NATIONAL ASSOCIATION OF
Community Health Centers

AAPCHO

OPCA
Oregon Primary
Care Association

Institute for
Alternative
Futures

COLLECTING SOCIAL DETERMINANTS OF HEALTH DATA USING PRAPARE

TO REDUCE DISPARITIES, IMPROVE OUTCOMES, AND TRANSFORM CARE

AGENDA

| Topic |
|-------|
| Importance of Collecting Data on the SDH |
| Background of PRAPARE |
| How You Can Use PRAPARE and What We've Learned |
| Tracking Interventions through Enabling Services |
| Q&A |
| |

BACKGROUND ON PRAPARE

HEALTH, ACCOUNTABILITY & VALUE

- **Under value-based pay environment, providers are held accountable for costs and outcomes**

- **Difficult to improve health & wellbeing and deliver value unless we address barriers**

- **Current payment systems do not incentivize approaching health holistically and in an integrated fashion**

  - **Providers serving complex patients often penalized without risk adjustment**

WHAT IS DRIVING THE NEED TO COLLECT DATA ON THE SOCIAL DETERMINANTS OF HEALTH (SDH)?

Figure 1
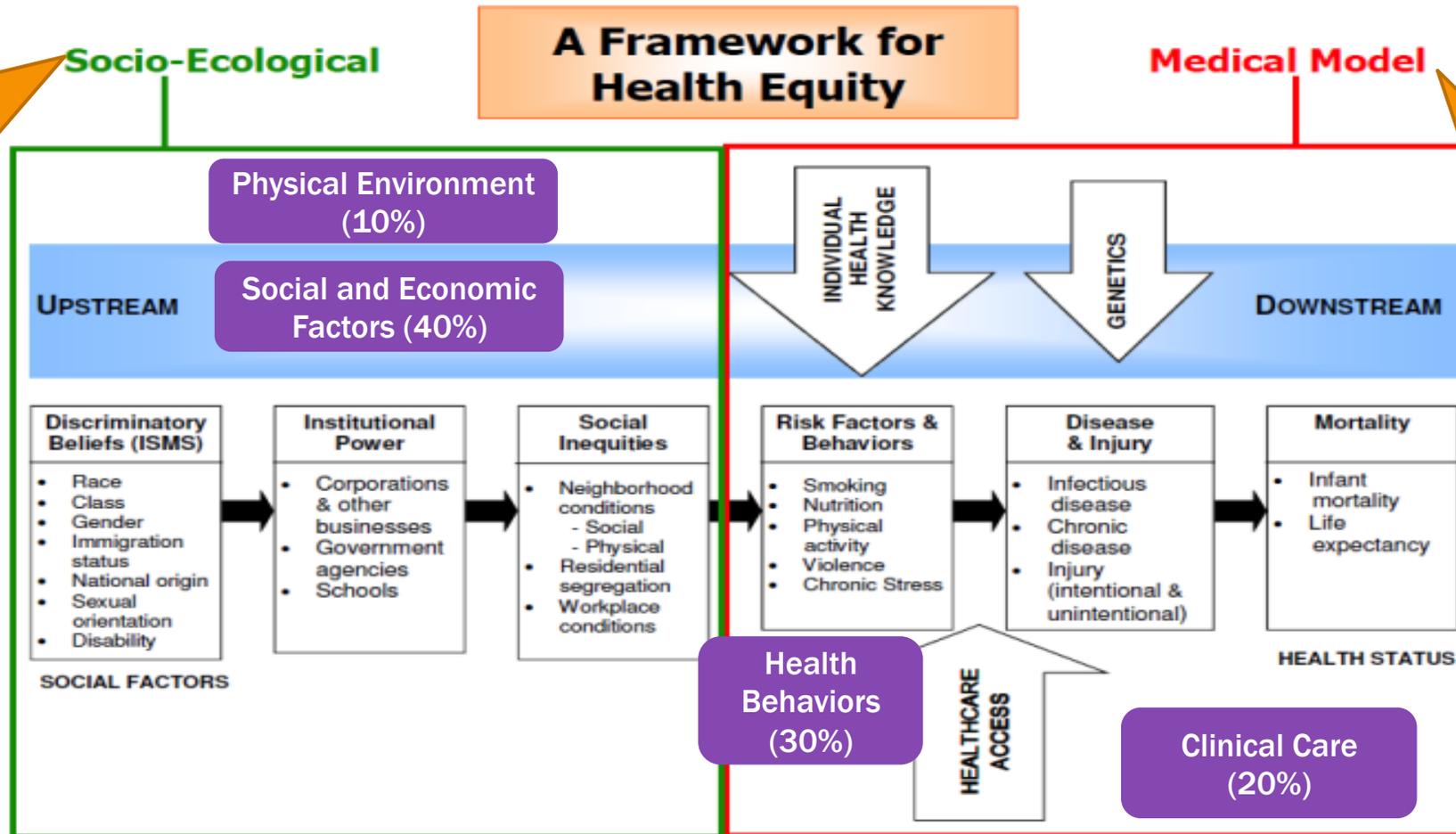
Bay Area regional Health Inequities Initiative (BARHII). 2008. "Health Inequities in the Bay Area", accessed November 28, 2012 from http://barhii.org/resources/index.html.

