



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 using PRAPARE can be accomplished in a variety of ways. There is no absolute “right way”—only what works best in your setting. Think of your organizational workflow to identify opportunities when patients are waiting to be seen or are not engaged in meaningful connection with staff and use that time instead for dialogue and assessment around social determinants so as not to lengthen the visit. Also, consider how PRAPARE workflows can align with existing staff roles and responsibilities as there are many different types of staff who can help implement PRAPARE. From there, you can determine where in the organization and who amongst your staff would have the available time and skills to administer PRAPARE with the patient and address their needs.

Use the Five Rights Framework (discussed in Chapter 3: Strategizing PRAPARE Implementation) to determine the best PRAPARE data collection and response workflow for your own setting. **TABLE 5.1** walks through the key questions to consider when determining your PRAPARE workflow.

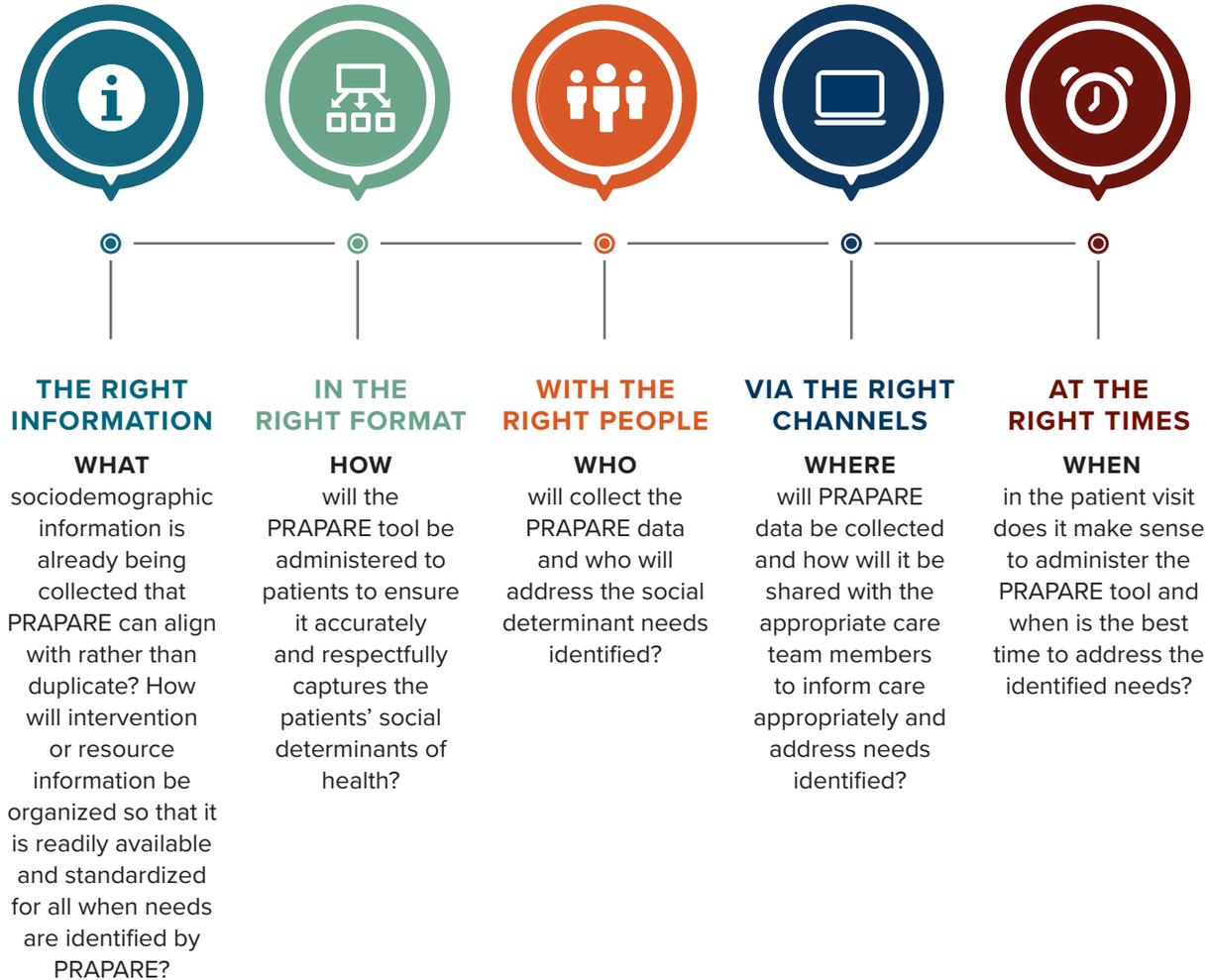


TABLE 5.1. Using Five Rights Framework to Plan Workflow for PRAPARE Data Collection and Response

5 RIGHTS	WORKFLOW CONSIDERATIONS	RESPONSE WORKFLOW CONSIDERATIONS
Right Information: WHAT	<p>What information in PRAPARE do you already routinely collect?</p> <ul style="list-style-type: none"> • Part of registration • Part of other health assessments or initiatives 	<p>What information and resources do you have to respond to social determinants data?</p> <ul style="list-style-type: none"> • Update your community resource guide and referral list with accurate information • Track referrals, interventions, and time spent
Right Format: HOW	<p>How are we collecting this information and in what manner are we collecting it?</p> <ul style="list-style-type: none"> • Self-Assessment? • In-person with staff? 	<p>How will intervention and community resource information be stored for use and presented to patients?</p> <ul style="list-style-type: none"> • Searchable database of resources (in-house or via partner)? • Printed resource for patients to take with them? • Warm hand-off for referrals?
Right Person: WHO	<p>Who will collect the data? Who has access to the EHR? Who has contact with the population of focus? Who needs to see the information to inform care?</p> <ul style="list-style-type: none"> • Providers and other clinical staff? • Non-Clinical Staff? 	<p>Who will respond to social determinants data?</p> <ul style="list-style-type: none"> • By a dedicated staff person? • By any staff person who administers PRAPARE with the patients? • By the provider?
