

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.



Q&A



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Primary Care Strategy Committee

May 21, 2026

Oregon Health Policy Board
Health Policy and Analytics Division

Agenda review

Goals:

- Discuss and agree on committee vision and objectives.
 - Conduct initial discussion on the PCSC straw proposal, focusing on the legislative concept
 - Make preliminary decisions about the legislative concept content, and identify information needed to create final legislative concept language at the June 18 meeting.
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- Agenda review, meeting goals, April meeting summary
 - Public comment (12:15 p.m.)
 - Vision and objectives
 - Strategy prioritization survey results
 - Break (12:50 p.m.)
 - Straw proposal, including legislative concept
 - Next steps

Welcome

Review Draft Meeting Minutes

A draft summary from our April meeting is included in the materials for today's meeting.

The Committee doesn't have to vote to approve, but please review and flag any needed changes.



Primary Care Strategy Committee new members

New members by perspective

Consumers / Patients / Health Equity Advocates

- Ricardo Palazuelos, Bilingual Community Educator, Washington County Health and Human Services Department, Solid Waste & Recycling Division

Health Care Payers

- Tracy Muday, Executive Medical Director, Regence BlueCross BlueShield of Oregon

Non-Health Care Employers that Purchase Health Insurance

- Cathy Merz, Vice President of Benefits, Capital Benefit Group-Cathy Merz Insurance

Vision and objectives

Vision Statement from Charter

Oregon envisions a sustainable and fully supported primary care system where every person has access to whole-person care that fosters well-being, strengthens communities, uplifts care teams, advances equity, and keeps health care affordable.

Draft Objectives (1 of 2)

Identify gaps and drive bold solutions

Assess where Oregon is falling short of its primary care vision and recommend concrete, enforceable policy actions to close those gaps.

Simplify and align the primary care system

Reduce fragmentation, simplify payments, decrease administrative burden, and create a system that is easier for patients and providers to navigate.

Establish and monitor statewide goals (*from the charter*)

Define statewide primary care goals for payment and affordability, workforce, and the delivery system, including integrating behavioral and oral health. Monitor and publicly report progress toward these goals, including workforce and investment indicators.

Draft Objectives (2 of 2)

Workforce

Support a strong, local, team-based workforce

Making Oregon a place where primary care providers want to work, including by reducing administrative complexity, expanding recruitment and retention pathways, and increasing provider wellness and resiliency.

Delivery system

Advance whole--person, integrated, community--based care

Ensure everyone living in Oregon has access to a high-quality primary care practice that provides coordinated, continuous, comprehensive and personalized whole-person care.

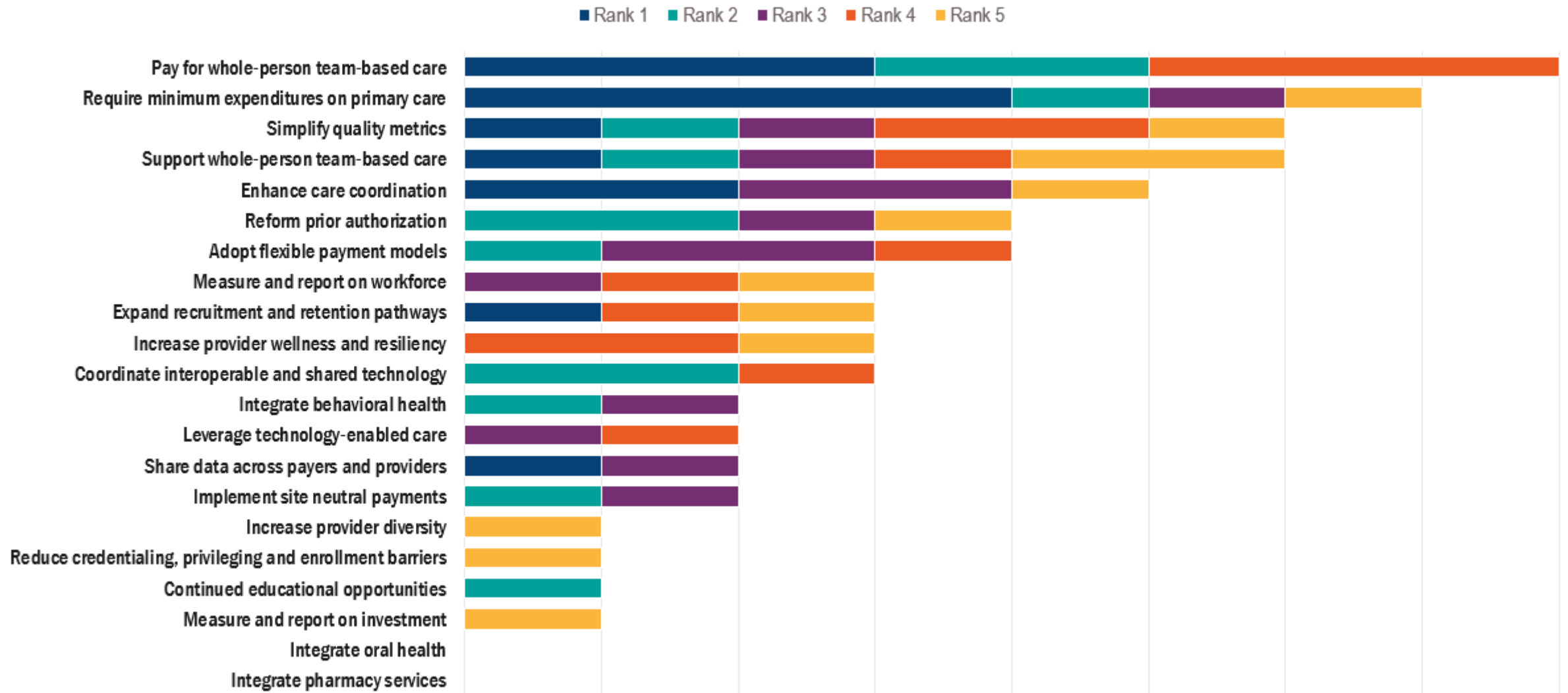
Payment and affordability

Ensure financial sustainability

Enforce (or strengthen) minimum primary care investments, adopt site neutral payments, and explicitly protect independent, rural, and pediatric practices from consolidation pressures.

Strategy prioritization survey results

Number of times each strategy was ranked



Straw proposal

Suggestions to keep in mind

- Consider how long it would take for this policy to be implemented / to make a difference.
- Is there evidence supporting this policy?
- Who would be affected by the policy? Who would be left out?
- If the committee doesn't recommend this policy, will this work happen elsewhere?
- Does the policy have the potential to result in shifting costs elsewhere?
- Are there other potential unintended consequences of the policy?

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.

Next meeting

Thursday, June 18, 2026

Noon–2 p.m.

[Primary Care Strategy Committee](#)

Thank you

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