PRAPARE:
PROTOCOL FOR RESPONDING TO & ASSESSING PATIENTS' ASSETS, RISKS, & EXPERIENCES

Project Goal: To create, implement/pilot test, and promote a *national standardized patient risk assessment protocol* to assess and address patients' social determinants of health (SDH).

PRAPARE

| Assessment Tool To Identify Needs in Electronic Health Record | **+** | Protocol to Respond to Needs |

TIMELINE OF THE PROJECT

Year 1 2014
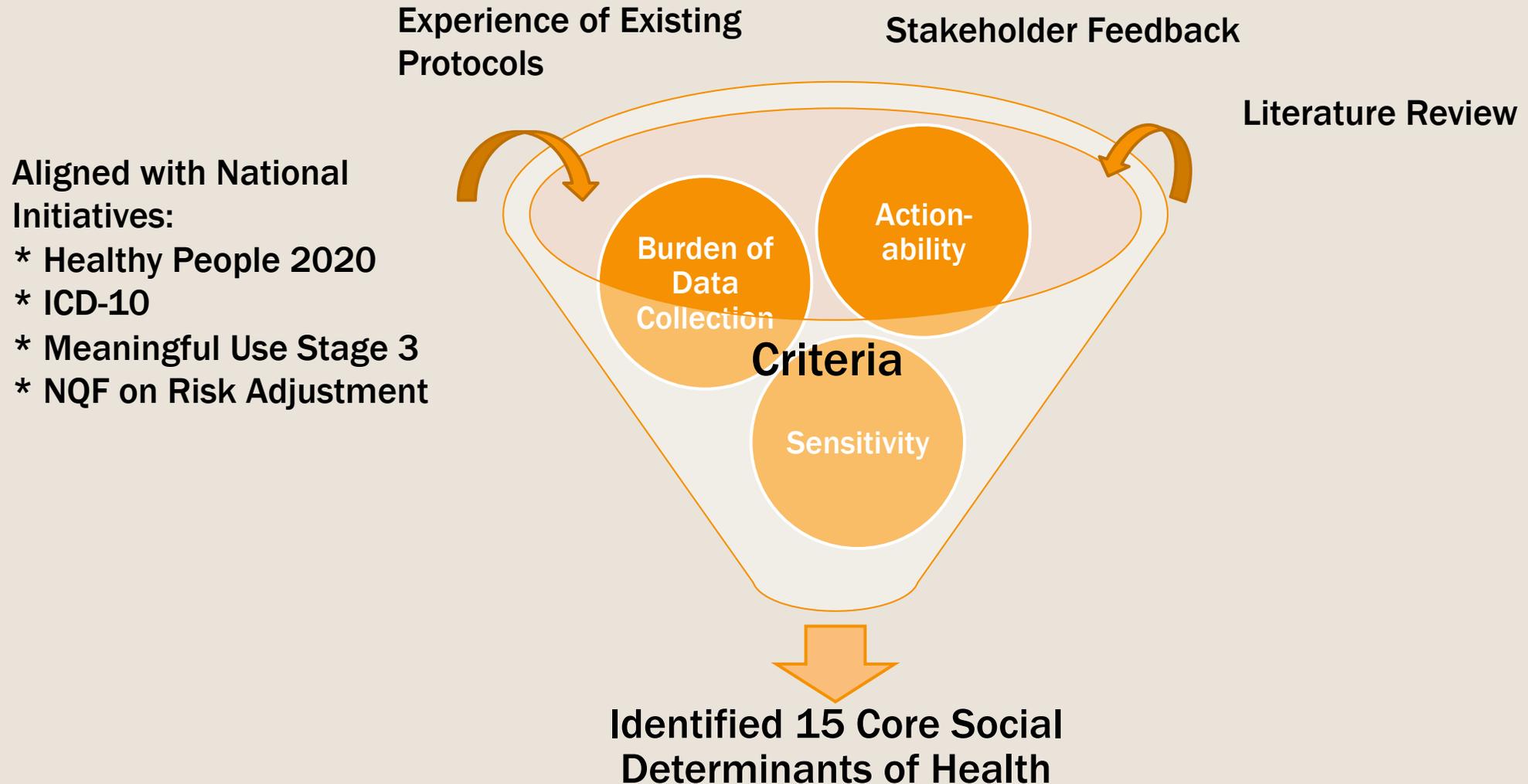- **Develop PRAPARE tool**

Year 2 2015
- **Pilot PRAPARE implementation in EHR and explore data utility**

Year 3 2016
- **PRAPARE Implementation & Action Toolkit**

Dissemination

DEVELOPING PRAPARE

Experience of Existing Protocols

Stakeholder Feedback

Literature Review

Aligned with National Initiatives:
* Healthy People 2020
* ICD-10
* Meaningful Use Stage 3
* NQF on Risk Adjustment

Burden of Data Collection

Action-ability

Criteria

Sensitivity

Identified 15 Core Social Determinants of Health

PRAPARE DOMAINS

Core	
UDS SDH Domains	**Non-UDS SDH Domains (MU-3)**
1. Race	10. Education
2. Ethnicity	11. Employment
3. Veteran Status	12. Material Security
4. Farmworker Status	13. Social Isolation
5. English Proficiency	14. Stress
6. Income	15. Transportation
7. Insurance	
8. Neighborhood	
