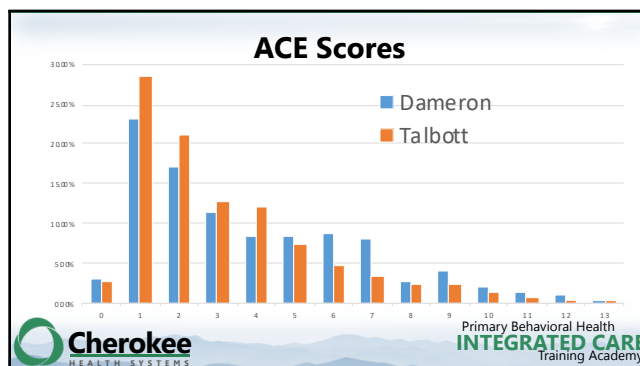
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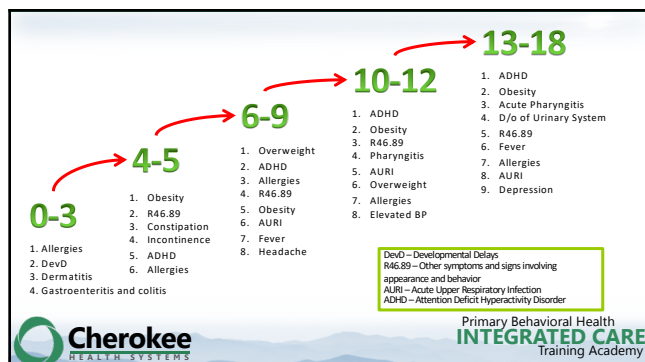
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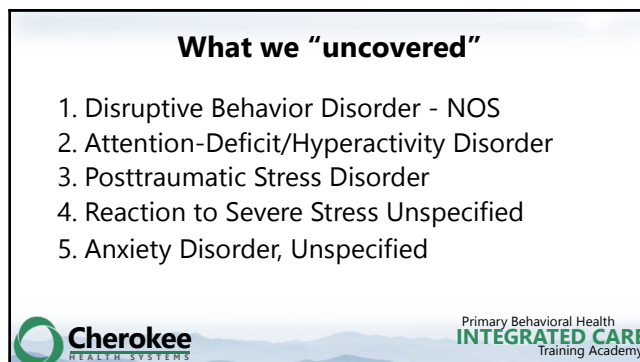
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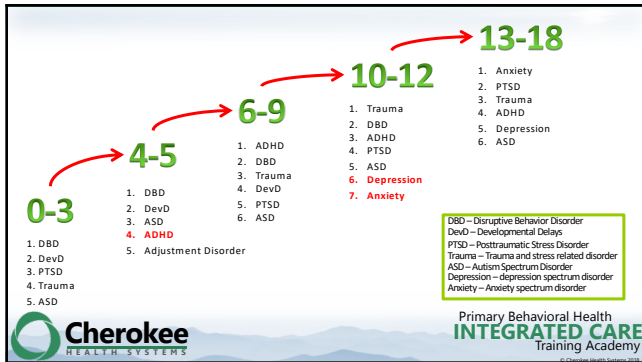
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What do we do with the information?

- Psychoeducation
- Behavioral health intake to assess symptoms/functioning
 - Diagnoses – Acute Stress Disorder, PTSD, Disruptive Behavior Disorder
- Recommend and initiate treatment
 - Trauma Focused – Cognitive Behavior Therapy
 - Parent Child Interaction Therapy
- Refer to Children's Services as indicated
- Connect to Community Health Coordinators to help address environmental stressors

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Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.

CFHA COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

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Join us next year in Philadelphia, Pennsylvania! Thank you!

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