Overview Information
Between 2013 – 2016, the National Association of Community Health Centers (NACHC), collaborated with the Association of Asian Pacific Community Health Organizations (AAPCHO), the Oregon Primary Care Association (OPCA), and the Institute for Alternative Futures (IAF) to develop one of the first national standardized assessment protocols that allows providers to collect patient-level data on the social determinants of health in the Electronic Health Record (EHR). It is known as PRAPARE for the Protocol for Respond to and Assessing Patients' Assets, Risks, and Experiences (www.nachc.org/prapare). Over three years, national PRAPARE partners developed the assessment tool; worked with four health center/health center network teams to develop free Electronic Health Record (EHR) PRAPARE templates for eClinicalWorks, NextGen, GE Centricity, and Epic; tested the tool in health center workflow; and packaged the lessons learned, workflow models used, and interventions in a PRAPARE Implementation and Action Toolkit. To help spread PRAPARE, national PRAPARE partners are currently testing it in other populations, in different state environments, and in other EHR systems, including Greenway Success EHS, Greenway Intergy, Allscripts, Athena and Meditab.

To support the rising demand for training on PRAPARE implementation and use, NACHC, AAPCHO, and OPCA are launching the second round of the PRAPARE Train the Trainer Academy that will function as a shared learning opportunity between participants.

The goals of the PRAPARE Train the Trainer Academy are to:

1. Build the capacity of health center member organizations (e.g., stat Primary Care Associations (PCAs), Health Center Controlled Networks (HCCNs), etc.) to assist their health centers in PRAPARE implementation, spread PRAPARE throughout their states, and use PRAPARE to affect change at the patient, organization, and community levels;
2. Build capacity of health center member organizations to use PRAPARE data to accelerate policy, payment, and delivery system changes; and
3. Cultivate leaders in PRAPARE implementation that can accelerate spread and serve as a resource for other PCAs and HCCNs.

Key capacity areas covered in this Academy include:

1) Strategies to Support Health Center Members in PRAPARE Implementation
2) HIT Functionalities for PRAPARE Data
3) Supporting Health Centers in Responding to Needs Identified
4) Using Data for Policy, Delivery System Redesign, Broadly-Based Integration, and Care
Transformation

5) Tracking best practices to create resources to help other PCAs and HCCNs and support spread within participant states.

Participation in the PRAPARE Train the Trainer Academy will be free though requires the commitment of staff time (ranging from approximately 1 - 5% FTE for 1 - 3 PCA/HCCN staff depending on your health centers’ readiness). Selected applicants will participate in a ten-month, interactive collaborative training academy from national PRAPARE project partners and early PRAPARE adopters (including PCAs, HCCNs, and health centers) with opportunities to network and learn from others. Trainings will be composed of both in-person and virtual trainings, with Academy participants meeting monthly (mostly via webinar). In-person trainings will coincide with NACHC’s conferences, kicking off with a day-long in-person training on Saturday, August 25th in Orlando, FL at the Hyatt Regency Orlando as part of NACHC’s Community Health Institute. Over the course of ten months, Academy participants will work with at least two of their health center members to complete key milestones to spread PRAPARE, to build capacity to collect and aggregate data, and to develop plans for using PRAPARE data for state policy and transformation initiatives. See Draft Curriculum and Participant Expectations below for more detail.

National PRAPARE project partners will select approximately 8 applicant teams for the second round of the PRAPARE Train the Trainer Academy. Round One concluded May 2018. Round Two will occur between August 2018 – May 2019. Applications for Round Two are due Monday, June 18, 2018 by midnight EST. See application form below. Please note: The Round Two application has been modified slightly from the Round One application.

