



PRAPARE: Collecting Data to Better Understand and Address Social Determinants of Health

LPCA 2019

HCCN Spring Learning Session

June 20, 2019

Background: Start Corporation

- Founded in 1984
- Mission is to promote opportunities which enhance the self-sufficiency of people who are impaired in their abilities to live and function independently
- Counseling, community-based services, and connections



Background: Start CHC

- In 2014, Start Corp applied for Section 330 Health Care for the Homeless (HCH) New Access Point in Houma, LA.
- CHC patient mirrors the client base for Start Corp's existing programs
 - persons with low incomes, severe and persistent mental illness, substance abuse disorders, brain injury, other physical disabilities and developmental disabilities, as well as veterans





PRAPARE

Protocol for Responding to and Assessing
Patients' Assets, Risks, and Experiences

- PRAPARE is a national effort to help health centers and other providers collect the data needed to better understand and act on their patients' social determinants of health (SDOH).

Conversation about SDOH

- HCCN HRSA On-Site Visit and Discussions
 - Population health management (PHM)
 - Health information exchange (HIE)
 - PCMH accreditation
 - Huddle crosswalk of information



Getting Started

- Why Start CHC and PRAPARE?
 - Existing Community-Clinical Linkages
 - C-Suite buy-in
 - Integration of EHR with Azara DRVS platform
- Training model
 - Monthly meetings via phone and/or in person
 - Training delivered virtually through webinar
 - LPCA funded templates and consulting hours needed to implement **PRAPARE modules**
- Consultant used – Health Efficient
 - Scope of work
 - PRAPARE Smart Form Installation support
 - PRAPARE Smart Form Training for Super Users
 - PRAPARE Workflows
 - EHR Customization to support PRAPARE
 - PRAPARE Smart Form Training for End Users
 - Consulting and facilitation

Team Members and Responsibilities

- START Members

Staff Title	Responsibilities
Team Lead – Catherine Broussard	<ul style="list-style-type: none">Provide project management support and expertise in SDoH
Team Co-Lead – Trudy Franks	<ul style="list-style-type: none">PRAPARE Team Leader Start Corporation

- LPCA Members

Staff Title	Responsibilities
Team Lead – Yvette Merritt	<ul style="list-style-type: none">Provide project management support and expertise in SDoH
Team Co-Lead – Erica Rose-Crawford	<ul style="list-style-type: none">Provide project management support and expertise in SDoH
Project Oversight – Christopher Obafunwa	<ul style="list-style-type: none">Overall decision-making authority on the project and will provide technology-related support.Will lead data reporting, analysis, and use for clinical transformation/quality improvement

Data Collection

- PRAPARE Template Utilization
 - Data is currently captured in EMR workflow
 - PRAPARE eCW Smart Form will be implemented end of June 2019
 - Azara DRVS SDOH module will be implemented end of July 2019
- Data Collection
 - Entire patient population
 - Collected daily
- Patient Referrals
 - Clinical Community Linkages
 - Housing
 - Food
 - Behavioral Health
- Follow Up
 - Currently, Start Corp closes the clinical-community linkage feedback loop during weekly huddles with team leaders and follow up emails.
 - In the future, the Azara DRVS SDOH module will help to direct and optimize huddle discussions about linkages made for this population.
 - Azara DRVS Dashboards

Implementation

- Incorporated into screening questions
- Done at intake and/or triage
 - Upon intake for counseling
 - At triage for primary care and medication management
- Large portion of PRAPARE questions were already being asked upon intake

Intake Information Collected

Personal Characteristics

1. Are you Hispanic or Latino?

Yes	No	I choose not to answer this question
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2. Which race(s) are you? Check all that apply.

Asian	Native Hawaiian
Pacific Islander	Black/African American
White	American Indian/Alaskan Native
Other (please write):	
I choose not to answer this question	

3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?

Yes	No	I choose not to answer this question
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4. Have you been discharged from the armed forces of the United States?

Yes	No	I choose not to answer this question
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5. What language are you most comfortable speaking?

English
Language other than English (please write)
I choose not to answer this question

Family & Home

6. How many family members, including yourself, do you currently live with? _____

I choose not to answer this question

7. What is your housing situation today?

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 car, or in a park)
I choose not to answer this question

8. Are you worried about losing your housing?

Yes	No	I choose not to answer this question
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9. What address do you live at?

