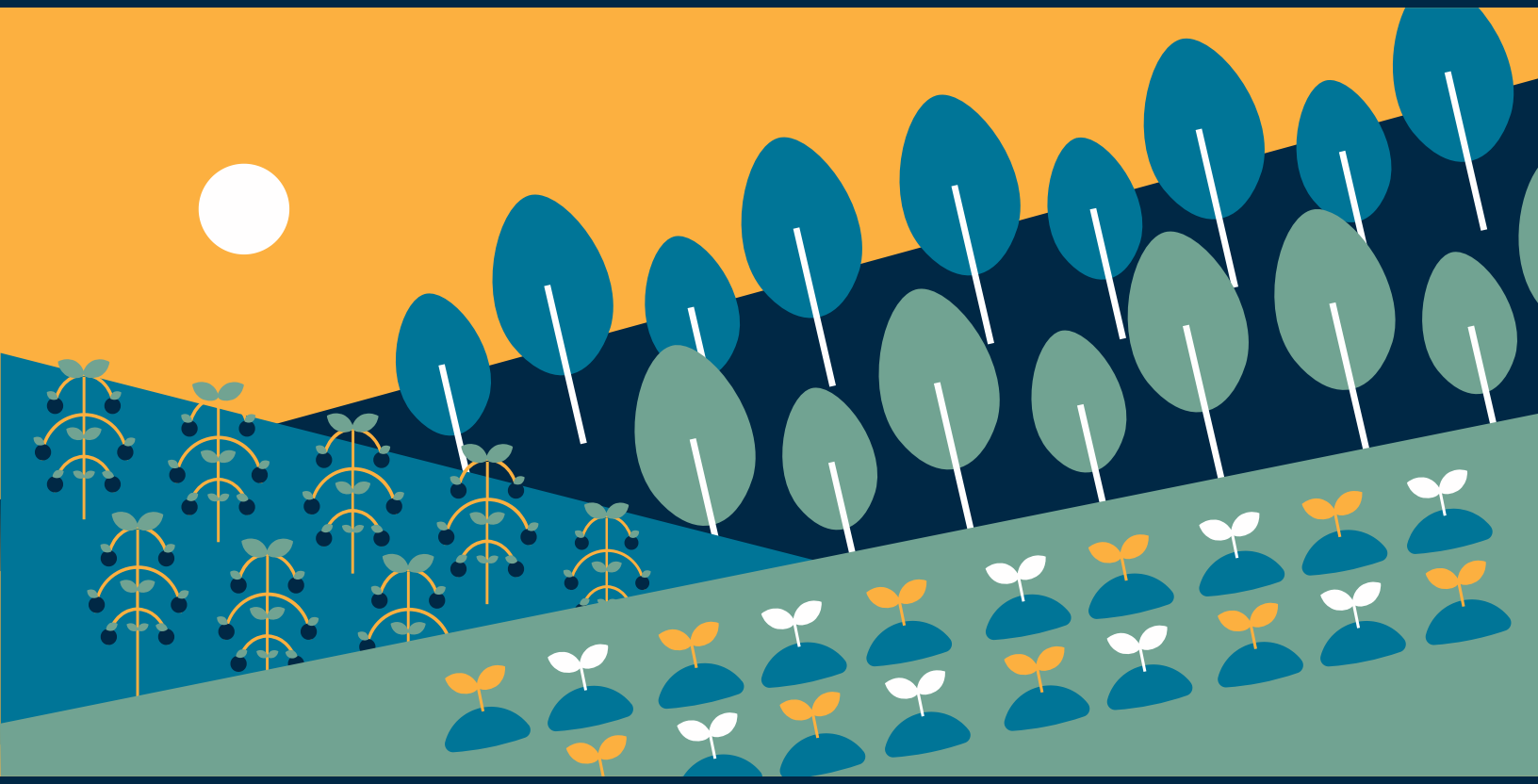
OPCA
Oregon Primary Care Association

FOUNDED IN 1984
40 YEARS
ANNIVERSARY EDITION



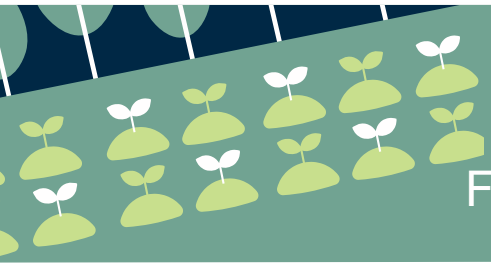
2023 ANNUAL REPORT

ROOTED IN COMMUNITY, CULTIVATING HEALTH EQUITY

TABLE OF CONTENTS

SUSTAINING OUR COMMUNITIES

THE OREGON FQHC IMPACT

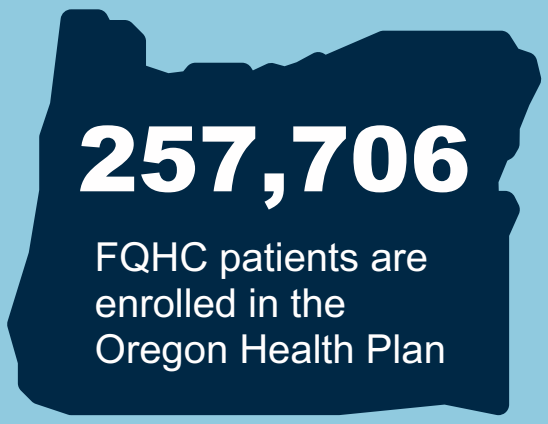


457,635
FQHC Patients in Oregon

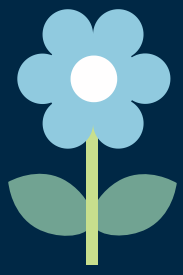
270
Clinical Sites

6,597
Jobs created

1 in 10
OREGONIANS
Receive Primary Care at FQHCs



257,706
FQHC patients are enrolled in the Oregon Health Plan



1.9 Million
Total patient visits provided by FQHCs, virtual & in-person

58,709
Patients with Hypertension

36,076
Patients with Diabetes

22,076
Patients with Coronary Artery Disease

16,089
Patients with Asthma

136,482
Patients received dental care

56,556
Patients received behavioral health care

187,008
BIPOC received care and services

Source: HRSA Health Center Program Uniform Data System (UDS) 2022.

WELCOME TO OPCA'S 40TH ANNIVERSARY ANNUAL REPORT

ROOTED IN COMMUNITY, CULTIVATING HEALTH EQUITY

Dear Members, Partners, and Friends,

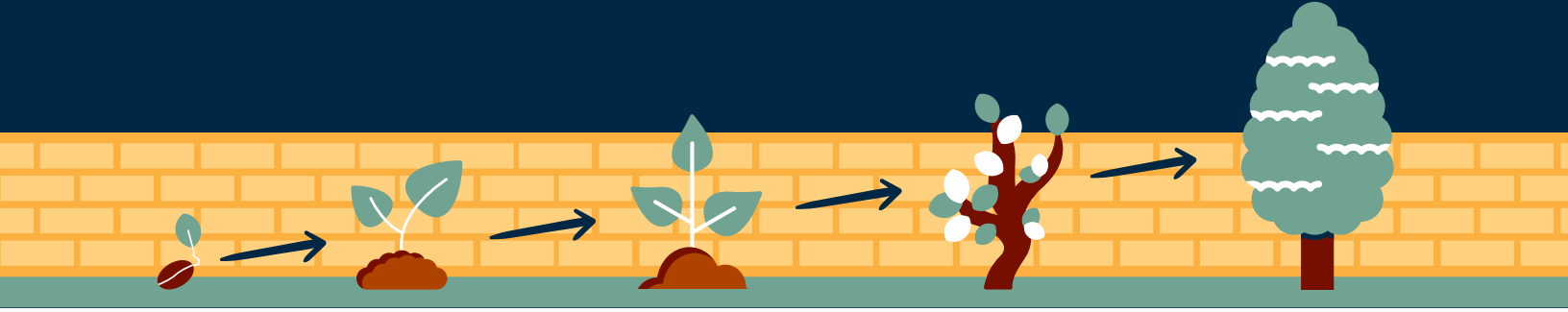
As we look at the future of OPCA with optimism for what is to come, we also reflect on the work and legacy of the past forty years. In 1984, six community health centers (CHCs) identified a need to unite their voices so they could better serve their patients. Since our founding, OPCA has been rooted in its mission to achieve health equity for all Oregonians. Over the decades, we've grown, adapted, and evolved to address the complex challenges health centers face in delivering low cost, high-quality care to underserved communities and populations throughout Oregon.

Our services began with training and technical assistance (T/TA), and it remains central to OPCA's work. However, we recognized health centers faced, and continue to experience, challenges that can't be solved through training alone. OPCA built relationships with state and federal agencies so our members' voices would be included in decisions that impact health centers and their patients.

