



OREGON
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Primary Care Strategy Committee

Framework


April 20, 2026

About the Primary Care Strategy Committee

The PCSC will promote innovative solutions in three key, interrelated areas that are essential for a strong primary care system:

- Workforce: Primary care is experiencing **significant recruitment and retention** issues due to, for example, **administrative burden that leads to burnout**
- Delivery system: Primary care is often **unable to support whole-person, team-based care**, such as integrating behavioral and oral health care and leveraging technology.
- Payment and affordability: **Resources are insufficient** to support the expectations of the primary care system.


The strategies can inform legislative concepts or recommended changes to primary care programs or processes that don't require legislative action in support of a strong primary care system across Oregon.



Framework contents

- Information on **where Oregon has already or partially implemented** primary care policies, and **where there are opportunities** to improve or enhance primary care policies for the state.
- **Considerations for acting on each strategy**, including, but not limited to, cost and legislation.

Topical groupings

- Measure and report on the health of primary care in Oregon
 - Policies to support the workforce
 - Policies to support the delivery system
 - Policies to support payment and affordability
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Oregon Rural Health Transformation Program

- Possible short-term funding source for some aligned activities.
- Strong focus on strengthening primary care systems and supports and addressing workforce challenges in rural communities.
- Awards in Phase 1 (Years 1-2) will build a foundation for more transformation in Phase 2 (Years 3-5). There is a strategic opportunity for PCSC to help establish a future vision for the primary care system in Oregon that can help refine the Phase 2 RHTP work in the coming years.

Comprehensive “Health of Primary Care” dashboard

1. Spending and investment for primary care services. [Oregon Primary Care Spending Dashboard](#)
There isn't agreement on the methodology used to measure primary care investment in this dashboard.
Opportunity: Convene partners to agree on a new methodology. (Consideration: Legislation)
2. Performance focused on quality. [CCO Quality Metrics Dashboards and Reports](#). The Oregon CCO Quality Incentive Program rewards exceptional care and continuous quality improvement by CCOs
Opportunity: Add data on commercial and Medicare Advantage payers. (Considerations: Legislation and cost)
3. Access to insurance and services. [Oregon Health Insurance Survey \(OHIS\) Coverage Dashboard](#) reports on a variety of data related to health coverage, including insurance types, rates by different demographics, and reasons people are uninsured.
Opportunity: Develop a report on primary care service utilization. (Considerations: Legislation and cost)

Comprehensive “Health of Primary Care” dashboard


4. Capacity focused on workforce and pipeline. [Oregon’s Health Care Workforce Needs Assessment](#), a biannual report developed by OHA on health care workforce needed to meet the needs of patients and communities throughout Oregon, including primary care providers (PCPs). OHA has heard from providers and patients that in some cases the report does not reflect the situation they are experiencing.

Opportunity: Ensure the report more accurately reflects provider and patient experience, which may include identifying additional data sources. (Considerations: Cost and data availability)

5. Data focused on assessing inequities in the primary care system. While all reports noted above, except for the Oregon Primary Care Spending Dashboard, include some data on health equity, some are not integrated or comprehensive.

Opportunity: Integrate the reports and identify additional data. (Consideration: Cost)

Policies to support the workforce

- Measure and report on workforce
 - Expand recruitment and retention pathways
 - Increase provider wellness and resiliency
 - Increase provider diversity
 - Reduce credentialing, privileging and enrollment barriers
 - Simplify quality metrics
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Measure and report on workforce

Examples of strategies in place in Oregon

- OHA Health Care Workforce Reporting Program
 - Collects survey data from health care professionals licensed in Oregon every time they renew their licenses.
 - Produces an annual dashboard presenting supply trends, demographics and practice patterns

Examples of opportunities

- Create a common provider directory
 - Would allow one location to update provider information to help ensure information is updated and accurate. *(Considerations: Unsuccessful previous attempt, cost, legislation, technical feasibility, national provider directory may be created in 2026/2027)*

Expand recruitment and retention pathways

Examples of strategies in place in Oregon

- OHA Health Care Provider Incentive Program
 - Loan repayment programs for primary care, behavioral health, and oral health professionals
 - Health Care Workforce Career Pathways funds Oregon's secondary education, Career and Technical Education (CTE), training programs, and other health-related workforce programs to provide 8th–12th grade students with career exposure, mentorship and certifications.

Examples of opportunities

- Pay salary supplements for primary care clinicians who opt to work in Community Health Centers, public hospitals or rural areas (*Considerations: Cost and legislation*)

Increase provider wellness and resiliency

Examples of strategies in place in Oregon

- Oregon Wellness Program
 - Provides physicians, nurses, advanced care practitioners, dentists and other health care professionals within Oregon access to mental health support that is non-reported, urgently available and complimentary.

