



PRAPARE[®]

Louisiana Primary Care Association

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nextgen[®]
healthcare

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

Navigation

- Intake HEY
- Histories
- > SOAP
- Finalize
- Check Out
- Care Plan
- Order Management
- Referral Management
- Orders/Plan
- Screening Tools**
- Standing Orders
- Test
- Procedures
- Tobacco Cessation
- Tuberculin Skin Test
- Nutrition
- Chart Abstraction
- Demographics
- Document Library
- Immunizations
- Patient Comment
- Patient Health Data
- Provider Test Action

Preview Offline

Patient Education

Share Your Experience

03/27/2023 10:40 AM: "**SOAP*" 03/27/2023 10:40 AM

Screening Tools Available

☒ Current Specialty ☐ All 45 records

	*	Screening Tool Name
		Functional Assessment Screening Tool (FAST)
		General Practitioner Assessment of Cognition (GPCOG)
T		Generalized Anxiety Disorder - 7 (GAD-7)
T		Geriatric Depression Scale (GDS)
W		Goldberg Depression Questionnaire
W		Hamilton Anxiety Scale (HAM-A)
W		Hamilton Rating Scale for Depression (HAM-D)
T		Health Assessment Questionnaire Disability Index (HAQ-DIc)
T		Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST)
		Lawton Instrumental Activities of Daily Living (IADL)
T		Major Depression Inventory (MDI-10)
		Migraine Specific Quality of Life (MSQOL)
		Migraine Specific Quality of Life Questionnaire (MSQOL v.2.1)
		Mini Mental State Exam (MMSE)
		Mini-Cog
		Modified Mini Mental Exam (3MS)
		Montreal Cognitive Assessment (MOCHA)
T		Patient Health Questionnaire (PHQ-2)
T		Patient Health Questionnaire (PHQ-9)
T		PRAPARE®
		RAND Medical Outcomes Study: (SF-20)
		RAND Medical Outcomes Study: (SF-36)
T		Saint Louis University Mental Status Exam (SLUMS)

History

History Review ☐ No relevant past medical/surgical history [Immunizations](#)

► Past Medical/Surgical


Disease/Disorder	Side	Onset Date	Management
Anxiety		03/01/2020	
Acute non-ST segment elevation myocardial infarction		06/13/1987	Percutaneous coronary intervention with stent
Depression			
Migraine			


◀ ▶

❖ PRAPARE® ❖ [Social Determinants of Health](#)

PRAPARE Template

03/27/2023 10:40 AM : "**SOAP"

03/27/2023 10:40 AM : "PRAPARE® Assessment Tool" 

Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences
(PRAPARE®) 

*Performed Date: ☐ Decline PRAPARE®

PRAPARE® Flowsheet

Personal Information (Click the Personal Information link to access or modify patient demographic details.)

Refresh

First Name:

Birth Date:

Last Name:

Age:

Middle Name:

Birth Sex:

Personal Characteristics

*1. Ethnicity

Details:

*2. Race

Details:

☐ Target of (perceived) adverse discrimination and persecution

*3. Preferred Language

Details:

*4. Have you been discharged from the armed forces of the United States?
(Present Veteran Status in UDS: Not Collected Yet)

☐ Yes ☐ No ☐ I choose not to answer this question
☐ Question not administered ☐ Skipped question

Details:

*5. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?

☐ Yes ☐ No ☐ I choose not to answer this question
☐ Question not administered ☐ Skipped question

Details:

Family & Home

Personal Information

*6. How many family members, including yourself, do you currently live with?

For Family size value, update in the Modify Patient Information template (Personal information > Modify Patient information > UDS > Family information grid)

- ☐ I choose not to answer this question
☐ Question not administered
☐ Skipped question

*7. Address

Street 1:

Rd No 8

Street 2:

City:

SCHENECTADY

State:

NY

Zip:

12345

*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:

*9. Are you worried about losing your housing?

- ☐ Yes ☐ No ☐ I choose not to answer this question
☐ Question not administered ☐ Skipped question

Details:

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
☐ Question not administered
☐ Skipped question

*11. Federal Poverty Level (%FPL)

For %FPL value, refer % Pov in the Modify Patient Information template (Personal Information > Modify Patient Information > UDS > Family Information grid)

- ☐ 100% or below
☐ 101-150%
☐ 151-200%
☐ 200% or more
☐ Unknown

*12. What is the highest level of school that you have finished?

- ☐ Less than high school degree
- ☐ High school diploma or GED
- ☐ More than high school
- ☐ I choose not to answer this question
- ☐ Question not administered
- ☐ Skipped question

Details:

*13. What is your current work situation?

