



Patient-Centered Primary Care Home Program Update

November 2019

PCPCH Spotlight: Yakima Valley Farm Workers Clinic

Despite the clear connection between physical and oral health, these two fields have long been siloed into two separate systems of care. In the face of this barrier to whole-person care and prevention, Yakima Valley Farm Workers Clinic (YVFWC) has worked hard to integrate these two systems through an innovative pilot service model which has enabled them to address both the primary care and oral health needs of their patients.

The first year of this 3-year pilot model has centered on fundamental in-clinic workflow changes. YVFWC has embedded dental hygienists in medical clinic settings as well as WIC offices who are trained as Community Dental Health Coordinators (CDHC). The CDHC training provides motivational interviewing and critical case management skills needed to stop the endless cycle of dental caries. The RDH/CDHCs provide oral health assessments, assign risk scores, give health promotion education and provide both primary and secondary (silver diamine fluoride) oral health prevention. These providers work with a completely integrated health record, as YVFWC uses EPIC for all medical, behavioral health and dental electronic records.

In the next two years, a recall system will be developed to track patients based on their risk scores so that when appropriate, they will be assessed in future medical visits on a periodic basis for treatment. The goal is to enable YCFWC to develop a panel of low-risk and high-risk patients. All moderate and high-risk patients will be referred into YVFWC dental clinics for a detailed treatment plan. Evaluation by a dentist will follow to secure a full dental diagnosis including dental radiographs and a treatment plan. Low-risk patients will be monitored primarily outside the walls of the dental clinic.

A set of outcome measures will be identified that reflect health improvement and address disparities in health. Examples include Caries at Recall, Treatment Plan Completion, Risk Assessment, Topical Fluoride, and Sealants (6-9 year olds). The measures will be included in a dental dashboard developed to monitor effort and measure impact.

The biggest challenge in integrating these systems so far has involved billing issues in medical since some of the services provided are considered by the state to be part of the EPDST package of services. YVFWC is working to resolve these issues by switching these services to WIC and exploring tele-dentistry as a potential solution.



CCOs required to provide a Per-Member-Per-Month payment to all PCPCHs beginning in 2020

Earlier this fall the Oregon Health Authority (OHA) signed contracts with organizations that will serve as Coordinated Care Organizations (CCOs) for the Oregon Health Plan's nearly 1 million members for the next five years. In these contracts CCOs are required to provide a per-member-per-month (PMPM) payment to PCPCHs in their network based on tier level. A PMPM dollar amount is not specified, but it must be "sufficient enough to aid in the development of infrastructure and operations needed to maintain or advance PCPCH tier level." The PMPM payment amount must increase each year of the 5-year contract.

Oregon has a long history of health system transformation, including substantial efforts to move away from traditional fee-for-service health care payments to payments based on value that support positive health outcomes for Oregonians and cost savings. Movement toward value-based payment (VBP) is supported nationally, as it is broadly accepted that the status quo fee-for-service payment model promotes a fragmented health system unable to provide patient-centered, whole-person care.

Please check with your CCO representative for more information and to inquire about other value-based payments that may be available beginning in January 2020.

Public charge rule blocked

Earlier this year, a new federal policy was introduced that could make it harder for some immigrants who rely on government benefit programs to obtain lawful permanent residency if they are found to be a "public charge." Specifically, this rule would allow immigration officials to test whether an immigrant applying to enter the US, extend their visa, or convert their temporary immigration status is likely to end up depending on public benefits. Immigration officials would have more leeway to turn away those who are "likely to be a public charge" based on the use of certain public benefits program and factors such as English language proficiency. Traditionally, the only benefit programs subject to this rule were cash assistance programs (Temporary Assistance for Needy Families and Social Security Income) and long-term care. The new rule would extend the review to programs such as food stamps, Section 8 housing vouchers, and non-emergency Medicaid for non-pregnant adults 21 and older. This rule would not apply to federal-state programs such as Medicaid for children under 21 and pregnant women, in addition to many other types of programs (please see the FAQ for more details).

Although the Department of Homeland Security had scheduled this rule to go into effect on October 15th, ***it has been delayed*** due to federal courts temporarily blocking the rule and it is unknown at this time if and when the rule will go into effect, but if it does it will not be retroactive to the original October 15, 2019 date .

Despite its delay, anticipation of this rule combined with misunderstandings about who it would apply to has led some immigrants (including those not affected by the newly proposed rule) to withdraw themselves and/or their children from a myriad of public programs. In lieu of the health implications of this trend and the Oregon Health Authority's mission to protect the health of all people living in Oregon, the OHA has provided several resources and communications which may be useful to providers wishing to educate or counsel their patients on this issue:

Visit the OHA's [New Public Charge Rule Webpage](#) for answers to Frequently Asked Questions (FAQs) and updates on the status of this policy.

