



OREGON  
**HEALTH**  
AUTHORITY

# Primary Care Strategy Committee

June 18, 2026

Oregon Health Policy Board  
Health Policy and Analytics Division

# Welcome to the Primary Care Strategy Committee meeting

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- 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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# Welcome

# Agenda review

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## Goals:

- Learn about and vote on inclusion of three ideas for the committee legislative concept.
- Begin discussion of guiding principles

## Agenda

- Agenda review, meeting goals, April meeting summary
- Public comment (12:15 p.m.)
- Legislative concept
- Break (1:25 p.m.)
- Objectives framework
- Draft guiding principles
- Next steps

# Review draft meeting minutes

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A draft summary from our May 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 members

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## New member

### Primary Care Provider

- Shelby Lee Freed, Nurse Practitioner & Director of Community Health - Primary Care, Orchid Health; Assistant Professor, OHSU School of Nursing

# PCSC timeline

Month	Activities
April	<i>Clarified charge; established group agreements and decision-making process; discussed leadership roles; approved a process for prioritization; learned about legislative concept (LC) and possible ideas</i>
May	<i>Agreed on vision and objectives; conducted initial discussion on the straw proposal, focused on the LC</i>
June	<b>Decide on ideas to include in the LC; begin discussing guiding principles</b>
July	Possibly refine LC based on Oregon Health Policy Board feedback; finalize guiding principles; objective(s) presentations
Aug	Finalize LC; objective(s) presentations
Sep - Dec	Objectives presentations; develop actions



# Legislative concept

# OHPB Legislative Concept placeholder: Ideas for consideration

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- 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:
  - 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.

# Suggestions to keep in mind

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- 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?

# Decision-making: gradients of agreement

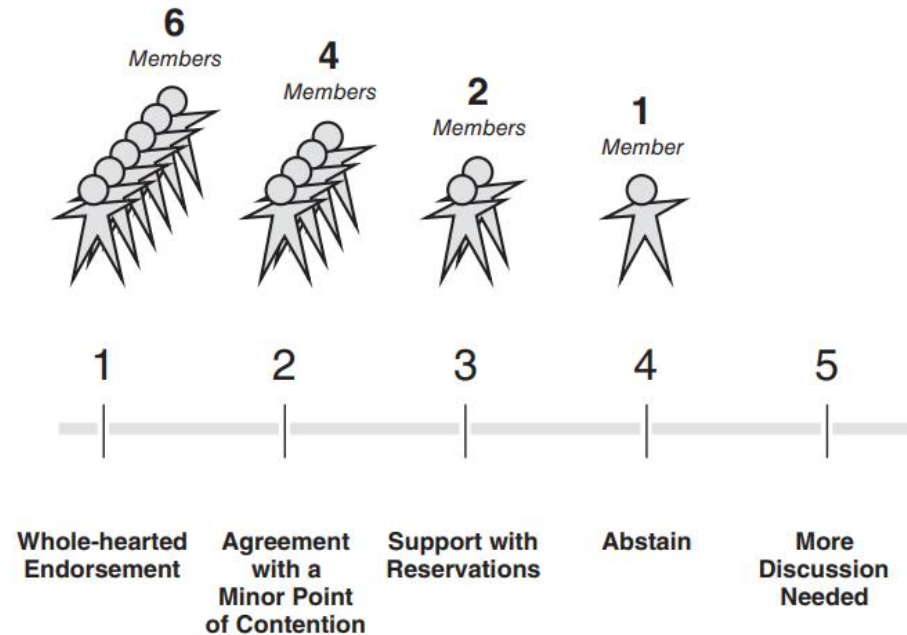
Purpose: better vocabulary for expressing positions when discussing proposals

1	2	3	4	5	6	7	8
Whole-hearted endorsement	Agreement with a minor point of contention	Support with reservations	Abstain	More discussion needed	Don't like but will support	Serious disagreement	Veto
<i>"I really like it"</i>	<i>"Not perfect, but it's good enough"</i>	<i>"I can live with it"</i>	<i>"This issue does not affect me"</i>	<i>"I don't understand the issues well enough yet"</i>	<i>"It's not great, but I don't want to hold up the group"</i>	<i>"I am not on board with this – don't count on me"</i>	<i>"I block this proposal"</i>

