

TASIE Project evaluation report

Executive summary

September 2024

The TASIE (Trauma-Informed ACEs Screening and Intervention Evaluation) Project ECHO® was a partnership between the Center for Youth Wellness (CYW) and the New Jersey Chapter, American Academy of Pediatrics (NJAAP) with funding support from the Health Resources and Services Administration (HRSA). The program implemented a virtual model for teaching and supporting pediatric providers in screening for adverse childhood experiences (ACEs) and providing relevant response and referral.



Program Reach

- 46 primary care practices participated in three cohorts from November 2021 – May 2024
- Practices located in 17 states across the United States and the District of Columbia
- About half of practices had an annual pediatric population between 1,000 and 4,999 patients, with most other practices reporting more

Support Provided

- Between \$10,000 and \$15,000 stipend
- Individualized coaching
- Monthly data review to monitor improvement and track progress
- Monthly ECHO sessions for information sharing and peer exchange, including case presentations (i.e., providers sharing experiences and lessons with screening)
- Optional “office hours” to connect with experts and other relevant resources

Methods

The evaluation used a mixed methods approach to understand progress, facilitators, and barriers to implementing ACEs screening and response in pediatric primary care. Evaluation data collection focused on the three groups the program sought to influence: practices, providers, and patients. Data included monthly clinical data reporting, a provider survey and focus groups, patient and caregiver surveys, and document review. The evaluation was conducted by the Center for Community Health and Evaluation at the Kaiser Permanente Washington Health Research Institute.

Evaluation findings

1 All 46 practices successfully implemented pediatric ACEs screening in primary care, in various settings and with different contextual considerations.

The TASIE Project supported each of the 46 practices to begin ACEs screening and response in their pediatric population of focus. **Over half (55%)** of TASIE Project practices' eligible patients were screened for ACEs during the program.

Two factors were associated with higher screening rates: the level of **organizational readiness** the practice reported at program start and the size of the practice's chosen eligible population. This underscores the importance of **preparing the care team** for ACEs screening implementation and starting with a small group of patients to learn about ACEs screening and adjust workflows before expanding.

2 Practices provided most patients with relevant response based on their screening results. Providers reported increased familiarity with local resources and encountered challenges when referring patients to additional services.

Across all risk categories, **75% of patients received patient education**. A majority (82%) of patients at intermediate- or high-risk for negative outcomes, based on their ACEs score, received anticipatory guidance about the seven Domains of Wellness (see figure on the right). Most (80%) in the high-risk category also talked with their provider about receiving a referral or follow-up appointment.

At program start, only 22% of providers were *Familiar* or *Very familiar* with local resources to refer patients who screen positive for ACEs. At program end, **88% of providers were *Familiar* or *Very familiar* with available resources**, though they identified challenges when referring patients, including: lack of availability or access (e.g., long wait lists, not accepting new patients), especially for mental health services.

Seven Domains of Wellness



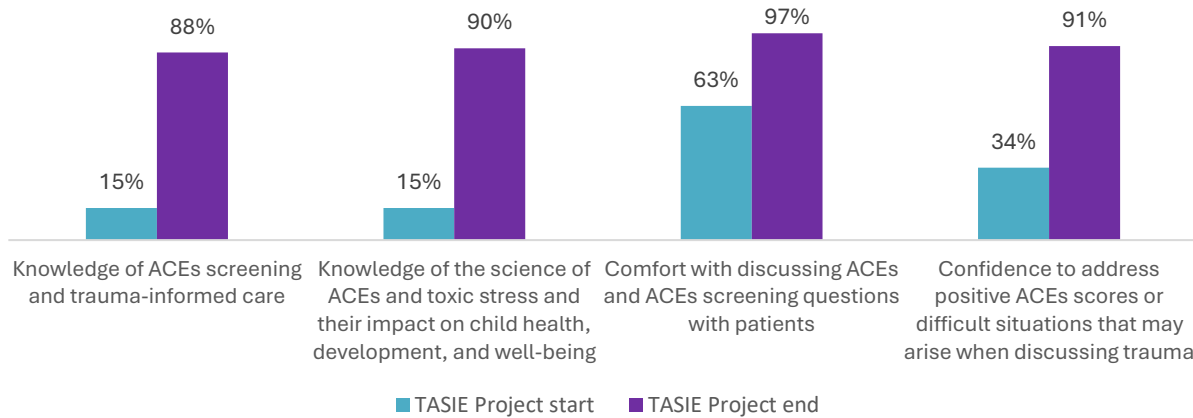
3 Providers increased their knowledge of ACEs and became more comfortable and confident in conducting and responding to ACEs screening in conversations with patients and families.