9. Housing Status and Stability	

Optional	
1. Incarceration History	3. Domestic Violence
2. Safety	4. Refugee Status

Older version in Spanish

Find the tool at:
www.nachc.org/prapare

Summary: «

Interactions: ⚠️

[☰ Forms] [📄 Text]

Forms	Add...

📰 PRAPARE

Attachments Add...

➕ Order ➕ Medication ➕ Problem

Sociodemographic/Socioeconomic	**Money and Resources**	Psychosocial Assets

PRAPARE DOB: 07/30/1957 Patient Age: 58 Years Old

Money and Resources

Add to Note ☑

[Previous]

9th-12th grade (07/08/2014)

What is the highest level of school that you have finished? 9th-12th grade ▼

[**Add Underachievement in School (Z55.3) to Prob List**]

Employed? ⦿ Yes ○ No   Your current work situation? ⦿ FT ○ PT

Insurance: Alohacare

In the past year, have you or any family members you live with been unable to get any of the following when it was really needed?

○ I choose not to answer

Detailed Insecurities:

Food:	○ Yes	⦿ No		Clothing	○ Yes	⦿ No
Utilities:	⦿ Yes	○ No	Rent/Mortgage payment	⦿ Yes	○ No
Transportation:	○ Yes	⦿ No		Child care:	⦿ Yes	○ No
Medicine or medical care:	○ Yes	⦿ No		Phone:	○ Yes	⦿ No
Health insurance:	○ Yes	⦿ No		Other:	○ Yes	⦿ No

[**Add Inadequate housing (Z59.1) to Prob List**]

[**Add Other prob rel. to housing and econ. circ. (Z59.8) to Prob List**]

