



PATIENT RISK DATA AND THE PATHWAY TO TRANSFORMATION

July 2015

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WEBINAR OBJECTIVES

- Discuss how collecting and acting on patient non-clinical data support **patient/population care management**, and position health centers to **improve outcomes, lower total cost of care**, and be ready to **participate in new payment arrangements**
- **Present tools** designed to collect and address STANDARDIZED non-clinical data
- Discuss how this relates to **California's Alternative Payment Method** demonstration

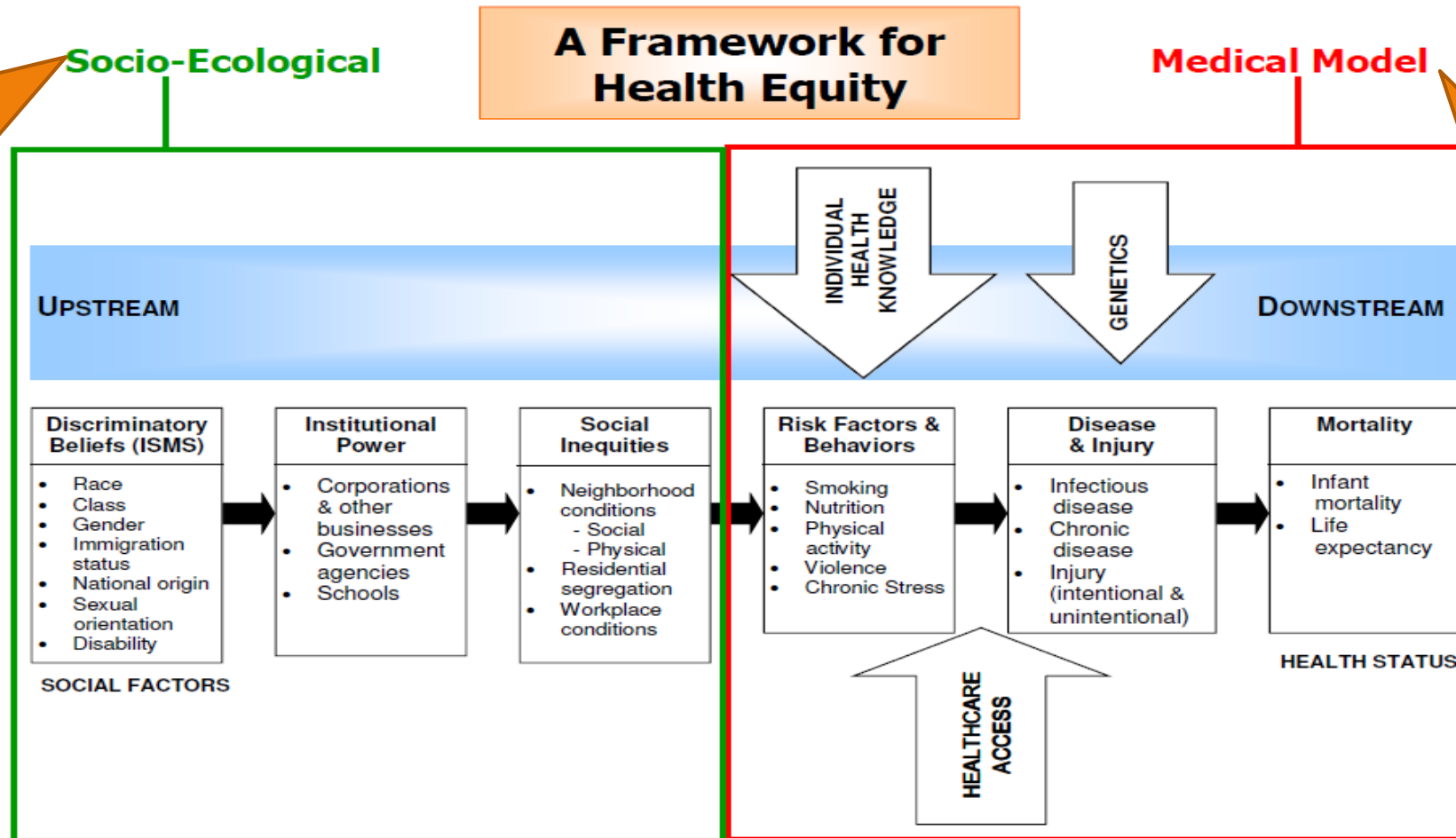
WEBINAR AGENDA

Topic	Facilitators
Importance of Collecting Data on the SDH	Michelle Proser, NACHC and Tuyen Tran, AAPCHO
How We Created PRAPARE	Michelle Jester, NACHC
How You Can Use PRAPARE at Your Health Center	Michelle Jester, NACHC
Getting Ready to Implement PRAPARE	Alicia Atalla-Mei, OPCA
Status of PRAPARE	Alicia Atalla-Mei, OPCA
California APM Demonstration	Andie Patterson, CPCA
Q&A	

