Primary Care Strategy Committee

June 18, 2026 Meeting Minutes

Key Takeaways

- The committee welcomed two new members, Shelby Lee Freed and Tracy Muday.
- Members voted to advance the legislative concept with the three ideas:
    - All payers pay a per member per month (PMPM) payment to in-network Patient-Centered Primary Care Homes (PCPCHs), not tied to quality measures.
    - If payers and providers are in a value-based payment contract, payers prospectively disburse quality performance payments quarterly at a minimum.
    - Primary Care Spending in Oregon Report methodology changes.

Attendance:

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

Meeting start, agenda review

Chair Raffaella Betza welcomed the committee and reviewed the agenda.

Welcome and housekeeping

Raffaella introduced one new committee member who is filling one of the three provider perspective seats, Shelby Lee Freed, Nurse Practitioner & Director of Community Health - Primary Care, Orchid Health; Assistant Professor, OHSU School of Nursing. Shelby briefly introduced herself. Tracy Muday, Executive Medical Director, Regence BlueCross BlueShield of Oregon, who is filling one of the three payer perspective seats, briefly introduced herself. Tracy was appointed to the committee in May but was unable to attend the May meeting.

Public comment

There was no public comment.

Legislative concept

Raffaella introduced the agenda topic, asking the committee to discuss draft language for the three ideas for the committee's legislative concept (LC) for the 2027 legislative session. The ideas approved by the committee will be presented to the Oregon Health Policy Board (OHPB) on July 7. OHPB will provide feedback to the committee for consideration at the July 16 meeting. The committee will finalize the language and present to OHPB on August 4.

Summer Boslaugh presented the process and timeline for OHPB LCs.

Member discussion:

- Senator Lisa Reynolds asked members what the appetite is for meaningful amendments to something the committee files in September. She also said she is envisioning putting forward bills on this topic, separate from the committee if needed.
- Mackenzie Carol, legislative lead for Health Policy and Analytics Division of the Oregon Health Authority (OHA) responded that there is openness to amendments. They also noted the importance of considering the state budget reality.
- Raffaella commented that this LC is just the beginning of the work of the committee to discuss and recommend strategies.
- Doug Lincoln voiced his concern that what is in the proposed LC is not anywhere near the scope of the changes the committee needs to recommend. He expressed the need to ensure that the committee is an independent thought body that can propose more than what is in the LC.

Raffaella and Betsy Boyd-Flynn reflected on the mood of the committee that the LC ideas are just a starting point. Tony Germann, OHPB liaison to the committee, agreed that these ideas are just scratching the surface and OHPB would like to see really strong changes.

Raffaella asked the committee to start with a preliminary poll on each idea as a temperature check, engage in discussion of the ideas, and then take a final poll on whether to recommend the idea to OHPB.

Clare Pierce-Wrobel provided some context in advance of the poll. She shared that OHA plans to reinstate the coordinated care organization (CCO) value-based payment requirements in 2027.

Member discussion:

- Steve Fritz expressed that he wants the committee to put forward the biggest and boldest ideas first.
- Betsy responded that the LC ideas are not the biggest things, but they are things that are achievable by the committee on this timeline.
- Chris DeMars clarified that that the LC is from OHPB not OHA.

Summer presented the gradients of agreement decision-making process using a one to eight scale (with one indicating the highest support). Members voiced their support in a preliminary poll followed by a brief discussion if needed and then a final poll. This method lets people see where others stand before stating final preferences.

Per member per month (PMPM) payment for Patient-Centered Primary Care Homes

Idea summary: All payers pay a per member per month (PMPM) payment to in-network Patient-Centered Primary Care Homes (PCPCHs), not tied to quality measures.

Preliminary vote – majority of members voted 1 to 3.

- Danielle Sobel pointed out that OHA is a payer for the non-CCO population, which will be growing with the changes coming in the Healthy Oregon Plan, and needs to be included in the PMPM requirement.
- Tracy voted a seven and stated that her vote would have been a two for the concept, but was a seven because she has concerns. She voiced concern about smaller clinics who provide good care but can't meet the PCPCH measures. She also spoke about the challenges commercial payers face with attribution of members to a primary care practice. Tracy suggested widening the idea to include other value-based payment arrangements.

