



NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

A PROGRAM OF
THE FENWAY INSTITUTE

*Hello everyone! Please put your name
and organization in the chat box so we
can take attendance :)*

Every Person Counts: Leveraging SDOH and SOGI Data for LGBTQIA+ Asian American, Native Hawaiian, and Pacific Islander- Serving Health Centers

Session 5: Tips, Tools, & Tricks for
Implementation of SDOH and
SOGI Data Collection

June 24, 2021

9-10:30am HT | 12-1:30pm PT | 3-4:40pm ET

Zoom Housekeeping

Chat

To: **Everyone** ▾

Type message here...

More ▾

Mute Start Video Chat Reactions **Leave Meeting**

Moderators



Albert Ayson, Jr. (he/him)

Associate Director
Training and Technical Assistance
Association of Asian Pacific
Community Health Organizations



Sakura Miyazaki (she/her)

Program Manager
Training and Technical Assistance
Association of Asian Pacific
Community Health Organizations



Jack Bruno (he/him)

Operations Coordinator
Division of Education and Training
The Fenway Institute



Virginia Vedilago (she/her)

Program Manager
The Fenway Institute

Poll

Which of the following best describes your organization type?

- Community Health Center (FQHC, Look-Alike)
- Primary Care Association (PCA)
- National Training & Technical Assistance Partner (NTTAP)
- Health Center Controlled Network (HCCN)
- Government
- Academic Institution
- Social Service or Community-Based Organization (CBO)
- Other

Acronyms

1. **AA, NH, and PI:** Asian American, Native Hawaiian, and Pacific Islander
2. **ES:** Enabling Services
3. **FQHC:** Federally Qualified Health Center
4. **HCCN:** Health Center Controlled Network
5. **LGBTQIA+:** Lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority
6. **NTTAP:** National Training and Technical Assistance Partner
7. **PCA:** Primary Care Association
8. **SDOH:** Social Determinants of Health
9. **SOGI:** Sexual Orientation and Gender Identity

Overview

- Five 90-minute sessions every Thursday - today is the final one!
 - Session 1: Introduction to the Intersecting Identities of LGBTQIA+ AAs, NHs, and Pls
 - Session 2: Introduction to SDOH and SOGI Data Collection for Health Centers
 - Session 3: Building, Implementing, and Evaluating Inclusive Systems for SDOH and SOGI Data Collection
 - Session 4: Addressing Patient Needs through Population Health Level Interventions Informed by SDOH and SOGI Data Collection
 - **Session 5 : Tips, Tools, & Tricks for Implementation of SDOH and SOGI Data Collection**
- Feel free ask questions and chime in during the session, but please note that the didactic sections will be posted for the cohort to access as a resource.

Agenda

- Welcome and Introductions (10 minutes)
- Apicha Presentation (40 minutes)
- Q&A (15 minutes)
- Recap Activity (20 minutes)
- Closing (5 minutes)

Recap of Session 4 with AAPCHO

- CHCs/health organizations already ask many/most SDOH questions
- Workflow - the 5 rights
 - Information, time, person, format, place
- Cultural competency -> cultural humility
 - Self reflection, change, accountability
 - Openness, appreciation, flexibility, acceptance

Today's Learning Objectives

- To apply tools and resources to support your health center staff, management, leadership with standardized SDOH and SOGI data collection.

