

AGENDA

What is PRAPARE?

PRAPARE Highlights

Configuration/Z-Codes

Reporting Options

Additional Documentation Solutions

PRAPARE

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

- Focus on capturing a patient's social determinants of health data.
- The collected data can be analyzed by providers and health centers as part
 of the national effort to better understand the socioeconomic drivers leading
 to the poor health outcomes and increased clinical care cost for the patients
 and act accordingly.
- NACHC has provided PRAPARE form. (IP version)
 http://www.nachc.org/research-and-data/prapare/toolkit/

NextGen PRAPARE Journey

2017

Standalone PRAPARE

- Developed as a standalone version
- 5.8/8.3.8 & 5.9/8.4
- Supported by Technical Consulting Services

2018

NACHC Intellectual Property

- Obtained IP agreement with NACHC
- NG received rights to build PRAPARE into NGE product

Spring 2019 Release 5.9.3/8.4.3

NextGen PRAPARE

- Developed/Released Spring 2019 as part of NGE Core
- Features: memorized reports, total score & interpretation config, documentation updates.
- NextPen Form

Spring 2020 Release 5.9.2020.1

- -Legacy Portal web form
- -Population Health
- -Online NextPen web form

Spring 2021 Release 6.2021.1

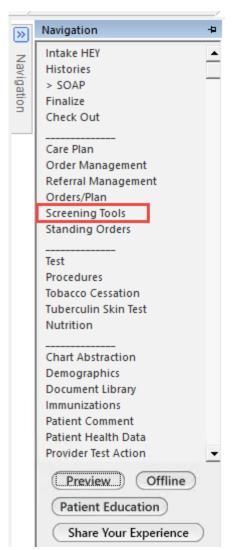
- 5 Crystal Reports
- Usability Improvements
- Enabling Services
- Tasking
- Alert for missing required questions

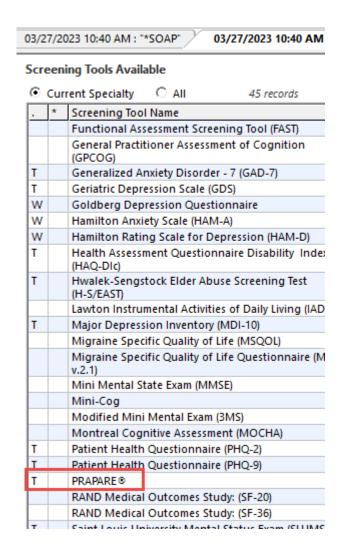
PRAPARE Highlights

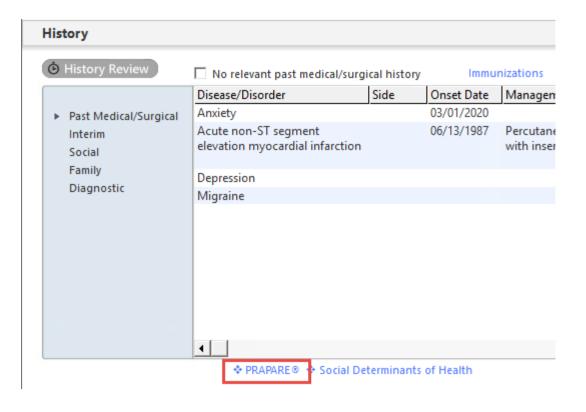
- PRAPARE template Based on the response, total score is calculated, and interpretation would be shown to user.
- PRAPARE flow sheet Allows users to see historical data.
- PRAPARE document Separate document to see documented data.
- PRAPARE Practice Configuration- To set SDOH or PRAPARE in workflow, setting to push ICD code to today's assessment.
- Peds age for PRAPARE Practice can set their own peds age.
- Practice defined questions ability to create practice specific SDOH questions.

- PRAPARE Scoring Configuration To configure score associated with each response. (Scoring is based off the default logic provided by NACHC)
- PRAPARE Total score and Interpretation Configuration- To set range and risk level (Practice can set their own interpretation for total score)
- ICD 10 codes, SNOMED, LOINC codes are associated with response. (Codes provided by NACHC)
- PRAPARE reports Memorized and crystal reports.
- Tasking and Enabling Services

