

Asian Health Services' Use of Behavioral Health Staff to Administer PRAPARE

Asian Health Services (AHS) administered PRAPARE with four different population groups: (1) patients with HIV and at-risk HIV, (2) high utilizers, (3) patients with low to moderate mental health needs, and the (4) general adult population.

Asian Health Services engaged over 15 staff members from various departments to strategize PRAPARE implementation, ranging from Clinical Directors to IT staff to integrated Behavioral Health staff, such as case managers and medical social workers. Based on staff feedback, AHS decided to allow flexibility with PRAPARE implementation workflows so that individual staff teams can determine the best and most appropriate time to administer PRAPARE based on patients' timelines and needs.

What Worked Well

- **Message Importance of PRAPARE:** AHS included messaging for staff as to why it is important to collect data on the social determinants and how essential PRAPARE data is to creating sustainable change towards improving population health and community planning
- **Engage and Involve Staff:** AHS engaged and listened to staff, which shaped their implementation plans. In particular, they found it helpful to:
 - Be flexible to various teams' workflows
 - Share data with staff using graphs and images which helped gather buy-in
- **Plan and Prepare:** AHS did the following to strategize PRAPARE implementation:
 - Identify resources available for needs before implementing PRAPARE
 - Download the PRAPARE EHR template into test workflow and pilot before fully rolling out

Impact of PRAPARE at Asian Health Services

- Built PRAPARE data collection as a systemic, institutionalized process for all patients as part of organizational culture rather than on ad-hoc basis
- Used data to push for policy and budget priorities
- Improved internal Community Resource Index to select appropriate resources based on location
- Identified gaps in staff cross-training on resources

Next Steps

- As AHS continues to use PRAPARE, they will also examine the following:
 - What interventions are provided in response to PRAPARE data and how consistently?
 - Are interventions effective from a patient perspective?
 - What are ways to link the PRAPARE screening to interventions/ enabling services?
 - What are systems-level interventions that need to be considered, and how can PRAPARE data help inform them?



Asian Health Services won a Roles Outside of Traditional Systems (ROOTS) grant with the Center for Care Innovations to improve AHS's response to the PRAPARE data. Housing and food insecurity were identified as core areas to build more interventions and relationships.