Apicha Community Health Center Panelists



**Timothy Au, MSW,
LMSW (he/him)**

Asst. Director of Support Services–Member
Services



**Marites Estoque, MS,
RHIA, CCS, CRC (she/her)**

Population Health Manager



**Erilande Silma, MA, MS,
LBBP, CSM (she/her)**

Director of Population Health Management



**Venus Vacharakitja, PhD
(she/her)**

Director of Support Services

Tips, Tools, & Tricks for Implementation of SDOH and SOGI Data Collection

Apicha Community Health Center

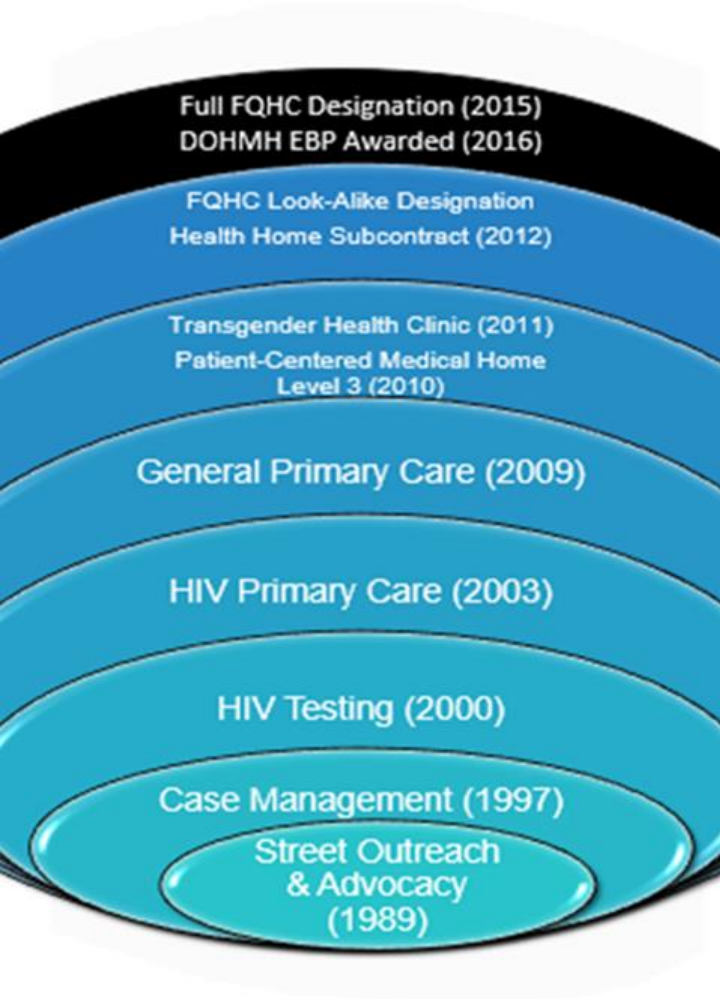
Agenda

- **Introduction**
- **Overview of SOGI and SDOH**
- **Optimizing SOGI Data Collection**
- **Revamping SDOH Data Collection**



Our Mission Statement

- To improve the health of our community and to increase access to comprehensive primary care, preventive health services, mental health and supportive services. We are committed to excellence and to providing culturally competent services that enhance the quality of life.
- Apicha CHC advocates for and provides a welcoming environment for underserved and vulnerable people, especially Asians & Pacific Islanders, the LGBT community and individuals living with and affected by HIV/AIDS.



About Us

- **Apicha Community Health Center** was founded in 1989 to address unmet HIV/AIDS-related needs of Asians and Pacific Islanders in New York City.
- Formerly named **A**sian and **P**acific **I**slander **C**oalition on **HIV/AIDS**.
- Apicha CHC has been servicing LGBTQ+ patients since its inception.
- In 2009 after two decades of HIV-focused practice, we expanded our nationally-recognized HIV care model to include general primary care.
- In 2011, we launched our Transgender Health Clinic to address the unique healthcare and wellness needs of transgender, gender variant, gender non-conforming, and genderqueer people of color.



