

Patient-Centered Primary Care Home Standards Advisory Committee 2015 Committee Charter

I. Purpose

Enacted Oregon House Bill (HB) 2009 established the Oregon Health Authority (the Authority) and created the Patient-Centered Primary Care Home (PCPCH) Program. The key activities of the PCPCH program identified by HB 2009 are as follows:

- Define core attributes of the patient centered primary care home to promote a reasonable level of consistency of services provided by patient centered primary care homes;
- Establish a simple and uniform process to identify patient centered primary care homes that meet the core attributes defined by the Authority;
- Develop uniform quality measures for patient centered primary care homes that build from nationally accepted measures and allow for standard measurement of patient centered primary care home performance;
- Develop uniform quality measures for acute care hospital and ambulatory services that align with the patient centered primary care home quality measures; and
- Develop policies that encourage the retention of, and the growth in the numbers of, primary care providers.

The goal of the PCPCH program is to improve the availability and affordability of high quality patient centered primary care to all Oregonians through promotion and development of Oregon's existing primary care infrastructure into patient centered primary care homes.

The PCPCH Standards Advisory Committee (the Committee) provides the Oregon Health Authority with policy and technical expertise for the PCPCH model of care. The Committee is convened periodically to review PCPCH implementation progress and advise on refining the model to further guide primary care transformation.

II. Scope

A. Considerations

The 2015 Committee will provide the Authority with policy and technical expertise in the next phase of implementation of the model. In addition to the specific language in HB 2009, the Committee's work should be framed by the following guidelines and considerations:

- The committee should incorporate new evidence, where possible, into the model;
- The rigor of the model should increase so that practices are incentivized to continue along in the transformation process for those that have already achieved a Tier 3 status while continuing to support practices currently achieving a Tier 1 status;
- The committee should focus on standards and measures only, recognizing that technical specifications consistent with the recommendations of the committee will be developed;
- The model should minimize the burden of reporting wherever possible, while recognizing that measuring data in a standardized way allows for the model to be replicated and confirmed;
- Standards and measures developed by the committee should be sufficiently broad to be applicable to primary care clinics of different sizes, with different patient populations and in different geographic regions across Oregon;
- Standards and measures should build on existing PCPCH, health system transformation, and quality measurement work in Oregon and seek to be broadly acceptable to all major stakeholders; and
- While the committee will not consider payment reform specifically, standards should be developed with the goal of being used by public and private payers seeking to implement primary care payment reform to support the PCPCH model.

B. Scope of Work and Timeline

The work of the Committee will consist of advising the Authority on the following:

1. Revising a specific set of existing standards and measures based upon staff and community experience with the model;
2. Refining the current tier structure/measurement system; and
3. Developing recommendations on standards for integration of primary physical health care in sites where the main focus is delivery of behavioral health care services.

The committee will convene in June 2015 with an expectation of completing its work on the above tasks by December 2015.

III. Staff Resources

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