Spectra HEALTH

KAYLA HOCHSTETLER-HEALTH EQUITY DIRECTOR

ROBIN LANDWEHR-INTEGRATED CARE DIRECTOR

Be PRAPAREd!

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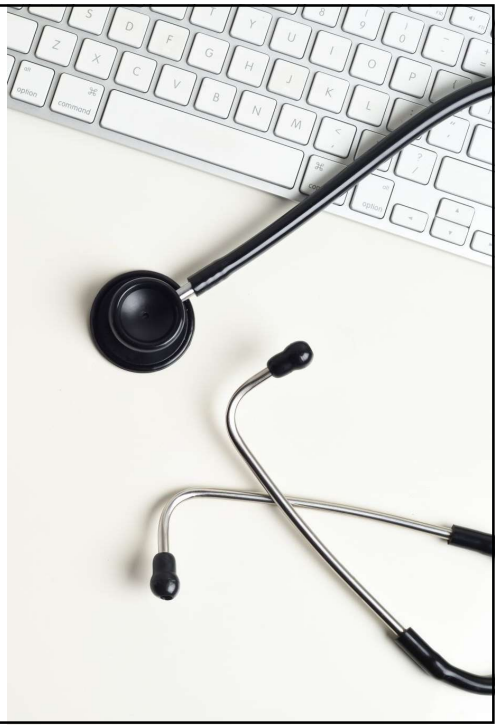
LEARNING OBJECTIVES

1. Administer the PRAPARE Screening Tool to better assist clients with their social drivers of health needs.

2. Discuss the potential use of the PRAPARE Screening Tool in YOUR settings and receive feedback on ideas for workflow. You will be provided an example of an integrated workflow in a primary care setting that allows for the screening of patients using the PRAPARE tool.

3. Discuss ideas for integration with internal or community resources based on the needs of clients who complete the PRAPARE Screening Tool and require assistance.



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FOUNDATION & DEVELOPMENT

2015-Spectra Health has had a foundation and dedication to a comprehensive integrated care model that is supported at all levels. In May 2015, Spectra Health (then Valley Community Health Centers) hired a Behavioral Health Consultant to begin integrated behavioral healthcare in a primary care setting.

2016 – Spectra Health hired first Social Worker. Really started investing in SDOH work at the request of our providers. Participated in a wide variety of learning collaboratives and partnership training series on PRAPARE implementation-primarily through NACHC/AAPCHO and CHAD from 2018 to current.

2018 - GFHA awarded SAMHSA TIEH Grant on 11/20/2018 in partnership with Spectra Health. PRAPARE implementation was eventually a requirement of the SAMHSA grant partnership.

2019 - Spectra hired two SAMHSA Homeless Case Worker FTEs. In 2020 hired four additional Community Health Case Workers. In January of 2020, started implementing PRAPARE for newly establishing patient appointments in the medical clinic.

2022 (August)-Partnership with Great Plains Food Bank.

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PRIMARY CARE BEHAVIORAL HEALTH MODEL

Primary Care Behavioral Health (PCBH)

Primary Care Behavioral Health (PCBH) Model (Robinson & Reiter, 2016)	
Philosophy & Setting	• Team-based, population based health approach • Improve efficacy & efficiency of primary care • Share pods, office centrally located, exam rooms • Routine part of care
Behavioral Health Consultants (BHCs)	• Doctoral level psychologists • LCSWs, MHCs, LMFTs and other master's level clinicians
BHCs' Interventions	• Functional improvement vs symptom reduction • CBT, ACT & SFBT; Psychoeducation & coping skills
BHCs' Qualities	• Accessible (on demand, warm handoffs) • Generalist (sees all patients) • Highly productive (average 8-10 pts per day) • Educator (provide formal & informal training)
Nature of Visits	• < 30 minutes • Episodic care • 10-15% long term

