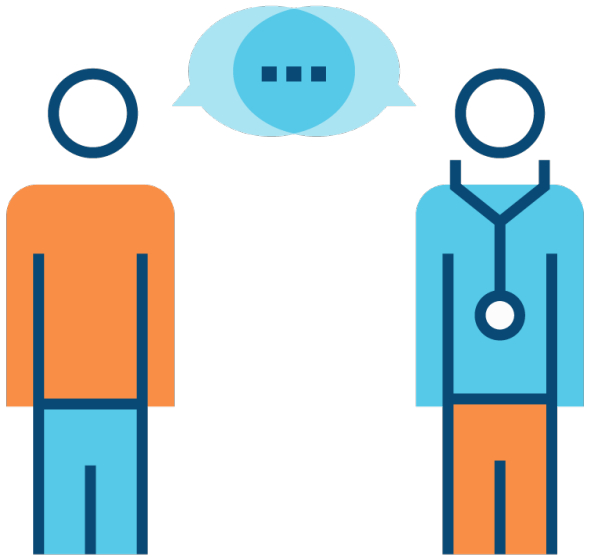

Primary Care Access, Delivery, and Payment Task Force

April 16, 2025

MASSACHUSETTS
HEALTH POLICY COMMISSION

EOHHS

Agenda

WELCOME AND INTRODUCTIONS OF MEMBERS

Presentation on Recent Primary Care Research, Purpose of the Task Force, and Legislative Mandate

Workplan and Proposed Timeline

- Establishment of Working Groups
- Proposed 2025 Meeting Schedule

Discussion

- Primary Care Challenges and Opportunities for Task Force Action
- Inventory of Existing Research from Members

Next Steps: First Task Force Deliverables

Primary Care Access, Delivery, and Payment Task Force Membership

Kiame Mahaniah, MD, Undersecretary for Health, Massachusetts Executive Office of Health and Human Services

David Seltz, Executive Director, Massachusetts Health Policy Commission

Senator Cindy Friedman, Chair, Joint Committee on Health Care Financing

Representative John Lawn, Chair, Joint Committee on Health Care Financing

Michael Caljouw, Massachusetts Commissioner of Insurance

Lauren Peters, JD, Executive Director, Center for Health Information and Analysis

Ryan Schwarz, MD, MBA, Chief, Office of Accountable Care and Behavioral Health, MassHealth

Wayne Altman, MD, FAAFP, Founder, MAPCAP (MA Primary Care Alliance for Patients); Professor and Chair of Family Medicine, Tufts University School of Medicine; Vice President, Massachusetts Academy of Family Physicians; President, Family Practice Group (The Sagov Center for Family Medicine)

Laura Black, DNP, FNP-C, President, Massachusetts Coalition of Nurse Practitioners; Nurse Practitioner, BrightStar Health and Wellness; Owner, Integrated Health Partners

Jennifer Blewett, DSW, LICSW, DCSW, CGP, Clinician and Assistant Director for Community Outreach and Engagement, West End Clinic, Department of Psychiatry, Massachusetts General Hospital; Member, Massachusetts State Board, National Association of Social Workers

Alyson Bracken, PA-C, MPH, Senior Manager, Primary Care Center of Excellence, Brigham and Women's Hospital

Renee Crichlow, MD, FAAFP, Chief Medical Officer, Codman Square Health Center; Vice-chair of Health Equity, Department of Family Medicine, Boston University

Suzanne Curry, Director of Policy Initiatives, Health Care For All

Eric Dickson, MD, MHCM, FACEP, President and CEO, UMass Memorial Health; Former Board Chair, Massachusetts Health & Hospital Association

Mark Friedberg, MD, MPP, Senior Vice President, Performance Measurement & Improvement, Blue Cross Blue Shield of Massachusetts

David Gilchrist, MD, MBA, FAAFP, Executive Chair of Primary Care, Atrius Health and Reliant Medical Group; Past President, Massachusetts Academy of Family Physicians

Jon Hurst, President, Retailers Association of Massachusetts

Stephen Martin, MD, EdM, FAAFP, FASAM, Professor, Department of Family Medicine and Community Health, UMass Chan Medical School; Staff Physician, Barre Family Health Center; Medical Director, Greylock Recovery

Judith Melin, MA, MD, FACP, Governor, Massachusetts Chapter of the American College of Physicians; Internal Medicine, Beth Israel Lahey Health

Sarah Mills, MPH, Vice President of Government Affairs, Associated Industries of Massachusetts

Lora Pellegrini, JD, President and CEO, Massachusetts Association of Health Plans

Brenda Anders Pring, MD, FAAP, President, Massachusetts Chapter of the American Academy of Pediatrics; Pediatrician, Atrius Health and Beth Israel Deaconess Medical Center; Instructor, Harvard Medical School

Barbra G. Rabson, MPH, President and CEO, Massachusetts Health Quality Partners

Christina Severin, President and CEO, Community Care Cooperative

Barbara Spivak, MD, Past President, Massachusetts Medical Society; Internist, Watertown

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Welcome and Introductions

PRESENTATION ON RECENT PRIMARY CARE RESEARCH, PURPOSE OF THE TASK FORCE, AND LEGISLATIVE MANDATE

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A Dire Diagnosis:
The Declining Health of Primary Care in Massachusetts and the Urgent Need for Action

A Special Report on Primary Care Workforce, Access, and Spending Trends

January 2025

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Primary care is facing many challenges in Massachusetts. Urgent policy action is needed.