Orders	Care Management Plan	Care Coordination

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn)
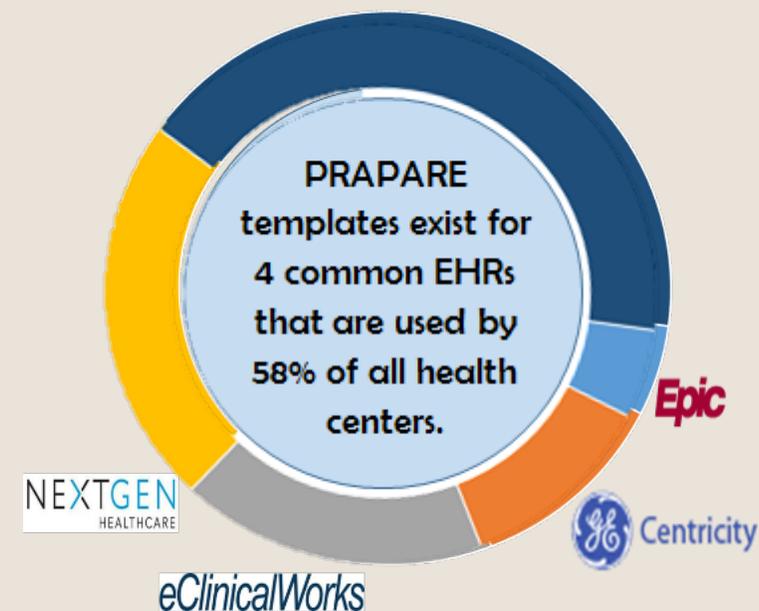
ALLIANCE OF CHICAGO
Community Health Services, L3C

WHAT WE'VE LEARNED FROM IMPLEMENTATION

PRAPARE PILOT TESTING IMPLEMENTATION TEAMS AND ELECTRONIC HEALTH RECORDS

Team 1
- OCHIN, Inc.
- La Clinica del Valle Family Health Center (OR)

Team 2
- Waianae Coast Comprehensive Health Center (HI)
- AlohaCare
- Altruista Health

Team 3
- Health Center Network of New York
- Open Door Family Medical Centers (NY)
- Hudson River Healthcare (NY)

Team 4
- Alliance of Chicago
- InConcertCare
- Iowa Primary Care Association
- Waikiki Health (HI)
- Peoples Community Health (IA)
- Siouxland Community Health Center (IA)

Other EHRs in Development or Interested:
- **Greenway**
- **Allscripts**
- **Athena**
- **Cerner**

PRAPARE templates exist for 4 common EHRs that are used by 58% of all health centers.

NEXTGEN HEALTHCARE

Epic

GE Centricity

eClinicalWorks

WHAT WE'VE LEARNED FROM PILOT TESTING

Easy to use:
On average, takes ~9 minutes to complete form

Patients appreciate being asked and feel comfortable answering questions

Staff find value in the tool: Helps them better understand patients and build better relationships with patients

Identifies New Needs, Often Leading to New Community Partnerships

Emotional Toll on Staff

COMMON CHALLENGES ENCOUNTERED WHEN USING PRAPARE AND SOLUTIONS

Challenge: Staff and Patients Don't Understand Why Doing PRAPARE

Solution: Use short script to explain to staff & patients why health center is collecting this information. Message around better understand patient and patient's needs to provide better care

Challenge: Have too much going on now to add another project

Solution: Don't market PRAPARE as new big initiative but as project that aligns with other work already doing (care management, ACO, enabling services, etc)

Challenge: How do we implement this without increasing visit time?

Solution: Find "Value-Added" time, whether in waiting room, during rooming process, or after clinic visit

Challenge: Fitting PRAPARE into Workflow

Solution: Incorporate into other assessments to encourage completion (Health Risk Assessment, Depression Screening, Patient Activation Measure, etc)

Challenge: Inability to Address SDH

Solution: Message "Have to start somewhere and do the best we can with what we have. Collecting information will help us figure out what services to provide."

PERCENT OF PATIENTS WITH NUMBER OF SDH "TALLIES"

