
Patient-Centered Primary Care Homes

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PCPCH Lead for Communications, Recognition, Technical
Assistance

Patient-Centered Primary Care Home Program

- HB 2009 established the PCPCH Program
 - Create access to patient-centered, high quality care and reduce costs by supporting practice transformation
- Key Functions:
 - PCPCH Recognition
 - Technical assistance development
 - Refinement and evaluation of the PCPCH Standards over time
 - Communication and provider outreach
 - Coordination across OHA divisions, CCO development and health reform initiatives
 - Restructure primary care payment to align with the PCPCH framework

OHA PCPCH Program Goals

- Goals:
 - All OHA covered lives receive care through a Primary Care Home
 - Includes Medicaid, public employees, Oregon educators, Oregon high-risk pool, Family Health Insurance Assistance Program, and Healthy Kids
 - 75% of all Oregonians have access to care through a Primary Care Home by 2015

OHA PCPCH Initiative

- **Alignment is critical**

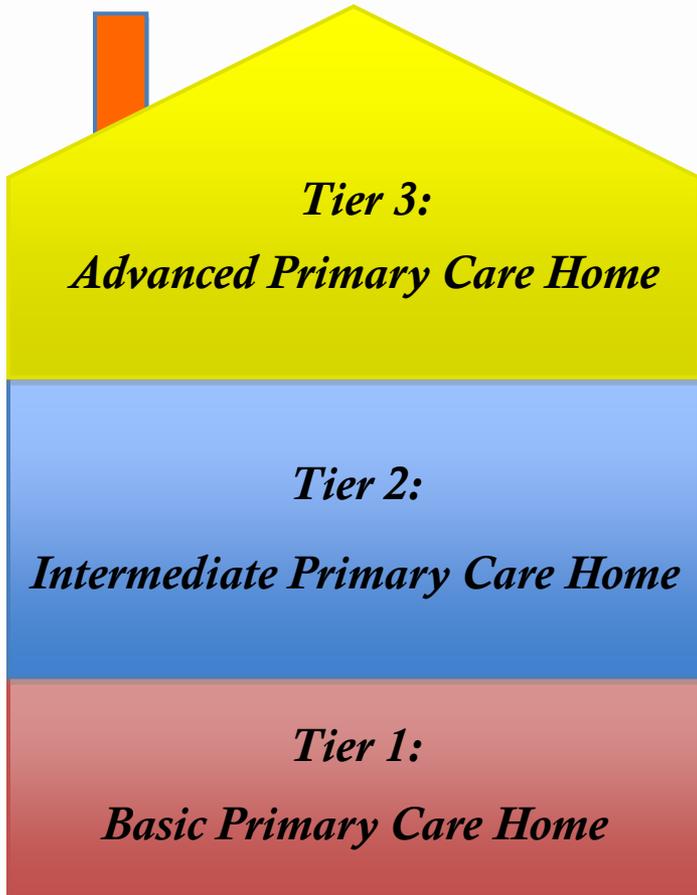
- Align contract language and expectations among current OHA programs (Medicaid contracts and rules; PEBB, OEBC)
- Align with RFA/CCO implementation and CMS approvals
- Align with other quality improvement initiatives (e.g. Meaningful Use)
- Align with other primary care/medical home initiatives (e.g. Comprehensive Primary Care Initiative)

PCPCH Core Attributes and Standards

Oregon's PCPCH Model is defined by six core attributes, each with specific standards and measures:

- Access to Care
- Accountability
- Comprehensive Whole Person Care
- Continuity
- Coordination and Integration
- Person and Family Centered Care

Different Tiers of Primary Care “Home-ness”



- Proactive patient and population management
- Accountable for quality, utilization and cost of care outcomes

- Demonstrates performance improvement
- Additional structure and process improvements

- Foundational structures and processes

PCPCH Recognition Process

Step 1) Review the [PCPCH Implementation Guide](#) and the [PCPCH Technical Assistance and Reporting Guidelines](#)

Step 2) Complete the [PCPCH Self-Assessment Tool](#)

Step 3) Complete and submit the [PCPCH Application](#) electronically

Step 4 - Optional) [Supplemental Payment Options](#) for recognized primary care homes - Medicaid, PEBB, OEBC, private payers

What about Patient-Centered Primary Care Homes and Coordinated Care Organizations?

Coordinated Care Organizations

Replace today's MCO/MHO/DCO system

Local health entities that deliver health care and coverage for people eligible for Medicaid (the Oregon Health Plan).

