



## Patient-Centered Primary Care Home Program Update

December 2021

Happy Holidays from the PCPCH Program!



As we reflect back on this year, we can only marvel at the resilience, innovation, and determination displayed by our PCPCHs. Let's face it, health care has been a challenging field to be in these last couple years, to say the least! And yet, in the face of a health system that continues to be impacted by COVID-19, we've seen our primary care practices working harder than ever to adjust to the "new normal." We saw practices treating the changes brought on by this last year as an opportunity to revamp the way they do things, coming up with creative ways to maintain and improve the quality of care they provide. Others decided to prioritize certain PCPCH standards over others in order to support the most pressing needs of their patients and staff. More than ever, we want to remind and encourage our practices to take the approach that is right for them!

This holiday season, we hope that you reward yourself for all of your hard work this year. Take a moment to identify the things that bring you joy and make them a priority, whether it be spending time with friends and family (virtually or otherwise), watching your favorite show, or indulging in your favorite comfort food! We look forward to supporting you in the coming year and will continue to serve as a partner as you work to recharge, rebuild, and transform the care that you provide.

## Help with value-based payments (standards 2.A & 2.E)

As an alternative to the traditional fee-for-service payment arrangements common within the health care system, Value-Based Payment (VBP) arrangements between clinics and payers reward services associated with quality and cost-effectiveness, rather than volume of services. **PCPCH Measures 2.A.1 and 2.E.1** encourage primary care practices to pursue value-based payment arrangements with their payers which include their performance on select PCPCH Quality Measures or Utilization Measures. For both measures, the payer(s) involved in a practice's VBP arrangement(s) must cover at least 10% of its patient population. More information about these measures can be found on pages 33-34 and 48 of the [PCPCH 2020 Technical Assistance Guide](#).



For practices interested in starting or negotiating value-based payments with their payers, OHA offers a [Value-Based Payment webpage](#) which includes technical assistance on topics such as:

- What you need to know to negotiate VBP agreements
- Learnings from COVID-19 and how they may impact the adoption of VBPs
- VBP for behavioral health providers: How to keep from being left out
- VBP and maternity care: What we've learned so far
- Using VBP to reduce health disparities

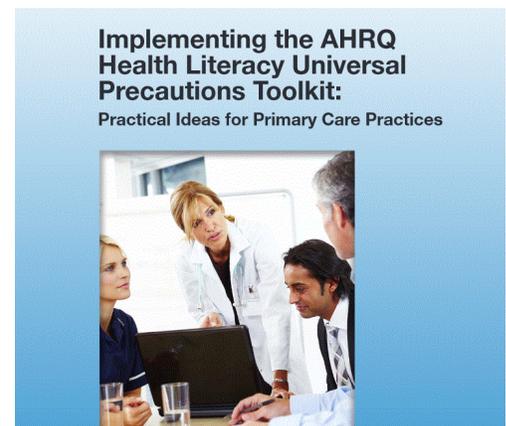
## Health literacy toolkit for primary care clinics

Many patients face difficulties in understanding the information they are provided in clinic settings, including instructions on how to navigate appointments, complete treatments, and manage their own health. According to the Agency for Healthcare Research and Quality (AHRQ), only 12% of U.S. adults have the health literacy skills needed to manage the demands of our complex health care system, and even these individuals' ability to absorb and use health information can be compromised by stress or illness.

The AHRQ offers a [Health Literacy Universal Precautions Toolkit](#) to help primary care practices reduce the complexity of health care, increase patient understanding of health information, and enhance support for patients of all health literacy levels. This toolkit provides evidence-based guidance to adult and pediatric practices to ensure that systems are in place to promote better understanding by all patients. It contains over 25 tools and resources (such as sample forms, PowerPoint presentations, worksheets, etc.) that address:

- Spoken communication
- Written communication
- Self-management and empowerment.
- Supportive systems

To supplement this toolkit, the AHRQ has also released [Implementing the AHRQ Health Literacy Universal Precautions Toolkit: Practical Ideas for Primary Care Practices](#). Based on the experience of diverse primary care practices, this guide supplements the toolkit by providing lessons learned in the course of implementing health literacy tools. This is must-read for health literacy team leaders, practice facilitators, and quality improvement leaders!