**WHY IS IT IMPORTANT TO
COLLECT STANDARDIZED DATA
ON THE SOCIAL DETERMINANTS
OF HEALTH?**

WHAT IS DRIVING THE NEED TO COLLECT DATA ON THE SOCIAL DETERMINANTS OF HEALTH (SDH)?

Figure 1

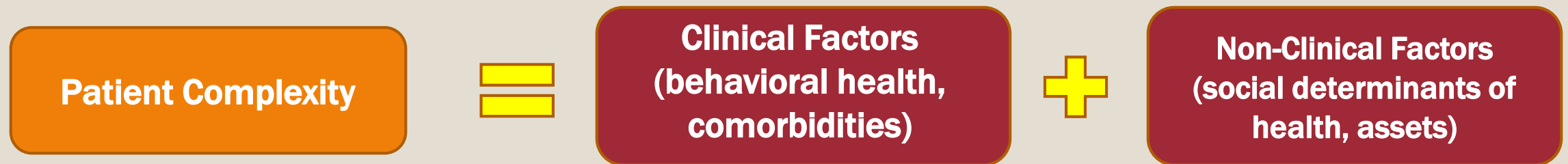


How well do we know our patients?

Are services addressing SDH incentivized and sustainable?

Are community partnerships adequate and integrated?

UNDERSTANDING PATIENT COMPLEXITY



Care teams must have an understanding of their patients' complexity in order to make appropriate and informed care decisions.

WHAT IS THE PRAPARE PROJECT ABOUT?

PRAPARE:

Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences

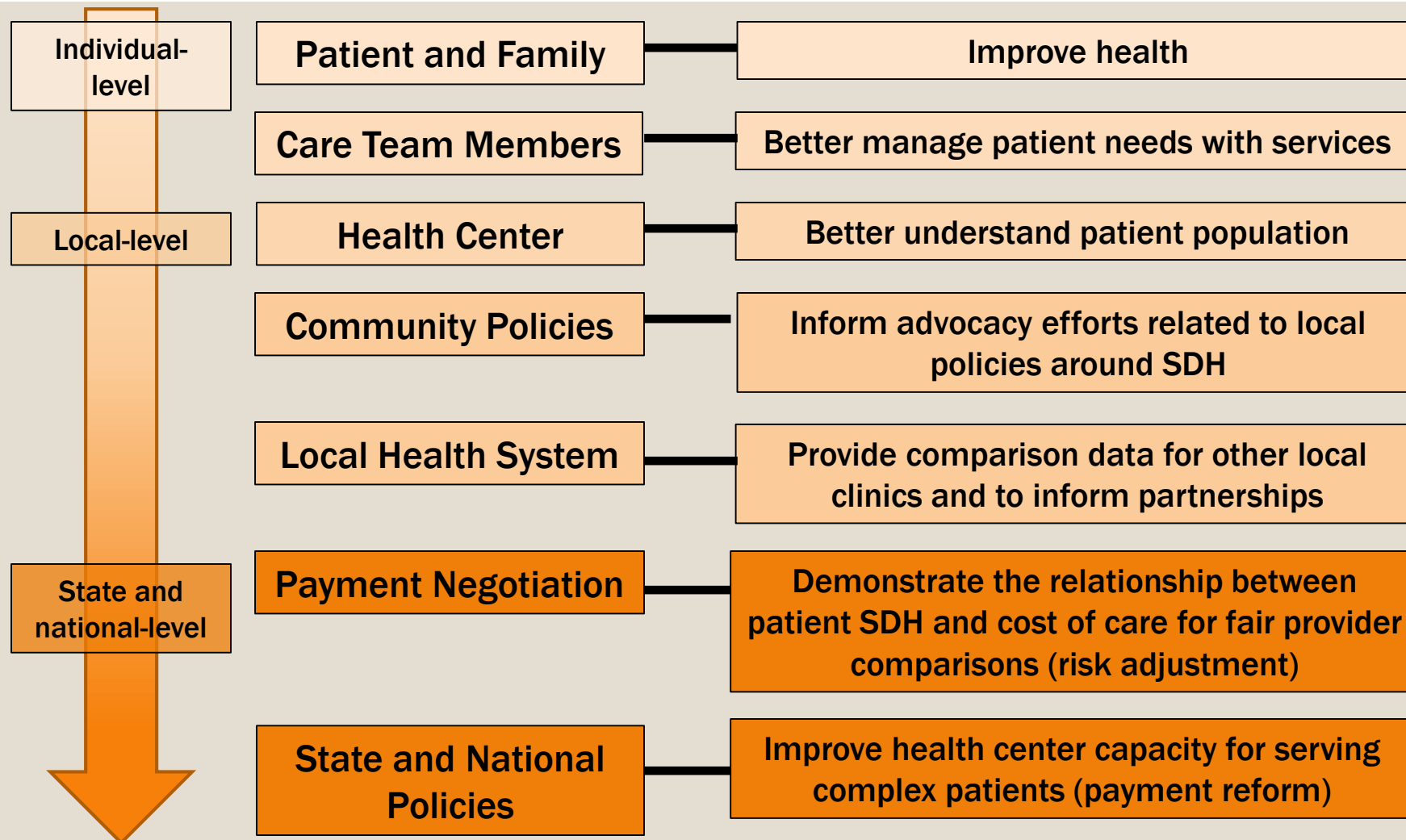
Overall Project Goal

To create, implement/pilot test, and promote a ***national standardized patient risk assessment protocol*** to assess and address patients' social determinants of health (SDH).

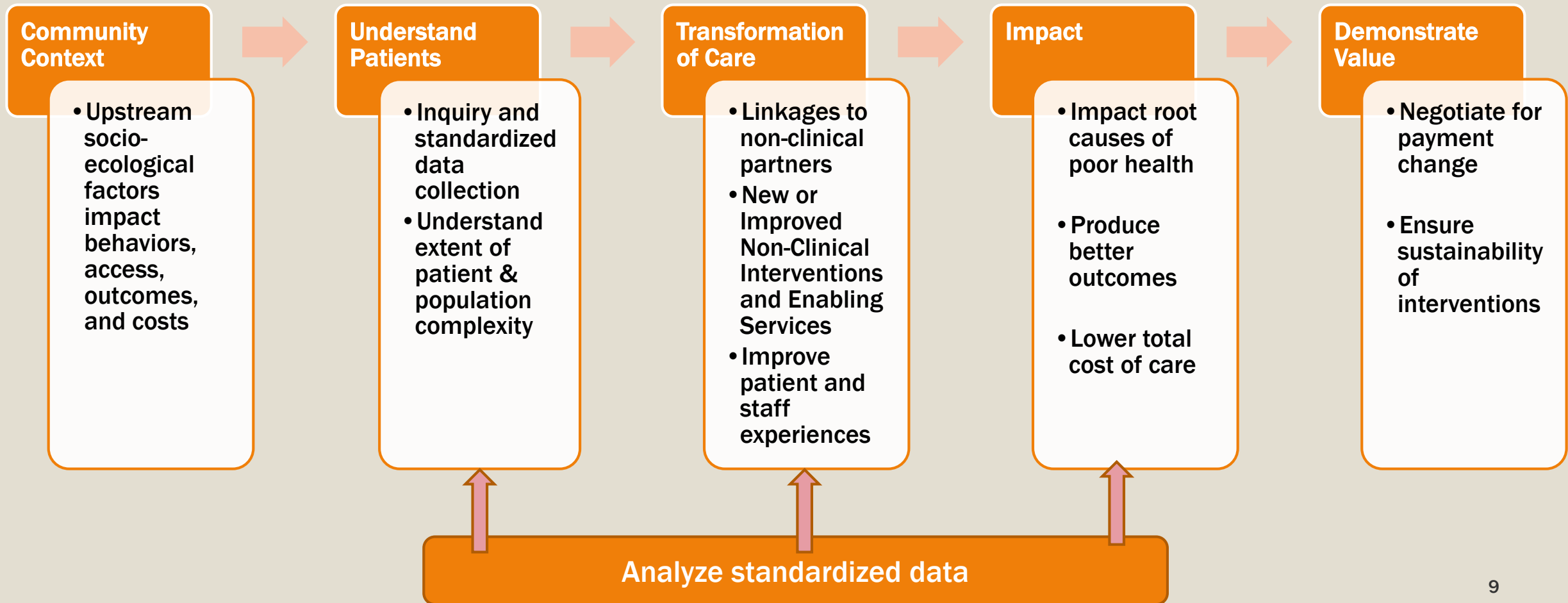
In other words, position health centers to

