PRAPARE Implementation & Data Strategy Efforts in Louisiana

JULY 2019

The Louisiana Primary Care Association (LPCA) and Louisiana Health Center Controlled Network (LA HCCN) participated in the second iteration of the PRAPARE Train the Trainer Academy, engaging START Corp. Community Health Center as they began to work through PRAPARE implementation, and working to spread PRAPARE throughout the state. Currently, 14 Participating Health Centers (PHCs) in Louisiana collect or share social risk factor data with care teams, and two PHCs use this data to inform care plan development for at least 50% of patients identified as having a social need.

Thirteen PHCs have expressed interest in training and technical assistance related to PRAPARE or are currently in the process of implementing PRAPARE SDOH data collection. Of the PHCs that have completed NACHC's PRAPARE Readiness Assessment for Health Centers, the top training and technical assistance needs for implementation are technology, workflow, and process improvement. Social risk factor tracking is of particular importance because it has a tremendous impact on Louisiana's FQHC patients.

Guiding START Community Health Center through PRAPARE Implementation

Through participation in this program, START Corp. learned a great deal about the data they collect, where they collect it, and where that information can be used to drive change and affect patients' lives. In their efforts at START Corp. Community Health Center, Louisiana PCA was able to help the health center begin partnership discussions which will prepare health center staff to better refer patients when social needs are identified and work more collaboratively in the community. Motivational interview training of health center staff allowed them to be better equipped to ask the tough SDOH questions and to do so in an empathic way-- getting to the roots of the social need and addressing those identified, be it fear of losing housing, transportation, or food insecurities. START Corp. has also been able to implement the eClinicalWorks PRAPARE Smart Form. Though a time-consuming process, the Louisiana PCA found that having this hands-on experience would be helpful as training and technical assistance providers in reaching and assisting other health centers hoping to implement PRAPARE in their electronic health records.

START Corp continues to implement the PRAPARE smart form and SDOH elements into their patient intake process. They are currently working to incorporate the PRAPARE screening tool into their clinical workflow to capture the necessary data elements in their EHR. They are also in the process of attaching Z-codes to each SDOH encounter. Even though there may not be payment attached, this will be helpful in identifying what is being done in the visit.

Barriers to PRAPARE in LA

A current barrier to health center adoption of the PRAPARE tool is that there is no EHR template for many of the EHRs used by health centers in Louisiana. The EHRs identified by health centers as needing a

PRAPARE template in our state include AthenaClinicals (used by 8 PHCs), AllScripts Professional (used by 1 PHC), Complete Medical Solutions WinMed (used by 3 PHCs), CompuGroup (used by 1 PHC), and Greenway Health SuccessEHS (used by 12 PHCs). LA HCCN continues to work with other PCAs, HCCNs, and NACHC to advocate for the creation of additional templates that health centers can utilize without fees.

LPCA & LHCCN: Using SDOH Data for Advocacy

The evidence base established through PRAPARE or other social risk screenings is needed in advocacy efforts to address the social determinants of health. Without addressing the upstream drivers of higher cost and poorer health outcomes, the Louisiana HCCN would not be able to significantly impact patient outcomes. Addressing social risk factors is critical to realizing their vision of accessible, affordable, quality primary healthcare services for the uninsured and medically underserved. Social risk factor tracking will add value to several other training and technical assistance initiatives, including improving case management programs, patient visit planning, risk stratification using Azara DRVS, and patient engagement strategies.

LA HCCN is looking to implement the Azara DRVS SDOH module

in their PRAPARE PHCs, which will assist in directing and optimizing huddle discussions about linkages to needed community services for patients with identified needs. Moreover, having the ability to pull a module report that includes this information will be helpful for care team management and delivery. LA HCCN is also hoping to develop a public facing dashboard via Azara which illustrates the progress made with regards to SDOH in the HCCN. SDOH-related work is one of the focus areas for the HCCN, so they want to assure they can visibly display their successes and the clinical-community linkages they were able to deliver to their patients.

Below are the PRAPARE domains they will continue to focus on. Once PRAPARE is implemented in multiple health centers and they can aggregate both their reach and their data elements across multiple sites, this data will be a great addition to their policy briefings for the LA state legislature. In addition, this information will be crucial for LA health centers using PRAPARE and LPCA as they seek grant funding opportunities. Lastly, LA HCCN hopes that the information pulled from the SDOH module will help health centers stay up-to-date on their populations' needs, and assist them in gaining additional funding via the SDOH category of the HRSA Quality Improvement Awards.

UDS Domains	Non-UDS Domains	Additional Non-UDS Domains
• Race • Ethnicity • Farmworker Status • English Proficiency • Income • Insurance • Neighborhood (Zip Code) • Housing	• Current Housing Status • Housing Worry • Education • Work Situation • Material Security • Transportation • Social Integration • Stress	• Incarceration History • Refugee Status • Safety • Domestic Violence

Louisiana PCA & LA HCCN Next Steps:

Moving forward, LPCA will look to their Managed Care Organizations (MCOs) and their plans to see where their priorities could assist and positively impact LPCA's health centers. MCO funding in 2019 had a very heavy focus on SDOH, so LPCA plans to meet with MCOs and identify potential synergies between their priorities and Louisiana health centers' efforts. Many of them will be willing to provide T/TA to Louisiana health centers around key tactics to assess and address social determinants of health using PRAPARE, such as motivational interviewing and facilitating community referrals.

With their new round of three-year funding for LA HCCN from 2019-2022, Louisiana has proposed the following activities over the next 3 years to sustain their PRAPARE efforts in Participating Health Centers:

Proposed Year 1 Activities	Year 2 Possible Activities	Year 3 Possible Activities
Provide technical assistance to interested health centers to implement PRAPARE and work with EHR vendors to have PRAPARE templates built for additional EHRs, as applicable, including Greenway Health Success EHS and Athena.	Provide technical assistance to additional health centers to implement PRAPARE.	Provide technical assistance to additional health centers to implement PRAPARE.