

# Primary Care Strategy Committee

## May 21, 2026 Meeting Minutes

### Key Takeaways

- The committee welcomed two new members, Cathy Merz and Ricardo Palazuelos.
- Members reviewed the prioritization survey findings, including comments on draft objectives. The committee decided to have presentations on each of the objectives discussed and members volunteered to lead/participate in presentations.
- Members agreed to meet in small groups prior to the June meeting to build out details of the three legislative concept (LC) ideas Oregon Health Authority (OHA) presented to inform discussion during the June committee meeting. Members volunteered to discuss the primary care spend report idea, but not the other two.

### Attending:

Attended	Name
Yes	Betsy Boyd-Flynn
Yes	Carly Hood-Ronick
Yes	Cathy Merz
Yes	Danielle Sobel
Yes	Deb Patterson
Yes	Deborah Cohen
Yes	Douglas Lincoln
Yes	Elise Phelps
Yes	Erik Vanderlip
Yes	Grant Kennon
No	Lauren Hughes
Yes	Linda Lang
Yes	Lisa Reynolds
Yes	Lorenzo Perez
Yes	Nicolas Powers
Yes	Raffaella Betza
Yes	Ricardo Palazuelos
Yes	Steve Fritz
No	Tracy Muday
Yes	Claire Pierce-Wrobel, ex officio
Yes	Jesse O'Brien, ex officio

## Meeting start, agenda review

Tony Germann, Oregon Health Policy Board (OHPB) liaison to the Primary Care Strategy Committee, welcomed the committee and reviewed the agenda. He introduced newly elected Chair Raffaella Betza and Vice-Chair Betsy Boyd-Flynn.

## Welcome and housekeeping

Raffaella welcomed the committee and introduced the three new committee members – Ricardo Palazuelos, Tracy Muday, and Cathy Merz. Ricardo and Cathy briefly introduced themselves. Tracy was unable to attend the meeting.

## Public comment

There was no public comment.

## Vision and objectives

Raffaella presented the vision from the charter and draft objectives from the member survey.

Member comments:

- Erik Vanderlip asked where innovation fit in the objectives. He spoke to the importance of fostering innovation and change, including service delivery and technology.
- Deborah Cohen supported practice change and innovation, saying it is the basis of primary care. She noted in her observation that primary care practices are run very close to the margin and are not paid for transformation time.
- Carly Hood-Ronick said that the objectives didn't call out that not all practices serve the same population. Practices that serve complex patients need more resources compared to practices that don't.
- Lorenzo Perez equated bold solutions with innovation and noted that it is important to understand what innovation accomplishes.
- Erik agreed that innovation needs to advance goals and not just for the sake of innovating.

Raffaella asked for volunteers to lead discussions at future meetings on the objectives.

The following volunteered:

- Identify gaps and drive bold solutions – Erik Vanderlip
- Simplify and align the primary care system – Raffaella Betza
- Support a strong, local, team-based workforce – Deb Cohen
- Advance whole-person, integrated, community-based care – Ricardo Palazuelos to support but not lead

- Ensure financial sustainability – Betsy Boyd-Flynn and Carly Hood-Ronick

## Strategy prioritization survey results

Summer Boslaugh, OHA staff, presented a summary of the findings from the prioritization survey.

Member comments and questions:

- Nicolas Powers pointed out that strategies related to increasing payment ranked the highest. He also spoke to innovation and the amount many practices have implemented and are not compensated for.
- Lorenzo Perez said that increasing provider diversity is still important even though it was ranked near the last.
- Ricardo emphasized the support for whole-person care and that can mean different things in different communities, including integrated oral health which was not ranked in anyone's top five.
- Erik commented that the strategies could include bold changes, such as adoption of new technology, workflows, and workforce. He proposed the idea of pilots that could move into broader scale implementation if proven meaningful.

