COLLECTING SOCIAL DETERMINANTS OF HEALTH DATA USING PRAPARE

TO REDUCE DISPARITIES, IMPROVE OUTCOMES, AND TRANSFORM CARE

This project was made possible with funding from:

THE KRESGE FOUNDATION

blue of california foundation

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BACKGROUND ON PRAPARE

HEALTH, ACCOUNTABILITY & VALUE

- Under value-based pay environment, providers are held accountable for costs and outcomes
- Difficult to improve health & wellbeing and deliver value unless we address barriers
- Current payment systems do not incentivize approaching health holistically and in an integrated fashion
  - Providers serving complex patients often penalized without risk adjustment

PRAPARE:
PROTOCOL FOR RESPONDING TO & ASSESSING PATIENTS' ASSETS, RISKS, & EXPERIENCES

Project Goal: To create, implement/pilot test, and promote a ***national standardized patient risk assessment protocol*** to assess and address patients' social determinants of health (SDH).

TIMELINE OF THE PROJECT

Year 1 2014

- Develop PRAPARE tool

Year 2 2015

- Pilot PRAPARE implementation in EHR and explore data utility

Year 3 2016

- PRAPARE Implementation & Action Toolkit

Dissemination

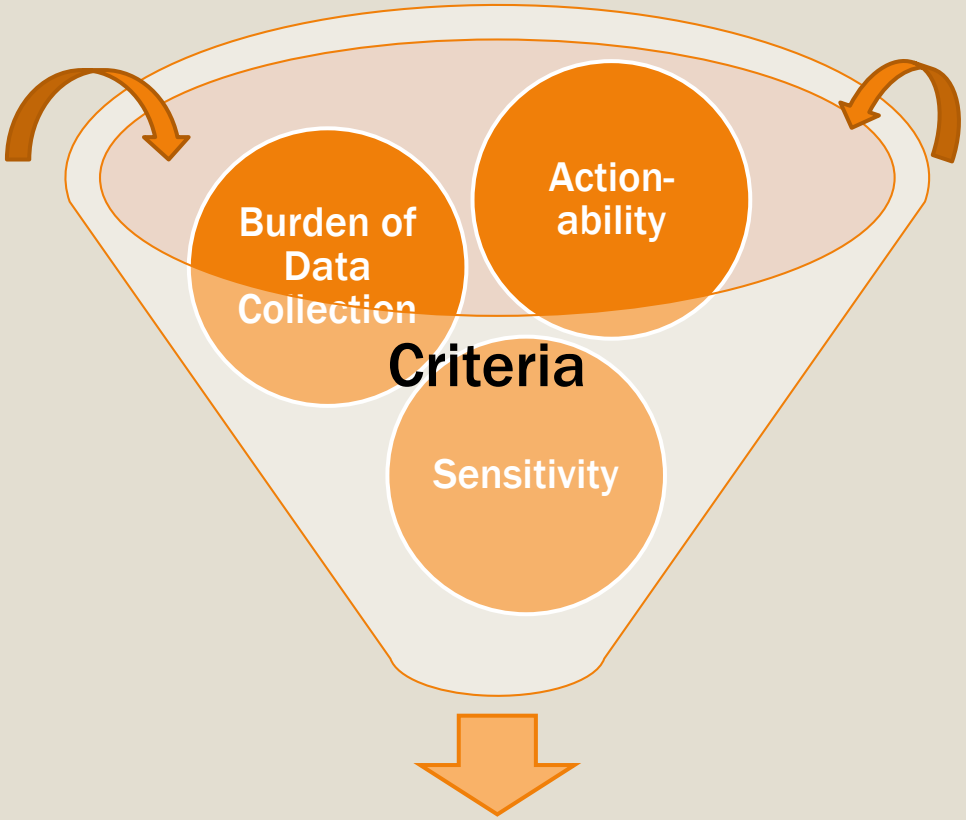
DEVELOPING PRAPARE

Aligned with National Initiatives:
* Healthy People 2020
* ICD-10
* Meaningful Use Stage 3
* NQF on Risk Adjustment

Experience of Existing Protocols

Stakeholder Feedback

Literature Review



Identified 15 Core Social Determinants of Health

PRAPARE DOMAINS

Core	
UDS SDH Domains	Non-UDS SDH Domains (MU-3)
1. Race	10. Education
2. Ethnicity	11. Employment
3. Veteran Status	12. Material Security
4. Farmworker Status	13. Social Isolation
5. English Proficiency	14. Stress
6. Income	15. Transportation
7. Insurance	
8. Neighborhood	
9. Housing Status and Stability	

Optional	
1. Incarceration History	3. Domestic Violence
2. Safety	4. Refugee Status

Working on Translations

Find the tool at:
www.nachc.org/prapare

UNIQUE ADVANTAGES OF PRAPARE TOOL

- Design
  - Data can be captured in the Electronic Health Record for NextGen, GE Centricity, eClinicalWorks, and Epic
    - Built into base in NextGen
    - Smart Form available for eClinicalWorks
  - Conversation starter and patient-centered
  - Able to make more granular / align with existing data collection efforts
  - Focus on standardizing the need, not the question

