

# Promising Practices to Strategize the Collection of Social Determinants of Health

*Facilitator:*

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November 13<sup>th</sup>, 2019

This is a NYS Health Center Controlled Network (NYS-HCCN) Activity  
A HRSA-Funded Project of the Community Health Care Association of New York State



# Housekeeping

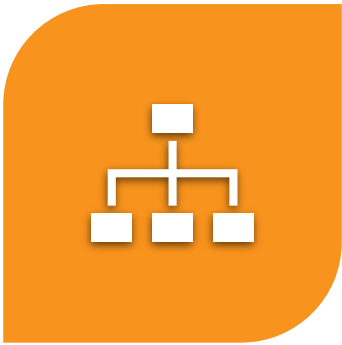
- Phones have been muted to prevent background noise
- Use the chat box to type questions during the webinar
- This webinar is being recorded and will soon be available for download
- A webinar evaluation survey will be shared with participants



HCCN Grant Number: H2QCS30278



# Learning Objectives



Identify implementation tools, resources and action steps to begin or expand your SDH work

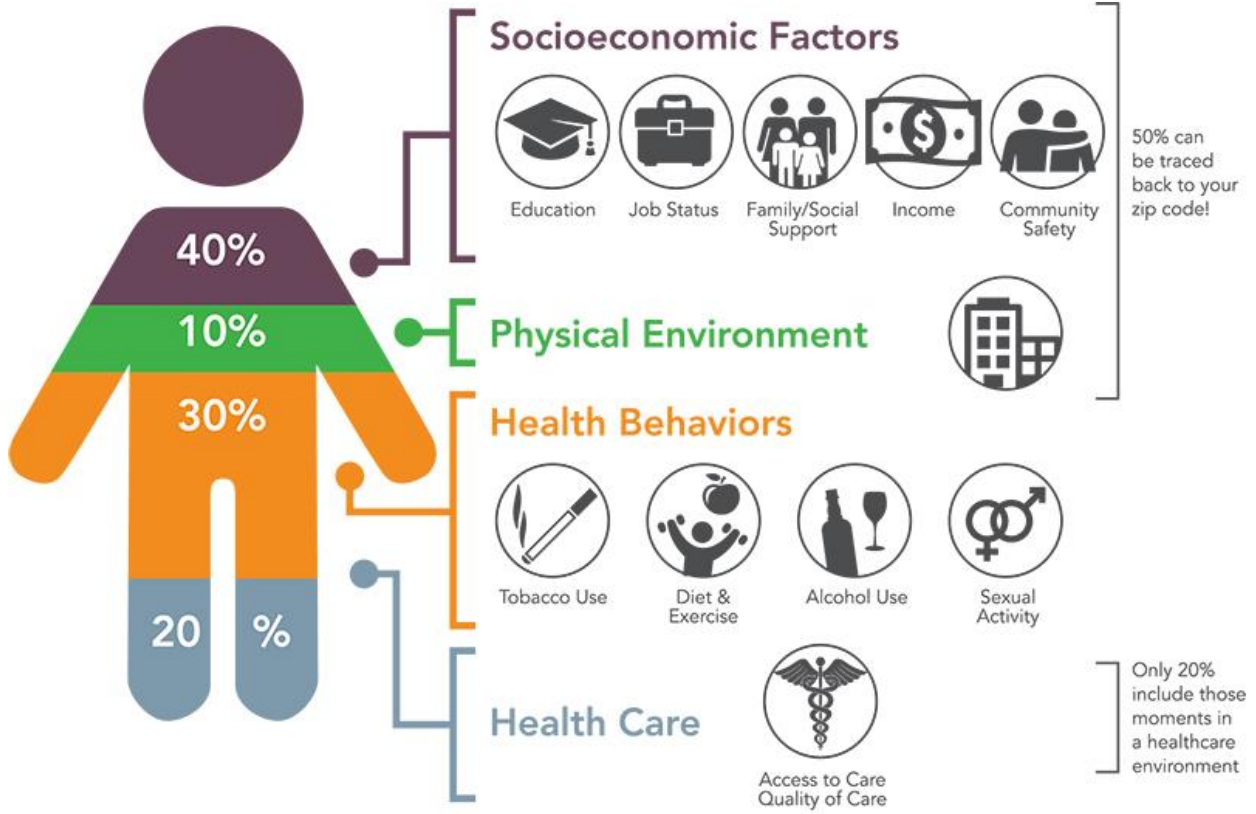


Understand the Five Rights Framework to assist health centers to set goals and objectives in order to collect and respond to patients' social needs