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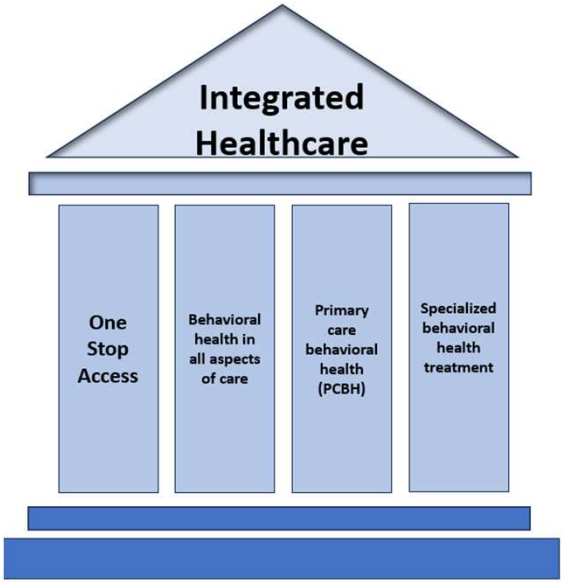
INTEGRATED BEHAVIORAL HEALTHCARE AT SPECTRA HEALTH



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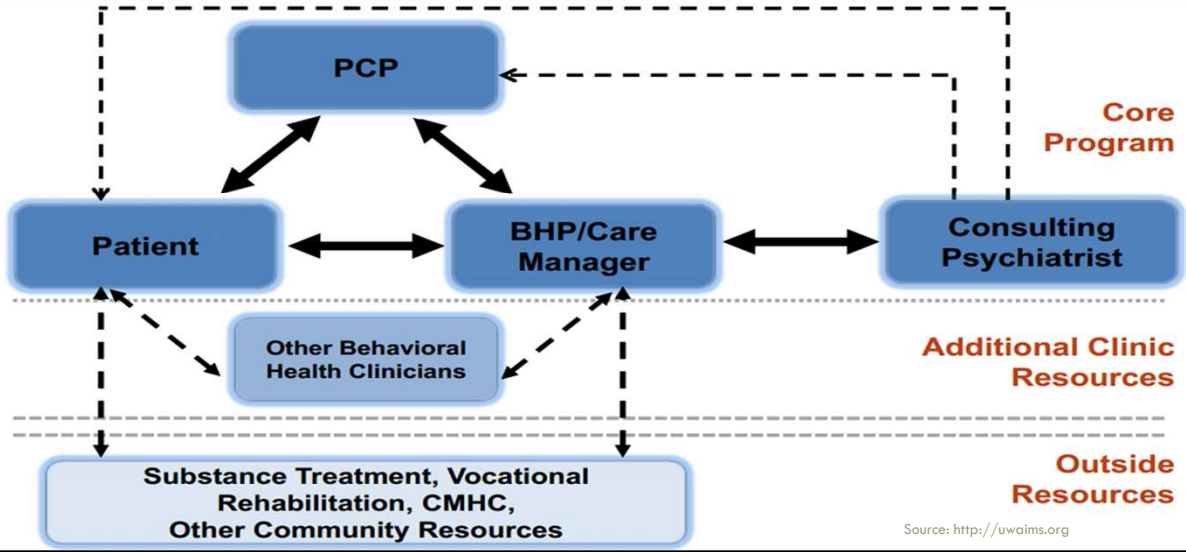
Collaborative Team Approach



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https://enterprises.upmc.com/blog/social-determinants-of-health/

WHAT ARE THE SOCIAL DRIVERS OF HEALTH?

"Social determinants of health (SDOH) are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems. Centers for Disease Control and Prevention (CDC) has adopted this SDOH definition from the World Health Organization."

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WHY ARE SOCIAL DRIVERS OF HEALTH IMPORTANT?