- Primary care in the Commonwealth is facing many challenges, including **burnout for providers** and **access barriers for patients**.
- Despite being one of the highest-value categories of care, primary care represents a **declining share of health care spending in Massachusetts.**
- Massachusetts patients reported **worsening access to primary care** each year from 2019 to 2023.
  - Access may be even worse in lower-income communities, where more than one in four Massachusetts residents had no primary care spending in 2022.
- While primary care delivery faces significant challenges throughout the United States, Massachusetts has:
  - **High and growing rates of residents reporting difficulty accessing care**
  - **An aging primary care physician workforce**
  - **Among the smallest shares of the physician workforce in primary care**
  - **Among the smallest shares of new physicians entering primary care**
  - **A workforce that has less diversity than the state**
- Policy action is needed to stabilize and strengthen the primary care foundation in Massachusetts.

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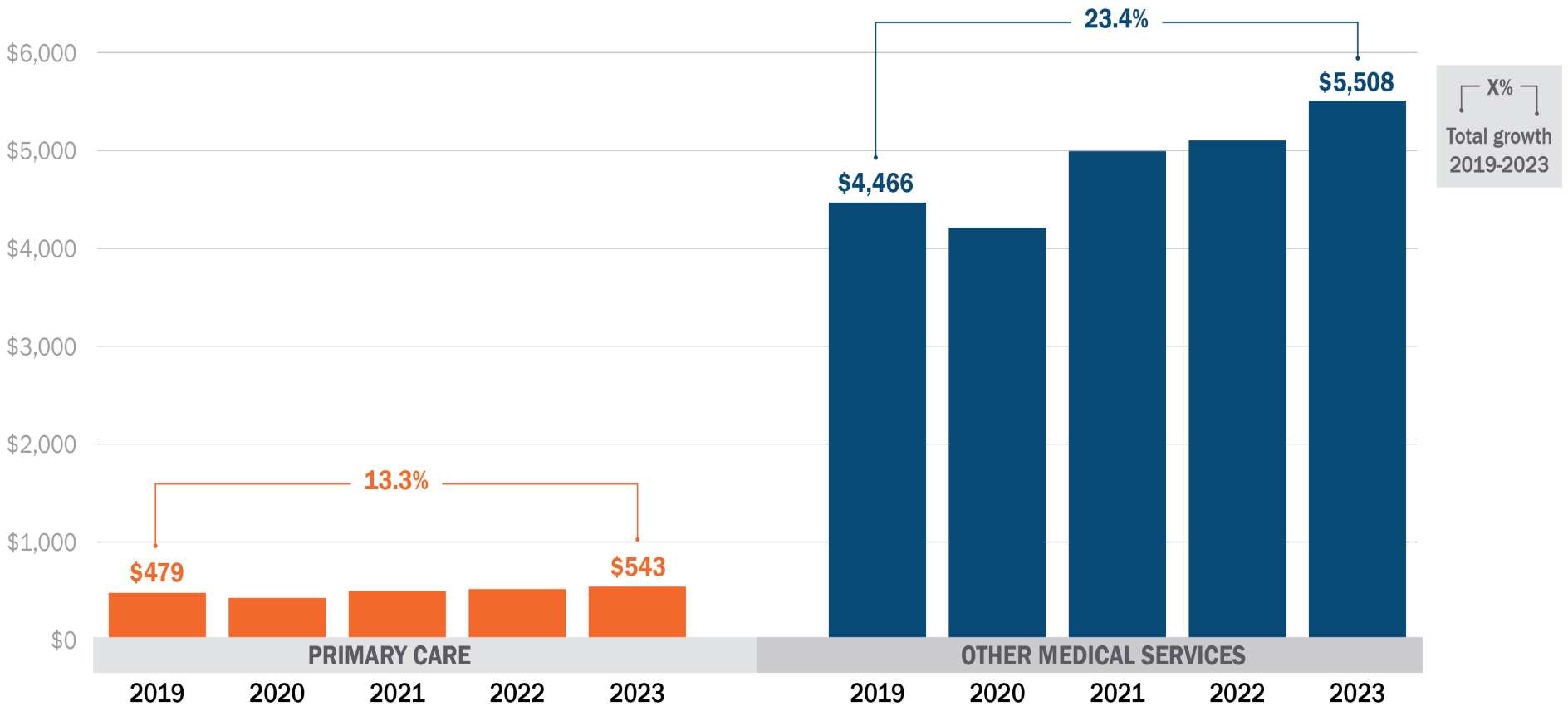
- **PRIMARY CARE SPENDING TRENDS**
- Policy Considerations

Primary care spending in Massachusetts grew much more slowly than spending on all other medical services from 2019 to 2023, resulting in a declining share of overall spending.