OPCA helped our state gather community input in drafting the Oregon Health Plan (OHP), and we fought for our members' inclusion in Medicaid reimbursement processes. When Oregon shifted the reimbursement process to managed care organizations, OPCA sprang into action with the Oregon Health and Sciences University (OHSU) and Multnomah County to form CareOregon. Together, we designed new health care infrastructure to ensure CHC patients had administrative support on their journeys to health.

Our next undertaking was to look for ways to improve population health. We learned from CHCs in Alaska that we could radically improve the entire health services delivery system for better outcomes at lower costs if we envisioned new payment and care models. Instead of charging fees for each patient visit, we could negotiate an upfront, set payment per patient.

Through years of hard work and the vision of leaders from OPCA, Oregon's CHCs, and the Oregon Health Authority (OHA), we launched the Alternative Payment and Advanced Care Model (APCM) in 2013. APCM aligns payment and transforms care to promote optimal health and equity. The APCM program provides community health centers with the flexibility to not just deliver health care, but to foster health in the communities they serve.



Oregon was the first state to have a Medicaid Alternative Payment Methodology (APM) for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs). The APCM removed the incentive for face-to-face visits with a billable provider. APCM's per-member, per-month (PMPM) Medicaid reimbursement payment is a transformational shift from the traditional fee-for-service medical model. Oregon's APCM program has become the model for other states.

Through relationships built and a track record of supporting health centers in T/TA, payment and care transformation, policy, and governmental affairs, OPCA continued to explore new ways to provide value to Oregon's health centers. OPCA worked with health center leaders and our Board of Directors to support health centers in value-based pay arrangements and developed Oregon's FQHC-led clinically integrated network (CIN).