Details:

*14. What is your main insurance?

Details:

*15. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply.

Food

- ☐ Yes ☐ No

☐ Inadequate drinking-water supply

Utilities

- ☐ Yes ☐ No

Clothing

- ☐ Yes ☐ No

Child Care

- ☐ Yes ☐ No

Medicine or
Any HealthCare

- ☐ Yes ☐ No

Phone

- ☐ Yes ☐ No

Others:

- ☐ I choose not to answer this question

*16. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.

- ☐ 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

Details:

- ☐ 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?

- ☐ Yes ☐ No ☐ I choose not to answer this question
- ☐ Question not administered ☐ Skipped question

Details:

20. Are you a refugee?

- ☐ Yes ☐ No ☐ I choose not to answer this question
- ☐ Question not administered ☐ Skipped question

Details:

21. Do you feel physically and emotionally safe where you currently live?

- ☐ Yes ☐ No ☐ Unsure
- ☐ I choose not to answer this question
- ☐ Question not administered
- ☐ Skipped question

22. In the past year, have you been afraid of your partner or ex-partner?

- ☐ Yes ☐ No ☐ Unsure
☐ I have not had a partner in the past year
☐ I choose not to answer this question
☐ Question not administered
☐ Skipped question

Details:

Practice Defined Questions



Total Score:

Interpretation:

Calculate

Administered/Reviewed by:

NextGen Admin

Enabling services provided? ☐ Yes ☐ No

Available Service(s):

Social Services Assessment
Interpretation
Outreach
Inreach
Transportation- Health
Transportation- Social Services
Other



Added service(s):

Send Task

Community Resources

Referrals

Comments:

Characters left: 100

Clear All will clear all the manually selected values.

Generate Document

Clear All

Save

Save & Close

PRAPARE Flowsheet

View of historical
SDOH data
collected.

PRAPARE® flow sheet

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	I 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

03/10/2021 04:21 PM : "PRAPARE® Assessment Tool" 03/10/2021 04:21 PM : Document "PRAPARE®"

TX Text

Arial 12 B I U

nextgen healthcare

PATIENT: 03 Test
DATE OF BIRTH: 05/05/1986
DATE: 03/10/2021 04:21 PM

Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences (PRAPARE®)
Performed Date: 03/10/2021

Personal Characteristics

1. Ethnicity	Details	Not Hispanic or Latino Another Hispanic, Latino-a, or Spanish Origin
2. Race	Details	American Indian or Alaska Native Europe, the Middle East, or North Africa
Target of (perceived) adverse discrimination and persecution		Yes
3. Preferred Language	Details	English Speaks English well
4. Have you been discharged from the armed forces of the United States?	Details	Yes Exposure to combat

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)

1 or 2 times a week

Details

Lack of family support

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

Inability to cope

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

Details

Prison record and criminal activity details

20. Are you a refugee?

Yes

Details

Social Migrant

21. Do you feel physically and emotionally safe where you currently live?

No

Details

Environmental safety problem

22. In the past year, have you been afraid of your partner or ex-partner?

Yes

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.

Practice Configuration		
PRAPARE®	Template to capture patient's social determinants of health related data	<input checked="" type="checkbox"/> PRAPARE® <input checked="" type="checkbox"/> Social Determinants of Health <input checked="" type="checkbox"/> Push ICD code captured on PRAPARE® form into Today's Assessments <input checked="" type="checkbox"/> Enable practice defined questions PRAPARE® Configuration
PT	Disables automatic assignment of timed procedure units to PT Treatment Code template.	<input type="checkbox"/> Disable auto assignment of timed proc units <input type="checkbox"/> Enable expected treatment time tracking

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.

Peds age for PRAPARE:

PRAPARE Scoring Configuration

Link Object: Link Value: ☐ Any Value(In Field) ☐ Not Link Value

Start Age: Stop Age:

Adjustment: Score:

Comments:

Link Object	Link Value	Any Value(In Field)	Not Link Value	Start Age	Stop Age	Adjustn ▲
person.ethnicity	Hispanic or Latino	N	N	0	99	1.00
person.language	English	N	Y	0	99	1.00
person.race	American Indian or Alaska Native	N	N	0	99	1.00
person.race	Asian	N	N	0	99	1.00
person.race	Black or African American	N	N	0	99	1.00
person.race	Multiracial	N	N	0	99	1.00
person.race	Native Hawaiian	N	N	0	99	1.00
person.race	Other	N	N	0	99	1.00
person.race	Pacific Islander	N	N	0	99	1.00

PRAPARE Total score and Interpretation Configuration

- Practice can set their own interpretation for total score.

