



# Improving PRAPARE Workflows: Staff Trainings and MyChart Integration

*Aliados Health 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 U86CS45894, Health Center Controlled Networks, for \$665,817. 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

After a pause in social risk factor screenings due to their E.H.R. transition from eCW to OCHIN Epic, Petaluma Health Center has been able to re-implement and vastly increase the number of PRAPARE screenings completed by eligible patients. This stemmed from their two-fold approach to improving their screening workflow: prioritizing staff training for in-person documentation and integrating PRAPARE screenings in the MyChart portal so patients could complete the screening from home before their appointment. Staff training prioritized re-optimizing workflows and scripts. The care team piloting the training and workflow optimization excelled at conducting in-person PRAPARE screenings starting February 2024. The electronic screenings via MyChart began in March, where all adults who were due for a PRAPARE and scheduled for a primary care visit began receiving the questionnaire via text or email to complete before their appointment. This further increased the number of completed screenings from zero at the start the year, up to 538 in March to 1227 in April and 908 in May 2024.

## AIM

1. Increase the number of PRAPARE screenings documented
2. Expand patient population who complete PRAPARE screenings
3. Reduce the need for data entry of paper PRAPARE forms
4. Connect more patients to community resources
5. Collect sufficient PRAPARE data across wider patient population to conduct community needs assessments

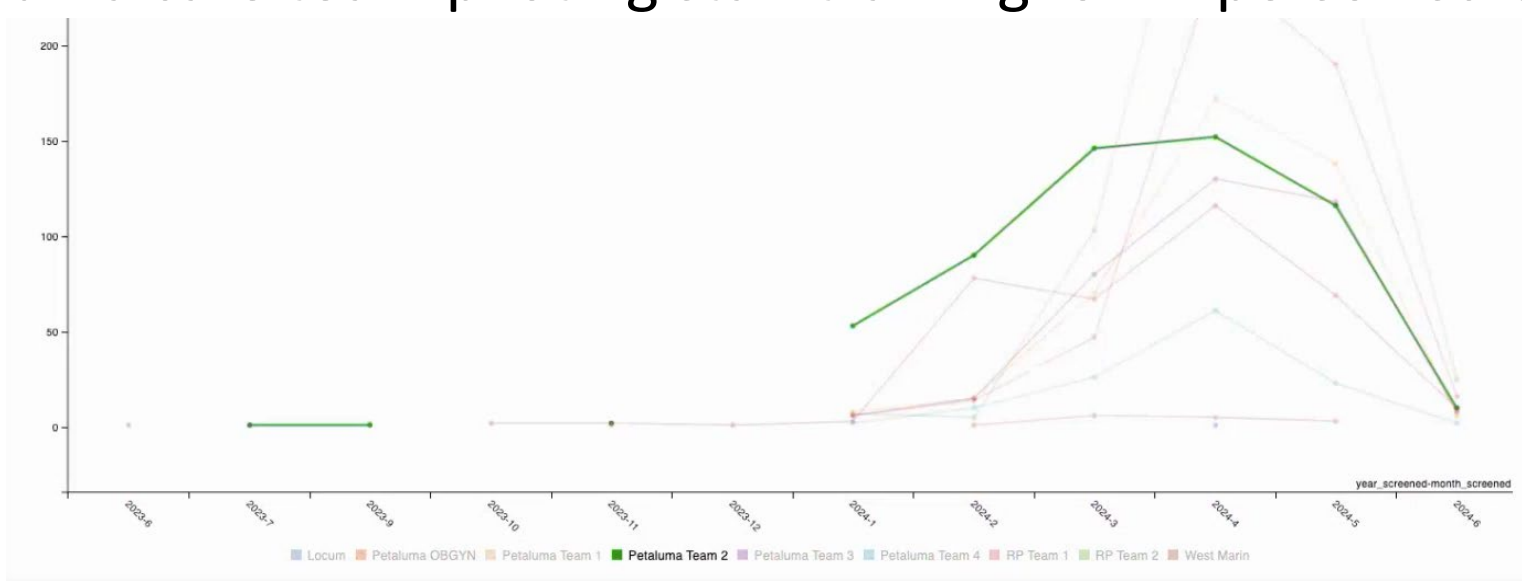
## LIMITATIONS

**In-person screenings:** Currently there are not enough tablets to screen all eligible patients who come in for a visit. This leads to only being able to screen a subset of the overall population (currently adults diagnosed with hypertension or diabetes) to not overwhelm health center staff. Additionally, PRAPARE screenings conducted on paper forms cause more data entry work, creating undue work for staff with already limited capacity.

