



## THE KRESGE FOUNDATION

### **PRAPARE Innovation and Engagement Awards: Building Capacity to Spread and Use PRAPARE:**

#### **Request for Round Two Applications**

#### **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](http://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 broaden our understanding and knowledge of PRAPARE, its use, and its impact to bring PRAPARE to scale, NACHC, AAPCHO, and OPCA are launching the second round of the PRAPARE Innovation and Engagement Awards. The purpose of the Innovation and Engagement Awards is two-fold: (1) to identify, support, and learn from innovative and unique uses of PRAPARE and (2) to disseminate those models and lessons learned in order to accelerate the use of PRAPARE across different organizations and more patients.

The PRAPARE Innovation and Engagement Awards will:

- 1) Discover new and unique approaches and models using PRAPARE and responding to PRAPARE data within different organizations;
- 2) Generate findings and lessons learned that will build the capacity of other organizations to assist in PRAPARE implementation and use PRAPARE to affect change at the patient, organization, and community levels; and
- 3) Promote leaders in PRAPARE implementation that can accelerate spread and serve as a resource for other organizations.

National PRAPARE project partners will select five organization awardees for the second round of the PRAPARE Innovation and Engagement Awards. Round One concluded July 2018. Round Two will occur between November 2018 – July 2019. **Applications for Round Two are due Friday, October 26, 2018 by midnight EST.** Please see application form below.

## Key Dates

- Deadline for Applications: Friday, October 26, 2018 by midnight EST
- Notification of Selected Applicants: Week of November 12<sup>th</sup>

## Criteria for Defining Innovative and/or Unique Approaches of Using PRAPARE

Based on the implementation support needs and best practices identified from the community of PRAPARE users, we are specifically looking for organizations who will demonstrate their ability to employ innovative and unique ways to implement PRAPARE, use PRAPARE in unique settings, and respond to PRAPARE data for action in the following ways. While not required, there would be a stronger consideration for acceptance, although organizations with varying innovations are encouraged to apply:

- Innovative ways to **implement PRAPARE** (e.g. starting PRAPARE implementation without a PRAPARE EHR template, using PRAPARE with other assessments such as ACE or PAM, starting PRAPARE implementation on your own without training, using a unique workflow model not already highlighted in our PRAPARE Implementation and Action Toolkit at [www.nachc.org/prapare](http://www.nachc.org/prapare), etc.)
- **Population diversity** (e.g. use of innovative ways to reach culturally diverse populations, using PRAPARE with pediatric and/or geriatric populations, using PRAPARE with a special population (e.g. homeless, migrant farmworker, etc.), using PRAPARE with a diverse group of people whether by race, ethnicity, language, gender, etc.)
- Innovative ways to **use PRAPARE data** (e.g. use to identify at-risk patients or specific patient population, population health planning, risk scoring and stratification, care transformation, use of PRAPARE data for publications and ancillary studies, etc.)
- Innovative ways to **respond to PRAPARE data** (e.g. use of an intervention to address a social determinant risk in either a clinical, non-clinical, or community setting, establish or re-design an existing enabling service within your health center, using AAPCHO's Enabling Services Accountability Project database and protocol, etc.)
- Innovative **partnerships** to respond to PRAPARE data (e.g., between hospitals and/or primary care and/or community social service organizations, etc.)
- Innovative ways to **share PRAPARE data for action and advocacy** (e.g. sharing PRAPARE data with payers, policymakers, Health Information Exchanges, news or media outlets, community partners, hospitals etc.)
- Innovative ways to **demonstrate PRAPARE's impact** at your organization (e.g., demonstrating improvement in outcomes and/or quality, lowering costs, improving patient or staff satisfaction, etc.)

## Eligibility Information

Successful Innovation and Engagement Awardees will serve as “testing grounds” for unique and innovative (1) PRAPARE implementation methods, (2) populations of focus for PRAPARE implementation, (3) uses of PRAPARE data, and/or (4) interventions to respond to PRAPARE data. **Any organization currently using or testing PRAPARE is eligible to apply.**