Key Dates

- Deadline for Round Two of Applications: Monday, June 18th at midnight EST
- Kick-off In-Person Meeting: Saturday, August 25th in Orlando at Hyatt Regency Orlando before NACHC’s Community Health Institute
- Second in-person meeting to promote shared learning, group work, and networking opportunities in conjunction with NACHC’s PCA/HCCN Conference in New Orleans, Louisiana (November 14-17, 2018)

Eligibility Information

Any organization that works with health centers is eligible to apply as long as it meets the criteria below. However, if an applicant organization is not a Primary Care Association (PCA) or a Health Center Controlled Network (HCCN), it is strongly encouraged that the applicant organization partner with a PCA and/or a HCCN to accomplish the goals of this Academy as stated above and in the participant expectations stated below. Similarly, a PCA applicant organization may need to bring on a HCCN as a partner and vice versa in order to accomplish the goals and meet participant expectations. A signed Memorandum of Understanding (MOU) between all partner organizations (including health center partners) on the applicant team is required stating that this Academy is in alignment with all of their organizational strategic plans and that they agree to commit the in-kind time required to participate in all trainings and complete milestones. Staff
time needed to successfully participate in the PRAPARE Train the Trainer Academy is estimated at approximately 5% FTE for 1 - 3 PCA/HCCN Staff.

Qualities and Plans of Competitive Applicants
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:

1) Work directly with at least two Federally-Funded or Federally Qualified Health Centers that serve a diverse population with different social determinant needs to apply lessons learned in the collaborative Training Academy on the ground and to understand these health centers’ individual and common workflows, needs, and contexts
   - Identify at least one of these 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. Language in the MOUs should state that health centers will participate in Academy trainings as available and appropriate.
   - Health centers ideally would use the following Electronic Health Records (EHR) systems that already have PRAPARE templates: eClinicalWorks, Epic, GE Centricity, or NextGen. If an applicant organization’s health center members use a different EHR template, the applicant organization must detail plans for building and/or finalizing free PRAPARE EHR templates for their health center members by September 2018. As a reminder, PRAPARE EHR templates are still in the process of being built and/or disseminated for the following EHRs: Greenway Success EHS, Greenway Intergy, Meditab, Allscripts, and Athena.

2) Possess data capabilities to aggregate, report, and analyze PRAPARE data from health centers’ EHRs. Applicants will be asked to share aggregated health center data with the national PRAPARE project partners towards the end of the Academy. Participating health centers will not be asked to share patient-level data.

3) Engaged in a strategy or initiative to improve population health at the state level

4) Possess demonstrated policy and advocacy experience

5) Commit to contributing in-kind resources as a collaborative team necessary to complete milestones. **Staff time needed to successfully participate in the PRAPARE Train the Trainer Academy is estimated at approximately 5% FTE for 1 - 3 PCA/HCCN Staff.**

6) Able to have key PCA/HCCN staff as well as health center staff, on occasion, actively participate and share experiences, resources, and lessons learned with other participating organizations and project staff

7) Well-positioned to disseminate PRAPARE to more health centers upon the Academy’s conclusion

8) Able to apply PRAPARE data with other initiatives (care and/or delivery system
transformation efforts, payment reform efforts, etc.)

9) One Memorandum of Understanding (MOU) signed by all partner organizations on the applicant team (including health center partners) stating that this Academy is in alignment with key organizational strategic plans, they have completed the PRAPARE PCA and health center Readiness Assessments, and that they agree to commit the in-kind time required to participate in all trainings and milestones.

Participant Expectations
Participating teams will each commit to do the following:

- Commit the participation of at least 2 - 3 staff per partner organization (not including health centers) throughout the entirety of the ten-month long PRAPARE Train the Trainer Academy. At a minimum, staff should be able to demonstrate (as an aggregate team) the following core responsibilities and expertise:
  - Staff with decision-making authority (not necessarily C-suite staff but also departmental directors, etc.)
  - Quality Improvement Training (i.e., Director of Community Health Services, Quality Director, Population Health Manager, etc.)
  - IT and/or data reporting, analysis, and use (i.e., IT staff, Data Analyst, Informaticist, etc.)