Right Channel: WHERE	<p>Where are we collecting this information? Where do we need to share and display this information?</p> <ul style="list-style-type: none"> • In waiting room? In private office? • Share during team huddles? Provide care team dashboards? 	<p>Where will referrals and/or resource provisions take place?</p> <ul style="list-style-type: none"> • In private office? • In the exam room?
Right Time: WHEN	<p>When is the right time to collect this information so as to not disrupt clinic workflow?</p> <ul style="list-style-type: none"> • Before visit with provider? (before arriving to clinic, while waiting in waiting room, etc.) • During visit? • After visit with provider? 	<p>When will referrals take place?</p> <ul style="list-style-type: none"> • Immediately after need is identified? • After the patient sees the provider? • At the end of the visit?

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. In some cases, the staff involved may differ but the workflow is similar.

TABLE 5.2. Summary of PRAPARE Workflow Models and Response

WHO	WHERE	WHEN	HOW
NON-CLINICAL STAFF (Patient Advocates, Patient Navigators, Community Health Workers, etc.)	In patient advocate's office	After clinical visit	Administered PRAPARE and responded to needs identified. Discussed needs with provider and care team.
NON-CLINICAL STAFF (outreach and enrollment staff, eligibility assistance staff, etc.)	In waiting room	Before provider visit	Administered PRAPARE with patients who would be waiting 30+ minutes for provider
CLINICAL STAFF (nurses, medical assistants, etc.)	In exam room	Before provider enters exam room	Administered PRAPARE after vitals and reason for visit. Provider reviews data to inform treatment plan
CARE COORDINATORS	In care coordinator's office	When completing Health Risk Assessments	Administered PRAPARE in conjunction with Health Risk Assessments to address similar needs in real time
CHRONIC DISEASE MANAGEMENT TEAM	In exam room	During the clinical visit	Administered PRAPARE with patients and discussed needs as a team to develop appropriate response and care management plan
INTERPRETERS	In waiting room or exam room	Before the clinical visit	Administered PRAPARE with patients requiring language assistance.
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
SELF-ASSESSMENT	In waiting room or at home	Before the clinical visit	Patient self-assesses using paper version of PRAPARE or Ipads, kiosks, tablets, email, patient portal, etc.

