Contact Information

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Physician Organization Name: Wexford PHO
Practice Name: Mackinaw Trail Pediatrics
Practice Address: 7917 Mackinaw Trail, Cadillac, MI 49601
How many physicians are in the practice: Mackinaw Trail Pediatrics: 6 MDs, 1 FNP and 1 PA
Description of care team: Care team includes one RN Care Manager and one LMSW Care Manager.

Executive Summary

- The process includes identifying patients and screening for Adverse Childhood Experiences (ACEs).
- Based on the screening score, education is provided and appropriate referrals are made
    - Referrals can include but are not limited to: behavioral health therapist, Community Mental Health Wraparound Team, YMCA Teen Impact program, Single Track Sisters (biking program targeted for at-risk teenage girls), Community Connections HUB team for resources, Gear-Up for Co-parenting class through the Friend of the Court, Oasis (resource center for victims of abuse/neglect).
- For high-risk patients, coordination with the school takes place on a regular basis so long as consent has been signed by parents – coordinating can include the IEP team as well as the truancy officer if they are involved.
- Providers perform a medication review to determine if medications are appropriate, they can contact the MC3 program at U of M if needed to help with medication consultation
- Educational materials are provided to families, including both printed materials and video material.
- Results are individual, based on the patient. One specific success story included a patient that was adopted and had a variety of diagnoses including ADHD and reactive attachment disorder. The patient family was calling the office often to change medications and they were coming in for several appointments each month to address behavior concerns. The patient was screened for ACEs and found to have a score of 10. Education was provided and a referral was made to a psychologist for further assessment and intervention. The psychologist was able to provide additional information regarding the screening score and explain to the patient why his behaviors were as such. Following that appointment, the patient and the patient's family left with a better understanding as well as some tools to help calm his mind. The family did not return to the office or call back for medication changes following that appointment and per last report from the patient's adoptive mom, the patient was doing very well.

Category of Submission: Behavioral Health Interventions

Title of Submission: Screening for Adverse Childhood Experiences

When did the intervention start and end?

The intervention started May 2018 and is ongoing with no end date anticipated.

Goal of the Program/Intervention:

The goal of the intervention is to provide education and resources to patients and their families and to identify high risk patients as well as appropriately diagnose and treat their symptoms. This is in an effort to both help the patient to understand and give them the tools to be able to build resilience and coping mechanisms thereby reducing their risk of co-morbid conditions later in life, including but not limited to substance use disorder, chronic depression, COPD, liver disease, unplanned pregnancy, cancer, and diabetes.

Who developed the program/intervention and how?

This intervention was an idea that was originally discussed with the behavioral health program lead. It was first initiated in the pediatric practice after education was provided that included which tool to use, scripting, and where to refer patients with positive results.

Description of the Program/Intervention:

The intervention includes screening patients for adverse childhood experiences. This originally started with a specific group of patients (those coming in for an initial evaluation for ADHD) and has now expanded to include a larger group of patients (all those that are involved in Care Management or Social Work services). Once the screening is completed, the Care Manager or Social Worker provide education to the patient and their family; education includes verbal teaching, printed materials and video clips (i.e. Hunter and Eve). If the patient is symptomatic or has been identified as high-risk, referrals to services are made. Depending on the severity, the referrals can range from Child Protective Services to coordination with the child's school so long as consent is provided in writing by the parents.

The result of the screening is documented in a secure note in the patients chart and the screening is scanned in to the chart as well. The plan is to screen each patient involved in Care Management services on an annual basis or more frequently if there is a known change. The goal of the screening is to provide appropriate referrals to families to be able to promote and foster resilience. For example, a referral may be made to a social worker to specifically work on mindfulness and calming techniques. The screening results may also be able to provide physicians with some guidance for medication recommendations or non-pharmacological interventions. In a study completed by Anda, Felliti, Brown, Dube & Giles (2008), they report that "ACEs substantially increase the number of prescriptions and classes of drugs used for as long as 7 or 8 decades after their occurrence. The increases in prescription drug use were largely mediated by documented ACE-related health and social problems" (para. 4). Several studies indicate the high prevalence of substance abuse disorder in patients who have high ACE scores, another goal of screening patients would be to correctly diagnose patients and promote resilience and substance abuse prevention. According to Douglas, et al. (2010), "the identification and effective treatment of mood and anxiety disorders associated with ACEs could reduce the risk of developing SD [substance dependence]" (p. 5).

How were patients identified for the program/intervention?

In its early stages, patients were identified for screening when they were coming into the office for an initial ADHD evaluation appointment and were also referred for Care Management services. Following an initial pilot with those patients, some providers wanted all patients who were seeing the Care Manager or Social Worker screened, regardless of if they were being evaluated for ADHD. This is still the patient population that is receiving the screenings, however there are some discussions about implementing universal screenings for all patients at the practice, this would coincide with screening for social determinants of health.