N = 2,694 patients for all teams
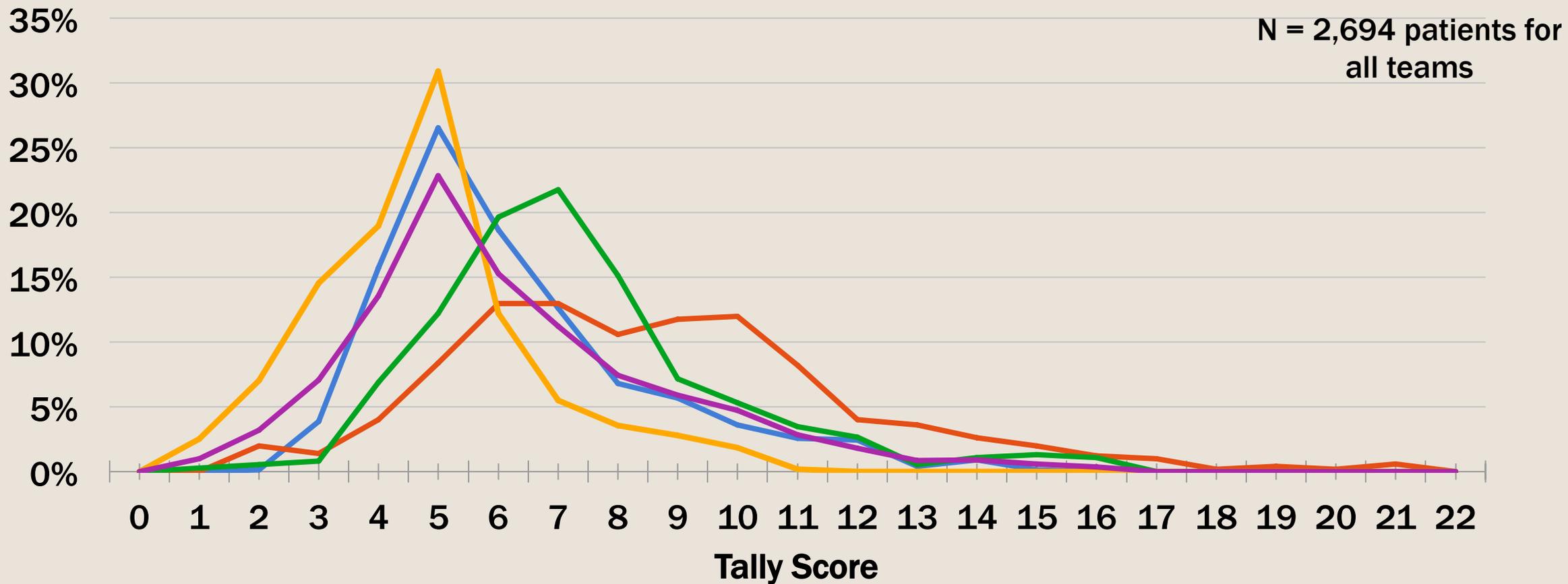
Tally Score

Alliance/Iowa
3 CHCs

Waianae
1 CHC

New York
2 CHCs

Oregon
1 CHC

Total
7 CHCs

CORRELATION BETWEEN SDH FACTORS AND HYPERTENSION: ALL TEAMS

r = 0.61

Tally Score

% of POF   % of the tally score with Hypertension

HOW PRAPARE DATA HAS BEEN USED TO IMPROVE CARE DELIVERY AND HEALTH OUTCOMES

Better Understand INDIVIDUAL Patient's Socioeconomic Situation

Better Understand Needs of Patient POPULATION

Drive STATE and NATIONAL Care Transformation

Build services in-house for same-day use as clinic visit (children's book corner, food banks, clothing closets, wellness center, transportation shuttle, etc)

Ensure prescriptions and treatment plan match patient's socioeconomic situation

Build partnerships with local community based organizations to offer bi-directional referrals and discounts on services (ex: Iowa transportation)

Guide work of local foundations (ex: New York housing)

Streamline care management plans for better resource allocation (ex: Hawaii)

Inform both Medicaid and Medicare ACO discussions (ex: Iowa, New York)

Create risk score to inform risk adjustment (ex: Hawaii)

Inform payment reform and APM discussions with state agencies (e.g., Medicaid) on caring for complex patients (ex: Oregon, Hawaii)

TRACKING INTERVENTIONS

DATA ON SDH AND NONCLINICAL INTERVENTIONS GO HAND IN HAND

- **NEED**
  - Standardized data on patient risk

- **RESPONSE**
  - Standardized data on interventions

BOTH are necessary to demonstrate health center value

TAKING THE FULL MEASURE OF HEALTH CENTER ENABLING SERVICES

Report by RCHN Foundation in NACHC Community Health Forum, HIT Connections, Fall/Winter 2014

AAPCHO DATA COLLECTION PROTOCOL: THE ENABLING SERVICES ACCOUNTABILITY PROJECT

Enabling Services Accountability Project (ESAP)

The ONLY standardized data system to track and document non-clinical enabling services that help patients access care.