Using Non-Clinical Staff After the Visit

Non-clinical staff includes patient navigators, patient advocates, community health workers, eligibility assistance workers, outreach and enrollment workers, among others.

Reasons to Use this Model

- Non-Clinical staff are often employed from the community so can more easily relate to patients, understand their needs, and build trusting relationships
- Non-clinical staff are also often more aware of available community resources
- Non-clinical staff often have similar responsibilities so may have more time to administer and respond to socioeconomic needs compared to other staff
- Ensures staff person administering PRAPARE also addresses needs identified by referring patient to resources

Advantages

- Doesn't delay visit with provider
- Provides immediate warm hand-off to services and resources
- Allows patient to become familiar and comfortable with the clinical setting

Tradeoffs

- Provider doesn't have PRAPARE socioeconomic data available during clinic visit to inform care
- Could lengthen overall visit time

CLINICAL VISIT WITH PROVIDER

- Provider conducts clinical visit
- Provider refers patient to non-clinical staff on an annual basis or if need certain services

REFERRAL TO NON-CLINICAL STAFF

- Non-clinical staff explains why they are administering PRAPARE and how it can help inform the patient's care plan

ADMINISTER PRAPARE

- Non-clinical staff asks the patient to answer PRAPARE questions, either on their own or through conversation
- If patient has already answered PRAPARE questions in the past, staff asks if patient would answer these differently

DOCUMENT PRAPARE RESPONSES

- Non-clinical staff records and dates the patient's answers and/or updates in the PRAPARE EHR template, using ICD-10 Z codes when possible

RESPOND TO NEEDS

- Non-clinical staff connects patient to available resources, either those in-house or those available in the community
- If no needs are identified, non-clinical staff will flag next appointment for annual PRAPARE screening

CLOSE THE LOOP

- Non-clinical staff follows-up with patient to determine if resources were utilized
- Document in the Electronic Health Record

Using Non-Clinical Staff Before the Visit

Non-clinical staff includes patient navigators, patient advocates, community health workers, eligibility assistance workers, outreach and enrollment workers, among others.

Reasons to Use this Model

- Non-clinical staff are often employed from the community so can more easily relate to patients, understand their needs, and build trusting relationships
- Non-clinical staff are also often more aware of available community resources
- Non-clinical staff often have similar responsibilities so may have more time to administer and respond to socioeconomic needs compared to other staff
- Ensures staff person administering PRAPARE also addresses needs identified by referring patient to resources

Advantages

- Socioeconomic needs identified before the visit can be used by the provider and other care team members to shape the visit and treatment plan to match the patient's circumstances and situation
- Ensures that time is not added to the visit but uses "value added" time when the patient is waiting to be roomed or to see the provider

Tradeoffs

- If administered in the waiting room, patient may not feel as comfortable sharing information if waiting room lacks privacy
- If the patient arrives late, there may not be enough time to administer PRAPARE
- PRAPARE assessment or responding to needs could be interrupted if provider is ready to see the patient
- Could delay visit with provider if non-clinical staff is still administering PRAPARE
- May encounter confusion or resistance from patient if they are expecting to meet with a provider. Messaging is key to explain the purpose of PRAPARE and how it can help inform the patient's visit and care plan.