We launched the Oregon Network of Community Health Centers (the Network or ONCHC) in September 2020 to facilitate Oregon's health centers' collaboration for success in Medicaid value-based care and pay arrangements. In 2023, the Network secured funding for the adoption of a data platform (Arcadia), allowing health centers and the Network to manage value-based care data. We know our ability to advocate for value-based payment models that support our ability to drive population health is dependent on our ability to organize data into information to drive value. Throughout 2023, the Network continued to expand service offerings through the development of an Accountable Care Organization (ACO) and earned federal approval to participate in the Medicare Shared Savings Program (MSSP) Advanced Investment Payment (AIP) model in January 2024.

In 2023, OPCA continued to expand by bringing the Oregon AIDs Education and Training Center (AETC) under its umbrella. AETC provides capacity building to organizations and offers provider education to improve patient health outcomes for people at risk or living with HIV while preventing new infections throughout Oregon and SW Washington.

Back in 1984, our founders set out to share best practices and help one another navigate a complex system of government funding and regulations. Today, OPCA retains that spirit of shared learning through peer groups, forums for best practices and shared learning, training and technical assistance, programs like APCM and AETC, the Network and ACO, a legislative liaison program, federal and state advocacy, governmental affairs, and a vast library of tools and resources, all to advance our mission to transform primary care and achieve health equity for all Oregonians.

Throughout our 40 years of growth, OPCA has remained committed to community-based health system transformations which lead to better care, lower costs, and the attainment of health equity. While we cannot fully predict what challenges are on the horizon, with each year we build on that foundation to ensure our members can continue to provide comprehensive high quality primary care services to any person in need.

To our members, partners, and health center supporters, thank you for the privilege of allowing OPCA to continue to work with you to achieve health equity.

In solidarity and gratitude,

Joan Watson-Patko

OPCA Executive Director

OPCA
Oregon Primary Care Association

OUR CORE IDENTITY:

A GATHERING PLACE FOR COMMUNITY HEALTH PROVIDERS

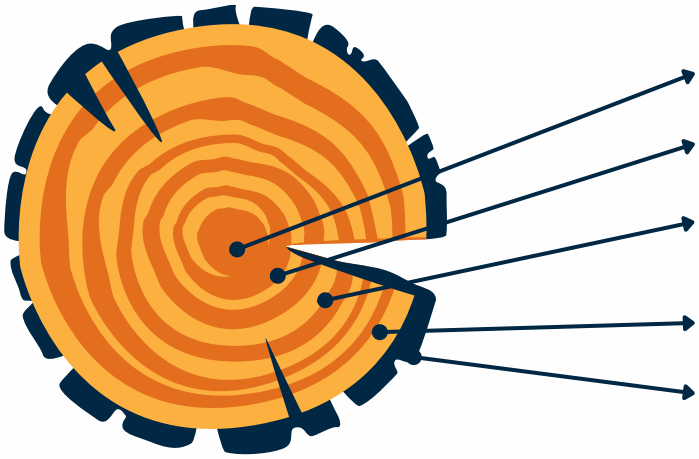
If you're a health care provider, you might occasionally struggle to identify when your patients' stories begin. Do you start with their genetic family history, current social determinants of health, chronic conditions, the specific reasons for a day's visit? The complete story of a person's health is never the concise, linear narrative we expect in novels and film. Time is messy, peoples' lives intertwine, and the importance of a piece of information is relative to whether it addresses the problem at hand.

So, how do we tell the story of nearly half a million people, their supporters, their health needs, their next greatest challenge? We might make a library, of sorts. A singular place where information can be stored, processed, shared, and reshared. This place would contain volumes of facts and figures as well as gripping tales of personal journeys. It would also be a place for learning new skills, and a community gathering space to share ideas. Ultimately, people would use what they gathered there to bring about change in their lives and the lives of their neighbors.

For federally qualified health centers in Oregon, OPCA is that place. Our mission is to create health equity in communities across the state. We owe our existence today to so many events that came before us, and to people who have fought to create a health care system that is customized to fit individual communities while maintaining state, regional, and national standards of care. In the last 40 years, we've grown and changed to fit the needs of our members while retaining the community health spirit.

Sometimes, we focus on the trees. Other times, we focus on the forest. It all depends on which stories, which pieces of information, will help us solve the problems our members face each day.

LAYERS OF OPCA'S WORK



- **Training & Technical Assistance**
- **Advocacy & Unifying Oregon FQHC Voices**
- **Value-Based Pay Programs (APCM, ACLC, ONCHC)**
- **Data Aggregation & Quality Improvement**
- **Expanded Programs & New Opportunities**

KEY HEALTH EQUITY MOMENTS

IN OREGON AND BEYOND

2023

OPCA began housing the Oregon AIDs Education and Training Program (AETC).

2020

OPCA launched the Oregon Network of Community Health Centers.

2015

OPCA, NACHC, and others spent years creating the PRAPARE Toolkit to to address social determinants of health on a national scale. In 2015, a select group EHR systems piloted the program.

2013

OPCA, OHSU, and OHA launched the nation's first Alternative Payment Methodology and Advanced Care Model.