**Sexual Orientation (SO)
Gender Identity (GI)
Social Determinant of Health (SDOH)**

SOGI

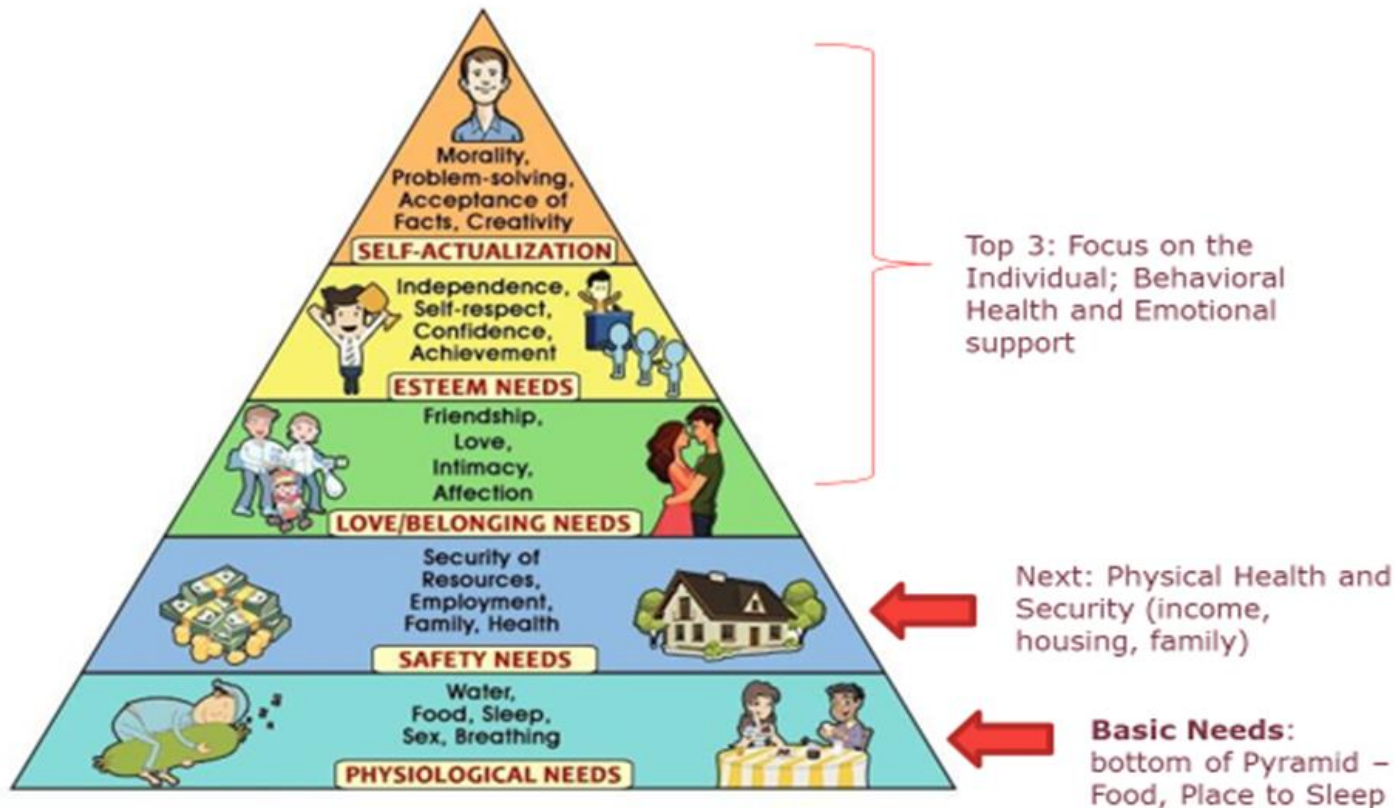
- SO = Sexual Orientation
- GI = Gender Identity
- SO ≠ GI



Social Determinants of Health



SDOH & Hierarchy of Needs



| | |
|------------------|-----------------------------------|
| Name: _____ | AKA: _____ |
| (last) | (last) |
| DOB: _____ | Soc. Sec. No.: ____ - ____ - ____ |
| Client ID: _____ | Intake Date: _____ |
| | Today's Date: _____ |

Address: _____
 _____ Zip Code: _____

Phone: _____ Email: _____

Is *discretion* required when contact [mail, home visit, voicemail]? [] Yes [] No

Gender: M/F/T (M→F)/T (F→M)/Other: _____ Sexual Orientation: G/L/B/H/Q

Race: _____ Ethnicity: _____

Language (s): 1st - _____;

2nd - _____

Year of Entry to the U.S.: _____

Immigration Status: VISA: _____ / Permanent Resident/ Others: _____

Country of Citizenship: _____

Insurance: [] Medicaid: (# _____; HMO/SNP: _____);

[] Medicare: (Part A/B/C: _____; Part D: _____);

[] ADAP: _____; [] Private: _____; [] Other: _____

Religious Affiliation: _____

Emergency Contact: Name _____

Address _____

Phone Number _____

Relationship _____

Consent Given Y/N

History of Data Collection

- Paper form(s)
- Transcribe data collected into require database
- Agency/Center Registration form
- Departmental Registration form