- Document the extent to which each patient and their total patient populations are **complex**
- Use that data to **improve patient health, affect change at the community/population level, and sustain resources and create community partnerships necessary to improve health.**

PRAPARE POSITIONS HEALTH CENTER STAFF TO IMPROVE INDIVIDUAL AND COMMUNITY HEALTH



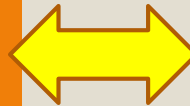
FROM DATA TO PAYMENT: CONNECTING THE DOTS



SDH DATA AND DATA ON INTERVENTIONS GO HAND IN HAND

NEED

- Standardized data on patient risk



RESPONSE

- Standardized data on interventions

Together, these data can demonstrate the value of health centers in effectively meeting needs of complex patients and benefiting the overall health system.

AAPCHO DATA COLLECTION PROTOCOL: THE ENABLING SERVICES ACCOUNTABILITY PROJECT

Enabling Services Accountability Project (ESAP)

The **ONLY** standardized
data system to track
and document
non-clinical enabling
services that help
patients access care.

CATEGORY	CODE
CASE MANAGEMENT ASSESSMENT	CM001
CASE MANAGEMENT TREATMENT AND FACILITATION	CM002
CASE MANAGEMENT REFERRAL	CM003
FINANCIAL COUNSELING/ELIGIBILITY ASSISTANCE	FC001
HEALTH EDUCATION/SUPPORTIVE COUNSELING	HE001
INTERPRETATION	IN001
OUTREACH	OR001
TRANSPORTATION	TR001
OTHER	OT001

HOW DID WE CREATE PRAPARE?

Literature reviews of SDH associations with cost and health outcomes

Monitored and/or aligned with national initiatives

- *HP2020*
- *RWJF County Health Rankings*
- *IOM on SDH in MU Stage 3*
- *NQF on SDH Risk Adjustment*
- *SBM & NIH*

Collected existing protocols from the field

- *Collected 50 protocols*
- *Interviewed 20 protocols*
- *Identified top 5 protocols*

Engaged stakeholders for feedback

- *Braintrust (advisory board) discussion*
- *Surveyed stakeholders*
- *Distributed worksheet to potential users for feedback*

Used evidence to apply domain criteria



Identified 15 Core Domains

IDENTIFYING CORE DOMAINS

CRITERIA: HEALTH IMPACT, RELEVANCE, AND FEASIBILITY

Criteria	Rationale
Alignment with national initiatives	<ul style="list-style-type: none"> • Better chance of comparison data • Existing buy in
Tied to research for cost outcomes	<ul style="list-style-type: none"> • Can be used to predict patient cost and intervention needs
Stakeholder consensus	<ul style="list-style-type: none"> • Evidence of health impact or face validity • Health centers committed to addressing it • Must be applicable to all CHCs
Amount of additional burden of data collection	<ul style="list-style-type: none"> • The lower the burden of data collection, the easier it is to collect quality data in a consistent, standardized way
Actionable for individual patient management	<ul style="list-style-type: none"> • This makes the data meaningful and useful for the individual patient reporting it (clinically relevant for quality goals)
Actionable for advocacy purposes	<ul style="list-style-type: none"> • Useful for discussions with community partners and payers • Demonstrates uniqueness of CHC patients
Sensitivity of domain information to patients and staff	<ul style="list-style-type: none"> • A highly sensitive domain may not be captured accurately and reliably • Highly sensitive information may have legal implications for the patient

PRAPARE DOMAINS

Core	
<u>UDS SDH Domains</u> <ol style="list-style-type: none">1. Race2. Ethnicity3. Veteran Status4. Farmworker Status5. English Proficiency6. Income7. Insurance8. Neighborhood9. Housing	<u>Non-UDS SDH Domains</u> <ol style="list-style-type: none">10. Education11. Employment12. Material Security13. Social Integration14. Stress
Optional	
<u>Non-UDS SDH Domains</u> <ol style="list-style-type: none">1. Incarceration History2. Transportation3. Refugee Status4. Country of Origin5. Safety6. Domestic Violence	

PRAPARE asks 15 questions to assess 14 core SDH domains.

- 9 domains already asked for UDS reporting
- 5 non-UDS domains informed by MU3

PRAPARE has 6 optional domains.

