Chapter 5: Workflow Implementation

When initiating a new data collection initiative, it is important to educate key staff on the importance of collecting data on the social determinants of health and how it aligns with activities that your organization is already doing. It is also important to use the Five Rights Framework to find the right person to collect the data at the right time in the workflow so as not to lengthen the clinic visit or overburden staff.

This chapter contains resources to help you think through how to train staff in collecting data on the social determinants of health in a way that fits best in your workflow.

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Sample Workflow Diagrams

To Collect Data on the Social Determinants of Health

Collecting data on the social determinants of health can be accomplished in different ways. It is important to think of your clinic workflow to identify opportunities when patients are waiting or not engaged in meaningful connection with staff and to use that time instead for dialogue and assessment around social determinants so as not to lengthen the visit. From there, you can determine where in the clinic and who amongst your staff would have the available time to administer PRAPARE with the patient and address his/her needs. What follows are sample workflow diagrams. Please note that these workflows do not need to be adopted exactly as presented but are rather meant to serve as samples to help you think through your own clinic workflow.

Types of Sample Workflow Diagrams

- Using Non-Clinical Staff After the Clinical Visit
- Using Non-Clinical Staff Before Clinical Visit
- Using Clinical Staff During the Clinical Visit
- Using Care Coordinators as Part of Clinical Visit
- "No Wrong Door" Approach
- Using Chronic Disease Management Team During the Clinical Visit
- Using Interpreters Before Clinical Visit
- Using Electronic Delivery Methods
- Self-Assessment Approaches

Types of Sample Workflow Diagrams

Who	Where	When	How
Non-Clinical Staff (Patient Advocates, Patient Navigators)	In Patient Advocate's Office	After Clinical Visit	Administered PRAPARE and responded to needs identified. Discussed results with provider (offices are next to each other)
Non-Clinical Staff (Enrollment Staff, Community Health Workers)	In Waiting Room	Before Provider Visit	Administered PRAPARE with patients who would be waiting 30+ mins for provider
Nursing Staff and/or Medical Assistants	In Exam Room	Before Provider Enters Exam Room	Administered PRAPARE after vitals and reason for visit. Provider reviews data and refers to case manager
Care Coordinators	In Care Coordinator's Office	When Completing Health Risk Assessments	Administered PRAPARE in conjunction with Health Risk Assessments to address similar issues in real time
Any Staff (from Front Desk Staff to Providers)	"No Wrong Door Approach"	"No Wrong Door Approach"	"No Wrong Door" approach where any staff can ask PRAPARE questions at any time to paint fuller picture of patient
Chronic Disease Management Team	In Exam Room	During the Clinical Visit	Administered PRAPARE with patients
Interpreters	In Exam Room	Before the Clinical Visit	Administered PRAPARE after vitals and reason for visit. Provider reviews data and refers to case manager
Care Coordinators	In Waiting Room	Before Clinical Visit	Administered PRAPARE with patients who would be waiting 30+ mins for provider

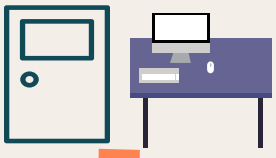
Using Non-Clinical Staff After the Clinical Visit

Key Take-Aways:

- Non-Clinical staff includes patient advocates and patient navigators, among others. They are often employed from the community, so they can more easily relate to patients, understand their needs, and build trusting relationships.
- Ensures that the staff person administering PRAPARE with the patient also addresses the needs identified by PRAPARE by referring the patient to resources.
- Non-Clinical staff typically don't have other care coordination responsibilities, so they have more time to administer and respond to assessments.

Clinical Visit with Provider

- Provider conducts clinical visit.
- Provider sends patients to patient advocates if they need any of the following: Enabling Services, Chronic Disease Education, Referral, Behavioral Health Services, Services for Pregnant Women



Patient goes to Patient Navigator or Advocate's Office

PRAPARE Completed Previously?

