Primary Care Strategy Committee

August 20, 2026

Oregon Health Policy Board
Health Policy and Analytics Division

Welcome to the Primary Care Strategy Committee meeting

- The meeting will begin shortly.
- This meeting is being recorded.
- Please mute yourself when not speaking.
- The chat is public.
- If you'd like to provide public comment, please send a message using the chat function on your Teams toolbar by 12:15pm, the time set aside in the agenda for public comment.
  - Public comments are limited to 2 minutes.

Welcome

Agenda

- Agenda review, meeting goals, July meeting summary
- Public comment (12:15 p.m.)
- OHPB legislative concept (LC) decision
- Governor’s Advisory Group on Medicaid Sustainability Final Report
- Break (12:45 p.m.)
- Workforce strategy opportunities
- Committee objectives presentation: Ensuring financial sustainability for primary care
- Guiding principles
- 2027 Health Care Workforce Needs Assessment
- Next steps

Review draft meeting minutes

A draft summary from our June 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.

PCSC timeline

Month	Activities
April	*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*
May	*Agreed on vision and objectives; conducted initial discussion on the straw proposal, focused on the LC*
June	*Decide on ideas to include in the LC; begin discussing guiding principles*
July	*Possibly refine LC based on OHPB feedback and finalize LC for OHPB 8/4 meeting vote; finalize guiding principles; supporting a strong, local, team-based workforce*
Aug	**Objective(s) presentations**
Sep - Dec	Objectives presentations; develop actions

CCO 2027 contract value-based payment requirements

- **Meet a VBP spending target**. This is an annual percentage of a CCO's total payments made to providers that must be made through any type of VBP model. In 2027 it is **70%, the same as before the 2026 VBP requirement pause.**
- **Meet an advanced VBP spending target.** Of the 70% a smaller portion of the payments must be made through more advanced VBPs, including **shared savings (new for 2027), shared risk and capitation.** In 2027 it is **25%, the same as before the 2026 VBP requirement pause.**
- **Meet a VBP care delivery area (CDA) requirement** through which CCOs develop VBP models in specific areas. Before the 2026 pause, CCOs were required to develop VBPs in five CDAs decided by OHA. In 2027 CCOs will be **required to develop VBPs in either the original five areas or can substitute specialty areas of their choosing.**
- **Pay PCPCH practices a per-member-per-month (PMPM) amount** that is higher for higher-tier clinics and increases annually. The **annual increase requirement** was paused for 2026. It is reinstated for 2027.

Public comment

Oregon Health Policy Board (OHPB) legislative concept decision and process

OHPB Legislative concept decision

Two were approved without changes

- Per member per month payment for Patient-Centered Primary Care Homes
- Changes to the Primary Care Spending in Oregon Report

Stabilizing primary care via timely value-based payment-related quality measure performance payments

