Minnesota Association of Community Health Centers’ PRAPARE Training Model

The Minnesota Association of Community Health Centers (MNACHC) worked with the Breakwater Health Network to support their health center members with various PRAPARE implementation and social determinant of health (SDH) data utilization strategies. At the onset of implementation, the Minnesota (MN) PRAPARE team originally planned to use a more structured training model, but they determined that it did not align with the various competing priorities at the different health centers. To begin the restructure of their training model and to promote buy-in and increased motivation amongst the health centers, the MN PRAPARE team hosted an in-person kick-off meeting to discuss the PRAPARE project, review the basics of PRAPARE, assess the health centers’ readiness, and using PRAPARE data for population health management. MNACHC and the Breakwater Health Network also discussed training methodology models and realistic timelines that would work best and efficiently for each individual health center.

After learning more of the needs and expectations of the health centers, the PCA worked with the HCCN to integrate PRAPARE trainings into existing scheduled monthly meetings with the health centers. The health centers received thirty minutes of training based on a newly developed PRAPARE implementation guide. MNACHC designed the implementation guide to be used as a training aid by both its staff as well as a self-guide for health centers. Each monthly meeting reserved time at the end for questions, comments and shared learning of successes and challenges. Every MN health centers received all training materials and resources regardless of their readiness to begin the PRAPARE implementation process.

Successes

- **Leadership buy-in** due to the importance of collecting SDH data for public quality measure reporting and transiting to value based payment arrangements
- **Consistent and ongoing marketing** of the PRAPARE tool
- **Being flexible and thoughtful** in the PCA approach and always keeping in mind the larger context of health center circumstances and how they can use the data
- **Tracking and managing** the technical infrastructure by the HCCN, who managed the loading and implementation of the electronic form into the HER

Challenges and Solutions

- **Scheduling**: Adding PRAPARE meetings to existing meetings with health centers helped align schedules while not adding additional time away from work
- **Staffing**: Providing guidance to health centers on the right staff to include on PRAPARE implementation teams
- **Other Competing Priorities**: HIT implementation, funding, and a variety of other barriers (e.g., flu season) stood in the way of PRAPARE implementation. MNACHC worked with participating health centers to find a specific time when they could start with implementation.

Developing Resources for Health Centers

- **Developed a new PRAPARE website to host all of the resources**: This allowed the health centers to access PRAPARE materials whenever they were ready or had time in their schedules. Resources include MNACHC’s PRAPARE Kick-Off Presentation, materials from a HITEQ Population Health Management Training, ICD-10 Z code list for social determinants and many more. To check out more, the website is [https://mnachc.org/member-resources/prapare-resources/](https://mnachc.org/member-resources/prapare-resources/)

"Meeting health centers where they were was the one strategy that MNACHC believed was instrumental in PRAPARE Implementation. Integrating trainings into already existing meetings was key. Additionally, asking them to be honest about realistic timelines was also helpful, as it provided an opportunity for the staff to be included in the PCA strategic decision-making process.” - MNACHC PRAPARE team
Health Center Perspective: Increased Awareness of Patients Risks Related to SDH

- Although many health centers are still in the pilot and preliminary PRAPARE data collection phases, they have already begun performing risk stratification related to chronic disease. For example, one health center pulled data reports on all patients with an HbA1c over 9% and reviewed rates of positive responses, further breaking it down into races. The data showed that uncontrolled diabetic Asian patients were at least 12% more likely to feel stressed than other races.

- To respond to the health center staff concerns about not having access to resources to respond to the positive findings, MNACHC and its health centers are considering a partnership with NowPow, as they are interested in working with health centers to integrate PRAPARE into their EHRs and referral systems. In addition, one health center found significant value in adding a question related to their immediate needs at the specific visit, “Do you need help today?” This helped the health center staff prioritize needs and provide behavioral health and/or enabling services the same day of the visit.

### PRAPARE Implementation Guide

<table>
<thead>
<tr>
<th>Month(s)/Timeframe</th>
<th>Topic</th>
<th>Goals</th>
<th>Activities and Assignments</th>
<th>Relevant Resources</th>
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<tbody>
<tr>
<td>Access/Readiness and Develop Messaging</td>
<td>Understand goals of project</td>
<td>Complete PRAPARE Readiness Assessment <em>(Complies prior to first meeting or results can be reviewed)</em></td>
<td>Review MNACHC’s PRAPARE Kick Off Presentation</td>
<td>HITEG Webinar Slides &amp; Literature about why SDH data collection is important.</td>
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<td>Identify strengths and gaps in readiness to implement PRAPARE</td>
<td>Read Chapter 3: Understand the PRAPARE Project</td>
<td>PRAPARE Data Collection Assessment to document and assess current collection methods</td>
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<td>As a team:</td>
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<td></td>
<td>– Review readiness assessment survey results. Identify areas where further work is needed to prepare for implementation. Develop a plan to increase readiness in these areas.</td>
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<td>– Develop messaging around PRAPARE as a strategic priority that adds value to other initiatives and/or priorities. Test messaging with key staff, including leadership, data collection staff, IT staff, board members.</td>
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### Screenshots from the PRAPARE Implementation Guide and PRAPARE website developed by MNACHC.

### Strategize Implementation and Plan Pilot

**MNACHC’s PRAPARE Chapters 3 & 5 Presentation**

5 Rights Planning Document

Thinking about how to implement your PRAPARE questionnaire

**NACH Getting Started in Using PRAPARE to Assess and Address the Social Determinants of Health Slides and Recording from December Bi-State PCA meeting**

Implementation Assessment Worksheet

Empathy Inquiry Videos:
- Video 1: PRAPARE to be Interrogated
- Video 2: Empathic Inquiry: A Patient-Centered Approach to Social Determinants of Health Interviewing

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The PRAPARE Implementation Guide can be found on MNACHC’s PRAPARE website at [https://mnachc.org/member-resources/prapare-resources/](https://mnachc.org/member-resources/prapare-resources/)
PRAPARE WEBPAGE!

The Prevention and Assessing Risk Factors of Adverse Outcomes (PRAPARE) is a standardized tool for collecting social determinants of health (SDOH) data in better service the primary care populations. PRAPARE was developed by Amos, and has been shown to correlate with eligible SDOHs. When correlated with a consistent, robust, EHR data can be seamlessly aligned with clinical needs, improving patient health. Through ongoing engagement in community, Amos, and support is followed up, continuity is maintained. Amos, PRAPARE allows health centers to better identify and address how patient care can improve. Data collected through the PRAPARE tool can be used to drive care transformation, integration, and development.

How to take more action with PRAPARE:

PRAPARE Implementation Guide

Thinking about implementing PRAPARE?

Check out this implementation guide to help you with the implementation process.

Additional PRAPARE Resources

Thinking about implementing PRAPARE?

Check out this implementation guide to help you with the implementation process.

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