



The Patient-Centered Primary Care Institute supports quality improvement in diverse primary care practices by gathering and disseminating the most effective evidence-based tools and real-world solutions from and for the state of Oregon. Providers, clinic staff, technical experts, patient advisors, quality improvement professionals, policymakers and academic centers – all collaborate to advance and share knowledge and resources.

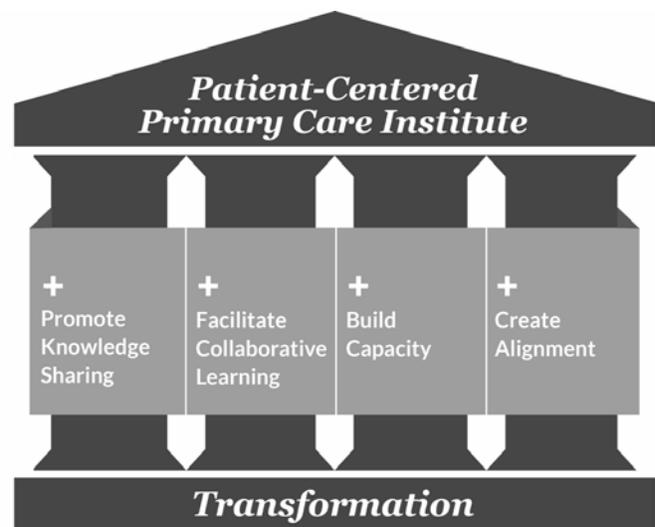
The Institute helps primary care practices meet the requirements of the Oregon Health Authority’s Patient-Centered Primary Care Home (PCPCH) recognition program and connects them to a broad array of technical assistance (TA) resources, providers and coaches. The Institute helps providers and practices achieve improvements in quality, access, coordination, patient experience and clinical outcomes – and thereby fulfill Oregon’s vision for the Triple Aim outcomes of a healthy population, extraordinary patient care and reasonable costs. The Institute accelerates health care transformation in four foundational ways:

Promote Knowledge Sharing through easy access to tools, resources, best practice information and online learning. Promote the “why’s” and “how’s” of the primary care home model. Serve as the one-stop, go-to guide for practices to find the help they need for successful practice improvement.

Facilitate Collaborative Learning in partnership with TA experts who provide face-to-face teaching and practice coaching, and convene and build networks of practitioners to provide flexible peer-to-peer support tailored to practice needs.

Build Capacity for ongoing primary care transformation by offering opportunities to collaborate, deploy resources collectively and improve the overall quality of the products and services available to primary care practices.

Create Alignment by identifying synergies, gaps, duplications and challenges, and facilitate access to technical assistance by maintaining up-to-date, practice-level information regarding transformation initiatives and activities. Share assessment results with providers, practices, communities, health systems and the state to support alignment, leverage resources and maximize the benefits of practice transformation support.



The Institute is a public-private partnership between the Oregon Health Authority (OHA) and the Oregon Health Care Quality Corporation (Q Corp). The Institute is managed by Q Corp, an independent, nonprofit organization dedicated to improving the quality and affordability of health care in Oregon by leading community collaborations and producing unbiased information.

The [Patient-Centered Primary Care Institute](#) helps primary care practices connect to technical assistance resources and providers, find practical tools and solutions to develop as primary care homes, and achieve or advance their tier level recognition as a [Patient-Centered Primary Care Home](#).

2013 ACCOMPLISHMENTS

The Behavioral Health Integration training will lead to coherent practice in patient-centered behavioral health in our region, which is good for patients, clinics and populations.

-Behavioral Health Integration Training Participant

Having the presentations recorded and available so I can share them with my team is very helpful.

-Webinar Participant

Often this was improved (practice's approach to quality improvement) by hearing from others on what had worked for them, getting ideas on how to move forward on our challenges and just overall support in knowing that we were not alone in our challenges.

-Lisa Weida, Westside Pediatric Clinic

It was informative and a great networking opportunity – it was nice to be able to put a face to a name and to learn more about organizations and their strategies for engaging patients and practices.

-TA Expert Learning Network Participant

The Strategic Use of Data webinar was very practical, stating step-by-step where to start and how to move forward. I enjoyed the real-life examples and the idea of starting small.

-Webinar Participant

Our work in the learning collaborative encouraged us to think about more proactive care for our patients through the use of varied patient registries and reports through our practice management system.

Achievement of our practice goals and measures were met through these methods and CareSync's support provided another aspect for ensuring these methods continued and were improved upon.

-Brianna Jenkins, Santa Clara Medical Clinic

[WWW.PCPCI.ORG](#) – developed a website that is a hub of information, announcements, news and resources related to primary care transformation searchable by topic area, resource type or PCPCH standard.

WEBINARS – hosted 16 webinars attended by more than 1,100 participants. Topics ranged from developing team based care in the PCPCH, to engaging patients in quality improvement initiatives, to behavioral health screening and interventions. Recordings, slides and materials from webinars are available on our [website](#).

LEARNING COLLABORATIVES – partnered with technical assistance experts and 25 practices from across Oregon on four [Learning Collaboratives](#) that included in-person learning sessions and individualized practice coaching to work towards goals related to the PCPCH program standards.

BEHAVIORAL HEALTH INTEGRATION TRAININGS – offered [three trainings](#) to more than 40 primary care practices from across Oregon. Primary care teams benefited from skills-building, coaching and a toolkit provided by a national expert on brief, evidence based interventions.

TECHNICAL ASSISTANCE (TA) EXPERT LEARNING NETWORK – facilitated more than 40 quality improvement professionals and other transformation champions to network and share successful strategies, best practices and comprehensive programs for quality improvement and primary care transformation.

ONLINE LEARNING MODULES – developed a series of [online modules](#) that will be launched in early 2014 covering foundational concepts related to primary care transformation and the Oregon Health Authority's PCPCH program standards.

LEADERSHIP SESSIONS – gathered 45 practice-based clinical and operations leaders, rural primary care leaders and others to discuss what it takes to lead primary care home redesign in partnership with the [Oregon Rural Practice-based Research Network \(ORPRN\)](#) and the [Oregon Academy of Family Practice \(OAFP\)](#).

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