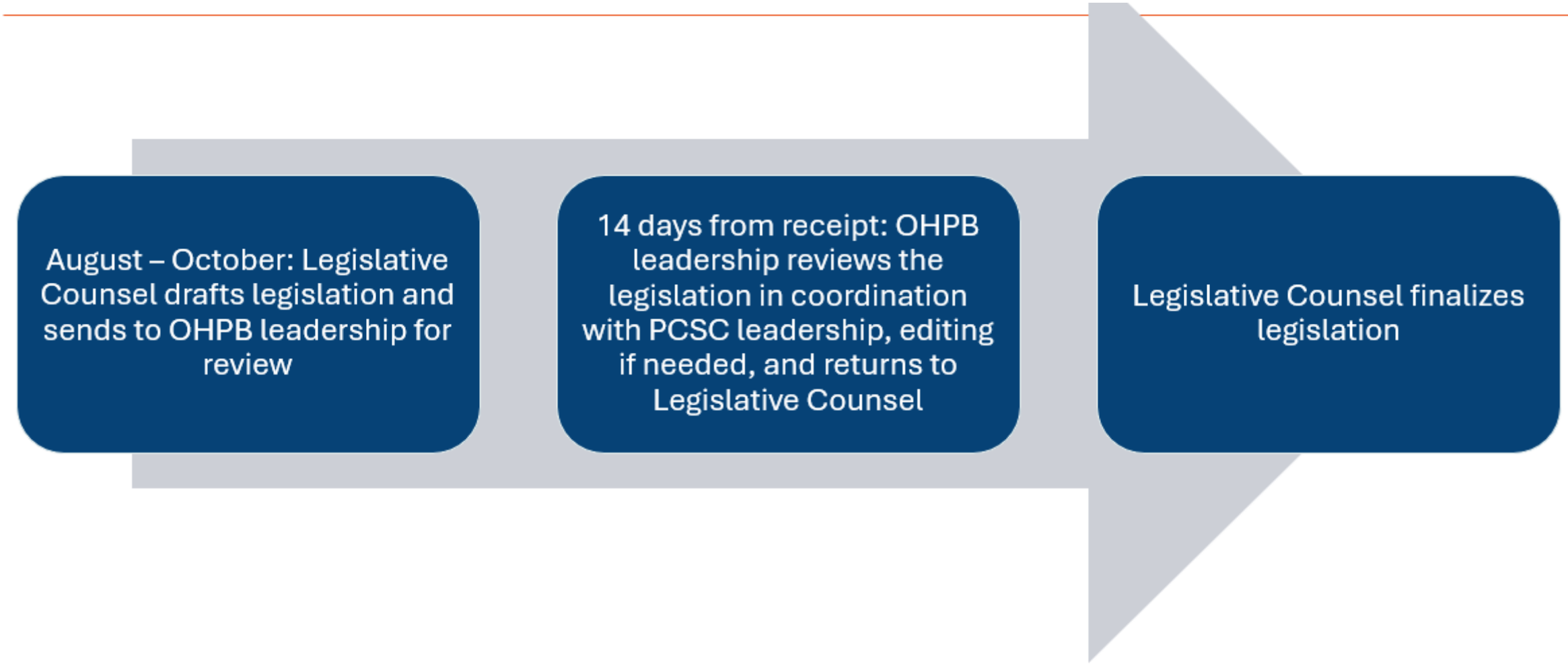
Problem

- There is often a significant delay in practices receiving flexible funding associated with value-based payment (VBP)-related quality performance payments that can support team-based care.

Proposed solution

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

LC Process (1 of 2)



LC Process (2 of 2)

OHPB and OHA will keep the committee updated as this process evolves.

OHPB leadership made the strategic decision to pursue two paths to bring the LC to legislators in the 2027 session:

1. Continue the executive branch process
2. Begin search for a legislator to introduce the concepts

Governor's Advisory Group on Medicaid Sustainability Final Report

Governor’s Advisory Group on Medicaid Sustainability Final Report: Resource links

- Governor’s Advisory Group on Medicaid Sustainability Final Report
- Slide presentation
- Presentation recording at the July OHPB meeting, relevant portion is approximately one hour long, beginning at 36:07 and ending at 1:41

Break

Workforce strategy opportunities

Connection to PCSC prioritized strategies: Support and pay for whole-person team-based care, including requiring minimum expenditure

Encourage more professionals to choose primary care

- Reduce clinician burden
  - Pay for primary care team that people need
  - Reduce panel size
- Increase compensation to align with demand, moving toward pay parity with hospitalists and specialists
- Pay a “transformation premium” for the knowledge and effort required to develop advanced primary care practices

Invest in…

- Loan repayment policies
- Technical assistance to support change
- Data systems to better identify / address community needs and reduce work burden
- Infrastructure to expand team space
- New practices to meet community need for access

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

Background

- Primary care is expected to deliver more prevention, care coordination, behavioral health integration, and population health management, but **payment models have not kept pace**.
- Oregon continues to face **workforce shortages, provider burnout, and access challenges**, particularly in rural communities.
- Many primary care practices report that **reimbursement does not fully support team-based care**, care coordination infrastructure, or PCPCH expectations.
- **Administrative complexity**, including prior authorization, reporting requirements, and multiple payment arrangements **creates significant financial strain** on practices.
- Financial instability drives **consolidation** into larger health systems, reducing competition and **threatening community-based access points**, especially for independent, rural, pediatric, and safety-net providers.
- **Sustainable primary care financing** is essential to achieving Oregon's goals for affordability, equity, access, and health outcomes.

What is Oregon doing already? (1 of 2)

- Oregon **reports annually on primary care investment and established a statewide primary care spending target**, requiring health plans to invest at least 12% of healthcare expenditures in primary care and submit improvement plans if targets are not met.
- The Primary Care Payment Reform Collaborative (PCPRC) has developed **recommendations for multi-payer value-based payment (VBP) model** and enhanced primary care infrastructure investments.
- **PCPCH standards and recognition program** continue to support team-based, comprehensive primary care delivery.
- The **Primary Care Strategy Committee** is currently evaluating payment and affordability strategies to improve sustainability and reduce barriers to care.
- Oregon's broader **cost-growth and value-based payment efforts** already provide a foundation for stronger accountability around primary care investment.