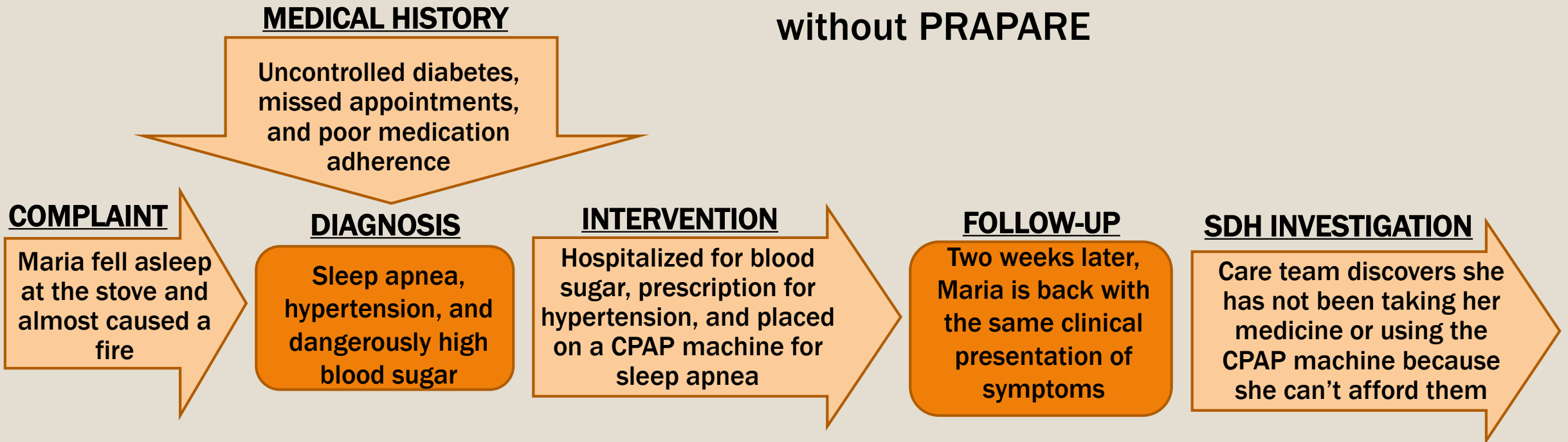
CROSSWALK OF PRAPARE WITH OTHER NATIONAL INITIATIVES

PRAPARE Domain	UDS	ICD-10	IOM	Meaningful Use (2 and 3)	HP2020	RWJF County Health
Race/Ethnicity	X		X	X	X	X
Farmworker Status	X					
Veteran Status	X			Seeking comments		
English Proficiency	X		X	X		X
Income	X		X		X	X
Insurance Status	X				X	X
Neighborhood	X	X	X		X	X
Housing	X	X			X	
Education			X	X	X	X
Employment		X	X	X	X	X
Material Security		X	X	X	X	X
Social Integration		X	X	X	X	X
Stress		X	X	X	X	