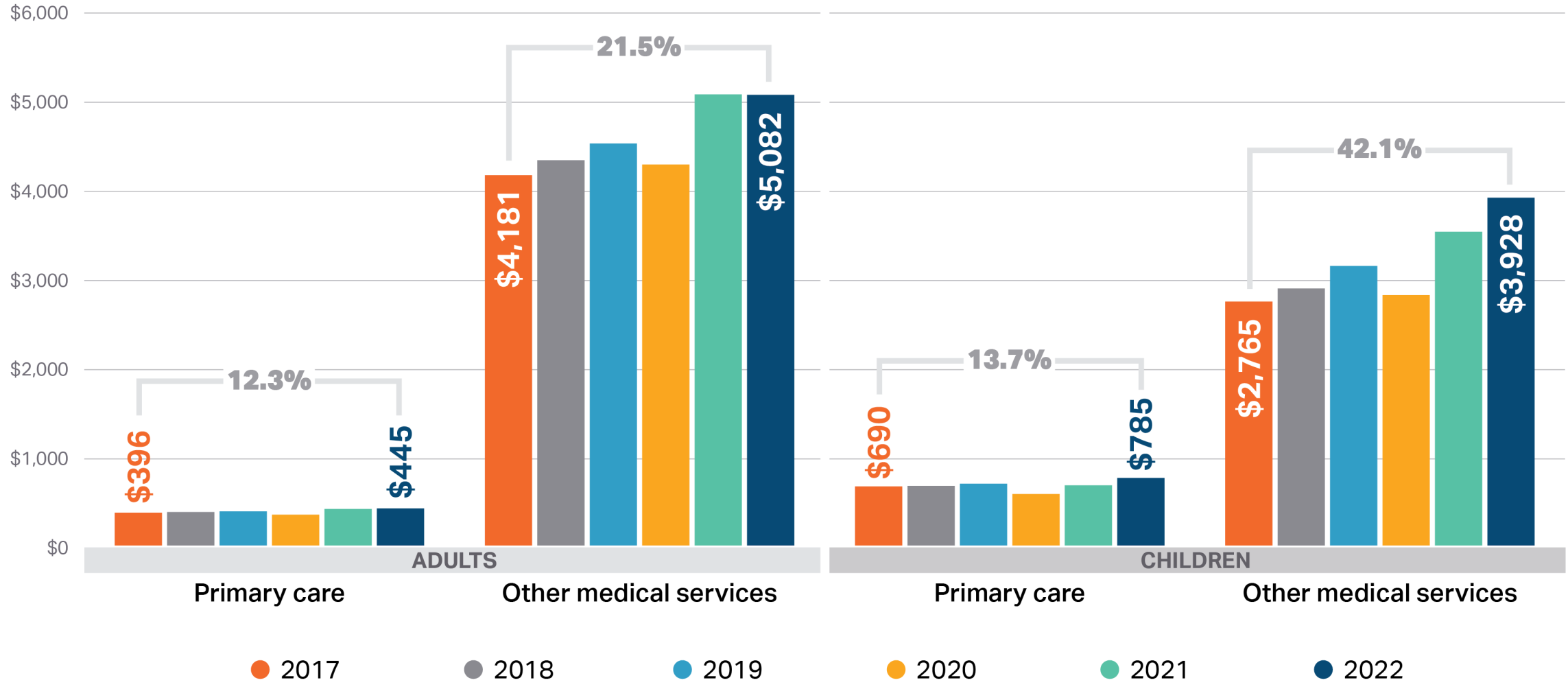
Commercial medical spending by category per member per year, 2017-2022



Notes: Analysis restricted to members under age 65 and those with prescription drug coverage.
Sources: HPC analysis of Center for Health Information and Analysis (CHIA) All-Payer Claims Database V2023, 2019-2023.

Primary care spending grew half as fast for adults, and one-third as fast for children, compared to spending on all other medical services from 2017 to 2022.

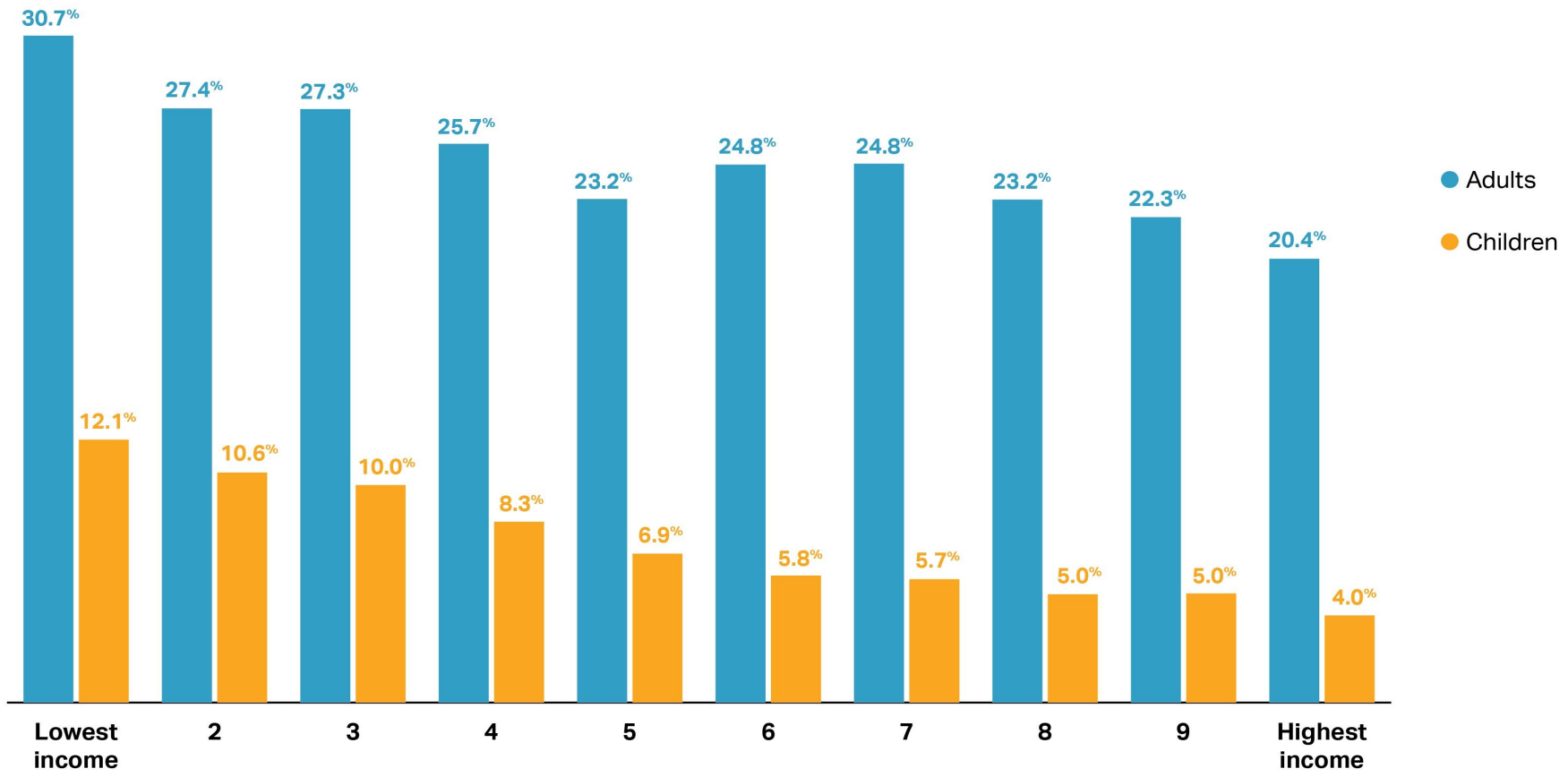
Commercial medical spending by category per member per year for children vs adults, 2017-2022