REGISTRATION FORM



| | | | |
|-------------------|------------------------|-----------------------------------|---|
| Legal Last Name | Legal First Name | Preferred First Name | Preferred Pronoun |
| Address | | Apartment # | City |
| | | | State |
| | | | Zip Code |
| Cell phone number | Home Phone number | Primary contact? | Email address |
| | | <input type="checkbox"/> Cell | |
| | | <input type="checkbox"/> Home | |
| Date of birth | Social security number | How did you hear about us? | |
| | | <input type="checkbox"/> Friend | <input type="checkbox"/> Brochure |
| | | <input type="checkbox"/> Patient | <input type="checkbox"/> Case worker |
| | | <input type="checkbox"/> Doctor | <input type="checkbox"/> Social media |
| | | <input type="checkbox"/> Internet | <input type="checkbox"/> APICHA website |
| | | <input type="checkbox"/> Outreach | |

We recognize that the information collected on this form may not reflect all of our community. We are required to collect information for billing and reporting to funders. We recognize and respect your preferred pronoun.

| | | | | |
|---|---|--|--|---|
| Sex assigned at birth | Sexual orientation | Household size | Emergency Contact Information | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Gay | | Name | |
| Gender identity | <input type="checkbox"/> Lesbian | Annual Household income | Relationship | |
| | <input type="checkbox"/> Bisexual | | Phone Number | |
| <input type="checkbox"/> Male | <input type="checkbox"/> Queer / Something else | Ethnicity | Race (Check all that apply) | |
| <input type="checkbox"/> Female | <input type="checkbox"/> Straight | <input type="checkbox"/> Hispanic ¹ | <input type="checkbox"/> American Indian / Alaska Native | <input type="checkbox"/> Native Hawaiian ³ |
| <input type="checkbox"/> TransMale/ Transman | <input type="checkbox"/> Don't know | <input type="checkbox"/> Non-Hispanic | <input type="checkbox"/> Asian ² | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> TransFemale/ Transwoman | <input type="checkbox"/> Declined to answer | | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Declined to answer |
| <input type="checkbox"/> GO/GNC | | | | |

Impact of Race on SOGI and SDOH

- Registration:
 - Patients received registration package to complete by themselves
 - Some Hispanic patients leave race section blank

Sex (check one): Male Female

Gender (check one): Male Female Transgender – ID as Female Transgender – ID as Male

Sexual Orientation / Identity: Gay Straight Lesbian Bisexual Queer Unsure / Other: _____

Race : (check all that apply)

| | | |
|--|---|---|
| <input type="checkbox"/> Asian/South Asian/Asian-American (check detail below) | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Black/African-American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Indonesian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Lao |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Thai | <input type="checkbox"/> Malaysian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> American Indian |
| | | <input type="checkbox"/> White |
| | | <input type="checkbox"/> Unsure /Don't Know |
| | | <input type="checkbox"/> Other: <u>LATIN</u> |

Are you?
 Hispanic or Latino
 Not Hispanic or Latino

Do you read, write & speak English well? (check one): YES or NO

In which language(s) are you most fluent? FIRST: SPANISH
SECOND: INGLES

*Born in U.S.? YES NO If not born in U.S., Country of Origin: MEXICO

Current Practices in Capturing SOGI

- Registration:
 - Patients received registration package to complete by themselves
 - Some patients leave SOGI section blank
 - Option to decline answering SOGI questions
 - Old registration form allow patient to select decline to answer
 - New form is updated to remove decline option
 - Using BOTH Sex Assigned at Birth and current gender identity to identify your transgender patients



Fenway Health's Emerging Practice: Some clients of transgender experience may prefer to indicate man or woman on their forms, rather than trans man or trans woman. Additional anatomical inventory and rapport building will allow for the provision of affirming and appropriate care.

| Sex assigned at birth | | <input type="checkbox"/> Doctor | <input type="checkbox"/> S |
|--|---|---------------------------------|----------------------------|
| <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| We recognize that the information collected on this form may not reflect all of our con reporting to funders. We recognize and respect your preferred pronoun. | | | |
| Gender Identity | Sexual Orientation | Household Size | |
| <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Trans*Male <input type="checkbox"/> Trans*Female <input type="checkbox"/> GQ/GNC | <input checked="" type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Queer / Something else <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer | 1 | |
| | | Annual Household Income | |
| | | \$0,000 | |

Challenges in Capturing SOGI

Health Literacy:

- Sexual Orientation ≠ Gender Identity
- Some patients are not aware of the difference
- Immigrants and cultural differences may play a role