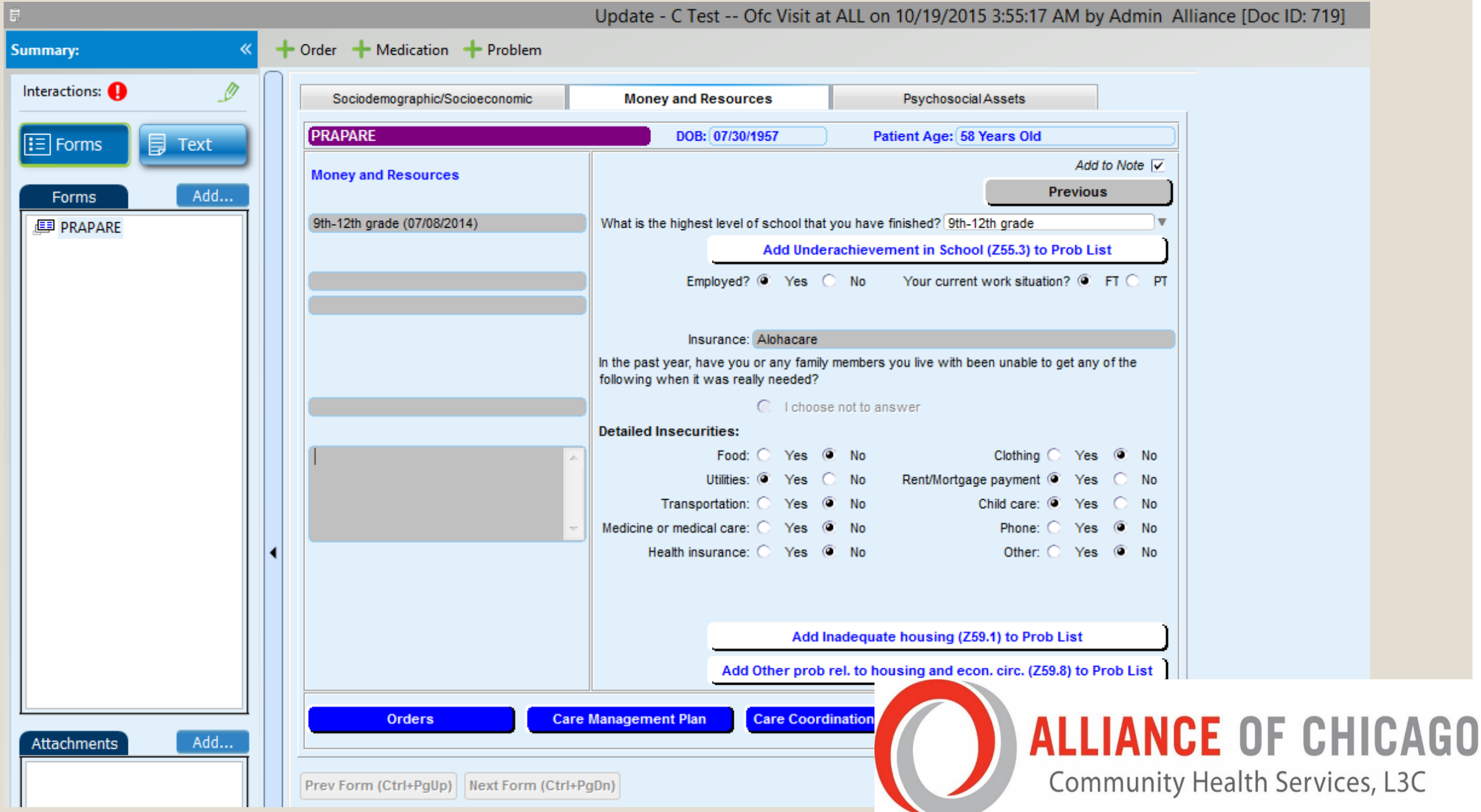
EMPATHIC INQUIRY DEMONSTRATIONS

OPCA Demo:

- https://www.youtube.com/watch?v=9rfmfsMMeEU

Waianae Demo:

https://youtu.be/iQjJ_QsDvml

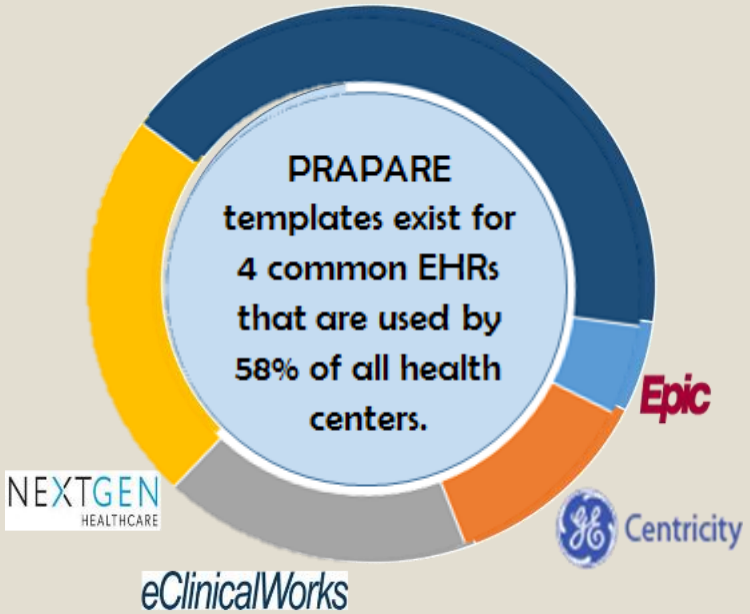


ALLIANCE OF CHICAGO
Community Health Services, L3C

WHAT WE'VE LEARNED FROM IMPLEMENTATION

PRAPARE PILOT TESTING IMPLEMENTATION TEAMS AND ELECTRONIC HEALTH RECORDS

Team 1	Team 2	Team 3	Team 4
• OCHIN, Inc. • La Clinica del Valle Family Health Center (OR)	• Waianae Coast Comprehensive Health Center (HI) • AlohaCare • Altruista Health	• Health Center Network of New York • Open Door Family Medical Centers (NY) • Hudson River Healthcare (NY)	• Alliance of Chicago • InConcertCare • Iowa Primary Care Association • Waikiki Health (HI) • Peoples Community Health (IA) • Siouxland Community Health Center (IA)