  **Please Note:** Staff time needed to successfully participate in the PRAPARE Train the Trainer Academy is estimated at approximately 5% FTE for 1 - 3 PCA/HCCN Staff.

- Commit to working with at least two health center members during the duration of the PRAPARE Train the Trainer Academy to apply lessons learned on the ground. A Memorandum of Understanding between all partner organizations is required. Strong applicants will indicate a plan to incorporate these health centers in either the face-to-face training and/or virtual trainings alongside the PCA/HCCN.

- Complete the PRAPARE PCA Readiness Assessment prior to the kickoff meeting on August 25th and at the end of the project and share the results of the readiness assessments with as part of application. The Readiness Assessment will be shared at least two weeks prior to this meeting. The PCA Readiness Assessment is available at [http://www.nachc.org/wp-content/uploads/2016/07/PRAPARE_PCA_Needs_Assessment_Aug_2017.pdf](http://www.nachc.org/wp-content/uploads/2016/07/PRAPARE_PCA_Needs_Assessment_Aug_2017.pdf).

- Ensure health centers complete the PRAPARE Health Center Readiness Assessment as a part of the application. The health centers should fill out the paper-version of the PRAPARE Readiness Assessment and share results with their PCA. This will help inform the PCA/HCCN as well as PRAPARE project partners as to a health center’s strengths, gaps, readiness, and commitment to this work. Health centers’ PRAPARE Readiness Assessments should be included as part of this application so that PRAPARE project partners can also view results. The PRAPARE Health Center Readiness Assessment is available at [http://www.nachc.org/wp-content/uploads/2018/05/PRAPARE-Readiness-Assessment-2018.pdf](http://www.nachc.org/wp-content/uploads/2018/05/PRAPARE-Readiness-Assessment-2018.pdf).

- Attend the in-person day-long kickoff meeting in Orlando on Saturday, August 25th, 2018. Travel is not covered for participants.

- Actively participate in all trainings and virtual shared learning meetings, sharing their experiences, challenges, and lessons learned. This includes the in-person kickoff meeting
in Orlando in August 2018, approximately 4 - 6 virtual shared learning trainings, one in-person shared learning and networking meeting in New Orleans, LA in November 2018 as part of NACHC’s PCA/HCCN Conference, and potentially one final in-person Harvest Meeting in Summer 2019. Travel is not provided. It is expected that at least two team members attend each training, both virtual and in-person training to help facilitate shared learning within each team and across teams. Depending on the training topic, it would be helpful if participating health centers attend as well, schedule permitting. Dates for trainings will be determined as a group to select days that work best for the majority of the group.

- Complete the milestones in between meetings to apply what they learn on the ground with health centers. Example milestones include:
  - Develop plans and coaching models for training participating health centers in PRAPARE implementation.
  - Build capacity and infrastructure to collect and aggregate PRAPARE data from health centers.
  - Develop strategies and resources to use PRAPARE data for multi-level purposes, whether dashboards for population health management, templates for policy and advocacy purposes, etc.
- Participate in an evaluation to understand and share best practices and lessons learned for future PRAPARE implementation and training efforts. The evaluation will likely include repeating the Readiness Assessment, completing a short survey, and participating in a “harvest” discussion.

**Anticipated Curriculum**

This curriculum is subject to change based on applicants’ level of readiness, their input, and their documented experiences as learned from application submissions. National PRAPARE project staff as well as the health centers, PCAs, and HCCNs who are early adopters of PRAPARE and/or participated in Round One of the PRAPARE Train the Trainer Academy will lead trainings.