PRAPARE Template Workflow







PRAPARE Template

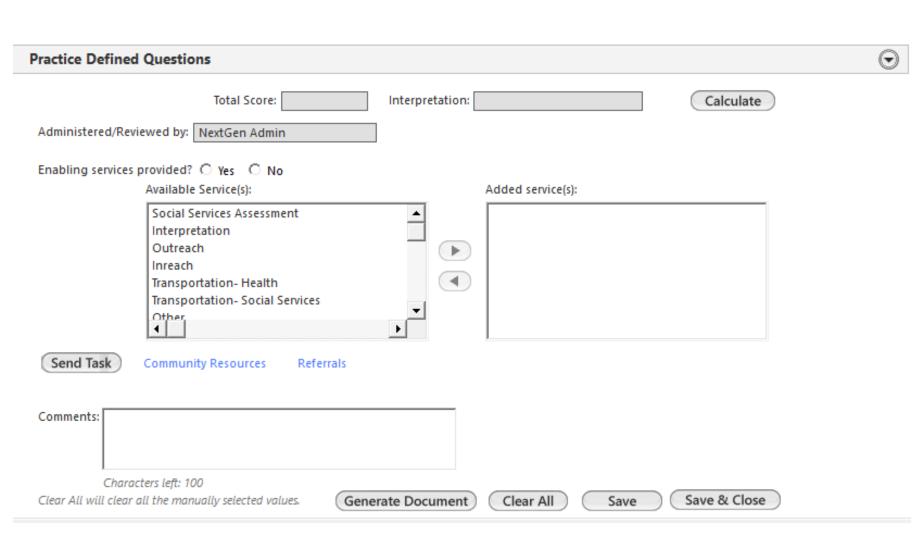
03/27/2023 10:40 AM : "*SOAP" 03/27/2023 10:40 AM : "F	PRAPARE®	Assessment Tool	" X			
Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences (PRAPARE®)						
*Performed Date: 03/27/2023 ☐ Decline PRAPARE®				PRAP	ARE® Flowsheet	
Personal Information (Click the Personal Information link to access	ss or modify	patient demograpi	hic details.)		Refresh	
First Name: 03			Birth Date:	05/05/1986		
Last Name: Test			Age:	36 Years		
Middle Name:			Birth Sex:	F		
Personal Characteristics						
*1. Ethnicity						
	Details:					
*2. Race						
American Indian or Alaska Native	Details:					
		and persecu	tion	rse discrimination		
*3. Preferred Language	Details:				1	
English	Details.					
*4. Have you been discharged from the armed forces of the United States?				not to answer this question	ı	
(Present Veteran Status in UDS: Not Collected Yet)	Details:	O Question no	t administere	d C Skipped question	1	
	Details.				I	
*5. At any point in the past 2 years, has season or migrant farm				not to answer this questior	ı	
work been your or your family's main source of income?		C Question no	ot administere	d C Skipped question	1	
	Details:					

Family & Home		Personal Information	1	
*6. How many family members, including yourself, do you currently live with?		C I choose not to answer this question		
For Family size value, update in the Modify Patient Information		Ouestion not administered		
template (Personal information > Modify Patient information> UDS> Family information grid)		Skipped question		
*7. Address S	treet 1:	Rd No 8		
S	treet 2:			
	City:	SCHENECTADY State: NY Zip: 12345		
*8. What is your housing situation today?		C I have housing		
		C I do not have housing		
		C I choose not to answer this question		
		C Question not administered		
		C Skipped question		
I	Details:			
*9. Are you worried about losing your housing?		○ Yes ○ No ○ I choose not to answer this question ○ Question not administered ○ Skipped question		
I	Details:			
Money & Resources		Personal Information	on	
*10. During the past year, what was the total combined income for you the family members you live with? This information will help us	u and			
determine if you are eligible for any benefits.		C I choose not to answer this question		
		O Question not administered		
		C Skipped question		
*11. Federal Poverty Level (%FPL)		C 100% or below		
		C 101-150%		
For %FPL value, refer % Pov in the Modify Patient Information template	,	C 151-200%		
(Personal Information > Modify Patient Information>		C 200% or more		
UDS> Family Information arid)		C Unknown		

*12. What is the highest level of school that you have finished?	C Less than high school degree C High school diploma or GED
	More than high school
	_
	C I choose not to answer this question
	Question not administered
	C Skipped question
Details:	
*13. What is your current work situation?	
13. What is your current work situation.	
Details:	
*** A M/I :	
*14. What is your main insurance?	
Details:	
	C Yes C No
been unable to get any of the following when it was really needed? Check all that apply.	
,	☐ Inadequate drinking-water supply
Utilities	C Yes C No
Clothing	O Yes O No
Child Care	C Yes C No
Medicine or Any HealthCare	C Yes C No
Phone	C Yes C No
011	
Others:	
ri:	