- **Competitive applicants** will demonstrate their ability to employ innovative and unique ways to implement PRAPARE, use PRAPARE in unique settings, and respond to PRAPARE data for action in the following ways:
  - 1) Use an approach, workflow model, population of focus, or intervention to implement PRAPARE and respond to needs identified that is not well documented or highlighted in our PRAPARE Implementation and Action Toolkit at [www.nachc.org/prapare](http://www.nachc.org/prapare).
  - 2) Demonstrate the ability to independently implement PRAPARE across hundreds of patients using existing training and resources available at [www.nachc.org/prapare](http://www.nachc.org/prapare)
  - 3) Serve a diverse population with different social determinant needs.
  - 4) Possess data capabilities to input and report out PRAPARE data from the EHR (e.g. working closely with your Health Center Controlled Network).
  - 5) Contribute to the PRAPARE data collection and evaluation process by sharing results of the PRAPARE Readiness Assessment and aggregate-level PRAPARE data collected with PRAPARE project staff.
  - 6) Have an existing network of unique community partnerships and the capacity to build and strengthen new partnerships for intervention development and enabling services.
  - 7) Have partnerships and/or a strategy in place to help others efficiently implement and effectively use PRAPARE (e.g. through a state Primary Care Association and/or regional Health Center Controlled Network, integrated care continuum, learning collaborative, networking group, regional provider collaboration, etc.).
  - 8) Commitment to serving as a “PRAPARE pioneer” and willingness to share resources and experiences with other organizations nationally. This includes willingness to serve as a faculty for future webinars and conferences, highlighting their unique approach in a case study or vignette, and/or contributing to [NACHC’s Innovations Database](#).
  - 9) Have the ability to complete all Awardee activities as explained below.

## Scope of Work and Deliverables

PRAPARE Innovation and Engagement Awardees will each do the following:

- Complete the [PRAPARE Readiness Assessment](#) as a part of the application.
- Complete quarterly calls with PRAPARE staff to better understand your best practices and innovations.
- Share aggregated PRAPARE data with PRAPARE project staff using the [PRAPARE Reporting Template](#).
- Serve as a PRAPARE pioneer and faculty during and/or after the award period by participating in webinars and/or trainings to support other organizations in implementing PRAPARE in unique ways.
- Highlight your experience and your unique approach by writing a vignette or case study and/or by submitting to [NACHC’s Innovations Database](#).
- Contribute implementation and action resources to help speed and facilitate the implementation of PRAPARE and response to socioeconomic needs with other organizations nationally (e.g., model workflows, messaging materials, MOUs with community partners to share data and respond to needs identified, plans to intervene on needs identified, strategies to use data to inform population health activities and relevant policy and payment discussions, impact stories, etc.).

## Award Information

Five organizations will be awarded, with each organization awarded \$8,000 for active participation during the award period. **Any organization currently using or testing PRAPARE is eligible to apply.**

## Application and Submission Information

**Applications are due on Friday, October 26<sup>th</sup> by midnight EST.** Applications must be no longer than 5 pages in length. 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](mailto:prapare@nachc.org) with the subject heading "Application for PRAPARE Innovation and Engagement Awards". 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 as a PRAPARE Innovation and Engagement Awardee during the week of November 12<sup>th</sup>.

### Application Submission Contact:

Please direct all questions to the following email:

[prapare@nachc.org](mailto:prapare@nachc.org)

Frequently Asked Questions regarding the application are posted and updated regularly on our website [www.nachc.org/prapare](http://www.nachc.org/prapare) under the PRAPARE Innovation and Engagement Awards section.

## APPLICATION FORM

Please fill out the following application by answering the bulleted questions below in a Word or PDF document, **no more than 5 pages long**. Your application should include as many specific details and examples as possible.

### Organizational Description and Capacity (32 points)

- **Organizational Description**  
Brief description of the organization, including organization contacts and contact information. Also, include data about your organization, such as number of organizational members/sites/partners, patient size and mix, and provider size as well as EHR used.
- **Experience - "Are you already using PRAPARE?"**  
Please describe how you are already using PRAPARE at your organization. How did your organization get started in using PRAPARE? What resources and/or trainings did you use (if any) to get started? How long have you been using PRAPARE?
  - How many patients have been screened to date using the full PRAPARE screening tool, if any?
  - If your organization has not started to use PRAPARE, please describe your plans and timelines to do so and how you plan to get started.

- **Readiness**

Please fill out the PRAPARE Readiness Assessment online using the following link: [www.surveymonkey.com/r/PRAPARE\\_Readiness\\_Assessment](http://www.surveymonkey.com/r/PRAPARE_Readiness_Assessment). These results will provide PRAPARE project staff with an idea as to the general state of affairs at your organization to inform potential trainings and curriculum resources. An organization's readiness has no bearing on their likelihood of being awarded as long as it meets the eligibility criteria stated above. A copy of the Readiness Assessment is provided below so that your team may review it and discuss the organization's readiness to implement PRAPARE ahead of time.

- **Infrastructure**

Please describe any partnerships you have that bring added value to PRAPARE implementation and using PRAPARE data.

- Do you have any partnerships that have enhanced your ability to use, analyze, and/or apply PRAPARE data for care and community transformation?
- Do you have any community partnerships that allow you to more effectively respond to socioeconomic needs identified by PRAPARE?