Strategize SDH efforts to fit your organizational vision, workflow, and future plans

# Factors that Impact Health



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

# Assess Your Readiness

- Culture of the Organization
- Leadership and Management
- Workflow and Process Improvement
- Technology and Resources

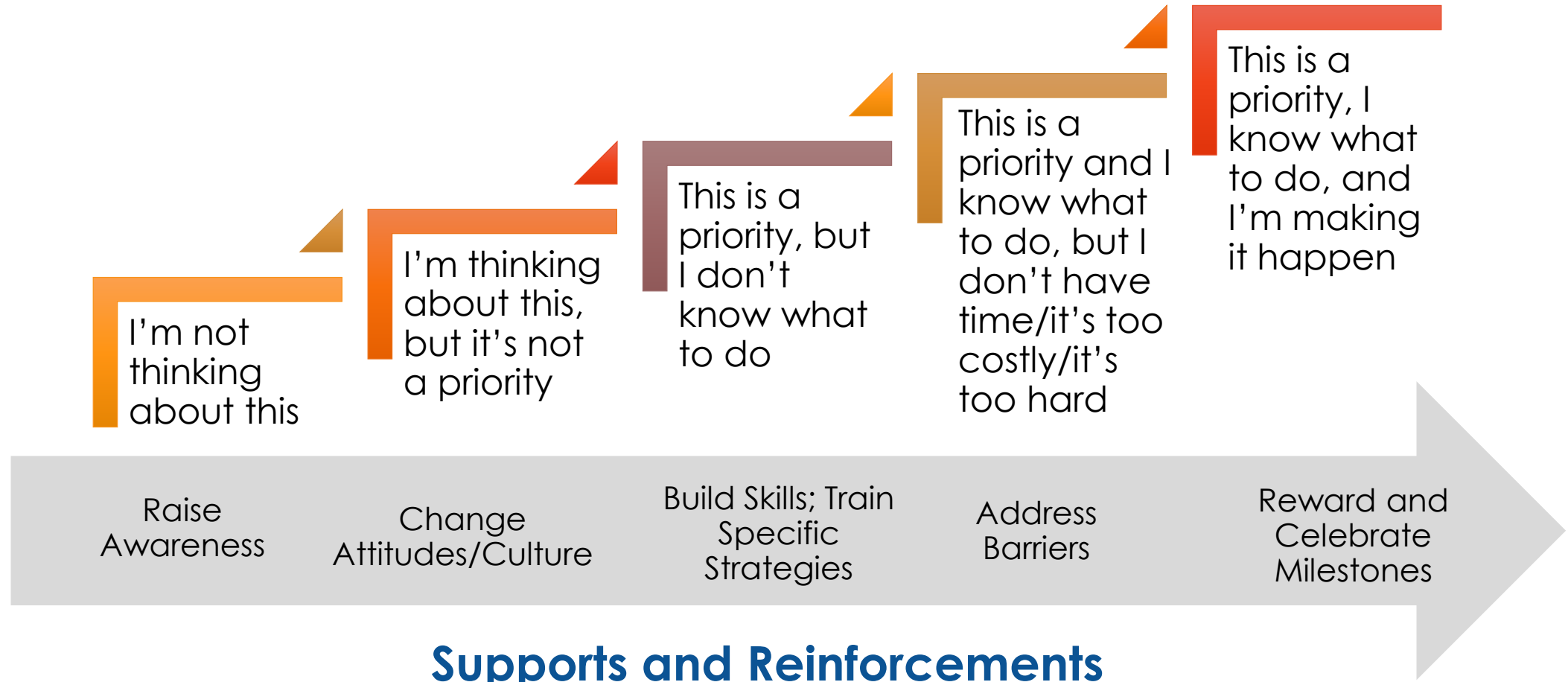
## Resources:

NACHC: [PRAPARE Readiness Assessment Tool](#)