Notes: Analysis restricted to members under 65 (children ages 0-17, adults ages 18-64) and those with prescription drug coverage. Prescription drug spending is not included in “Other medical services."
Sources: HPC analysis of Center for Health Information and Analysis All-Payer Claims Database, V2022, 2018-2022 and V2021, 2017-2018.

Commercially-insured children living in low-income areas were three times more likely to have no primary care visits than children in the highest-income areas.

Percent of commercial members with no primary care visits by community income decile, 2022



- Massachusetts residents in communities with **lower median incomes were more likely to have no primary care visits, and more likely to have no care utilization at all**, than residents in higher-income areas.
- **Individuals and families with lower incomes may face barriers to care** including challenges with transportation, time off from work, continuous insurance coverage, affordability (particularly for those with commercial insurance), proximity to appropriate providers, and health literacy or experience navigating the health care system.[1,2]

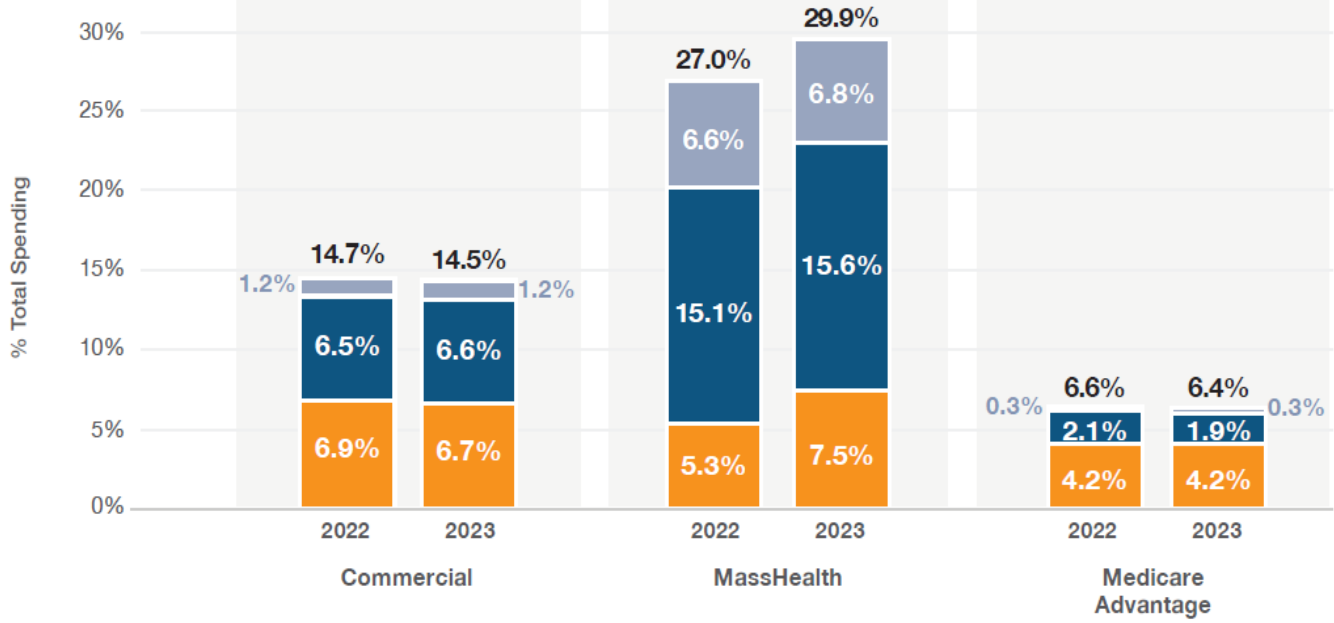
Notes: Analysis restricted to members under 65 with full year medical and prescription drug coverage. Children are defined as those under 18 years old. Adults are those aged 18 to 64. Income groupings represent population-weighted deciles based on median income of zip code sourced from U.S. Census Bureau American Community Survey 5-year estimates.
Sources: HPC analysis of Center for Health Information and Analysis All-Payer Claims Database, V2022, 2022.