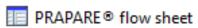
*16. Has lack of transportation kept you from medical appointments, meetings,work, or from getting things needed for daily living? Check all that apply.	, Details:	 ✓ Yes, it has kept me from medical appointments or from getting my medications ✓ Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need ✓ No ✓ I choose not to answer this question ✓ Question not administered ✓ Skipped question
Social and Emotional Health		
*17. How often do you see or talk to people you care about and feel close to?(For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)	Details:	
*18. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?	Details:	
Optional Additional Questions		
19. In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?	a Details:	○ Yes ○ No ○ I choose not to answer this question ○ Question not administered ○ Skipped question
20. Are you a refugee?	Details:	○ Yes ○ No ○ I choose not to answer this question ○ Question not administered ○ Skipped question
21. Do you feel physically and emotionally safe where you currently	live?	C Yes C No C Unsure C I choose not to answer this question C Question not administered C Skipped question

22. In the past year, have you been afraid of your partner or ex-partner?	C Yes C No C Unsure
	C I have not had a partner in the past year
	C I choose not to answer this question
	C Question not administered
	C Skipped question
Details:	



PRAPARE Flowsheet

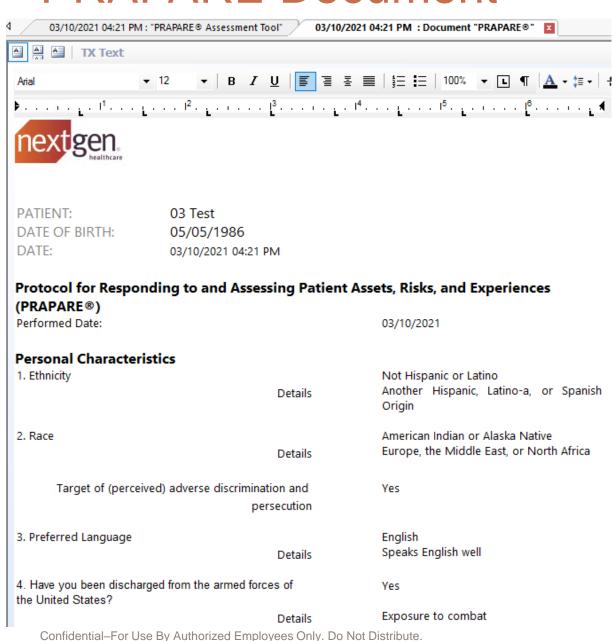
View of historical SDOH data collected.



PRAPARE® History

Encounter Date:Time	03/10/2021 04:21 PM	01/20/2021 10:57 AM
Veteran Status (US)	Yes	No
Details	Exposure to combat	
Farm Worker Status	No	No
Family members	I choose not to answer this question	Skipped question
Housing situation	I do not have housing	l do not have housing
Details	Homeless	Homeless
Worried about losing house	Yes	No
Details	Housing instability due to frequent change in place of residence	
Income	I choose not to answer this question	Question not administered
FPL%	100% or below	101-150%
Education	High school diploma or GED	High school diploma or GED
Details	Educated to high school level	High school graduate
Employment	Part-time or temporary work	Unemployed
Main Insurance	CHIP Medicaid	None/uninsured
Insurance Type	SCHIP (CHIP/Children's	No Charge

PRAPARE Document



Social and Emotional Health

17. How often do you see or talk to people you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)

Inability to cope

Lack of family support

1 or 2 times a week

18. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?

Quite a bit

Details

Details

Details

Optional Additional Questions

19. In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?

Yes

Yes

No

Yes

Prison record and criminal activity details

Details

Social Migrant

21. Do you feel physically and emotionally safe where

you currently live?

20. Are you a refugee?

Details Environmental safety problem

22. In the past year, have you been afraid of your

partner or ex-partner?

Details

At risk of domestic violence

Score and Interpretation

Total Score: 30

Interpretation:

Administered/Reviewed by: NextGen Admin

Enabling Service Provided

Interpretation

Transportation- Social Services

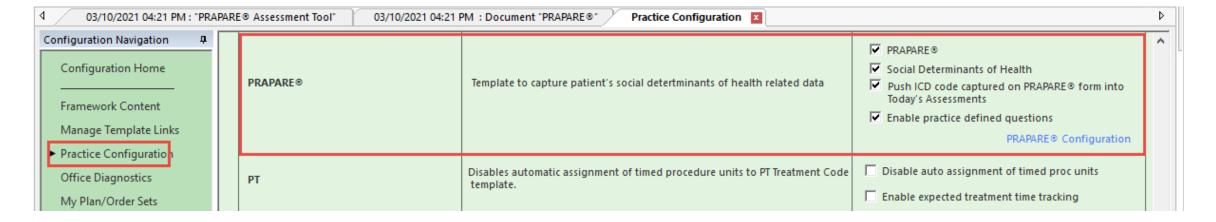
Provider

Smith, John 03/27/2023 12:07 PM

Configuration

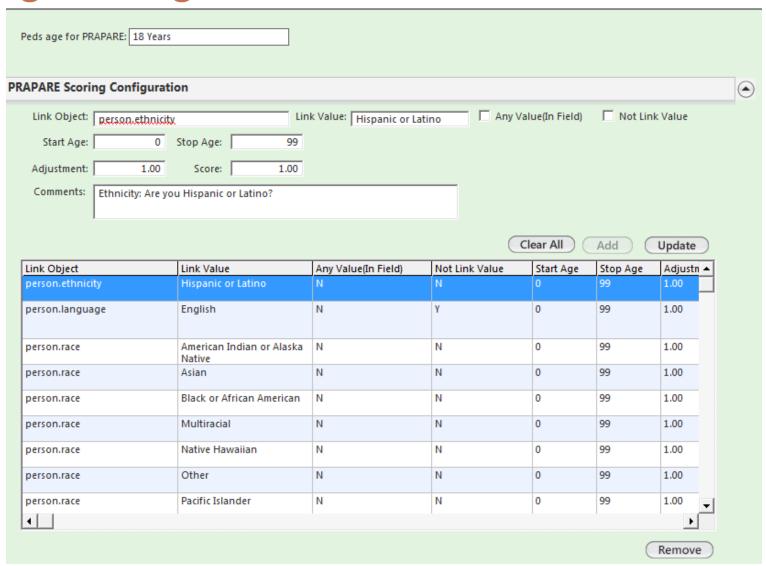
PRAPARE Practice Configuration

- User can define which template they want to capture social determinants of health data.
- This screen provides setting to push ICD codes captured on PRAPARE template to today's assessment.



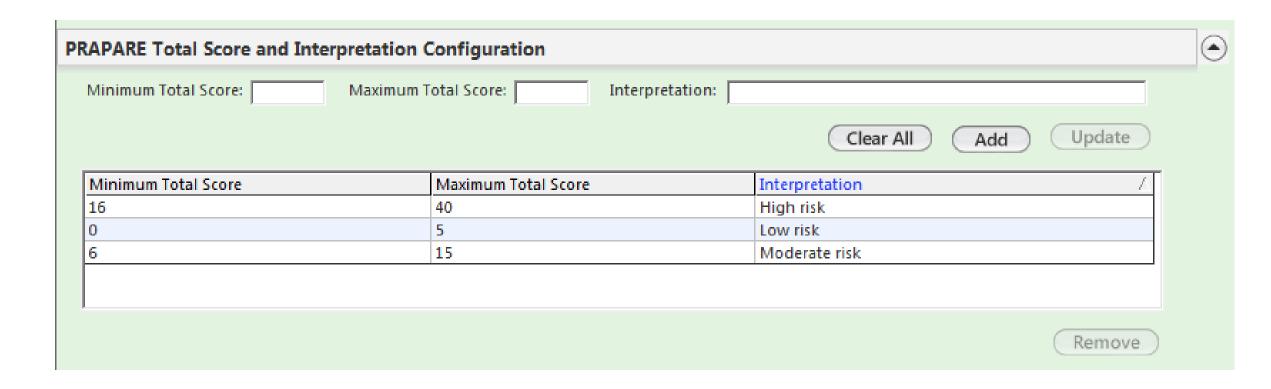
PRAPARE Scoring Configuration

- User can configure score associated with each response on this template. (By default NACHC provided logic is used for scoring)
- Practice can set pediatric age for PRAPARE in peds age configuration.