PATIENT WAITS TO SEE PROVIDER

- Patient waits to see provider, either in waiting room or exam room
- Non-clinical staff identifies patients to ask PRAPARE based on their approximate wait times

NON-CLINICAL STAFF ADMINISTERS PRAPARE WHILE PATIENT WAITS

- Non-clinical staff explains why they are administering PRAPARE and how it can help inform the patient's care plan
- Non-clinical staff goes through PRAPARE with patient or lets patient self-administer using lpad, tablet, or paper form

DOCUMENT PRAPARE RESPONSES

- Non-clinical staff records and dates the patient's answers and/or updates in the PRAPARE EHR template, using ICD-10 Z codes when possible

PATIENT SEES PROVIDER

- Provider views PRAPARE data in the Electronic Health Record
- Patient's socioeconomic situation is taken into account when providing treatment plans and prescriptions

RESPOND TO NEEDS

- Provider or non-clinical staff connects patient to available resources, either those available in-house or those available in the community
- If no needs are identified, provider or non-clinical staff will flag next appointment for annual PRAPARE screening

CLOSE THE LOOP

- Non-clinical staff follows-up with patient to determine if resources were utilized
- Document in the Electronic Health Record

Using Clinical Staff During Clinical Visit

Clinical staff include nurses, medical assistants, and behavioral health specialists, among others.

Reasons to Use this Model

- Clinical staff are trained to collect sensitive information and have experience collecting sensitive data

Advantages

- Administering PRAPARE in the exam room ensures that the information is collected in a private setting, rather than in a waiting room
- Socioeconomic needs identified before the visit can be used by the provider and other care team members to shape the visit and treatment plan to match the patient's circumstances and situation

Tradeoffs

- PRAPARE assessment could be interrupted if provider comes into the exam room ready to see the patient
- Clinical staff typically have heavy workloads and staff burnout is prevalent
- Clinical staff may not be as knowledgeable about community resources to respond to needs

PATIENT ENTERS EXAM ROOM

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

CLINICAL STAFF ENTERS EXAM ROOM & ADMINISTERS PRAPARE

- Clinical staff explains why they are administering PRAPARE and how it can help inform the patient's care plan
- Clinical staff uses "value-added" time when patient would otherwise be waiting to go through PRAPARE with patient or lets patient self-administer using lpad, tablet, or paper form

DOCUMENT PRAPARE RESPONSES

- Clinical staff records and dates the patient's answers and/or updates in the PRAPARE EHR template, using ICD-10 Z codes when possible

RESPOND TO NEEDS

- Clinical staff connects patient to available resources, either those available in-house or those available in the community
- Notifies non-clinical staff, case manager, or social worker to assist patient given needs identified
- If no needs are identified, provider or non-clinical staff will flag next appointment for annual PRAPARE screening

PROVIDER ENTERS ROOM & PERFORMS CLINIC VISIT

- Provider views PRAPARE data in the EHR
- Patient's socioeconomic situation is taken into account when discussing treatment plans

FOLLOW-UP & CLOSE THE LOOP

- If exam room remains open, non-clinical staff, case manager, or social worker will follow-up immediately with needed resources
- If there is no time, non-clinical staff will follow-up with patient to provide resources
- Document in the EHR

Using Care Coordinators After the Clinical Visit

Reasons to Use this Model

- Care coordinators often administer multiple types of assessments that collect similar or complementary information (e.g., mental health screening, depression screening, domestic violence screening, etc.) so adding PRAPARE to their assessments can add value to their work
- Care coordinators are trained to collect sensitive information and have experience collecting sensitive data
- Care coordinators are well suited to coordinate care and services to meet the needs identified by PRAPARE

Advantages

- When administered in conjunction with other assessments, similar needs can be addressed in real time

Tradeoffs

- 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

PATIENT HAS CLINIC VISIT WITH PROVIDER

- Provider conducts clinical visit
- Provider refers patient to care coordinator if considered “at risk”

CARE COORDINATOR ADMINISTERS PRAPARE & OTHER ASSESSMENTS

- Care coordinator administers PRAPARE along with other health risk assessments

CARE COORDINATOR DEVELOPS CARE MANAGEMENT PLAN

- Care coordinator develops patient care-management plan based on needs identified by PRAPARE and other health risk assessments

FOLLOW-UP WITH CARE COORDINATION

- Care coordinators follow-up with patient either in-person or telephonically to assist patient with accessing and coordinating care

Using Chronic Disease Management Team

Chronic disease management team typically consists of both clinical and non-clinical staff, including nurses, health educators, social workers, and dietitians, among others.

