STRATEGIZING WORKFLOW MODELS TO IMPLEMENT PRAPARE TO COLLECT STANDARDIZED DATA ON THE SOCIAL DETERMINANTS OF HEALTH

Michelle Jester, Research Manager
National Association of Community Health Centers

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Purpose of Today’s Session

- Apply strategies to determine which workflow works best in your organization’s setting
- Compare and contrast different workflow models for collecting standardized data on the social determinants of health using PRAPARE
- Outline ways to use clinic staff to respond to socioeconomic needs identified
Protocol for Responding to & Assessing Patients’ Assets, Risks & Experiences:

A national standardized patient risk assessment protocol designed to engage patients in assessing & addressing social determinants of health (SDH).

PRAPARE = SDH screening tool + implementation/action process

Customizable Implementation and Action Approach

Assess Needs ➔ Respond to Needs

At the Patient and Population Level
Why PRAPARE?

- **STANDARDIZED and WIDELY USED**
  - Measures Linked with ICD-10 codes
  - Domains align with national initiatives (UDS, ICD-10, IOM, MU, NQF, etc)
  - Dominant SDH risk screening tool used by health centers

- **EVIDENCE-BASED and STAKEHOLDER-DRIVEN**
  - Developed and tested by health centers

- **FREE EHR Templates:**
  - eClinicalWorks, Epic, NextGen, GE Centricity, Greenway Intergy, Meditab, & Cerner (spring 2018)

- **FREE PRAPARE Implementation and Action Toolkit**
  - Accompanying resources, BPs, & lessons learned to guide users on PRAPARE implementation

- **WORKFLOW AGNOSTIC**
  - Can fit within existing workflows and be combined with other tools/data

- **PATIENT-CENTERED**
  - Meant to facilitate conversations and build relationships with patients
  - Standardize the need rather than the question
Why Is It Important for Us to Collect Data on the Social Determinants of Health?

**Individual level**
- Patient and Family
  - Empowered to improve health and wellbeing
- Care Team Members
  - Better manage patient and population needs

**Organizational level**
- Health Center
  - Design care teams and services to deliver patient/community-centered care
- Community/Local Health System
  - Integrate care through cross-sector partnerships, develop community-level redesign strategy for prevention, and advocate to change local policies

**System/Community level**
- Community/Local Health System

**Payer level**
- Payment
  - Execute payment models that sustain value-based care (incentivize the social risk interventions and partnerships, risk adjustment)

**Policy level**
- State and National Policies
  - Ensure capacity for serving complex patients, including uninsured patients
Getting Started: Strategizing Workflow Models

www.nachc.org/prapare
## 5 Rights Framework in Determining PRAPARE Implementation Workflow Models

<table>
<thead>
<tr>
<th>5 Rights</th>
<th>Workflow Considerations</th>
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| Right Information | **WHAT** What information in PRAPARE do you already routinely collect?  
  • Part of registration  
  • Part of other health assessments or initiatives                                                                 |
Other Aspects to Consider When Strategizing Implementation Plans

- What other activities could PRAPARE leverage and/or add value to? Does this affect or inform the workflow model?
  - Ex: Other health assessments?
  - Ex: 3 question + 10 patient approach in APCM health centers in Oregon

- What will the population of focus be? How does that affect the workflow model?
  - Ex: HTN and DM populations--chronic care disease management team,
  - Ex: patients with behavioral health conditions--behavioral health integration specialists

- What resources are available to respond to needs identified?
Sample Workflow Models and Their Tradeoffs

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
Reasons to Use This Model:
- Non-clinical staff often employed from the community so can more easily relate to patients, understand their needs, and build trusting relationships.
- Non-clinical staff also often more aware of available community resources.
- Ensures staff person administering PRAPARE also addresses needs.

Advantages:
- Doesn’t delay visit with provider
- Provide immediate warm hand-off to services and resources

Tradeoffs:
- Provider doesn’t have data available at point of clinic visit to inform care
- Could lengthen overall visit time
Reasons to Use This Model:
- Ensures staff person administering PRAPARE also addresses needs
- Not using time of billable providers

Advantages:
- Use PRAPARE data to inform clinical visit with provider to ensure appropriate treatment plan is developed
- Use “value-added” time when patient would otherwise be waiting to see provider

Tradeoffs:
- PRAPARE assessment could be interrupted if provider ready to see patient
- Could delay visit with provider if still administering assessment
**Reasons to Use This Model:**
- Utilize staff who are trained and have experience in collecting sensitive information

**Advantages:**
- Administering PRAPARE in exam room ensures privacy
- Use PRAPARE data to inform clinical visit with provider to ensure appropriate treatment plan is developed