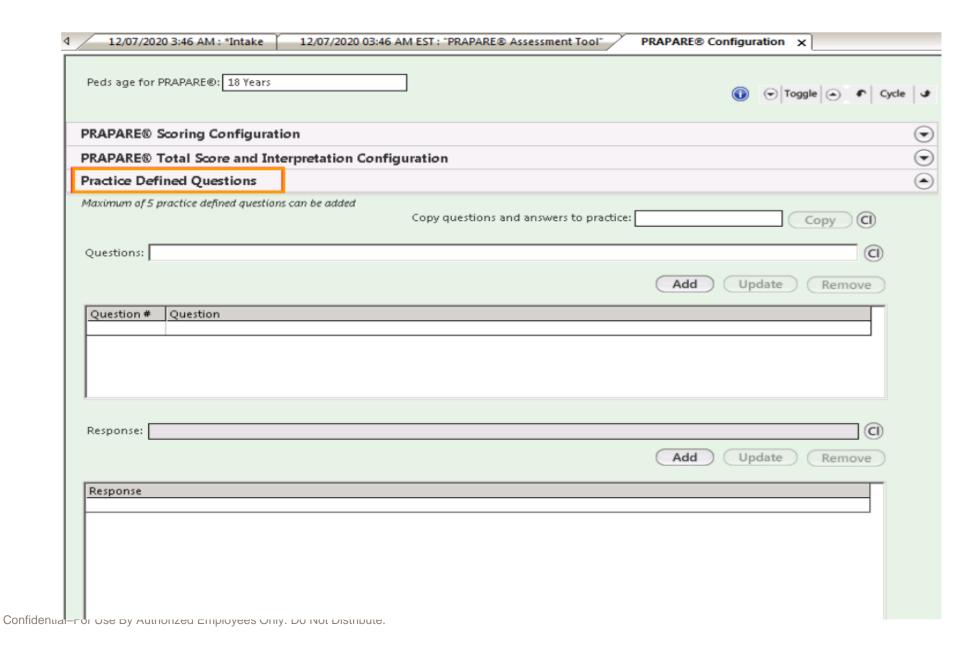


PRAPARE Total score and Interpretation Configuration

Practice can set their own interpretation for total score.



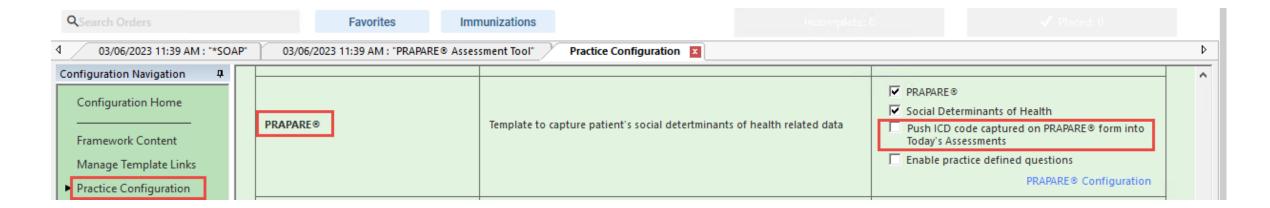
PRAPARE Configuration - Practice Defined Questions



SDOH Z-Codes

SDOH Z-Codes

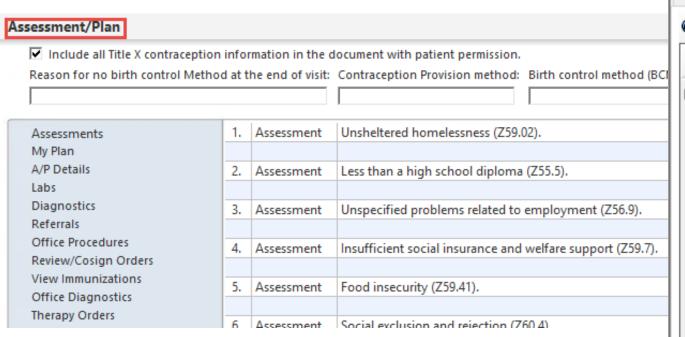
 Codes are automated and can be pushed directly to the Today's Assessments leveraging the Practice Configuration setting.

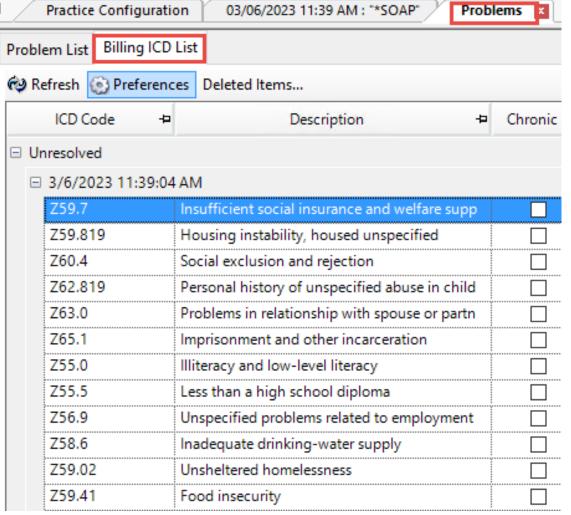


Z-Code Selection Available on PRAPARE

*8. What is your housing situation today?	 ○ I have housing ⊙ I do not have housing ○ I choose not to answer this question ○ Question not administered ○ Skipped question 		
Details:	Homeless		
	Z59.02 - Unsheltered homelessness		
*9. Are you worried about losing your housing?	 Yes ○ No ○ I choose not to answer this question ○ Question not administered ○ Skipped question 		
Details:	Housing instability due to frequent change in place of		
	Z59.811 - Housing instability, housed, with risk of hom		
Money & Resources	Personal Information		
*10. During the past year, what was the total combined income for you and			
the family members you live with? This information will help us determine if you are eligible for any benefits.	○ I choose not to answer this question		
	C Question not administered		
	C Skipped question		
*11. Federal Poverty Level (%FPL)	100% or below		
	C 101-150%		
For %FPL value, refer % Pov in the Modify Patient Information template	C 151-200%		
(Personal Information > Modify Patient Information>	C 200% or more		
UDS> Family Information grid)	O Unknown		
	Z59.5 - Extreme poverty		

