CHAPTER 3
Strategize the Implementation Plan

After gaining an understanding of the project and engaging your stakeholders, it is important to think about how to strategize the PRAPARE data collection to fit within your overall organizational vision, workflow, and future strategy. This chapter provides a step-by-step companion guide to strategizing PRAPARE implementation at your organization. Implementation tools, such as suggested timelines, action steps, and readiness assessments, are provided that you can use and modify for your organizational needs as appropriate.

NATIONAL ASSOCIATION OF Community Health Centers

AAPCHO
Association of Asian Pacific Community Health Organizations

OPCA
Oregon Primary Care Association

PRAPARE Readiness Assessment Tools

Before strategizing your PRAPARE implementation plan, you should first assess your organization's readiness to implement PRAPARE. The PRAPARE Readiness Assessment Tool can be used to help identify your organization's readiness to implement PRAPARE related to the following categories:

The assessment can inform you where your organization is at and help you decide where you want your organization to be as well as provide guidance on how to become "highly prepared." These suggestions can help initiate conversations among staff about the plans that fit best for your organization and help secure strong buy-in from leadership and staff champions to ensure the implementation plan is carried out effectively.

Similarly, if you are an organization who provides support to your member organizations (such as Primary Care Associations), you can use the PRAPARE Readiness Assessment Tool for Primary Care Associations to assess your organization's readiness to support your member organizations in implementing PRAPARE and using PRAPARE data.

It is important to have strategic planning discussions with staff at multiple levels from executive to frontline staff (with organizational champions representing each level) to develop a workplan that is as realistic and feasible as possible. Tools such as the PRAPARE Readiness Assessment will help staff work through these decisions and needs for successful implementation.
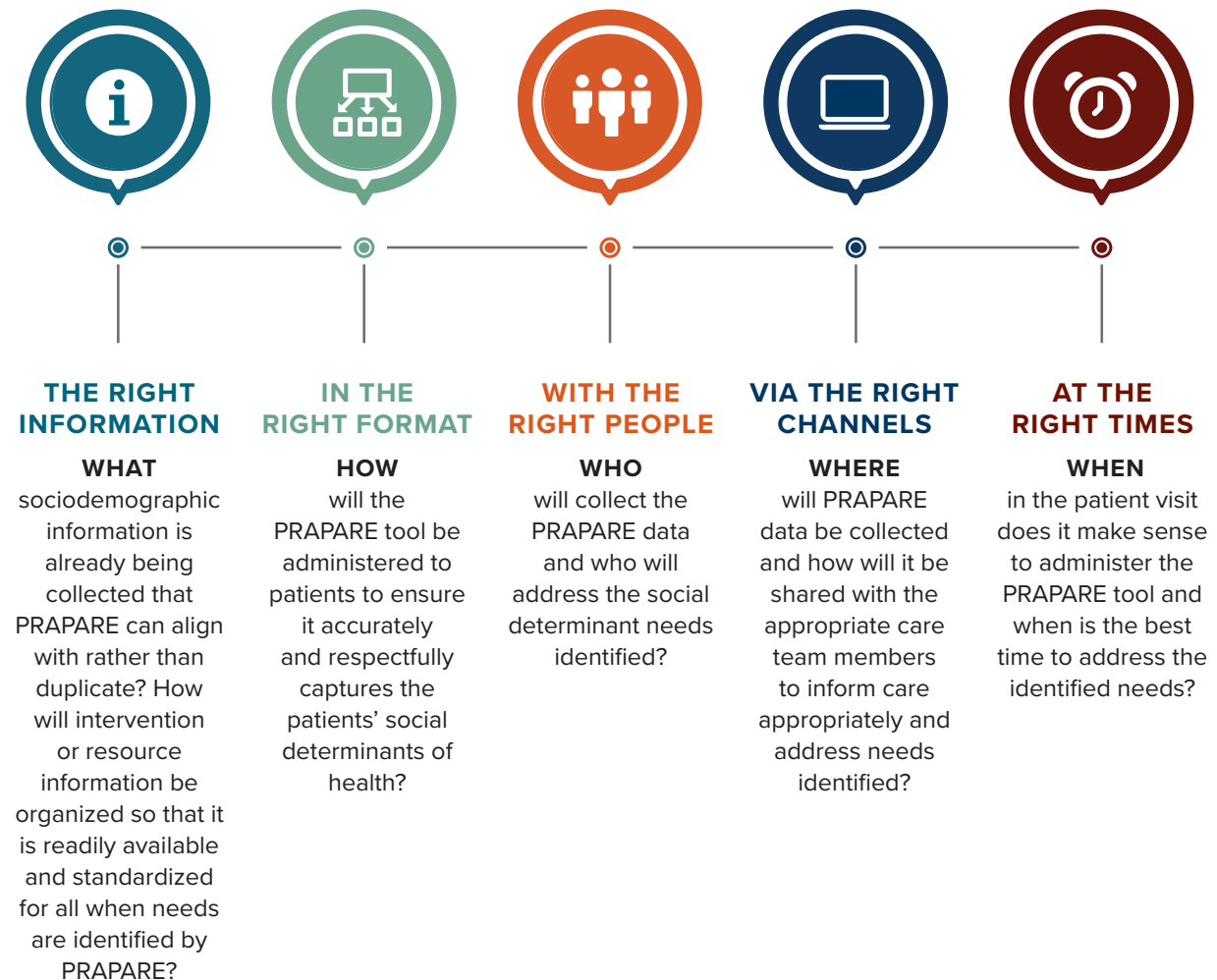
Implementation Timelines