What is Oregon doing already? (2 of 2)

- Oregon Health Authority and Oregon Primary Care Association partnered **to create an alternative payment & advanced care model** (APCM) for community health centers to align payment and transform care to promote optimal health.

Strategies to increase payment other states are pursuing

- **Set primary care spend target at 15% -** California and Massachusetts
- **Enforce spending targets** with improvement plans and civil penalties **–** Massachusetts introduced legislation to enforce with escalating fines starting at $500,000 if an entity fails to improve
- **Increase commercial payment to community health centers** by requiring payment rates to be no lower than Medicaid **–** Massachusetts
- **Establish an aligned payment model pilot across multiple payers** to support providers in strengthening primary care delivery – California
- **Set Medicaid physician fee schedules for primary care at or above 100% of Medicare rates –** Alaska, Indiana, Maryland, Montana, New Mexico, North Dakota, Wyoming, and Vermont

Relatively easy to implement opportunities to increase investment in primary care

- Require all payers pay a **PMPM for PCPCH**. *(PCSC LC in process)*
- Require all payers to **maintain practices' payment rates** when increasing quality incentive payments.
- Expand use of and payment for **Medicare Advanced Primary Care Management and Behavioral Health Integration codes**.
- Develop **mechanisms to enforce** the 12 percent primary care spend target and consider increasing the target.
- Implement **payment models that supports team-based care**, this could include additional staff such as traditional health workers (THWs), quality mental health providers (QMHPs) and licensed clinical social workers (LCSWs).

Relatively difficult to implement opportunities to increase investment in primary care

- **Increase Medicaid rates** for primary care.
- **Pilot implementation of a multi-payer** aligned payment model.
- **Expand implementation of the alternative payment & advanced care model** (APCM) for community health centers and increase payment rates.
- Require **all payers to implement an aligned VBP model** (this could include a new shared savings model or the 2023 Primary Care Payment Reform Collaborative VBP model, which includes a PCPCH PMPM).
  - This could start as a pilot in one geographic area
- Expand **use of social risk adjustment** in VBP models to provide additional funding to support care for members with health-related social needs.

Discussion

Questions about the content?

What additional information would be helpful?

Thoughts on the strategies and opportunities?

Any additional strategies and opportunities?

Guiding principles

Draft revised guiding principles

A primary care action should…

1. Support patient access in all areas of the state.
2. Protect and support primary care's ability to provide whole person care, including preventative care, across all areas of the state.
3. Increase workforce wellbeing for all members of the primary care team.
4. Decrease administrative burden for providers.
5. Be aligned with other efforts to improve primary care.
6. Have the greatest impact on the health of the most people in their own environment.
7. Not increase complexity for patients.
8. Increase investment in team-based primary care.
9. Not increase the cost of care for patients and ideally lower the cost of care.

2027 Oregon Health Care Workforce Needs Assessment: Report Overview and Engagement Opportunity

Presentation to the Primary Care Strategy Committee (PCSC)

Neelam Gupta and Deepti Shinde

August 20, 2026

Delivery System Innovation Office
Health Policy and Analytics Division

Purpose of today's presentation

- Provide an overview of the 2027 Oregon Health Care Workforce Needs Assessment report.
- Provide interested PCSC members an opportunity to give feedback on the 2027 draft report and its primary care workforce content in September 2026.

Report overview

Report background

- House Bill 3261 (2017) requires Oregon Health Authority (OHA) to conduct an assessment of the health care workforce required to meet patient and community needs every two years. The assessment must consider:
  - The workforce needed to address health disparities among medically underserved populations in Oregon.
  - The workforce needs that result from continued expansion of health insurance coverage in Oregon.
  - The need for health care providers in rural communities.
- The assessment also informs proposals for OHA's health care provider incentive programs (for example, loan repayment, loan forgiveness, scholarships, and rural medical insurance subsidies) to address needs.
- OHA contracted with University of Washington Center for Health Workforce Studies and WWAMI Rural Health Research Center to develop the fifth assessment report with OHA and its partners, which is due to the legislature by February 1, 2027.