### **Plan, Approach, and Innovation (56 points)**

- **Implementation - "How do you plan to implement PRAPARE in a way that is unique and/or innovative?"**

Please describe your plans to implement PRAPARE at your organization and how that approach is new, unique, and/or innovative. Please be sure to mention any or all of the following:

- Implementing PRAPARE using a new or innovative workflow model with different types of staff
- Implementing PRAPARE with a unique population of focus
- Implementing PRAPARE using innovative tools or technologies (e.g., Ipads, kiosks, tablets, translation software, case management software, etc.)

- **Using PRAPARE Data and Responding to Needs Identified- "How do you plan to use PRAPARE data?"**

Please describe your plans to use PRAPARE data at your organization and how that approach is new, unique, and/or innovative. Please be sure to mention any or all of the following:

- Using PRAPARE data in unique ways. This could be for care transformation, policy and payment reform, risk adjustment, delivery system transformation, community advocacy, etc.
- Responding to socioeconomic needs identified by PRAPARE with unique interventions, enabling services, and/or community partnerships.
- Employing innovative staff models to respond to socioeconomic needs identified by PRAPARE.
- Tracking enabling services to document their value in caring for patients with non-clinical needs.
- Sharing PRAPARE data with community partners to more effectively respond to needs identified.
- Collaborating with other entities (e.g., Health Information Exchange, etc.) to better understand the PRAPARE data and respond to needs identified.

- **Budget Narrative – “How will you spend the award money?”**  
Please provide a brief budget narrative as to how you plan to spend the award money (e.g., on an HIT tool or EHR template upgrade such as the eCW Smart Form, to offset certain staff’s time, on meetings, etc.)
- **Existing Data Results– “Do you have any data that highlights the impact of this unique implementation approach or response to PRAPARE data? Any results you can share?”**
  - Please describe the current PRAPARE data results that your organization is collecting that highlights the impact of the unique implementation approach or response. Data can be quantitative and/or qualitative.
- **Risk and Response – “What problems might you face, and what will you do about them?”**
  - Identify potential problems and barriers to the ongoing success of PRAPARE Implementation during this award period as well as the planned response strategy for each risk.
  - Include other initiatives that may impact implementation effectiveness.

#### **Ability to Spread (12 points)**

- **Capacity and Plans to Spread the PRAPARE Protocol– “How do you plan to spread the PRAPARE Protocol to more patients, sites, clinics, and/or other community organizations and partners?”**
  - Describe your plan to spread PRAPARE to more patients at your organization, sites, and/or other organizations and/or community partners.
  - Please describe your interest and plans to serve as a “PRAPARE Pioneer” and Faculty after this award ends to help support other organizations in PRAPRE Implementation.



THE KRESGE FOUNDATION



# PRAPARE Readiness Assessment Tool

## Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences

Use this tool to help identify your organization’s readiness to implement PRAPARE.

### Instructions for Use

You can use this tool in several ways:

- Distribute it to members of your leadership team in advance of a meeting where you will discuss its results
- Bring it to a leadership team meeting to discuss readiness
- Have a facilitator use it to rate your leadership team’s meeting after a group discussion

The PRAPARE project is a major undertaking and significant leadership is needed to carry it out effectively. Be honest about the general state of affairs within your organization.

Tally the total number of checks made in each column. The more checks in the *moderately prepared* and *highly prepared* columns, the more ready your organization is ready for PRAPARE. If you find many checks in the *not yet prepared* column, look at the statements in the columns for *moderately prepared* or *highly prepared*. These will give you guidance on where you want your organization to be and how to get there. The assessment may suggest the need for organizational development prior to undertaking the PRAPARE project.

Readiness Area	Readiness Component	Not Yet Prepared	Moderately Prepared	Highly Prepared
Culture of Organization	PRAPARE is viewed as...	<input type="checkbox"/> Only a national standard.	<input type="checkbox"/> Primarily a project to collect social determinants of health (SDH) data.	<input type="checkbox"/> A component of clinical transformation to enable quality of care and patient health care improvement by identifying and