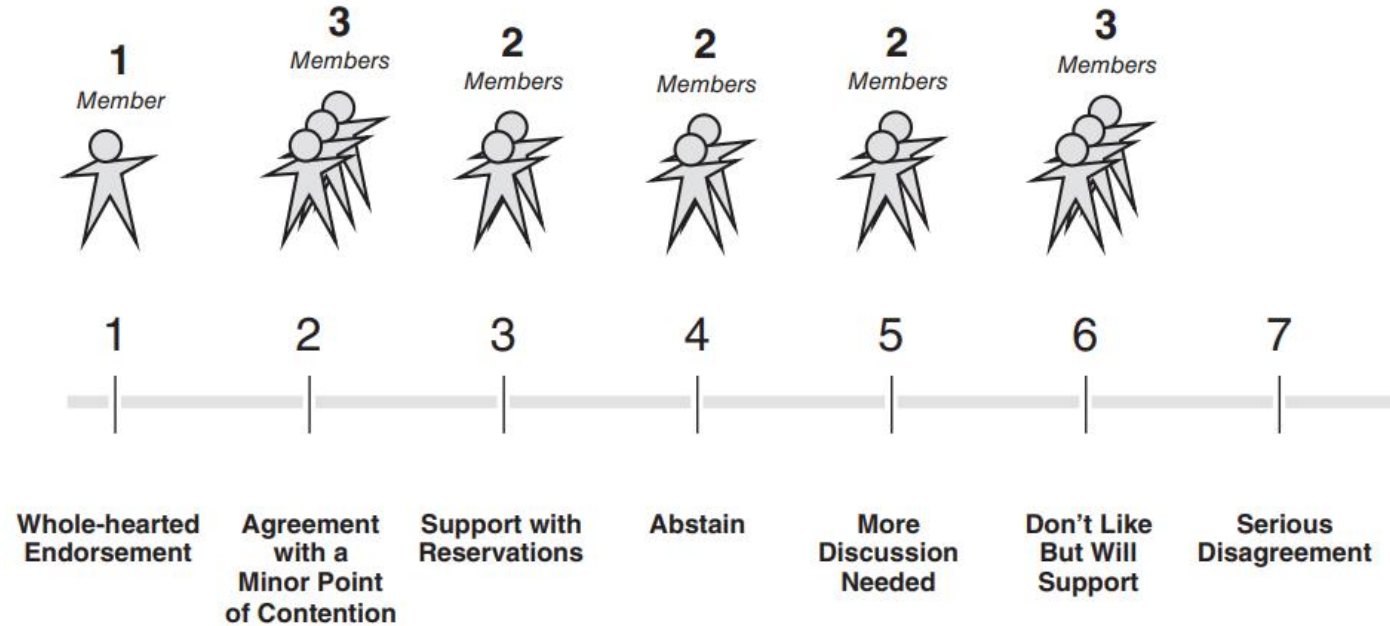
["Striving for Unanimity" from the Facilitator's Guide to Participatory Decision-making](#)

# Examples

## Enthusiastic support



## Ambiguous support



# Per member per month payment for Patient-Centered Primary Care Homes

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## *Problem*

- Increased demands on primary care providers and lack of sufficient funding to support approaches, such as expanding the primary care “team”

## *Proposed solution*

- Require all payers to pay a PMPM to PCPCHs in their network to sustain PCPCH practices through, for example, being able to hire additional staff for the primary care team.
- PMPM would be tiered based on the tier-status of the PCPCH clinic.
- Does not legislate a recommended PMPM amount that payers should provide to PCPCHs in their network.

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# Discussion

# Decision-making: gradients of agreement

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# Stabilizing primary care via timely value-based payment funding

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## *Problem*

- There is often a significant delay in practices receiving flexible funding associated with VBP that can support team-based care.

## *Proposed solution*

- Create a more sustainable cashflow for primary care practices by requiring all Oregon payers prospectively disburse value-based payment (VBP)-related quality measure performance payments on a quarterly cadence, at a minimum (with a retroactive adjustment if needed)
- Payments should equal at least 50% of what a practice is eligible for during the payment timeframe.

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# Discussion

# Decision-making: gradients of agreement

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# Changes to the Primary Care Spending in Oregon Report

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## *Problem*

- OHA has heard from many partners they do not use the report for its intended purpose of informing policy because they do not agree with 1) the restrictive, outdated definition of primary care that is written in statute and 2) the exclusion of prescription drugs from the total medical expenditures.
- The statute also prescribes a Report deadline that does not align with the data collection and processing timeline.

## *Proposed solution*

- Move the definition of primary care from statute to administrative rule, which would support a more robust community engagement process to create the definition; and allow the definition to be changed over time.
- Remove from statute the exception for prescription drugs from total medical expenditures, which would support a more robust community engagement process to inform the methodology; and allow the methodology to be changed over time.
- Shift the Report deadline from February 1 to September 30 to align with the data processing timeline.

# Decision-making: gradients of agreement

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# Discussion

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# Other legislative concept ideas



# Objectives framework

# Framework for objective presentations

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## 1. Background

Share information about why your topic matters

## 2. What is Oregon doing already?

Work with OHA staff to share what work is ongoing already around your topic

## 3. Strategies

Which of our prioritized strategies may tie in directly with your topic and how?

## 4. Opportunities

What opportunities exist to address this topic – you can use opportunities from the [Committee Framework](#) or share other opportunities you're aware of or thought up yourself

# Draft objectives (1 of 2)

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## *Overarching*

### **Identify gaps and drive bold solutions – Erik Vanderlip**

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 – Raffaella Betza**

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*) – full committee**

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)

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## *Workforce*

### **Support a strong, local, team-based workforce – Deb Cohen**

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 – Ricardo Palazuelos support but not lead**

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 – Betsy Boyd-Flynn and Carly Hood-Ronick**

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



**Break**



# Guiding principles

# Draft guiding principles

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A primary care action should...

- Support patient access in all areas of the state.
- Increase workforce wellbeing for all members of the primary care team.
- Decrease administrative burden for providers.
- Be aligned with other efforts to improve primary care.
- Have the greatest impact on the most people.
- Not increase complexity for patients.
- Increase investment in team-based primary care.

# Next meeting

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Thursday, July 16, 2026

Noon–2 p.m.

[Primary Care Strategy Committee](#)

# Thank you

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You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Primary Care Strategy Committee at [OHPB.PrimaryCare@oha.oregon.gov](mailto:OHPB.PrimaryCare@oha.oregon.gov) or 503-753-9688. We accept all relay calls.

Oregon Health Policy Board  
Primary Care Strategy Committee  
[OHPB.PrimaryCare@oha.Oregon.gov](mailto:OHPB.PrimaryCare@oha.Oregon.gov)  
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