Press Releases

- August 13, 2019 – [Impact of federal 'public chare' rule change on access to health care in Oregon](#)
- October 11, 2019 – [Lawsuits temporarily block the Trump Administration's public charge rule](#)
- October 11, 2019 – [Governor Brown Commends Court for Injunction on New Federal Public Charge Rule](#)

Opportunities for involvement

CCO Metric Development: Child Social-Emotional Health

The Oregon Health Authority in partnership with Children’s Institute and the Oregon Pediatric Improvement Partnership are developing a metric for coordinated care organizations (CCOs) focused on improving children’s social-emotional development. The goal for this metric is to address systemic issues that impede or support the development of social-emotional health among children from birth to age 5.

As supporters of young children and their families, clinics and providers have invaluable insights about the barriers families and practitioners face in supporting children’s social-emotional health. Please complete the online survey below to assist in this important effort.

The survey can be accessed at <https://www.surveymonkey.com/r/SEhealth0-5> and will close at **8am on Monday, December 9th**. Please share the survey link with any friends or colleagues who serve young children and families and might provide valuable input on the survey. Thank you for your participation!

Adolescent Immunization Metric: Needs Assessment Calls

The Transformation Center will be hosting a needs assessment calls focused on the 2020 adolescent immunization CCO incentive metric. This call will give participants an opportunity to share successes, barriers, and requests for support with OHA and each other. Participants will also learn what others have done or are planning to do to support this metric. The calls will inform future technical assistance. Details below:

- December 3, 12-1 p.m.
- Register here: <https://attendee.gotowebinar.com/register/6015197620561097485>
- Phone number: 866-390-1828; Participant code: 4628003
- Contact: Anona Gund at anona.e.gund@dhsosha.state.or.us

WIC introduces online referral form

The Women, Infants and Children (WIC) program works with healthcare providers across the state to assist families in obtaining the essential nutrients needed during critical times of growth and development. WIC has recently launched a simple, online referral form for OHP-eligible children under 5 years old or mothers who are pregnant, postpartum, or breastfeeding. To make a referral:



1. Go to www.healthoregon.org/wic and click the “WIC Interest Form” button,
2. Select “I am a referring organization”,
3. Type your clinic name, your patient’s name and contact. That’s it! Someone from WIC will follow up with your patient within 48 business hours. *Clinics in Clackamas, Deschutes, Jackson, Washington or Multnomah County can link directly to their referral sites.*

Visit [WIC’s Medical Providers page](#) for more information including medical documentation forms, reports, research, and breastfeeding resources.

Coming up: events and trainings

CCO 2.0 Provider Webinar

Get the latest information about CCO 2.0 and how to support Oregon Health Plan members during [the transition to new coordinated care organizations \(CCOs\) in 2020](#). During the webinar, the Oregon Health Authority will share information about:

- Next steps with member choice, CCO enrollment and CCO closures
- Continuity of care for members changing CCOs in 2020
- Engaging with CCOs about credentialing, billing and payment

Join us on Thursday, November 21, from 12 to 1 p.m. PDT.

To register, submit questions and review the webinar agenda, go to:

<https://register.gotowebinar.com/register/8728900070139531788>

Questions?

Contact Maria Vargas, Regional Outreach Coordinator at maria.vargas@dhsoha.state.or.us.

Learn more about the 2020 CCO changes

Visit [OHA's provider resources page](#) and [sign up for updates by text or email](#).

Technical Assistance for Alcohol & Opioid Management

Clinics are welcome to join one or both of the projects below to receive free technical assistance in addressing unhealthy alcohol and opioid use. Scope and duration will be modified to fit the needs of each enrolled clinic. See [flier](#) for more information.

ANTECEDENT: ANTECEDENT (pArtNerships To Enhance alCOhol scrEening, treatment, anD intervention) is a 3-year study, funded by AHRQ, to address *unhealthy alcohol use* in primary care. ANTECEDENT is aligned with the Oregon Health Authority (OHA) Coordinated Care Organization (CCO) incentive metric for Screening, Brief Intervention, and Referral to Treatment (SBIRT) for unhealthy alcohol and drug use

PINPOINT: The PINPOINT (Pain aND oPiOld maNagement) Collaborative is a 3-year CDC-funded collaboration that focuses on the complex and changing nature of the opioid overdose epidemic and highlights the need for an interdisciplinary, comprehensive, and cohesive public health approach. ORPRN will support clinics to *address chronic pain management and opioid prescribing*.

Questions? Contact Alissa Robbins at Alissa.Robbins@dhsoha.state.or.us.

Questions?

We are here to help! Contact us at PCPCH@dhsoha.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.