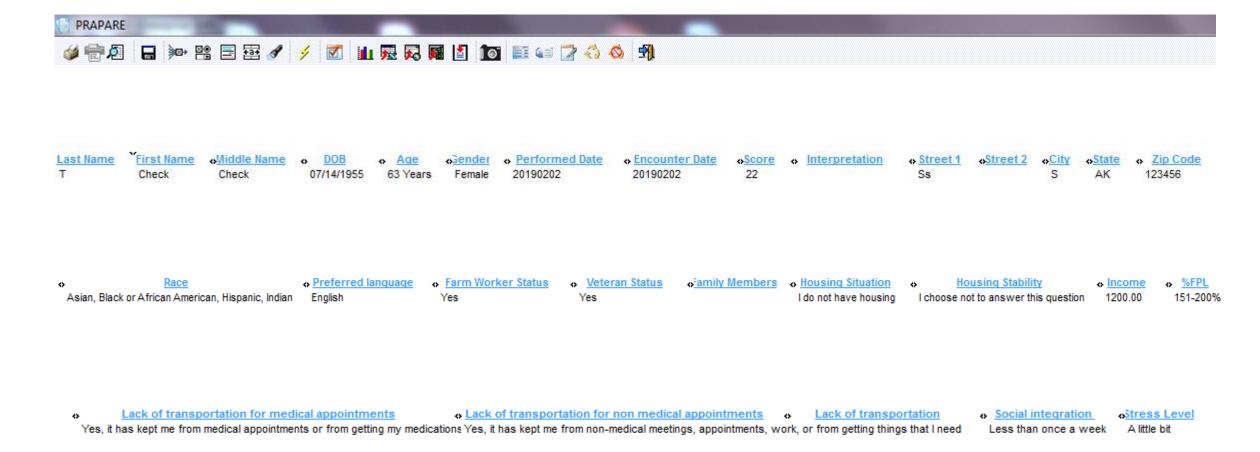
Z-Codes-Assessment/Plan and Billing ICD List



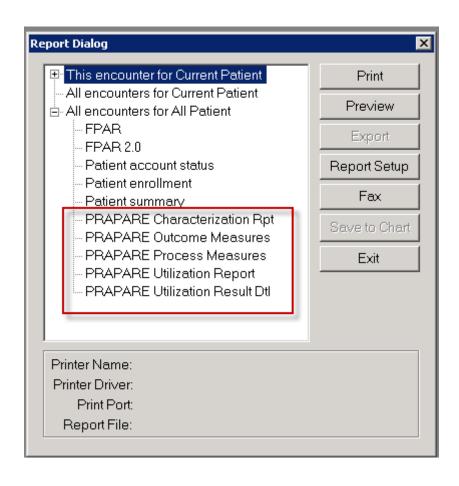


Reporting Options

PRAPARE Memorized Report



PRAPARE Crystal Reports





PRAPARE® Characterization of Population As of 02/11/2021

1.39%

Hypertension	0	
Diabetes	12	
Anxiety	0	
Mood Disorder	0	
Addiction	0	
Metabolic	0	
Dental	0	
ChronicPain	18	
Asthma& Respiratory	9	
Endocrine	0	
Anemia	0	
InfectiousDisease	9	
Allergies	6	
OtherMental Health	27	
Gastroenterology	9	
Rheumatic	51	
Cardiovascular	84	
Cancer	24	
Neuro	0	
Blindness	0	
Hearing Loss	0	

Average number of active problems in patients assessed with PRAPARE®

Outcome Measures & Process Measures Reports



PRAPARE® Outcome Measures As of 02/11/2021

PRAPARE® patients with improvement in PHQ9 score

PRAPARE® patients with improvement in PHQ9 score: 0

PRAPARE® patients with no improvement in PHQ9 score (score remains 5 or greater)

1291	Test, SBITR	01/01/1988	Female
1293	Test, Sbirt	02/02/1984	Female
1176	Abnormal, Female	12/14/1979	Female

PRAPARE® patients with poorly controlled diabetes

PRAPARE® patients with poorly controlled diabetes: 0%



PRAPARE®
Process Measures
As of 02/11/2021

Number of Social service referrals in patients with PRAPARE®: 0

Percentage of patients with Social service referrals in patients with PRAPARE®: 0%