Challenges in Capturing SOGI

- Pronouns:
 - From experience servicing patients, there are communication problems when misgendering/using incorrect pronouns
 - Apologize and acknowledge mistakes were made
 - Inform the patient you will use the correct pronouns moving forward

SDOH PRAPARE Implementation

- Adapt to use PRAPARE assessment tool to capture SDOH
 - Pilot project began in August 2020
 - Focus on assessing high to moderate risk patients
- Medical Case Manager to conduct PRAPARE assessment
 - Document in EHR
 - Select appropriate SDOH Z Codes in EHR
- Set project goals
 - 40 PRAPARE assessment per Case Manager per month
- Training to Medical Case Manager
 - Develop SDOH Z code cheat sheet
 - Create Step-by-step EHR documentation guide

Current SDOH PRAPARE Practices

- **Screening:**
 - During meeting with Medical Case Manager (MCM); PRAPARE assessment is used once at intake by MCM to assess patients who are –
 - Low income (based on Medicaid income guideline), and/or
 - Homeless (self-identified or by medical provider), and/or
 - Uninsured (self-identified or by medical provider)
 - Not yet implemented across all patients
 - MCM refer patient with SDOH barriers to specialty services

Lessons Learned

○ Challenges and Strategies

- MCMs are to collaborate with external programs and services staff (i.e., Comprehensive Care Management, Care Coordination, PrEP Navigation, external case managers, etc.), and gather their assessment and care plans, and then transfer information into EMR
- MCM have access to clinical informatics (Azara) utilize pre-visit planning to identify patient who needs PRAPARE assessment
- Medical Case Manager experience challenges with documentation in EMR
 - Various way of documentation
 - Selecting the correct diagnosis code (Z Codes) from EMR



Tips for Optimizing SOGI Data Collection

- Identify all systems with SOGI information
- Rank your data systems capturing SOGI
- Evaluate the current state of SOGI collection
- Review the format of the available data
- Identify your SOGI data gaps
- Assess your capacity and resources to update SOGI
- Determine the level of training needed for staff



Assign a **Team Leader** who will drive success



Establish SOGI Data collection **Goals**



Identify **subject matter experts** (SME)



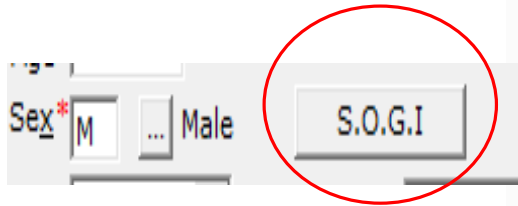
Evaluate your capacity and request assistance if needed



Include **Frontline staff** in your workgroups

Assemble A Workgroup

SOGI in Electronic Health Records



Birth Sex Male Female Unknown

Sexual Orientation

| | Name |
|----------------------------------|---------------------------------|
| <input checked="" type="radio"/> | Lesbian, gay or homosexual |
| <input type="radio"/> | Straight or heterosexual |
| <input type="radio"/> | Bisexual |
| <input type="radio"/> | Do not know |
| <input type="radio"/> | Choose not to disclose |
| <input type="radio"/> | Something else, please describe |
| <input type="text"/> | |

Gender Identity

| | Name |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Male |
| <input type="checkbox"/> | Female |
| <input type="checkbox"/> | Female-to-Male (FTM) / Transgender Male/Trans Man |
| <input type="checkbox"/> | Male-to-Female (MTF) / Transgender Female/Trans Woman |
| <input type="checkbox"/> | Genderqueer, neither exclusively male nor female |
| <input type="checkbox"/> | Choose not to disclose |
| <input type="checkbox"/> | Additional gender category or other, please specify |
| <input type="text"/> | |

Transgender

Electronic Health Records

- Minimize data entry errors or unknowns in the EHR by ensuring your registration form reflect the content in the system.
- Develop a **quality assurance** process to review paper-based registration forms to ensure accuracy with data input in EHR.
- Design a **workflow** that allows for SOGI to be captured in other areas of the organization that can eventually be redirected back to the EHR.
- Utilize the functionality of other systems connected to the EHR to trigger SOGI alerts to staff or patients.