Readiness Area	Readiness Component	Not Yet Prepared	Moderately Prepared	Highly Prepared
				addressing the SDH.
	The PRAPARE project management process includes...	<input type="checkbox"/> The administrator primarily driving the project.	<input type="checkbox"/> A large group of individuals primarily for communication purposes.	<input type="checkbox"/> An identified Project Manager working across clinical, IT, leadership, and data staff.
	Health center stakeholder engagement	<input type="checkbox"/> Is not feasible.	<input type="checkbox"/> Primarily consists of executive leadership	<input type="checkbox"/> Is active, where all staff at all levels are engaged and understands the importance of the project and its impact to patients' health and wellness
	Communication and buy-in: Staff...	<input type="checkbox"/> Have not yet been told about PRAPARE implementation.	<input type="checkbox"/> Have been given general information about PRAPARE implementation and training, but generally have little idea how it will impact their work.	<input type="checkbox"/> Have been included in communications about the PRAPARE implementation, including some specific early planning and data collection training activities.
<b>Leadership and Management</b>	Leadership...	<input type="checkbox"/> Believes PRAPARE implementation is necessary, but is divided as to the return on investment	<input type="checkbox"/> Has studied the pros and cons of implementing PRAPARE and can make an argument for why benefits outweigh costs.	<input type="checkbox"/> Understands the benefits of implementing PRAPARE and sets a clear and consistent vision for how SDH data collection supports efficiency and quality improvement goals.
	Quality and efficiency through PRAPARE implementation...	<input type="checkbox"/> Have been discussed, but no specific goals for improvement have been made.	<input type="checkbox"/> Is recognized, but not defined in a measurable way nor connected with PRAPARE implementation.	<input type="checkbox"/> Is documented, with specific, reportable measures that are clearly connected with PRAPARE implementation.



Readiness Area	Readiness Component	Not Yet Prepared	Moderately Prepared	Highly Prepared
	PRAPARE reports for management, quality improvement, etc...	<input type="checkbox"/> Have not been defined or documented.	<input type="checkbox"/> Have been partially defined but have not been documented.	<input type="checkbox"/> Have been defined, documented, and requirements included in the data reporting documentation.
	PRAPARE data utility for developing interventions and community partnerships	<input type="checkbox"/> Have not been identified or documented.	<input type="checkbox"/> Have been partially identified but have not been documented.	<input type="checkbox"/> Have been identified and documented, and partnerships have been initiated.
	Staffing needs for PRAPARE implementation and use...	<input type="checkbox"/> Have not been analyzed.	<input type="checkbox"/> Are generally understood, but a staffing plan has not been developed.	<input type="checkbox"/> Have been documented in a staffing model, detailing current and proposed needs.
<b>Workflow and Process Improvement</b>	Current and proposed PRAPARE-enabled workflow, including estimated patient volumes and staffing are...	<input type="checkbox"/> Not developed.	<input type="checkbox"/> Generally expected to change and there is a focus on general improvement efforts, but specific information workflow and data mapping has not been initiated.	<input type="checkbox"/> Understood to change, effort has been directed to assessing current workflow/ processes and there is good acceptance of need for standardization.
	PRAPARE-enabled referrals, and other patient-specific hand-offs...	<input type="checkbox"/> Have not been evaluated.	<input type="checkbox"/> Have been discussed but no specific plan exists.	<input type="checkbox"/> Have been designed and requirements included in the planning documentation.
<b>Technology</b>	IT staff that will support PRAPARE implementation...	<input type="checkbox"/> Are non-existent with total reliance on outsourcing	<input type="checkbox"/> Are able to maintain current systems and have limited experience with system integration or data conversion and tend to rely on the vendor to detail the tasks and activities.	<input type="checkbox"/> Have strong experience with system integration, data conversion and managing expert resources to fill internal skill or knowledge gaps.

Readiness Area	Readiness Component	Not Yet Prepared	Moderately Prepared	Highly Prepared
	IT staffing for PRAPARE implementation, maintenance, infrastructure, and ongoing user support...	<input type="checkbox"/> Has not been analyzed.	<input type="checkbox"/> Has been analyzed, but staff have not yet been assigned or dedicated.	<input type="checkbox"/> Has been documented in a staffing plan and requirements have been included in the planning process.
	IT reporting requirements for PRAPARE implementation...	<input type="checkbox"/> Is generally understood to be needed but has not been evaluated.	<input type="checkbox"/> Has been evaluated but not documented in the planning process.	<input type="checkbox"/> Has been performed and requirements included in the planning process.
	IT data analytics requirements including data aggregation for PRAPARE implementation...	<input type="checkbox"/> Is generally understood to be needed but has not been evaluated.	<input type="checkbox"/> Has been evaluated but not documented in the planning process.	<input type="checkbox"/> Has been performed and requirements included in the planning process.
	An assessment of vendor changes necessary to support PRAPARE implementation and use...	<input type="checkbox"/> Is generally understood to be needed but has not been evaluated.	<input type="checkbox"/> Has been performed but not documented in the planning process.	<input type="checkbox"/> Has been performed and requirements included in the planning process.
Please fill in the total items checked in each category:				

1. Please provide further comments or explanation of your responses above.

2. If you have checked items in the *not yet prepared* or *moderately prepared* column, please explain your plans to address them to move toward being *highly prepared*.

3. Were there other important readiness factors that were not included in this document that would be helpful for us to include in a future revision?

4. Please provide any further comments or feedback.