PCPCH Model and Standards Revisions Overview

This document provides an overview of the revisions to the PCPCH model of primary care delivery that will be implemented in January 2017. Please read the PCPCH 2017 Recognition Criteria Technical Specifications and Reporting Guide (TA Guide) for more information.

PCPCH Model Revisions

- 12 Standards were revised
- One additional "must pass" measure (6.C.0 – Patient & Family Surveys)
- Expanded tier structure from 3 tiers to 5 tiers
- 5 STAR aligns with current 3 STAR criteria that was implemented in 2015 to recognize practices on the forefront of transformation

Tier 1	30 - 60 points	+ All must-pass standards
Tier 2	65-125 points	+ All must-pass standards
Tier 3	130 – 250 points	+ All must-pass standards
Tier 4	255 -390 points	+ All must-pass standards
Tier 5 (5 STAR)	255 – 380 points	+ All must-pass standards + Meet 11 out of 13 specified measures + All measures are verified with site visit

PCPCH Standards Revisions

Core Attribute 1: Access To Care – "Health care team, be there when we need you."

- 1.C.0 and 1.C.1 combine to become a single Must-Pass: Continuous access to clinical advice by phone and documented pertinent encounters (become 1.C.0).
- 1.E.3 Meaningful Use measure pertaining to provision of copy to patients of their health information: reduced in point value from 15 points to 5 points (becomes 1.E.1).
- 1.F.1 Tracking time to completion for prescription refills: increases from 5 points in value to 10 points (becomes 1.F.2).

Core Attribute 2: Accountability - "Take responsibility for making sure we receive the best possible health care."

- 2.A.2: changed from requiring only the reporting of core and menu set measures to requiring demonstrated improvement.

Core Attribute 3: Comprehensive Whole Person Care - "Provide or help us get the health care, information, and services we need."

- 3.A.1 PCPCH routinely offers or coordinates appropriate preventive services based on best available evidence: now includes a requirement for identifying areas for improvement.
- 3.C.0 (Must Pass): change to "and" instead of "or"; add "...local referral resources and processes"
- 3.C.2 Emphasizes robust cooperative referral and co-management and/or co-location.
- 3.C.3 Formerly emphasized co-location of specialty mental health, substance abuse, or developmental providers. Revised to place greater emphasis on, and specifications for: functional integration, population-based care, and same-day consultation.
- 3.E.3 Preventive Service Reminders - changes from a Meaningful Use measure to requiring a data based strategy to manage preventative service reminders. Meaningful Use process is incorporated into 3.E.1 (5 point measure).

Core Attribute 4: Continuity - "Be our partner over time in caring for us."

- 4.G.3 Medication reconciliation: changes from a Meaningful Use measure to requiring a more comprehensive, robust medication management strategy. Meaningful Use process is incorporated into 4.G.1 (5 point measure)

Core Attribute 5: Coordination and Integration - "Help us navigate the health care system to get the care we need in a safe and timely way."

- 5.A.1a and 5.A.1b Pertaining to population data management: combine into one measure to become 5.A.1.
- 5.A.2 New measure requires PCPCH to demonstrate ability to risk-stratify patient population according to health risks based on health needs or behavior.
- 5.C.1 Changes from assigning individual responsibility for care coordination to: more broadly requiring that PCPCH have defined roles among the care team members for care coordination overall.

Core Attribute 6: Person and Family Centered Care - "Recognize that we are the most important part of the care team."

- 6.C.1 Patient survey is a new Must-Pass measure (6.C.0)
- 6.C.2 Now requires a patient survey every two years instead of annually, and utilization of the survey data within the practice.
- 6.C.3 Also changes patient survey frequency from annually to every two years, and utilization of the survey data within the practice to meet specific benchmarks.

Questions? Email PCPCH@state.or.us or visit www.primarycarehome.oregon.gov