- ✓ Local control
- ✓ One point of accountability
- ✓ Global (single) budget – *fixed rate of growth*
- ✓ Expected health outcomes
- ✓ Health Equity
- ✓ Integrate physical and behavioral health
- ✓ Community health workers
- ✓ Focus on prevention
- ✓ Reduced administrative overhead
- ✓ Electronic health records
- ✓ **Patient-Centered Primary Care Homes***

*CCOs required to include recognized clinics in their networks of care to the maximum extent feasible

Current PCPCH Program Activities

The next phase of the PCPCH model of care

Fall 2012 Advisory Committee

- Multiple stakeholders and experts from across Oregon
- Includes Sherrie Ford, MPH
SBHC Program Manager - The Public Health Foundation of Columbia County
(503) 397-4651 x2021 sford@tphfcc.org
- 5 meetings held from August – October
- 6 month public comment period/OARs update process
- Clinics required to meet the model in late spring/early summer 2013 or whenever they are due for annual renewal

PCPCH Program Evaluation

- Conduct comprehensive evaluation to identify factors contributing to success, areas for improvement, fidelity to the model, are we achieving Triple Aim outcomes – What worked, what didn't, and why??
- OHA contracting with Portland State University and Providence CORE
- Voluntary survey going out to clinics in October

Verification Site Visits

GOALS:

1. Verification
2. Assessment
3. Collaboration

- Every PCPCH will receive a site visit at least once every 5 years
- Plan to do approximately 50 site visits over the next year
- Clinics are given at least 30 days notice

Patient-Centered Primary Care Institute

GOAL:

Increase the capacity and quality of technical assistance for advancing PCPCH practice transformation

- In development since summer 2010 with input from multiple stakeholders
- Public-private partnership between OHA, Northwest Health Foundation, and Oregon Health Care Quality Corporation
- Initial funds from NWHF and HRSA grant
- Quality Corp establishing Institute, acting as a neutral convener to facilitate an open and collaborative process for providing TA
- Expert Oversight Panel (including Rosalyn Liu)
- Alignment is **critical**

Patient-Centered Primary Care Institute Key Activities

Provide a broad array of technical assistance including:

- Learning collaboratives
- Interactive learning system website
- Online learning modules and webinars
- Practice facilitation services
- Quality improvement training via a “train the trainer” model

Upcoming Key Activities in October:

- Solicit input through surveys, PCPCH verification site visit findings, and key stakeholder interviews
- Invite interested TA providers and organizations to submit proposals
- Launch the Institute website
- Develop learning collaborative practice selection criteria and recruitment process

OREGON SCHOOL-BASED HEALTH CENTERS 2012

22/63 SBHCs are state PCPCH recognized (as of 10/1/12)