Planning for Improvement

SO/GI Project Goal:
Increase the capturing of
SO/GI data

SO/GI Project Goal:
To increase the data entry
of SO/GI in EHR by 10% at
the end of the 3rd quarter
of 2021

- Goal setting is necessary for monitoring success
- Make goals specific, achievable, and timely
- Determine resources needed to achieve success



Data Quality

- Review mapping of built-in reports aligned with SOGI information
- Examine trends in the data such as unexpected spikes or dips
- Check for invalid and/or duplicate identifiers, or missing data
- Check for values outside a specified range (e.g., Time period)
- Check that certain formats are correct and consistent (e.g., dates, unique identifiers, abbreviations)



Monitoring Strategies

- Establish your **communication** pathway for collecting, updating, and monitoring the data
- Develop **dashboards**, tools, and scheduled reports
- Schedule **future meetings** with the workgroup to discuss barriers to maintaining outcomes after implementation
- Include SOGI updates as part of **Pre-Visit Planning** process



Training and Education

- **Case Managers** should be trained on the collection of SOGI data.
- Ensure **Medical Providers/Pharmacists** are aware of the SOGI organization goals.
- Enhance the utilization of the **patient portal** to educate and engage patients with missing SOGI.
- Include **Finance and Billing** teams input on the impact of SOGI information on operations.
- Work closely with **IT/Data Analytics** team to increase their understanding of the guidelines or regulations around SOGI collection.
- Provide support or training to **community-based organizations**, referral partners and **private practice** professionals who are interested in learning more about SOGI.

Revamping SDOH Data Collection

SDOH Pilot Project

Purpose

Improve collection of SDOH Data to address unmet social needs, in support of improving patient health outcomes.

Project Deliverables

- Research and gather resources to inform SDOH Pilot Project.
- Collect SDOH Data via the PRAPARE smartform in eCW streamlining the process.
- Implement SDOH ICD-10 Coding as a standard approach in capturing SDOH data.
- Train Medical Case Managers on PRAPARE workflow and SDOH Coding.
- Monitoring of SDOH Data based on data aggregated from systems.

SDOH Coding Guideline

'For social determinants of health, such as information found in categories Z55-Z65, Persons with potential health hazards related to socioeconomic and psychosocial circumstances, code assignment may be based on medical record documentation from clinicians involved in the care of the patient who are not the patient's provider since this information represents social information, rather than medical diagnoses.'

'Patient self-reported documentation may also be used to assign codes for social determinants of health, as long as the patient self-reported information is signed-off by and incorporated into the health record by either a clinician or provider.'

(ICD-10-CM updates, Jan. 2021 Guidelines for Coding and Reporting)

SDOH Z-CODE CHEAT SHEET

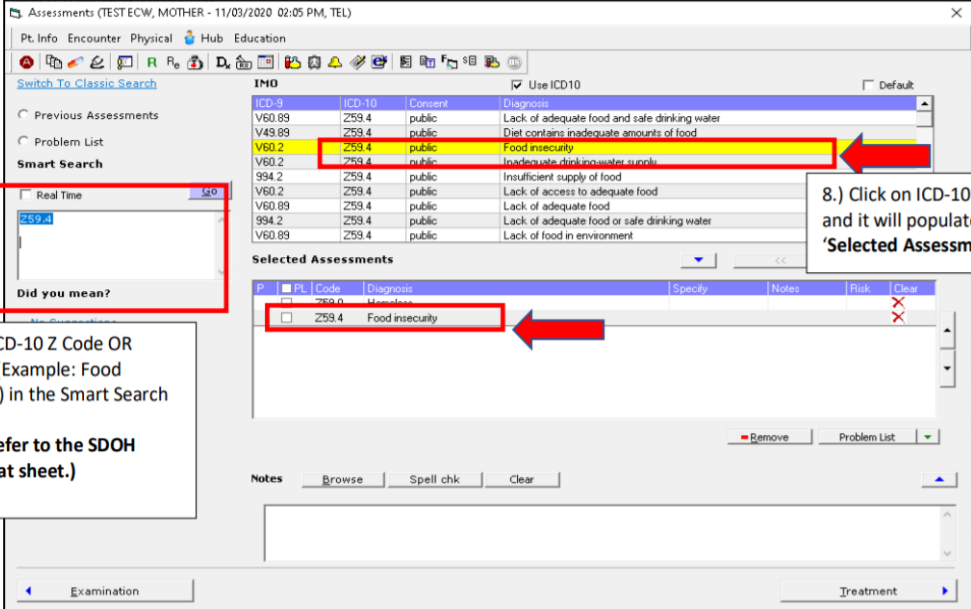
| PRAPARE Question | PRAPARE Answer | Social Determinants of Health ICD-10 Z Code |
|---|---|---|
| Income Level (Federal Poverty Level percentage) | 100% or below | Z59.5 Extreme poverty |
| | 101-150% | Z59.6 Low-income |
| | 151-200% | |
| Veteran Status | Yes | Z91.82 Personal history of military deployment |
| MONEY & RESOURCES | | |
| What is your current housing situation today? | I have housing | No Code Available |
| | I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park) | Z59.0 Homelessness Z59.1 Inadequate housing (Unstable Housing) Z59.8 Other problems related to housing and economic circumstances |