Other EHRs in Development or Interested:

- **Greenway**
- **Allscripts**
- **Athena**
- **Cerner**

WHAT WE'VE LEARNED FROM PILOT TESTING

Easy to use:
On average, takes ~9 minutes to complete form

Patients appreciate being asked and feel comfortable answering questions

Staff find value in the tool: Helps them better understand patients and build better relationships with patients

Identifies New Needs, Often Leading to New Community Partnerships

Emotional Toll on Staff

SAMPLE WORKFLOWS

Health Center	Who	Where	When	How	Rationale
CHC #1	Non-clinical staff (enrollment assistance, community health workers)	In waiting room	Before provider visit	Administered PRAPARE with patients who would be waiting 30+ mins for provider	Provided enough time to discuss SDH needs
CHCs #2	Nursing staff and/or MAs	In exam room	Before provider enters exam room	Administered it after vitals and reason for visit. Provider reviews PRAPARE data and refers to case manager	Wanted trained staff to collect sensitive information. Waiting area not private enough to collect sensitive info
CHC #3	Non-clinical staff (patient navigators, patient advocates)	In patient advocate's office	After clinical visit when provider refers patient to patient navigator	Patient advocates administer it and then can relay to provider in office next door.	Wanted same person to ask question and address need. Often administer PRAPARE with other data collection effort (Patient Activation Measure) to assess patent's ability and motivation to respond to their situation.
CHC #4	Care Coordinators	In office of care coordinator	When Completing chart reviews and administering Health Risk Assessments	Administered PRAPARE in conjunction with Health Risk Assessments	Allows care coordinators to address similar issues in real time that may arise from both PRAPARE and HRA
CHC #5	Any staff (from Front Desk Staff to Providers)	No wrong door approach	No wrong door approach		Allows everyone to be part of larger process of "painting a fuller picture of the patient" and taking part in helping the patient

COMMON CHALLENGES ENCOUNTERED WHEN USING PRAPARE AND SOLUTIONS

Challenge: Staff and Patients Don't Understand Why Doing PRAPARE

Solution: Use short script to explain to staff & patients why health center is collecting this information. Message around better understand patient and patient's needs to provide better care

Challenge: Have too much going on now to add another project

Solution: Don't market PRAPARE as new big initiative but as project that aligns with other work already doing (care management, ACO, enabling services, etc)

Challenge: How do we implement this without increasing visit time?

Solution: Find "Value-Added" time, whether in waiting room, during rooming process, or after clinic visit

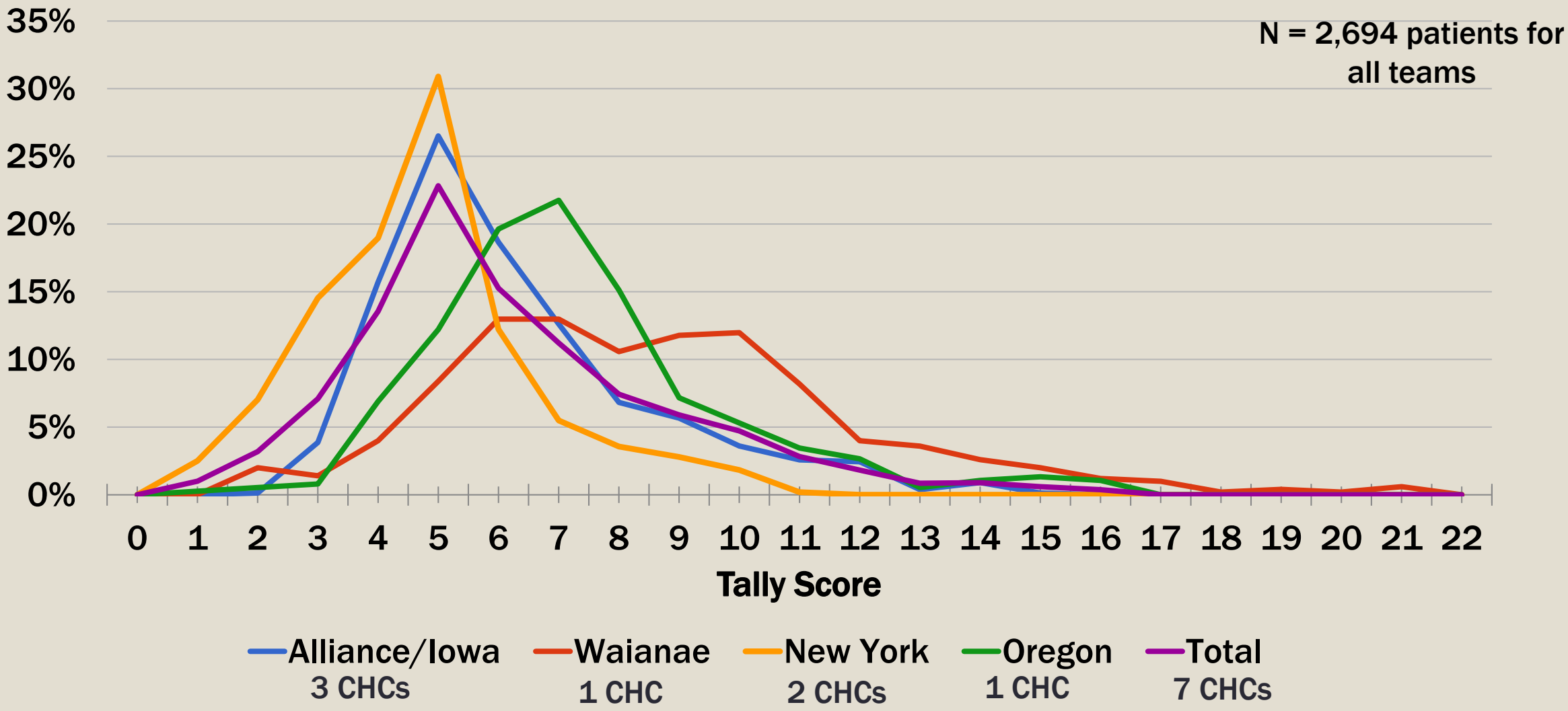
Challenge: Fitting PRAPARE into Workflow