Yes

- Patient Navigator reviews previous responses with patient.
- Enters changes in PRAPARE template with today's date.

No

- Patient Navigator asks the patient each question.
- Enters responses in PRAPARE template with today's date.

Enabling Services Needed?

Yes

Patient Advocate or navigator refers patients to appropriate resources based on PRAPARE responses

Using Non-Clinical Staff Before the Clinical Visit

Key Take-Aways:

- Non-clinical staff includes enrollment assistance workers and community health workers, among others. They are often employed from the community, so they can more easily relate to patients, understand their needs, and build trusting relationships.
- By administering PRAPARE before the clinic visit, needs identified can shape the visit and treatment plan to match the patient's circumstances and situation. For example, ensure that medications that require refrigeration are not prescribed if it is known that the patient's electricity is often shut off.
- By administering PRAPARE before the clinic visit, it ensures that time is not added to the visit but uses "value added" time when the patient is waiting to be roomed or seen by the provider.
- Non-Clinical staff may have more time to administer and respond to assessments.

Patient Waits to See Provider

- Patient waits to see provider, either in waiting room or in exam room.
- Non-Clinical staff identifies patients to administer PRAPARE to based on their approximate wait times (provider they are scheduled to see just began a visit with another patient; provider is spending more time with a complex patient, etc.)

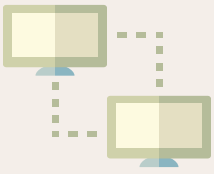
Non-Clinical Staff Administers PRAPARE and Inputs Data

- Staff person asks the patient each
- question.
  Enters responses in PRAPARE EHR template under current date.

Patient Sees Provider

- Provider views PRAPARE data in the EHR
- Patients' socioeconomic situation taken into account when providing treatment plans and prescriptions

Enabling Services Needed?



Yes

Provider or non-clinical staff refers patients to appropriate resources based on PRAPARE responses

Using Clinical Staff During the Clinical Visit

Key Take-Aways:

- Clinical staff include nurses, medical assistants, and behavioral health specialists, among others.
- Clinical staff are trained to collect sensitive information and have experience collecting sexual histories, histories of depression, and other sensitive data.
- Administering PRAPARE in the exam room ensures that the information is collected in a private setting, rather than in a waiting room.
- There is risk of not completing the administration of PRAPARE if the provider comes into the exam room.

Patient is Roomed in an Exam Room

- Patient is led from waiting room to the exam room to wait and see the provider

Clinical Staff Enters Exam Room and Administers PRAPARE

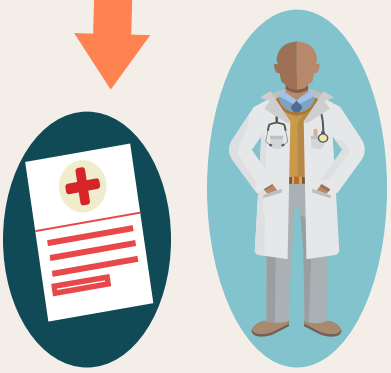
- Clinical staff uses "value-added" time when patient would otherwise be waiting to see the provider so doesn't lengthen clinic visit.
- Staff person asks the patient each question.
- Enters responses in PRAPARE EHR template under current date.

Enabling Services Needed?

Yes

Refer Patients to Needed Services

- Clinical staff provides patients with resource and referral information.
- Notifies case manager or social worker to assist patient given needs identified.



Provider Enters Room and Performs Clinic Visit

- Provider notified of any socioeconomic situations that might impact care, treatment plan, or prescriptions.

Using Care Coordinators During the Clinical Visit

Key Take-Aways:

- Care coordinators are well suited to coordinate care and services to meet the needs identified by PRAPARE.
- However, care coordinators have many other care coordination responsibilities so may not have as much time to administer and address needs in PRAPARE as other staff.
- When administered in conjunction with other assessments, similar needs can be addressed in real time.