PRAPARE Total Score and Interpretation Configuration

Minimum Total Score:

Maximum Total Score:

Interpretation:

Clear All

Add

Update






Minimum Total Score	Maximum Total Score	Interpretation
16	40	High risk
0	5	Low risk
6	15	Moderate risk


Remove


PRAPARE Configuration -Practice Defined Questions


12/07/2020 3:46 AM : *Intake 12/07/2020 03:46 AM EST : "PRAPARE® Assessment Tool" PRAPARE® Configuration x

Peds age for PRAPARE®:


  Toggle   Cycle 


PRAPARE® Scoring Configuration 

PRAPARE® Total Score and Interpretation Configuration 


Practice Defined Questions 

Maximum of 5 practice defined questions can be added

Copy questions and answers to practice: 

Questions: 

Question #	Question

Response: 

Response

SDOH Z-Codes

SDOH Z-Codes

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

The screenshot displays the 'Practice Configuration' window of the PRAPARE® Assessment Tool. The interface includes a top navigation bar with 'Search Orders', 'Favorites', and 'Immunizations' buttons, along with status indicators for 'Incomplete: 0' and 'Placed: 0'. The main area is divided into three sections: a left sidebar, a central content area, and a right configuration panel.

Configuration Navigation (Left Sidebar):

- Configuration Home
- Framework Content
- Manage Template Links
- Practice Configuration** (highlighted with a red box)

Central Content Area:

- PRAPARE®** (highlighted with a red box)
- Template to capture patient's social determinants of health related data

Configuration Panel (Right):

- ☒ PRAPARE®
- ☒ Social Determinants of Health
- ☐ **Push ICD code captured on PRAPARE® form into Today's Assessments** (highlighted with a red box)
- ☐ Enable practice defined questions

[PRAPARE® Configuration](#)

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:

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:

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
- ☐ Question not administered
- ☐ Skipped question

*11. Federal Poverty Level (%FPL)

- ☒ 100% or below
- ☐ 101-150%
- ☐ 151-200%
- ☐ 200% or more
- ☐ Unknown

Z59.5 - Extreme poverty

*For %FPL value, refer % Pov in the Modify Patient Information template
(Personal Information > Modify Patient Information >
UDS> Family Information grid)*

Z-Codes-Assessment/Plan and Billing ICD List

Assessment/Plan

☒ Include all Title X contraception information in the document with patient permission.
Reason for no birth control Method at the end of visit: Contraception Provision method: Birth control method (BCI)

Assessments

My Plan

A/P Details

Labs

Diagnostics

Referrals

Office Procedures

Review/Cosign Orders

View Immunizations

Office Diagnostics

Therapy Orders


1.	Assessment	Unsheltered homelessness (Z59.02).
2.	Assessment	Less than a high school diploma (Z55.5).
3.	Assessment	Unspecified problems related to employment (Z56.9).
4.	Assessment	Insufficient social insurance and welfare support (Z59.7).
5.	Assessment	Food insecurity (Z59.41).
6.	Assessment	Social exclusion and rejection (Z60.4).

Practice Configuration		03/06/2023 11:39 AM : **SOAP*	Problems
Problem List		Billing ICD List	
Refresh		Preferences	Deleted Items...
ICD Code		Description	Chronic
Unresolved			
3/6/2023 11:39:04 AM			
Z59.7	Insufficient social insurance and welfare supp		<input type="checkbox"/>
Z59.819	Housing instability, housed unspecified		<input type="checkbox"/>
Z60.4	Social exclusion and rejection		<input type="checkbox"/>
Z62.819	Personal history of unspecified abuse in child		<input type="checkbox"/>
Z63.0	Problems in relationship with spouse or partn		<input type="checkbox"/>
Z65.1	Imprisonment and other incarceration		<input type="checkbox"/>
Z55.0	Illiteracy and low-level literacy		<input type="checkbox"/>
Z55.5	Less than a high school diploma		<input type="checkbox"/>
Z56.9	Unspecified problems related to employment		<input type="checkbox"/>
Z58.6	Inadequate drinking-water supply		<input type="checkbox"/>
Z59.02	Unsheltered homelessness		<input type="checkbox"/>
Z59.41	Food insecurity		<input type="checkbox"/>

