Patient-Centered Primary Care Home Program Update

January 2020

Happy New Year!

As the Patient-Centered Primary Care Home Program celebrates the end of its 10th year, we'd like to extend a big thank you to our community of practices committed to the vision of a health system that is accessible, accountable to its community, comprehensive, continuous, coordinated, and patient-centered. We hope that you will continue to leverage this program in improving the health of Oregonians and meeting your own goals for excellence!

2019 PCPCH Standards Advisory Committee providing recommendations

The 2019 PCPCH Standards Advisory Committee began meeting in July of last year to develop their recommendations for the PCPCH model. The first committee of this kind was convened 10 years ago when the PCPCH program was first established and has since continued to convene every few years to review best practices, clarify existing measures, and refine the PCPCH model based on lessons learned and current literature. Like previous committees, the 2019 committee was 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. This process has allowed the PCPCH Program to evolve and adapt to our dynamic healthcare system as new evidence, technologies, and policies come out.

The committee met for the last time in December and will be releasing their official recommended revisions to the standards and measures in a report at the end of this month. OHA will consider the proposals in this report as well as stakeholder feedback to determine final revisions to the 2017 model. The next iteration of the model will be implemented later in 2020. More information about the implementation of the 2020 PCPCH model is coming soon!

PCPCH Spotlight: Salem Family Medicine

When Salem Family Medicine first opened its solo practice almost 17 years ago their goal was to provide high-quality and evidence-based care in a timely manner. As a small practice with advanced intra-office communication, they realized early on that they were providing many of the services that the PCPCH program promotes and were among the earliest recognized Patient-Centered Primary Care Homes in the state. With only three people in the office and a strong focus on quality improvement and marginalized populations, Salem Family Medicine now serves as Oregon's smallest 5 STAR PCPCH and a testament to what can be achieved with limited resources.

Though Salem Family Medicine embodied several of the core PCPCH values from the beginning, the road to top-quality care did not come without transformative effort. Two years ago, the EHR that they had been using for over 14 years was phased out, forcing the clinic to explore other options. With patient well-being the top priority, they finally settled on one that was easily customizable and had tools that could be used to support the provision of quality care and enhance the patient experience.

This transition combined with the PCPCH 5 STAR criteria gave Salem Family Medicine the motivation they needed to take their care to the next level by exploring multiple creative and undocumented ways to maximize the inherent capabilities in their EHR to better serve their patients. Salem Family Medicine was pleased to discover that their EHR, though not completely AI-driven, provides very useful tools for tracking and monitoring patients with high-risk conditions and proactively addresses care gaps through both point-of-care notifications and an up-to-date display of population needs. The EHR also facilitates more effective service for populations who are marginalized—to whom clinic staff feel a particular dedication.

Salem Family Medicine staff celebrate at their PCPCH site visit with 5 STAR-themed cake and decorations

In addition to administrative changes, Salem Family Medicine has sought out financial arrangements that align with their patient-centered goals. For example, since they receive no grant funding yet serve a large number of clients under the Oregon Health Plan, they have outsourced their revenue cycle management to allow their two medical assistants more time to focus on care coordination.

"With only three people in our office, we are proud to be Oregon's smallest 5 STAR Patient-Centered Primary Care Home. And we are thankful to the Patient-Centered Primary Care Program for providing a roadmap and stimulus for us to maximize the use of resources at our disposal to enhance our clients' lives and our joy in service."

– Brett Robinson (Physician & Owner)

OHA seeks members for new SDOH Measurement Workgroup

A new public SDOH Measurement Workgroup will develop a measure concept to incentivize screening for individual health-related social needs (such as housing, food insecurity, and transportation). This measure will be recommended to the Metrics & Scoring Committee for possible inclusion in the CCO Quality Incentive Program. The Workgroup will meet on a monthly basis from approximately April to October 2020.

The Oregon Health Authority is committed to ensuring that a diverse group of individuals are welcomed to the table and that workgroup recommendations are truly representative of the populations served by the Oregon Health Plan. Applicants from diverse backgrounds and various parts of Oregon are encouraged to apply (travel expenses will be reimbursed). Application materials are available on the Metrics & Scoring Committee webpage. Applications should be submitted to metrics.questions@dhsoha.state.or.us by **5pm on January 31, 2020** and include (1) the completed application form and (2) a resume/biosketch.

To get the application form in another language, large print, braille or other preferred format: contact 7-1-1, Sara Kleinschmit at 971-304-9229, or email languageaccess.info@dhsoha.state.or.us.

