



Strategizing Implementation of the PRAPARE Tool

SDOH Training #1

Wednesday, June 14th 2017

[1]

AGENDA

Time	Topic	Facilitator
11:00am	Welcome	D. Oryn, RCHC
11:02am	Case Study: <i>Oregon Primary Care Association PRAPARE Implementation</i>	A. Atalla-Mei, OPCA
11:30am	Implementation Tools & Protocols	D. Oryn, RCHC
11:40am	Q&A	D. Oryn, RCHC
11:55am	Next Steps & Adjournment	D. Oryn, RCHC

[2]

CASE STUDY: OREGON PRIMARY CARE ASSOCIATION

Alicia Atalla-Mei, Social Determinants of Health Manager, OPCA

[3]

PRAPARE: A CLOSER LOOK AT IMPLEMENTATION

4

PRAPARE IMPLEMENTATION: DATA COLLECTION, REPORTING, & USE

5

SAMPLE DATA COLLECTION WORKFLOWS

Health Center	Who	Where	When	How	Rationale
CHC #1	Non-clinical staff (enrollment assistance, community health workers)	In waiting room	Before provider visit	Administered PRAPARE with patients who would be waiting 30+ mins for provider	Provided enough time to discuss SDH needs
CHCs #2	Nursing staff and/or MAs	In exam room	Before provider enters exam room	Administered it after vitals and reason for visit. Provider reviews PRAPARE data and refers to case manager	Wanted trained staff to collect sensitive information. Waiting area not private enough to collect sensitive info
CHC #3	Non-clinical staff (patient navigators, patient advocates)	In patient advocate's office	After clinical visit when provider refers patient to patient navigator	Patient advocates administer it and then can relay to provider in office next door.	Wanted same person to ask question and address need. Often administer PRAPARE with other data collection effort (Patient Activation Measure) to assess patient's ability and motivation to respond to their situation.
CHC #4	Care Coordinators	In office of care coordinator	When Completing chart reviews and administering Health Risk Assessments	Administered PRAPARE in conjunction with Health Risk Assessments	Allows care coordinators to address similar issues in real time that may arise from both PRAPARE and HRA
CHC #5	Any staff (from Front Desk Staff to Providers)	No wrong door approach	No wrong door approach		Allows everyone to be part of larger process of "painting a fuller picture of the patient" and taking part in helping the patient

DATA STRATEGY: STEPS FOR CONSIDERATION

Identify your organizational objectives for PRAPARE data collection. These should be aligned with your organizational vision. What are your specific goals for collecting PRAPARE data? Who is the audience? Always keep your endpoint in mind throughout the implementation

Develop a workplan for how to achieve your objectives. This should include development of reporting requirements and database to support it.

Include clinic staff and all stakeholders in the planning of the strategy. In order to be successful, your data strategy should be developed using a participatory process with relevant stakeholders.

Assess how your data technology and infrastructure can support your plan. What data technology do you have that will make your data strategy possible?

Leverage existing collaborations and initiatives. Assess existing services and partnerships and determine where efficiencies are possible.

HOW CAN YOU USE THE DATA?

Catalog current resources available to address SDH needs, both in-house and in community (community resource guide)

Identify resources that need to be developed and/or community partnerships that need to be initiated or strengthened

Incorporate PRAPARE into other aspects and initiatives at health center: QI meetings, board meetings, ACO discussions so staff see value in this work

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".

Models to Address SDH:

- 1) Referrals with partnerships
- 2) Active/Formal Collaboration of multiple agencies under one funded mechanism
- 3) Co-location

OPPORTUNITIES AND PLANS TO USE THE DATA

Inform Care and Services:

Build/strengthen partnerships with local orgs.
Ex: Negotiate bulk discounts and new bus routes with local transportation agency

Inform services provided in Collaborative Consortia Model and Co-Location Model

Guide work of co-located foundation to pay for non-clinical services

Streamline and expand care management plans

Build on SDH and "Touches" work

Inform Payment

Inform APM discussions at state level

Inform payment reform discussions with state Medicaid agency

Inform both Medicaid and Medicare ACO discussions and care management policies

Inform Risk Adjustment

Assign weights: Put every PRAPARE element in regression model with certain outcome or cost

Create SDH risk score for risk stratification and risk adjustment

INTERVIEWING PATIENTS EMPATHICALLY

WHY DOES INTERVIEW APPROACH MATTER?

- 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 duration 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)

11

EMPATHIC INQUIRY: WHAT IS IT?

- Data collection - the process of gathering and measuring information on variables of interest, in an established systematic fashion that enables one to answer questions and evaluate outcomes
- Assessment -an evaluation of the health status of an individual by performing an examination and/or asking questions. The depth of investigation and frequency vary.
- Empathic Inquiry – 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.

