

Primary Care Strategy Committee

April 28, 2026, Meeting Summary

Key takeaways

- Tony Germann, Oregon Health Policy Board (OHPB) liaison to the Primary Care Strategy Committee, discussed the committee’s origins and purpose.
- Kristina Narayan, Governor’s Office, welcomed the committee and asked that members prioritize recruiting and retaining people in the primary care workforce and ensuring primary care is adequately paid for. She called on the committee to be bold in identifying programs or resources that can be repurposed.
- Clare Pierce-Wrobel, Oregon Health Authority (OHA), expressed appreciation for OHPB for taking a leadership role and excitement in the diverse membership of the committee. She spoke about the sense of urgency in landing on strategies and recommendations.
- Members introduced themselves and the membership seat perspective they bring to the committee.
- Committee members discussed the group’s charter, leadership roles, expectations for group agreements and decision-making processes.
- Betsy Boyd-Flynn, Carly Hood-Ronick, and Rafaella Betza expressed interest in serving a committee leadership role. Members will email their votes to staff.
- Committee members discussed a document outlining existing primary care policies in Oregon and nationwide, and opportunities for Oregon, grouped into topic areas. They approved a process for strategy prioritization.
- Chris DeMars, OHA, explained the opportunity for the committee to submit a legislative concept and presented three ideas that the committee could choose to include in the legislative concept: 1) require all payers to provide per-member-per-month payments to primary care homes, 2) require prospective quarterly value-based payment disbursements, and 3) move primary care spending definitions from statute to administrative rule for flexibility.

Attending:

Attended	Name
Yes	Betsy Boyd-Flynn
Yes	Carly Hood-Ronick
Yes	Danielle Sobel

Yes	Deb Patterson
Yes	Deborah Cohen
Yes	Douglas Lincoln
Yes	Elise Phelps
Yes	Erik Vanderlip
Yes	Grant Kennon
No	Lauren Hughes
Yes	Linda Lang
Yes	Lisa Reynolds
No	Lorenzo Perez
Yes	Nicolas Powers
Yes	Raffaella Betza
Yes	Steve Fritz
Yes	Claire Pierce-Wrobel, ex officio
Yes	Jesse O'Brien, ex officio

Meeting start, agenda review

Tony Germann, Oregon Health Policy Board (OHPB) liaison to the Primary Care Strategy Committee, welcomed the committee emphasizing the importance of driving immediate and lasting change. He spoke to the opportunity of the committee to rebuild the primary care system that Oregon deserves.

Welcome

Kristina Narayan, Governor’s Office, welcomed the committee and shared brief remarks from the Governor. She highlighted the charter’s focus areas: recruiting and retaining workforce, ensuring adequate payment for primary care, supporting holistic delivery systems, developing actionable strategies that unify incentives, and establishing clear goals with statewide progress monitoring. She spoke to the challenges with access and sustainability, noting that she is increasingly hearing from providers about the challenges they and their patients are facing and bracing for the coming impacts of HR1 cuts. She asked members to prioritize recruiting and retaining people in the primary care workforce and ensuring primary care is adequately paid for. She called on the committee to be bold in identifying programs or resources that can support the primary care ecosystem.

Clare Pierce-Wrobel, Oregon Health Authority (OHA), expressed appreciation for OHPB for taking a leadership role and excitement in the diverse membership of the committee.

Introductions

Members introduced themselves sharing diverse perspectives from provider, payer, consumer, and policy backgrounds, including rural and urban experiences.

Committee process

Tony reviewed the charter and described the duties of the chair and vice chair, including presiding over meetings, guiding deliverables, facilitating collaboration, planning agendas, and serving as spokespersons to OHPB. He facilitated the nomination process for committee leadership with Rafaela Betza, Betsy Boyd-Flynn, and Carly Hood-Ronick expressing interest in serving as chair or vice chair. Members agreed to finalize selections via an email vote coordinated by staff.

Tony led a discussion on committee operations, establishing group agreements for respectful participation, and proposing a consensus-based decision-making process with majority vote as a fallback, which was accepted by the group. Members were encouraged to be present, create space for others, keep comments concise, and maintain respectful disagreement, with the goal of honoring the charter and serving Oregon's population. The committee adopted a consensus decision-making model, where decisions should be acceptable to all members, with majority vote used if consensus cannot be reached, and quorum requirements specified. Members adopted a thumbs up/down/sideways approach for quick agreement checks. If a member blocks a decision, they must suggest an alternative.

Primary Care Strategy Framework questions

Summer Boslaugh, OHA staff, presented a brief overview of the framework document outlining existing primary care policies in Oregon and nationwide, and opportunities for Oregon, grouped into topic areas. She invited questions and comments from the committee.

