



COLLECTING SOCIAL DETERMINANTS OF HEALTH DATA USING PRAPARE

TO REDUCE DISPARITIES, IMPROVE OUTCOMES, AND TRANSFORM
CARE

This project was made
possible with funding
from:

THE KRESGE FOUNDATION

blue of california
foundation

Blue Shield of California Foundation is an independent licensee of the Blue Shield Association



PRAPARE'S CURRENT IMPACT BY LEVEL OF CHANGE

Individual-level	Patient and Family	<ol style="list-style-type: none"> 1. Provided additional days of Medicaid transportation for farmworkers 2. Established services from Legal Aid team of attorneys to work with patients 3. Negotiated bulk discounts for taxi vouchers for patients in need of transportation 4. Developed risk scores and analysis to predict patients with highest needs
	Care Team Members	<ol style="list-style-type: none"> 1. Communicated more effectively with patients depending on patient education level and resources 2. Created Patient Navigator position to assess and address patient needs 3. Improved rapport between social service staff and patients (e.g., empathic inquiry, talk story)
Local-level	Health Center	<ol style="list-style-type: none"> 1. Established relationships with food banks, housing agencies, domestic violence organizations, etc. 2. Increased staff awareness of social service resources available 3. Developed internal resources to address immediate clothing and food needs
State and national-level	Community	<ol style="list-style-type: none"> 1. Partnered with community organizations on joint marketing campaign about free transportation Improved relationships between providers and Care Coordinators and Homeless Outreach Coordinators 2. Collaborated with local churches and the American Diabetes Association to offer peer support groups for diabetes management in the local churches 3. Promoted farmers markets for healthy food
	Policy and	<ol style="list-style-type: none"> 1. Negotiated with payers to support services (e.g., job training, housing services, sewing program) 2. Strengthened relationships with managed care plans to explore different payment

**"IN GOD WE
TRUST,
ALL OTHERS MUST
BRING DATA"**

W. EDWARDS DEMING



AAPCHO

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 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

I PRAPARE DATASETS

NEED DATA

- Standardized data on patient social risk/barriers (PRAPARE)



RESPONSE DATA

- Standardized data on interventions (ES + others)

Together, these data can demonstrate the value of health centers in effectively meeting needs of complex patients and benefiting the overall health system.



PRAPARE Initiatives

- National PRAPARE— funded by Kresge
- CA-State PRAPARE— funded by BSBCF
- TX-State PRAPARE— funded by TX Foundations
- National PRAPARE— pending by Kaiser
- BPHC National Cooperative Agreement — pending



PRAPARE Phase 2 (Kresge Foundation): PRAPARE Learning and Action Network (PLAN)

- Build health center capacity to deploy a common, standardized patient-centered SDH assessment protocol
- Create a PRAPARE community of users with shared learning
- Accelerate spread of PRAPARE
- Document impact

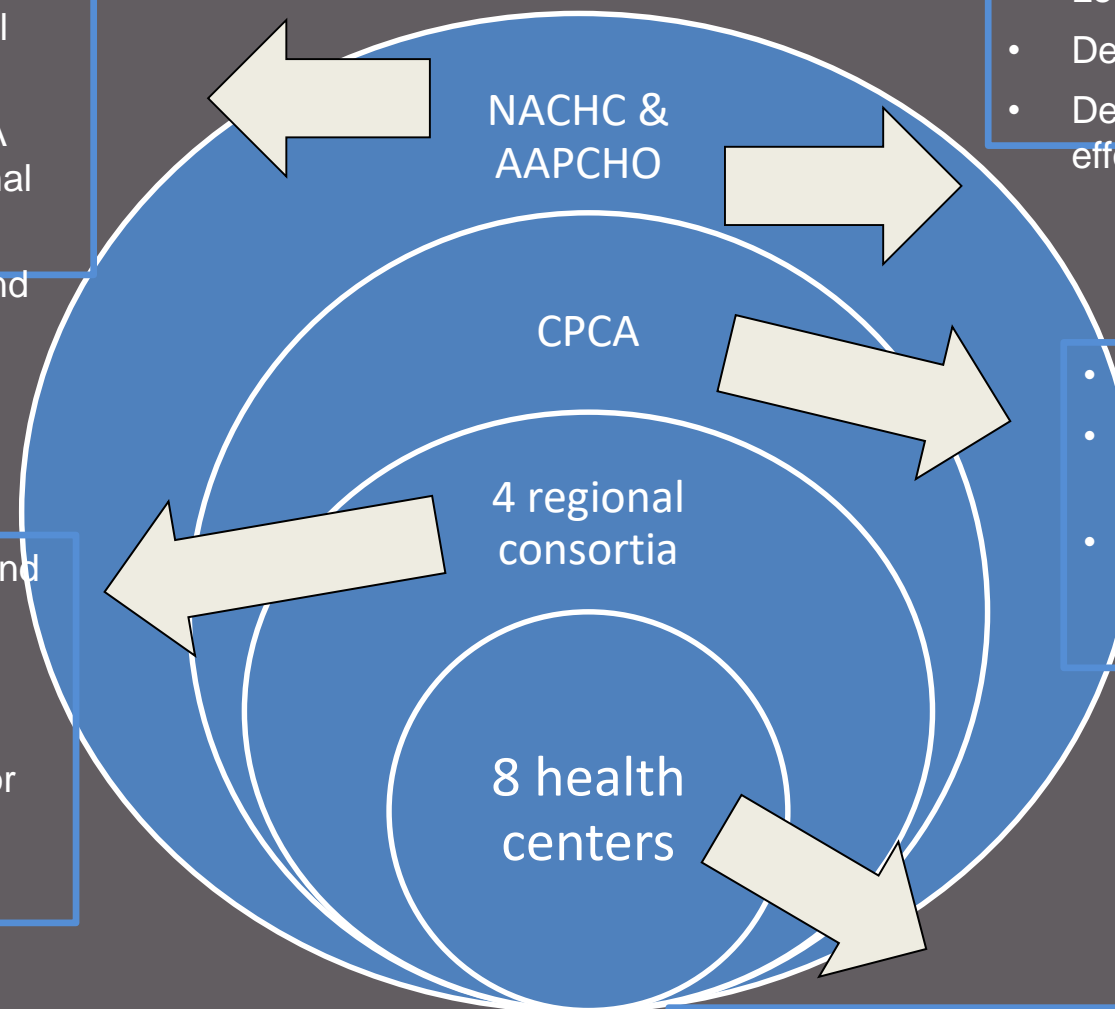
With support from the Kresge Foundation:

Audience	Health Centers	PCAs/HCCNs
Breadth	Online PRAPARE Engagement Platform (promote shared learning, track use, provide resources and access to experts)	PRAPARE Readiness resources for supporting members
Depth	PRAPARE Engagement Grants	PRAPARE Train the Trainer Academy

PRAPARE CA Planning – A Roadmap for Spread in CA - BSBC

- Co-lead development of a PRAPARE tool adapted for CA context
- Develop spread plan for PRAPARE in CA based on local, regional, state and national experience
- Align CA and national PRAPARE tools and efforts

- Lead focus groups
- Develop/adapt PRAPARE readiness assessment
- Develop protocol for member scan on SDOH efforts



- Link PRAPARE to state policy opportunities
- Disseminate PRAPARE; scan SDOH data collection efforts among CP3 sites
- Analyze trends among regional consortia, CP3 sites, and other related statewide initiatives, to inform the spread plan for PRAPARE in CA

- Recruit health centers to test PRAPARE and document lessons learned
- Disseminate PRAPARE; scan for member SDOH data collection efforts
- Make recommendations for spread plan for PRAPARE in CA
- Meet with health plans

- Test PRAPARE in CA context and document lessons learned
- Share experience with regional consortia and national network to inform spread plan for PRAPARE in CA

PRAPARE TX PILOT

- Privately funded pilot for PRAPARE implementation in 3 health centers.
- First Chinese version of Assessment Tool pilot

Comparison of PRAPARE Initiatives

• Aims and Opportunities	Kresge National PRAPARE 2017-2019	Blue Shield PRAPARE CA 2017	TX PRAPARE Foundations 2017	Kaiser PRAPARE 2017-2019*	BPHC NCA 2017-2019*	OMH 7/17-6/22 *
• Increase health center and PCA readiness to implement and apply for PRAPARE engagement grants					X	
• Train the Trainer Academy, 15 PCA/HCCNs per year over 2 years	30 PCAs/ HCCNs	CA PCA				
• Health Center Engagement opportunities, projected to reach 50% of states	10 CHCs^	8 CHCs	3 CHCs			
• Expansion of Implementation Toolkit Resources	PCA Checklist	Readiness Tool for CA	Tools/best practices from TX			
• Roadmap to spread PRAPARE		CA-specific:	TX-specific			
• Shared learning network	X	X	X			
• SDH Training Academy 2.0 (national training focused on addressing various SDH beyond PRAPARE)					X	
• Increase data capacity and infrastructure for CHCs for data aggregation, analytics and reporting				X	X	

* = pending

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

Readiness Assessment Tool



PRAPARE Readiness Assessment Tool
Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences

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

Instructions for Use
 You can use this tool in several ways:

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

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

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

Readiness Area	Readiness Component	Not Yet Prepared	Moderately Prepared	Highly Prepared
Culture of Organization	PRAPARE is viewed as...	<input type="checkbox"/> Only a national standard.	<input type="checkbox"/> Primarily a project to collect social determinants of health (SDH) data.	<input type="checkbox"/> A component of clinical transformation to enable quality of care and patient health care improvement by identifying and addressing the SDH.
	The PRAPARE project management process includes...	<input type="checkbox"/> The administrator primarily driving the project.	<input type="checkbox"/> A large group of individuals primarily for communication purposes.	<input type="checkbox"/> An identified Project Manager working across clinical, IT, leadership, and data staff.
	Health center stakeholder engagement	<input type="checkbox"/> Is not feasible.	<input type="checkbox"/> Primarily consists of executive leadership	<input type="checkbox"/> Is active, where all staff at all levels are engaged and understands the importance of the

4 Domains:

- Culture of Organization
- Leadership and Management
- Workflow Process Improvement
- Technology
- Paper form: www.nachc.org/prapare
- Online form: https://www.surveymonkey.com/r/PRAPARE_Readiness_Assessment

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**

Next Steps

- Complete Readiness Assessment to determine capacity & needs
- Lookout for announcement launching Kresge, mid-2017
- Contact your PCA/ local network to find out status of your state in implementing related SDH/ES patient transformation initiatives.
- Presentations/Peer Learning Sessions at NACHC P&I



Thank You

For Questions:

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