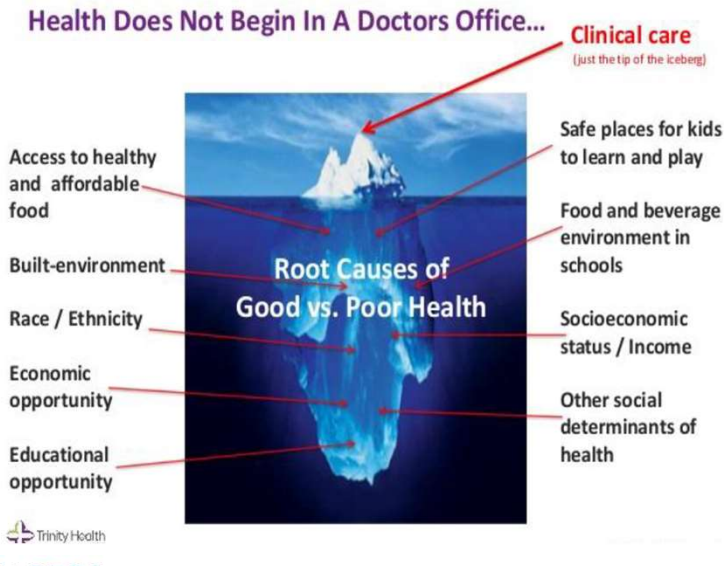

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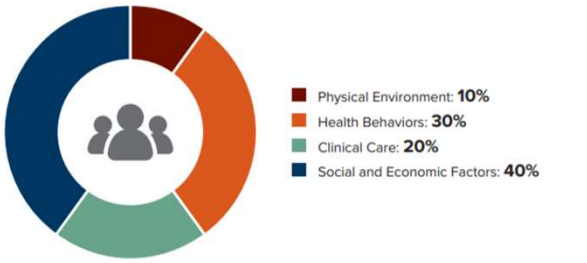
FIGURE 1.1. Social, Economic, and Environmental Factors Play a Large Role in Impacting Health Outcomes



CHAPTER 1: Understand the PRAPARE Project

Collecting information about social drivers of health will help us better understand our patients and their needs, and ultimately provide better care.

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What is PRAPARE?

PRAPARE stands for

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

A national standardized patient risk assessment protocol built into the EHR designed to engage patients in assessing and addressing social determinants of health.

www.nachc.org/prapare

PRAPARE

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PRAPARE is being used by organizations in every state and even across the world!

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What questions are included in PRAPARE?

Core	
UDS SDOH Domains	Non-UDS SDOH Domains (MU-3)
1. Race	10. Education
2. Ethnicity	11. Employment
3. Veteran Status	12. Material Security
4. Farmworker Status	13. Social Isolation
5. English Proficiency	14. Stress
6. Income	15. Transportation
7. Insurance	16. Housing Stability
8. Neighborhood	
9. Housing Status	

Optional	
1. Incarceration History	3. Domestic Violence
2. Safety	4. Refugee Status

Optional Granular	
1. Employment: How many hours worked per week	3. Insurance: Do you get insurance through your job?
2. Employment: # of jobs worked	4. Social Support: Who is your support network?

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Available in 26 Languages!

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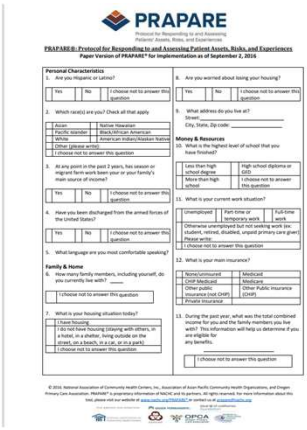
SCREENER

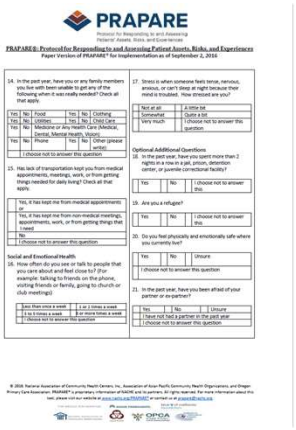
NACHC IS THE OWNER OF PRAPARE®

CONTACT (PRAPARE@NACHC.ORG) TO ANSWER ANY QUESTIONS


PRAPARE

PRAPARE©: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences

Paper Version of PRAPARE© for Implementation as of September 2, 2016


PRAPARE

PRAPARE©: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences

Paper Version of PRAPARE© for Implementation as of September 2, 2016

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Social Drivers of Health ARE Social Drivers of Mental Health

Core	
UDS SDOH Domains	Non-UDS SDOH Domains (MU-3)
1. Race	10. Education
2. Ethnicity	11. Employment
3. Veteran Status	12. Material Security
4. Farmworker Status	13. Social Isolation
5. English Proficiency	14. Stress
6. Income	15. Transportation
7. Insurance	16. Housing Stability
8. Neighborhood	
9. Housing Status	

Optional	
1. Incarceration History	3. Domestic Violence
2. Safety	4. Refugee Status
Optional Granular	
1. Employment: How many hours worked per week	3. Insurance: Do you get insurance through your job?
2. Employment: # of jobs worked	4. Social Support: Who is your support network?