1 Lazar M, Davenport L. Barriers to Health Care Access for Low Income Families. Journal of Community Health Nursing. 2018. 35(1):28-37. https://www.jstor.org/stable/48537679

2 Lewis C, Abrams MK. Listening to Low-Income Patients: Obstacles to the Care We Need, When We Need It. Commonwealth Fund. December 1, 2017. https://www.commonwealthfund.org/blog/2017/listening-low-income-patients-obstacles-care-we-need-when-we-need-it

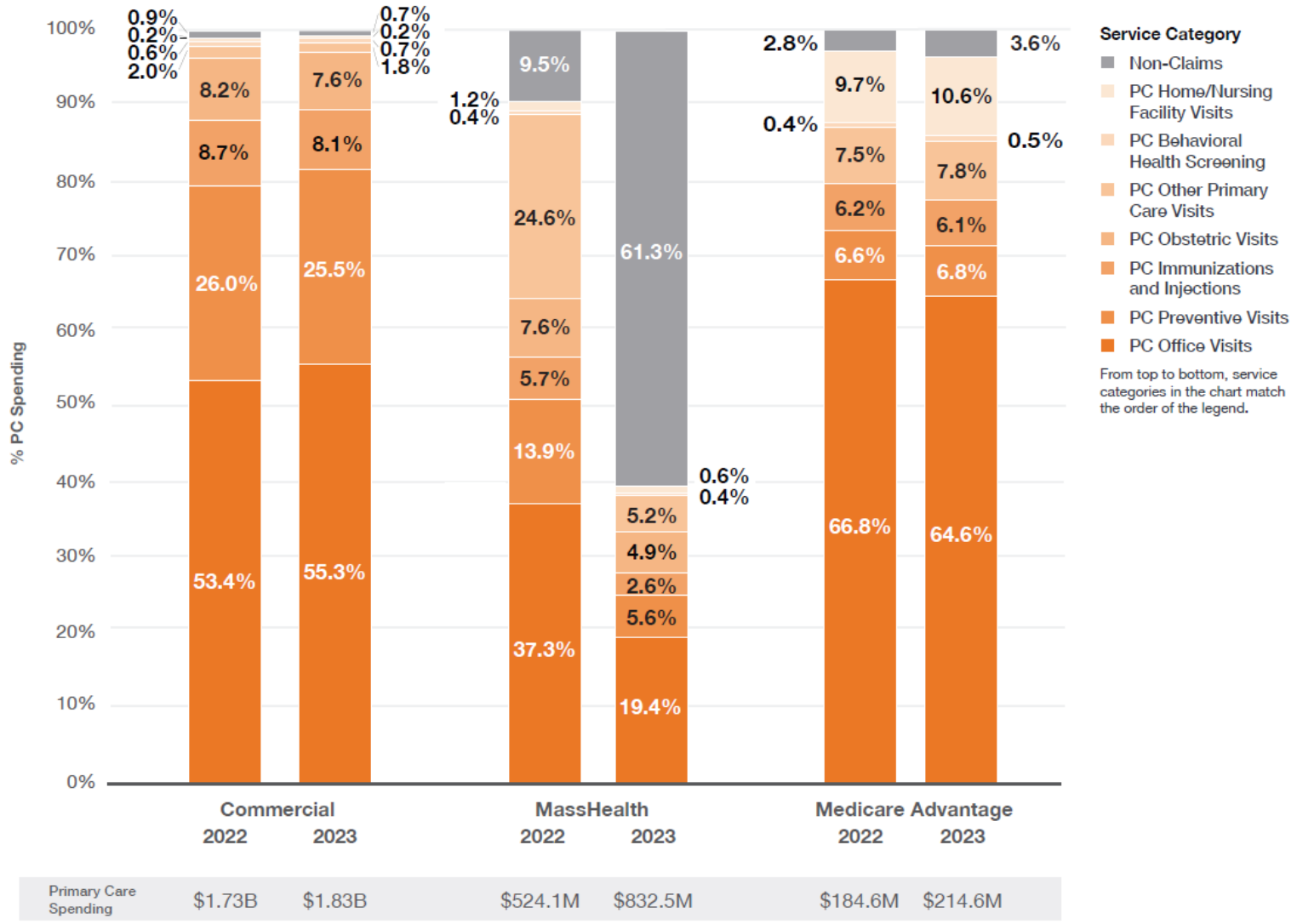
NEW CHIA REPORT: The proportion of commercial spending on primary care declined in 2023, while the share of MassHealth spending on primary care increased by over two percentage points.