How was success measured?

Success in the intervention is process-based and is measured by completed screenings and provider and family engagement in services. In addition, the process of screening includes tracking the patient's diagnoses and medication therapy. A Survey Monkey was created to be able to track the screening score as well as the diagnoses and prescribed medications.

The initial screening pilot with ADHD patients had positive provider feedback and was then expanded to all patients involved in Care Management and Social Work Services. There have been discussions in the office with the providers about expanding the screenings to all patients. Currently, all office staff is being educated on ACEs and the reason for screening the patients.

What were the program results? Include qualitative data/graphs:

At this time there have been 137 ACEs screenings completed. Of those, the average ACE score is 4. All of the patients that have been screened have been involved with either Care Management or Social Work Services. 64 out of 137 patients have a diagnosis of Emotional/Behavioral Disorder, 55 were diagnosed with anxiety, 52 with ADHD and 45 with allergies. 49 patients are prescribed a stimulant, 43 are prescribed allergy medication and 36 are prescribed an antidepressant. ***See Appendix A for Tables***

Were any new tools, processes or resources developed to aid in the implementation of the program/intervention? (1-2 paragraphs)

One new tool that was created was an algorithm for screening results. There was one created for pediatric patients and one for adults, these can be easily modified to tailor to each individual location so that they can be adapted into many different offices. In addition, a Survey Monkey was created to input data (ACE Score, Diagnoses and Medication).

The pediatric Care Manager also worked closely with the Wexford-Missaukee Trauma and Resilience Unified Support Team (TRUST) to provide community-wide educational events, including two showings of the Resilience Film. In addition, as part of conversations amongst the TRUST team, the local Friend of the Court found inspiration in creating a "Gear-Up for Co-Parenting" class that is now funded through a grant and provided multiple times throughout the year. The class is resiliency-based and has received positive recognition. This class has provided the Social Worker and Care Manager a place to refer parents who are going through separation and divorce and gives those parents an opportunity to learn about effective and safe co-parenting.

What are you proudest of regarding this submission? Why does this work matter?

We are proudest of the process that has been put into place as well as the community engagement that surrounds this work. This work matters because Adverse Childhood Experiences directly correlate to high-risk chronic disease as well as substance use disorder and lower life expectancy. It takes an enormous amount of community engagement and involvement to be able to combat childhood maltreatment and promote resiliency. We have had great communication and coordination with our local schools as well as many community agencies including the MDHHS, Oasis (family resource center), Friend of the Court, Mobile Childhood Advocacy Center, District Health Department #10, Community Mental Health, the Truancy Officer, and so on. It is our goal, not only as a PHO, but as a community to promote a safe, stable and nurturing space for families to be able to live, work and grow in a healthy and productive manner.

How will your organization use the funds if your submission wins?

If this submission wins, our organization will use the funds to sustain or expand our behavioral health program. The PHO currently has a behavioral health social worker embedded into the Middle School to be able to meet our patients where they are located for a large majority of their day. There has been interest from the ISD in expanding and sustaining those services, so these funds will go toward that program.

References

Anda, R., Felitti, V., Brown, D., Dube, S., & Giles, W. (2008). Adverse childhood experiences and prescription drug use in a cohort study of adult HMO patients. *BMC Public Health, 8*(198). doi:10.1186/1471-2458-8-198

Douglas, K., Chan, G., Gelernter, J., Arias, A., Anton, R., Weiss, R., . . . Kranzler, H. (2010). Adverse childhood events as risk factors for substance dependence: partial mediation by mood and anxiety disorders. *Addictive Behaviors, 35*(1), 7-13. doi:10.1016/j.addbeh.2009.07.004

