Date Updated
10/22/2021

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 $1,950,000. 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

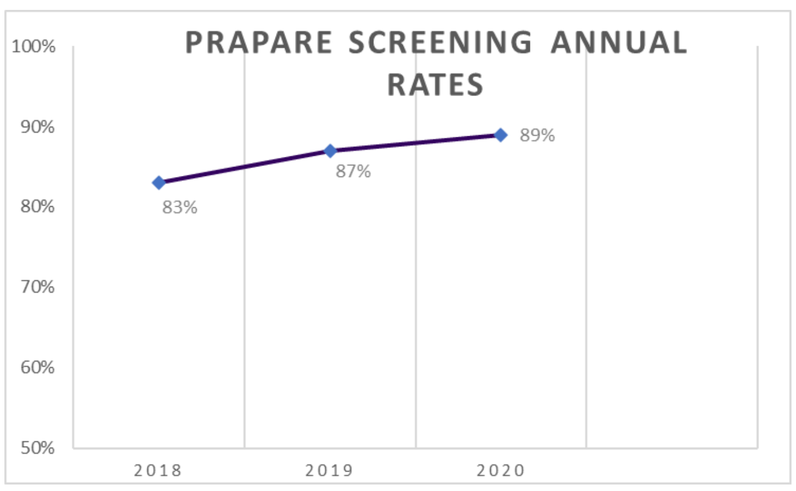
SVCHC aims to collect a specific set of social determinants of health data that are linked to the economic and social conditions and their distribution among the population that influence individual and group differences in health status. This data is to provide additional information about the needs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

MEASURES

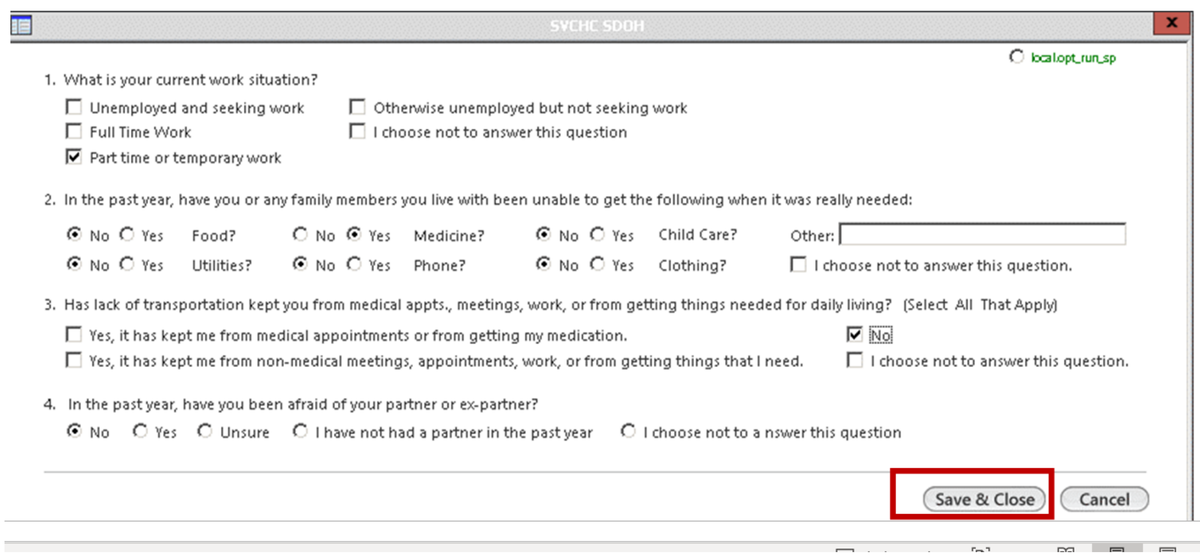
PRAPARE Measure:
All adult patients who have had an annual social determinants of health screening using PRAPARE.

Numerator
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.