	COMMERCIAL 2022	COMMERCIAL 2023	MASSHEALTH 2022	MASSHEALTH 2023	MEDICARE ADVANTAGE 2022	MEDICARE ADVANTAGE 2023
Member Months	40.3M	39.7M	16.7M	17.2M	3.8M	4.1M
% Members With a SUD Diagnosis	1.4%	1.4%	5.7%	5.1%	2.2%	2.4%
% Members With a MH Diagnosis	20.7%	21.6%	24.5%	23.9%	13.5%	14.4%
SUD Spending	$312M	$338M	$657M	$754M	$15M	$18M
MH Spending	$1.62B	$1.78B	$1.49B	$1.73B	$93M	$100M
PC Spending	$1.73B	$1.83B	$524M	$832M	$185M	$215M



Source: Payer-reported data to CHIA.
Notes: Analysis represents nearly 100% of Massachusetts residents with private commercial insurance, 93.4% of MassHealth members, and 30.3% of Medicare members. Spending for MassHealth members with FFS coverage and Medicare beneficiaries with Original Medicare are not included in these results. For commercial partial-claim data where payers reported behavioral health and pharmacy carve-outs, CHIA estimated spending by service type. MassHealth included facility claims in primary care definition for CY 2022 and CY 2023; review "Data Sources and Methodology" section above for more information on inclusion of facility claims. Due to payer exclusions from prior years, data may not tie to previously published data points. Data does not reflect aggregate statewide spending, and findings should not be extrapolated for that purpose.MH and SUD diagnosis are not mutually exclusive. Totals may not sum due to rounding.

In 2023, over 60% of MassHealth primary care spending was in the non-claims category, reflecting the implementation of new payment models.



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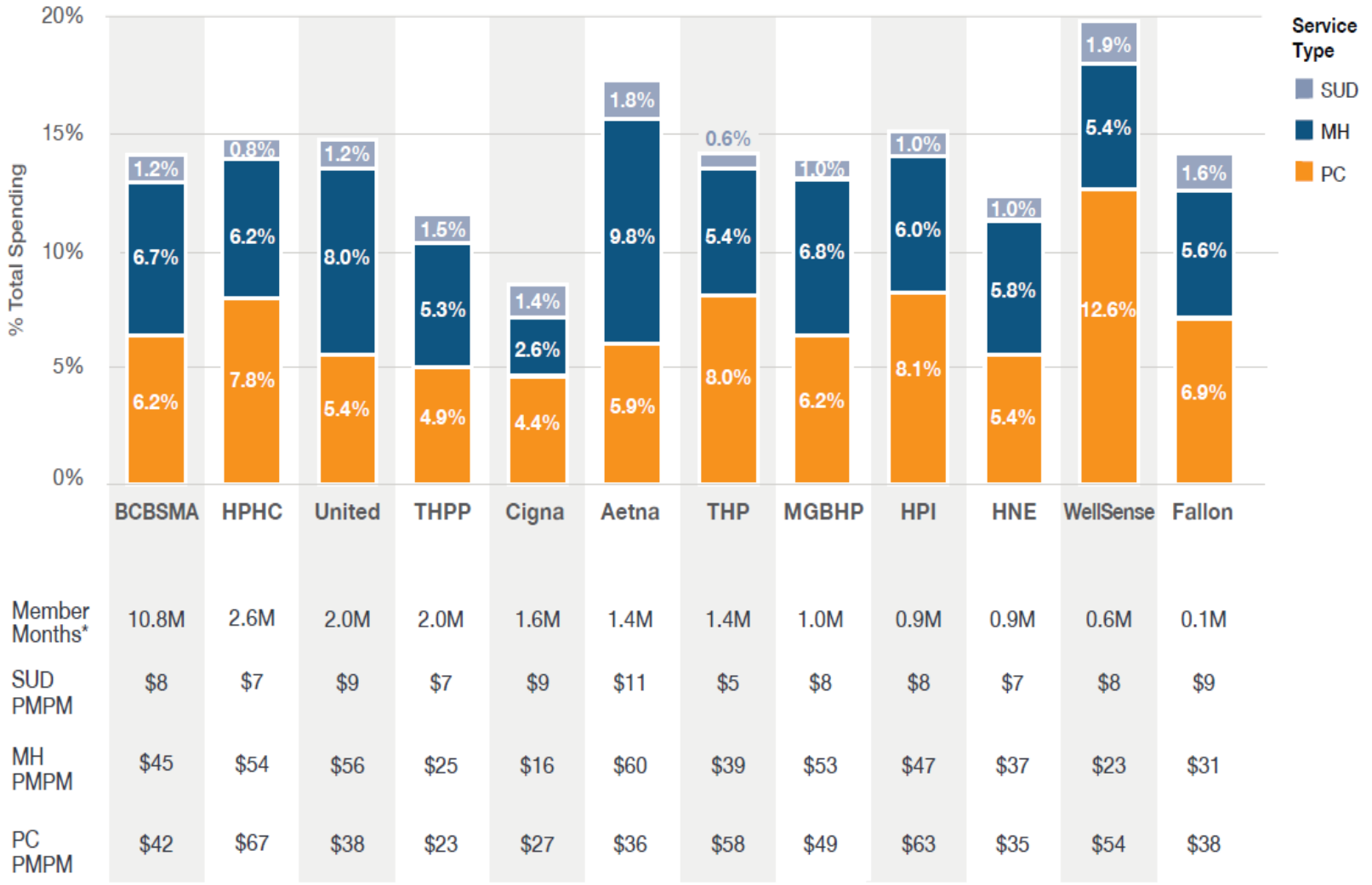
Across commercial health plans, the share of spending on primary care ranges from 4.4% to 12.6%.

