

## PRAPARE Train the Trainer Academy Frequently Asked Questions (FAQ)

May 17, 2018

### 1. How will applications be reviewed and scored?

Applications will be reviewed by a panel of five reviewers who represent the national PRAPARE project staff. Applications for Round Two of the Train the Trainer Academy will be scored based on the following scoring matrix:

● ORGANIZATIONAL DESCRIPTION AND CAPACITY SECTION	5 points
● INFRASTRUCTURE AND EXPERIENCE SECTION	50 points
● PLAN AND APPROACH SECTION	30 points
● SUSTAINABILITY BEYOND THE ACADEMY	15 points
	<b>100 points</b>

Ideally, participants in the Train the Trainer will also collectively represent states from different regions across the country, as well as diverse communities and geographies within states.

### 2. Are there other criteria that make applicants more competitive?

One of the goals of the Train the Trainer Academy is to “Cultivate leaders in PRAPARE implementation that can accelerate spread and serve as a resource for other PCAs and HCCNs.” While not required, applicants with some combination of the below capacities or plans indicated in their application will be more successful at implementing and scaling PRAPARE within their states and will thus receive stronger consideration for acceptance, although organizations with varying state contexts and capacities are encouraged to apply. You can find these in the section, “Qualities and Plans of Competitive Applicants” in the application.

### 3. Will funding be provided to participate in the Train the Trainer Academy?

Unfortunately, no funding will be provided to participate in the Train the Trainer Academy. Participants will receive free training and multiple opportunities to learn from and network with other health center member organizations.

**4. How many rounds of the PRAPARE Train the Trainer Academy will there be?**

There will be two rounds of the PRAPARE Train the Trainer Academy. Round One ended May 2018 and Round Two will run from August 2018 – May 2019. Round Two will include 8 applicant teams. Round One participants will serve as mentors for Round Two participants. Round Two selection criteria and curriculum was changed based on the Round One experience.

**5. Can a health center be the primary applicant?**

Primary applicants should be organizations who have the capacity to bring PRAPARE to scale across multiple health centers, and to aggregate, analyze, and apply PRAPARE data to inform payment reform or delivery system transformation efforts. Organizations with these capacities tend to be either Primary Care Associations (PCAs) or Health Center Controlled Networks (HCCNs). Training will also be geared towards PCAs and HCCNs rather than individual health centers in regards to PRAPARE coaching models across multiple health centers, aggregating data across health centers, and using data at the state level. If you are a health center and are interest in applying, you should work with your PCA and/or HCCN in developing your application.

**6. Are we allowed to work with more than two health centers?**

Yes, you are allowed to work with more than two health centers as long as you feel that you have the capacity to do so.

**7. Are we allowed to have more than three team members participate in the Academy?**

Yes, you are allowed to have more than three team members participate in the Academy. We would like each team to have at least three members to ensure continuity of training and to ensure that teams possess the appropriate skills.

**8. Can health center staff replace some of the team members from PCAs and/or HCCNs?**

No, health center staff may not replace some of the team members from PCAs and/or HCCNs. We require that at least three team members from the member organizations participate in the Academy to ensure that the appropriate skills are represented and to ensure continuity of the team.

**9. What are the expectations of the health center participants? What is the expected time commitment for the health center participants?**

PRAPARE Train the Trainer Academy teams are required to work with at least two health centers to apply what they learn in the Academy with their member health centers. This involves training and supporting the health centers in PRAPARE implementation, aggregating their data,

and developing plans and/or resources on using the PRAPARE data for state-level policy purposes. Academy participants will share their experiences and lessons learned with other participants to promote promising practices and shared learning. The expectations and time commitment of health centers will depend on the PCA or HCCN's training plans. If health center member organizations identify at least one of their health centers to include in the trainings, attendance at the trainings will be expected.

**10. Do health centers need to attend and participate in the trainings?**

While not required, applicants who are able to identify at least one of their health centers to include in PRAPARE Train the Trainer Academy trainings (both face-to-face and virtual trainings) alongside the PCA/HCCN lead as appropriate throughout the Academy will receive stronger consideration for acceptance. Round One participants acknowledged the need to have a representative from their health centers to stay engaged during the some of the trainings. Health centers at any time during the Academy may listen in on trainings if they like. There are also many resources available to assist health centers in implementing PRAPARE at our website ([www.nachc.org/prapare](http://www.nachc.org/prapare)).

**11. Our health centers do not have much experience with social determinants or PRAPARE. Are we still eligible to apply?**

Yes! We encourage anyone to apply regardless of their readiness levels. The goal of the Train the Trainer Academy is to train health center member organizations in being able to support and train their own health centers in PRAPARE implementation, so high levels of readiness are not required. Depending on the range of readiness levels among applicants, we may have each Round of the PRAPARE Train the Trainer Academy focus on applicants that are "more ready" and "less ready" to better promote shared learning.

**12. Our health centers are or will be using different social determinant screening tools. Are we still eligible to apply for the PRAPARE Train the Trainer Academy?**

It is not a prerequisite that your health centers already use PRAPARE to apply to the PRAPARE Train the Trainer Academy. It is important for standardization and data aggregation purposes that health centers collect the same data on social determinants of health so that data can be applied uniformly for benchmarking, population-level planning, and policy or payment purposes. However, we understand that health centers have multiple demands and participate in multiple initiatives that may require other social determinant screening tools. As part of the Train the Trainer Academy curriculum, we will cover how health center member organizations can align PRAPARE with what their health centers may be using on the ground.

**13. Are health centers who participate in the Academy required to use the PRAPARE Electronic Health Record (EHR) templates or could they collect information in ways that are more aligned with their workflows (e.g., new EHR templates, kiosks, tablets, paper, etc.)?**

Health centers are not required to use the existing PRAPARE EHR templates to participate in the Academy. However, if they are not using the existing PRAPARE EHR templates, the application should state their method of data collection and plans for developing that method in time to implement PRAPARE in the fall/winter of 2018.

**14. Do health center pilot participants have to be in the Memorandum of Understanding (MOU)?**

Yes, health centers have to be in the Memorandum of Understanding. If you are concerned about having the health centers on the same MOU as the other applicant organizations given the different expectations, you may draft two separate MOUs. One for Academy participants and one for health center participants.

**15. Our Memorandum of Understanding (MOU) will exceed the 2 page maximum once we have all of our partners sign it. Can we submit a longer MOU and/or individual MOUs for each partner organization?**

Yes, you may submit a longer MOU and/or individual MOUs for each partner organization. However, the application that provides your detailed answers to the application questions must not exceed 5 pages.

**16. In the “Infrastructure and Experience” portion of the application, what is specifically meant by “participant expectations”?**

“Participant expectations” refers to those outlined on pages 4 – 5 of the application.

**17. What is meant by “possess policy experience”? Is this at the capacity of the organization or team members having had experience with policy processes?**

One of the goals of the PRAPARE Train the Trainer Academy is to “Build capacity of health center member organizations to use PRAPARE data to accelerate policy, payment, and delivery system changes”. To do this, the applicant organizations ideally have capacity and experience to apply PRAPARE data for policy purposes rather than certain individuals having policy experience. However, applicants will not be disqualified if only individual team members possess policy experience as opposed to the applicant organizations.

**18. Where can I find more information?**

Visit our website at [www.nachc.org/prapare](http://www.nachc.org/prapare) for more information on the PRAPARE tool, the PRAPARE Implementation and Action Toolkit, and the PRAPARE Train the Trainer Academy.