



# Patient-Centered Primary Care Home Program Update

March 2020

## COVID-19 (Coronavirus) Updates & Guidance



COVID-19 (commonly known as Coronavirus) has been declared a pandemic by the [World Health Organization](#). In line with other national and international efforts, the Oregon Health Authority has been working diligently to reduce spread and impact of this disease in Oregon and is posting official updates, guidance, and resources on the [OHA COVID-19 webpage](#). We encourage all healthcare providers & entities, patients, individuals and families, and other agencies to visit this webpage for guidance around testing, patient care, spread-reduction, and other important information.

Many of our PCPCHs are on the front-line of the state's response to COVID-19, and we recognize that a site visit from the PCPCH program may redirect needed resources away from patient care. With this in mind, OHA has cancelled all on-site PCPCH site visits through April 30, 2020. OHA will continue to monitor the trajectory of the virus and keep our practices informed of any additional updates.

## Upcoming changes to the PCPCH recognition criteria (FAQs)

### Why are the PCPCH recognition criteria changing?

The Patient-Centered Primary Care Home (PCPCH) program was created by the Oregon Legislature in 2009 as part of a comprehensive statewide strategy for health system transformation. After the PCPCH program was established, the Oregon Health Authority (OHA) convened a PCPCH Standards Advisory Committee ("committee") comprised of volunteer stakeholders from across Oregon to develop the core attributes, standards, and measures of the PCPCH model of primary care delivery.

OHA periodically reconvenes the committee to review best practices, clarify existing measures, and refine the model based on lessons learned and current literature. The intent of this work is to incrementally adapt the PCPCH model to the changing health care needs of Oregonians, align the model with the best evidence where it was available, and to improve the effectiveness of the standards and measures overall.

The PCPCH recognition criteria has been revised four times since 2011; the criteria will be revised again in 2020.

### Who was involved in revising the PCPCH recognition criteria?

The revised PCPCH recognition criteria was developed by OHA with advisement from the PCPCH Standards Advisory Committee, other stakeholders, and subject matter experts. 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). An overview of the committee's recommendations are included in the [2019 PCPCH Standards Advisory Committee Report](#).

## How can my practice or organization provide input?

The PCPCH program published proposed revisions to the PCPCH recognition criteria as part of the [Oregon Administrative Rule](#)-making process and is accepting public comment through April 3, 2020. Written feedback must be emailed to [peter.m.edlund@dhsosha.state.or.us](mailto:peter.m.edlund@dhsosha.state.or.us).

Proposed Revisions (Rule filing notice): <https://www.oregon.gov/oha/HPA/Pages/Rulemaking.aspx>

## When will practices apply under the revised PCPCH recognition criteria?

Practices will begin applying under the revised PCPCH recognition criteria in fall of 2020. The exact date is still to be determined. The PCPCH program will communicate all updates through the [listserv](#). All practices applying or re-applying for PCPCH recognition after this date will have to meet the revised recognition criteria.

## When does my practice need to re-apply?

Practices must re-apply for PCPCH recognition every two years and application deadlines vary by practice. Your practice's application deadline is 2 years from your most recent attestation. Your practice will continue to be recognized under the current PCPCH recognition criteria until your practice is due to re-apply.

## When can I see what the final changes will be?

OHA will publish the 2020 PCPCH Recognition Criteria Technical Specifications and Reporting Guide (the TA Guide) in the summer of 2020. The TA Guide provides detailed information about the requirements for each measure.

## Will I get any help understanding the changes?

Yes! In addition to the TA Guide, the PCPCH program will be providing technical assistance to practices and organizations which is scheduled to begin in summer of 2020. The PCPCH Program will provide information about specific TA opportunities through the [listserv](#) in the coming months.

## How will this affect my practice's site visit?

All site visits are based on the standards that practices attested to in their most recent application. In other words, if a practice applied under the current standards, they will not be held to the new standards in their site visit, regardless of when the new standards go into effect.

## How can I stay informed?

1. [Sign up for the PCPCH listserv](#)
2. Visit the [PCPCH website](#)
3. Email the PCPCH Program: [pcpch@dhsosha.state.or.us](mailto:pcpch@dhsosha.state.or.us)

## Extra guidance: patient risk-stratification (measure 5.A.2)

Patients can have very different needs within a health care setting, even if they are presenting with the same condition. "Risk stratification" — the division of patients into tiers based on health and social factors — has been shown to help practices better understand these needs and allocate resources in a way that can improve health outcomes and reduce expenditures.

Standard 5.A.2 in the PCPCH Model encourages clinics to use an evidence-based risk stratification process to identify patients who are high-risk. Clinics meeting the intent of this measure do each of the following three things:



1. ***Their risk stratification process involves all patients of all ages who receive primary care in the PCPCH.*** This ensures that the practice can accurately assess the varying needs among their patient population.
2. ***Clinic staff have access to, and understand, these risk scores.*** For risk scores to have any impact, staff must be aware of their purpose and be able to adjust the patients' scores based on new information or interactions. Having an EHR with a built-in risk score algorithm, for instance, would not by itself meet the intent of this measure if staff do not understand or update them.
3. ***Patient risk scores are used and regularly updated.*** In addition to updating these scores when appropriate, practices attesting to this measure should be using the scores to improve patient care in some way. For example, a practice might target and tailor care to high-needs patients with complex medical conditions and social issues.

Helpful Source: Wagner et al. (2019). [Implementing Risk Stratification in Primary Care: Challenges and Strategies](#). *Journal of the American Board of Family Medicine*: 32 (4) 585-595.

## Oregon Opioid Tapering Guidelines released



The Oregon Opioid Tapering Guidelines Task Force is proud to share the final ***Oregon Opioid Tapering Guidelines***. These guidelines, developed by the Task Force, are built on available evidence, other federal and state guidelines, expert opinion, and public comment. Their purpose is to guide clinical decisions from a shared decision and individualized approach to encourage safe and compassionate prescribing and pain treatment statewide. The guidelines complement existing Oregon opioid guidelines to reduce harms related to long-term opioid use and advocate for personalized care with close attention to patients' behavioral health and quality of life.

The Oregon Opioid Tapering Guidelines can be found with the other Oregon opioid guidelines at: [www.healthoregon.org/opioids](http://www.healthoregon.org/opioids). Please feel free to share and implement in your organization and health system. Questions can be directed to [ootg.info@state.or.us](mailto:ootg.info@state.or.us)

## Coming up: events and trainings

### Webinar: How clinics can help patients prevent diabetes

**May 21 (12 – 1 pm)**

How can you help your patients avoid developing diabetes? Join this free webinar to learn more about the role your clinic can play.

**Registration:** <https://attendee.gotowebinar.com/register/1656575200840542477>

**Contact:** Sarah Wetherson ([sarah.e.wetherson@dhsosha.state.or.us](mailto:sarah.e.wetherson@dhsosha.state.or.us))

## Behavioral health technical assistance webinar series

### Ongoing

CCO staff and Oregon Health Plan providers are invited to access the slides and listen to webinar recordings providing technical assistance for behavioral health requirements in the 2020 CCO contracts. This webinar series was hosted by the OHA Transformation Center and presented by OHA's Child and Family Behavioral Health Team.

Transformation Center – Behavioral health TA & Resources:

<https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Behavioral-Health-TA.aspx>

## Free online trauma-informed approach training modules

### Ongoing

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@dhsola.state.or.us](mailto:PCPCH@dhsola.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](http://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.*