PCPCH 2025 TA Guide
Version 2 Summary

The Patient-Centered Primary Care Home (PCPCH) Program published the 2025 Recognition Criteria Technical Specifications and Reporting Guide (TA Guide) in March of 2024 to help primary care practices prepare to attest under this criteria beginning in January of 2025. This document contains a summary of the updates and revisions that are included in Version 2 of that TA Guide, which was published on December 13, 2024.

"Best Practice" Boxes: Renamed the "Best Practice" boxes throughout the guide to "Additional Tips" boxes. The content of these boxes is still not required to meet the standards.

Health Equity Designation Criteria: Clarified that practices using Standard 2.C as one of their Health Equity Designation Measures can use either 2.C.2 or 2.C.3 (see Table C on page 13).

Standard 1.A – Timely Access and Communication:

- Updated ***Table 1.A*** to include third next available appointments as tracking options under the "Timely Access to Care" category (see page 15).
- ***Measure 1.A.2:*** Clarified what "meeting the scheduling target" entails (see details on page 16).

Standard 1.D – Same Day Access: In the "Activities that do not meet" section, clarified that it is ok if only one provider is available for same-day appointments, so long as any patient can access those appointments (rather that only their own patient panel).

Standard 1.G – Alternative Access:

- ***Measure 1.G.1:*** Clarified that treating provider can either forward a summary of the telehealth visit to the patient's PCP or document in the same EHR (see #4 under 1.G.1 specifications on page 32).
- ***Measure 1.G.3:*** Under the "Activities that do not meet" heading, clarified which types of vaccine events do not meet the intent of this measure.

Standard 2.A – Performance and Clinical Quality: Clarified that practices are encouraged to select measures that they are already tracking and reporting on for other similar health authorities or programs, to reduce administrative burden.

Standard 2.B – Value Based Payment: Under the "Activities that do not meet" sections, clarified that the type of per-member-per-month (PMPM) arrangements that do not meet these standards are PMPM foundational payments for infrastructure and operations.

Standard 2.C – Patient and Family Involvement in Quality Improvement;

- ***Measure 2.C.2:*** Clarified that SBHCs may use their Youth Advisory Councils to meet this measure.
- ***Measure 2.C.3:*** Clarified that a practice must be meeting the specifications for both and 2.C.3 to attest to 2.C.3.

Standard 2.E – Ambulatory Care Sensitive Conditions Utilization: Clarified that pediatric practices may use a previous years' Child Core Set if the utilization measure that they are tracking is not included the most recent version.

Standard 3.D – Health Related Social Needs:

- ***Measure 3.D.2*:** Under "examples" heading, added reference and link to OHA-approved list of social needs screening tools (not required to meet measure, but recommended).
- In **Additional Tips box** titled "Trauma-Informed Screening," added suggestion to honor patient preferences around whether and what resources they would like to be referred to.
- ***Measure 3.D.3:*** Clarified that practices using a Community Information Exchange (CIE) to meet this measure can use a variety of types, with Unite Us being just one example.

Standard 3.E – Preventive Service Reminders: Clarified what is meant by "subgroups experiencing disparities" in 3.E.3.

Standard 4.C – Organization of Clinical Information: Removed "language" from measure language in 4.C.1, as documenting primary language is already a requirement in 4.C.0. Language is still included as one of the categories in 4.C.2 for benchmarking.

Standard 5.A – Population Data Management: Removed the words "evidence-based" from this standard, as practices are not required to use pre-validated tools to meet the measures.

Standard 6.A – Meeting Language and Health Literacy Needs

- Removed reference to "medical language interpretation software" throughout this standard as this type of technology is not yet well-defined.
- ***Measure 6.A.0:*** Removed reference to interpreter waivers, and added clarification about Oregon state law about using interpreters from OHA's Health Care Interpreter Registry (see footnote and first example).
- ***Measure 6.A.1:*** Added patient experience surveys to examples of vital or routinely-use documents.

Standard 6.E – Cultural Responsiveness of Workforce

- ***Measure 6.E.0:*** Specified how often primary care providers need to receive training to meet this measure (once every two years).
- ***Measure 6.E.3:*** Clarified that End-of-Life doulas can be used to meet this measure (see "Definitions" section of standard for more information about this type of traditional health worker).