<table>
<thead>
<tr>
<th>Key Capacity Area</th>
<th>Training and Shared Learning Topic</th>
<th>Training Type</th>
<th>When</th>
<th>Milestones</th>
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| Strategies to Support Members in Implementing PRAPARE | - Orientation to Academy  
- Understanding the importance of social determinants and PRAPARE  
- Messaging PRAPARE and engaging stakeholders  
- Strategizing implementation plans  
- Developing workflow models  
- Best practices in T/TA for health centers on PRAPARE | In-person day-long training in Orlando, Florida as part of NACHC’s Community Health Institute | Saturday, August 25, 2018 | Complete PCA PRAPARE Readiness Assessment; Attend PRAPARE Train the Trainer Academy Kickoff Meeting; **Homework after Kickoff**: Develop work plans and coaching models to train health centers in PRAPARE implementation (drafts due in early |
| Strategies to Support Members in Implementing PRAPARE: Team Communication and HIT Workflow to Use Data | ● Team communication within EHR and to use data  ● Empathic inquiry  ● EHR Functionalities and HIT Workflow on how PRAPARE data flows from an HIT perspective | Virtual Webinar Watch pre-recorded webinars on EHR-specific PRAPARE templates Office hours with EHR experts | September 2018 | Schedule and organize Kickoff Training with health centers; Develop workplan and training/coaching model |
| Supporting Health Centers in Responding to Needs | ● Supporting Health Centers in Responding to Needs from a State-Level through Community Partnerships  ● Tracking Interventions | Virtual Webinar | October 2018 | Host Kickoff Training with health centers Finalize workplans and training/coaching models |
| Supporting PCA/HCCN Knowledge through Shared Learning | ● Shared learning to present and review work plans and models as a team and share progress working with health centers | In-person meeting as part of NACHC’s PCA/HCCN Conference in New Orleans, LA | November 2018 | Submit finalized work plans and training/coaching models |
| Analyzing PRAPARE Data | ● Understanding Data Strategy  ● Reporting Data  ● Options for Aggregating Data and Presenting Health Center Level PRAPARE data from a PCA perspective | Virtual Webinar | December 2018 | Continue to train and support health centers |
| Using PRAPARE Data for Payment and Transformation | ● Using PRAPARE data for policy and payment reform | Virtual Webinar | January 2019 | Continue to train and support health centers |
| Shared Learning Knowledge Application | ● Share lessons learned from training health centers and building HIT capacity to aggregate and analyze data | Virtual Webinars | March – May 2019 | Continue to train and support health centers; Begin aggregating and analyzing data if able |
| Harvest Meeting | ● Harvest best practices and lessons learned to share with PCAs supporting PRAPARE Implementation at the health center level | Potential In-person Harvest meeting | Summer 2019 | Have plans and/or resources to use PRAPARE data (messaging, dashboards, templates, etc.) |
Application and Submission Information
Applications are due on Monday, June 18th at midnight EST. Applications must be no longer than 5 pages in length (not including the 1-2 page Memorandum of Understanding). Applicants may type their answers to the application questions below on a Word or PDF document.

Organizations must submit applications via email to prapare@nachc.org with the subject heading “Application for PRAPARE Train the Trainer Academy”. Applicants will receive an email confirmation within 24 hours (or the next business day) of their submission.

Anticipated Announcement and Award Dates
Applicants will be notified via email whether they were selected to participate in the PRAPARE Train the Trainer Academy during the week of June 25, 2018.

Application Submission Contact:
Please direct all questions to the following:
Shelkecia Lessington
PRAPARE Project Specialist
National Association of Community Health Centers
202-331-4609
slessington@nachc.org

Questions will be answered in a Frequently Asked Questions document that will be posted on our website at www.nachc.org/prapare under the PRAPARE Train the Trainer Academy section.
APPLICATION FORM

Please fill out the following application by answering the general and specific bulleted questions below in a Word or PDF document no more than 5 pages long (not including Memorandums of Understanding).

Organizational Description and Capacity

- **Organizational Description**
  Brief description of the organizations involved in your application (including the two health centers applicant organizations you will work with to apply lessons learned on the ground) and your collective member base, including contact information for key participating staff. Also include data about your membership, such as number of health center members, patient size and mix, and provider size as well as EHR(s) used.

