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

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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

WHAT IS PRAPARE?

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

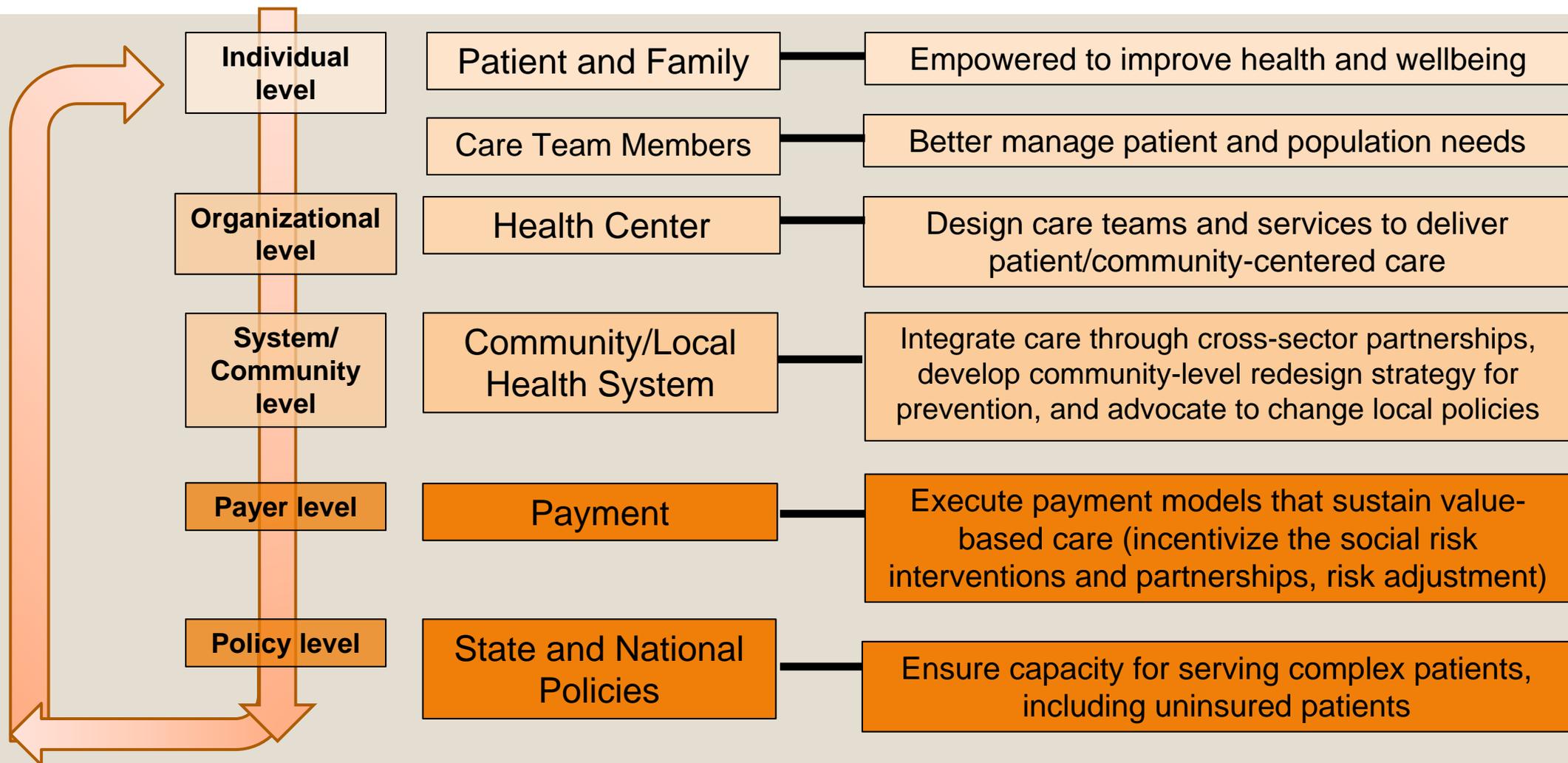**Customizable Implementation and Action Approach**

Assess Needs	→	Respond to Needs

At the Patient and Population Level

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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?