CHCANYS: [The Companion Guide for Quality Improvement Leaders](#)



# Intervention Engagement Continuum



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# Create an Implementation Workplan

- Identify health center champions, convene a team
- Select a data collection tool – e.g. PRAPARE
- EHR implementation & data reporting
- Educate patients, staff, board members, and relevant stakeholders
- Develop workflows & community resources with staff and patients' input



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# Select a screening tool: e.g. PRAPARE



Source: NACHC PRAPARE paper tool [http://www.nachc.org/wp-content/uploads/2018/05/PRAPARE\\_One\\_Pager\\_Sept\\_2016.pdf](http://www.nachc.org/wp-content/uploads/2018/05/PRAPARE_One_Pager_Sept_2016.pdf)





# PRAPARE: Transportation Question

**Has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?**

- Yes, it has kept me from medical appointments or from getting my medications
- Yes, it has kept me from non-medical meetings, appointments, work, or getting things needed for daily living
- No
- I choose not to answer this question

**• Care Impact**

- Patient's ability to follow through with appointments/no-show
- Non-adherence with medication or diet
- Negative financial impact for the patient and practice

**• Enabling Service/Community Referral Examples:**

- Referral to transportation resources and bus vouchers
- Medicaid transportation- e.g. Access –A-Ride NYC
- Partnership with a transportation company

**Related ICD-10 Z Codes:**

Z75.3 Unavailability and inaccessibility of health-care facilities

Z75.4 Unavailability and inaccessibility of other helping agencies



# Electronic Health Record Systems

Implementation guides available for the following EHRs:

- Cerner
- Epic
- eClinicalWorks (Smart Form)
- Centricity
- NextGen
- Athena - Pilot Testing

## Resources:

[End User License Agreement to access Electronic Health Record PRAPARE templates](#)  
[NACHC PRAPARE Youtube Channel](#)



# Messaging & Training Strategies

- Develop a script and visual materials
- Engage care teams and plan opportunities for shared learning, e.g. PRAPARE huddle meetings, lunch & learns, etc.
- Recommended Training Approaches:
  - Empathic Inquiry
  - Motivational Interviewing
  - Peer Training or On-The-Job Training
  - Role-Playing

## Resources:

[NACHC PRAPARE Implementation and Action Toolkit](#)  
[Empathic Inquiry Resources](#)



# Define a workflow: The Five Rights Framework



Source: NACHC PRAPARE Implementation and Action Tool Kit- Chapter 5. Retrieve from:  
[http://www.nachc.org/wp-content/uploads/2019/04/NACHC\\_PRAPARE\\_Chpt5.pdf](http://www.nachc.org/wp-content/uploads/2019/04/NACHC_PRAPARE_Chpt5.pdf)

# SDH Workflow Sample

**What:** Identify our target population; e.g. patients with multiple comorbidities.

## WHO

CLINICAL STAFF  
(nurses, medical  
assistants, etc.)

## WHERE

In Exam Room/  
Private Room

## WHEN

Before provider  
enters exam room

## HOW

- Administer PRAPARE EHR form after vitals.
- Provider reviews data to inform care plan

# Health Center Presentation

Katerina Chapman, MPH - Harlem United



# HARLEM UNITED

**PRAPARE Project**

# PRAPARE Implementation Plan

## Identifying key start points and needs to guide implementation

- Identify who will be conducting the screening
- Identify areas where staff need training and buy-in
- Identify internal/external partners
- Identify the test population

## Coordinating and Standardizing workflows

- How will the subgroup be targeted within the health clinic system?
- What is the social need framework for each SDOH within the health clinic and outside the health clinic?