Reporting Options

PRAPARE Memorized Report

PRAPARE



<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>DOB</u>	<u>Age</u>	<u>Gender</u>	<u>Performed Date</u>	<u>Encounter Date</u>	<u>Score</u>	<u>Interpretation</u>	<u>Street 1</u>	<u>Street 2</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
T	Check	Check	07/14/1955	63 Years	Female	20190202	20190202	22		Ss		S	AK	123456
<u>Race</u>	<u>Preferred language</u>	<u>Farm Worker Status</u>	<u>Veteran Status</u>	<u>Family Members</u>	<u>Housing Situation</u>	<u>Housing Stability</u>	<u>Income</u>	<u>%FPL</u>						
Asian, Black or African American, Hispanic, Indian	English	Yes	Yes		I do not have housing	I choose not to answer this question	1200.00	151-200%						
<u>Lack of transportation for medical appointments</u>	<u>Lack of transportation for non medical appointments</u>	<u>Lack of transportation</u>	<u>Social integration</u>	<u>Stress Level</u>										
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		Less than once a week	A little bit										

PRAPARE Crystal Reports

Report Dialog

- ☒ This encounter for Current Patient
 - ... All encounters for Current Patient
- ☐ All encounters for All Patient
 - ... FPAR
 - ... FPAR 2.0
 - ... Patient account status
 - ... Patient enrollment
 - ... Patient summary
 - ... PRAPARE Characterization Rpt**
 - ... PRAPARE Outcome Measures
 - ... PRAPARE Process Measures
 - ... PRAPARE Utilization Report
 - ... PRAPARE Utilization Result Dtl

Printer Name:
 Printer Driver:
 Print Port:
 Report File:



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

Proportion of PRAPARE® patients considered high-risk 1.39%

Count of Diagnoses associated with High-Risk PRAPARE® patients

Hypertension	0
Diabetes	12
Anxiety	0
Mood Disorder	0
Addiction	0
Metabolic	0
Dental	0
Chronic Pain	18
Asthma & Respiratory	9
Endocrine	0
Anemia	0
Infectious Disease	9
Allergies	6
Other Mental Health	27
Gastroenterology	9
Rheumatic	51
Cardiovascular	84
Cancer	24
Neuro	0
Blindness	0
Hearing Loss	0

Average number of active medications in patients assessed with PRAPARE® 5.05 avg.

Average number of active problems in patients assessed with PRAPARE® 0.27 avg.

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, SBTR	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® Utilization Report As of 02/11/2021
Proportion of patients assessed with PRAPARE®: 64.72%		
Proportion of PRAPARE® patients considered high-risk: 1.39%		
Frequency of specific diagnosis for patients assessed with PRAPARE®		
Hypertension	138	
Diabetes	159	
Anxiety	129	
Mood Disorder	72	
Addiction	60	
Metabolic	213	
Dental	0	
Chronic Pain	513	
Asthma & Respiratory	207	
Endocrine	213	
Anemia	45	
Infectious Disease	147	
Allergies	147	
Other Mental 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

Ethnicity				
<u>Hispanic</u>	<u>Non-Hispanic</u>	<u>Declined to specify</u>	<u>Other</u>	<u>Unknown</u>
38%	18%	9%	3%	3%
Race				
<u>Asian</u>	<u>Native Hawaiian/Pacific Islander</u>	<u>Black/African American</u>	<u>American Indian/Alaskan Native</u>	<u>White</u>
26%	0%	24%	18%	21%
Gender				
<u>Male</u>	<u>Female</u>	<u>Other</u>	<u>Unknown</u>	
35%	65%	0%	0%	
Seasonal or Migrant farm work status in patients				
<u>Yes</u>	<u>No</u>			
12%	0%			
Preferred language of patients (English vs. Other)				
<u>English</u>	<u>ESOL</u>			
12%	9%			
Homeless status in patients				
<u>Homeless</u>				
9%				
Highest level of education of patients				
<u>Less than a high school degree</u>	<u>High school diploma or GED</u>	<u>More than high school</u>		
9%	0%	3%		
Employment status in patients				
<u>Unemployed and seeking work</u>	<u>Full Time Work</u>	<u>Parttime or temporary work</u>		
0%	3%	3%		

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: / /

Your current information on file is displayed in the black boxes. If incorrect or missing, please answer.

All questions with an *asterisk must be answered

Personal Characteristics

1. *Are you Hispanic or Latino? Select any one

- ☐ Yes ☐ No ☐ I 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 that apply. Indicate order if more than one

(Race Order)

- ☐ Asian
☐ Pacific Islander
☐ White
☐ Native Hawaiian
☐ Black/African American
☐ American Indian/Alaskan Native
☐ Other, Please write
☐ I choose not to answer this question

Listed below are your top 3 race(s) currently in our system. If the boxes are blank or incorrect, please select your race(s) and indicate the correct order by entering a number starting with 1, having the greatest percentage.