Solution: Incorporate into other assessments to encourage completion (Health Risk Assessment, Depression Screening, Patient Activation Measure, etc)

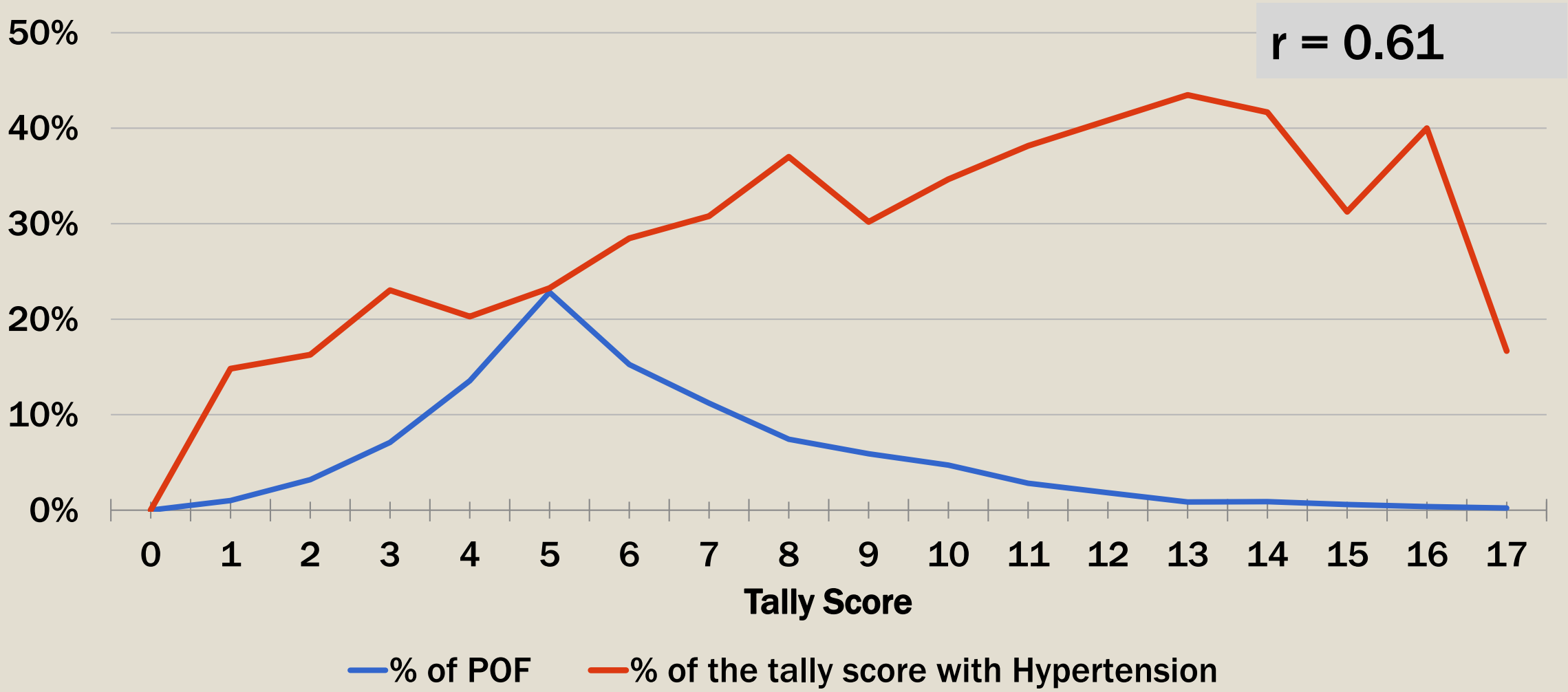
Challenge: Inability to Address SDH

Solution: Message "Have to start somewhere and do the best we can with what we have. Collecting information will help us figure out what services to provide."

PERCENT OF PATIENTS WITH NUMBER OF SDH "TALLIES"



CORRELATION BETWEEN SDH FACTORS AND HYPERTENSION: ALL TEAMS



HOW PRAPARE DATA HAS BEEN USED TO IMPROVE CARE DELIVERY AND HEALTH OUTCOMES

Better Understand INDIVIDUAL Patient's Socioeconomic Situation	Build services in-house for same-day use as clinic visit (children's book corner, food banks, clothing closets, wellness center, transportation shuttle, etc)	Ensure prescriptions and treatment plan match patient's socioeconomic situation
Better Understand Needs of Patient POPULATION	Build partnerships with local community based organizations to offer bi-directional referrals and discounts on services (ex: Iowa transportation)	Guide work of local foundations (ex: New York housing)
		Streamline care management plans for better resource allocation (ex: Hawaii)
Drive STATE and NATIONAL Care Transformation	Inform both Medicaid and Medicare ACO discussions (ex: Iowa, New York)	Inform payment reform and APM discussions with state agencies (e.g., Medicaid) on caring for complex patients (ex: Oregon, Hawaii)
	Create risk score to inform risk adjustment (ex: Hawaii)	

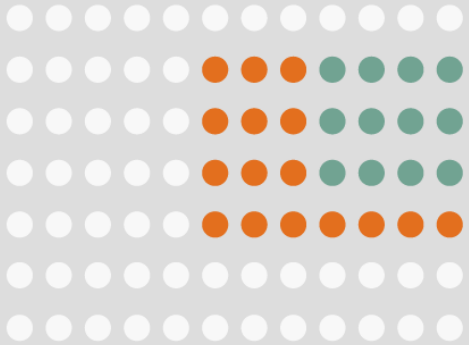
Population Segmentation: Our work NOW

10,000 PEOPLE
POPULATION

Use analytics to piece together target population characteristics.