1994

1. OPCA helped coordinate community input on the Oregon Health Plan (OHP).
2. OPCA negotiated with the Oregon Health Authority (OHA) to ensure health centers would be reimbursed for their services.
3. OPCA, Multnomah County, and OHSU form CareOregon.

1992

Congress enacted the 340B Drug pricing program

1991

The Omnibus Budget Reconciliation Act formally defined Federally Qualified Health Centers (FQHCs) for the first time and set for the standards of care.

1984

Oregon community health centers banded together to form the Oregon Primary Care Association (OPCA) to coordinate their resources, ideas, and advocacy.

1965

President Lyndon B. Johnson established Medicare and Medicaid programs.

1904

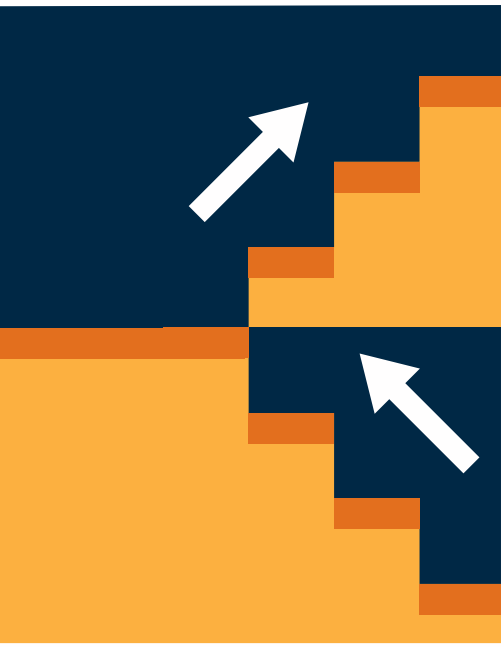
Local women form the Portland Free Dispensary. They soon partnered with the University of Oregon Medical School (which became Oregon Health and Sciences University or OHSU).

1854

Oregon's Territorial Legislature passed the "Act Relating to the Support of the Poor," which required counties to provide public services like food, shelter, and medical care to residents in need.

HOW WE'RE BRANCHING OUT

3 YEAR STRATEGIC PLAN



Goal 1: Drive Health Equity and CHC value Through Partnerships, Policy, Public Affairs, and Data

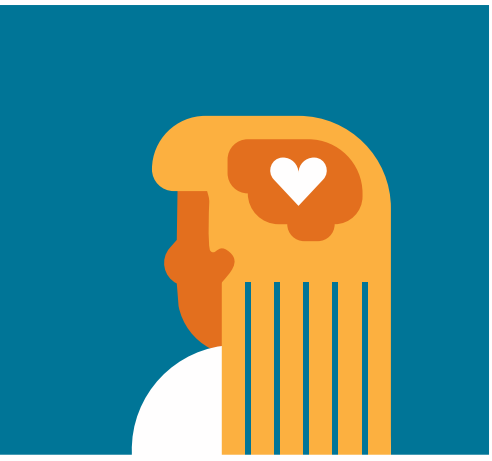
- Promote the value of CHCs through branding and shared understanding of the role/services CHCs provide.
- Increase awareness of FQHCs throughout Oregon through advocacy for under resourced, marginalized populations and demonstrate to elected officials, funders, and decision makers the value that FQHCs bring to these communities and our collective vision for Health Equity.
- Partner with organizations that share the mission of improving health and reducing inequalities that directly affect health, including community-Based Organizations (CBOs) and public health agencies (examples include other health organizations, schools, food banks, and housing agencies).

Goal 2: Advance Care & Payment Models That Support the Evolving Needs of OR CHCs.

- Advance APCM and VBP's to address and support risk, social factors and workforce.
- Ensure CHC's value and innovation are recognized, protected, and rewarded by OHA, including priority attribution to CHCs.
- Evolve APCM and VBPs to support CHC integrated services, including primary care, behavioral health, dental, pharmacy, and SDoH work.

Goal 3: Build CHC Capacity for Effective Population Health Through Increased Engagement, Quality Improvement, Data & Analytics, & Shared Programming.

- Develop strategies to support implementation and expansion of integrated behavioral health and substance use disorders treatment to support VBC/P.
- Implement Arcadia Population Health Management system and develop roadmap for spread.
- Inform and influence HRSN infrastructure and direct resources to further desired OHA/CCO waiver outcomes.



Goal 4: Develop & Support an Engaged Workforce to Meet Current & Emerging Needs, Reflecting Communities We Serve.

- Improve recruitment, development, and retention strategies to attract, cultivate, and recognize staff and boards to lead and serve the movement into the future.
- Partner with non-clinical academic and vocational institutions to recruit diverse professionals (finance, business, IT, and etc.).
- Position CHCs to be part of the solution to train and expand the health care workforce as trainers, faculty, and preceptors.

Goal 5: Bolster & Reinforce Governance (OPCA Board) Development, Ensuring OPCA is Centered in its Mission, Vision, & Values.

- Cultivate effective decision making and participation.
- Develop member recruitment and succession plans.
- Enhance board orientation, onboarding, and role clarity.

Goal 6: Build Robust Operational and Financial Organizational Infrastructure

- Ensure OPCA is an Employer of Choice.
- Diversify and grow revenue sources to achieve OPCA objectives.
- Align, integrate, and optimize programs and operations.