During the TASIE Project, providers grew their knowledge about trauma-informed and responsive care. Just 15% indicated they were *Very* or *Extremely knowledgeable* at program start, which increased to 88% by the end.

A similar number reported being *Very* or *Extremely knowledgeable* about the science of ACEs and toxic stress and their impact on child health, development, and well-being by the end of the

program, compared to 15% at the beginning. A comparable result was found in providers feeling *Comfortable* or *Very comfortable* discussing ACEs and ACEs screening questions with patients and providing anticipatory guidance and education.

Providers increased their knowledge, comfort, and confidence with ACEs screening
 Percent of providers selecting *Very or Extremely knowledgeable, Comfortable or Very comfortable, Confident or Very confident*



4 The TASIE Project supports contributed to providers’ abilities to implement ACEs screening.

Nearly all respondents found the monthly ECHO sessions and participating in a cohort of practices working towards common goals to be *Moderate* or *Significant* contributors to their ACEs screening work.

Participants rated their overall experience with the ECHO sessions as *Very good* and a valuable use of their time. Specifically, participants indicated sessions increased providers’ understanding of ACEs screening implementation and provided information immediately applicable to their ACEs screening work.

5 Patients and caregivers were predominantly positive about their experiences with ACEs screening, reporting very few concerns or challenges. They stated it provided useful information and helped improve communication and relationships with providers.

Patients and caregivers overwhelmingly reported a positive experience with ACEs screening. They indicated they learned new information and stated their relationship with their provider did not change or get worse; some even experienced an improved patient-provider relationship.

They perceived the information from the **ACEs screening questions as important for the provider to know about themselves or their child** – 96% at least *Somewhat agreed* (and 78% *Agreed*).

When asked what they appreciated about discussing ACEs or toxic stress with their medical provider, patients and caregivers gave examples related to improving trust and feeling supported by the provider and how the conversation helped them feel comfortable talking about challenges.

Considerations

Based on evaluation findings across the TASIE Project’s three cohorts, along with reflections from program partners and CCHE’s experience evaluating other similar programs, the evaluation team offers the following considerations related to ACEs screening in pediatric care settings.



ACEs screening, when done well, is an important and useful care delivery intervention.



Effective ACEs screening implementation goes well beyond administration of the screening instrument. Key factors for successful ACEs screening implementation include:

1. Organizational readiness such as leadership engagement and clear care team roles and supports.
2. Provider and care team training on trauma, toxic stress, and ACEs and their connection to health outcomes.
3. Clear guidance and supports for effective response.
4. Use of external referral and community resources where relevant and possible.
5. Universal screening approach and messaging positioning ACEs screening as standard practice.
6. Adopting a quality improvement (QI) approach when implementing ACEs screening.



More detailed information about the findings and considerations in this summary can be found in the full TASIE Project evaluation report.

The TASIE Project evaluation was conducted by the Center for Community Health and Evaluation (CCHE). CCHE designs and evaluates health-related programs and initiatives throughout the United States. For more information, please contact Lisa Schafer at Lisa.M.Schafer@kp.org or Monika Sanchez at Monika.A.Sanchez@kp.org.

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