TABLE 3.1 showcases two different suggested implementation timelines with primary activity steps that you can use and modify for your organization's situation. One timeline is for organizations that may be more ready to implement PRAPARE and one may be more realistic for organizations that may need more time to engage and educate their teams.

Please note that the timeframe is estimated based on experiences at a sample of health organizations, taking into consideration the organizational priorities undertaken by the majority of health organizations. Some activities can also take place simultaneously, decreasing the total time needed for implementation. The timeframe will inevitably vary based on the organization's priorities as well as readiness for data collection. Some organizations can implement PRAPARE in as little as one to two months, whereas other may take four months to a year.

TABLE 3.1. Suggested PRAPARE Implementation Timelines		
ACTIVITY	**QUICK IMPLEMENTATION TIMELINE**	**TIMELINE FOR ORGANIZATIONS WHO NEED MORE TIME**
Strategic priority and needs assessment	~1 week	~ 1 week
Change management presentation to key staff	~1 week	~ 3 weeks
Develop/refine template as needed	~1 week	~ 3 weeks
Complete mapping, database and template	~1 week	~ 1 month
Develop workflow for data input	~1 week	~ 1 month
Train staff to collect data	~1 week – 1 month	~ 1 – 2 months
Train data analysts	~1 week	~ 3 weeks
Complete implementation readiness assessment	~3 days	~ 1 week
Implement initial pilot data collection	~1-3 months	~ 2 – 4 months
Evaluate implementation process	~1 week	~ 2 weeks
Data analysis and reporting	~1-2 weeks	~ 3 weeks
Sharing and dissemination	~1 week	~ 2 weeks
TOTAL APPROXIMATED TIMEFRAME	**3-4+ MONTHS**	**9 MONTHS – 1 YEAR**

The Five Rights Framework

The Five Rights of Clinical Decision Support (CDS) is a key health information technology framework that can help in planning PRAPARE workflow and implementation in your practice. Based on this framework, implementation must provide the following to improve targeted health outcomes, quality of care, efficiency, & cost-savings:

THE RIGHT INFORMATION	IN THE RIGHT FORMAT	WITH THE RIGHT PEOPLE	VIA THE RIGHT CHANNELS	AT THE RIGHT TIMES
WHAT sociodemographic information is already being collected that PRAPARE can align with rather than duplicate? How will intervention or resource information be organized so that it is readily available and standardized for all when needs are identified by PRAPARE?	**HOW** will the PRAPARE tool be administered to patients to ensure it accurately and respectfully captures the patients' social determinants of health?	**WHO** will collect the PRAPARE data and who will address the social determinant needs identified?	**WHERE** will PRAPARE data be collected and how will it be shared with the appropriate care team members to inform care appropriately and address needs identified?	**WHEN** in the patient visit does it make sense to administer the PRAPARE tool and when is the best time to address the identified needs?

