ACEs Screening Workflow Examples

The purpose of this document is to provide practices with suggested ways to incorporate ACEs screening into the workflow.

A Basic Workflow

Administration of ACEs screening tool → Form completion → Review & score interpretation → Patient & family education and/or referral → Documentation & tracking

Administration of ACEs Screening Tool: A Real-World Example from California Pacific Medical Center’s Bayview Child Health Center (BCHC)

Medical Assistant administration of screening tool for well-child visits starting at 9 months and for new patients

1. Medical Assistant greets and welcomes the caregiver and patient.
2. Medical Assistant informs the caregiver that they will need to fill out several forms prior to the child/youth's appointment. The packet is provided on a clipboard. It is recommended that the ACEs screening tool be included earlier in the packet to increase completion rate.
3. Medical Assistant provides a general description of each form in the packet, providing context. She/he informs the caregiver that the Primary Care Provider will review the results with her/him and the child/youth.

Completion of Form

4. The caregiver completes the packet and returns it to the Medical Assistant.
5. For adolescent patients who complete a self-report (in addition to the caregiver report), the completed screen should be returned separately to the Medical Assistant upon completion.

Review & Score Interpretation

6. The packet is provided to the Primary Care Provider for review prior to the appointment.
7. The Primary Care Provider reviews the information prior to meeting with the patient.
8. The Primary Care Provider carries out the standard well-child check-up, and reviews results with the patient and caregiver. If the form is not filled out before the patient and caregiver meet with the Primary Care Provider, the Provider asks the caregiver and/or patient if she/he would like to fill it out today, or save it for another visit. (Typically she/he fills it out then).

Patient & Family Education and/or Referral

9. If the ACEs score is “zero,” the Primary Care Provider reiterates that this is a screening tool that is used for all patients, and provides anticipatory guidance explaining what ACEs
are and why this information is important. (Sometimes new patients enter “zero” and later change the score during a follow-up visit, when they feel more comfortable with the Provider.) The Primary Care Provider may make a note in the patient chart to discuss the screening again at a future visit.

10. If screening reveals an ACE score, the Primary Care Provider explains why ACE screening has been conducted, and carries out next steps according to the established algorithm. Specifically, for a score of 0-3 with no symptoms, the Provider provides patient education. For a score of 1-3 with symptoms (see symptom list), the Provider provides anticipatory guidance. For a score of 4+, the Provider provides the appropriate referral (with a warm hand-off if possible). When a warm hand-off is not possible, the Primary Care Provider explains what resources are available and asks if the caregiver and/or patient would like a referral. Sometimes the caregiver and/or patient would like to think about it, and the Provider can schedule an extra visit to talk further, or coordinate care with an existing therapist, etc.

11. Through conversation with the patient and her/his caregiver, the Primary Care Provider may identify relevant symptoms that should be considered in determining whether a referral for services is clinically indicated. For patients with multiple symptoms, the Primary Care Provider may need to determine what is the most important issue to cover in the time she/he has for the visit; i.e., a child’s asthma. Focusing on the most pressing symptom may provide an opening to also talk about interventions like nutrition and exercise, and to schedule future visits to address ACES-related health issues further.

Documentation & Tracking

12. When the Primary Care Provider reviews the ASQ Ages & Stages questionnaire and enters scores and follow-up decisions into the patient record, she/he also adds the ACE score in a specific “free text” field in one of the EHR (NextGen) standard templates.

Standardizing entry of the ACE score across the practice allows the practice to easily pull a monthly report that presents data in an Excel spreadsheet.

Example: Entering ACE score into NextGen at BCHC:
Medical Assistant/Screening Specialist Sample Script:
Introducing the ACEs Questionnaire

This script is based on the Center for Youth Wellness/Bayview Child Health Center (CYW/BCHC) model and is an example of one way to introduce an ACEs screening tool.

“We have some forms that we'd like for you to complete so that the doctor understands how [Child’s Name] is doing. The doctor will answer any questions you have about the forms, and I’m here if you need clarification on the instructions.

There are [X] forms in this packet and we give these forms to all of our patients. (Present other forms as routinely done.)

The second piece of paper in this packet is the [ACEs questionnaire]. This is something we give to each patient. This form asks some personal questions and screens for health risks due to exposure to stress and adversity.