Patient Has Clinic Visit with Provider

- If patient is considered "moderate or high" risk, will be referred to care coordinator.
- Risk defined as two or more chronic conditions (obesity, diabetes, CVD) and/or three more ER visits within 90 days or 2 or more hospitaliations within one year.

Target Patients See Care Coordinators

- Care coordinators complete chart review, health risk assessments, and the PRAPARE assessment.
- Complete other assessments as deemed necessary (HARMs-8, Domestic Violence Screening, Depression Screening, Mental Health Screening, etc.

Patient Agrees to Services and Self-Management Plan?

Yes

Intensive Care Coordination

(Panel Ratio 1:50)

- In-person or telephonic services to develop service plan and assist with self-management plan.

No

Interim Care Coordination

(Panel Ratio 1:100)

- In-person or telephonic services for gaps in care, health maintenance, compliance, etc.

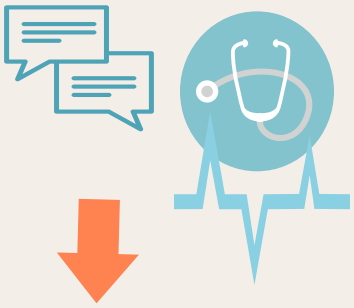
Using A "No Wrong Door" Approach

Key Take-Aways:

- Any staff can administer parts of PRAPARE at any time during the clinic visit and at any location within the clinic.
- By dividing the responsibility of data collection amongst more staff, the burden is less on everyone involved.
- Helps with staff buy-in as everyone has an opportunity and responsibility to "paint a fuller picture" of their patients and better meet their needs.

Patient Checks-In at Front Desk

- Front desk staff check-in patient and verify and/or collect any demographic information related to registration (address, race/ethnicity, language, insurance, veteran status, family size, income, etc.)



Clinical Staff (Medical Assistant, Nurse) Rooms Patient

- Checks vitals.
- Asks other questions on PRAPARE until provider enters the room (stress, safety, social integration, education, etc)

Patient Sees Provider

- Provider conducts clinical visit.
- Refers patient to non-clinical staff if needs merit additional resources or services.

Enabling Services Needed?

Yes

Non-Clinical Staff Completes PRAPARE and Connects Patient to Resources and Services

No

Patient Goes Straight to Check Out

Using Chronic Disease Management Team During the Clinical Visit

Key Take-Aways:

- Using the chronic disease management approach would likely target patients who are more at risk.
- Chronic disease management team (consisting of nurses, health educator, social worker, and a dietician) has training and expertise in skills beneficial for collecting PRAPARE data and addressing needs, such as motivational interviewing, crisis intervention, knowledge of community resources, etc.
- Chronic disease management team has established workflow and collaborative atmosphere between clinical and non-clinical staff, which is conducive for collecting PRAPARE data and discussing results as a team to inform care management.
- Potentially lengthens visit with chronic disease management team but will help the team with goal of chronic disease management.

Patient is Roomed in an Exam Room

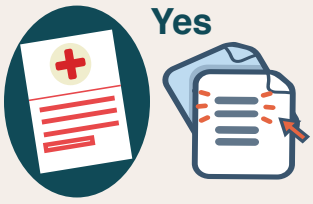
- Patient is led from waiting room to the exam room to see the chronic disease management team.

Chronic Disease Management Staff Administers PRAPARE During Visit

- Patient visits with chronic disease management team.
- Staff discuss and administer PRAPARE with patient.
- Staff enter responses directly into PRAPARE EHR template.

Social Services Needed?

Yes



Refer Patients to Needed Services and Resources

- Staff provides patients with resources and referral information that is available at the time of the visit.

Tested by: People's Community Clinic (Texas)

Using Interpreters Before Clinical Visit

Key Take-Aways:

- Helpful when serving patients speaking a variety of languages and from different cultural backgrounds.
- While not necessary, having one person (whether a staff person, a student, etc.) work with interpreters to record PRAPARE responses helps ensure consistency of data collection.
- By administering PRAPARE before visit with provider, provider can use PRAPARE resources to inform treatment plans and prescriptions at point of care.
- For translated versions of PRAPARE, click here.