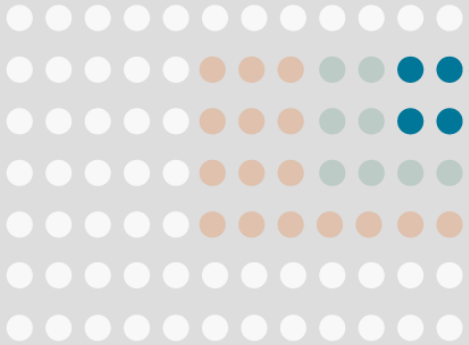
May require multiple data sources and analytic processes.

SUB-POPULATION(S)



- 834 diabetics
- 223 with HbA1c >9

TARGET POPULATION



- 56 out of the 223 diabetics with HbA1c >9 who also:
  - Missed 2 appointments in the last 6 months
  - Live below 100% FPL
  - Are non-native English speaker
  - Have a co-occurring mental health diagnosis
  - Did not graduate from high school

Understanding Their Needs

- Empathic inquiry and community data ***(PRAPARE)***

Responding to Their Needs

- Redesigning care teams
- Developing strong
- Community partnerships
- Expanding social determinants of health/upstream interventions

Demonstrating Impact

- Metrics of success
- Understanding cost and ROI

PRAPARE IMPLEMENTATION AND ACTION TOOLKIT

www.nachc.org/prapare

Chapter 1: Understand the PRAPARE Project

Chapter 2: Engage Key Stakeholders

Chapter 3: Strategize the Implementation Process

- Chapter 4: Technical Implementation with EHR Templates
- Chapter 5: Develop Workflow Models
- Chapter 6: Develop a Data Strategy
- Chapter 7: Understand and Evaluate Your Data

- Chapter 8: Build Capacity to Respond to SDH Data
- Chapter 9: Respond to SDH Data with Interventions
- Chapter 10: Track Enabling Services