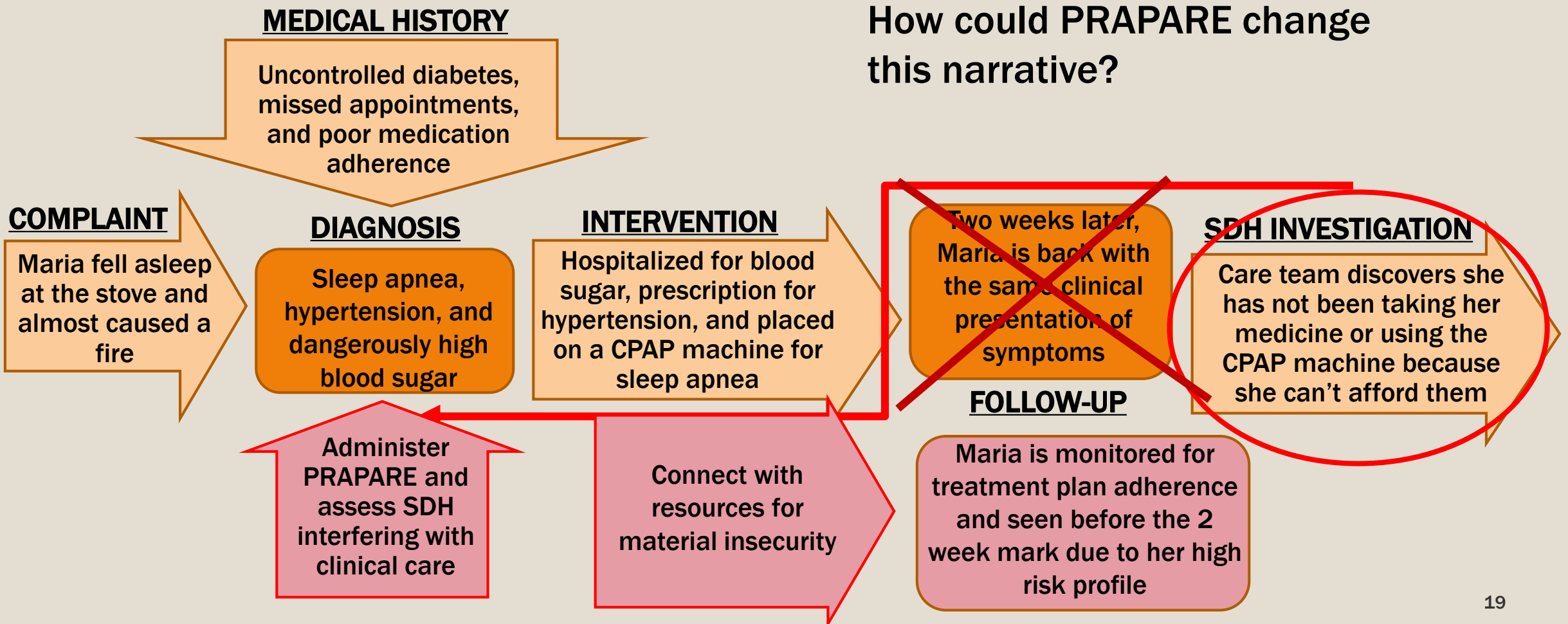
HOW CAN YOU USE PRAPARE AT YOUR HEALTH CENTER?

PRAPARE CAN AID IN BETTER ASSESSING AND MANAGING PATIENT NEEDS WITH APPROPRIATE SERVICES.

Maria's Story: Example of a care narrative without PRAPARE



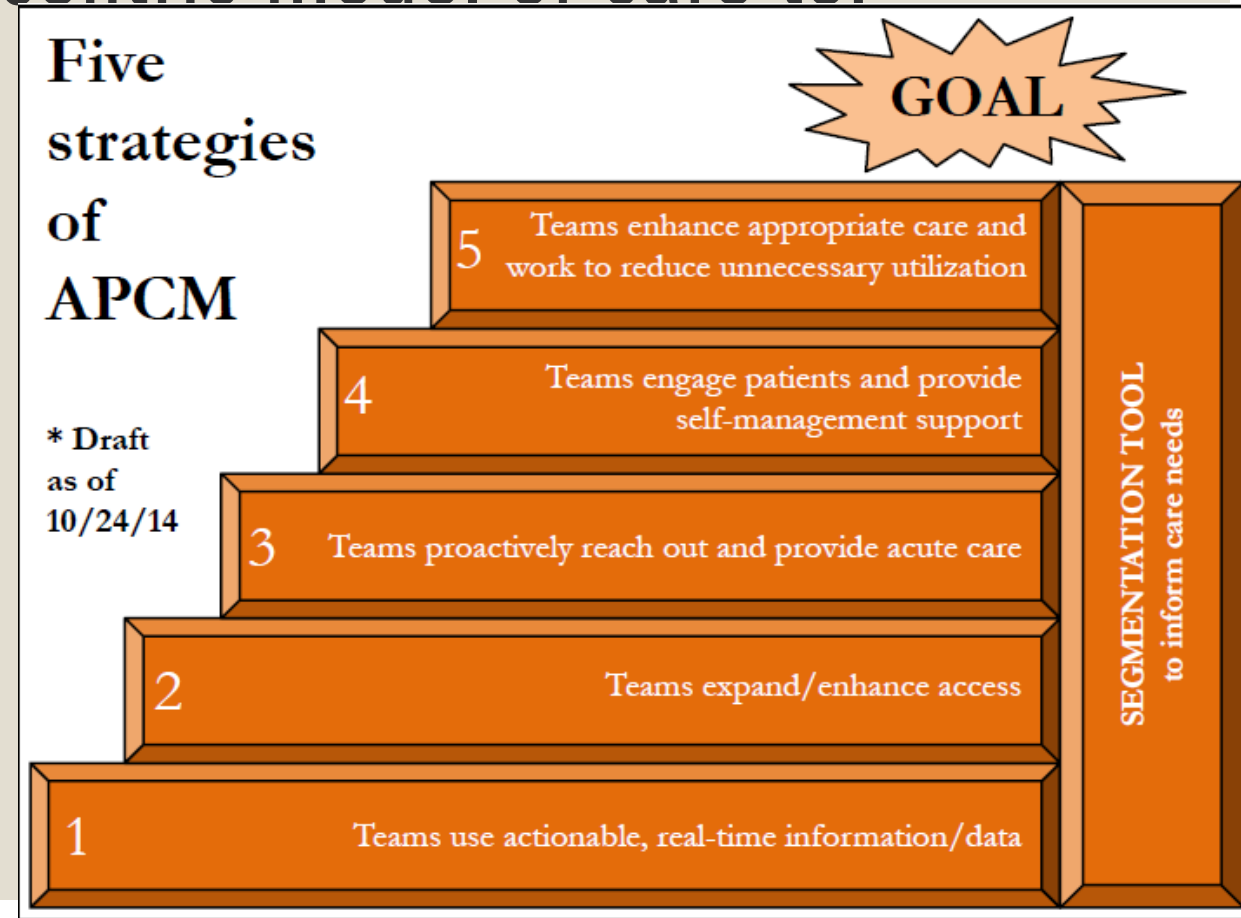
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GETTING READY TO IMPLEMENT PRAPARE