Member comments:

- Steve Fritz spoke to the importance of focusing on the experience of primary care providers
- Carly said that the strategies outlined in the document are laudable and Oregon has driven implementation of strategies through the coordinated care organization (CCO) model for the last decade. She asked if there is a way to assess the impact of the different strategies that have been implemented.
- Deb Cohen spoke about the importance of timeliness and the need to be practical. She agreed that Oregon was a leader but wondered if we lost that position, particularly for primary care spending. She noted that it has been a decade since Oregon started this work and it was a good time to catch up. She shared that Rhode Island is implementing spending strategies that the committee could learn from.

- Nic Powers pointed out that there isn't anything in the framework that speaks to affordability from the patient perspective.
- Rafaella noted that metrics, such as initiation and engagement in treatment, are well intentioned but require a significant amount of staff time. She would like to see the committee talk about the financial burden on clinics trying to meet metrics and the evidence of improvement. She called out the role of OHA in setting metrics and that it would be a fruitful focus for the committee.

Tony said he loved the comments and that the committee will need to develop a rubric for decision making to narrow in on scope and interventions.

Process for strategy prioritization

Summer presented a process for strategy prioritization. She noted the impact federal and state policy will have on primary care is unknown, but it's critical that the committee move quickly. She will send a survey for members to identify their top five priorities from the framework. She also shared the opportunity to align with other committees of OHPB, including the Affordability Committee that is developing recommendations related to administrative burden that they'll present to the PCSC in June.

Member comments:

- Deb agreed that a survey is an efficient way of gathering information but has a potential downside of members choosing strategies without full understanding of policy process made to date. She emphasized the importance of discussion of the survey results.
- Betsy suggested a three-tiered process with the 1) survey findings as a bigger pool, 2) then asking where evidence is the strongest that implementing a strategy would make a difference, and 3) discussion to make decisions.
- Doug Lincoln agreed with Betsy, pointing out that a lot of members are going to want to jump to tactics. He suggested thinking about the big picture first and not getting into the weeds right away; he instead suggested developing a vision, then aligning short- and long-term strategies. He suggested then getting data and policy information about the tactics that the committee is recommending.
- Erik Vanderlip agreed with Doug that the committee needs appropriate alignment on the vision to know what is needed to be successful. He recommended not getting too much in the weeds and moving quickly. He urged the committee to challenge assumptions about care delivery.
- Steve agreed with Erik that the committee needs to focus on the high level and fight the urge to jump to tactics.

- Rafaella suggested preserving time at the next meeting to discuss vision. Summer said that the survey could be a starting point for the discussion.
- Carly noted that from her experience on boards and committees having a straw model is helpful and productive.

Legislative concept

Chris DeMars, OHA staff, explained the opportunity for the committee to submit a legislative concept and presented three possible ideas for inclusion in the concept: 1) require all payers to provide per-member-per-month (PMPM) payments to Patient-Centered Primary Care Homes (PCPCHs), 2) require prospective quarterly value-based payment disbursements, and 3) move primary care spending definitions from statute to administrative rule for flexibility. She noted these ideas are based on feedback shared with OHA by providers. The initial draft is due to OHPB by June 18. This gives time for OHPB feedback to the committee and then a final draft to the executive branch.

Member comments:

- Deb suggested looking at strategies to ensure PMPM PCPCH payments get to frontline primary care teams. Deb said she would share a report on primary care spending with the committee.
- Betsy noted that the Metrics & Scoring Committee decided to add more metrics even though the funding for the 2027 CCO quality measures was dropped.

Clare shared that the Metrics & Scoring Committee has not made a recommendation yet but are starting discussions. She clarified that there is more time for decisions. She also noted that OHA is interested in working with the Metrics & Scoring Committee on updates to the Quality Incentive Program and will connect those conversations with the committee.

- Senator Deb Patterson suggested making space in legislative days for a presentation from the committee. She also said she could put forward a placeholder bill.

Public Comment

There was no public comment.

Closing comments and adjourn

Tony announced ongoing recruitment for four open committee positions, outlined the timeline for chair/vice chair selection and strategy survey responses, and confirmed the next meeting date.

- Open positions: The committee is recruiting for a consumer representative, a commercial payer, and two non-health care employer representatives, with postings available online and encouragement for referrals.
- Upcoming actions: Members were asked to respond to the chair/vice chair vote via email by May 1 and the strategy prioritization survey by a deadline to be sent via email. The survey results will be discussed at the May 21st meeting.
- OHA staff will distribute materials on the current definition of primary care under Senate Bill 934 and recent primary care spending reports to committee members for review.