WASHINGTON COUNTY

Century HS*
Forest Grove HS
Merlo Station HS
Tigard HS

COLUMBIA COUNTY

Lewis & Clark ES
Rainier JR/SR High
Vernonia K-12*

MULTNOMAH COUNTY

César Chávez K-8
Cleveland HS
David Douglas HS
Franklin HS

George MS
Grant HS
Harrison Park K-8
Jefferson HS

Lane MS
Madison HS
Parkrose HS
Roosevelt HS

UMATILLA COUNTY

Pendleton HS
Sunridge MS

CLATSOP COUNTY

Astoria HS*

CLACKAMAS COUNTY

Canby HS
Estacada HS*
Milwaukie HS*

Oregon City HS
Sandy HS*

UNION COUNTY

La Grande HS
Union SD

YAMHILL COUNTY

Willamina HS
Yamhill-Carlton HS

MARION COUNTY

Hoover ES

LINCOLN COUNTY

Newport HS
Taft MS/HS
Toledo HS
Waldport HS

BENTON COUNTY

Lincoln ES
Monroe ES/MS

BAKER COUNTY

Baker HS

WHEELER COUNTY

Mitchell K-12

LANE COUNTY

Cascade MS
North Eugene HS
Sheldon HS
South Eugene HS
Winston Churchill HS

COOS COUNTY

Marshfield HS
Powers SD

DOUGLAS COUNTY

Roseburg HS
Douglas HS

CURRY COUNTY

Brookings-Harbor HS

KLAMATH COUNTY

Gilchrist School

JACKSON COUNTY

Ashland HS
Butte Falls Charter
Crater HS
Eagle Point HS
Jackson ES

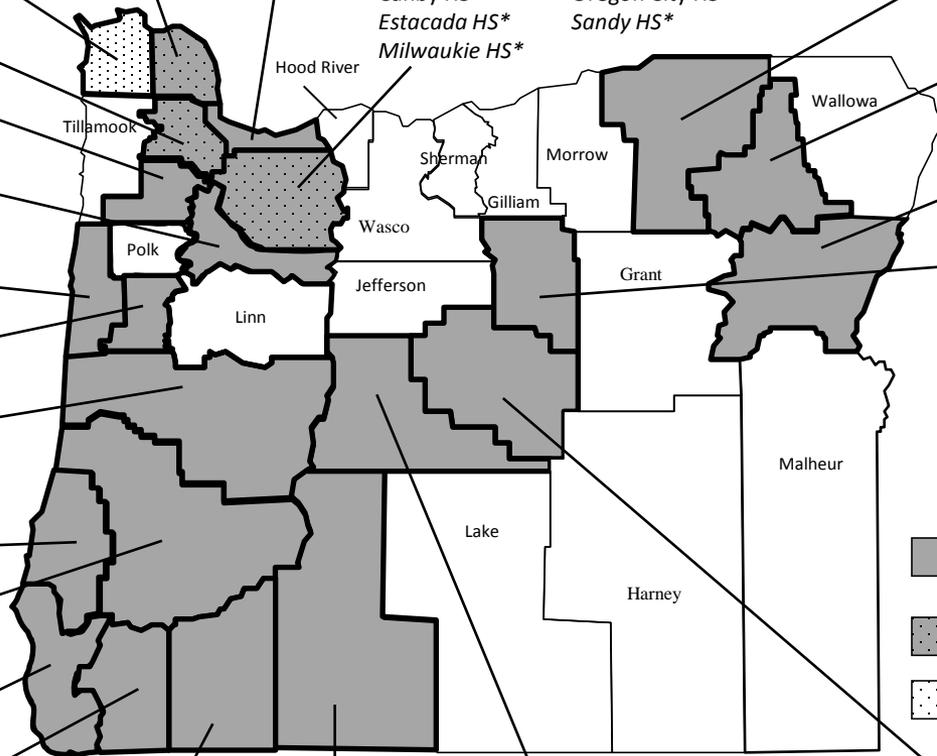
Jewett ES
Oak Grove ES
Phoenix ES
Washington ES

DESCHUTES COUNTY

Ensworth ES
La Pine K-12 Campus
Lynch ES
Redmond HS
Sisters HS

CROOK COUNTY

Crooked River ES



Certified SBHCs = 63

*Planning Sites = 6

- Counties with certified SBHCs
- Counties with certified SBHCs and planning sites
- New counties with planning sites

SBHCs as Patient-Centered Medical Homes

The SBHC State Program Office recommends all state-certified SBHCs to align with PCPCH standards and achieve state PCPCH recognition.

- ❖ PCPCH attributes align with the missions and intent of SBHCs.
- ❖ Better position SBHCs to be active partners in CCO discussions.
- ❖ Become part of regional delivery service networks.
- ❖ Reimbursement for Medicaid population.
- ❖ Be recognized for your valuable work.

SBHCs as Patient-Centered Medical Homes

- The **Oregon School-Based Health Care Network** recommends:
 - SBHCs align their business and clinical practices, activities and quality to mirror Oregon's PCPCH Standards.
 - Medical sponsors provide for an infrastructure that will move SBHCs to PCPCH certification.
 - Medical sponsors and CCOs work together to ensure that every child treated in an SBHC has an electronic health record for use at the SBHC and within the framework of coordinated care.
 - CCOs recognize and award SBHCs for their efforts in meeting the goals of better health, increased access to care and lower costs.
- The **National Assembly on School-Based Health Care** recommends:
 - practices and policies that recognize and reward the SBHC model in meeting the goals of a Patient-Centered Medical Home for children and adolescent."

Alignment with PCPCH Standards

What's been done...

- ✓ **Data Collection and Submission to State Program Office (SPO)**
 - Allows for the ability to track patient population data
 - *5.A- Population Data Management*
- ✓ **Patient Satisfaction Survey**
 - Redesigned and added questions and increased numbers
 - *1.A- In-Person Access*
 - *6.C-Experience of Care*
- ✓ **Key Performance Measures**
 - BMI and Adolescent Well Visit are part of PCPCH Pediatric Core Measure Set.
 - Health Assessment based on Bright Futures
 - *2.A -Performance and Quality Improvement*
 - *3.D-Comprehensive Health Assessment and Intervention*
- ✓ **Bright Future Guidelines Implementation**
 - All SBHCs received copies of the guidelines
 - Two trainings were provided on the tool
 - EHR for OCHIN/EPIC user includes health assessment tools
 - *3.A-Preventive Services*

Alignment with PCPCH Standards

Continued work...

- Be an active partner in health care transformation and continue to have a seat at the table.
- Conduct a statewide assessment of relationship between SBHCs and CCOs and areas of technical assistance and trainings to achieve PCPCH recognition and build relationships with CCOs
- Develop policies that align with Oregon's health care transformation goals.

Resources

- Oregon SBHC Program - www.healthoregon.org/sbhc
- Oregon Patient-Centered Primary Care Home Program – www.PrimaryCareHome.oregon.gov
- Oregon School-Based Health Care Network – www.osbhcn.org
- National Assembly on School-Based Health Care – www.nasbhc.org

QUESTIONS?

PATIENT  **CENTERED**
PRIMARY CARE HOME PROGRAM

Health
Oregon
Authority

Contact information

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Oregon Health Authority