- Shelby raised the issue of accountability. Stating that some of the CCOs her clinic contracts with have been late in making the PMPM payments or not made them at all.
- Ricardo Palazuelos noted the importance of ensuring the PMPM payment funds are used to support clinics and not diverted to other needs.
- Deborah Cohen agreed about the importance of getting funds to primary care but noted that she is not aware of a way to do that.
- Raffaella said that her biggest hesitation is the lack of a minimum payment amount. She emphasized the importance of a clinic getting any payment and that this could be a starting point.
- Tracy amplified Shelby's and Deborah's statements, noting that sometimes disputed payments have to do with problems with attribution; widening the idea to include other payment models could address this problem.

Final vote – majority of members voted 1 to 3. Idea will be included in the draft recommendation.

Stabilizing primary care via timely value-based payment funding

Idea summary: If payers and providers are in a value-based payment contract, payers prospectively disburse quality performance payments quarterly at a minimum.

Member discussion:

- Senator Reynolds expressed the importance of restoring the CCO quality incentive payment (QIP) to full funding before talking about when the payments will be made.
- Tracy raised the concern about possible claw backs and the huge administrative burden.
- Clare clarified that the idea is about when CCOs and other payers make the payments to providers and not specific to the QIP from OHA to CCOs. She noted that on average CCOs pass on 80 percent of the QIP dollars.

Preliminary vote – majority of members voted one to three.

Member discussion:

- Betsy pointed out that all PCPCHs are doing work that is not reimbursable, including team members whose salaries aren't covered. She noted that some clinics still don't know the benchmarks they're working to meet in June for the year that started in January. She acknowledged the concern about claw backs. She suggested thinking about this idea as a way to exercise empowerment given by OHPB, and this sets up future work.

- Raffaella agreed, emphasizing the need to decouple payment from individual visits. She shared the concern about claw backs and the need for practices to know the measures and benchmarks they are working on. She raised the issue of administrative burden associated with prospective payment.
- Carly Hood-Ronick acknowledged the interplay between the PCPCH PMPM payment idea and this one, noting that VBP contracts can be inclusive of both. She agreed with Senator Reynolds about the need to know the status of the QIP.
- Shelby explained that by the time practices learn what the quality metrics are it is already six months into the year. She also noted that her practice is hesitant to spend prospective incentive dollars because they may not be able to keep them.
- Deborah suggested the idea of shifting the incentive payments to a transformation fund to support practices without the risk of claw backs. She noted a lot of literature suggests that the basic quality metrics are continuity, comprehensiveness, and access.
- Senator Reynolds emphasized that primary care is not getting paid enough, including the decrease in the CCO Quality Incentive Program.

Final vote – majority of members voted one to three.

Changes to the Primary Care Spending in Oregon Report

Preliminary vote – majority of members voted one or two

Betsy described how moving the definition of the report methodology out of statute and into rule will allow for a robust community engagement process to agree on a methodology.

Member discussion:

- Deborah raised the concern that the definition of primary care could get worse.
- Betsy noted the importance of being able to recalculate prior years' payer performance with the new methodology.
- Summer confirmed that OHA will be able to do this.
- Doug emphasized the importance of a collaborative, evidence-informed, multi-stakeholder process to develop definitions and the methodology.
- Other members agreed.

Objectives Framework

Raffaella presented a framework for the objectives presentation and reminded members of who had volunteered to present on each objective.

Draft guiding principles

Raffaella presented draft guiding principles for brief discussion with further discussion and finalization at the July meeting.

Member discussion:

- Senator Reynolds pointed out that the word “prevention” is not included in the draft guiding principles, noting that a lot of primary care is prevention and therefore it saves money to the system.
- Raffaella agreed and suggested something like “a primary care action should protect or support primary care’s ability to provide whole person care, including preventative care, across all areas of the state.
- Members supported this suggestion.

Tony, OHPB liaison to the committee, remarked on the value of the guiding principles to help the committee decide on future strategies to prioritize. He also called on the committee to identify the desired outcomes to focus the work.

Closing comments and adjourn

Summer will follow up in email to ask members to volunteer to participate in presentations on the objectives at future meetings.

Raffaella said the next meeting is Thursday, July 16, noon to 2 p.m.