Number of ALL referrals in patients with PRAPARE®: 140

Percentage of patients with ALL referrals in patients with PRAPARE®: 12%

Utilization Report & Utilization Results Details



PRAPARE®
UtilizationReport
As of 02/11/2021

Proportion of patients assessed with PRAPARE®: 64.72%

Proportion of PRAPARE® patients considered high-risk: 1.39%

Frequencyof specific diagnosis for patients assessed with PRAPARE®

Hypertension	138	
Diabetes	159	
Anxiety	129	
Mood Disorder	72	
Addiction	60	
Metabolic	213	
Dental	0	
ChronicPain	513	
Asthma & Respiratory	207	
Endocrine	213	
Anemia	45	
InfectiousDisease	147	
Allergies	147	
OtherMental Health	105	
Gastroenterology	225	
Rheumatic	501	
Cardiovascular	966	
Cancer	375	
Neuro	102	
Blindness	27	
Hearing Loss	27	
-		

Proportion of patients that have declined PRAPARE®: 0%

Patients who did not have PRAPARE® assessment performed: 314



PRAPARE® Utilization Result Details As of 02(11/2021

	U he	althsare		•	As of O	2/11/2021			
Ethnicity	,								
	Hispanic 38%		Non-Hispa 18%	<u>nic</u>		<u>d to specify</u> 9%	<u>Other</u> 3%	<u>Unknow</u> 3%	<u>ın</u>
Race									
	<u>Asian</u> 26%	<u>Native Haw</u>	aiian/Pacif 0%	ic Islander	Black	/ <u>African American</u> 24%	<u>American India</u> 18		<u>White</u> 21%
Gender									
	<u>Male</u> 35%		<u>Female</u> 65%		_	<u>Other</u> D%	<u>Unknown</u> 0%		
Seasona	al or Migra	ant farm wor	k status in	patients	:				
	1	<u>′es</u> 2%			<u>No</u> 0%				
Preferre	dlanguag	e of patients	(English v	/s. Other)				
	English 12%		<u>ESOL</u> 9%						
Homeles	ss status i	n patients							
	Homeles 9%	Ē							
Highest	level of ed	ducation of p	patients						
<u>Les</u>		ghschoolde 9%	gree	<u>Highsc</u>	hool dip 0%	loma or GED	Morethan higi 3%	n school	
Employr	ment statu	s in patient	5						
<u>Une</u>		<u>and seeking</u> 0%	wok Fu	<u>Ill Time V</u> 3%	<u>Vok</u> .	Parttime or temp 3%	oranywork.		

Additional Documentation Solutions – NextPen and Patient Portal

NextPen PRAPARE Form-**English**







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

Patient Name:		
Birth Date:	Sex:	
Rendering Provider:	MRN:	
Appt Date:		
Performed Date: M M / D D	/ Y Y Y Y	
Your current information on file is displ	•	ct or missing, please answer.
All questions with an *asterisk must be Personal Characteristics	answered	
*Are you Hispanic or Latino? Select	t any one	
	choose not to answer this question	
Other	,	NOTE TO STAFF: Any Ethnicity in the "Other" field must be entered manually in Modify Patient Information template into PM/EHR.
2. *Which race are you? Check all tha	at apply. Indicate order if more than	n one
(Race Order) Asian		Listed below are your top 3 race(s) currently in our system. If the boxes are blank or incorrect, please
Pacific Islander		select your race(s) and indicate the correct order by entering a number starting with 1, having the greatest percentage.
White		greatest percentage.
☐ Native Hawaiian		1
☐ Black/African Americ	ean	_
American Indian/Ala	skan Native	2
Other, Please write		3
☐ I choose not to answ	er this question	NOTE TO STAFF: Any Race in the "Other" field must be entered manually in Modify Patient Information template into PMEHR.
Select any one	-	en your or your family's main source of income?
	choose not to answer this question	
 *Have you been discharged from th 	e armed forces of the United State	es? Select any one
Yes No Do	oes not apply(for pediatric)	I choose not to answer this question
5. *What language are you most comf	ortable speaking? Select any one	
English Spanish	Chinese French	
German Arabic	Russian Vietnamese	
Korean Other:		NOTE TO STAFF: Any language in the "Other" field must be entered manually in Modify Patient Information template into PM/EHR.
I choose not to answer this	question	

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NextPen PRAPARE Form-Spanish