Reasons to Use this Model

- Using the chronic disease management approach allows your organization to focus on patients who are more at risk

Advantages

- Chronic disease management team has training, expertise, and 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

Tradeoffs

- Potentially lengthens visit with chronic disease management team but will help the team with goal of chronic disease management

PATIENT ENTERS EXAM ROOM

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

CHRONIC DISEASE MANAGEMENT TEAM ADMINISTERS PRAPARE

- Chronic disease management team staff explains why they are administering PRAPARE and how it can help inform the patient's care plan
- Staff discusses and administers PRAPARE with patient or lets patient self-administer using Ipad, tablet, or paper form

DOCUMENT PRAPARE RESPONSES

- Clinical staff records and dates the patient's answers and/or updates in the PRAPARE EHR template, using ICD-10 Z codes when possible

CHRONIC DISEASE MANAGEMENT TEAM DISCUSSES APPROPRIATE CARE PLAN

- Team uses PRAPARE findings to inform care management plan

RESPOND TO NEEDS

- Chronic disease management team connects patient to available resources, either those available in-house or those available in the community
- If no needs are identified, staff will flag next appointment for annual PRAPARE screening

Using Interpreters Before Clinic Visit

Reasons to Use this Model

- Helpful when serving patients speaking a variety of languages and from different cultural backgrounds
- For translated versions of PRAPARE, [click here](#)

Advantages

- Interpreters can help provide explanations and/or cultural contexts to PRAPARE questions
- Interpreters recruited from the community help build trust and relationships with patients
- By administering PRAPARE before visit with provider, provider can use PRAPARE resources to inform treatment plans and prescriptions at point of care.

Tradeoffs

- Interpreters are not always available
- Takes more time to administer PRAPARE when translating
- Different interpreters may PRAPARE data inconsistently. Having a staff person work with interpreters to record PRAPARE responses helps ensure consistency of data collection
- PRAPARE assessment could be interrupted if provider is ready to see the patient

IDENTIFY PATIENTS AT REGISTRATION

- Front desk staff checks patient in and asks for patient's language preference
- Staff identifies patients who will be waiting for provider and requires language assistance

STAFF AND INTERPRETERS ADMINISTER PRAPARE

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

DOCUMENT PRAPARE RESPONSES

- If staff has access to the EHR, records and dates the patient's answers in the PRAPARE EHR template, using ICD-10 Z codes when possible
- If staff does not have access to the EHR, 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 data in the EHR
- Patient's socioeconomic situation is taken into account when discussing treatment plans

RESPOND TO NEEDS

- Provider or non-clinical staff connects patient to available resources, either those available in-house or those available in the community
- If no needs are identified, provider or non-clinical staff will flag next appointment for annual PRAPARE screening

CLOSE THE LOOP

- Staff follows-up with patient to determine if resources were utilized
- Document in the Electronic Health Record

No Wrong Door Approach

Reasons to Use this Model

- Any staff can administer parts of PRAPARE at any time during the clinic visit and at any location within the clinic
- Fits 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 “paint a fuller picture” of their patients and better meet their needs, which leads to staff buy-in

Tradeoffs

- Requires coordination to ensure staff are aware of who is collecting which data to prevent duplication of questions asked to the patient
- Not all staff have access to the EHR to input data
- Hard to pinpoint single point of accountability when responsibilities are divided up across staff

PATIENT CHECKS-IN AT FRONT DESK

- Front desk staff checks patient in and verifies and/or collects PRAPARE demographic information related to registration (address, race, ethnicity, language, insurance, veteran status, family size, income, etc.)

