

OPERATIONALIZING SDOH



*.. provide a quality,
integrated health care home
to the communities we serve.*

SOURCE: John Moore

www.saludclinic.org



SDOH ASSESSMENT CONTEXT

- Colorado ACC/RAE program: 5 of 7 RAEs, ~63K attributed lives
- Alternative Payment Model: Volume to value based care
- 2018 Colorado Community Health Network (CCHN) and 3 FQHCs participated in a PRAPARE Pilot Project as part of *NACHC's National PRAPARE Train the Trainer Academy*
- Currently 6 FQHCs exclusively using PRAPARE



PRAPARE IMPLEMENTATION

- Local Care Managers (SDOH specialists) complete during initial patient contact
- Work with patient to address social needs identified in PRAPARE through Care Plan development
- PRAPARE is entered as *Smart Form* in eCW, embedded in Social History on all future progress notes
- As part of our CCHN pilot used Azara to identify high risk DM/HTN patients to strategically align SDOH and Chronic Disease Management

The screenshot displays the 'clinical works' interface for a patient named Azara, 26 Y, F. The 'Progress Notes' section is active, and a 'PRAPARE SMART FORM' is embedded within it. The form is titled 'PRAPARE: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences'. The 'Date Completed/Updated' field is set to 07/31/2017. The form includes fields for Patient Name, Address, Race, Ethnicity, Language, Insurance, Insurance Class, Income Level, Income Level ICD, Migrant, Seasonal, and Veteran. Below these are sections for 'Money & Resources' with questions about housing and worry about losing housing. Red annotations include a circle around the 'SF PRAPARE SMART' dropdown in the progress note, a red arrow pointing to the 'Date Completed/Updated' field with the text 'enter date PRAPARE completed', and two large red arrows pointing to the housing-related questions with the text 'these fields will autofill from eCW patient information' and 'select corresponding SDOH data points in all PRAPARE categories'.

clinical works

Progress Notes

Test, Azara, 26 Y, F Sel Info Hub Allergies Billing Alert

1501 BLUE SPRUCE DR FORT COLLINS CO 80524-2004
W: 970-494-4040
DOB: 12/01/1990

W: 90/152/127 180.0 lbs
April: 07/31/17 (P1)
Language: English
Translator: No

Ins: WWC/Wisee
Acc Bal: \$30.00
Plan: Azara Test
Gr Bal: \$30.00

CLICK TO EDIT
DH address: NCD 1/2/18
DH pr's nick name is skippy

Medical Summary | DS Summary | SF PRAPARE SMART

Select PRAPARE from the SF drop down. This can only be accessed from Progress Notes.

PRAPARE SMART FORM

PRAPARE: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences

Date Completed/Updated: 07/31/2017 enter date PRAPARE completed

Patient Name: Azara Test

Address: 1501 BLUE SPRUCE DR FORT COLLINS CO 80524-2004

Race: White

Ethnicity: Not Hispanic or Latino

Language: English

Insurance: WWC/WiseeWomanKomen Program

Insurance Class:

Income Level: 124.00

Income Level ICD: Z59.0

Migrant: Unknown

Seasonal: Unknown

Veteran: No

Money & Resources

What is your current housing situation?

I have housing

I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a park)

I choose not to answer this question

Are you worried about losing your housing?

Yes

No

I choose not to answer this question

these fields will autofill from eCW patient information

select corresponding SDOH data points in all PRAPARE categories

PRAPARE IMPLEMENTATION

Sample PRAPARE results in eCW Social History

PRAPARE

Date Completed/Updated: 09/29/2017

What is your current housing situation? *I have housing*

Are you worried about losing your housing? *Yes*

What is the highest level of school that you have finished? *Less than a high school degree*

What is your current work situation? *Unemployed and seeking work*

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? Check all that apply

Food, Clothing, Utilities, Medicine or any health care (medical, dental, mental health or vision), Phone

Has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? *Yes, it has kept me from medical appointments or from getting my medications, Yes, it has kept me from non-medical meetings, appointments, work, or getting things needed for daily living*

How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings) *More than 5 times a week*

How stressed are you? Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled *Very much*

In the past year have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility? *No*