APCM IN OREGON: USING PRAPARE TO EXPLORE PATIENT SEGMENTATION WITH OREGON CHCS

- Group of advanced clinics that are participating in an APM which allows them to create a patient-centric model of care to:
 - ❖ Improve clinic population outcomes
 - ❖ Improve patient and staff engagement
 - ❖ Support open access
 - ❖ Contain costs



EXPERIMENTING WITH PRAPARE

- We invited clinics to pick a patient population and interview 10 consumers using 3 questions from PRAPARE
- Afterwards, clinics met face-to-face to share their experiences
 - ❖ How did you and the patient discuss these questions?
 - ❖ What did you observe about the process (your experience, patient's reaction)?
 - ❖ Did asking these questions lead to conversations about other topics?

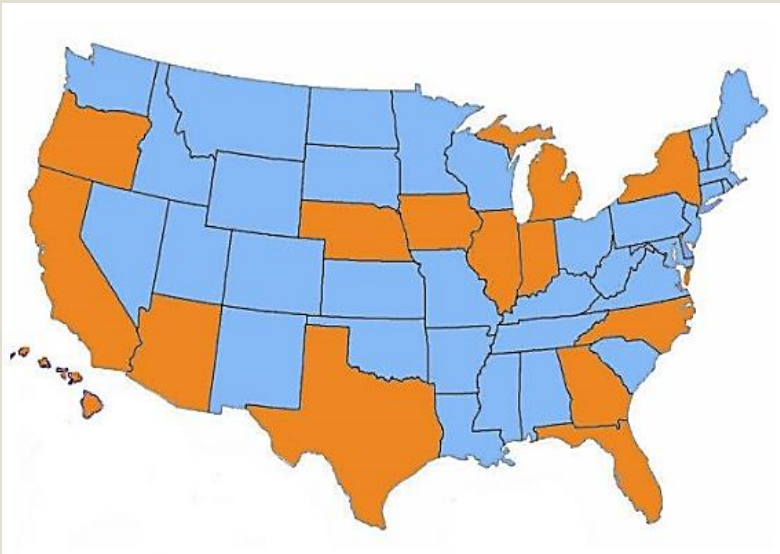
WHAT DID WE HEAR?

- Everyone did the assignment
- “Now we understand people better”
- Patients appreciated being asked
- Some clinics expressed wanting more ownership of the tool (i.e. participation in the development of the questions)
- Overall: lots of positivity around the exercise!