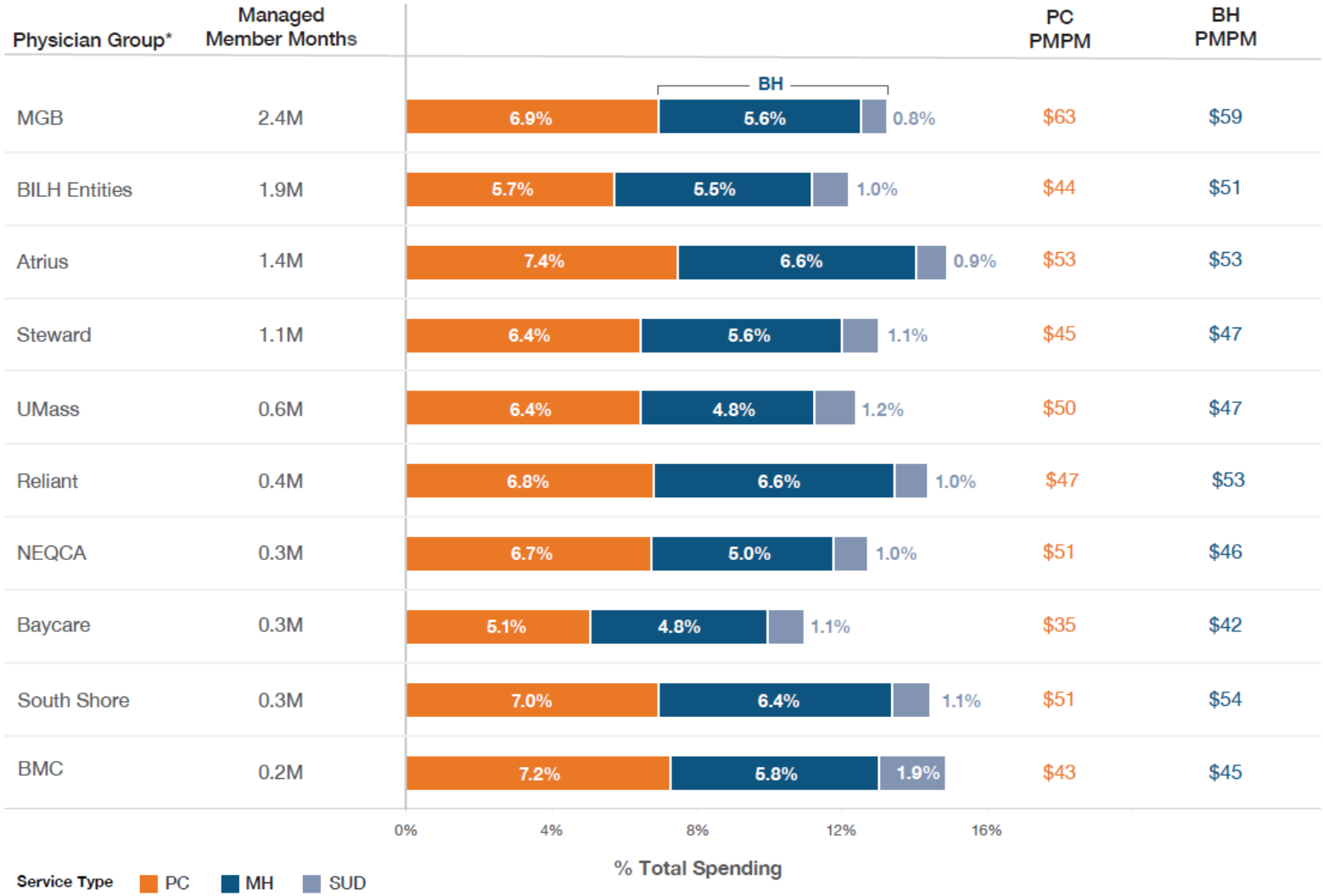


	BCBSMA	HPHC	United	THPP	Cigna	Aetna	THP	MGBHP	HPI	HNE	WellSense	Fallon
Member Months*	10.8M	2.6M	2.0M	2.0M	1.6M	1.4M	1.4M	1.0M	0.9M	0.9M	0.6M	0.1M
SUD PMPM	$8	$7	$9	$7	$9	$11	$5	$8	$8	$7	$8	$9
MH PMPM	$45	$54	$56	$25	$16	$60	$39	$53	$47	$37	$23	$31
PC PMPM	$42	$67	$38	$23	$27	$36	$58	$49	$63	$35	$54	$38

*From left to right, payers are ordered largest to smallest by member months.

Source: Payer-reported data to CHIA.
Notes: Analysis represents commercial full-claims data reported by commercial payers that submitted CY 2022 and CY 2023 data representing approximately 63.7% of the commercial market. Due to payer exclusions from prior years, data may not tie to previously published data points. Data does not reflect aggregate statewide spending, and findings should not be extrapolated for that purpose. MH and SUD diagnosis are not mutually exclusive. Totals may not sum due to rounding.

Across large managing physician groups, the share of spending on primary care ranges from 5.1% to 7.4%.



*From top to bottom, payers are ordered largest to smallest by member months.