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



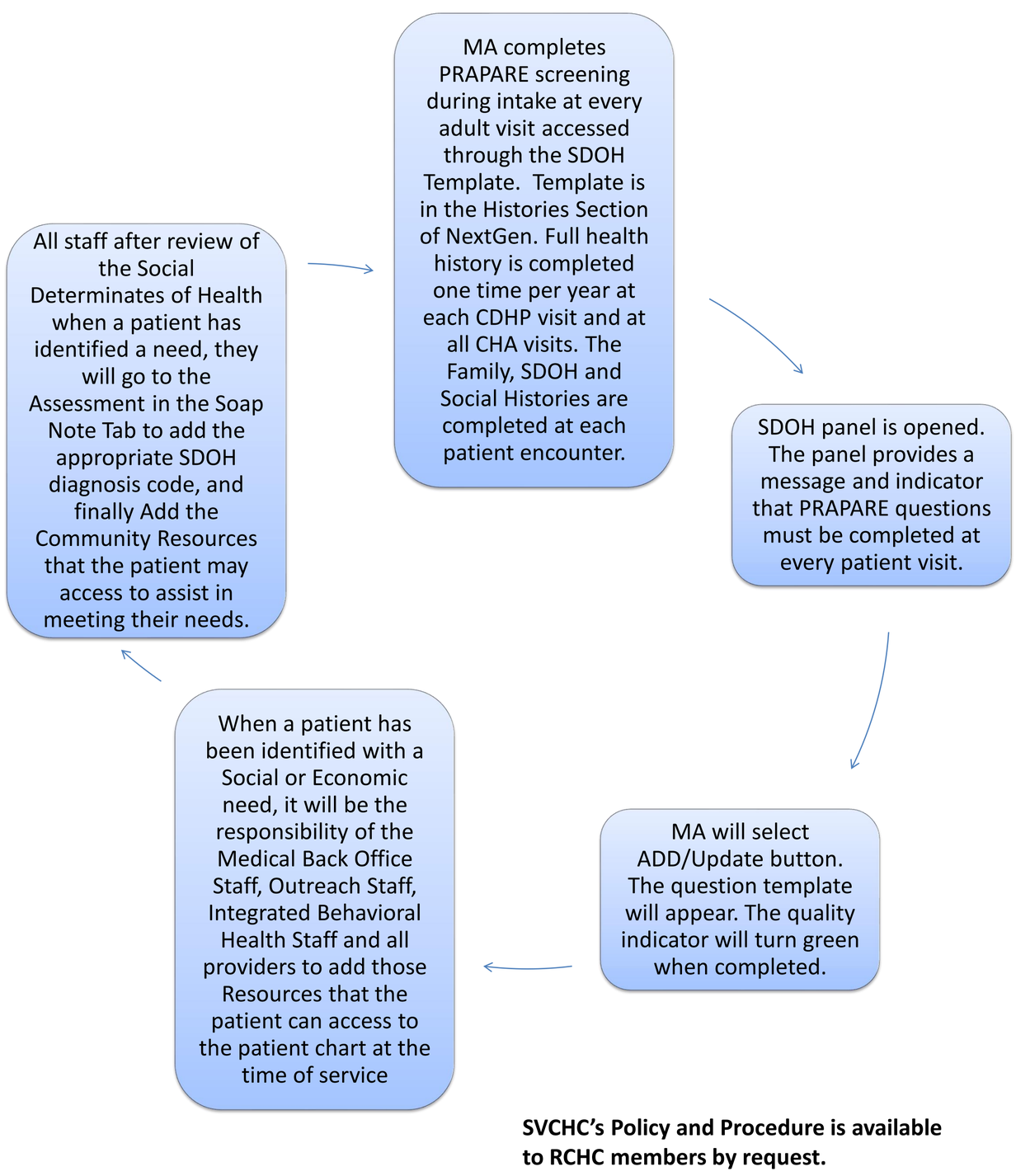
The Medical Back Office Staff will ask all 4 (Four) questions at each visit because changes must be recorded. The Medical Back Office Staff will then save and close.



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.