Massachusetts League of Community Health Centers Supporting PRAPARE Data Reporting, Aggregation and Analysis

Massachusetts League of Community Health Centers (Mass League) worked with both their health centered controlled network (HCCN) and Azara Healthcare to emphasize the need to visualize social determinants of health (SDH) data from PRAPARE at a population level. The HCCN worked with the health centers to map their data into the Azara reporting tool, covered the cost of this mapping, and facilitated the meetings between health centers and Azara. This ensured that developed registries were organized effectively and the most useful information was contained for clinical utility. The team also collaborated to add PRAPARE social determinant information to patient visit planning reports to help staff prepare for visits. Once these tools were developed and used, the Massachusetts PRAPARE team set up various meetings to promote this work by displaying the visualized PRAPARE data and demonstrating how its use could inform care and population health management. Using the aggregated data, Mass League is planning to build a partnership with their Department of Public Health for future funding opportunities.

Successes

- ***Health center buy-in and increased motivation:***
  The health centers in Massachusetts were already enthusiastic about collecting PRAPARE data, partly because Massachusetts went live with its first Medicaid Accountable Care Organization (ACO) on March 1, 2018. In this environment, the community health centers (CHC) recognized the importance of understanding the needs of their population and PRAPARE provided an opportunity for them to better manage those needs. Interest in collecting PRAPARE data only increased across health centers as Mass League was able to visualize PRAPARE data and demonstrate how it could be used. UMass Medical School also collaborated and provided funding to three health centers to learn more about their specific challenges and successes of implementation.

Approximately 10,000 patients have been screened using a modified version of the PRAPARE tool from two health center partners and Mass League is continuing to work with several other centers to implement PRAPARE. Mass League's future goals are to implement PRAPARE in six other CHCs over the coming year and then more every year.

Strategies for Aggregating, Reporting, and Using PRAPARE Data from Your Health Centers

- ***Mapping of the data elements into the Azara DRVS reporting tool:***
  Working with the Azara DRVS tool, the team used the data in several actionable ways, such as developing registries and patient visit planning tools. The team was also able to aggregate the data using DRVS and determine the portion of the population that are affected by the SDH elements in PRAPARE. By having the data elements available, DRVS also allowed the PCA to look at the data in different ways, such as seeing the relationship between specific diagnoses with specific SDH. For example, what proportion of patients with a diabetes diagnosis also indicated that they have food insecurity needs? These kinds of analyses can help target the enabling services to maximally benefit the patient. In the previous example, a health center could assign a nutrition counselor to work with the food bank and the patient to address their specific diabetic dietary needs.

1. ***Development of an Excel based template when the PRAPARE data was not available in DRVS:***
   One Massachusetts health center administered the PRAPARE paper tool in an electronic library to people that may or may not become health center patients. This was due to the rural location of the health center. They did not want to include these people in their EHR because if they were not patients, it would be problematic for the clinical quality measures if they were listed in the EHR.

In terms of value-add, having the training to implement the PRAPARE tool to each health center in Massachusetts was very valuable. Based on the numbers of health centers in the HCCN, it was estimated to a cost of about $292 per health center for the HCCN to be trained on PRAPARE. The cost per health center also could include mapping reimbursement and the administrative time to coordinate calls, go for in-person visits, etc.

The Mass League HCCN developed an Excel-based tool, which allowed the health center to continue administering the tool at the local library as part of their partnership with a community based organization and still obtain aggregate data. If the people later became patients at the health center, there was a function to look up their PRAPARE questionnaire in the Excel tool and then bring the information over to the EHR.

Challenges and Solutions

- ***Additional questions to ask the patients:*** Many screening questions are asked of patients, such as the PHQ-9, tobacco use, falls risk, etc. The intake process is long and many health centers are wary of asking more questions. Getting them to try it on specific small pockets of the patient populations was the best practice. For example, in one health center, the PCA began by having them administer the PRAPARE questionnaire for new patient physicals at their new location. Once the clinic saw that it was not as bad as they feared, they expanded the group of patients. The eventual goal is now to administer it to all patients annually. Aggregating the data is easy for patients who have the DRVS reporting tool.

Key Takeaways

- **Emphasize the importance of gathering the data, even if you cannot immediately act upon the needs identified.** Obtaining the aggregate population level data is very valuable for prioritizing the SDH needs of all of the patients at the health center in an analytic fashion, rather than only having anecdotal stories to determine where advocacy efforts are needed. Using evidence-based analysis will empower health center staff to target meaningful interventions to have maximal impact on their patients. This is especially true when some of the SDHs may be more subtle or less vocalized at appointments and therefore more likely to be overlooked. Having the actual data that points to a SDH that may have otherwise gone undetected will benefit both the patients and the health center in the long run.

- **Think outside the box.** Administer the PRAPARE tool even when there is no EHR template that can incorporate the answers into your EHR. Using the Excel based tool will allow the health center to obtain aggregate level data and be able to begin to understand the SDH factors at the health center. While less optimal than having the EHR template, it is still better to have an option to aggregate data than not having that option at all. In addition, thinking outside the box opens the door to more options, such as implementing PRAPARE in the dental clinic and at outreach sites.

- **Think about combining the SDH data with referral registries.** One health center that Mass League is working with is combining SDH data elements with their referral registries to see if their referrals are appropriately addressing patient needs. For example, if the patient indicates they have food insecurity needs, the referral registry should show a food bank referral. This is an additional “checks and balances” step in the process, so that caseworkers can double check that appropriate referrals were actually generated in the EHR and can track if the patient completed the referral. Having this extra step of connecting the SDH to the referral type closes the loop of addressing patient needs.