CLINICAL STAFF ROOMS PATIENT

- Clinical staff checks vitals
- Begins administering other questions from PRAPARE until provider enters the room
- Clinical staff records and dates the patient’s answers and/or updates in the PRAPARE EHR template, using ICD-10 Z codes when possible

PROVIDER SEES PATIENT

- Provider conducts clinical visit
- Refers patient to non-clinical staff if needs identified by PRAPARE require additional resources or services

NON-CLINICAL STAFF COMPLETES PRAPARE

- Non-clinical staff completes PRAPARE if not fully administered
- Non-clinical staff connects patient to available resources, either those available in-house or those available in the community
- If no needs are identified, patient is checked out and provider or non-clinical staff will flag next appointment for annual PRAPARE screening

CLOSE THE LOOP

- Non-clinical staff and/or front desk staff follow-up with patient by phone to determine if resources were utilized
- Document in the Electronic Health Record

Self-Assessment Approaches



Pilot teams have strategized using other data collection modalities, particularly using patient portals, emails, 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.

Messaging is key when using self-assessment approaches to ensure patients understand why this PRAPARE socioeconomic information is being collected, how it will be securely stored, and how it will be used to inform care and services.

It is also 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.

Advantages

- Self-assessments may lead to more honest answers because they provide more privacy
- Self-assessments make good use of “value-added time” in that the patient fills out PRAPARE while waiting for staff or providers
- Does not lengthen clinic visit much at all, except to respond to needs identified.

Tradeoffs

- Self-assessments miss the opportunity to build better relationships between providers and staff
- If patient has trouble understanding the questions, there may not be a staff person available to explain and provide clarity

Administering PRAPARE via Email Before the Visit: The “Send, Collect, and Connect” System

Reasons to Use this Model

- If your organization has large patient population and/or your organization lacks adequate staff who can implement PRAPARE in-person during workflow
- Opportunity to align PRAPARE data collection with other direct patient communication and engagement methods

Advantages

- Great potential to collect large quantities of PRAPARE data in a short amount of time with little staff burden and low cost
- Able to acquire data quickly to inform care transformation and population health planning
- Quick for patients to fill out survey and can use mobile version
- Potential to connect 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 real-time feedback on patients’ experience completing PRAPARE via email
- Requires IT-savvy staff to build email administration system



Read one [health center’s email message to administer PRAPARE](#).

TRANSFORM PRAPARE TOOL INTO EMAIL ASSESSMENT

- Team consisting of non-clinical staff and data analyst builds PRAPARE into organization’s email system and composes email message and ensures it’s mobile compatible and at appropriate reading level
- Email message should contain language on why they are administering PRAPARE and how it can help inform patient’s care plan as well as normalizing language that social determinant risks are common
- Test email messaging with group of patients for comprehension and sensitivity

SEND PRAPARE VIA EMAIL

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

PATIENT COMPLETES PRAPARE VIA EMAIL

- Average time to complete PRAPARE via email ~ 35 seconds
- Majority of patients (60%) completed PRAPARE using their mobile device

FOLLOW-UP WITH PATIENTS TO ADDRESS NEEDS

- Staff can discuss PRAPARE results with patients and steps for action over the phone or at next clinic visit
- Organization can partner with social service platform to map community resources to specific PRAPARE responses so that patient receives list of resources available to address needs immediately after completing PRAPARE

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 different PRAPARE users.



FITTING PRAPARE INTO CLINIC WORKFLOW

ISSUE

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 in the reception area to be roomed or waiting in the exam room 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 Electronic Health Record (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 and/or streamlined 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. This also allows staff to address various needs that are identified by different assessments 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. Organizations 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.).
- Ensure that ALL staff working with the patient have access to the information discovered in PRAPARE conversations. Patients do not like to be asked for sensitive information multiple times, and it reflects that the patient is heard if they are not asked for the same information again.



BEWARE OF THE EMOTIONAL TOLL ON STAFF

ISSUE

- 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.
- 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, culture of empathy and wellness, behavioral health services, etc.
- If the organization’s community resource guide is lacking, tracking this information as an organization can help staff feel connected to the bigger organizational need to identify services to be developed or improved, and community partnerships that need to be initiated or strengthened to provide 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.