**Tradeoffs:**
- Using billable staff to conduct assessments
- PRAPARE assessment could be interrupted if provider ready to see patient
- Clinical staff may not be as knowledgeable about community resources to respond to needs
**Reasons to Use This Model:**
- Have multiple assessments that collect similar or complementary information
- Coordinate care and services to meet needs identified by PRAPARE

**Advantages:**
- When administered in conjunction with other assessments, similar needs can be addressed in real time

**Tradeoffs:**
- Care coordinators have other care coordination responsibilities so may have limited time for PRAPARE

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**USING CARE COORDINATORS DURING THE CLINICAL VISIT**

1. Patient Sees Provider
2. Provider Refers Patient to Care Coordinator if considered “at risk”
3. Care Coordinator Administers PRAPARE and Other Necessary Assessments
4. Care Coordinators Provide Either Intensive or Interim Care Coordination

Depending on if Patient Agrees to Self-Management Plan
Reasons to Use This Model:
- Target patients who are more at risk
- Use staff with specific training and skills (crisis intervention, motivational interviewing techniques, knowledge of community resources)
- Utilize pre-established collaborative workflows between clinical and non-clinical staff

Advantages:
- Comprehensive team to assess & address patient’s social determinant needs & use data for care planning
- Prevents other staff who conduct other screenings (e.g., medical assistants) from becoming overburdened

Tradeoffs:
- Could lengthen visit with chronic disease management team
Reasons to Use This Model:
- Serve patients speaking a variety of languages and from different cultural backgrounds

Advantages:
- Interpreters can help provide explanations and/or cultural contexts to PRAPARE questions
- Interpreters recruited from community help build trust and relationships with patients

Tradeoffs:
- Interpreters not always available
- Takes more time to administer
- Assessment could be interrupted if provider is ready to see patient

Using Translations and Interpreters Before Clinical Visit

- Identify Patients at Registration
- Staff and Interpreter Administer PRAPARE with patient
- Provider Uses PRAPARE Data to Inform Care Plan
- Staff Respond to Identified Needs
“NO WRONG DOOR” APPROACH

- Reasons to Use This Model:
  - Fit PRAPARE into existing workflow by dividing responsibility across staff

- Advantages:
  - Lessens burden on any one staff by spreading responsibilities across multiple staff
  - Everyone has opportunity to help better meet needs of patients which leads to staff buy-in

- Tradeoffs:
  - Requires coordination to ensure staff are aware of who is collecting what data
  - Not all staff have access to EHR to input data

Patient Checks-In at Front Desk

Front Desk Staff Administers Select PRAPARE Questions

Clinical Staff Rooms Patients and Checks Vitals

Clinical Staff Administers Select PRAPARE Questions after Vitals

Patient Sees Provider

Patient Referred to Non-Clinical Staff

Non-Clinical Staff Complete PRAPARE and Connect Patient to Resources
**Reasons to Use This Model:**
- Large patient population and/or lacks adequate staff who can implement PRAPARE in-person during workflow
- Align PRAPARE data collection with other direct patient communication methods

**Advantages:**
- Can reach wide swath of population easily and quickly
- Get data quickly to inform care transformation and population health planning
- Low cost and low burden on staff to build email message
- Quick for patients to fill out survey (~35 seconds) and can use mobile version
- Potential to provide patient with referrals to community services immediately upon completing PRAPARE

**Tradeoffs:**
- Does not directly facilitate patient and care team relationship building
- Only reaches patients who are email-literate using translated languages (no interpreters)
- Requires IT savvy staff to connect Email to EHR
- No real-time feedback on patients’ experience completing PRAPARE via email

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**SELF-ASSESSMENT APPROACHES**

1. Develop & Test PRAPARE Email Messaging with Patients
2. Input PRAPARE into Email System
3. Send PRAPARE via Email
4. Send f/u reminders
5. F/U with Patients to Address Needs
QUESTIONS AND DISCUSSION

For more information, visit www.nachc.org/prapare
To receive the latest updates on PRAPARE, join our listserv!
Email Michelle Jester at mjester@nachc.org.
1) The webinar was helpful in supporting my PRAPARE learning and training efforts.
   a) Strongly Agree
   b) Somewhat Agree
   c) Neutral
   d) Somewhat Disagree
   e) Strongly Disagree

2) I gained new knowledge, understanding, or insights to on social determinants data collection workflows.
   a) Strongly Agree
   b) Somewhat Agree
   c) Neutral
   d) Somewhat Disagree
   e) Strongly Disagree

3) The speaker presented information well and answered questions clearly.
   a) Strongly Agree
   b) Somewhat Agree
   c) Neutral
   d) Somewhat Disagree
   e) Strongly Disagree