Date Updated
03/5/2021

PRAPARE Workflow

Redwood Community Health Coalition
Promising Practice

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H2QCS30258, Health Center Controlled Networks, for $1,500,000. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

PROMISING PRACTICE OVERVIEW

Since the implementation of PRAPARE (Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences) screenings during every adult patient visit in 2018, Sonoma Valley Community Health Center (SVCHC) has steadily increased the number of PRAPARE screenings completed for each patient 18 years or older to 89% in 2020. The workflow has been so successful that it has given SVCHC the momentum and confidence to add on social determinants of health diagnosis coding to better measure patient social environments to report for PCMH and Meaningful Use initiatives.

AIM

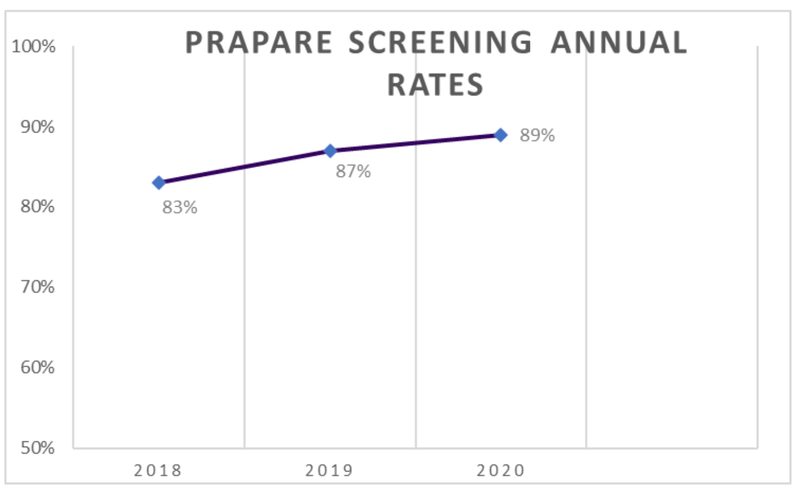
SVCHC aims to collect a specific set of social determinants of health data that are linked to the economic and social conditions and their distribution among the population that influence individual and group differences in health status. This data is to provide additional information about the needs of the patients served at the health center and within the community. SVCHC conducts PRAPARE screenings during visits with adult patients.

MEASURES

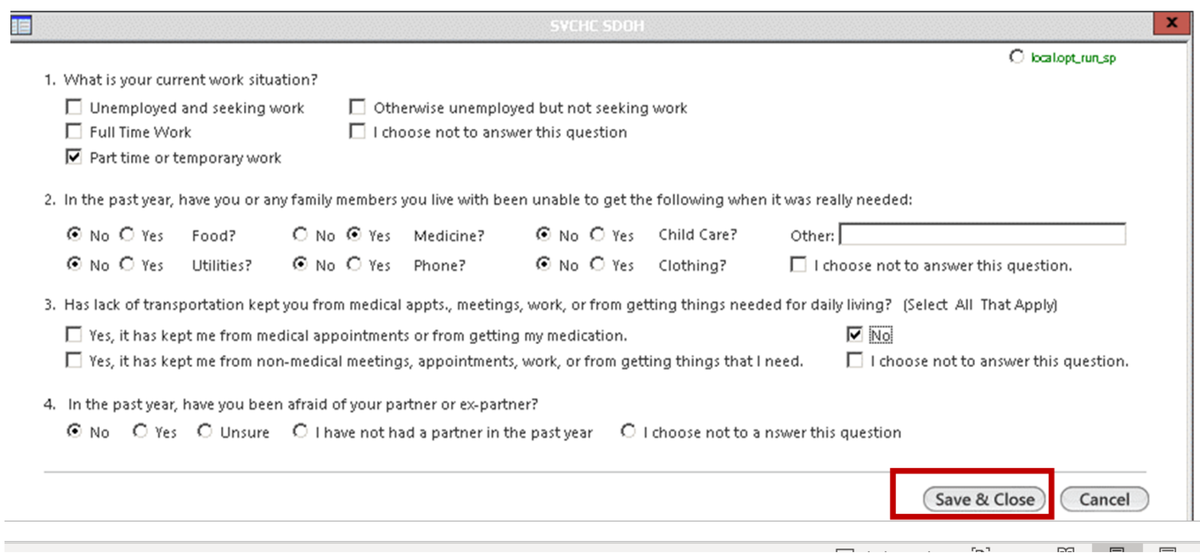
PRAPARE Measure:
All adult patients who have had an annual social determinants of health screening using PRAPARE.