Oregon's Health IT Oversight Council needs your input

The Health IT Oversight Council (HITOC) is responsible for ensuring that the right health IT is in place to support Oregon's health system transformation goals. In 2020, Oregon's Health IT Oversight Council (HITOC) will update Oregon's strategic plan for health IT. This strategic plan is for everyone in Oregon, and its statewide strategies include state agencies, hospitals, health systems, CCOs and health insurance companies, clinicians and clinic staff, technology partners, consumers/patients, and more.

In preparation of this update, HITOC wants to hear perspectives from primary care providers:

- Are Oregon's health IT strategies on course?
- What's working well?
- What needs to change?

You can attend a listening session or submit a written comment. HITOC will provide an overview of Oregon's health IT goals and strategies plus question prompts. There will be a General Listening Session **on April 21** (in person or phone/webinar). Please visit the HITOC website go.usa.gov/xpeQc to register for a listening session, submit a written comment (details coming soon), or find out more!

Coming up: events and trainings

Webinar series: early childhood mental health in CCO 2.0

The Oregon Health Authority Transformation Center is hosting some upcoming webinars as part of a series on early childhood mental health in CCO 2.0. Details are including below as well as the summary document: Behavioral Health Technical Assistance – January/February 2020. Additional opportunities for behavioral health technical assistance are listed at OHA's Technical Assistance and Supports for CCO 2.0 Requirements.

(1) Early childhood mental health in CCO 2.0: Foundations and expectations
On this webinar, OHA behavioral health staff will provide an overview of new CCO contract requirements around early childhood mental health, foundational information regarding the importance of addressing mental health issues in early childhood, and the landscape of early childhood mental health in Oregon.

Date & Time: January 28, 1-2 p.m.
Audience: CCOs, clinics, behavioral health providers
Contact: Summer Boslaugh at SUMMER.H.BOSLAUGH@dhsoha.state.or.us or 503-753-9688
Register here: https://attendee.gotowebinar.com/register/7295123714380073741

(2) Evidence-based dyadic behavioral health treatments in Oregon: Strategies for clinics and providers to ensure access
On this webinar, OHA behavioral health staff will define and describe evidence based dyadic therapies for the early childhood population and suggest provider-level strategies for ensuring access to these therapies.

Date & Time: February 11, 1-2 p.m.
Audience: providers of primary care, behavioral health services, and early learning services including Early Intervention/Early Childhood Special Education
Contact: Summer Boslaugh at SUMMER.H.BOSLAUGH@dhsoha.state.or.us or 503-753-9688
Register here: https://attendee.gotowebinar.com/register/8782403406458737165

(3) Early childhood mental health assessment, diagnosis and reimbursement: Information for OHP providers and clinics
In this webinar, OHA behavioral health staff will walk through use of OHA-approved guidance documents and resources to aid providers with early childhood behavioral health assessment, diagnosis and procedural coding that is reimbursable under the Oregon Health Plan and developmentally appropriate.

Date & Time: February 25, 1-2 p.m.
Audience: OHP-serving primary care and behavioral health providers and clinics
Contact: Summer Boslaugh at SUMMER.H.BOSLAUGH@dhsoha.state.or.us or 503-753-9688
Register here: https://attendee.gotowebinar.com/register/9042497280055680269

Webinar series: CCO metric – lowering rates of HbA1c poor control

The Transformation Center is hosting four webinars focused on lowering rates of HbA1c poor control in support of the CCO incentive metric. If you have questions, please contact Sarah E. Wetherson at sarah.e.wetherson@state.or.us.

(1) A systems approach to improving diabetes care
January 22, 2020, 7–8 a.m.

Details and registration: https://attendee.gotowebinar.com/register/581498014367491597
Audience: Quality improvement staff and diabetes/chronic disease care coordinators at CCOs, Tribal health systems and other health systems

(2) Working with pharmacists on a diabetes care team – no-cost CME-accredited webinar for clinicians
February 3, 2020, noon–1 p.m.

Details and registration: https://attendee.gotowebinar.com/register/5787231473584789517
Audience: Primary care physicians, specialty physicians, physician assistants, nurse practitioners, pharmacists
Accreditation: This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of OHSU School of Medicine and Oregon Health Authority. The OHSU School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.
Credit: OHSU School of Medicine designates this live activity for a maximum of 1 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

(3) Patient education and engagement in diabetes care
February 28, 2020, noon–1 p.m.

Details and registration: https://attendee.gotowebinar.com/register/1321879457698122765
Audience: Primary care physicians, specialty physicians, physician assistants, nurse practitioners, pharmacists

(4) Tailoring nutrition programming to fit different communities and populations
January 30, 2020, noon to 1 p.m.

Webinar registration: https://attendee.gotowebinar.com/register/7920374194169709580
Audience: CCO staff working on clinic quality improvement, diabetes care and patient nutrition

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 trans formative, whole-person, and evidence-based care.