Examples of opportunities

- Create a multi-organization partnership to create a statewide health care employer recognition program focused on supporting employees' needs related to burnout and implement wellness programs to address them (*Considerations: Cost*)

Increase provider diversity

Examples of strategies in place in Oregon

- Healthy Oregon Workforce Training Opportunity Grant Program
 - Supports grants that address culturally responsive and specific workforce by developing career pathways and creating local partnerships to address workforce development and retention in rural and medically underserved areas of the state.

Examples of opportunities

- Implement additional strategies to engage students and practicing professionals from diverse backgrounds. (*Consideration: Cost*)
- Require payers to pay a differential for bilingual primary care staff (*Consideration: Cost and legislation*)

Reduce credentialing, privileging and enrollment barriers

Examples of strategies in place in Oregon

- House Bill 4083, which passed in 2026 and is currently being implemented, requires OHA to adopt a uniform process for credentialing behavioral health providers for use by behavioral health providers and coordinated care organizations.

Examples of opportunities

- Create a common credentialing program (*Considerations: Unsuccessfully previously pursued, cost, legislation, technical feasibility*)

Simplify quality metrics

Examples of strategies in place in Oregon

- OHA measures CCOs on a specific set of metrics that have remained relatively stable over time.
- A limited set of metrics are included in the 2023 Primary Care Payment Reform Collaborative VBP model.

Examples of opportunities

- Identify and require all payers to use a limited common set of metrics and specifications that considers the impact of incentive measure requirements on primary care. (*Consideration: Legislation*)
- Reduce manual documentation requirements for all quality measures. (*Consideration: Payers' metrics selection processes*)

Policies to support the delivery system

- Support whole-person team-based care
- Integrate behavioral health
- Integrate pharmacy services
- Integrate oral health
- Enhance care coordination
- Continued educational opportunities
- Leverage technology-enabled care
- Coordinate interoperable and shared technology
- Share data across payers and providers
- Reform prior authorization

Support whole-person team-based care

Examples of strategies in place in Oregon

- OHA Patient-Centered Primary Care Home (PCPCH) Program
 - Recognizes practices that meet care delivery standards that are developed in partnership with providers, patients, payers, people from community-based organizations and other partners.
 - Develops and hosts webinars, learning collaboratives and other educational opportunities focused on the PCPCH program standards.

Examples of opportunities

- Practices have reported that many CCOs do not reimburse for using interpreters with only national health care interpreter certification for Medicare compliance. This can be a barrier to providing timely, patient-centered interpretation. (*Considerations: Legislation*)

Integrate behavioral health

Examples of strategies in place in Oregon

- Some practices have implemented one of two evidence-based models: 1) Primary Care Behavioral Health integrating a licensed behavioral health clinician in the primary care practice and 2) Collaborative Care Model where a primary care provider and care manager consult regularly with a contracted psychiatrist to support patient care.
- Some practices have implemented tele-behavioral health and/or AI-enabled therapy tools.

Examples of opportunities

- Expand the integration models and tele-behavioral health and/or AI-enabled therapy tools to other *practices* (*Considerations: Cost and workforce*)
- Require all payers pay higher reimbursement rates to cover costs of behavioral health services not covered by billing codes. (*Considerations: Cost and workforce*)

Integrate pharmacy services

Examples of strategies in place in Oregon

- PCPCH Standard 4.B. for pharmacy services, including medication management, to be provided by a pharmacist in the primary care practice.
- Some practices, including Federally Qualified Health Centers (FQHCs), have integrated pharmacy services.

Examples of opportunities

- Expand integration to other practices (*Consideration: Cost*)

Integrate oral health

Examples of strategies in place in Oregon

- The OHA Health Care Provider Incentive Program provides loan repayment/forgiveness opportunities for dentists (DMDs/DDSs), dental therapists, expanded practice dental hygienists (EPDHs) and dental assistants (DAs) who provide services in rural or medically underserved, integrated primary care practices.

Examples of opportunities

- Expand integration to other practices (*Consideration: Cost*)
- Provide virtual training to PCPs on properly conducting oral health assessments.
(*Consideration: Cost*)

Enhance care coordination

Examples of strategies in place in Oregon

- Coordination is designated as one of the six core PCPCH attributes and is prioritized in the PCPCH Standards.
- Some payers use data-driven approaches, dashboards and health navigators to engage patients, close care gaps and coordinate referrals.