12

EMPATHIC INQUIRY: KEY ELEMENTS

- 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 individual
- Asking about patient priorities and preferences
- Connecting to resources where are appropriate and/or available



13

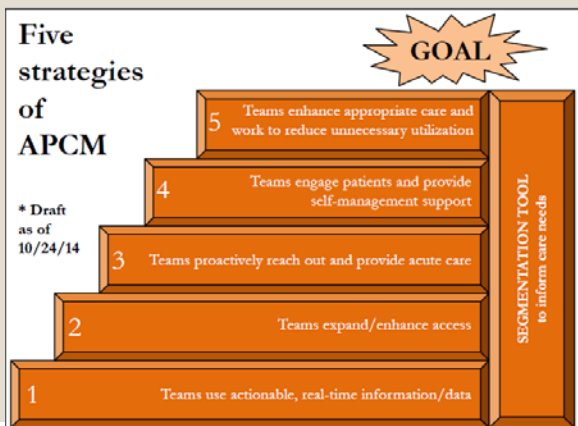
THE OREGON MODEL

14

APCM IN OREGON: USING PRAPARE TO EXPLORE PATIENT SEGMENTATION WITH OREGON CHCS

- Group of advanced clinics that are participating in an APM which allows them to create a patient-centric model of care to:

- ❖ Improve clinic population outcomes
- ❖ Improve patient and staff engagement
- ❖ Support open access
- ❖ Contain costs



EXPERIMENTING WITH PRAPARE: THE “3X10” MODEL

- We invited clinics to pick a patient population and interview 10 consumers using 3 questions from PRAPARE
- Afterwards, clinics met face-to-face to share their experiences
 - ❖ How did you and the patient discuss these questions?
 - ❖ What did you observe about the process (your experience, patient’s reaction)?
 - ❖ Did asking these questions lead to conversations about other topics?

APCM: THE BIG PICTURE

APCM Accountability Plan



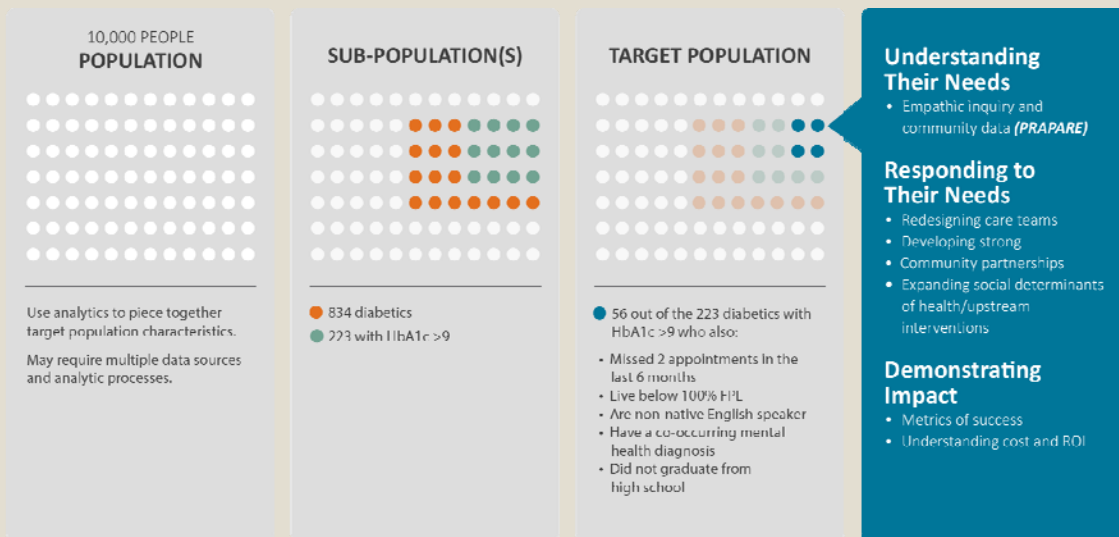
17

Care Transformation Strategies



© Oregon Primary Care

Population Segmentation: Our work NOW



TRANSFORMATION STRATEGIES

18

QUESTIONS AND DISCUSSION



19

IMPLEMENTATION TOOLS & PROTOCOLS

Dr. Danielle Oryn, RCHC

[2]

NACHC PRAPARE Implementation & Action

Toolkit

Toolkit is available here:

<http://www.nachc.org/research-and-data/prapare/toolkit/>

- Messaging Materials;
- Readiness Assessment;
- PDSA and 5 Rights Materials;
- Project work plan;
- Free EHR templates;
- Sample Workflows;
- Sample Data Documentation/Reporting Template;
- Examples of ways to address risks for SDOH; and
- Enabling Services Data Collection Implementation Companion.