OPCA REVENUE AND SUPPORT

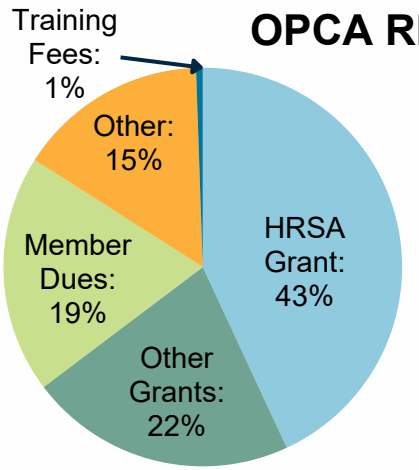
APRIL 2023 - MARCH 2024

$7.6 MILLION

TOTAL Consolidated Revenue Across OPCA Programs & Subsidiaries

$4.5 MILLION

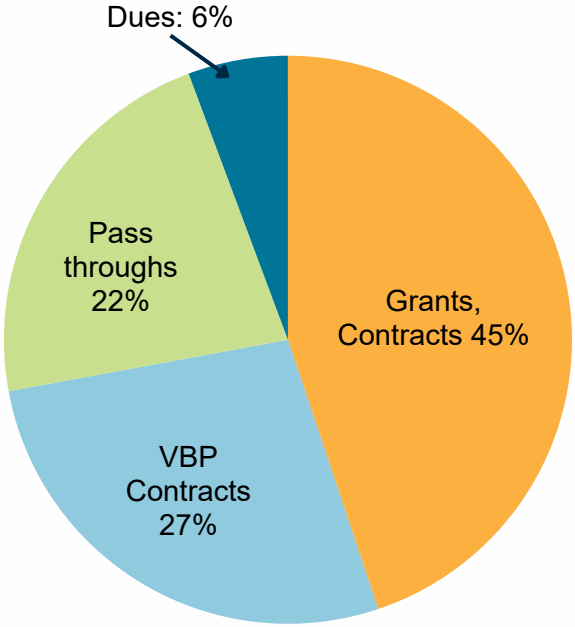
OPCA REVENUE



HRSA Grant	$1,665,606
Other Grants & Contributions	$836,988
Member Dues	$746,485
Other	$596,883
Trainings	$21,000

$3.09 MILLION

NETWORK REVENUE



$2.5 MILLION

Network Data Platform Grant

HRSA
Health Resources & Services Administration

$1.66 MILLION

HRSA Grant

$650K+

AETC REVENUE

$643,370

Grants & Contracts

$8K

TA & Forums

OPCA MEMBERS' BENEFITS

AT A GLANCE

TRAINING & OPERATIONAL ASSISTANCE IN 2023

76
TOTAL EVENTS

95
HOURS OF TRAINING

800
ATTENDEES

12
PEER GROUPS

DATA COLLECTION & ANALYSIS

OPCA leads efforts to collect and interpret large data sets so that FQHCs can maximize their impact. For example, OPCA breaks down UDS data by legislative districts, allowing elected officials to better understand the impact of FQHCs. Data is essential in value-based payment programs APCM and the Network's Accountable Care Organization (ACO).

VALUE-BASED CARE & VALUE-BASED PAY

OPCA launched the Alternative Payment and Advanced Care Model (APCM) program in collaboration with OHA and FQHCs in 2013. We also host the Advanced Care Learning Community (ACLC), and work closely with our subsidiary, the Network, to create flexibility for FQHCs to create payment systems that work best for their communities.

COORDINATED ADVOCACY

OPCA's Policy Committee tracks proposed bills and regulations which impact community health centers. This past year, OPCA wrote Senate Bill 608 in 2023, which is now law. We also organize an annual trip with FQHC leaders to DC, so that members of Congress can hear directly from OPCA members on key issues.

NEW PROGRAM

AETC offers provider education to improve patient health outcomes for people at risk or living with HIV while preventing new infections in our community.

OPCA SUBSIDIARY LLC

Oregon NETWORK of Community Health Centers

The Network enables health centers to contract together with other stakeholders, to provide the best care possible for our patients.

COST SAVING INITIATIVES

THE NEW WAYS OPCA IS REDUCING MEMBERS' EXPENSES

NEW SPONSORSHIP PROGRAM FOR OUR ANNUAL CONFERENCE

The OPCA Annual Conference provides a unique forum for collaboration and knowledge-sharing to enhance community health throughout the state. The conference regularly draws more than 150 community health center leaders and medical professionals.

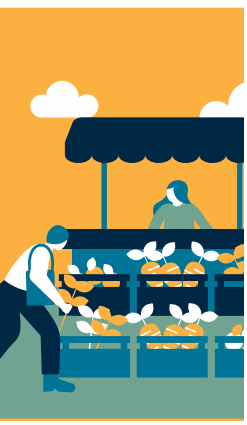
In 2024, for the first time, OPCA created a process to include sponsorship opportunities at the conference. Sponsors' contributions help OPCA provide an exceptional conference experience to our members while keeping costs low. In turn, the sponsors' generosity and support is recognized by influential decision-makers as well as local and national health center partners.

GROUP PURCHASING RESOURCE

"Once we discovered how to unlock our program's potential, it has not only saved us thousands of dollars but also streamlined our vendor search process!"