- **Partnerships**
  Brief description of relevant partnerships that are not exclusively a part of this application but are important in regards to data aggregation and analysis, delivery system transformation, social and community services, payment reform, and/or health services research.

- **Goals** – “Why is this PRAPARE Train the Trainer Academy important to your team?”
  Brief description of what you hope to gain from participating in this collaborative training Academy and why it is important to your organization(s). Please describe both short-term and long-term goals for participating in this Academy. Are there curriculum and discussion topics that you think should be added?

- **Strategic Plan** – “What parts of your organizations’ strategic plans is the PRAPARE Train the Trainer Academy associated with?”
  List which element(s) of your strategic plan this PRAPARE Academy relates to. What other initiatives do you have happening at this time that PRAPARE could add value to? Is your organization supporting your members in using other patient social risk assessments (e.g., PAM, ACE, etc.)?

Infrastructure and Experience

- **Readiness, Infrastructure, Capacity, and Experience** – “What is your team’s experience related to the participant expectations of the PRAPARE Train the Trainer Academy?”

- **Experience with Social Determinants, PRAPARE, and/or Tracking Enabling Services**
  Please describe your experience collecting social determinants of health data (using PRAPARE or through other means), your experience responding to socioeconomic needs identified, and your experience tracking the services and/or partnerships provided to address the social determinants.
• **Coaching and Training Infrastructure**
  Brief description of coaching and training models that your organization(s) have used to support your members in other data collection and patient engagement initiatives and how you would adapt those models to train your members in implementing PRAPARE and responding to socioeconomic needs identified.

• **Data Reporting and Aggregation Infrastructure and Experience with Data Analytics**
  Please describe your team’s infrastructure, staff, and models used for aggregating and sharing data across your members (either for one EHR system or across multiple EHR systems), noting partners involved and/or tools used to aggregate data. Describe your team’s capabilities and experience with data analysis, either in-house or through partnerships.

• **Participation in Delivery System Transformation Efforts and/or Payment Reform Demonstrations**
  Please describe your team’s participation in delivery system transformation efforts and/or payment reform demonstrations and how you would incorporate PRAPARE data into such efforts. Please note other major stakeholders participating in these initiatives.

• **Plans to Use PRAPARE For Delivery System Redesign and to Inform Policy or Payment**
  Please describe your team’s plans for using PRAPARE data.

**Plan and Approach**

• **PRAPARE Academy Team Members — “Who is involved in this effort and what will they do?”**
  Describe your management plan that indicates which staff from your organization and your partner organizations will participate in the Academy and/or support your members in implementing PRAPARE. Please list names of Academy team leads, their current roles, and information about their role(s). Please also list health center partners.

• **Plan and Approach**
  o Please describe your team’s plans to complete milestones and support your health center members in using PRAPARE.
  o How will partner organizations work together to complete milestones?
  o What populations will the health center target during piloting (if known)?
  o What other initiatives, work, and/or goals will PRAPARE be integrated with (if any) (e.g., other assessments, PCMH, Community-Centered Health Homes, transformation goals, quality improvement goals, etc.)

• **Risk and Response**
  o Identify potential problems and barriers to YOUR continued participation in the PRAPARE Train the Trainer Academy.
o Identify potential problems and barriers to supporting your HEALTH CENTERS in implementing PRAPARE and continuing THEIR engagement in PRAPARE implementation.
o Describe planned response strategies for each risk.
o Include other initiatives that may impact effectiveness.

**Sustainability Beyond the Academy**

- **Capacity and Plans to Spread PRAPARE** – “How do you plan to spread PRAPARE to more organizations?"
  Describe your plan (if any) to spread PRAPARE to more health center members and/or other community partners. How many of your members (number of organizations and % of total members) do you plan to spread PRAPARE to and what are the projected timelines to do so?