SDOH/PRAPARE Training

- Multiple training sessions conducted for completing PRAPARE and SDOH Coding.
- Training packet developed as a guide for Medical Case Managers which included:
 - Step-by-step process of completing the PRAPARE assessment and follow up documentation in eCW

STEP 7

STEP 8



7.) Type ICD-10 Z Code OR Keyword (Example: Food insecurity) in the Smart Search Box. (Please refer to the SDOH Code Cheat sheet.)

8.) Click on ICD-10 Code and it will populate under 'Selected Assessments.'

| ICD-9 | ICD-10 | Consent | Diagnosis |
|--------|--------|---------|---|
| V60.89 | Z59.4 | public | Lack of adequate food and safe drinking water |
| V49.89 | Z59.4 | public | Diet contains inadequate amounts of food |
| V60.2 | Z59.4 | public | Food insecurity |
| V60.2 | Z59.4 | public | Inadequate drinking water supply |
| 994.2 | Z59.4 | public | Insufficient supply of food |
| V60.2 | Z59.4 | public | Lack of access to adequate food |
| V60.89 | Z59.4 | public | Lack of adequate food |
| 994.2 | Z59.4 | public | Lack of adequate food or safe drinking water |
| V60.89 | Z59.4 | public | Lack of food in environment |

| P | PL | Code | Diagnosis | Specify | Notes | Risk | Clear |
|--------------------------|----|-------|-----------------|---------|-------|------|-------|
| <input type="checkbox"/> | | Z59.4 | Food insecurity | | | | X |

SDOH/PRAPARE Training

- PRAPARE Smartform & Paper Form
- SDOH Coding step-by-step process
- SDOH Z-Code Coding Sheet
- Supplemental Training Video
- NACHC PRAPARE Score Tally Analysis

Money & Resources

What is your current housing situation?

I have housing

I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, or in a park)

I choose not to answer this question

Are you worried about losing your housing?

Yes

No

I choose not to answer this question

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

Less than a high school degree

High school diploma or GED

More than high school

I choose not to answer this question

What is your current work situation?

Unemployed and seeking work

Part time or temporary work

Full time work

Otherwise unemployed but not seeking work

I choose not to answer this question


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

| | |
|--------------------------|---|
| <input type="checkbox"/> | Yes, it has kept me from medical appointments or from getting my medications |
| <input type="checkbox"/> | Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need |
| <input type="checkbox"/> | No |
| <input type="checkbox"/> | I choose not to answer this question |












| | Phase I | Phase II |
|----------------------------|--|---|
| Goal | <ul style="list-style-type: none"> Streamline the process capturing SDOH data transitioning to implement standard use of PRAPARE smartform. | <ul style="list-style-type: none"> Add the SDOH Coding component to capture ICD-10 Z codes as a standard way of collecting SDOH data. |
| Actions | <ul style="list-style-type: none"> Medical Case Manager (MCM) administered the PRAPARE assessments. MCM trained on how to complete the PRAPARE smartform. Population Health Team developed an eCW SDOH/PRAPARE Reference Guide. | <ul style="list-style-type: none"> Additional MCMs participated in Pilot. MCMs were trained how to complete the PRAPARE smartform Train MCMS on SDOH Coding. Document the mode of communication of completed PRAPARE. |
| Summary of Findings | <ul style="list-style-type: none"> Patients contacted via phone by the MCM to complete the PRAPARE assessment. 40-45 minutes to administer PRAPARE including documentation. Few patients were from other Programs with Support Services as the Health Home Program. | <ul style="list-style-type: none"> MCMs completed the assessments using the paper form as a workaround solution to due to eCW barrier. Outreach consisted of phone calls, emails, and voicemail messages. Few patients declined to complete the PRAPARE assessments. |