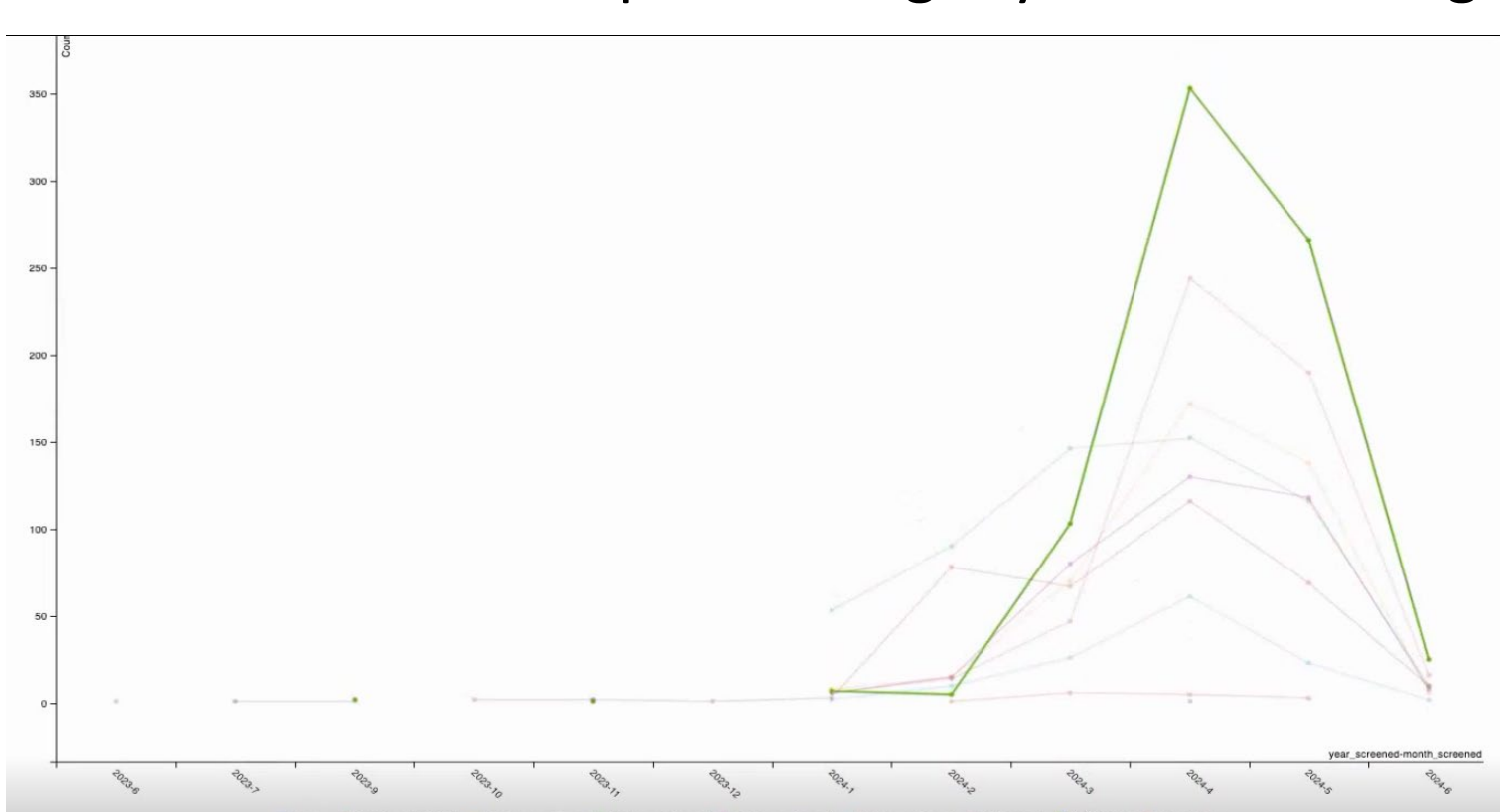
**Electronic forms:** There are disparities among patients active in MyChart, systematically leaving out certain populations would be able to receive the PRAPARE screening via email or text before their appointment. Nearly 40% of English-speaking adults are activated in MyChart, compared to only 13% of Spanish-speakers. Therefore, there may be more PRAPARE screenings in MyChart from patients with a lower need for non-medical social services.

