

Solidifying a PRAPARE Data Strategy: PRAPARE Implementation & Lessons Learned from Wisconsin

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The [Wisconsin Primary Health Care Association \(WPHCA\)](#) participated in Round Two of the PRAPARE Train the Trainer Academy. Prior to participating in the academy, WPHCA's data strategy for SDOH screening included the following two steps. First, they supported health centers to document SDOH screening results into the EHR. Depending on the EHR that the health center was using, this could be a long and complicated process. The second step was supporting health centers with using Azara DVRS to aggregate and analyze data. Currently, 11 of 16 Wisconsin FQHCs are connected to Azara DVRS. WPHCA is currently waiting to get more data from additional health centers to begin the development of a data analysis strategy. Below are the stories of two health centers that WPHCA supported with using PRAPARE to identify patient needs.

[Scenic Bluffs Community Health Center \(SBCHC\)](#) has been screening and documenting in the EHR for more than a year. Furthermore, their SDOH data is flowing to Azara DVRS. They currently screen a limited set of patients who are receiving supportive services at their Health Center. SBCHC plans to expand PRAPARE screening for diabetic patients in conjunction with a diabetic patient care gaps outreach initiative. WPHCA is providing training and technical assistance with this initiative.

[Lakeshore Community Clinic](#) recently built PRAPARE into Epic and has begun

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documenting screening results in the EHR. This is a change from the paper-based model that they previously used. WPHCA has supported Lakeshore through this process and is currently supporting them to connect the PRAPARE data to Azara DVRS for aggregation, visualization and reporting.

Progress to Date:

All health centers using Azara DVRS to share PRAPARE data with WPHCA for aggregation, analysis, and future advocacy efforts. While a few health centers have yet to share PRAPARE data, WPHCA is using Azara DVRS and UDS data to support state-wide community partnership development. For example, two data points of interest are veteran status and sliding fee scale service. These data points will be used by WPHCA to begin a joint initiative with area Veteran Administration Hospitals. The goal is to connect veterans without health insurance to their area VAs and to enroll in VA coverage.

Navigating Challenges:

The WPHCA has experienced delays with using PRAPARE data due to challenges with implementing PRAPARE. The primary challenge is getting PRAPARE built into EHRs used by health centers. For example, some health centers use Epic through Community Connect partners, does not support the inclusion of PRAPARE in their instance of Epic. Most Community Connect partners report that this is a future optimization with an unknown timeline.

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Other health centers are currently undergoing EHR transitions due to Greenway's sunset of several EHRs, resulting in no new products or modifications.

Lessons Learned and Next Steps:

First, it is important to integrate SDOH data collection into existing goals and priorities at the PCA and/or HCCN. Secondly, integrate SDOH data sharing plans into existing data sharing infrastructure. Finally, present aggregate data within existing training and technical assistance opportunities. Point out how having PRAPARE data allows health centers to better understand the needs of patients, which is difficult to know unless SDOH data is collected and aggregated. This strategy helps health center staff to conceptualize the usefulness of PRAPARE data and allow them to brainstorm new ideas or solutions to care for their patients. In the future, WPHCA will use PRAPARE data for population health analysis, risk adjustment, payment reform, and advocacy. WPHCA is considering adding PRAPARE aggregate scores and Adverse Childhood Experience scores into a network-wide risk adjustment formula.

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