Overview

This job aid will walk the Community Health Worker (CHW) through the PRAPARE referral follow-up process for new and existing referrals.

PRAPARE CHW Expectations:
- CHW team will respond to PRAPARE referrals within 5 business days.
- CHW team will attempt to contact patients 2 times, with estimated 1 week in between calls and if the patient is not contacted, the CHW team will mail a PRAPARE letter and then close out the CHW referral.

How PRAPARE Patients get to the CHW Team: Clinic referrals in CHW's Athena inbox.

What is the PRAPARE Survey?
The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) is a national effort to help health centers and other providers collect the data needed to better understand and act on their patients' social determinants of health. CHAS is using it to get a better sense of what social needs the patients have.

What to do if you can't help the patient with what they are asking for:
Contact the Health Equity Manager or the Community Health Worker Supervisor.

New PRAPARE Referrals from CHW Inbox

1. CHW receives CS Community Health Worker referral for PRAPARE in Athena CHW Inbox.
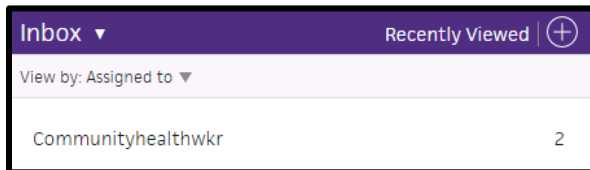
2. Open referral and contact the patient.

   Sample Script: "Hi this is (state name), I am a Community Health Worker at CHAS Health. During a CHAS visit on (state correct date) you completed a survey stating you would like to speak to someone about social needs. I would like to follow-up with you about your request, do you have time to talk now?"

   a. If the patient says "yes" create an appointment and go to Step 4.
   b. If the patient says "No," ask if there is a better time to call them. Document the preferred time if shared.
   If the patient does not want to talk, thank them for their time and let them know they can always reach out if those change. Document the patient request in the CHW referral. Skip to Step 14.
   c. If the patient does not answer the phone create a patient case with instruction on how the patient can reach the CHW. Skip to step 14.

3. Check-in patient's encounter.

4. Go to the Exam view of the open encounter.
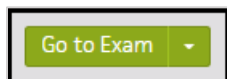
5. Navigate to "screening" in the Review section.

6. Prepare patient for screening.

   Sample Script: "I'm going to ask you a series of questions that will give me a better idea of how CHAS Health can help you with your social needs. Is that ok?"

7. Select PRAPARE screening template and fill out answers with patient responses.
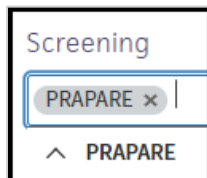
8. Determine if patient would like to receive information about resources.

   Sample Script: "Thank you for answering the questions. From what you have told me, there may be resources available that you could benefit from. Would you like to hear about them?"

9. Share resources to address identified needs with the patient.

   a. Locate and share resources from findhelp.
   b. Create referral on findhelp.
   c. Schedule appointment with CHAS provider, PRC, or appropriate CHAS team member.
   Note: If the patient has needs that cannot be addressed over the phone, offer to provide a follow-up phone call after more information can be gathered. Document the patients preferred time for call.

   Sample Script: "I will need time to gather more information on (state need not addressed). May I give you another call when I have more information to share?"
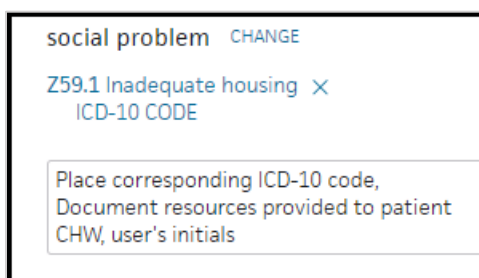
10. End call with patient.

