

Patient-Centered Primary Care Home Standards Advisory Committee 2022 Charter

I. Authority

Enacted Oregon House Bill (HB) 2009 established the Oregon Health Authority (Authority) and created the Patient-Centered Primary Care Home (PCPCH) program. The goal of the PCPCH program is to improve the availability and affordability of high-quality patient centered primary care to all Oregonians through promotion and development of Oregon's existing primary care infrastructure into Patient-Centered Primary Care Homes.

The PCPCH Standards Advisory Committee (Committee) provides the Authority with policy and technical expertise for the PCPCH model of care. The Committee is convened periodically to review PCPCH implementation progress and advise on refining the model to further guide primary care transformation.

II. Deliverables

The Committee will advise the Authority on the following:

1. Revising a specific set of existing standards and measures based upon staff and community experience with the model;
2. New standards or measures related to health equity for inclusion in the PCPCH model; and
3. Model revisions, such as must pass measures, special designations, and tier point thresholds.

The Committee will convene monthly from August 2022 to January 2023 to discuss what is listed above and will deliver a written report with recommendations to OHA on the revisions to the PCPCH model by February 2023. The Committee's recommendations should be framed by the following guidelines and considerations:

- The committee should incorporate new evidence, where possible, into the model;
- The committee should focus on reducing health inequities, where possible, into the model and align with OHA's strategic goal of eliminating health inequities by 2030;

- The committee should assess clinical and social conditions, as well as the historical and contemporary injustices, which undermine health, when considering revisions to the measures and standards in the model;
- The rigor of the model should increase so that practices are incentivized to continue along in the transformation process for those that have already achieved Tier 5 status while continuing to support practices currently achieving a Tier 1 status;
- The committee should focus on standards and measures only, recognizing that technical specifications consistent with the recommendations of the committee will be developed;
- The model should minimize the burden of reporting wherever possible, while recognizing that measuring data in a standardized way allows for the model to be replicated and confirmed;
- Standards and measures developed by the committee should be sufficiently broad to be applicable to primary care clinics of different sizes, with different patient populations and in different geographic regions across Oregon;
- Standards and measures should build on existing PCPCH, health equity, health system transformation, and quality measurement work in Oregon and seek to be broadly acceptable to all major stakeholders; and
- While the committee will not consider payment reform specifically, standards should be developed with the goal of being used by public and private payers seeking to implement primary care payment reform to support the PCPCH model.

III. Dependencies

The ability of the Committee to fulfill its statutory duties as outlined in sections I and II is contingent upon support of and direction by OHA, as well as coordination with other health policy advisory bodies.

IV. Membership

Per [House Bill 2009](#), H.R. 2009 (enacted), the OHA director shall appoint a minimum of 15 individuals who represent a diverse constituency and are knowledgeable about patient centered primary care home delivery systems and health care quality. The 2022 Committee members represent diverse stakeholder perspectives across primary care, including providers, payers, patients, behavioral health providers, oral health, substance use, traditional health workers, health equity advocates, community-based organizations, and social determinants of health experts. Members represent all areas of the state, including rural and frontier communities.