Street: _____
City, State, Zipcode: _____

Money & Resources

10. What is the highest level of school that you have finished?

Less than high school degree	High school diploma or GED
More than high school	I choose not to answer this question

11. What is your current work situation?

Unemployed	Part-time or temporary work	Full-time work
Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write:		
I choose not to answer this question		

12. What is your main insurance?

None/uninsured	Medicaid
CHIP Medicaid	Medicare
Other public insurance (not CHIP)	Other Public Insurance (CHIP)
Private Insurance	

13. During the past year, what was the total combined income for you and the family members you live with? This information will help us determine if you are eligible for any benefits.

I choose not to answer this question

eClinicalWorks Screenshots

Patient Information (Test, Bunny)

Account No: 9147 Prefix: [v]
Last Name*: Test Suffix: [v]
First Name*: Bunny MI: [v]
Previous Name: [v]
Preferred Name: [v]
Address Line 1*: Homeless
Address Line 2: [v]
City*: Thibodaux [Validate]
State*: La Zip*: 70301 Country: US [v]
Home Phone*: 985-985-9859 Cell No: [v]
Work Phone: [v] Ext: [v] [v]
Email*: catherine.broussard@startcorp.org [v] Not Provided
Last Appt: 05/01/2019 02:30 Pm

Date Of Birth*: 01/01/1986 Age: 33Y
Sex*: Female S.O./G.I.: [v]
SSN: 222-22-2222 [v] Not Provided
Parent Info: [v] Select: [v] Set Emergency Contact: [v]
Resp Party*: Test Bunny DOB: 01/01/1986 Age: 33Y Sex: female Home: 985-985-9859
Relation: 1 [v] Self - patient is the insured
Family Hub: [v] Select: [v] Remove: [v]
Emergency Contact: dUMOND, HEATHER Relation: Emergency contact Address: [v]
Acct Balance: 262.00 [Details] [Gr.Bal]
Pt Balance: 262.00 [Acc Inquiry]
Next Appt: [v]

PCP*: [v] Unknown, Un [v]
Referring Provider*: [v] Unknown, Un [v]
Rendering Pr./PCG: [v] TRANCHINA, I [v]
Marital Status*: Legally Separated [v]
Language*: English [v]
[v] Translator
Race*: White, Other Pacific I... [v]
Ethnicity*: Hispanic Or Latino [v]
Characteristic*: OTHER [v]
Birth Order: [v]
Release of Info.*: Y [v]
Rx History Consent*: U [v] Scan: [v]
Signature Date: 09/19/2018 [v]
Advance Directive: NA [v] (02/28/2019)*
Emp Status: 3 [v] Not emplo...
Student Status: N [v] Not a stud...
Gestational Age: [v]

Insurance (0) Pharmacies (3) Contacts Attorneys Case Management Circle of Care [v]
Insurance*: [v] Self Pay [v] Sliding Fee schedule [v] New Case: [v] Slide E [v] Add [v] Update [v]
[v] [v] Name [v] State [v] Subscriber No [v] Ref [v] Insured [v] Co Pay [v] Group No [v]
Additional Information [v] Alert [v] Misc Info [v] Options [v] [v] OK [v] Cancel [v]

Data for questions 1, 2, 5, 7, 9, 10, and 12 are collected in patient information window.

eClinicalWorks Screenshots

Patient Information (Test, Bunny)

Patient Information > Additional Information

☐ Don't Send Statements ☐ Inactive ☐ Exclude From Collections

General Information

Street Address (if different then mailing address)

Address Line 1

Address Line 2

City County

State Zip

Leave Message ☐ Home ☐ Cell

Residence Type (None Selected)

VFC Eligibility

MO Member ID

Plan Type (None Selected)

Notes

Deceased

Date ☐ Deceased

Notes

Employer Address

Name

Address Line 1

Address Line 2

City

State Zip

Leave Message ☐ Work

☐ Exclude from Registry Search

☐ Use Street address for prescription

Default Facility

MRN (External System)

Default Lab Company

Default OI Company

Registered On

Structured

Clear Clear All

Name	Value	Notes
<input type="checkbox"/> Veteran	No	x
<input type="checkbox"/> Homeless	No	x
<input type="checkbox"/> Public Housing	No	x
<input type="checkbox"/> Sexual Orienta ...	Straight (not lesbian or gay)	x
<input type="checkbox"/> Gender Identitc ...	Transgender Male/Female-to...	x
<input type="checkbox"/> Seasonal	No	x
<input type="checkbox"/> Migrant	No	x
<input type="checkbox"/> Limited Englis ...	No	x
<input type="checkbox"/> Reason patient ...		x