CATEGORY	CODE	Minutes
CASE MANAGEMENT ASSESSMENT	CM001	
CASE MANAGEMENT TREATMENT AND FACILITATION	CM002	
CASE MANAGEMENT REFERRAL	CM003	
FINANCIAL COUNSELING/ELIGIBILITY ASSISTANCE	FC001	
HEALTH EDUCATION/SUPPORTIVE COUNSELING	HE001	
INTERPRETATION	IN001	
OUTREACH	OR001	
TRANSPORTATION	TR001	
OTHER	OT001	

SAMPLE ENABLING SERVICES EMR TEMPLATE

CONCEPTUAL FRAMEWORK

Social Determinants of Health
(PRAPARE Domains: Race/ ethnicity, poverty employment, English proficiency, etc..)

Appropriate Care
(For health condition in question, for example, # of doctor visits, exams/tests levels…)

Health Outcomes
(For example, ideal outcomes, reduced complications, ED visits, etc..)

Enabling Services & other non-clinical interventions
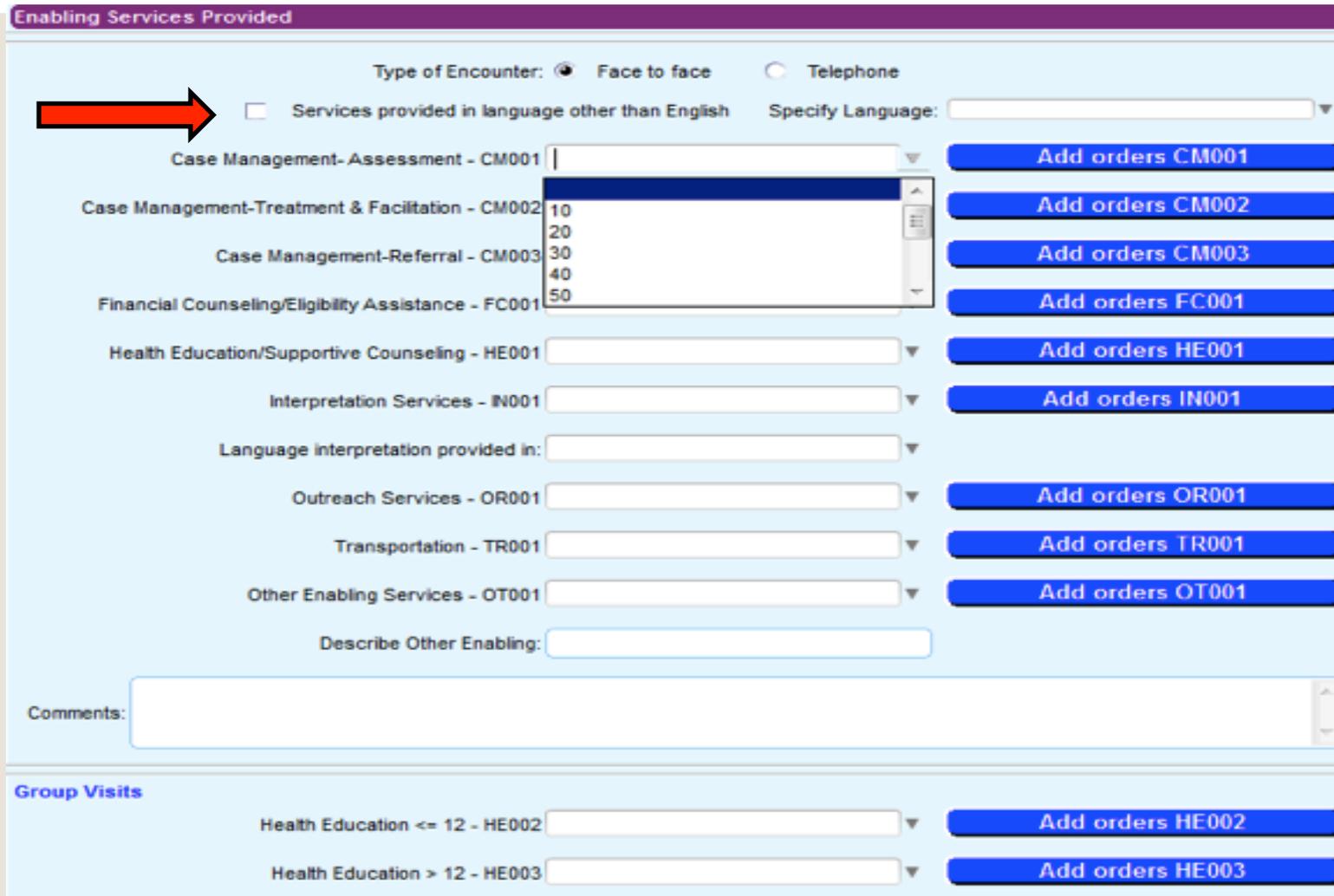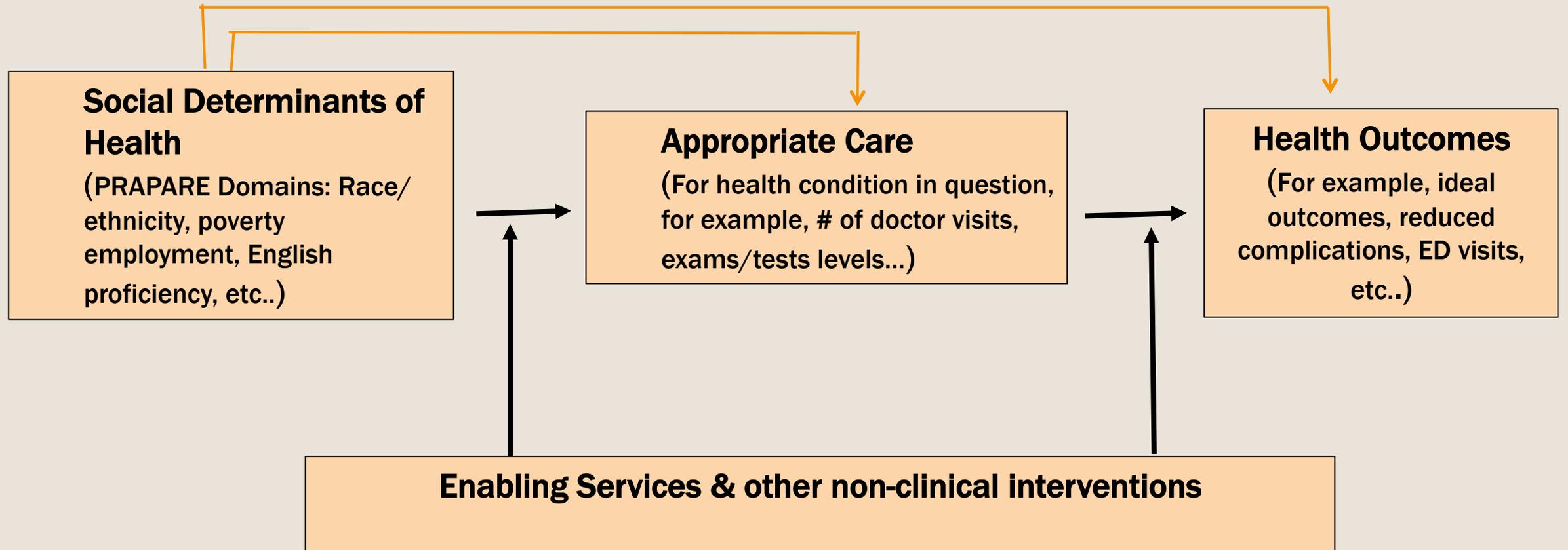
PRAPARE RESOURCES

RESOURCES AVAILABLE NOW

- Visit www.nachc.org/prapare

  - PRAPARE Tool

  - PRAPARE Implementation and Action Toolkit
    - Electronic Health Record PRAPARE Templates
    - Readiness Assessment

  - Webinars
    - PRAPARE Overview
    - EHR and Workflow-specific

  - Frequently Asked Questions

  - Contact: Michelle Jester at mjester@nachc.org

- Visit http://enablingservices.aapcho.org

  - AAPCHO's Enabling Services Accountability Project
    - protocol for data collection of non-clinical enabling services

  - Enabling Services Data Collection Implementation Guide

  - White Papers, Best Practices, Studies

  Contact Tuyen Tran at ttran@aapcho.org

PRAPARE IMPLEMENTATION AND 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

PRAPARE IS A NATIONAL MOVEMENT!

