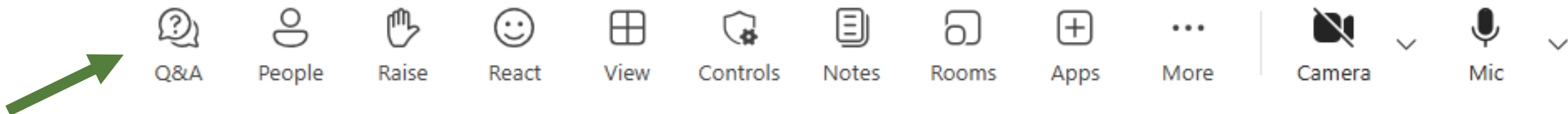


Welcome to the Primary Care Strategy Committee Meeting

- The meeting will begin shortly.
- This meeting is being recorded.
- Please mute yourself when not speaking.
- If you'd like to provide public comment, please send us a message using the Q&A function on your Teams toolbar anytime during the meeting. (See below.)
 - Public comments are limited to 2 minutes.





OREGON
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Primary Care Strategy Committee

Kickoff Meeting | April 28, 2026

Agenda review

- Welcome
- Introductions
- Committee process: Charter, Chair and Vice Chair, group agreements, decision-making
- Break (10 a.m.)
- Primary Care Strategy Committee framework questions
- Process for strategy prioritization
- Legislative concept
- Public comment (10:45 a.m.)

Welcome

Kristina Narayan, Governor's Office
Clare Pierce-Wrobel, Oregon Health Authority

Introductions

Please share:

- Name
- Pronouns (if you'd like)
- Organization
- Role / Title
- Perspective you bring to the committee (such as, payer, consumer, provider)



Committee process

Charter review

Select Chair and Vice Chair

Group agreements

Decision-making

[Primary Care Strategy Committee Charter](#)

Charter review



Primary Care Strategy Committee

purpose

- Lead a coordinated effort to stabilize, strengthen, and align Oregon's primary care system with the goal of increasing access to equitable, affordable, high-quality patient care.
- Develop and drive actionable strategies that unify policy, funding, and performance goals across payers, providers, consumers, purchasers, and state programs—ensuring a coherent, equitable, and sustainable system that delivers responsive, community-centered care statewide.
- Promote innovative solutions for a strong primary care system focusing on payment and affordability, workforce, and the delivery system.

Committee responsibilities

- Advise and recommend
- Establish and monitor statewide goals
- Coordinate across initiatives
- Integrate data, policy, and system design
- Engage partners and communities
- Address workforce wellbeing and systemic burden
- Monitor federal and state policy impacts
- Inform policymakers

Select Chair and Vice Chair



Chair and Vice Chair

Per the Charter, “the Primary Care Strategy Committee will elect a Chair and Vice Chair.”

Estimated Time Commitment

- Term Length: 15 months
- Chair: 3 hours per month, in addition to committee meetings
- Vice Chair: 1-3 hours per month, in addition to committee meetings

Duties of the Chair

- Preside at Committee meetings and guide Committee in achieving deliverables; facilitate conversation and foster collaboration among Committee.
- Plan meeting agendas to steer the Committee's work in coordination with OHA staff and OHPB liaison.
- Review draft Committee meeting summaries.
- Serve as Primary Care Strategy Committee spokesperson as needed.
- Attend OHPB meetings when Committee recommendations are presented, or updates are requested; participate in presenting recommendations and updates to Board.

Duties of the Vice Chair

- Perform all of the Chair's duties in their absence or inability to perform.
- Plan meeting agendas in coordination with OHA staff and OHPB liaison.
- Accompany Chair in presenting recommendations and updates to the OHPB.
- Perform any other duties as assigned by the Chair.

Chair and Vice Chair nominations

- Nominate yourself
- If no self nominations, we will request nominations of others
- Nomination introductions
- If multiple nominations, will ask the Committee to vote for Chair and Vice Chair.

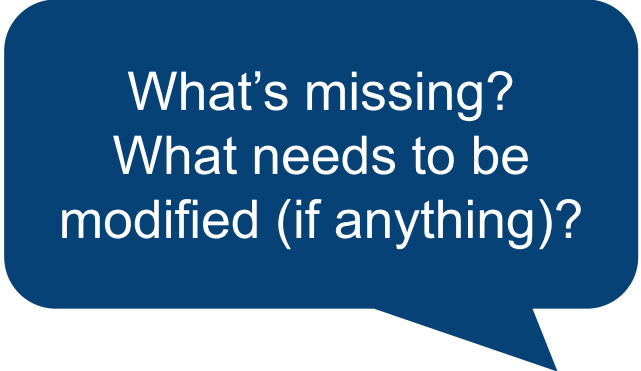


Group agreements and decision-making



Proposed group agreements

- Be present.
- Speak up and create space for others to do so.
- Listen actively and avoid interrupting.
- Assume positive intent.
- Welcome disagreement (varied, opposing ideas) without being disagreeable.
- Respect the group's time; keep comments concise and to the point.
- Strive to meet the expected meeting goals.



What's missing?
What needs to be
modified (if anything)?

Proposed decision-making



The Primary Care Strategy Committee will use **consensus decision-making** to develop its recommendations: The decisions must be something that ALL members can accept, support, live with, or agree not to oppose.



If the Primary Care Strategy Committee cannot achieve consensus despite best efforts, decisions will be made based on **majority vote**.



Quorum (a majority of Committee members) must be present for decision making.

Proposed consensus decision-making

- Everyone supports, or at least can live with, the decision.
- We'll have full discussions with opportunity for everyone to share their perspectives.
- When the Committee needs to make a decision, we'll check for agreement using:
 - Thumbs up – Yes. I agree.
 - Thumbs down – No. I don't agree.
 - Thumbs sideways – I can live with it. Unsure. I need more information or discussion.
- When sharing agreement (thumbs up) or disagreement (thumbs down), provide a brief (sentence or two) rationale.
- If someone "blocks" the consensus decision, they offer an alternative suggestion.

BREAK

Return at 10:05 a.m.

Framework questions

Process for strategy prioritization

Legislative concept

OHPB Legislative Concept placeholder: Ideas for consideration

- All payers pay a per member per month payment to in-network Patient-Centered Primary Care Homes, 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:
 - OR Senate Bill 934 (2017) Oregon payers to invest 12% of total medical expenditure in primary care
 - Proposal: Move from statute to administrative rule the primary care definition and exclusion of prescription drugs from total medical expenditures to increase trust in report data.

Public comment

Comments are limited to 2 minutes.

Recruitment

OHA and the Oregon Health Policy Board are recruiting for four open positions on the Primary Care Strategy Committee.

This recruitment is for a consumer, a representative of a commercial payer, and two representatives of non-health care employers that purchase health insurance.

Recruitment information is posted online and will be sent out to Committee members.

Next meeting

Thursday, May 21, 2026

Noon–2 p.m.