"Social determinants should be framed as the result of structural inequalities in our institutional systems rather than patient vulnerabilities." Social Determinants of Mental Health: Where We Are and Where We Need to Go - PMC (nih.gov)

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PRAPARE WORKFLOW

- **Conversation and training/learning started in 2018. Started working with EHR to integrate PRAPARE in December of 2019**
- **In January of 2020, started implementing PRAPARE for newly establishing patient appointments in the medical clinic.**
- **Started by identifying what questions from PRAPARE were already covered by the nurse rooming process. Isolated the remaining questions and had patients complete a paper form with those 8 questions during registration. Kept data on Xcel spreadsheet.**
- **A LOT of challenges with COVID.**
- **Successfully integrated into Epic as a flowsheet in January of 2021**
- **On 4/1/21 started implementing full screener be completed on a Tablet and data stored on a Google spreadsheet. Designated staff were responsible to transfer data from Google spreadsheet into worksheet within EHR.**
- **On 8/1/21 implemented BHC staff meet with patients and complete screener and introduce the integrated care model.**
- **Identified components for follow-up and implement referral system within EHR. Social Services staff enter PRAPARE screeners into EHR on a daily basis and initiate referrals if appropriate.**
- **All throughout the process, PRAPARE was consistently identified and prioritized as a critical component of our strategic plan.**

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CURRENT SPECTRA HEALTH PRAPARE WORKFLOW

- Establish Appointments in Medical: Started January of 2020. Workflow process has changed over time. Currently BH/Social Services staff complete in-person with patients and explain integrated care model.
- MAT Intakes: Started fall of 2022. Completed by Social Services staff that meet with patients during intake process.
- Social Services Same-Day/Walk-Ins: Started 1/16/23. Completed by Social Services staff during appointment.
- Dental First Same-Day Appointments: Started 3/1/23. Given with registration paperwork and Dental staff ensure completeness.
- Chemical Dependency Evaluations: Started 5/1/23. Completed by LACs during evaluation.
- Graduation From Outpatient Treatment Groups: Started 3/1/24. Completed by LACs during graduation process.
- Post Hospital Follow Up Visits in Larimore Clinic: Started 3/1/24. Completed by Nursing/Front Desk Staff.

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IMPACT-LETTING THE DATA TELL OUR STORY

- **From 8/22 to 3/24- a total of 998 individuals were screened with the PRAPARE system at Spectra Health.**
- **Of which, 341 (about 34%) screened positive for food insecurity.**
- **Food Bag Program: From 8/22-3/24 we have provided 164 food bags directly to patients who screened positive for food insecurity.**
- **From OCTOBER 1 2022 through JUNE 30 2023, Spectra Health completed 360 PRAPARE screeners. Of the 360 screened, 102 (28%) identified housing insecurity as a concern and of those 102, 91 (89%) were actually seen by Social Services staff. All who screened positive were attempted to be contacted/offered housing navigation services.**

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Challenges & Opportunities:

Assets & Successes:

HOW CAN YOU BE PRAPARED IN YOUR SETTING?

CONSIDER CULTURE, LEADERSHIP, TECHNOLOGY & WORKFLOW

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CONTACT INFORMATION

VISIT OUR WEBSITE AT: WWW.SPECTRAHEALTH.ORG

Kayla Hochstetler, LMSW
- E: kayla.Hochstetler@spectrahealth.org
- Ph: 701-757-2100 ext 2312

Robin Landwehr, LPCC
- E: robin.landwehr@spectrahealth.org
- Ph: 701-757-2100 ext 2406

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REFERENCES/SOURCES

Centers for Disease Control and Prevention: https://www.cdc.gov/socialdeterminants/faqs/#faq6

Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences (PRAPARE®)

- PRAPARE® is a national standardized patient risk assessment tool designed to engage patients in assessing and addressing social drivers of health. The tool contains 21 SDOH domains that has been paired with an Implementation and Action Toolkit, and standardized across ICD-10, LOINC, and SNOMED.
- NACHC collaborated with the Association of Asian Pacific Health Organizations (AAPCHO) and Oregon Primary Care Association (OPCA) to develop PRAPARE®.
- Learn more by visiting: https://prapare.org/
- Question on PRAPARE®? Email prapare@nachc.org

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