Patients Identified in Waiting Room

- Staff person or student identifies patients who will be waiting for provider based on provider's schedule and wait times.

Staff/Student and Interpreters Administer PRAPARE and Input Data

- Staff/student and/or interpreters administer PRAPARE with patient using paper-translated versions of PRAPARE.
- Patient views translated version of PRAPARE on paper while discussing with staff and interpreters.

Paper Translated Version

Staff Has Access to EHR

- Staff Inputs PRAPARE data directly into EHR.

Staff Doesn't Have Access to EHR

- Staff enters data on English translated version of paper PRAPARE tool.
- Staff hands completed paper form of PRAPARE to staff with access to EHR to enter data.

Patient Sees Provider

- Provider views PRAPARE responses in EHR.
- Patient's socioeconomic situation taken into account when providing treatment plans and prescriptions.

Social Services Needed?

Yes

Tested by: HOPE Clinic (Texas)

Using Electronic Delivery Methods: The Send, Collect, Connect System Using Email

Key Take-Aways:

- Great potential to collect large quantities of PRAPARE data in a short amount of time with little staff burden and low cost, but may require expertise of IT-savvy staff to build email system.
- It is important to ensure that follow-up care is provided to patients to discuss and/or address social risks identified. This can be achieved by talking to patients about their responses on the phone, at their next appointment or through a partnership with a social service platform that immediately provides, patients with a list of local community resources based on their responses.
- Messaging is key to ensure patients understand why information is being collected, how it will be securely stored, and how it will be used to inform care and services.

Transformed PRAPARE Tool into Email Survey

- Team consisting of Medical Assistants, Community Health Workers and Data Analyst builds PRAPARE into clinic's email system and composes email message.
- Ensure PRAPARE email is also mobile compatible. During the pilot, over 60% of patients responded to the PRAPARE email using their mobile device.
- Tests messaging with sub-group of patients for comprehension and sensitivity

What to Include in PRAPARE Email:

- Purpose
- Normalizing messaging
- Ensure appropriate reading level

To see full messaging developed by Lone Star, click here.

Send PRAPARE via Email

- Send to general adult population with valid email addresses who had clinic visit within past year.
- Send up to two follow-up emails to non-respondents.

Primary Email and Follow-Up Emails Sent

Patient Completes PRAPARE Via Email

- Average time to complete PRAPARE: 35 seconds.

Follow-Up with Patients to Address Needs

- Clinic staff can discuss results with patients and steps for action over the phone or at next clinic visit.
- Health center can partner with social service platform (e.g. 211, Aunt Bertha, Healthify, NowPow, etc.) to map community resources to specific PRAPARE responses so that patient receives list of resources available to address needs immediately after completing PRAPARE.

Tested by: Lone Star Circle of Care (Texas)

Self-Assessment Approaches

Notes:

- Pilot teams have strategized using other data collection modalities, particularly using patient portals or telephone interviews before the visit or Ipads or tablets during the visit so that patients may fill out PRAPARE themselves. Pilot teams have used Ipads or tablets for other data collection initiatives and have reported no problems with theft.
- Self-assessments make good use of "value-added time" in that the patient fills out PRAPARE while waiting for staff or providers. This method should not lengthen clinic visit much at all, except in regards to responding to needs identified.
- Self-assessments may lead to more honest answers because they provide more privacy. However, they may also lead to confusion if the patient does not understand the question.
- Self-assessments also miss the opportunity to build better relationships between providers and staff.

Data Collection Techniques: Empathic Inquiry and Talk Story Approaches

Notes:

- Empathic inquiry is the act of asking for information with the intent of understanding the patient's experiences, concerns, and perspectives, combined with a capacity to compassionately communicate this understanding for the purpose of creating human connection between patients and professionals. It is a critical part of the data collection step.
- Using an empathic inquiry approach, the mindset changes from "collecting data" to "getting to know your population--one person at a time" in a way that can enhance patient and staff well-being.
- Talk story is an approach to casual yet meaningful conversations. It is a Hawaiian phrase for chatting, sharing culture, and highlighting the spirit of a person or place or experience.