By pre-defining the set of goals and objectives for implementation, your organization can determine the what (information), how (format), who (implementer and recipient), where (location), and when (workflow) for PRAPARE data collection to best fit your organizational needs. **TABLE 3.2** applies the Five Rights Framework to develop key questions to strategize PRAPARE implementation workflows to both collect and respond to PRAPARE data that best fit into your organization's setting and current workflow. You can read Chapter 5 of the PRAPARE Implementation and Action Toolkit on "Developing Workflow Models for PRAPARE Implementation" to view real life examples of different organizational workflow models and the tradeoffs associated with each.

TABLE 3.2. Using Five Rights Framework to Plan Workflow for PRAPARE Data Collection and Response

5 RIGHTS	WORKFLOW CONSIDERATIONS	RESPONSE WORKFLOW CONSIDERATIONS
Right Information: WHAT	**What information in PRAPARE do you already routinely collect?** • Part of registration • Part of other health assessments or initiatives	**What information and resources do you have to respond to social determinants data?** • Update your community resource guide and referral list with accurate information • Track referrals, interventions, and time spent
Right Format: HOW	**How are we collecting this information and in what manner are we collecting it?** • Self-Assessment? • In-person with staff?	**How will intervention and community resource information be stored for use and presented to patients?** • Searchable database of resources (in-house or via partner)? • Printed resource for patients to take with them? • Warm hand-off for referrals?
Right Person: WHO	**Who will collect the data? Who has access to the EHR? Who has contact with the population of focus? Who needs to see the information to inform care?** • Providers and other clinical staff? • Non-Clinical Staff?	**Who will respond to social determinants data?** • By a dedicated staff person? • By any staff person who administers PRAPARE with the patients? • By the provider?
Right Channel: WHERE	**Where are we collecting this information? Where do we need to share and display this information?** • In waiting room? In private office? • Share during team huddles? Provide care team dashboards?	**Where will referrals and/or resource provisions take place?** • In private office? • In the exam room?
Right Time: WHEN	**When is the right time to collect this information so as to not disrupt clinic workflow?** • Before visit with provider? (before arriving to clinic, while waiting in waiting room, etc.) • During visit? • After visit with provider?	**When will referrals take place?** • Immediately after need is identified? • After the patient sees the provider? • At the end of the visit?

RESOURCES

Chapter 5 of the PRAPARE Implementation and Action Toolkit on "Developing Workflow Models for PRAPARE Implementation" provides real life examples of different organizational workflow models and the tradeoffs associated with each.

Five Rights Worksheet Tool to help guide you through the workflow planning process.
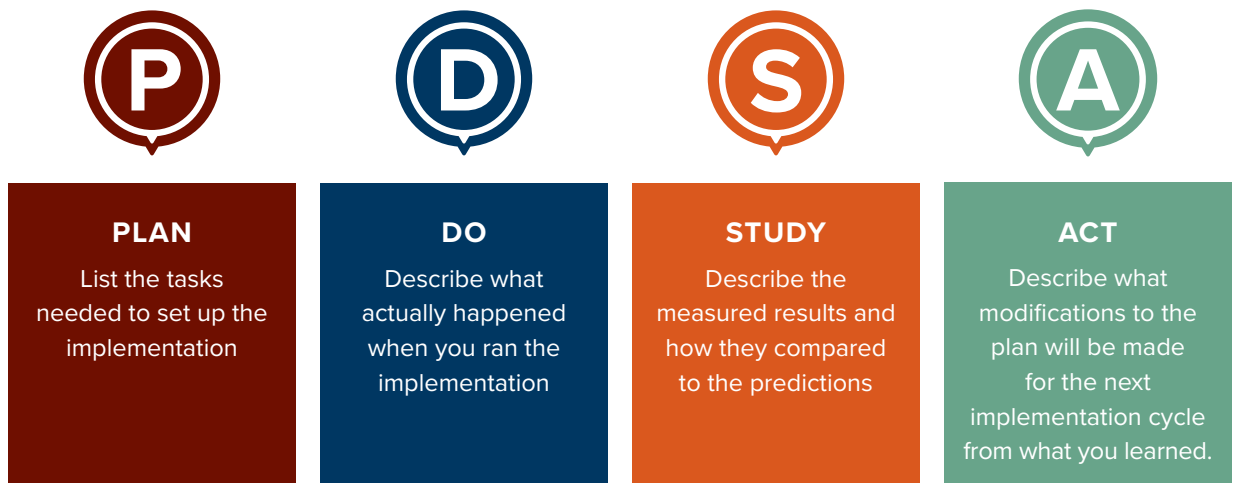
PDSA Process

Once you have developed your workflows using the Five Rights Framework, you can test them using the PDSA process – a systematic series of steps that can be applied to understand needed improvements to optimize implementation for quality improvement. The framework will guide you in testing changes in real world practice settings by planning the change, testing the change, observing the results, and acting on what is learned. You first need to address three fundamental questions to help you set aims, establish measures, and select implementation changes.