## Data Collection

- Collecting SDOH survey results
- Tracking follow up and invention outcomes

## Evaluation and Quality Improvement

- Evaluating SDOH progress
- Finding areas of improvement for CQI cycles



## The Harlem United PRAPARE Team

Titles	Project Role	Responsibilities
Medical Director	Executive	Approved changes and deliverables; gained the buy-in for the project; provided input on workflow, trainings and communication plan
Population Health Specialist	Project Lead/CPCI Lead	Main contact with CHCANYS and Azara, responsible for data mapping, provided support for trainings and SDOH resource guide, provided support for communication plan and workflow creation
Manager of Medical Affairs	Champion Provider	Provided the clinical perspective for the workflow, trainings and resources
Nurse Manager	Care Manager/ Coordinator Lead	Provided support and coordinated with MOAs for trainings; provided guidance on resources and workflow
Practice Administrator	Operations Lead	Coordinated trainings, meetings, resources and staff
Medical Assistant	Champion Medical Assistant	Attended trainings, provided input based on experience, conducted the pilot, and provided feedback

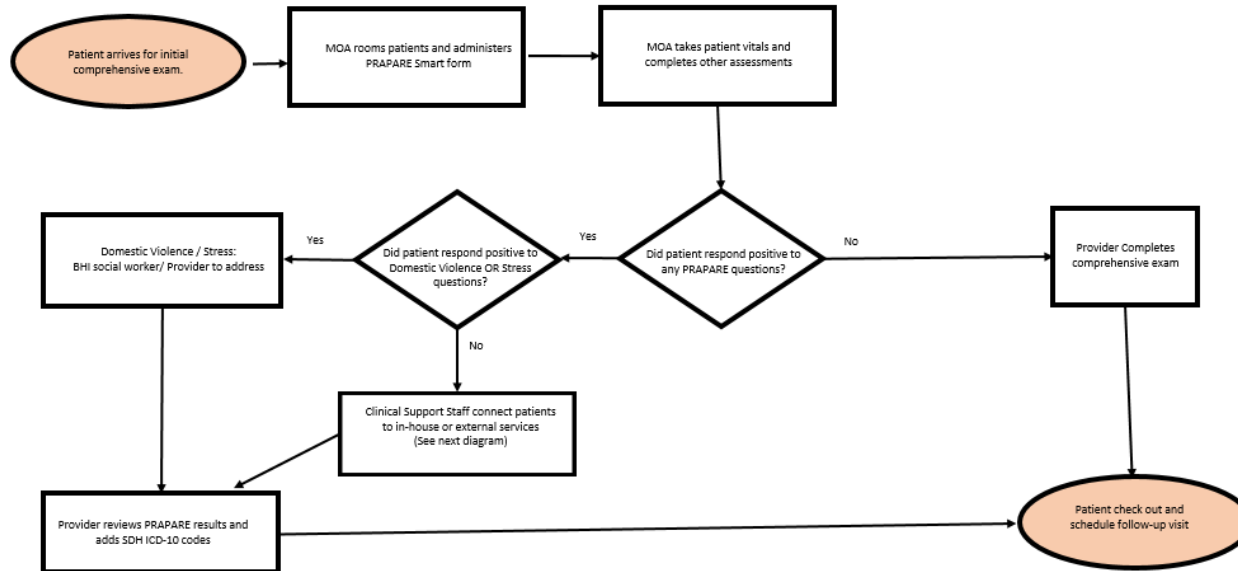
# Social Determinants of Health Workflow

**Pilot Target (What):** Champion MOA to complete at least 100 PRAPARE Assessments for their new patients and annual patients

**Who:** Champion Medical Office Assistance (MOA)

**How & Where:** Administered at the Nest in exam room when patients come for their appointment

**When:** Pilot (Phase I) from August 1<sup>st</sup>, 2019-October 31<sup>st</sup>, 2019

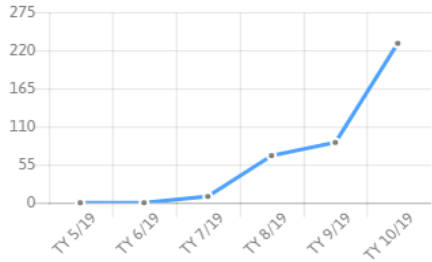


# PRAPARE Pilot Phase I Results

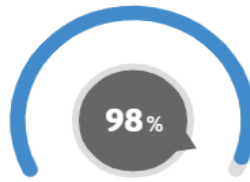
Social Needs Assessed



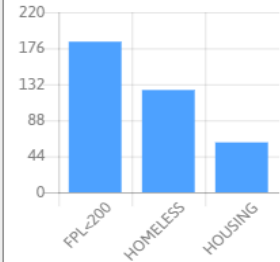
Needs Assessed Trend



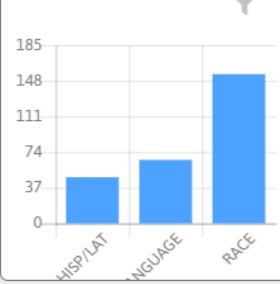
Core +1 Assessed



Housing & Income



Personal Characterist...