Skills to Use in Empathic Inquiry

- Reflective Listening
- Affirmations
- Autonomy support: "Is it ok to review this with you?" "At any point, you can let me know you'd like to stop."
- Noting strengths of the individual
- Connecting to resources when they are appropriate and/or available
- Watch this video for more information on empathic inquiry developed by the Waianae Coast Comprehensive Health Center

Empathy as Evidence-Based Practice

- A review of 25 randomized trials stated "One relatively consistent finding is that physicians who adopt a warm, friendly, and reassuring manner are more effective than those who keep consultations formal and do not offer reassurance". (Di Blasi et al, 2001)
- "A retrospective analysis of psychiatrists treating patients with depression reported that practitioners who created a bond had better results in treating depression with placebo than did psychiatrists who used active drug but did not form a bond." (McKay et al, 2006)
- In a randomized controlled trial studying subjective and objective markers of the severity and duraction of infection with a common cold, patients were randomized to three groups: 1) no practitioner interaction, 2) practitioner interaction with effort to limit relationship formation through brevity, lack of eye contact and touch, 3) practitioner interaction enhanced by PEECE: (P) Positive prognosis, (E) Empathy, (E) Empowerment, (C) Connection, and (E) Education, as well as a few more minutes of time, eye contact, and touch. (Rakel et al, 2010)

References:
Di Blasi, Z, et al. Influence of context effects on health outcomes: a systematic review. Lancet 2001; 357: 757-62.
McKay, KM, et al. Psychiatrist effects in the psychopharmacological treatment of depression. J Affect Disord 2006; 92: 287-90.
Rakel, D, et al. Practitioner empathy and the duration of the common cold. Family Medicine 2009; 41(7): 494-501.

Workflow Best Practices and Lessons Learned

The previous workflow examples highlight the fact that PRAPARE can be administered by a wide variety of staff at different times in the clinic visit. There is no right way or wrong way to administer PRAPARE. Only what works best in your setting. What follows are best practices and lessons learned gathered from our health center pilot testers.

Fitting PRAPARE into Clinic Workflow

- Staff may feel reluctant to collect more data simply because they feel that it will be hard to fit into their workflow without significantly lengthening or disrupting the clinic visit.

Lessons Learned on Fitting PRAPARE into Workflow

- It is important to find that "value-added" time when the patient would otherwise be waiting: either waiting to be roomed or waiting to see the provider. Using this value-added time will ensure that the clinic visit is not lengthened much to collect this data.
- Put a prompt or a "flag" in the EHR to remind staff to complete either certain PRAPARE questions or all PRAPARE questions depending on the patient.
- PRAPARE data collection can also be incorporated into other data collection efforts or assessments (e.g., patient intake forms, health risk assessments, depression screenings, Patient Activation Measures, etc.). This way, the patient does not have to fill out multiple assessment forms and so that similar needs that are identified by different assessments can be addressed at the same time.
- It is important to note that responding to the needs identified will often require more time than simply identifying the needs. Clinics should strategize their approach to responding to needs, from warm hand-offs to referrals maintained in a community resource guide to particular staff that can discuss the needs and help the patient navigate through those needs and options for ways to respond to those needs (e.g., patient navigator, community health worker, etc.).

Beware of the Emotional Toll on Staff

- Staff may experience an emotional toll when collecting data on the social determinants of health, particularly if they feel that they cannot address the needs identified.
- Staff, particularly those employed from the community, may also experience an emotional toll if they have experienced similar socioeconomic challenges, either currently or in the past.