EDUCATING AND TRAINING STAFF

ISSUE

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.

Data Collection Techniques: Empathic Inquiry

PRAPARE was reviewed by a health literacy expert for a 4th – 5th grade reading level. 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, judged, or unlawful (e.g., lifestyle habits, substance use, violence, etc.). Sensitive questions can be uncomfortable for the person ASKING the questions as well as for the person RESPONDING to the questions. 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.

The purpose of empathetic inquiry approach is to authentically connect with patients to understand their needs and priorities by building trust between the patient and care team. 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.



Empathic Inquiry

We advocate using an empathic inquiry approach, talk story approach, and/or motivational interviewing approach to most accurately and respectfully gather PRAPARE data since socioeconomic matters could be viewed as sensitive topics.

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. When 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.

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”¹
- “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.”²
- In a randomized controlled trial studying subjective and objective markers of the severity and duration of infection with a common cold, patients who experienced greater levels of clinician empathy (in the form of empathetic conversation, eye contact, touch) had significantly lower severity and duration of colds than patients who either saw no clinician or who saw a clinician with limited empathy.³



PATIENT PERSPECTIVE

A pilot conducted by the Oregon Primary Care Association in 2018 reveals the following from 132 patients screened using PRAPARE by staff who had been trained in empathic inquiry:

- **91%** of patients indicated that having conversations about their socioeconomic circumstances built stronger relationship with the care team.
- **97%** agreed that social determinant of health screening was a good use of time, even though **56%** of them had never met their interviewer prior to this conversation.
- **80%** strongly agreed it was appropriate to be asked about their social needs.
- **Over 70%** strongly agreed they knew more about how the organization could assist them with non-medical needs and that they had information to reach out to new resources.
- **Over 50%** of patients said they would like to be screened for social determinants at every visit.

Skills and Strategies to Use in Empathic Inquiry

- Have conversation in a private area
- Reflectively Listen
- Affirm the individual’s responses
- Support the autonomy of the individual: “Is it ok to review this with you?” “At any point, you can let me know you’d like to stop.”
- Note the strengths of the individual
- Connect to resources when they are appropriate and/or available
- Use normalizing language to show that other people experience certain needs or exhibit certain behaviors too (“Did you know that 1 in 4 Texans experience food insecurity?”)
- Use familiar wording (“love making” vs. “sexual intercourse”; “alcohol” vs. “liquor”)⁴

¹ Di Blasi, Z, et al. Influence of context effects on health outcomes: a systematic review. *Lancet* 2001; 357: 757-62.

² McKay, KM, et al. Psychiatrist effects in the psychopharmacological treatment of depression. *J Affect Disord* 2006; 92: 287-90.

³ Rakel, D, et al. Practitioner empathy and the duration of the common cold. *Family Medicine* 2009; 41(7): 494-501.

⁴ 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.



RESOURCES ON EMPATHIC INQUIRY AND COLLECTING SENSITIVE INFORMATION

- [View this video developed by the Waianae Coast Comprehensive Health Center](#) for a demonstration of the Empathic Inquiry method.
- Review the [Patient-Centered Social Determinants of Health Screening Conversation Guide](#) for tips on how to develop an empathic conversation and script to use with patients: Developed by the Oregon Primary Care Association
- Review the [Empathic Inquiry Observer Checklist](#) for ensuring data collection conversations are completed in an empathic and engaging way: Developed by the Oregon Primary Care Association
- [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#): Developed by the Office of Minority Health, U.S. Department of Health and Human Services

Staff Training Curriculums



What follows are examples of staff training curriculums that different organizations using PRAPARE have 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 the organization's goals, 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](#): Developed by La Clinica de la Raza in California
- [Sample Staff Training Curriculum](#): Developed by the Health Center Network of New York
- [Sample Staff Training Curriculum](#): Developed by the Alliance of Chicago Community Health Services