



Patient-Centered Primary Care Home Program Update

June 2019

PCPCH Standards Advisory Committee to meet soon!

The 2019 PCPCH Standards Advisory Committee (committee) will begin meeting next month to discuss potential changes, additions, and improvements to the current standards and overall model.

The first committee convened nine years ago when the PCPCH program was first established by HB 2009, in order to develop the core attributes, standards, and measures of the PCPCH model of primary care delivery. The Oregon Health Authority periodically re-convenes the committee to review best practices, clarify existing measures, and refine the model based on lessons learned and current literature. Like previous committees, the [2019 committee](#) is made up of a diverse group of health system representatives including patient advocates, providers, hospitals, health plans, and coordinated care organizations (CCOs)—all committed to advancing health, improving health care, and lowering health care costs in Oregon.

In line with recent health system transformation efforts, this year's agenda items include increased integration of oral health, social needs, and health equity into the PCPCH model. Committee meetings will take place between July and December of 2019 and are open to the public. Interested parties can visit the [PCPCH Standard Advisory Committee webpage](#) for locations, call-in instructions, and discussion materials which will be made available one week before each meeting. We look forward to hearing your feedback as we work to improve the Patient-Centered Primary Care Home model!

PCPCH Spotlight: Orchid Health

Orchid Health was founded five years ago on the belief that that rural communities deserve to have easily-accessible, high-quality healthcare that is local, comprehensive, and takes the time to address what matters most to each individual. After two years of researching the factors affecting rural health disparities and the solutions within the primary care system, this belief turned into a model of relationship-based healthcare that makes building trust and engagement with patients and community partners the highest priority.

Orchid Health offers integrated whole-person care in two of Oregon's highest-need rural communities: Estacada and Oakridge. Initial visits are scheduled at a full 60 minutes to allow patients the opportunity to talk about their health goals, challenges, and past experiences receiving care. This time is also used to introduce the patients to the care team members that are best suited to help them achieve their unique health goals. Follow up visits take various forms including phone visits, RN health education visits, behavioral health visits, or a return visit with their PCP.





Central to the clinic’s sustainability and growth, Orchid has persistently sought out value-based payment opportunities that reward patient health outcomes and allow providers to focus on partnering with patients rather than cranking out as many visits as possible in a day. Key partners include local CCOs and the state’s Alternative Payment and Care Model.

Rural healthcare is unique in that nearly “everyone knows each other” and are aware of each other’s activities and experiences via social media. Without compromising patient privacy, Orchid Health leverages this type of environment to further their relationships with patients and proactively support them in their healthcare journey — often discussing valuable insights during team morning huddles.

“Building and spreading a new model of comprehensive rural healthcare is extremely challenging work. However, seeing the impact that we are making in our communities and the positive changes our patients are making is extremely encouraging and makes it more than worth it. Our team makes sure to share and celebrate these success stories on a regular basis, which is one way we are building a culture of positivity rooted in the meaning of our work.”

– Orion Falvey, Executive Director and Co-Founder of Orchid Health

Stories Behind Standards: Language & Cultural Interpretation (6.A)

There is strong evidence that language barriers within health care settings limit meaningful access to care and contribute to avoidable disparities in services and health outcomes. One [study](#) conducted at Boston Medical Center and Boston University School of Public Health found that individuals who do not speak English at home are less likely to receive colorectal cancer screenings (the third most common cancer in the U.S.) than those who do.

Lack of adequate interpretation services can pose serious safety risks to patients. One of the most infamous examples of this is the case of William Ramirez—an 18-year old who arrived at a South Florida hospital unconscious after developing a sudden severe headache at a school event. His family and girlfriend used the words “intoxicado” to describe his symptoms which, among Cubans, indicates nausea or a bad reaction to something due to something consumed. This was misinterpreted as “intoxicated” which led to William being treated for a drug overdose rather than his actual condition: a brain hemorrhage. This was finally discovered only after he suffered irreparable damage that rendered him quadriplegic for life. The miscommunication resulted in a \$71 million malpractice lawsuit.