TRACKING INTERVENTIONS

DATA ON SDH AND NON-CLINICAL INTERVENTIONS GO HAND IN HAND

NEED

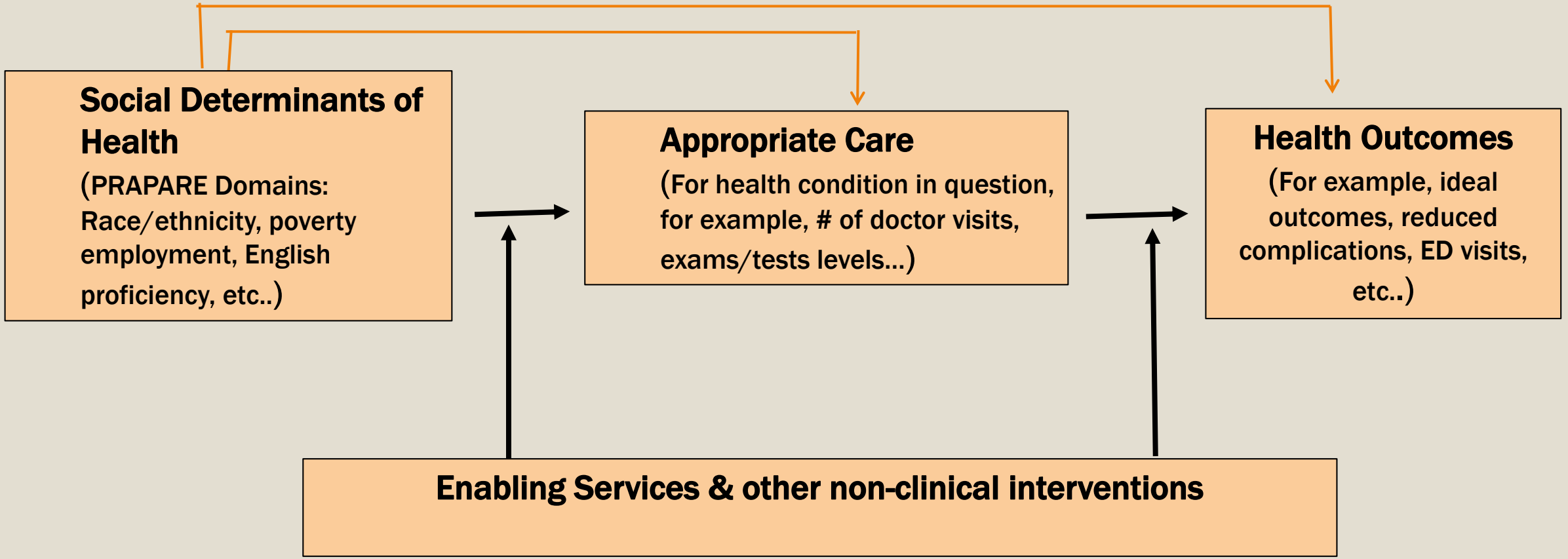
- Standardized data on patient risk

RESPONSE

- Standardized data on interventions

BOTH are necessary to demonstrate health center value

CONCEPTUAL FRAMEWORK



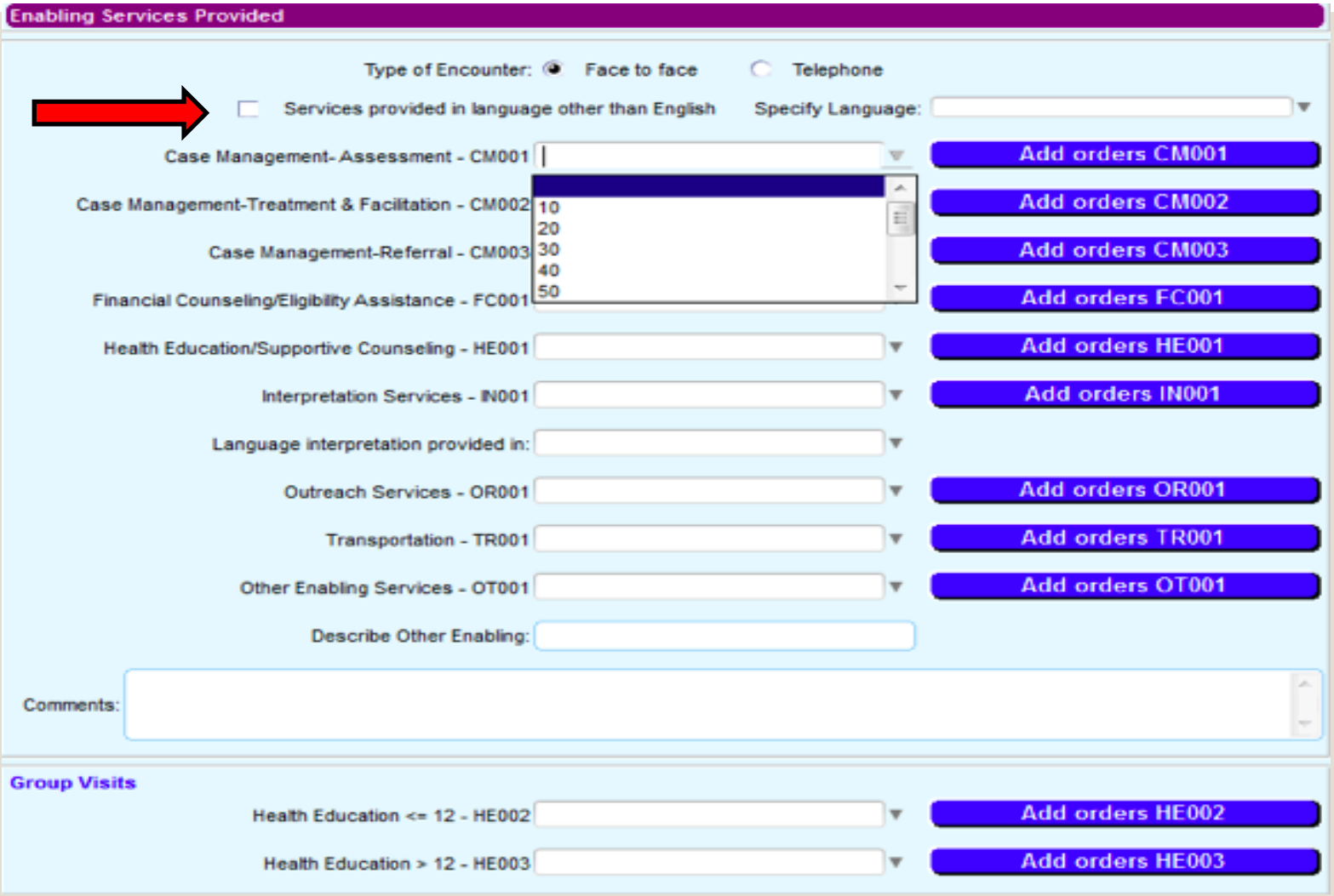
AAPCHO DATA COLLECTION PROTOCOL: THE ENABLING SERVICES ACCOUNTABILITY PROJECT

Enabling Services Accountability Project (ESAP)

The ONLY standardized data system to track and document non-clinical enabling services that help patients access care.

CATEGORY	CODE	Minutes
CASE MANAGEMENT ASSESSMENT	CM001	
CASE MANAGEMENT TREATMENT AND FACILITATION	CM002	
CASE MANAGEMENT REFERRAL	CM003	
FINANCIAL COUNSELING/ELIGIBILITY ASSISTANCE	FC001	
HEALTH EDUCATION/SUPPORTIVE COUNSELING	HE001	
INTERPRETATION	IN001	
OUTREACH	OR001	
TRANSPORTATION	TR001	
OTHER	OT001	