## Straw proposal, including legislative concept

Betsy presented suggestions for members to keep in mind when providing their thoughts and feedback on the legislative concepts. She reviewed the three LC ideas for consideration and shared the feedback members have submitted. Betsy spoke to the importance of per-member-per-month (PMPM) payments for Patient-Centered Primary Care Homes (PCPCHs) that is not tied to quality measures and changes to primary care spend report. She noted that these ideas are a floor for what could happen in 2027 not a ceiling.

Summer clarified that all agency LCs need to be approved by the executive branch.

Member comments and questions:

- Deborah raised the concern that most patients are seen in vertically owned organizations, including payers, making it hard to trust the money will be invested in primary care. She asked how many employed physicians there are in Oregon and what is the strategy for ensuring increased primary care spend gets to individual practices.
- Betsy said no one has figured out how to ensure funding gets to practices and that there is no accountability.

- Tony noted that the LC ideas have been brought to OHA and OHPB and may need refining. He emphasized the importance of advancing short-term solutions while continuing to work on long-term solutions.
- Danielle Sobel spoke to the need to have a floor or a baseline for the PCPCH PMPM payments.
- Jesse O'Brien asked if the intent of the committee is to get into these details.
- Senator Lisa Reynolds acknowledged that more money is needed in primary care, particularly for PCPCHs. She asked if the juice is worth the squeeze. PCPCH PMPM payments are made by CCOs and PEBB/OEBB plans and adding commercial insurers might just be little nibbles. She spoke to the need for cost shifting from lucrative services. The PMPM seems good, but then you realize it only raises revenue for a small part of the market.
- Cathy asked for clarification on the primary care spend.
- Deborah said where the money goes is a black box and a challenge to figure out.
- Lorenzo expressed support for the ideas and the desire to consider a concept focusing on administrative burden because that adds more friction in the day-to-day for providers and patients.
- Clare Pierce-Wrobel pointed out that there are cross-over items that other committees are working on, including the Affordability Committee Industry Advisory Committee that is looking at administrative burden and cost growth. The Metrics and Scoring Committee might be a place to discuss the impact of metrics on primary care.
- Carly said she is not against any of the ideas. CCOs are already required to make the PMPM payments for PCPCH tier. She asked what metrics would be required for the prospective quality payments. She also asked what the process would be to engage diverse voices in the primary care spend report discussions.
- Betsy noted that she heard a general sense that the ideas are fine but there are still some questions.
- Grant Kennon said VBP payments frequently don't get paid because they are not earned by the practice. He expressed worry about clawbacks, particularly if they are tied up in the CCO Quality Incentive Program (QIP). He is very concerned about destabilizing practices.
- Raffaella noted she shared his concern and spoke to the framing of VBP as what percentage of payment to practices is in VBP. Need to understand scope of how much VBP has been implemented, including how much would the average practice be impacted by the idea.
- Raffaella asked if the Department of Consumer and Business Services knows how much VBP is implemented on the commercial side.

- Jesse said that it would be in the All Payer All Claims database.
- Doug Lincon commented that the three LC ideas are necessary but not sufficient. He proposed moving forward if this is the lowest hanging fruit and to be as bold as possible in future recommendations.
- Deborah commented that moving forward on the LC ideas feels rushed and proposed spending time to research what the best practices are for states.
- Betsy asked for guidance from the senators.
- Senator Reynolds noted that the LC process in discussion is that of the agency and executive branch timelines. She said legislators have a different timeline and if there are strategies that have good consensus from the committee, she is happy to put legislation forward for 2027. She suggested Senator Deb Patterson could also be asked to put forward a committee bill. This LC process is not the only option.
- Betsy, Erik, and Carly volunteered to work on the spending report methodology idea to develop a more complete concept. Raffaella asked for volunteers to work on all ideas.

## Closing comments and adjourn

Summer will follow up in email to ask members to volunteer to help develop recommendations for the LC ideas and participate in presentations on the objectives at future meetings.

Raffaella said the next meeting is Thursday, June 18, noon to 2 p.m.