Leaving language interpretation to patients’ family members can also be problematic. Medical terminology and diagnoses or treatment descriptions can be complex and easily misunderstood leading to mis-translation. Patients also may not feel comfortable being honest with providers about their symptoms if a friend or family member needs to be present for translating purposes. In addition, it’s important to consider the emotional impact of, say, expecting a patient’s child to explain to their parent that they have a serious illness.

Stories and scenarios like these provide the basis for why all clinics recognized as Patient-Centered Primary Care Homes are required to ensure that patients and their families are able to receive care in their language of choice via providers or telephonic trained interpreters (Standard 6.A.0).



Coming Up: Events and Trainings

Webinar: Controlling high blood pressure (with no-cost CME)

The Transformation Center invites clinicians who serve Oregonians to a recorded free CME-accredited webinar focused on controlling high blood pressure. The webinar features Dr. Mark Backus, a Bend physician who was named a hypertension control champion by the Centers for Disease Control and Prevention Million Hearts® campaign.

When: Available on demand through September 20, 2019.

Webinar registration (includes pre-test questions for CME):

<https://attendee.gotowebinar.com/register/9066652441072643329>

More details: <https://www.oregon.gov/oha/HPA/CSI-TC/Documents/Controlling-High-Blood-Pressure-Webinar.pdf>

After this 1-hour presentation, participants will be able to:

- 1) Review CCO hypertension metric specifications
- 2) Explain the implications of the SPRINT blood pressure study and new American Heart Association guidelines
- 3) Illustrate the proper body position for taking blood pressure
- 4) Identify ways for providers to improve blood pressure control
- 5) Share strategies for clinics to improve blood pressure control
- 6) Describe how to identify patients who require referral or special testing for their hypertension

Free, quick online tobacco cessation counseling training (with CME)

What: This short online course will improve your care team's ability to help patients quit tobacco. The course focuses on Brief Tobacco Intervention and Motivational Interviewing techniques.

Who: All members of the care team committed to supporting their patients to quit tobacco.

When: The course is self-paced and takes approximately 45 minutes. The course can be started, paused and resumed later as needed.

CMEs: This training has been reviewed and is accepted for up to 1.0 prescribed credit from the American Academy of Family Physicians (AAFP). For other licensing boards that may not pre-approve continuing education credits (for example, the Board of Licensed Professional Counselors and Therapists), please submit the certificate of participation to your accrediting body.

Access the training: <https://tcrc.rapidlearner.com/3462253711>

Questions? Please contact Anona Gund (Anona.E.Gund@dhs.oha.state.or.us or 971-673-2832)

Free online trauma-informed approach training modules

Trauma Informed Oregon has created four FREE self-directed online training modules on the foundations of a trauma informed approach. Each module includes a content video, an additional "Voices from the Community" video that highlights how trauma informed care is being implemented in a specific community, additional resources that you can read to further your learning, questions that can be used for personal reflection, and a content quiz followed by a certificate of completion. The four modules have a total run time of about 75 minutes and can be completed at your own pace.

- [Introduction to Trauma Informed Care Training Modules](#)
- [Module 1: What is Trauma Informed Care?](#) walks you through the principles that serve as the foundation for trauma informed care. This module takes approximately 30 minutes to complete.
- [Module 2: Why is Trauma Informed Care Important?](#) walks you through why trauma informed care should be incorporated into organizations and systems. This module takes approximately 15 minutes to complete.
- [Module 3: Trauma Specific, Trauma Sensitive, Trauma Informed](#) walks you through the basic differences between trauma specific services and trauma informed care. This module takes approximately 15 minutes to complete.
- [Module 4: A Brief Overview of NEAR Science](#) walks you through the collection of fields of study that include Neurobiology, Epigenetics, ACEs and Resilience. This module takes approximately 15 minutes to complete.

Questions?

We are here to help! Contact us at PCPCH@dhsosha.state.or.us.

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.

The mission of the PCPCH Program is to be a trusted partner in primary care, collaborating with stakeholders to set the standard for transformative, whole-person, and evidence-based care.