Level	Actor	Purpose
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
System/ Community level	Community/Local Health System	Integrate care through cross-sector partnerships, develop community-level redesign strategy for prevention, and advocate to change local policies
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

5 Rights	Workflow Considerations
Right Information-- **WHAT**	**What information in PRAPARE do you already routinely collect?** • **Part of registration** • **Part of other health assessments or initiatives**
Right Format--HOW	How are we collecting this information and in what manner are we collecting it? • Self-Assessment • In-person with staff
Right Person--WHO	Who will collect the data? Who has access to the EHR? Who needs to see the information to inform care? Who will respond to needs identified? • Providers and other clinical staff • Non-Clinical Staff
Right Time--WHEN	When is the right time to collect this information so as to not disrupt clinic workflow? • Before visit with provider? (before arriving to clinic, while waiting in waiting room, etc.) • During visit? • After visit with provider?
Right Place--WHERE	Where are we collecting this information? Where do we need to share and display this information? • In waiting room? In private office? • Share during team huddles? Provide care team dashboards?

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

PRAPARE IMPLEMENTATION & ACTION TOOLKIT

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

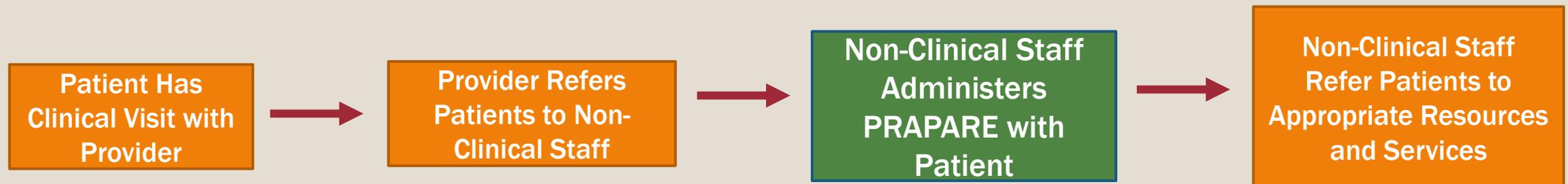# USING NON-CLINICAL STAFF AFTER THE VISIT

- **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

Patient Has Clinical Visit with Provider → Provider Refers Patients to Non-Clinical Staff → Non-Clinical Staff Administers PRAPARE with Patient → Non-Clinical Staff Refer Patients to Appropriate Resources and Services

USING NON-CLINICAL STAFF BEFORE THE CLINICAL VISIT

- **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

Patient Waits to See Provider → Non-Clinical Staff Administers PRAPARE with Patient While Patient Waits → Patient Sees Provider → Provider Reviews PRAPARE Data in EHR to Inform Clinic Visit → Provider or Non-Clinical Staff Refer Patient to Resources and Services

USING CLINICAL STAFF DURING CLINICAL VISIT

- **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

Patient Is Roomed in Exam Room → **Clinical Staff Administers PRAPARE in Exam Room During Vitals** → **Clinical Staff Refers Patients to Services and/or Non-Clinical Staff to Address Needs after Visit** → **Provider Enters Room and Uses PRAPARE Data to Inform Clinic Visit**

USING CARE COORDINATORS DURING THE CLINICAL VISIT

- **Reasons to Use This Model:**
  - Have multiple assessment 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

| Patient Sees Provider | → | Provider Refers Patient to Care Coordinator if considered "at risk" | → | Care Coordinator Administer PRAPARE and Other Necessary Assessments | → | Care Coordinators Provide Either Intensive or Interim Care Coordination |

Depending on if Patient Agrees to Self-Management Plan

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USING CHRONIC DISEASE MANAGEMENT TEAM
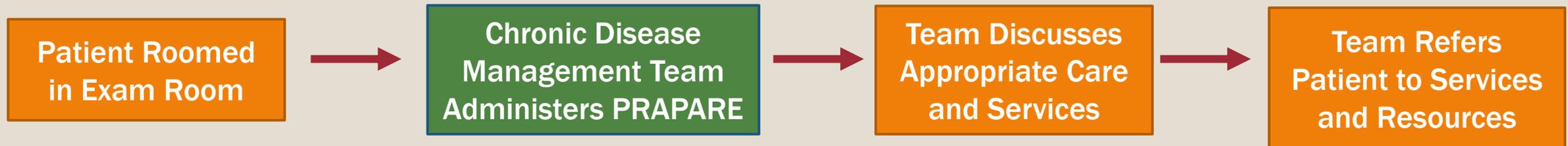
- **Reasons to Use This Model:**
  - Target patients who are more at risk
  - Use staff with specific training and skills (crisis intervention, motivational interviewing techniques, knowledge of community resources)
  - Utilize pre-established collaborative workflows between clinical and non-clinical 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
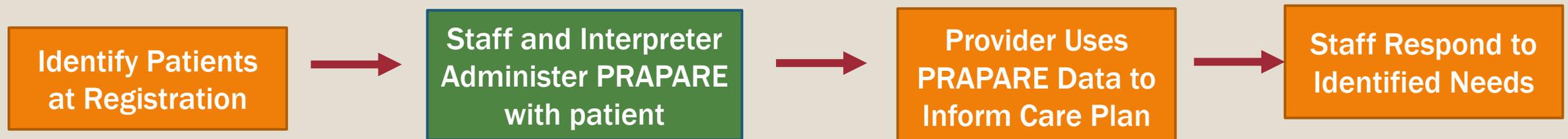
- **Tradeoffs:**
  - Could lengthen visit with chronic disease management team