- One Community Health

Through OPCA's partnership with the Washington Association for Community Health Group Purchasing Program, our members can access an array of resources including discounted pricing, new and familiar vendors, informational webinars, newsletters packed full of supply chain info, and a monthly purchasing workgroup meeting.



Group Purchasing Coordinator Terri Blazell-Wayson (twayson@wacommunityhealth.org) can assist your center by answering questions, helping you find services or supplies and connecting you with other purchasing staff.

Whatever your center needs, there may be a Group Purchasing contract for it!

Everything from medical, dental and office supplies, practice software, office design, interpreting services, recruiting, and more. Visit their webpage for the latest newsletters and webinars, vendor info and more.

Washington Association for Community Health
Community Health Centers Advancing Quality Care for All

Use this QR code to check it out!

THANK YOU TO OUR SPONSORS! WE RAISED MORE THAN $30,000 TO SUPPORT OPCA'S 2024 ANNUAL CONFERENCE

Advocate Level Sponsors:
- Community Partners Outreach Program

Ally Level Sponsors:
- Scribe-X Medical Scribe Services
- Mutual of America
- CareOregon
- OCHIN

Friend Level & In-Kind Sponsors:
- Crossroads Group Inc.
- FQHC IT
- Health Merch: Preferred merchandise vendor of OPCA
- Dr. Amy

Partner Level Sponsors:
- Comagine Health
- Visualutions
- Oregon Association of Relief Nurseries
- Kaiser Permanente
- Mission Mobile Medical
- Med Tech Solutions
- Compliatric
- Novo Nordisk

WHERE INNOVATION SPROUTS

OPCA'S PEER GROUPS

OPCA recognizes that CHC staff members are the experts in their chosen fields. Our 12 peer groups are collaborative networks or forums where employees at our member organizations can speak others who hold similar roles or responsibilities to share knowledge, best practices, and tools.

One of the main goals of these peer groups is to provide a forum for knowledge sharing from clinical, administrative, and quality improvement teams from across the state's 268 sites. Oregon's CHCs all work toward the goal of health equity in their communities. For all of us to succeed, it's imperative we have opportunities to connect, find support, and foster individuals' professional development.

The majority of peer groups meet virtually on either a monthly, semi-monthly, or quarterly basis. Once a year, OPCA hosts the in-person All Peer Group Gathering, which rotates locations throughout the state. Groups with overlapping responsibilities, such as Communications Peers and HR Leaders, also have a chance to come together, collaborate and support one another.

Staff at OPCA's member clinics may join relevant peer groups. Please contact us to join!

PRECISION LEGISLATIVE FIX

INSPIRED BY PEER GROUP, OPCA AUTHORS SB 608

In the 2023 regular session of the Oregon Legislature, OPCA introduced a bill to regulate pharmacy dispensing fees in fee-for-service Medicaid. OPCA became aware of the issue through knowledge sharing in our Pharmacy Peer Group. With input from FQHC pharmacists around the state of Oregon, OPCA drafted the bill to regulate the frequency and method by which pharmacist Professional Dispensing Fees (PDF) are adjusted.

The bill is brief, around 200 words, because that's all we needed to fix a regulatory gap that caused significant issues for our members. Essentially, Centers for Medicare & Medicaid Services (CMS) doesn't specify how frequently states should assess Professional Dispensing Fees (PDFs), and Oregon had not yet established a survey interval.

This lack of predictability raised challenges for pharmacies, especially those in rural areas struggling with revenue challenges. Without a set timeline, PDFs hadn't changed in Oregon since 2018. With rising inflation and operating costs but no increase in the set fees for pharmacists' services, the unadjusted payments didn't reflect the time, material, and overhead costs of meeting the needs of patients.

"Access to pharmacy services is a critical component of closing the health equity gap. If we want pharmacies located in communities where people work and live and a pharmacy staff that reflects the community, we must adequately pay for those services," said OPCA Policy and Government Affairs Director Marty Carty.

After six months of navigating the legislative process, the bill passed, and Governor Kotek signed it into law on June 7, 2023. The bill is an example of how OPCA is uniquely poised to deliver impactful, precise, community-driven improvements to Oregon's health care safety net.