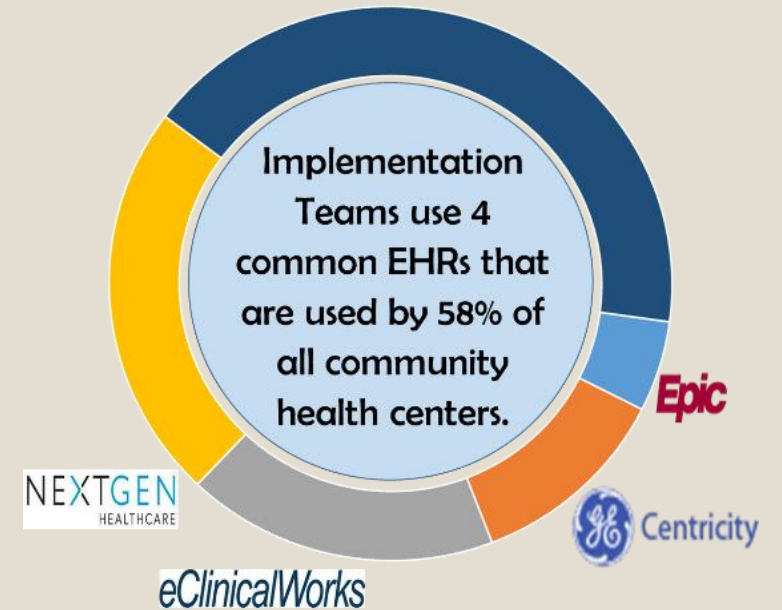
**WHAT IS THE STATUS OF
PRAPARE?**

PILOT TESTING PRAPARE WITH A LEARNING COMMUNITY OF IMPLEMENTATION TEAMS

Team 1	Team 2	Team 3	Team 4
<ul style="list-style-type: none">OCHIN, Inc.La Clinica del Valle Family Health Center (OR)	<ul style="list-style-type: none">Waianae Coast Comprehensive Health Center (HI)AlohaCareAltruista Health	<ul style="list-style-type: none">Health Center Network of New YorkOpen Door Family Medical Centers (NY)Hudson River Healthcare (NY)	<ul style="list-style-type: none">Alliance of ChicagoInConcertCareIowa Primary Care AssociationWaikiki Health (HI)Peoples Community Health (IA)Siouxland Community Health Center (IA)



Teams reach states across the country, aiding with the national dissemination of PRAPARE.



NEXT STEPS

Refine and revise protocol based on stakeholder feedback

2015

Complete pilot-test and implementation

Complete Implementation & Action Toolkit

Including:
* Free EHR Templates
* Training Materials
* Models of Interventions to Address the SDH

2016

National Dissemination of PRAPARE

Plan for Phase II

Including:
* Validation and Translation
* Standardized data on Interventions
* National PRAPARE Learning Network

RESOURCES AVAILABLE TO YOU

PRAPARE resources under Social Determinants of Health Folder
- www.healthcarecommunities.org/ResourceCenter.aspx

- Implementation steps and timeline
- PRAPARE Tool
- Data Documentation
- Educational materials about PRAPARE and other health center SDH projects

AAPCHO's ESAP technical and other resources at
<http://enablingservices.aapcho.org>.

**CALIFORNIA ALTERNATIVE
PAYMENT METHODOLOGY
DEMONSTRATION**

CA PAYMENT REFORM DEMO

- CPCA, in partnership with CAPH and LA Care, are sponsoring SB147 (Hernandez)
- The legislation will authorize a payment reform demonstration in California
 - Health Centers that volunteer will instead of PPS per visit, receive a PPS equivalent capitation per member per month
 - Health centers will track social determinants of health
 - Health centers will track enabling services/ alternative touches
 - Health centers will track a series of other outcome/process measures as well
- Long Term GOAL
 - Develop a payment methodology that appropriately and fairly pays health centers for all the care they provide including enabling services.
 - Receive appropriate payment for patients identified with high levels of complexity based on a risk stratification tool that factors in social determinants of health

INTERSECTION: PRAPARE AND PAYMENT REFORM

- We have not yet determined what tool/ or which social determinants will be tracked
- We have not yet determined what alternative touches will be tracked nor how they will be tracked.
- We aim to align with the national tools being used
- Decision has to be made in concert with the managed care plan and state helping to construct the payment reform demonstration.

INTERSECTION: PRAPARE AND PAYMENT REFORM

- Any and all data collection on enabling services and social determinants of health will help position health centers, not just those in the payment reform demonstration, for the future of value based payment
- CPCA encourages all health centers to consider using the PRARPARE tool and tracking enabling services.

QUESTIONS & DISCUSSION

CONTACT INFO:

PRAPARE info and listserv signup: Michelle Jester, mjester@nachc.org

AAPCHO ESAP technical assistance: Tuyen Tran, ttran@aapcho.org

OPCA APCM demonstration: Alicia Atalla-Mei, Aatalla-mei@orpca.org

Health Centers Leveraging Social Determinants Lessons Learned:
Clem Bezold, cbezold@altfutures.org