

Supporting PRAPARE Risk Stratification and Care Management Efforts: Michigan Primary Care Association & Michigan Quality Improvement Network

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The [Michigan Primary Care Association \(MPCA\)](#) and the Michigan Health Center Controlled Network, [Michigan Quality Improvement Network \(MQIN\)](#), staff participated in round two of the PRAPARE Train the Trainer Academy. This was an opportunity to further expand on the capacity to assist member health centers in PRAPARE implementation and further affect change at the patient, organization, and community levels. The MPCA seeks to leverage PRAPARE data for state policy and transformation initiatives. Several MPCA staff were also a part of the round one cohort participating in the academy and were positioned to focus on sustainability efforts in implementing the tool at health centers throughout Michigan.

Strategy for Risk Stratification and Care Management:

As a participant in round two of the PRAPARE Train the Trainer Academy, the MPCA focused on efforts to risk stratify patients. To this end, the MPCA developed a risk algorithm in the integrated data system, Azara DRVS. This tool within the platform currently stratifies patients based on weighted scores given for diagnoses, lab values, medications, and social determinants of health (SDOH) counts (1-3, 4-7, 8-12, etc.). This allows patients to be categorized into low, medium, or high-risk cohorts. The health centers are then able to make data-driven decisions and connect patients to the appropriate care and resources. Patients ranked into the high-risk cohort are automatically enrolled in the health center care management program. A dedicated staff member designated as the care manager engages with the patients and does follow-up as needed. This care manager could be a registered nurse, a medical assistant, a

community health worker, or any staff person that is deemed appropriate to support the patient. During the follow-up with patients, the care manager can address clinical issues along with SDOH that are barriers to health and well-being. The discussions also include connection to additional resources within the health center as well as referrals to community partners and organizations. This strategy allows care managers to address the gaps in SDOH needs along with the clinical needs that impact a patient's health.

Progress to Date and Next Steps:

There are currently 15 health centers in Michigan that use PRAPARE within their EHRs. There are also 25 health centers that have implemented Azara DRVS with an additional seven health centers in various stages of pre-implementation. The MPCA data team is currently supporting health centers in mapping the PRAPARE tool in Azara. Some of the health centers are finetuning their workflow and then will be able to map the fields in their EHR, followed by mapping of the corresponding fields in Azara DRVS. The risk tool is available to all 25 health centers currently using Azara. This is a six-month process, and there are four health centers validating the data for the risk algorithm. The MPCA data team staff will continue to provide support in adapting the tool based on health centers' feedback over the next few months. MPCA will integrate weighted risk scores for each of the core SDOH if there are additional changes to the weighted risk scores for each of the PRAPARE measures as well as update the risk algorithm in Azara DRVS. MPCA will also implement best practices disseminated after the completion of the risk stratification learning collaborative.

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