### PRAPARE Screenings by Month: April 2023 – May 2024

Petaluma care team piloting staff training for in-person screenings



Petaluma clinic location implementing MyChart screenings



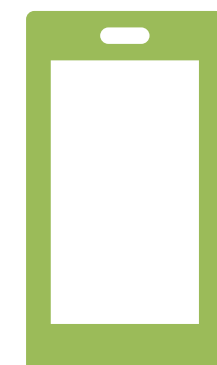
## ACTIONS TAKEN

- **Staff Training for in-person screenings**
  - Health center staff were re-trained on the PRAPARE screening tool after the E.H.R transition. To prevent overwhelming care teams, Petaluma started only screening adult patients with hypertension and diabetes.
  - A care gap was developed to prompt care teams when a patient met the criteria for a PRAPARE screening, and screenings are conducted either at the front desk on a welcome tablet, after being roomed on a back-office tablet, or on a paper form.
- **Electronic PRAPARE form via MyChart**
  - The MyChart integration of PRAPARE screenings began in March with a request to OCHIN to map the screening tool in the portal and send all adult patients not screened in the past year with a scheduled primary care visit the PRAPARE questionnaire via text or email.
  - The completed PRAPARE screening is attached to the upcoming visit. Petaluma built a results field in the MA note so the MyChart screening results are automatically pulled into the notes for that visit.

## Options for screening patients due for PRAPARE



In-person: Adults without a screening in the past 12 months diagnosed with hypertension or diabetes are prompted to complete a PRAPARE screening with a welcome tablet, back-office tablet, on paper forms, or verbally with the assistance of health center staff



MyChart portal: PRAPARE is sent out electronically via text or email (depending on patient preference) to all adult patients with an upcoming primary care appointment. Screenings completed before the appointment are saved in the MA notes.

## ADDRESSING LIMITATIONS & NEXT STEPS

1. **MyChart Expansion:** Developing marketing and instructional materials for Spanish-speaking patients to get them activated in the portal for MyChart electronic alerts via text or email to more accurately capture the entire patient population.
2. **Increasing in-person PRAPARE screenings:** Continued trainings for staff, getting more welcome and back-office tablets configured for PRAPARE screenings (reducing the need for paper screenings and data entry), and expanding the population targeted for in-person PRAPARE screenings.
3. **Connecting no-show outreach to PRAPARE:** Adding a column for abnormal PRAPARE screening results to front office no-show reports to highlight the increased need to reschedule a patient in order to connect them to community resources.