Custom

OK Cancel

Patient Docs Consult Notes Adv Directive Addl Student Info

Data for questions 3, 4, and 8 are collected in additional information window.

eClinicalWorks Screenshots

Income Details - Sliding Fee Schedule

Patient Information ▶ Income Details - Sliding Fee Schedule

☐ Non Proof of Income (The patient will be set to 100% responsibility level)

Guarantor Employment Details

Hourly Rate *Hours worked Per Week *52 = Total Gross Amt \$
Bi-Weekly Income *26 = Total Gross Amt \$

Spouse Employment Details

Hourly Rate *Hours worked Per Week *52 = Total Gross Amt \$
Bi-Weekly Income *26 = Total Gross Amt \$

Other types of Incomes

☐ Alimony ☐ Child Support ☐ Social Security ☐ ADC
☐ Disability ☐ Pension ☐ Retirement ☐ Welfare Assistance
☐ Second Part-Time Job ☐ Other Income

(Monthly Amt) Total Gross Amt \$

Income Status

Gross Income \$ Monthly
Dependants Calculate

☒ Documentation on Proof of Income
☒ Proof of Income/Unemployment
☒ Picture Id
☒ Proof of Address

Assigned Sliding Fee Schedule

Poverty Level % Sliding Scale Type
Status Medical Resp
Dental Resp
Copay Resp By Rate
Date to
Fee Schedule

Household Members Find Add

NAME	REL	DOB

Note
Notes:

Expire Assign History

Broussard, Catherine, Timestamp : 06/11/2019 09:00:51

Close

Data for questions 6, 11, and 13 are collected in sliding fee schedule window.

SDOH Template Created

14. 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.

Yes	No	Food	Yes	No	Clothing
Yes	No	Utilities	Yes	No	Child Care
Yes	No	Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)			
Yes	No	Phone	Yes	No	Other (please write):
I choose not to answer this question					

15. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.

<input type="checkbox"/>	Yes, it has kept me from medical appointments or from getting my medications
<input type="checkbox"/>	Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
<input type="checkbox"/>	No
I choose not to answer this question	

Social and Emotional Health

16. How often do you see or talk to people that 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)

<input type="checkbox"/>	Less than once a week	<input type="checkbox"/>	1 or 2 times a week
<input type="checkbox"/>	3 to 5 times a week	<input type="checkbox"/>	5 or more times a week
I choose not to answer this question			

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

<input type="checkbox"/>	Not at all	<input type="checkbox"/>	A little bit
<input type="checkbox"/>	Somewhat	<input type="checkbox"/>	Quite a bit
<input type="checkbox"/>	Very much	I choose not to answer this question	

18. In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this question
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19. Are you a refugee?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this question
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20. Do you feel physically and emotionally safe where you currently live?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unsure
I choose not to answer this question					

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unsure
I have not had a partner in the past year					
I choose not to answer this question					

eClinicalWorks Screenshots

Family History:

Social History:

Tobacco Use:

Tobacco use other than smoking

Are you an other tobacco user? *Include information provided*

Social Determinants of Health

Social Determinants of Health

Are you worried about losing your housing? *No*

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. *Yes, medicines or any health care, Yes, phone*

Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply. *Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need*

How often do you see or talk to people that you care about and feel close to? *3 to 5 times a week*

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

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? *No*

Do you feel physically and emotionally safe where you currently live? *Unsure*

In the past year, have you been afraid of your partner or ex-partner? *No*

SDOH Template created as additional social history screening to collect data for questions 14 through 21.

Data Strategy

- Describe the Azara tool which is used for PRAPARE data
 - Azara DRVS uses data captured directly from electronic health records (EHRs) and practice management systems (EPMs). DRVS serves as a single integrated system that measures and monitors performance on key clinical, operational and financial metrics at all levels
 - Data Elements

UDS Domains	Non-UDS Domains	Additional Non-UDS Domains
<ul style="list-style-type: none">• Race• Ethnicity• Farmworker Status• English Proficiency• Income• Insurance• Neighborhood (Zip Code)• Housing	<ul style="list-style-type: none">• Current Housing Status• Housing Worry• Education• Work Situation• Material Security• Transportation• Social Integration• Stress	<ul style="list-style-type: none">• Incarceration History• Refugee Status• Safety• Domestic Violence

Moving Forward – What's Next

- Implementation of the eClinical Works smart form
- Implementation of the Azara DRVS SDOH module
- Improved patient care outcomes through community program partnerships and referrals



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Feedback and Questions

Thank You!

