



CPCA SDOH Practice Transformation Coach

The role of the Practice Transformation Coach is to provide support and guidance to community health centers on collecting data needed to better understand and act on their patients' social determinants of health with the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) tool. The role of the coach is one of facilitator, motivator, communicator and educator.

Transformation of a practice is an evolutionary process which takes significant time and support for success. The responsibilities of a coach is to assist in setting the vision and the broad approach as well as assist in very concrete tasks that will move the practice forward in making change. At a high level the coach will:

- Help to prepare the organizational infrastructure for implementing PRAPARE, a SDOH data collection tool, through such activities as advising on team-building, improving communication, facilitating meetings, and helping to develop leadership skills.
- Help health center staff to better understand SDOH, how their practice compares to the ideal, where there is room for improvement by observing and delineating practice operations, assessing needs, and assessing baseline data, as well as guiding discussions of the current practice and opportunities for change.

Core competencies of the coaching role include:

- Knowledge and understanding of data, measurement and social determinants of health.
- Experience and understanding of the outpatient clinical settings and community resources.
- General knowledge and experience with quality improvement methods.
- Familiarity with data systems, including registries and electronic health systems.
- Ability to understand and explain data reports in different ways to different stakeholders.
- Group facilitation and project management skills.
- Knowledge of practice management and/or financial aspects of the practice.
- Experience in researching models, tracking workflows, and sharing written information.
- Knowledge of clinical settings and culture, including an understanding of managing change.
- Ability to think strategically and deliver technically.
- Excellent interpersonal, oral and written communication and organizational skills.
- High level of comfort with ambiguity and ability to create direction from it.
- Knowledge of existing community partnerships to address social risk factors.

Scope of Work

- Assist community health centers in the preparation and technical implementation of the PRAPARE tool. The goal is to prepare health centers to use the standardized patient risk assessment tool as a process and collection of resources to identify and act on social determinants of health in an effort to promote community transformation and achieve health equity.
- Communicate the importance for the new data collection initiative and educating key staff on the importance of collecting social determinants of health and how it aligns with activities the organization is already doing.
- Help community health centers prepare the foundation for identifying and acting on social determinants of health through various activities, such as developing workflow models, motivational interviewing, developing data strategies, building capacity to respond to SDOH data, reporting on SDOH measures, identifying social risks impacting patient populations, analyzing data to determine core needs of patients and collaborating with community resources.

Coach Responsibilities

The Practice Transformation Coach will provide tailored assistance to facilitate successful technical implementation and ongoing use of the PRAPARE tool. Specific activities will include:

- Develop workflow models for a new data collection initiative.
- Assist with the technical implementation of the PRAPARE with EHRs.
- Assist with identifying social risks that are impacting patient population.
- Develop a data strategy for assessing SDOH (data documentation, reporting templates, data integration and population-level planning).
- Develop a system for reporting data so it can be effectively communicated to providers, community partners, payers, policymakers and other stakeholders to promote community transformation.
- Help with evaluation of SDOH data (data gathering/validation process).
- Build capacity to respond to social determinants of health data.
- Monitor and advance community partnerships around SDOH activities.
- Identify gaps in information to further SDOH initiative and develop data strategy plans.
- Function as a key contributor to the development of a more impactful patient care team that attends to
- the determinants of poor health using respectful, sensitive and motivational interviewing strategies, and creating actionable responses to patient priorities.
- Address enabling services interventions that create barriers for patients.
- Support community health centers in developing partnerships with community based, non-medical organizations to support addressing identified SDOH needs.
- Help health centers form cross-sectional partnerships with non-clinical community-based organizations.

- Function as a key contributor to the development of a more impactful patient care team that attends to the determinants of poor health using respectful, sensitive and motivational interviewing strategies, and creating actionable responses to patient priorities.
- Engage policy and practice conversations relating to equity, tracking health disparities, and providing technical assistance to community health centers members that are investing in SDOH work.
- Augment ways to share SDOH data across sites to foster ongoing quality improvement.
- Conduct site visits as appropriate as a means of check-in, participating in meetings, or providing overall PRAPARE implementation support as needed.
- Regularly interact with sites to provide ad-hoc support for PRAPARE implementation team members through emails/phone calls to provide feedback, answer questions and monitor implementation plan progress, and communicate to CPCA liaison when issue arises.
- Work to develop and offer onsite training for staff around workflows for tracking and improvement of social determinants.
- Augment ways to share data across sites to foster ongoing improvement.
- Engage conversations relating to equity, tracking health disparities, and providing technical assistance to health centers that are investing in social determinants of health work.

Additional responsibilities include:

- Attend regular SDOH Peer Network, Learning Cohorts or in-person trainings.
- Participate on coach peer networking calls and events as able.
- Availability to respond to staff in a timely manner.

Qualifications

Required Qualities:

- Knowledge of Social Determinants of Health and data collection tools such as PRAPARE.
- Experience in a clinical or healthcare setting.
- At least two years of process improvement, and/or population management experience.
- Knowledge of patient engagement, developing workflows electronic health records, data analytics and motivational interviewing.
- Experience working with community health centers and/or safety net practices.
- Familiarity with health information technology, electronic health records, and/or registries.

Desired Qualities:

- A degree in health administration, health information, nursing, or public health.
- Ability to work well in a professional environment, including respect for different styles and personalities; enthusiasm for collaboration, communication and celebration.
- Certification in healthcare quality or healthcare information.

Time Expectations

Based upon agreed consultant time capacity, coaches can expect to dedicate approximately 4-5 hours per week per practice. Actual time spent per practice will vary based on site's needs and goals. Communication between a coach and their assigned practices will be mostly electronic (conference calls, webinars, etc.), with occasional on-site meetings as needed. Periodic travel for site visits and meetings, including driving an automobile and flying in an airplane may be needed.