Preparing to Gather Data on the Social Determinants of Health

Chapter 1: Understand the PRAPARE Project

Chapter 2: Engage Key Stakeholders and Answer Commonly Asked Questions

Chapter 3: Strategize the Implementation Process

Assessing Social Determinants of Health Data

Chapter 4: Technical Implementation with Electronic Health Record PRAPARE Templates

Free EHR Templates available for Epic, eClinicalWorks, GE Centricity, and NextGen

Chapter 5: Develop Workflow Models

Chapter 6: Develop a Data Strategy

Chapter 7: Understand and Evaluate Data on Social Determinants of Health

Responding to Social Determinants of Health Data

Chapter 8: Build Capacity to Respond to Social Determinants of Health Data

Chapter 9: Respond to Social Determinants of Health Data with Interventions

Chapter 10: Track Enabling Services

21

RCHC Supplementary Resources

Supplementary Resources are available on dropbox:

https://www.dropbox.com/sh/cyy35pa9bpq270g/AAALRVFgiJs_pWJt27Ys6xUea?dl=0

Resources include:

- PRAPARE translated into Spanish
- Scripts for deploying PRAPARE with patients
- Empathic Inquiry Videos
- Sample CDS 5 Rights Worksheet
- Sample Workflows
- NACHC/Texas Planning Implementation & Workplan for PRAPARE

22

Deploying PRAPARE with Patients

- Which **modality** will you use for data collection (i.e. self assessment, via kiosk or tablet, w/ staff assistance)?

Verbal Script

Hello, If you have a minute I'd like to ask you a few questions that will help me identify what resources to connect you to within our organization or community

Written blurb at the top of the questionnaire

Please answer the following questions to help us better understand you and your current situation. The information you provide will be entered into your medical record and will be used by your health care team to develop a plan to help you maintain or improve your health and well-being

Every person faces different stresses and problems that can affect their health. We ask every person about these issues because we may be able to help

{ 23 }

Workplan Development & Workflow Models

- Are there **other initiatives** or assessments that align with PRAPARE? Does this inform or affect the workflow model at all?
- Identify which **staff roles** will be involved in the implementation of PRAPARE (i.e., who will interview patients/collect data/report data/respond to data?)
- Identify the **"5 rights"** of your implementation of PRAPARE.

{ 24 }

5 Rights Tool

1. The right information:

- How will the PRAPARE tool be administered to patients to ensure it accurately captures the patients' SDOH?

2. The right people:

- Who will collect the data and who will address the SDOH identified? Who will need to see it and who will respond to needs identified?

3. In the right format:

- Where are we collecting this information and where is it shared? How will SDOH intervention/resource info be organized so that it's readily available and standardized for all?

4. Via the right channel:

- How will the appropriate care team member be notified to address the SDOH identified?

5. At the right times:

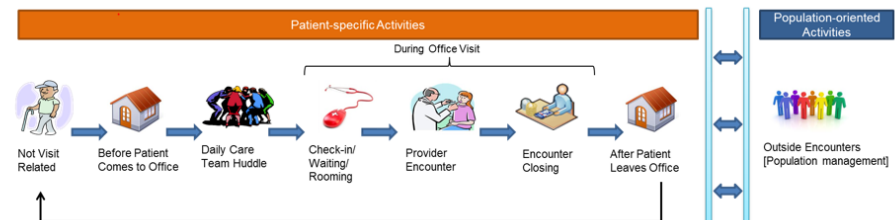
- When in the patient visit does it make sense to a) administer PRAPARE and, b) when is the best time to address identified SDOH?

{ 25 }

CDS Worksheet

Ambulatory CDS/QI Worksheet (Simplified Version)

Target	
Current Performance on Target	



CDS/QI Approach Summary

	Not Visit Related	Before Patient Comes to Office	Daily Care Team Huddle	Check-in/Waiting/Rooming	Provider Encounter	Encounter Closing	After Patient Leaves Office	Outside Encounters [Population management]
Current Information flow								
Potential Enhancements								

CDS Worksheet was developed by CDS4MU Project sponsored by ON.

PDSA Approach

Plan	
OBJECTIVE/AIM: <ul style="list-style-type: none"> • <i>What are you testing?</i> • <i>What do you hope to accomplish?</i> 	
FIRST TEST OF CHANGE: <ul style="list-style-type: none"> • <i>Describe your first test of change and the tasks needed to carry out.</i> 	
WHO: <ul style="list-style-type: none"> • <i>List team members and roles and responsibilities</i> 	
WHEN: <ul style="list-style-type: none"> • <i>Specify when first test of change will occur</i> 	
WHERE: <ul style="list-style-type: none"> • <i>Specify where first test of change will occur</i> 	
PREDICT what will happen when test is carried out: <ul style="list-style-type: none"> • <i>What are baseline measures?</i> • <i>What data needs to be collected?</i> • <i>How do you predict the data will change based on your current plan?</i> 	
EVALUATION: <ul style="list-style-type: none"> • <i>What are baseline measures?</i> • <i>What data needs to be collected?</i> • <i>How do you predict the data will change based on your current plan?</i> 	

{ 27 }

Are we ready to pilot PRAPARE?

Has your Health Center . . .

- Determined how to record PRAPARE data in the EHR?
- Identified workflows and determined which staff will ask PRAPARE questions?
- Determined method for referring patients to enabling services?
- Determined where/how to code for enabling services?

{ 28 }

Q&A SESSION

[2]

Common Questions

1. Do I have to fill this out for all of my patients?
2. How often do we have to update the questions?
3. Do I have to complete all of the questions?
4. Do I have to provide enabling services for all of the items identified?

[30]

Common Questions courtesy of the *Health Center Network of New York*, "PRAPARE Tool Training Using eClinicalWorks"