After refining the changes through several PDSA cycles as needed, you can implement the changes on a broader scale (e.g., to larger populations or other departments in your organization).

1 **What are the objectives that you are trying to accomplish and by when?**
- Who is your population of focus?
- Be specific as possible including who will be involved, when it will be accomplished, where it will take place, and by when.

2 **How will you know that a change is an improvement?**
- Use objective, quantitative measures.

3 **What change can you make that will result in improvement?**
- Be sure to ask those most affected by the implementation.

After you set the aims, establish the specific measures, and select the changes, you can follow the PDSA cycle below to test the change to determine if the change was an improvement:

PLAN	DO	STUDY	ACT
List the tasks needed to set up the implementation	Describe what actually happened when you ran the implementation	Describe the measured results and how they compared to the predictions	Describe what modifications to the plan will be made for the next implementation cycle from what you learned.

CASE STUDY

Read this real-life example of an organization's use of the PDSA cycle on their PRAPARE implementation process.

Workplan and Progress Reports

After strategizing PRAPARE implementation, it is helpful to develop a workplan to document roles and responsibilities for team members involved. Keep your PRAPARE implementation goals for your organization front and center to remind your team about your overall objectives. Below are sample workplans developed by the PRAPARE team where team members can insert their progress, challenges, and solutions, as well as next steps. Keep these documents on your organization's shared drive where team members can track up-to-date information and status to understand ongoing needs.

RESOURCES

Workplan to strategize PRAPARE implementation strategy: Developed by the PRAPARE team

Workplan to document tasks, roles and responsibilities, and to report on progress: Developed by the PRAPARE team

BEST PRACTICE

Use these workplans to structure regular meetings where team members can huddle to share lessons learned, challenges, solutions, best practices, and additional helpful materials and tools. Meetings can also be a means to understand ongoing needs from various team members and a way to celebrate accomplishments. Consider leveraging existing similar meetings to reduce staff time to meet. For example, meetings can be incorporated into existing staff quality improvement meetings.

Tips for Getting Started

Start Small

Implementing PRAPARE can seem like a major undertaking but can be approached in ways that strategically "ease in" to implementation. Starting small allows you to work out any issues in workflow, dispel common myths or concerns, and use findings and lessons learned to educate others on how PRAPARE data can be used to encourage more buy-in.

The Oregon Primary Care Association piloted an approach known as the "3 by 10" approach whereby they asked their member health centers to choose just three questions from PRAPARE and ask those three questions with ten patients.

- New information that they did not know about their patients
- The ease and feasibility of gathering this information through conversations with patients
- Patient's comfort and willingness to discuss their socioeconomic situations
- The applicability of this information and how it could be used to inform the care they provided and how it could help them better manage their patient populations.

After implementing the "3 by 10" approach, staff were more comfortable in using the full PRAPARE tool to better understand their patients and how they could better care for them. Thus, starting small allowed staff to experience the feasibility of PRAPARE and the importance and potential use of collecting information on the social determinants of health.

Select a Population of Focus

While we believe it is important to have an understanding of all of your patient's socioeconomic needs and circumstances, starting with a population of focus is a strategic way to test PRAPARE workflows and share data findings and lessons learned for further engagement and buy-in.

Populations of focus may be determined by the organization's objectives, by staff availability and workflow alignment, or by project deliverables. Common populations of focus include:

ALL PATIENTS	ALL NEW PATIENTS (PRAPARE part of new-patient orientation)	PATIENTS WITH MULTIPLE CO-MORBIDITIES
PATIENTS WHO HAVE A CERTAIN TYPE OF VISIT (e.g., annual wellness visit, home health visit, etc.)	PATIENTS WHO SEE A CERTAIN STAFF OR PROVIDER (e.g., chronic disease management team, behavioral health provider, care coordinator, etc.)	PATIENTS WHO ATTEND CERTAIN CLASSES (e.g., prenatal classes, diabetes education classes, etc.)