Denominator:
All active adult patients who have been screened for social determinants of health using the PRAPARE smart-form within the same time period as visit.

Numerator:
All active adult patients who have had at least one visit in the previous twelve months



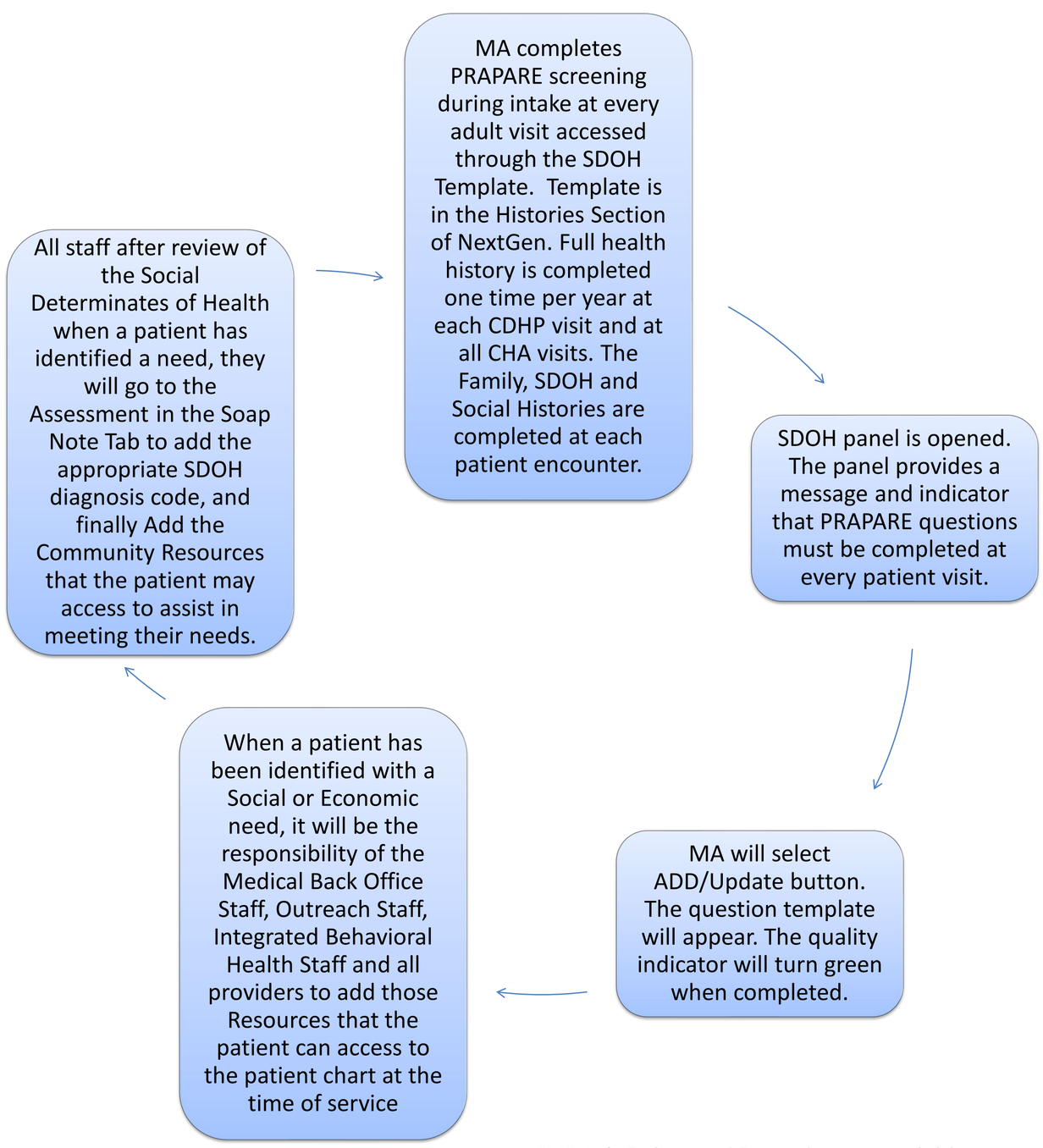
The Medical Back Office Staff will ask all 4 (Four) questions at each visit because changes must be recorded. The Medical Back Office Staff will then save and close.