Are you a refugee? *I choose not to answer this question*

What country are you from? *United States*

Do you feel physically and emotionally safe where you currently live? *No*

In the past year, have you been afraid of your partner or ex-partner? *Yes*

PRAPARE Score: *18*

Enabling Services Provided? *Yes*

- Brings awareness of SDOH issues to every member of the Care Team
- Influences integrated treatment plans and Quality Improvement efforts
- Helps inform team-based approach to patient care



PRAPARE RESULTS

Since 2018: 1351 Assessments completed

CHALLENGES	%
Food Security	20.6
Access to Clothing	8.1
Access to healthcare and medicine	13.1
Access to childcare	2.7
Access to a phone	7.5
Paying for utilities	10.0
Transportation to healthcare appointments/medicine	22.4
No housing (couch surfing, hotel, shelter, living outside etc.)	12.6
Worried about losing housing	21.6
Don't feel physically or emotionally safe where I live	7.4
Afraid of partner/ex-partner (domestic violence)	6.2

STRESS LEVEL (TENSE, NERVOUS, CAN'T SLEEP)	%
Quite a Bit	14.0
Very Much	20.7

SOCIAL SUPPORT CONTACT FREQUENCY	%
1-2 times per week	15.9
Less than once a week	6.3



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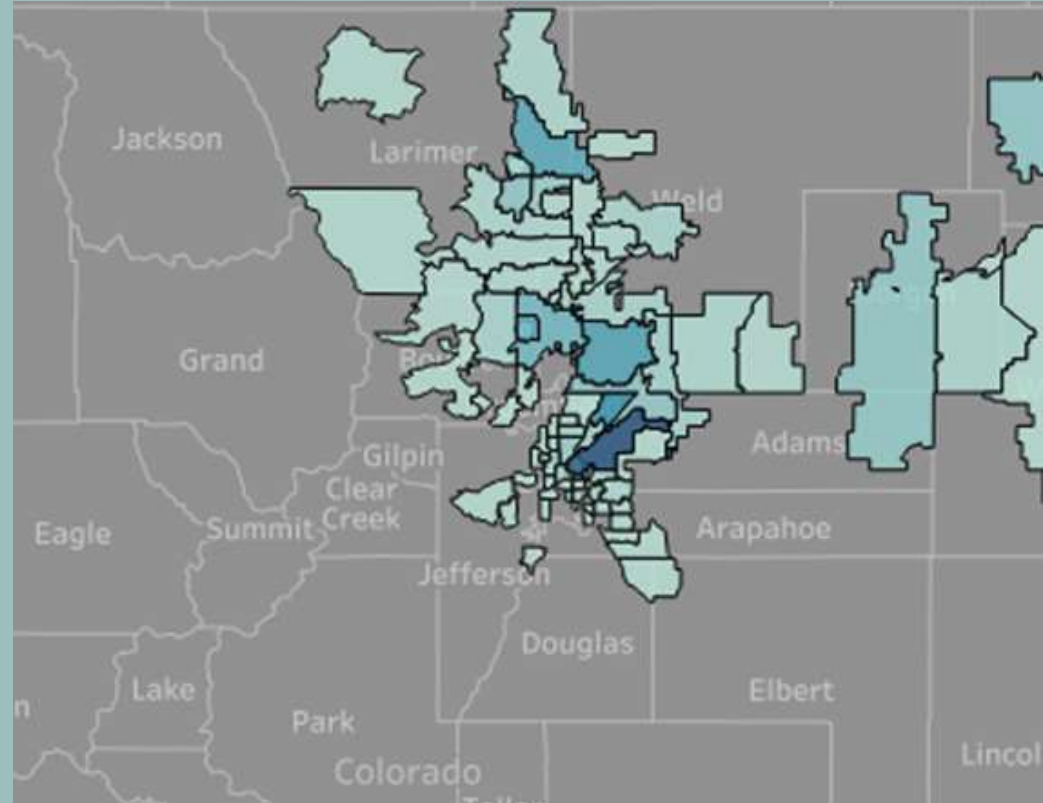


PRAPARE DASHBOARD

CCMCN PRAPARE

Dashboard: As we systematically collect individual level data we will begin to see population level data that will help focus resources on issues that most impact our patient population.

Geographic Distribution by Zip code (Hover over to see age/gender distribution. Click on zip code to filter demographics)



PRAPARE PREPARES US TO..