## Culturally responsive resources for patients with behavioral health needs (standard 3.C)

**PCPCH Standard 3.C** encourages practices to screen and coordinate care for patients with mental health, substance use, and developmental conditions. The evidence is clear that coordination and integration of care for these individuals is strongly associated with improved health outcomes. When identifying external providers and community-based organizations to partner with or refer patients to, it is important to consider whether they would benefit from being paired with resources that are tailored to their background, community, or culture. The [National Alliance on Mental Illness in Oregon](#) has developed a [Community Resource Library](#) of mental health organizations, providers, services, and other resources for patients experiencing a variety of mental health conditions. Resources are categorized into topics such as:

- Racially/Culturally Specific
- Resources in Spanish and for Immigrants
- LGBTQ Specific
- Assistance with Housing
- Peer Organizations
- Children and Families
- And more!

In lieu of the COVID-19 pandemic, many mental health agencies are providing services remotely. Visit the Community Resource Library for additional topics and information!

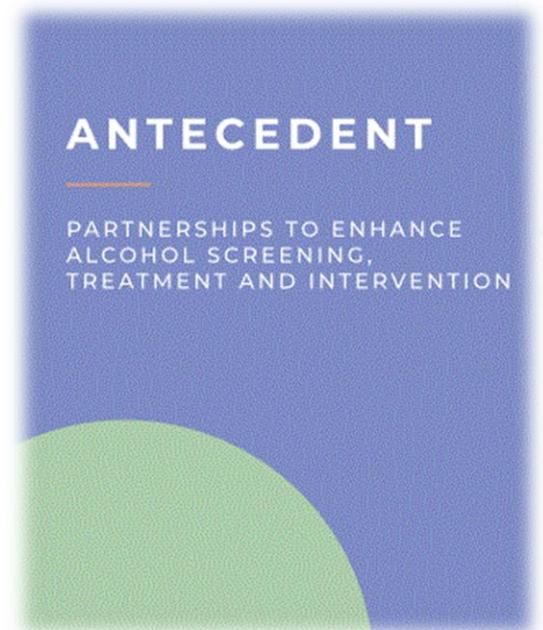
## Free clinical technical assistance for clinics addressing the increasing prevalence of unhealthy alcohol use (SBIRT)

### *Recruiting through February*

The OHA Transformation Center is partnering with the Oregon Rural Practice-based Research Network (ORPRN) to support clinic technical assistance related to SBIRT for unhealthy alcohol and drug use. This collaborative project, ANTECEDENT, can provide primary care clinics with 15 months of tailored support to implement changes to address unhealthy alcohol use at no-cost to the participating clinics. All ANTECEDENT clinics will receive:

- Straightforward baseline assessment of SBIRT reporting, workflows, clinic capacity and needs
- Access to SBIRT Oregon intervention toolkit and electronic screening tools
- Exit assessment to report SBIRT performance data

[Click here to see the full flyer.](#)



## Questions about COVID-19 Vaccines?

**COVID-19 Vaccine Information for Oregon Providers:** Visit OHA's [COVID-19 Vaccine Information for Providers](#) webpage for information and resources related to COVID-19 vaccines in Oregon. Topics include vaccine distribution requirements, funding, talking points, training, how to enroll as a COVID-19 vaccine provider, and other frequently-asked questions.

**Recorded Video - Pediatric Vaccine Q&A:** Last month the OHA hosted a Facebook Live in which state leaders and providers answered questions on the recent authorization to extend COVID-19 vaccinations for youth between 5 and 11 years old. [Click here to visit the Q&A page and recorded video.](#)

## Other questions?

We are here to help! Contact us at [PCPCH@dhsoha.state.or.us](mailto: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](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.*