ACTIONS TAKEN

1. Modified template embedded into MA in MA workflow
2. Screening is completed on all adults 18+ yrs. of age
3. MA completes the form every visit, 4 questions are asked verbally and documented in the template. Takes ~6min to complete. Compliance is monitored and part of staff report card.
4. Hard stops were added to template so it cannot be bypassed
5. Added documentation of Community Resources provided to patient in progress notes.
6. Added ICD-10 Diagnosis Codes using IMO: Z59.0 to Z59.9

WORKFLOW



SVCHC's Policy and Procedure is available to RCHC members by request.

RESULTS TO DATE

SVCHC's PRAPARE workflow has resulted in 89% of their adult population being screened. The health center teams identify and provide resources to patients most in need.

LESSONS LEARNED

- Adding hard stops to the EHR template can ensure collection of data
- Although MA collects the data, a case manager is needed for the follow up of resources.
- SVCH has moved to providing all resources at the time of the patient encounter. The resources provided with phone numbers and addresses are documented on both the patient plan and final progress note.
- COVID 19 has made it challenging to collect data
- COVID 19 has hindered the capability of adding a new template with all PRAPARE questions.
- Use of IMO for Diagnosis coding for provider makes it simple to look up codes by key words or the code itself.
- SVCHC is unable to collect SDOH on the modified telehealth template.

SONOMA·VALLEY COMMUNITY HEALTH CENTER

Social Determinants of Health Diagnosis Code Set

For the Social Determinates of Health, SVCHC Staff will be using a defined set of Diagnosis codes – the codes below are the only codes that can be used at this time. The IMO code sets are in alphabetical order.

Z59.0 Homelessness (e.g. doubling up, living in a shelter, living rough, living on the street, sleeping on someone's couch, etc.)
Z59.1 Inadequate Housing (e.g. no electricity, no gas, etc.)
Z59.2 Discord with neighbors, lodgers and landlords (e.g. unhappy with where and who they are living with, under eviction, etc.)
Z59.3 Problem related to living in residential institution (e.g. folks living in half way houses, addiction facilities, group homes, foster care, senior living center, skilled nursing, etc.)
Z59.4 Food Insecurity (e.g. inadequate diet or food, no access to fresh fruits or vegetables, etc.)
Z59.5 Extreme Poverty (e.g. no income, income below poverty level, no access to clothing, no access to basic needs, etc. Patient who may be on a financial waiver may also fall into this category.)
Z59.6 Low Income (e.g. between 100 and 138% of federal, may have an approved financial waiver, patients who qualify for sliding scale program, etc.)
Z59.6 Patient cannot afford medications (note that this is the same diagnosis code as above, but has a different reason associated with it). (Patients may also have an approved financial waiver).
Z59.7 Insufficient Social Insurance and Welfare Support (e.g. do not qualify for Medi-Cal or Medicare, but are on FPACT, CDP, Gateway, CHDP or Medi-Cal, etc.)
Z59.8 Financial Difficulties (e.g. difficulties in paying for basic necessities related to food, clothing and shelter
Z59.8 Under or Uninsured (note that this is the same diagnosis code as above, but has a different reason associated with it). This could include patients on the sliding scale fee program, FPACT, CDP, Gateway, CHDP or Medi-Cal.
Z59.9 Economic Stress (e.g., patient can meet basic necessities related to food, clothing and shelter, but are living paycheck to paycheck.)
Z91.89 Lack of Access to Transportation (e.g. use of SVCHC transportation services, cabs, friends, neighbors, etc.)

The above codes have been designated by HRSA for all Health Centers to use. The IMO System has many descriptions for the same code as will be seen when the code is selected.

In the Search bar, type the appropriate diagnosis code. This should match the patient's current need from the list above. *Please note that the IMO codes are in alphabetical order and you will need to search for the exact code description.*