SAMPLE ENABLING SERVICES EMR TEMPLATE



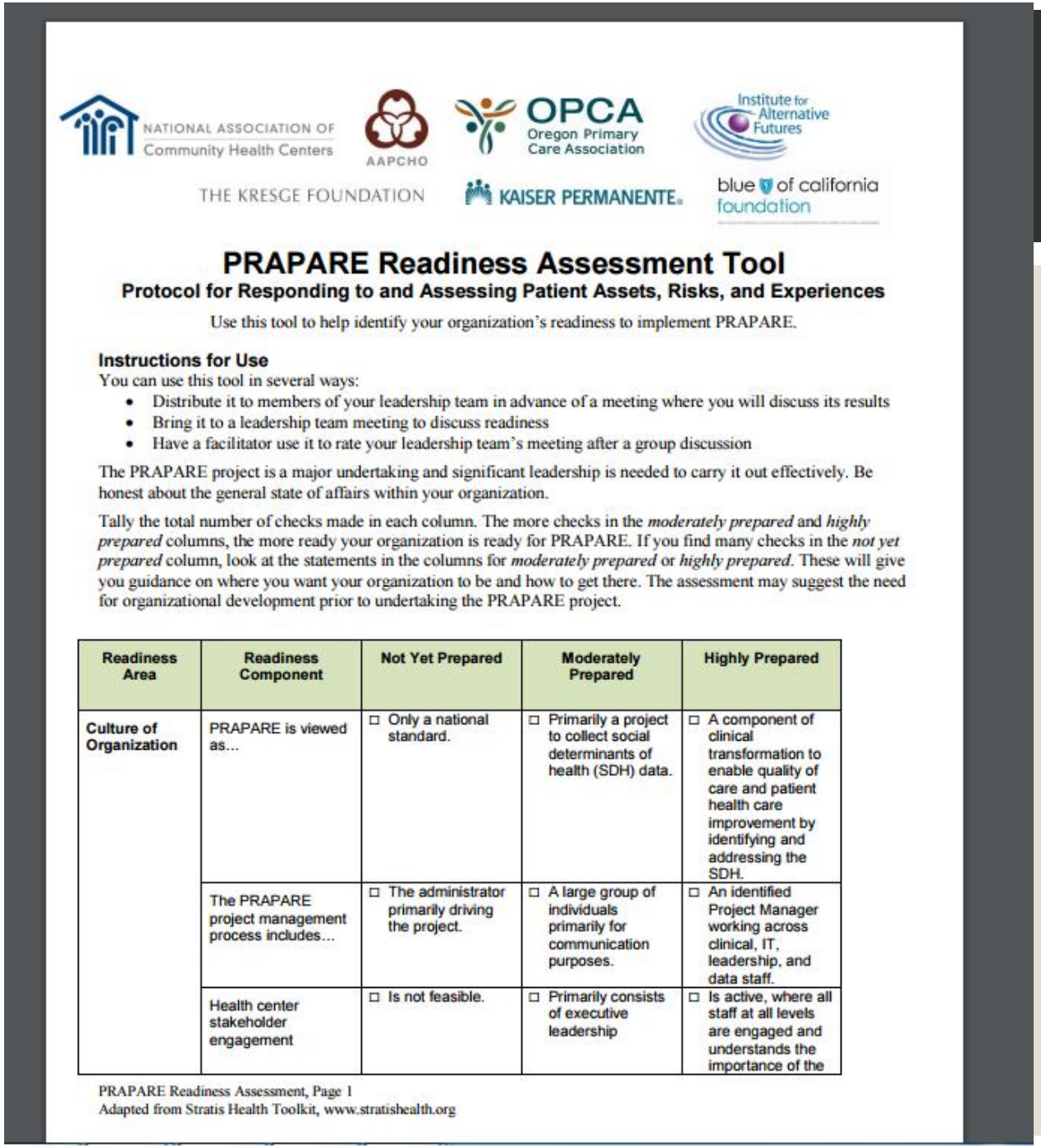
WHAT YOU CAN DO NOW

RESOURCES AVAILABLE NOW

- Visit www.nachc.org/prapare
  - PRAPARE Tool
  - PRAPARE Implementation and Action Toolkit
    - Electronic Health Record PRAPARE Templates
    - Readiness Assessment
  - Webinars
    - PRAPARE Overview
    - EHR and Workflow-specific
  - Frequently Asked Questions
  - Contact: Michelle Jester at mjester@nachc.org

- Visit http://enablingservices.aapcho.org
  - AAPCHO's Enabling Services Accountability Project
    - protocol for data collection of non-clinical enabling services
  - Enabling Services Data Collection Implementation Guide
  - White Papers, Best Practices, Studies

Contact Tuyen Tran at ttran@aapcho.org



NATIONAL ASSOCIATION OF Community Health Centers
AAPCHO
OPCA Oregon Primary Care Association
Institute for Alternative Futures
THE KRESGE FOUNDATION
KAISER PERMANENTE
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PRAPARE Readiness Assessment Tool

Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences

Use this tool to help identify your organization's readiness to implement PRAPARE.

Instructions for Use

You can use this tool in several ways:

- Distribute it to members of your leadership team in advance of a meeting where you will discuss its results
- Bring it to a leadership team meeting to discuss readiness
- Have a facilitator use it to rate your leadership team's meeting after a group discussion

The PRAPARE project is a major undertaking and significant leadership is needed to carry it out effectively. Be honest about the general state of affairs within your organization.

Tally the total number of checks made in each column. The more checks in the *moderately prepared* and *highly prepared* columns, the more ready your organization is ready for PRAPARE. If you find many checks in the *not yet prepared* column, look at the statements in the columns for *moderately prepared* or *highly prepared*. These will give you guidance on where you want your organization to be and how to get there. The assessment may suggest the need for organizational development prior to undertaking the PRAPARE project.

Readiness Area	Readiness Component	Not Yet Prepared	Moderately Prepared	Highly Prepared
Culture of Organization	PRAPARE is viewed as…	☐ Only a national standard.	☐ Primarily a project to collect social determinants of health (SDH) data.	☐ A component of clinical transformation to enable quality of care and patient health care improvement by identifying and addressing the SDH.
	The PRAPARE project management process includes…	☐ The administrator primarily driving the project.	☐ A large group of individuals primarily for communication purposes.	☐ An identified Project Manager working across clinical, IT, leadership, and data staff.
	Health center stakeholder engagement	☐ Is not feasible.	☐ Primarily consists of executive leadership	☐ Is active, where all staff at all levels are engaged and understands the importance of the

PRAPARE Readiness Assessment, Page 1
Adapted from Stratis Health Toolkit, www.stratishealth.org