Lessons Learned on Emotional Toll

- Assure staff that the organization has to "start somewhere and do the best with what we have" in their community resource guide and that the organization will not know what the patients' needs are until asked.
- If the organization's community resource guide is lacking, identify services that need to be developed or improved and community partnerships that need to be initiatied or strengthened to provide needed services.
- Even if the organization does not have services to address particular social determinants, knowing a patient's socioeconomic situation can help inform care and treatment plans. For example, knowing a patient's social support system or educational status can inform how staff approach goal-settings with patients or how staff provide educational resources to patients.
- Be sure to provide emotional and/or wellness support to staff experiencing distress. Support can come in the form of peer groups, wellness center or services, behavioral health services, etc.

Educating and Training Staff

- Staff may not understand why the organization will collect patient-level data on the social determinants of health. They may also believe that the organization already collects data on the social determinants.
- Do not assume that staff (even clinical staff) have the training to collect sensitive socioeconomic information.

Lessons Learned on Educating and Training Staff

- Educate ALL staff at a high level so that everyone understands why the organization is collecting this information, how it adds value to other work they are already doing (medical homes, value-based pay systems, etc.), and how it will be used to better understand and care for their patients.
- All data collection staff should be trained in sensitive data collection techniques that build relationships with patients, such as empathic inquiry or talk story approaches.

Sensitivity Training

PRAPARE was reviewed by a health literacy expert and written in a language that should be understandable by all health center patients. However, it still contains sensitive questions. This section provides resources and tips on how to handle sensitive questions.

Many questions can be sensitive in nature. In some cases, they may feel intrusive (e.g., income, sexual activity, etc.); in other cases, they may reveal information that could be perceived as less desirable or judged or unlawful (e.g., lifestyle habits, substance use, violence, etc.). Sensitive questions can be uncomfortable for the person ASKING the question or for the person RESPONDING to the question or for both participants. When answering questions on sensitive topics, people sometimes edit their answers to hide things, to avoid talking about issues in front of other people, or to provide what they believe to be more socially acceptable answers. This is known as a "social desirability bias." To avoid this and gather more accurate data, it is important to build a culture around sensitivity and respect.

When collecting sensitive information, such as socioeconomic information, it is important to be respectful and responsive to an individual's experience, culture, beliefs, practices, language, health literacy, and communication needs. This will ensure that all individuals are treated with respect and consideration and feel that they can speak honestly in a welcoming and open environment, especially when they are asked to speak on topics that open people up to vulnerability. It also builds trust between patients and providers and leads to the provision of more appropriate care and treatment plans. Sometimes answering a question, though sensitive, is therapeutic.

What follows are resources to help build sensitivity training in your organization and tips on how to ask and gather accurate information on sensitive questions.

Tips to Asking Sensitive Questions:

- Administer in a private area
- Use self-administered approaches (e.g., patient portals, Ipads, kiosks, etc.)
- Use a "forgiving" introduction to show that other people exhibit a certain behavior too ("Almost everyone has cheated on a test before.")
- Use familiar wording ("love making" vs. "sexual intercourse"; "alcohol" vs. "liquor") (Bradburn et al, 2004)

Resources on Sensitivity Training:

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care
--Office of Minority Health, U.S. Department of Health and Human Services

1) https://www.thinkculturalhealth.hhs.gov/pdfs/enhancednationalclasstandards.pdf

2) http://www.hdassoc.org/wp-content/uploads/2013/03/CLAS_handout-pdf_april-24.pdf

3) https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf

References:
Bradburn N., et al. Asking Questions: The Definitive Guide to Questionnaire Design--For Market Research, Political Polls, and Social and Health Questionnaires. San Francisco: Jossey-Bass, 2004.

Staff Training Curriculums

What follows are examples of staff training curriculums that our pilot testing teams developed to train their own staff. Common themes in the curriculums include: educating staff on the importance of the social determinants, how it aligns with Patient-Centered Medical Home efforts, how to collect those determinants using the specific EHR system, and how to connect patients to available resources to meet the needs identified.

- Sample Staff Training Curriculum from the Health Center Network of New York
- Sample Staff Training Curriculum from the Alliance of Chicago Community Health Services

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