OPCA'S ISSUE SOLVING CYCLE

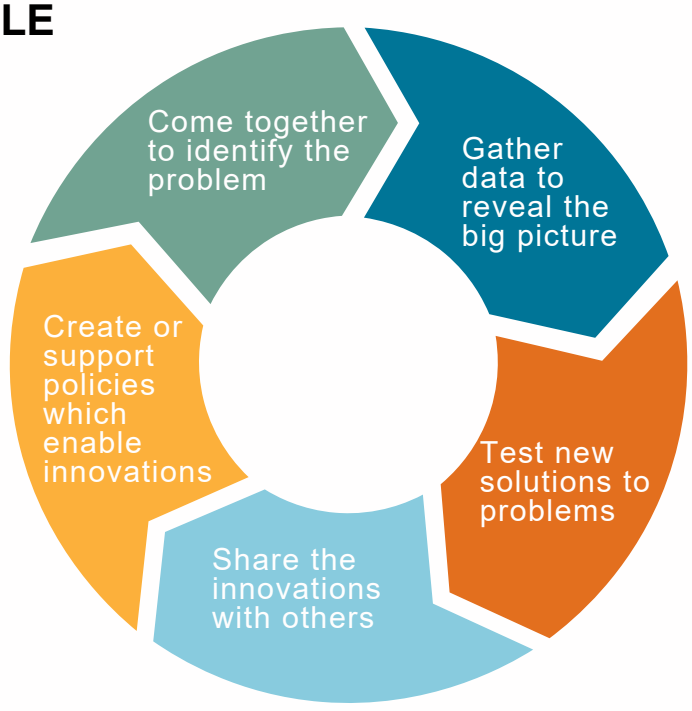
COLLABORATION

INFORMATION

INNOVATION

EDUCATION

ADVOCACY



AETC & OPCA CROSS-POLLINATE

IDEAS FOR HEALTH EQUITY

In a November 2023 episode of the HIV Care Conversations Podcast, Dayna Kirk Morrison, Sr. Director of the Oregon AIDS Education & Training Center (AETC) Programs at OPCA, and Jill Coleman, Program Manager of the South Central AETC's Oklahoma regional partner, shed light on the transformative impact of partnering with Primary Care Associations (PCAs). The discussion centers around the implementation of sustainable models of care for individuals with HIV, particularly addressing the challenges faced by clinics in remote regions.

Understanding the Landscape in Oregon

In Oregon, a state with 34 Community Health Centers, 5 centers, including Winding Waters, Mosaic Community Health, Neighborhood Health Center, and the HIV Health Services Center at Multnomah County, offer crucial HIV care services. Morrison notes a significant increase in new diagnoses, particularly in frontier areas, with trends among age groups 25-44 and rising rates within Indigenous, Black, Latine, and Pacific-Islander populations.

The conversation emphasizes the role of stigma, discrimination, and racism in these trends, prompting a shift from focusing solely on HIV and risk behaviors to considering broader factors such as social determinants of health and sexual and social networks.

The Role of HIV Care Conversations

HIV Care Conversations is a podcast for healthcare providers treating and managing care for people with HIV in the United States. Through short conversations and interviews with field experts, this initiative aims to provide information, solutions, and resources to address existing and emerging issues in HIV care and prevention delivery to improve the health outcomes of those impacted by HIV.

Partnerships for Community Impact

Morrison emphasizes the pivotal role of CHCs and PCAs in increasing access to preventive services for smaller, rural populations. Integrating with OPCA not only provides an administrative link but also fosters a collective voice for transformation efforts in the healthcare system.

This collaborative approach extends beyond Patient-Centered Medical Home (PCMH) efforts to include Value-Based Payment (VBP) and other sustainable healthcare models. Advocacy for legislation supporting access to care and ensuring leadership alignment with workforce development is also highlighted.

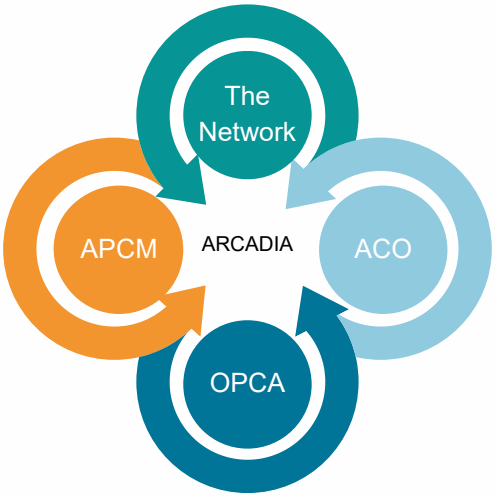
NEW MEDICARE SHARED SAVINGS PROGRAM

The Oregon Network of Community Health Centers (the Network) partnered with 15 FQHCs to provide coordinated care for Medicare patients by establishing an Accountable Care Organization(ACO). In January 2024, the ACO received federal approval to participate in a Medicare Shared Savings Program (MSSP), which incentivizes providers to focus on patients' health outcomes and cost reductions. This approach ultimately results in better health outcomes delivered at lower costs by prioritizing disease prevention and effective health screenings.

The Network and its ACO affiliates serve just under 9,000 Medicare patients with essential primary, dental, and behavioral health care. The Network's ACO members are Federally Qualified Health Centers (FQHCs) who face a multitude of challenges in balancing their operating budgets as they provide care to any patient, regardless of a person's ability to pay or their insurance type. These constraints often inspire FQHCs to innovate new practices that make the delivery of health services more effective and more efficient.

The Network ACO's federal approval for the MSSP is part of the organization's larger plan to advance health equity for patients in Oregon. First, the Network purchased a license for the Arcadia data platform through funds received via a grant from CareOregon. The platform facilitates the aggregation of patient information to ultimately provide health centers with analytics to guide their clinical quality improvement efforts.

Next, the Network formed the ACO with participating FQHCs. "The formation of the Network ACO ensures that we can provide patients with the right care, at the right time for improved outcomes and interactions with healthcare," said Network Director Carla Jones. "This is possible through case management, an emphasis on data performance, a strong focus on prevention, and through sharing best practices with each other. Additionally, an ACO avoids unnecessary duplication of services and prevents medical errors."



Our goal: leverage data to maximize operational efficiency for better patient health outcomes, delivered at lower costs to our stakeholders.

