Addressing Perceived Barriers to Screening for Adverse Childhood Experiences in Primary Care

Date: July 6, 2022  
Time: 2:00 p.m. to 2:30 p.m.  
Place: 219B South Campus Classroom Building

Abstract

Problem: Inconsistent screening for Adverse Childhood Experiences (ACEs) in primary care settings leads to fewer appropriate behavioral health (BH) referrals and may increase risk for and incidence of chronic health conditions.

Methods: This quality improvement (QI) project used a descriptive observational design with prospective and retrospective data collection. The CDC’s ACE screening tool was administered to patients 18 years and older presenting to primary care. Data collection included number of ACE screenings completed and the number of BH referrals made following the screening. In addition, information was collected from medical assistants (MAs) and providers about the ACE screening process.

Results: A total of 310 ACE screenings were completed by MAs. Of those screened, 21.61% (n = 67) scored two or greater making them eligible for a BH referral. Of the 67 eligible patients, 5.97% (n = 4) were referred to BH by the provider. In 61.69% (n = 41) of encounters eligible for a BH referral, providers did not address the patient’s ACE score. Post-study surveys of staff revealed that 100% (n = 3) ‘agreed’ that the pre-study education received at the start of the project provided them a greater understanding of the screening process for ACEs. Only one provider out of four reported that ACE scores added value to the patient encounter.

Implications for Practice: Education for those administering ACE screenings can be successful in increasing confidence and knowledge of staff. Further exploration is needed to improve provider awareness of ACE screening scores and the importance of subsequent BH referral for at-risk individuals.

Keywords: Adverse Childhood Experiences; Screening; Barrier; Trauma; Primary Care

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