Examples of opportunities

- Align data-driven approaches, dashboards and health navigators across payers to reduce administrative burden for practices. (*Considerations: Cost and legislation*)

Reform prior authorization

Examples of strategies in place in Oregon

- Limited prior authorization (PA) reform passed by the legislature in 2025 (HB 3134) requires insurers:
 - Report annual PA approvals and denials (to be published by the Department of Consumer and Business Services)
 - Not require PA for an additional or related health care procedure that is identified during an authorized surgical procedure
 - Streamline the PA process for necessary care

Examples of opportunities

- Eliminate the use of automatic PA denials. (*Considerations: Cost*)
- Require specialists, rather than the PCP, to submit needed information (CPT codes, diagnosis, etc.) once the referral is made. (*Considerations: Cost*)

Continued education opportunities

Examples of strategies in place in Oregon

- Oregon Project ECHO - an interactive educational and community-building experience grounded in a case-based learning environment that includes programs on a variety of clinical issues that could be addressed in primary care. Project ECHO is supported by some payers and health systems.

Examples of opportunities

- Require payers to support ongoing communities of practice for key needs such as treatment of substance use disorder, and other behavioral health concerns. (*Considerations: Cost*)

Leverage technology-enabled care

Examples of strategies in place in Oregon

- All payers are required to pay telehealth at parity with in-person care.
- Some practices use remote patient monitoring, which extends the reach and reduces synchronous workload if data systems are integrated.
- Some practices use AI to support charting and other functions.

Examples of opportunities

- Expand the use of remote patient monitoring and AI to all practices. (*Consideration: Cost*)

Coordinate interoperable and shared technology

Examples of strategies in place in Oregon

- The EDIE/PointClickCare platform is a data infrastructure and software program that delivers real-time hospital event notifications to clinics to support care coordination and population health management.
- Reliance eHealth Collaborative, a health information exchange organization in Oregon, offers a community health record, which is an aggregated view of patient information across regional sources.

Examples of opportunities

- Develop a statewide common or interoperable population health or shared care plan technology platforms to support quality improvement. (*Consideration: Cost, legislation, technical feasibility*)

Share data between payers and providers

Examples of strategies in place in Oregon

- Some payers and providers, including primary care practices, are in near-real-time data-sharing partnerships that give practices timely access to utilization, cost, and quality data for population health management and proactive patient outreach.

Examples of opportunities

- Expand real-time data share to other payers and practices. (*Considerations: Cost and legislation*)

Policies to support payment and affordability

- Measure and report on investment
- Adopt flexible payment models
- Require minimum expenditures on primary care
- Pay for whole-person team-based care
- Implement site neutral payments

Measure and report on investment

Examples of strategies in place in Oregon

- The annual Oregon Primary Care Spending Dashboard reports the percentage of medical spending allocated to primary care by health care payers (CCOs, commercial and Medicare Advantage) against the target of 12 percent set by the legislature in 2017.
 - There isn't agreement on the methodology used to measure primary care investment in this dashboard.

Examples of opportunities

- Convene partners to agree on a new methodology. (*Consideration: Legislation*)
- Develop mechanisms to enforce the 12 percent target. (*Consideration: Legislation*)

Adopt flexible payment models

Examples of strategies in place in Oregon

- The Primary Care Payment Reform Collaborative developed a VBP model to be used across payers. Some payers have implemented the model.
- CCOs and payers covering PEBB and OEBC members are required to implement a per-member-per-month (PMPM) payment to support PCPCHs. Some commercial payers also do so voluntarily.
- Some payers have implemented prospective, quarterly quality incentive payments.

Examples of opportunities

- Expand implementation of the VBP model, PCPCH payments, and prospective quality payments to all practices and all payers. (*Considerations: Cost and legislation*)

Pay for whole-person team-based care

Examples of strategies in place in Oregon

- Oregon's Alternative Payment and Advanced Care Model (APCM) for community health centers, rural health centers, and Indian Health Services supports expanded team-based care across the clinic (including physical infrastructure to keep teams physically engaged) and increased patient-centered services like cooking and exercise classes to support whole-person health.
- Some payers support small, independent, rural and resource-limited practices with tailored VBP contracting models, recognizing differences in capacity and infrastructure.

Examples of opportunities

- Expand implementation of the APCM to all clinics and all payers. (*Considerations: Cost and legislation*)
- Expand implementation of tailored VBP models for independent practices to more payers. (*Considerations: Cost and legislation*)

Require minimum expenditure on primary care

Examples of strategies in place in Oregon

- Senate Bill 934 (2017) set a target primary care spending of 12 percent for all payers.

Examples of opportunities

- Develop mechanisms to enforce the 12 percent target. (*Consideration: Legislation*)

Implement site-neutral payments

Examples of opportunities

- Require payers to pay the same regardless of location of a primary care practice.
(Considerations: Cost and legislation)



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Questions

Thank you

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