

# Accelerating Strategies to Address the Social Determinants of Health

## Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences

### Why Is It Important to Address the Social Determinants of Health?

The social determinants of health (SDH) negatively impact health, well-being, and health care expenditures and culminate in health and healthcare disparities. The importance of providing services to mitigate the SDH will grow under added pressures of reaching quality targets and lowering total healthcare spending. However, current payment systems do not adequately incentivize addressing the SDH, ensure these services are sustainable, or cultivate community partnerships necessary for approaching health holistically and in an integrated fashion.

The national network of Community, Migrant, Homeless, and Public Housing Health Centers currently serves 24 million patients at high risk for multiple and compounding SDH. As they and other providers are increasingly held accountable for reaching population health goals, they need tools and strategies to identify SDH drivers of poor outcomes and higher costs, as well as integrate services that mitigate their effects into health care.



### What Is PRAPARE?



The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) is a national effort to help health centers and other providers collect and apply the data they need to better understand their patients' SDH, transform care to meet the needs of their patients, and demonstrate the value they bring to patients, communities, and payers.

PRAPARE is both a standardized patient social risk assessment tool as well as a process for addressing the SDH at both the patient and population levels. By using PRAPARE, providers can better target clinical and non-clinical care (often in partnership with other community-based organizations) to drive care transformation, integration, and health improvement & cost reductions.

The PRAPARE assessment tool was informed by research on SDH domains that predict poor outcomes and high cost, the experience of existing social risk assessments, and stakeholder engagement. It aligns with national initiatives prioritizing the SDH (e.g., Healthy People 2020), measures proposed under the next stage of Meaningful Use, clinical coding under ICD-10, and health centers' current federal reporting requirements (i.e., Uniform Data System). PRAPARE emphasizes measures, listed below, that are actionable.

### What Does PRAPARE Measure?

- \* Race and Ethnicity
- \* Farmworker Status
- \* Veteran Status
- \* Housing Status
- \* Insurance Status
- \* Language Preference
- \* Education
- \* Employment
- \* Transportation
- \* Neighborhood
- \* Safety
- \* Domestic Violence
- \* Material Security (food, utilities, clothing)
- \* Social Integration and Support
- \* Stress
- \* Incarceration History
- \* Refugee Status

PRAPARE was made possible with funding from the Kresge Foundation, the Blue Shield of California Foundation, and the Kaiser Permanente National Community Benefit Fund at the East Bay Community Foundation.

For more information and the latest developments, contact Michelle Jester at [mjester@nachc.org](mailto:mjester@nachc.org).

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## What Does PRAPARE Ultimately Help Me Do?

PRAPARE propels providers who serve underserved populations towards transformed, integrated care and the demonstration of value. Understanding patients' SDH will allow providers to:

- 1) Define and document the increased complexity of patients;
- 2) Better target clinical care, enabling services, and community partnerships to drive care transformation;
- 3) Enable providers to demonstrate the value they bring to patients, communities, and payers; &
- 4) Advocate for change at the community and national levels.

## What Have We Learned After Using PRAPARE?

In less than a year, PRAPARE pilot teams in Hawaii, Iowa, New York, and Oregon have shown:

### IMPLEMENTATION

- \* PRAPARE data can be collected in EHRs;
- \* PRAPARE does not take long to administer;
- \* Staff find PRAPARE helpful in assessing and addressing patients' needs;
- \* Patients appreciate being asked and feel comfortable answering the questions;

### Data and Using the Data

- \* Most patients face 4 - 9 SDH. But, more complex patients can face upwards of 11 SDH;
- \* There is a moderately positive correlation between the number of SDH a patient faces and having hypertension;
- \* Organizations are using PRAPARE to develop interventions and partnerships and to streamline care management programs.

## What Resources Can Help Organizations Use PRAPARE?

Pilot sites are developing freely available Electronic Health Record (EHR) templates using Epic, GE Centricity, NextGen, and eClinicalworks.

An Implementation and Action Toolkit will be released this summer to further guide implementation, data collection, and SDH response planning.

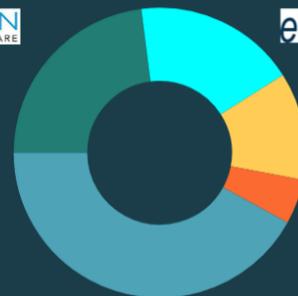
PRAPARE templates exist for four common EHRs that are used by 58% of all health centers.

NEXTGEN  
HEALTHCARE

eClinicalWorks

GE Centricity

Epic



## Access Resources on Our Website [www.nachc.org/prapare](http://www.nachc.org/prapare)

- \* The PRAPARE Tool
- \* The PRAPARE Implementation and Action Toolkit, with EHR templates
- \* PRAPARE Webinars
- \* Frequently Asked Questions

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