WEXFORD/CRAWFORD PHYSICIAN HOSPITAL ORGANIZATION

Appendix A

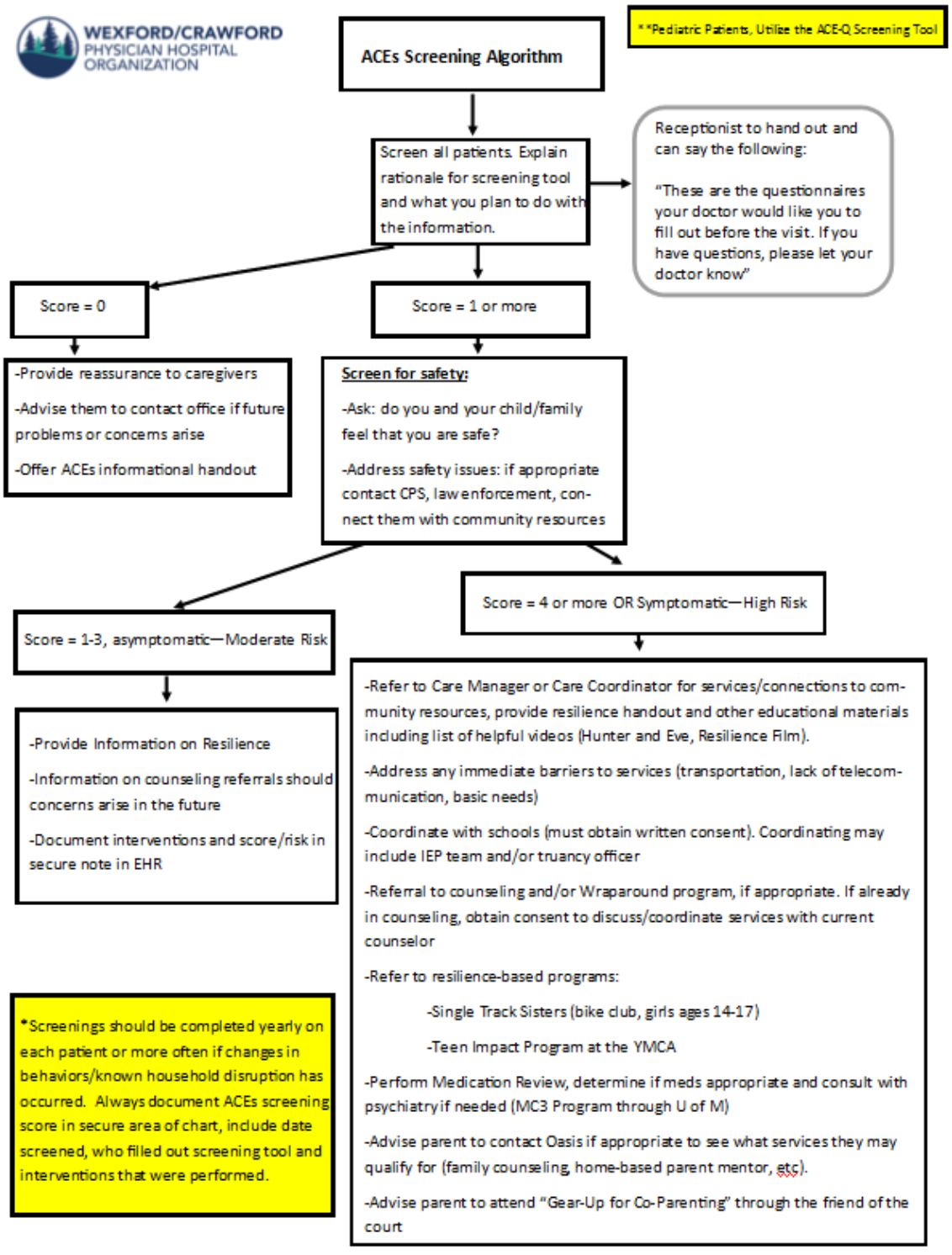
What is your Medical Diagnosis?

ANSWER CHOICES		RESPONSES	
Emotional/Behavioral Disturbance (unspecified)		46.72%	64
Anxiety		40.15%	55
ADHD		37.96%	52
Allergies		32.85%	45
Depression		24.09%	33
Digestive Issues, GERD, Constipation		24.09%	33
Asthma		22.63%	31
Other (please specify)	Responses	13.14%	18
Adjustment Disorder		12.41%	17
Sleep Disturbance, Sleep Disorder		10.22%	14
Oppositional Defiant Disorder		5.11%	7
None		1.46%	2
PTSD		1.46%	2
Total Respondents: 137			

What are your Medications?

ANSWER CHOICES		RESPONSES	
ADHD - Stimulant (Methylphenidate, Ritalin, Adderall, Vyvanse, Concerta, Focalin, Metadate, Quillivant, Daytrana)		35.77%	49
Allergy Medication		31.39%	43
Anti-Depressant (Prozac, Zoloft, Welbutrin, Celexa, Lexapro, Paxil)		26.28%	36
None		24.09%	33
Respiratory - Inhalers		20.44%	28
ADHD - Non-Stimulant (Strattera, Intuniv, Kapvay)		11.68%	16
Sleep Aid		10.95%	15
Stomach Issues (Omeprazole, Prilosec)		8.03%	11
Mood Stabilizer (Risperdal, Abilify, Seroquel, Zyprexa)		4.38%	6
Other (please specify)	Responses	2.92%	4
Anti-Anxiety (Valium, Xanax, Klonopin, Ativan)		0.73%	1
Total Respondents: 137			

Appendix B



***Note:** Currently, only patients being seen by social work or care management are being screened. This has not rolled out to all patients at this time.