2027 report goals and approach

Goals

- Describe key factors impacting the demand for, access to and availability of the health care workforce in Oregon
- Describe the demographics, education, supply, distribution, demand, retention and turnover risk of three health workforce groups in Oregon (primary care, behavioral health, and oral health)
- Examine community-level measures of need and access to care
- Provide recommendations for addressing identified needs

Approach

- Grounded in OHA's health equity definition and the committee's Health Equity Framework
- Draws on literature, data sources and reports, while recognizing data limitations

2027 report reviewers and contributors

Review and approve

OHPB

Health Care Workforce (HCWF) Committee

Contributors

HCWF Committee

OHA workforce subject matter experts

Higher Education Coordinating Commission (HECC), Oregon Employment Department, and Oregon Workforce and Talent Development Board subject matter experts

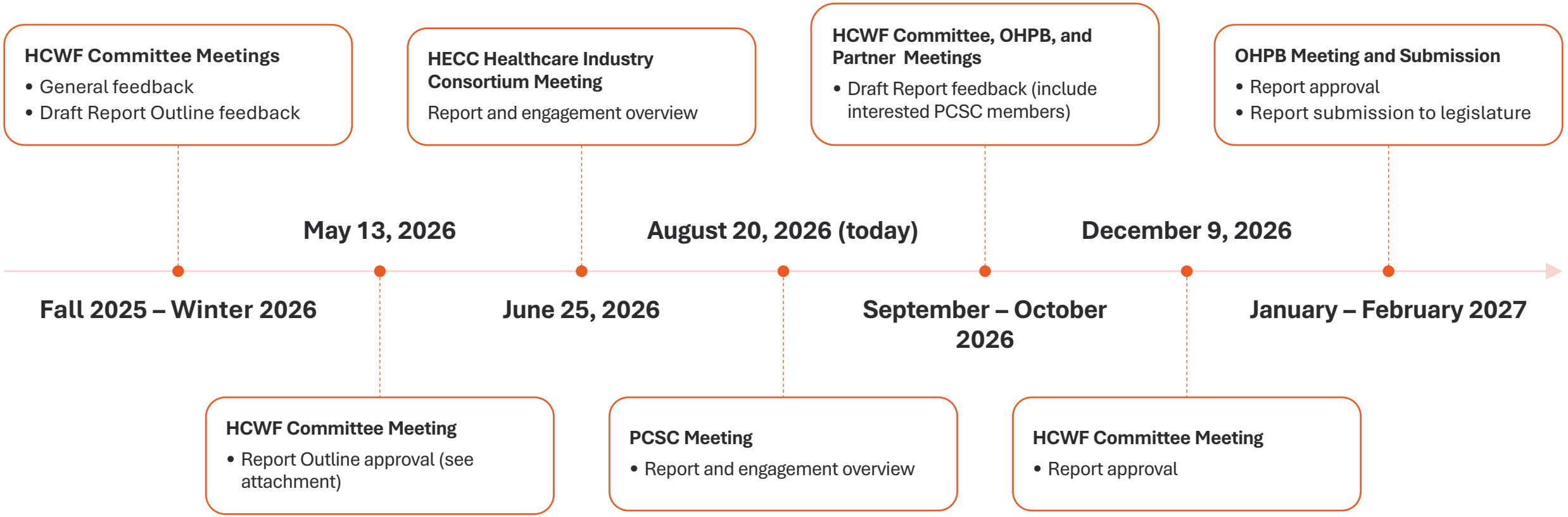
Oregon Office of Rural Health

Health care practices

Health care professionals and students

Partner workforce subject matter experts

2027 report development and engagement timeline



Engagement opportunity

Invite interested PCSC members to give feedback on 2027 draft report

The HCWF Committee will review the 2027 draft report during its September 9, 2026, meeting. There are two options for PCSC members to participate in giving feedback on the report's primary care workforce content:

- Attend the meeting to provide input during a breakout session and using an online feedback form.
- Watch the meeting recording to provide input by September 23 using an online feedback form.

Please let us know if you can commit to this engagement opportunity.

Questions

Committee Objectives presentations

Framework for objective presentations

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)

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)

Workforce

Support a strong, local, team-based workforce – Deb Cohen *(Completed)*
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 *(Completed)*
Enforce (or strengthen) minimum primary care investments, adopt site neutral payments, and explicitly protect independent, rural, and pediatric practices from consolidation pressures.

Next meeting

Thursday, September 17, 2026

Noon–2 p.m.

Primary Care Strategy Committee

Alternate format and contacts

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 or 503-753-9688. We accept all relay calls.

Oregon Health Policy Board
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OREGON HEALTH AUTHORITY