

## Program Update –February 2016

### Strengthening Oregon’s Primary Care Infrastructure

Nationally, approximately 5-6 percent of total health care expenditures go to primary care; however, successful health system transformation relies heavily on a well-functioning primary care system. Most states, including Oregon, have not had the information necessary to monitor and assess the percentage of total medical expenditures that are directed toward primary care. In 2015 the Oregon Legislature enacted Senate Bill 231 to provide information about primary care in Oregon and strengthen Oregon’s primary care infrastructure.

SB 231 requires the Oregon Health Authority (OHA) and the Department of Consumer and Business Services (DCBS) to report the percentage of medical spending allocated to primary care from prominent insurance carriers, Coordinated Care Organizations (CCOs), the Public Employees’ Benefit Board (PEBB), and the Oregon Educators Benefit Board (OEBB). Health care spending information was obtained from claims-based payments from the All-Payer, All-Claims Reporting Program (APAC) and non-claims-based payments from a specialized reporting template completed by carriers and CCOs. The [report](#) was submitted to the Oregon Legislature on February 1, 2016.

In addition to reporting on spending allocated to primary care, SB 231 requires OHA to convene a Primary Care Payment Reform Collaborative. The objective of the collaborative is to allow participants to share best practices that support innovation and improvement in primary care and to work together to seek alignment and agreement around primary care reimbursement to help improve population health, patient care, and control health care costs across Oregon. The [Transformation Center](#) is leading this work with meetings set to begin in the spring.

### Behavioral Health Integration Resources and Training

The [Patient-Centered Primary Care Institute](#) (PCPCI) has recently added several [resources](#) to its website for clinics interested in improving behavioral health integration. There is a broad range of topics including strategies to support effective health care teams, evidence-based practices, and assessing your clinic’s behavioral health integration capacity. In addition, PCPCI is organizing a Focused Acceptance & Commitment Therapy (FACT) [workshop](#) in April. FACT is a brief, powerful, contextual behavioral intervention approach that is useful for clinicians working in settings that require brief interventions, such as primary care clinics.

## **Apply to Become a Clinical Innovation Fellow**

The Oregon Council of Clinical Innovators is **now accepting applications for our third cohort of Clinical Innovation Fellows**. Supported by the OHA Transformation Center through funding from the State Innovation Model grant, this is an opportunity to build the capacity of health care leadership within our state, support the success of coordinated care organizations and spread [Oregon's coordinated care model](#).

Through participation in a year-long learning experience with emphasis on innovation projects in their local communities that align with Oregon's health system transformation priorities, this select group of Clinical Innovation Fellows will develop and refine skills in leadership, quality improvement, implementation and dissemination science that creates a network of expertise.

**We are looking for health care professionals (physicians, nurses, pharmacists, physical therapists, behaviorists, social workers, dentists, etc.) who have the following:**

- An existing innovation project (or plans to initiate one) that aligns with the coordinated care model
- At least five years professional experience with demonstrated leadership attributes
- Commitment from their CCO (or commercial payer) leadership and sponsoring organization to support their project, including providing organizational resources and allocating a minimum of five hours a week for the fellow to work on the project and fellowship activities
- Commitment to addressing health equity
- A diverse background with respect to Oregon geography, clinical discipline or specialty, and cultural identity (for example, race, ethnicity, language, gender, sexual orientation and ability)

**For details, see the call for applications and application form available at [www.transformationcenter.org/ccli/](http://www.transformationcenter.org/ccli/).** Application deadline is April 15, 2016.

## **Certified Community Behavioral Health Clinic (CCBHC) Demonstration Program**

Congress passed the Protecting Access to Medicare Act (H.R. 4302) in March 2014. This legislation includes provisions of the Excellence in Mental Health Act - an eight-state demonstration program and the single largest investment in community behavioral health in more than 50 years. This legislation aims to improve quality and access to behavioral health services through the creation of federal criteria for Certified Community Behavioral Health Clinic (CCBHC) as entities to serve adults with serious mental illness, children with serious emotional disturbance, and those with long term and serious substance use disorders, as well as others with mental illness and substance use disorders.

In October 2015 Oregon was awarded a 1-year planning [grant](#) from the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop an application for the demonstration program. Of the 24 states awarded the planning grant, 8 will be selected to participate in the 2-year CCBHC demonstration program which begins in January 2017. During the planning grant year Oregon must identify at least two entities meeting the CCBHC criteria and develop a prospective payment system to reimburse CCBHCs for required services provided by these entities. Please visit Oregon's Certified Community Behavioral Health Clinic [website](#) for more information.

## **Have Questions?**

**We are here to help! Email [PCPCH@state.or.us](mailto:PCPCH@state.or.us)**

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### **About the Patient-Centered Primary Care Home Program**

Patient-Centered Primary Care Homes (PCPCH) are health care clinics that have been recognized by the Oregon Health Authority (OHA) for their commitment to providing high quality, patient-centered care. The PCPCH Program administers the application, recognition, and verification process for practices applying to become Patient-Centered Primary Care Homes. The program is also working with stakeholders across Oregon to support adoption of the primary care home model. For more information visit [www.PrimaryCareHome.oregon.gov](http://www.PrimaryCareHome.oregon.gov).