The MSSP is a big step towards substantial cost savings, leading to upside earnings in the shared risk agreement with Medicare. "These savings allow clinics to provide patients with the best care possible," said Jones.

The Centers for Medicare and Medicare Services (CMS) website explains, "When an ACO succeeds both in delivering high-quality care and spending health care dollars more wisely, the ACO will share in the savings it achieves for the MSSP. ACO formation also creates additional earning opportunities within the Medicare Fee for Service populations."

This project is emblematic of the Network's core mission to bring together the experience and expertise of many health centers, thereby expanding collective power and increasing operational efficiency while also improving the quality of care for patients.

APCM AND OREGON'S CHCS:
A 10+ YEAR RETROSPECTIVE

OPCA'S FLAGSHIP PROGRAM

Conceptualized in 2011 and borne out of our health centers' experience implementing a robust Patient Centered Primary Care Home model - which was extremely challenging under traditional fee for service payment - several health centers involved in the Safety Net Medical Home Initiative, and OPCA approached the Oregon Health Authority about modifying health center payment under the Prospective Payment System (PPS)— requesting more flexibility in payment to allow health centers to provide higher value care, rather than only churning out a high volume of visits.

Oregon's APCM program was founded on the following principles:

- Accountability for outcomes (Triple/Quadruple Aim)
- Budget neutral
- Maintain patient access to care
- Patient-centered care (not tied only to face-to-face visit)
- Formal APM methodology
- Bridge to Value-Based Pay via social risk adjustment

Today, 20 of Oregon's 34 CHCs, and 2 Rural Health Centers (RHCs) participate in this efficient and effective model of care, one of the first in the nation, optimizing health through services that engage patients.

TRACKING OUR SUCCESSES

Within the first 5 year of the program, APCM CHCs were meeting or exceeding CCO metrics (outcomes):

- Colorectal cancer screening rates increased from 50% to 55%
- Depression screening and follow-up rates from 57% to 74%
- Weight assessment and counseling for children and adolescents from 59% to 73%

By 2017, reliance on the traditional office visit was down and new care models implemented to meet patient need.

- DECREASED traditional office visits from 78 visits per 100 patients to 64 visits
- INCREASED number of reported Care STEPS from 5,605 to 99,344 (today, that number is over 1M)

QUALITY

APCM clinics represent 16% of all Patient Centered Primary Care Homes (PCPCH), but represent 40% of all 5 STAR PCPCH recognized sites (Oregon's highest level recognition in the PCPCH model).

COST

APCM clinics saved a net of $17 million through a reduction in hospital utilization among attributed populations. Moving to population health payment enabled countless local level clinical and community health innovations.

ACCESS

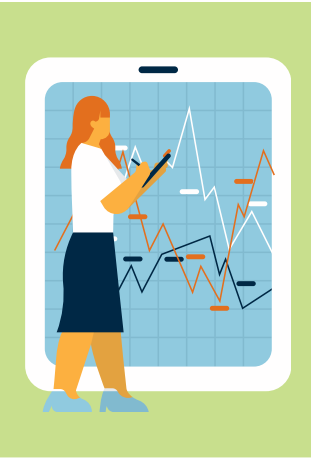
Nearly 90% of APCM clinics expanded care teams as a result of participating in APCM, and patient engagement with care teams beyond traditional visits more than tripled since 2013.

SURVIVING COVID-19

Under APCM, clinics are incentivized to provide high quality care but don't have to rely on traditional in-office visits for funding. As a result, APCM clinics during the COVID-19 pandemic were able to provide the care their patients needed without a loss of operating funds. In fact, depression screening and follow-up during the first year of COVID-19 exceededthe baseline year, at 60% compared to 57% (baseline). APCM clinics also adopted during COVID-19 by adding COVID-19 vaccine administration as a meaningful engagement; carved out vaccine reimbursement from APCM; moved metrics to report-only status from 2021-2024; and enabled audio-only establishing visit for duration of the Public Health Emergency.

POPULATIONS SERVED BY CLINICS WITH APCM

- 7 clinics serve rural communities
- 1 clinic serves patients in public housing
- 10 clinics have school-based health centers
- 5 clinics have mobile units
- 7 clinics serve migrant workers
- 4 clinics serve unhoused people



APCM'S FUTURE INNOVATION PLANS

1: Onboard additional FQHCs and RHCs into APCM program and develop on-demand training for all participating CHCs.

2: Streamline data and reporting. Although APCM is just one of our strategies for delivering high value care, our goal is for 100% of health centers to deliver high value care and to thrive in a value-based pay environment.

3: Advance towards VBC/VBP in tandem with state and the Network's efforts.

4: Leverage success in SDoH (such as PREPARE/screening tools) to further state goal in equity and health related social needs (HRSN).

APCM'S STEERING COMMITTEE MEMBERS

- Matt Emery, Northwest Human Services
- Blain West, Neighborhood Health Center
- Gil Muñoz, Virginia Garcia Memorial Health Center
- Sara Jade Webb, Wallace
- Gail Nelson, Nehalem Bay Health Center
- Mahea Kaeo-Wailehua, La Clinica
- Marshall Greene, Mosaic Community Health
- Chris Campell, Chair, Benton County Health Services

CULTIVATING HEALTH EQUITY IN OREGON SINCE 1984

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Oregon NETWORK of Community Health Centers

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