Use and Interest in PRAPARE as of October 2016
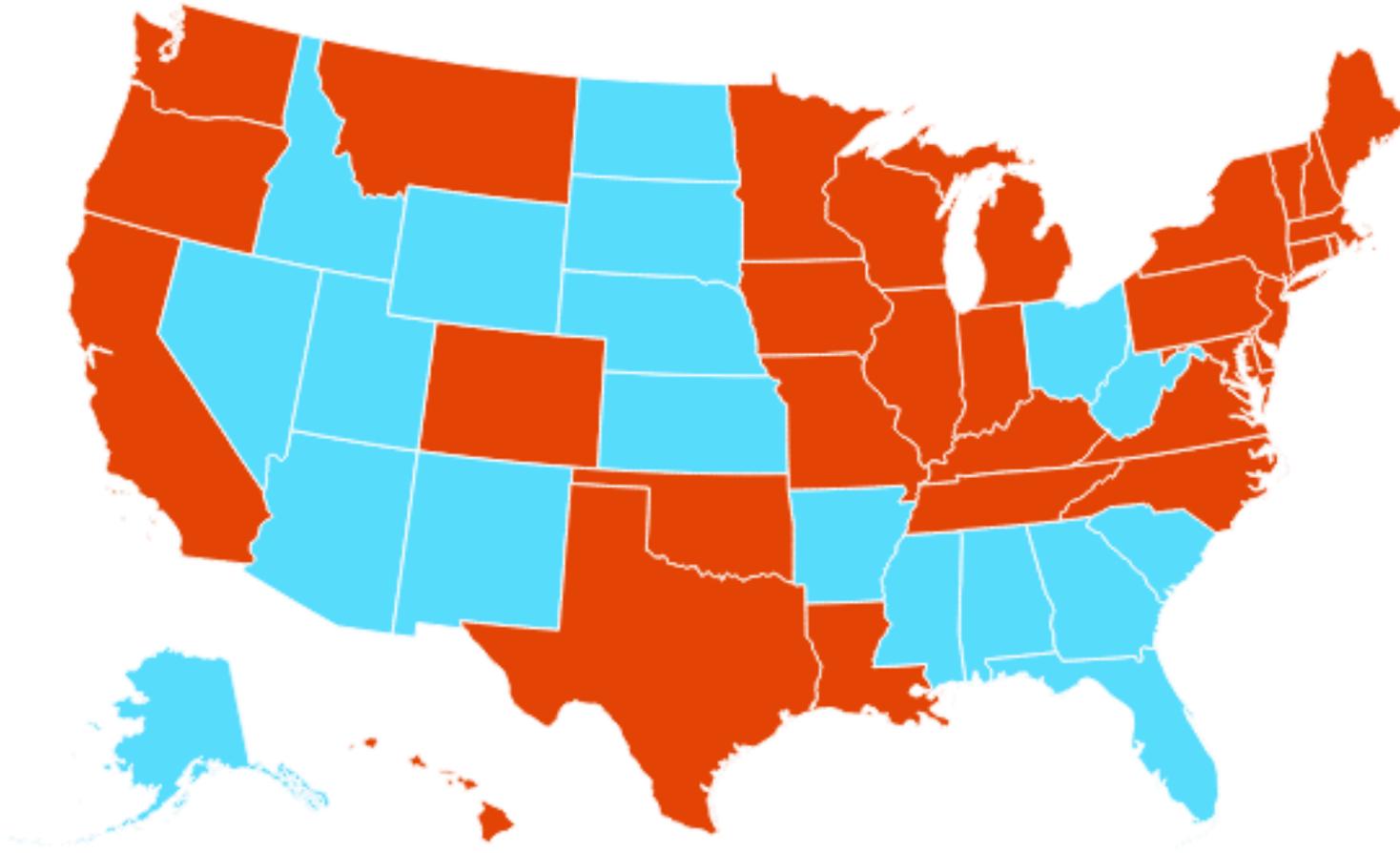
States where health centers are already using PRAPARE (31 states)

States where health centers or PCAs have expressed an interest in PRAPARE (19 states)

THANK YOU!!

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