

2021 PCPCH Health Equity Initiative Final Outcomes:

Revisions Included in the 2025 PCPCH Criteria

Background

The [Patient-Centered Primary Care Home \(PCPCH\) Program](#) recognizes practices and clinics across Oregon that are providing high-quality, patient-centered primary care. The program publishes criteria and standards (also known as the PCPCH model) that practices attest to meeting. Some standards are required for all practices that participate in the program, and others are optional but rewarded with higher points or tier levels. As of January 2025, there are more than 620 practices across the state participating in the program. [Evaluations](#) have shown that the program has reduced health care costs and improved quality of care.

In December 2020, the Oregon Health Authority's (OHA) Health Policy and Analytics (HPA) Division leadership initiated a process to ensure that the PCPCH Program is supporting a primary care system that addresses community-identified needs—especially the needs of those who experience systemic racism, barriers in accessing care, and health inequities. Program staff enthusiastically embraced this directive, calling it the [PCPCH Program Health Equity Initiative](#), and carried out this initiative in 2021. The initiative included:

1. A review of the information on this topic that OHA had already accumulated through reports, needs assessments, and surveys.
2. An analysis of data reports and dashboards published by OHA and other public sources to identify specific populations in Oregon that experience significant health disparities.
3. A series of listening sessions with over 25 community-based organizations and primary care practices from across Oregon. A full list of participating organizations is included in Appendix C of the report linked above.

This document summarizes the changes to the program's criteria and standards that were made because of this initiative. These updates are integrated into the [2025 PCPCH Recognition & Reporting 2025 Recognition Criteria Technical Specifications and Reporting Guide](#) (TA Guide). Primary care practices began applying under this version of the PCPCH model in January 2025.

Summary of health equity revisions to the PCPCH standards

The table on the following pages displays a summary of the feedback that PCPCH program staff received during the community listening sessions, and how it has been applied in the 2025 PCPCH Criteria. The relevant measure numbers are included in parentheses for those interested in learning more about a specific change (full specifications available in the [2025 PCPCH TA Guide](#)).

Health Equity Issue	Changes Included in 2025 PCPCH Model
Insufficient language interpretation services	New measure rewarding practices that provide continuous (24/7) access to clinical advice by telephone in patients' primary language (1.C.1).
	Additional expectations around ensuring that electronic health information is available in languages other than English (1.E.2).
	Additional expectations around providing telehealth services in patients' primary language (1.G.1).
	More flexible specifications in Measure 6.A.1, which encourages more PCPCHs to translate their materials (including patient experience surveys) into non-English languages spoken by their patients or community.
	Suggestions around taking steps to ensure that portal communications accommodate those with languages other than English (1.E.1).
Lack of understanding about how a person's culture, priorities, identity, or social circumstances guides decision-making	New measure rewarding practices that incorporate at least one demographic category or health-related social need into their patients' risk scores (5.A.3).
	New "Additional Tips" box focused on considering patients' backgrounds when identifying and closing gaps in preventive services (3.A.2).
	New "Additional Tips" box about connecting patients with behavioral health services that are culturally and linguistically responsive and more appropriate for patients' unique backgrounds and needs (3.C.2.a).
	New "Additional Tips" box about how to assign patients to a personal clinician or team in a culturally and linguistically appropriate way (4.A.0).
	New "Additional Tips" box that includes following up with patients after a hospital or emergency department discharge in a culturally and linguistically appropriate way (4.E.2).
People do not feel acknowledged by primary care providers and staff	New requirement that all PCPCHs consider patient choice, need, or background when assigning patients to a personal clinician or team (4.A.0).
	New measure focused on surveying patients on topics related to health equity, along with an "Additional Tips" box on how to leverage this information to improve patient care (6.C.2).
	Mentions of "gender-appropriate" replaced with "sex-specific" throughout the model to acknowledge differences between sex and gender.
	Clinics encouraged to consider culturally and linguistically appropriate specialists when making referrals (5.E.1).
Patient education, self-management tools and documents are not culturally specific	New expectations around ensuring that patient education and self-management resources are culturally and linguistically appropriate (6.B.1 & 6.B.2).
	New expectation that shared care plans be culturally and linguistically appropriate, and a new "Additional Tips" box on how to leverage the "SMARTIE" framework to ensure that care plans are clear and acknowledge patients' unique background (5.C.3).
Health literacy	New measure rewarding practices that take steps to improve the health literacy of their materials or other communications with patients (6.A.2).

