

Patient-Centered Primary Care Home Program

Patient-Centered Primary Care Homes (PCPCHs) are health care practices that have been recognized by the Oregon Health Authority (OHA) for their commitment to providing high quality, patient-centered care. At its heart, this model of care fosters strong relationships with patients and their families to better treat the whole person. PCPCHs reduce costs and improve care by catching problems early, focusing on prevention, wellness and management of chronic conditions.

PCPCH Program Overview

The PCPCH program was created by the Oregon legislature in 2009 to improve primary care as part of the state's broader health system transformation efforts. Following the legislation, OHA convened an [advisory committee](#) to assist in developing the PCPCH standards for care delivery. The [standards](#) have been revised several times over the years, most recently in 2025.

PCPCH recognition is voluntary, and any practice that meets the standards can [apply to become a PCPCH](#). Practices can achieve five different levels of recognition – or tiers - depending on the standards they meet. There is no cost to apply for PCPCH recognition.

More than **600 primary care practices are recognized as PCPCHs in Oregon** – about two-thirds of all primary care practices in the state. There are recognized PCPCHs in 35 out of 36 counties in Oregon. PCPCHs range in size from practices with one provider to clinics with over 200 providers and clinical staff.

Coordinated care organizations (CCOs) are required to include PCPCHs in their networks of care to the greatest extent possible. Expanding the availability of PCPCHs provides better access to care and strengthens primary care networks. **In 2023, 93.8% of CCO members received primary care at a recognized PCPCH.**



Core Attributes for PCPCH Recognition

Accessible: Care is available when patients need it.

Accountable: Practices take responsibility for the population and community they serve and provide quality, evidence-based care.

Comprehensive: Patients get the care, information and services they need to stay healthy.

Continuous: Providers know their patients and work with them to improve their health over time.

Coordinated: Care is integrated and practices help patients navigate the health care system to get the care they need in a safe and timely way.

Patient & Family Centered: Individuals and families are the most important part of a patient's health care.

Equitable: Patients have the same access to care and the means to achieve health regardless of diverse backgrounds or circumstances.

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PCPCHs Impact on the Triple Aim

Oregon implemented the PCPCH program as part of the state's strategy to achieve the Triple Aim of improving the individual experience of care, improving population health management and decreasing the cost of care. A [2023 study](#) found that **among PCPCHs total healthcare expenditures per person were reduced by 6.3% or approximately \$76 per person per quarter**. This resulted in least **\$1.3 billion dollars in savings** in the first eight years of the PCPCH program. In addition, significantly lower rates for inpatient services, radiology and emergency department use were demonstrated by PCPCH patients as compared to those seeking care in non-recognized clinics. Please visit the [Reports and Evaluation](#) page at www.PrimaryCareHome.oregon.gov for more information.

PCPCH Eligibility

Any health care practice that provides comprehensive primary care and meets the program standards can become a recognized PCPCH. Recognized PCPCHs include physical health providers; behavioral, addictions and mental health care providers; solo practitioners; group practices; community mental health centers; tribal clinics; rural health clinics; federally qualified health centers; and school-based health centers.

Ongoing Requirements for PCPCHs

PCPCHs attest to meeting the program standards on their application and must renew their recognition every two years. This allows practices and the program to assess their progress and accomplishments, and gradually build on that success to achieve higher tier recognition to provide the best possible care for patients.

The PCPCH program conducts [site visits](#) to a selected number of PCPCHs every year to ensure the practices are meeting the program standards and to provide technical assistance and support to the practice on standards implementation. Since 2022 the PCPCH program has conducted site visits to more than 300 PCPCHs.

Assistance and Resources for PCPCHs

The PCPCH program develops and **provides technical assistance for PCPCHs at no cost to the practice.** Offerings include webinars, learning collaboratives and direct one-on-one coaching for practices that have had a site visit. The [PCPCH resource library](#) includes toolkits, templates, workflow examples, self-assessment tools and much more. Technical assistance services are designed to help practices implement care changes and improvements effectively.

Payment Incentives for PCPCHs

OHA is working with public and private payers across Oregon to pursue innovative payment methods that move the health care system to rewarding quality, patient-centered care. Recent efforts include partnering with the [Primary Care Payment Reform Collaborative](#) to develop of a primary care value-based payment model.



PCPCH Program Fact Sheet

www.PrimaryCareHome.oregon.gov

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