>12 SDOH



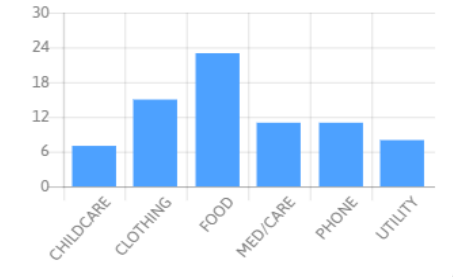
SDOH Count Distribution



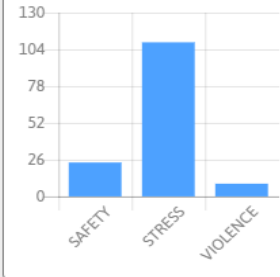
8-12 SDOH



Material Security



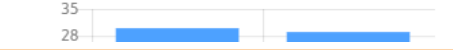
Violence & Stress



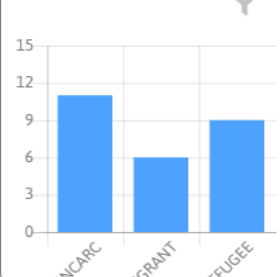
4-7 SDOH



Transportation & Isolation



Migrant-Incarc-Refug...



237 surveys completed from August 1, 2019 – October 31<sup>st</sup>, 2019

## Next Steps

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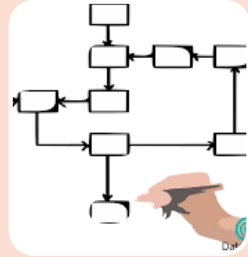
- Received feedback from Champion Medical Assistant, which included:
  - More training on resources available once screening is completed
  - Flow map on which SDOH trigger which resources
  - Including more resources for childcare and stress based on patient need
- CPCI data mapping identified areas that need further training
- Pilot Phase II will begin in December 2019

# Implementation Workplan Overview



## Project Launch

- Established a project team/site
- Set project goals & define milestones



## Workflow Mapping

- Developed a communication plan & training strategy
- Developed a SDH workflow



## Build Capacity

- Leverage Community Resources
- Referral lists, promising practices, patient impact stories



## PDSA/Pilot Testing

- Develop a PDSA for the workflow
- Redesign SDH workflow
- Test for change



## Data Strategy

- Identify data needs
- Data aggregation and analysis tools, population health management



## Sustain & Spread

- Adopt piloted workflow across sites
- Spread gains across the network

# Q&A

# NYS-HCCN SDH Assistance

- Office hours will be available on:
  - Tuesday, Nov. 26<sup>th</sup>: 1 – 2 pm
  - Monday, Dec. 2<sup>nd</sup>: 10 – 11 am
- Learning collaboratives & Individual T/TA sessions in 2020
  - Complete the webinar evaluation survey if you are interested
- For questions please contact [ggonzalez@chcanys.org](mailto:ggonzalez@chcanys.org)



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# Friendly Reminders

- SDH Webinar Part-II: **Wednesday, November 20<sup>th</sup> at 1 pm.**

“Social Determinants of Health: Data Strategy and Population Health”,  
in partnership with Azara.



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# Resources:

- CHCANYS eLibrary - [Library of Clinical and Health IT Guidelines and Best Practices](#)
- NACHC PRAPARE RESEARCH & Data Website  
<http://www.nachc.org/research-and-data/prapare/>
- PRAPARE Implementation and Action Toolkit  
<http://www.nachc.org/research-and-data/prapare/toolkit/>
- Empathic Inquiry Resources – Oregon PCA  
<https://www.orpca.org/initiatives/empathic-inquiry>
- PRAPARE YouTube Channel  
<https://www.youtube.com/playlist?list=PLvoNbrkrX4YRsfMJz3qJMGwZGCWPfsqE>