	Practices encouraged to consider the health literacy level of their patients in their “new patient brochure/document” as well as its accessibility to patients with disabilities or primary languages other than English (6.D.0).
	New “Additional Tips” box focused on communicating test results with patients in a culturally and linguistically appropriate way (5.D.1).
Lack of diverse providers, administrative staff and leadership	New “Additional Tips” box focused on improving equity and diversity among clinic staff by identifying and acting on disparities in job satisfaction (2.F.2).
Shortage of behavioral health and oral health providers	“Onsite” requirement removed from Measure 3.C.2.b to promote telehealth pharmacotherapy.
Underutilization of traditional health workers	New measure rewarding practices that partner with one or more traditional health workers (6.E.3).
	New “Additional Tips” box that includes guidance around leveraging THWs when screening for patients’ health-related social needs (3.D.2).
	New “Additional Tips” box that includes guidance around leveraging THWs when assigning patients to providers or care teams (4.A.0).
	New “Additional Tips” box that includes guidance around leveraging THWs when collecting demographic information about patients (4.C.1).
The primary care workforce is not trained to provide culturally responsive and trauma-informed care	All PCPCHs now required to train primary care staff in delivering culturally and linguistically appropriate, trauma-informed, or trust-building care (6.E.0).
	New “Additional Tips” box about collecting information on patients’ health-related social needs in a trauma-informed way (3.D.2).
Cost of Care	New standard with two measures that reward practices for informing their patients of preventive services that have low or no out-of-pocket costs (5.B.1) and assisting their patients in understanding and navigating the cost and payment options for their care (5.B.3).
Distrust of the health care system and health care providers	New “Additional Tips” box that includes guidance on building trust with patients when collecting and storing data on their health-related social needs (3.D.2).
	New “Additional Tips” box about collecting and storing patients’ demographic information in a way that facilitates trust and engagement (4.C.1).
Insufficient data about populations experiencing health inequities	New measure rewarding practices that document their patients’ race, ethnicity, disability, sexual orientation, or gender identity in their EHR (4.C.1).
	New measure rewarding practices that meet a certain threshold for the proportion of their patients that have their race, ethnicity, language, disability, sexual orientation, or gender identity documented in their EHR (4.C.2).
	New measure focused on identifying patient subgroups experiencing disparities in primary care quality metrics (2.A.1).

	New measure focused on reducing disparities in primary care quality metrics (2.A.3).
	Focus of Measure 2.E.3 changed from meeting benchmarks to identifying disparities in health care utilization metrics and following up with impacted patient subgroups.
	Suggestions in the “Additional Tips” box in Standard 2.D around collecting and using patients’ demographic data in quality improvement projects.
Health system is difficult to navigate	New measure focused on targeting patient subgroups experiences inequities in preventive services with alternative reminders or outreach strategies (3.E.3).
	New measure rewarding practices that coordinate care for patients that are engaged with specific health-related benefit systems including ODHS, criminal justice, education, and public health (5.E.3).
	Practices now offered credit in Measure 4.B.3 for offering medication management to their patients via telehealth pharmacists.
	New “Transformation in Practice” box about improving remote access to prescription refills (1.F.3).
Health care should be available outside the “clinic walls”	New measure rewarding practices that provide care in an external community setting to residents regardless of patient status (1.G.3).
Payment models do not support the primary care health system	New standard in PCPCH model with three measures rewarding clinics that engage in specific types of value-based payment arrangements (Standard 2.B).
Lack of access for those with disabilities	Additional expectations around having alternate formats of electronic health information available for patients with disabilities (1.E.2).
	Suggestions around taking steps to ensure that portal communications accommodate those with disabilities (1.E.1).
	New “Additional Tips” box that includes ensuring that behavioral health services and referrals are accessible by individuals with disabilities (3.C.2.a).

Additional health equity changes to the overall PCPCH model

Along with the revisions to the standards specified above, the PCPCH model updates include:

New Health Equity Designation: PCPCHs can now earn a special designation for meeting a certain threshold of standards in the model intended to improve health equity.

Updated PCPCH Graphic: The official graphic used in PCPCH Program communications to describe the model now displays equity as the foundation of all other core attributes of the program. See page 4 of the [2025 PCPCH TA Guide](#) for descriptions of each house graphic element.