PRAPARE READINESS ASSESSMENT

- Culture of Organization
- Leadership and Management
- Workflow Process Improvement
- Technology
- Paper form: www.nachc.org/prapare
- Online form: https://www.surveymonkey.com/r/PRAPARE_Readiness_Assessment

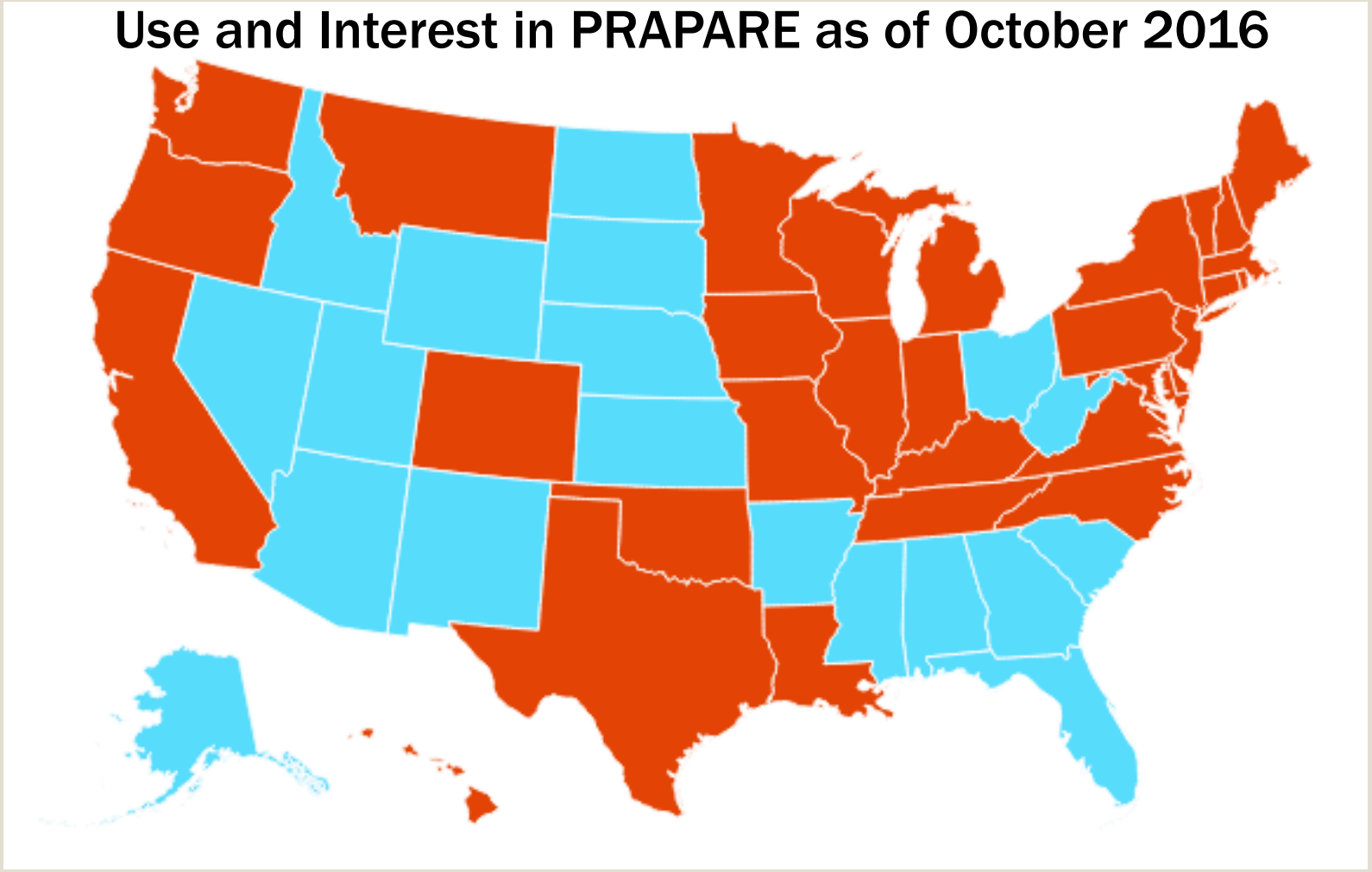
STARTING SMALL: EXPERIMENTING WITH PRAPARE IN OREGON APCM CLINICS

- We invited clinics to pick a patient population and interview 10 consumers using 3 questions from PRAPARE

- Afterwards, clinics met face-to-face to share their experiences
  - How did you and the patient discuss these questions?
  - What did you observe about the process (your experience, patient's reaction)?
  - Did asking these questions lead to conversations about other topics?

FUTURE OF PRAPARE

PRAPARE IS A NATIONAL MOVEMENT!



States where health centers have already downloaded PRAPARE EHR Templates (31 states)

States where health centers or PCAs have expressed an interest in PRAPARE (19 states)

2016 – 2019: NATIONAL PRAPARE LEARNING NETWORK (PLAN)
SPREAD, REFINE, & AUGMENT STANDARDIZED DATA COLLECTION FOR ACTION

Depth:

- PCA and HCCN Train the Trainer Academy
- Health Center Engagement Awards

Breadth:

- Interactive PRAPARE Website
  - Discussion boards, chat rooms, blogs
  - Access to experts and early PRAPARE adopters
  - Trainings and resources
- Resources that package best practices and lessons learned from in-depth training activities for wider audience

Research and Validation:

- SDH and SDH
- SDH and health outcomes
- SDH and costs
- SDH interventions
  - To inform payment reform methodologies and risk adjustment

QUESTIONS AND DISCUSSION

To receive the latest updates on PRAPARE, join our listserv!
Email Michelle Jester at mjester@nachc.org.