Monitoring SDOH Data

eClinicalWorks eBO Connection

 **Public Folders** My Folders

Public Folders > **PRAPARE**

| <input type="checkbox"/> | | Name |
|--------------------------|--|---|
| <input type="checkbox"/> |  | P1. PRAPARE Pre-Visit Planning |
| <input type="checkbox"/> |  | P2. Patients seen without PRAPARE Documentation |
| <input type="checkbox"/> |  | P3. PRAPARE Utilization Analysis |
| <input type="checkbox"/> |  | P4. PRAPARE Utilization Analysis for High Risk Patients |
| <input type="checkbox"/> |  | P5. PRAPARE Social Determinants Analysis |
| <input type="checkbox"/> |  | P6. PRAPARE Score Analysis |
| <input type="checkbox"/> |  | P7. PRAPARE Poverty Level ICD Analysis |
| <input type="checkbox"/> |  | P8. PRAPARE Frequency of Diagnosis |
| <input type="checkbox"/> |  | P9. PRAPARE Frequency of Diagnosis for High Risk Patients |
| <input type="checkbox"/> |  | eClinicalWorks eBO Report Template |
| <input type="checkbox"/> |  | Version |

SDOH Pilot Planning Tips



Research Best Practices to establish a benchmark



Identify internal and external resources available



Don't be afraid to reach out for Technical Assistance



Attend SDOH-related webinars or educational sessions



Determine key staff to support workflow improvement



Assess your patient population to determine the best implementation

2021 SDOH Initiatives

- Implementing SDOH module to monitor SDOH data.
- Prepare for new ICD-10 SDOH Z codes for October 1st, 2021.
- Update training materials and retrain staff on updated codes.
- Touch base with internal teams to discuss if there were any challenges.
- Communicate updates related to PRAPARE smartform.

References

- AAPCHO - <https://aapcho.org/focusareas/prapare/>
- AHA SDOH Coding Webinar - <https://www.codingclinicadvisor.com/webinar/icd-10-cm-codes-social-determinants-health>
- American Hospital Association - <https://www.aha.org/system/files/2018-04/value-initiative-icd-10-code-social-determinants-of-health.pdf>
- Azara - <https://azarahealthcare.com/>
- Community Health Care Association of New York (CHCANYS) - <http://w.chcanys.org/sites/default/files/2020-12/NYS%20SDOH%20Workgroup%20Coding%20Guidance%202020.pdf>
- National Association of Community Health Center - NACHC SDOH Training Toolkit - <https://www.nachc.org/research-and-data/prapare/toolkit/>
- National LGBTQIA Health Education Center: A Program of The Fenway Institute - <https://www.lgbtqiahealtheducation.org/resources/in/collecting-sexual-orientation-and-gender-identity-data/>
- PRAPARE Tiger Team Training - <https://aapcho.org/event/prapare-tiger-team-trainings-5/>
- The Social Determinant of Health Academy - <https://sdohacademy.com/>

Thank you

QUESTIONS?



Contact Information

Venus Vacharakitja, PhD

Director of Support Services

Vvacharakitja@apicha.org

Timothy Au, LMSW

Assistant Director of Support Services -
Member Services

tau@apicha.org

Erilande Silma, MA, MS, LBBP, CSM

Director of Population Health Mgmt.

esilma@apicha.org

Marites Estoque, MS, RHIA, CCS, CRC

Population Health Manager

mestoque@apicha.org

Q&A

Recap of Learning Collaborative

- Padlet Activity:

<https://padlet.com/smiyazaki1/kms4juzxsni7ejo9>

Exit Poll

1. Overall, how satisfied are you with this session?
2. How confident are you that you will be able to apply information from this session at your health center/organization?
3. Based on your level of knowledge prior to the session, how would you rate changes to your knowledge as a result of the session?

Exit Poll (Open-Ended)

Optional, but feel free to share your thoughts with us through the chat box.

- Any outstanding questions?
- What other information/topics would you like to see presented?
- Are there additional resources you would like to have?

Thank you!



NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

A PROGRAM OF
THE FENWAY INSTITUTE