| Patient Roomed in Exam Room | → | Chronic Disease Management Team Administers PRAPARE | → | Team Discusses Appropriate Care and Services | → | Team Refers Patient to Services and Resources |

USING TRANSLATIONS AND INTERPRETERS BEFORE CLINICAL VISIT

- 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

Identify Patients at Registration → Staff and Interpreter Administer PRAPARE with patient → Provider Uses PRAPARE Data to Inform Care Plan → Staff Respond to Identified Needs

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"NO WRONG DOOR" APPROACH
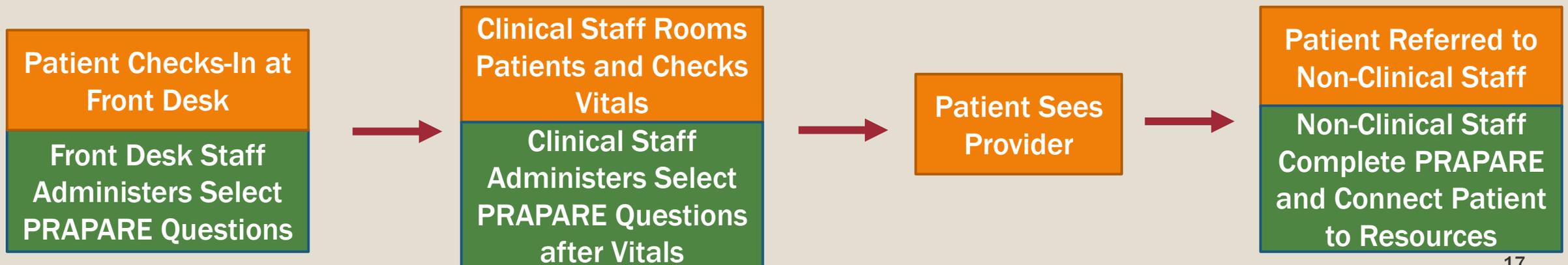
- **Reasons to Use This Model:**
  - Fit PRAPARE into existing workflow by dividing responsibility across staff

- **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		Clinical Staff Rooms Patients and Checks Vitals		Patient Sees Provider	Patient Referred to Non-Clinical Staff
Front Desk Staff Administers Select PRAPARE Questions	→	Clinical Staff Administers Select PRAPARE Questions after Vitals	→		Non-Clinical Staff Complete PRAPARE and Connect Patient to Resources

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SELF-ASSESSMENT APPROACHES

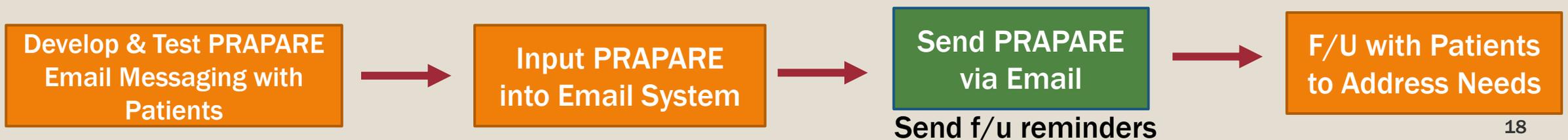- **Reasons to Use This Model:**
  - Large patient population and/or lacks adequate staff who can implement PRAPARE in-person during workflow
  - Align PRAPARE data collection with other direct patient communication methods

- **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

| Develop & Test PRAPARE Email Messaging with Patients | → | Input PRAPARE into Email System | → | Send PRAPARE via Email | → | F/U with Patients to Address Needs |

Send f/u reminders

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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.

EVALUATION QUESTIONS

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