11. Document in HPI why CHW contacted patient – Example: "Met with or called patient today to go over PRAPARE screening and provide information regarding available resources – Initials, CHW".
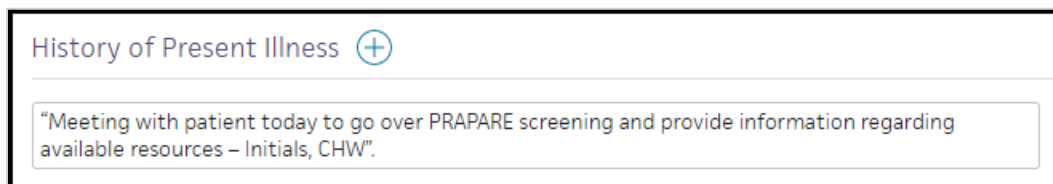
12. In A/P section, select diagnosis "Social Problem".

   a. Document in the text box under diagnosis, state specific resources given to patient.

13. Complete sign-off and close encounter.

14. Open the "PRAPARE CHW Tracker" saved in the CHW Teams Channel in the PRAPARE Folder.

15. Enter the patient ID into the spreadsheet and add notes indicating what steps were taken to support the patient.

PRAPARE Referral Follow-Up Process

1. Open the "PRAPARE CHW Tracker" saved in the CHW Teams Channel in the PRAPARE Folder.

2. Identify patients that need outreach.

3. Call the patient.

   Sample Script: "Hi this is (state name), I am a Community Health Worker at CHAS Health. During a CHAS visit on (state correct date) you completed a survey stating you would like to speak to someone about social needs. I would like to follow-up with you about your request, do you have time to talk now?"

   a. If the patient says "yes" create an appointment and go to Step 4.
   b. If the patient says "No," ask if there is a better time to call them. Document the preferred time if shared.
      If the patient does not want to talk, thank them for their time and let them know they can always reach out if those change. Document the patient request in the CHW referral. Skip to Step 15.
   c. If the patient does not answer, add to existing or create a patient case with instruction on how the patient can reach the CHW. Skip to step 15.

4. Check-in patient's encounter.

5. Go to the Exam view of the open encounter.
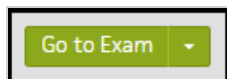
6. Navigate to "screening" in the Review section.

7. Prepare patient for screening.

   Sample Script: "I'm going to ask you a series of questions that will give me a better idea of how CHAS Health can help you with your social needs. Is that ok?"

8. Select PRAPARE screening template and fill out answers with patient responses.
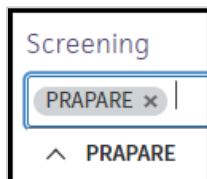
9. Determine if patient would like to receive information about resources.

   Sample Script: "Thank you for answering the questions. From what you have told me, there may be resources available that you could benefit from. Would you like to hear about them?"

10. Share resources to address identified needs with the patient.

    a. Locate and share resources from findhelp.
    b. Create referral on findhelp.
    c. Schedule appointment with CHAS provider, PRC, or appropriate CHAS team member.

Note: If the patient has needs that cannot be addressed over the phone, offer to provide a follow-up phone call after more information can be gathered. Document the patients preferred time for call.

Sample Script: "I will need time to gather more information on (state need not addressed). May I give you another call when I have more information to share?"

11. End call with patient.

12. Document in HPI why CHW contacted patient – Example: "Met with or called patient today to go over PRAPARE screening and provide information regarding available resources – Initials, CHW".

History of Present Illness ⊕

"Meeting with patient today to go over PRAPARE screening and provide information regarding available resources – Initials, CHW".

13. In A/P section, select diagnosis "Social Problem".

    a. Document in the text box under diagnosis, state specific resources given to patient.

social problem   CHANGE

Z59.1 Inadequate housing ✕
    ICD-10 CODE

Place corresponding ICD-10 code,
Document resources provided to patient
CHW, user's initials

14. Complete sign-off and close encounter.

15. Open the "PRAPARE CHW Tracker" saved in the CHW Teams Channel in the PRAPARE Folder.

16. Locate patient entry in spreadsheet, note an additional attempt to contact the patient was made in the existing entry. If the patient has been attempted to be reached twice, the CHW will send a letter to the address on file and add note in the referral.