1

2

3

NOTE TO STAFF: Any Race in the "Other" field must be entered manually in Modify Patient Information template into PM/EHR.

3. *At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?

Select any one

- ☐ Yes ☐ No ☐ I choose not to answer this question

4. *Have you been discharged from the armed forces of the United States? Select any one

- ☐ Yes ☐ No ☐ Does not apply(for pediatric) ☐ I choose not to answer this question

5. *What language are you most comfortable speaking? Select any one

- ☐ English ☐ Spanish ☐ Chinese ☐ French
☐ German ☐ Arabic ☐ Russian ☐ Vietnamese
☐ Korean ☐ Other:
☐ I choose not to answer this question

NOTE TO STAFF: Any language in the "Other" field must be entered manually in Modify Patient Information template into PM/EHR.

NextPen PRAPARE Form- Spanish

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

Nombre del paciente:

(Patient Name)

Fecha de nacimiento:

(Birth Date)

**Médico de
representación:**

(Rendering Provider)

Sexo:

(Sex)

Numero de historia

CLINICA:

(MRN)

Día de la cita:

(Appt Date)

Fecha de realización:

(Performed Date)

MM / DD / YYYY

*Su información actual en el archivo se muestra en las cajas negras. Si es incorrecto o falta, por favor responda.
(Your current information on file is displayed in the black boxes. If incorrect or missing, please answer.)*

Todas las preguntas con un * asterisk deben ser contestadas

*(All questions with an * asterisk must be answered)*

Características Personales

(Personal Characteristics)

1. *¿Es hispano, latino o de origen español? Seleccione cualquiera

(Are you Hispanic or Latino? Select any one)

☐ Sí (Yes)

☐ No (No)

☐ Prefiero no responder a esta pregunta. *(I choose not to answer this question)*

☐ Otro (Other)

NOTE TO STAFF: Any Ethnicity in the "Other" field must be entered manually in Modify Patient Information template into PM/EHR.

2. *¿Cuál es su raza? Marque todo lo que corresponda. Indicar orden si hay más de uno

(Which race are you? Check all that apply. Indicate order if more than one)

Orden de raza (Race Order)

☐

Asiático (Asian)

☐

De las Islas del Pacífico (Pacific Islander)

☐

Blanco (White)

☐

Nativo de Hawái (Native Hawaiian)

☐

Negro/Afro Americano (Black/African American)

☐

Indio de los Estados Unidos / Nativo de Alaska
(American Indian / Alaskan Native)

☐

Otro (por favor escriballo): (Other, Please write)

☐ Prefiero no responder a esta pregunta. *(I choose not to answer this question)*

A continuación se enumeran sus 3 mejores raza (s) actualmente en nuestro sistema. Si las casillas están en blanco o son incorrectas, por favor seleccione su (s) raza (s) e indique el orden correcto por ingresando un número que comienza con 1, teniendo la mayor porcentaje.

1

2

3

NOTE TO STAFF: Any Race in the "Other" field must be entered manually in Modify Patient Information template into PM/EHR.

3. *En cualquier momento en los últimos 2 años, ¿el trabajo 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 been your or your family's main source of income? Select any one)

☐ Sí (Yes)

☐ No (No)

☐ Prefiero no responder a esta pregunta. *(I choose not to answer this question)*

4. *¿Ha servido en las Fuerzas Armadas de los Estados Unidos? Seleccione cualquiera

(Have you been discharged from the armed forces of the United States? Select any one)

☐ Sí (Yes)

☐ No (No)

☐ No se aplica(para pediatría) *(Does not apply(for pediatric))*

☐ Prefiero no responder a esta pregunta. *(I choose not to answer this question)*

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Por favor continúa en el otro lado
(Please continue on other side)

Portal – IMH PRAPARE

PRAPARE Questionnaire

Please answer the following questions so we can better assist you.

☐ OK

Submit Answer

Skip Question

Previous Question

Are you the patient answering these questions for yourself?

☒ Yes, I am the patient

☐ No, I am not the patient

Submit Answer

Skip Question

Previous Question

Are you Hispanic or Latino?

☒ Yes

☐ No

☐ I prefer not to answer

Submit Answer

Skip Question

Previous Question

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?

☒ Yes

☐ 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

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 during a patient visit OR prior to a patient visit leveraging the following solutions:

Adaptive Content Engine
NextPen
Instant Medical History (IMH)

Any questions?





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