(Depending on which screening tool used, give instruction on how to complete the form, who the questions are about; i.e., child or parent/caregiver, as well as who should complete it)

When you have finished, please return the forms to me. I will place everything in a folder and give it to the doctor before you and [Child’s Name] go in for your visit.”

PLEASE NOTE: If you are using a screening approach that requests a cumulative score, rather than identification of specific ACEs, it may be important to explicitly remind patients to provide a total score and not to check individual items; e.g., “Please review the statements and write down only the number of statements that apply to your child, not which ones.”

Source: BCHC/CYW User Guide

Note: This script was developed based on the Bayview Child Health Center/Center for Youth Wellness model of ACEs screening that uses MA introduction of 3 versions of a paper-based tool focused on the child’s ACEs.
Primary Care Provider Sample Scripts: Reviewing the Questionnaire Results

Introducing the ACEs screening results

New research has shown that children's exposure to stressful or traumatic events can lead to increased risk of health and developmental problems, like asthma and learning difficulties. As a result, at this clinic we now screen all of our patients for Adverse Childhood Experiences. Once again, you don’t have to tell us which ones your child experienced, only how many. I’d like to take a moment to review your responses.

Talking about a low risk (CYW ACE-Q score of 0)

Based on your responses, I don’t see any cause for concern. We now understand that exposure to stressful or traumatic experiences like the ones listed here may increase the amount the stress hormones that a child’s body makes and this can increase their risk for health and developmental problems. If, in the future, [Child's Name] experiences any of these issues, please let us know because early intervention can lead to better outcomes.

Talking about a moderate risk (CYW ACE-Q score of 1-3 with no symptoms)

I see that [Child's Name] has experienced [Score/Result] of these items, is that correct? Based on your responses, I want to ask a few more questions about her/his health and development.

- Has [Child's Name] experienced any significant weight gain or loss since these experiences occurred?
- How is [Child's Name] doing in school?
- Has the teacher or school staff expressed any concerns?
- How's [Child's Name] sleep?
- Have you noticed any worsening of your [Child's Name] asthma/eczema/diabetes since these events occurred?

(Caregiver answers no and that the patient is doing fine)

We now understand that exposure to stressful or traumatic experiences like the ones listed here may increase the amount the stress hormones that a child’s body makes and this can increase their risk for health and developmental problems. At this time, it doesn’t seem like [Child's Name] is experiencing those issues, but if, in the future, s/he does start showing symptoms, please let us know, because early intervention can lead to better outcomes.
Provided appropriate patient education materials.

**Talking about elevated/high risk (CYW ACE-Q score of 1-3 with symptoms, 4+)**

I see that [Child's Name] has experienced [Score/Result] of these items, is that correct? Based on your responses, I want to ask a few more questions about her health and development.

- Has [Child's Name] experienced any significant weight gain or loss since these experiences occurred?
- How is [Child's Name] doing in school?
- Has the teacher or school staff expressed any concerns?
- How's [Child's Name] sleep?
- Have you noticed any worsening of your [Child's Name] asthma/eczema/diabetes since these events occurred?

(Caregiver responds yes)

We now understand that exposure to stressful or traumatic experiences like the ones listed here may increase the amount the stress hormones that a child’s body makes and this can increase their risk for health and developmental problems.

Because of what [Child's Name] has experienced, I am concerned that this may be contributing to her problems in school/worsening asthma/weight gain. Some of the things that have been shown to help the body recover from adversity and normalize those stress hormones include good nutrition, healthy sleep, regular exercise, therapy, mindfulness — like meditation and healthy relationships.

I’d like to refer [Child's Name] to some services that could be helpful.

(Describe referral and resources available at your setting. This may include a “warm hand-off” or formal referral to an internal mental health or behavioral health provider integrated into the clinic, or may be a referral to a partner agency.)

We also know that a healthy caregiver is one of the most important ingredients for healthy children so the same applies to you mom/dad/grandma/auntie. Reducing or managing your stress level is one of the best things that you can do for [Child's Name] to improve his/her health and development.

(Provide appropriate patient education materials)

Source: These scripts were developed based on the Bayview Child Health Center/Center for Youth Wellness model of ACEs screening that uses a scoring system of 0 (i.e., low risk of ACEs-associated negative health outcomes), 1-3 with no symptomatology (moderate risk), and 1-3 with symptoms or 4+ (high risk).