## RESULTS TO DATE

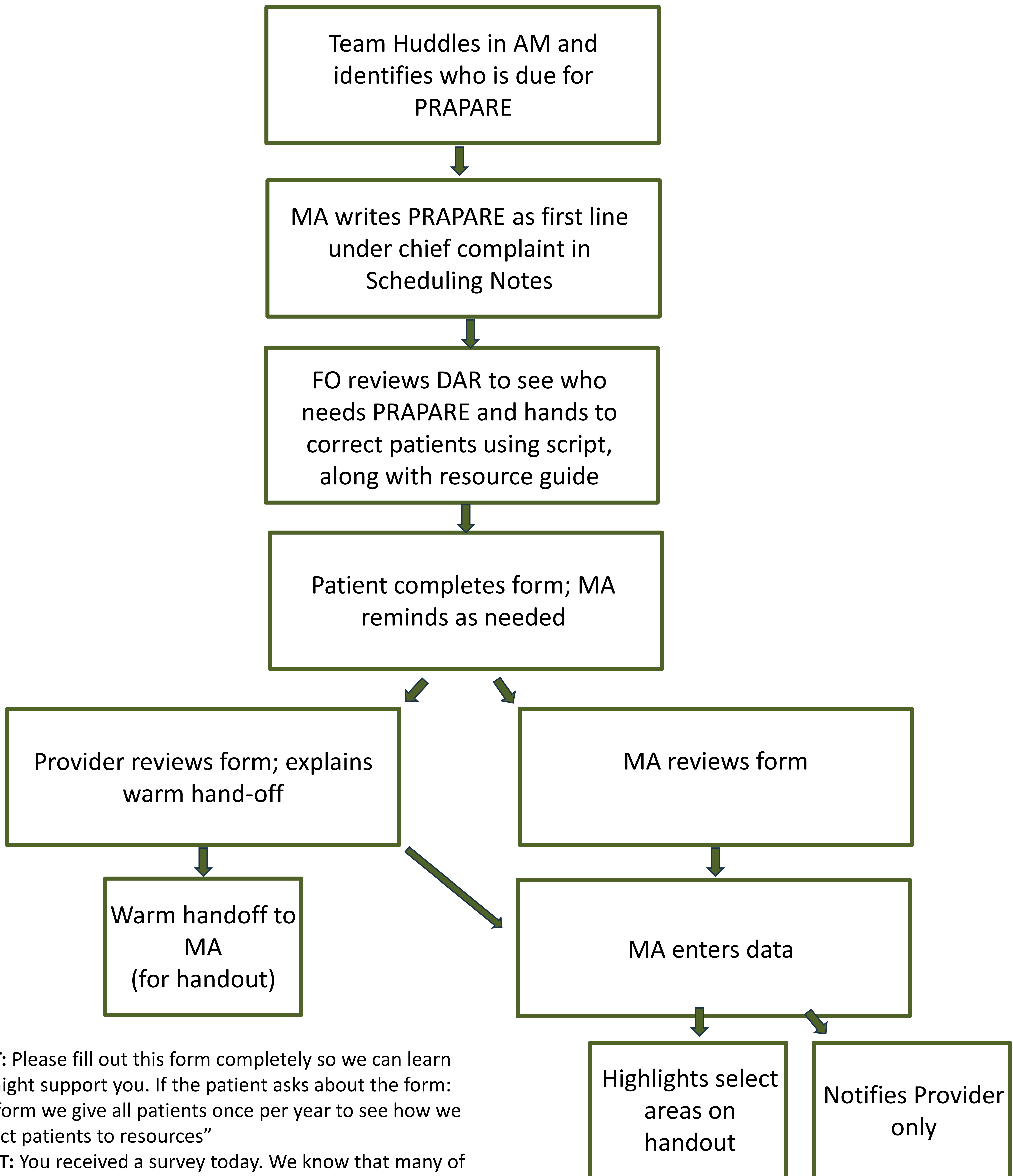
The first graph highlights the success of the Petaluma care team that piloted this reimplementation, with a consistent rise in screenings starting in January 2024. The workflow and staff scripts used for in-person screenings are detailed on the next page. The second graph highlights the sharp increase in PRAPARE screenings after OCHIN activated the PRAPARE outreach feature in MyChart. The total number of PRAPARE screenings conducted using both approaches went from 538 screenings in March, to 1227 in April alone. Future plans to expand the populations being screened for PRAPARE will likely continue this upward trend.



# REVISED PRAPARE WORKFLOW AND SCRIPT

Revised June 2024

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**FO SCRIPT:** Please fill out this form completely so we can learn how we might support you. If the patient asks about the form: “This is a form we give all patients once per year to see how we can connect patients to resources”

**MA SCRIPT:** You received a survey today. We know that many of our patients don’t have access to housing, transportation and food. Each year, we are going to ask questions about what support you have and what you might need and want. We hope to use this information to take better care of our community. Please fill out the form completely and ask me if you have questions. Information is confidential