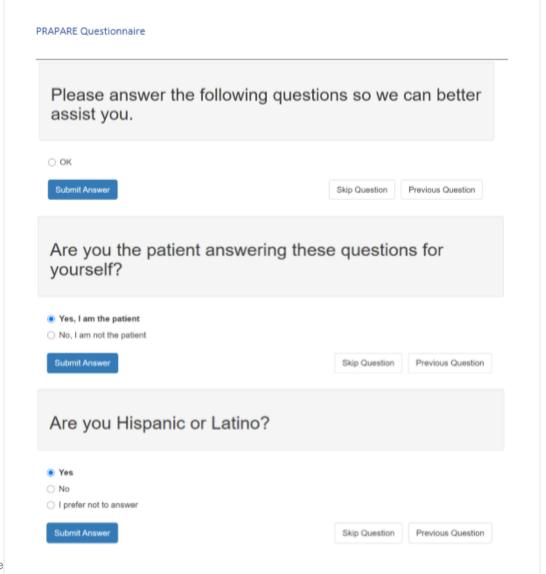




otocorior responding to and Assessing Patient Assets, i	tisks, and Expendices
ombre del paciente: latient Name)	
echa de nacimiento: irth Date)	Sexo: (Sex)
lédico de	Numero de historia
epresentación:	CLINICA:
lendering Provider)	(MRN)
ía de la cita: ppt Date)	Imay
echa de realización: M M / D D / Y Y Y erformed Date)	Y
u información actual en el archivo se muestra en las cajas our current information on file is displayed in the black boxes. If incorrec	
odas las preguntas con un * asterisco deben ser contesta Il questions with an * asterisk must be answered)	des
aracterísticas Personales Personal Characterístics)	
*¿Es hispano, latino o de origen español? Seleccione cu (*Are you Hispanic or Latino? Select any one)	ualquiera
Sí (Yes) No (No) Prefiero no responder a	esta pregunta. (I choose not to answer this question)
	NOTE TO STAFF: Any Ethnicity in the "Other" field must be entered
Otro (Other)	manually in Modify Patient Information template into PM/EHR.
*¿Cuál es su raza? Marque todo lo que corresponda. Ind	dicar orden si hav más de uno
(*Which race are you? Check all that apply. Indicate order if more that	-
den de raza (Race Order)	actualmente en nuestro sistema. Si las casillas están en
Asiático (Asian)	blanco o son incorrectas, por favor seleccione su (s)
	raza (s) e indique el orden correcto por ingresando un
De las Islas del Pacífico (Pacific Islander)	número que comienza con 1, teniendo la
	mayor porcentaje.
Blanco (White)	1
Nativo de Hawaii (Native Hawaiian)	1
= -	2
Negro/Afro Americano (Black/African American)	
☐ Indio de los Estados Unidos / Nativo de Alaska (Alaskan Native)
Otro (por favor escribalo):	(Other, Please write) NOTE TO STAFF: Any Race in the "Other" field must be entered manually in Modify Patient Information template
Prefiero no responder a esta pregunta. (I choose no	into PWEHR. of to answer this question)
*En cualquier momento en los últimos 2 años, ¿el trabaj	io agrícola ha sido el ingreso principal de su familia?
Seleccione cualquiera	
(At any point in the past 2 years, has season or migrant farm work be	een your or your family's main source of income? Select any one)
Sí (Yes) No (No) Prefiero no responder a es	sta pregunta.(I choose not to answer this question)
*¿Ha servido en las Fuerzas Armadas de los Estados U	nidos? Seleccione cualquiera
(Have you been discharged from the armed forces of the United Stat	·
Sí (Yes) No (No) No se aplica(para pediatría	a) (Does not apply(for pediatric))
Prefiero no responder a esta pregunta.(I choose not to	answer this question)
	Association of Asian Pacific Community Health Organizations, and Oregon

tool, please visit our website at www.nachc.org/PRAPARE or contact us at mjester@nachc.org.

Portal – IMH PRAPARE



Which race(s) are you? Check all that apply.

Asian		
Native Hawaiian		
☐ Pacific Islander		
Black or African American		
American Indian or Alaskan Native		
White		
Other		
☐ I prefer not to answer		
Submit Answer	Skip Question	Previous Question
At any point in the past 2 years, has seasonal or migrant farm work been your main source of income?		
No I prefer not to answer		
Submit Answer	Skip Question	Previous Question
Which of the following best describes your current migrant status?		
○ Illegal migrant		
Social migrant Don t know or prefer not to answer		
O Don't know or prefer not to answer		
Submit Answer	Skip Question	Previous Question

Wrap Up

Key Take-Aways



PRAPARE is available for 'All' specialties to collect SDOH data



ICD codes can be set up to automatically apply to the assessment/plan and procedure module



SDOH data can be collected <u>during</u> a patient visit OR <u>prior</u> to a patient visit leveraging the following solutions:

Adaptive Content Engine
NextPen
Instant Medical History (IMH)

Any questions?





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