Source: Payer-reported data to CHIA.
Notes: Analysis represents commercial full-claims data reported by commercial payers that submitted CY 2022 and CY 2023 data representing approximately 63.7% of the commercial market. Totals may not sum due to rounding. The top 10 managing physician groups were identified by commercial full-claim membership totals in 2023. The spending data presented in this report is not risk-adjusted and does not account for differences among physician groups in member health status and expected medical costs. Due to payer exclusions from prior years, data may not tie to previously published data points. Data does not reflect aggregate statewide spending, and findings should not be extrapolated for that purpose. MH and SUD diagnosis are not mutually exclusive. Totals may not sum due to rounding.

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- Primary Care Spending Trends
- **POLICY CONSIDERATIONS**

Learning from Other States on Increasing Primary Care Investment

- **California** has approved benchmarks for primary care investment, calling for gradual increases in the share of spending on primary care, and for primary care to represent **15% of total health care spending** by 2034.[1]
- **Colorado** has instituted payment system reforms to reduce health care costs by increasing use of primary care, including requiring **payer adoption of state primary care investment targets.**[2,3]
- **Oregon** requires most public and private payers to allocate at least **12% of their health care spending to primary care**.[4,5]
- **Rhode Island** requires insurers to dedicate at least **10.7% of their medical spending on primary care**.[6]
- **Washington** has set a target of **12% of health care spending on primary care**, and is implementing a Primary Care Transformation Initiative, including aligning public and commercial payers to support primary care, and increasing investment and reimbursement for primary care.[7,8]
- **Oklahoma** has set a target of **11% of Medicaid spending on primary care** and established a new incentive program that aims to enhance primary care by increasing payments to providers for preventive and primary care services including prenatal visits, vaccinations, behavioral health screenings, after-hours access to services, and well visits**.**

Notes. See https://www.graham-center.org/content/dam/rgc/documents/publications-reports/reports/Investing-Primary-Care-State-Level-PCMH-Report.pdf for more examples of state efforts to invest in primary care.
As of 2022, primary care represented 7.5% of medical spending in Massachusetts, or $508 per member per month on average, with 2.3% annual growth in primary care spending since 2017. Other medical spending grew by 4.5% each year, while pharma spending grew by 5.2%.
1 California Department of Health Care Access and Information. California Sets Benchmarks for Primary Care Investment to Promote High-Quality, Equitable Health Care. Oct 22, 2024. https://hcai.ca.gov/california-sets-benchmarks-for-primary-care-investment-to-promote-high-quality-equitable-health-care/
2 Colorado General Assembly. Investments In Primary Care To Reduce Health Costs. HB19-1233. (Colorado 2019). https://leg.colorado.gov/bills/hb19-1233
3 Colorado Division of Insurance. Primary Care Payment Reform Collaborative. 2024. https://doi.colorado.gov/insurance-products/health-insurance/health-insurance-initiatives/primary-care-payment-reform
4 Oregon Academy of Family Physicians. Primary Care Payment Reform Bill Signed into Law. https://oafp.org/wp-content/uploads/Primary-Care-Payment-Reform-Bill-Signed-into-Law.pdf
5 Oregon Health Authority, APAC, and Department of Consumer and Business Services. Primary Care Spending in Oregon 2020. https://visual-data.dhsoha.state.or.us/t/OHA/views/PrimaryCareSpendinginOregon2020/Home
6 Rhode Island Office of the Health Insurance Commissioner. Next Generation Affordability Standards: Concepts, Rationale,
and Additional Information. https://ohic.ri.gov/sites/g/files/xkgbur736/files/2022-05/OHIC%20Next%20Generation%20Affordability%20Standards%20Concept%20Paper.pdf
7 Washington State Health Care Authority Policy Division. Report to the Legislature. Primary Care Expenditures: Health Care Cost Transparency Board Preliminary Report. Dec 1, 2022. https://www.hca.wa.gov/assets/program/leg-report-hcctb-preliminary20221202.pdf
8 Zerzan-Thul J. State Efforts to Increase Primary Care Access. Washington State Health Care Authority. Presentation to the House Health Care and Wellness Committee. Sept 23, 2024. https://www.hca.wa.gov/assets/program/primary-care-leg-presentation-09232024.pdf

The work of primary care has become unsustainable. Action is urgently needed to repair and support primary care in the Commonwealth.

- **Increase Spending for Primary Care.** This includes higher payment rates, rebalanced payment towards primary care, and greater use of capitated payments, to increase wages for primary care clinicians and fund support teams to reduce clinician administrative burden.
- **Reduce Sources of Administrative Burden and Burnout for Primary Care Clinicians.** Action is needed from the Massachusetts Legislature, public and private payers, and health care delivery organizations to reduce the sources of administrative burden and burnout for primary care clinicians.
- **Strengthen the Primary Care Provider Pipeline.** Of particular importance for underserved areas and populations, it is necessary to reduce barriers to practice, including those for advanced-practice providers, by funding programs that can increase the primary care provider pipeline.

Task Force Legislative Mandate

- In January 2025, Governor Maura Healey signed **Chapter 343 of the Acts of 2024**, *An Act enhancing the market review process*.
- Section 80 establishes a **25-member task force** charged with studying and making recommendations to improve primary care **access**, **delivery**, and **payment** in the Commonwealth.
- Specifically, the task force must **develop and issue recommendations** to:
  - **Stabilize and strengthen the primary care system** and the increase of recruitment and retention in the primary care workforce
  - **Increase the financial investment in and patient access** to primary care across the Commonwealth
- The task force shall also define the data required to complete its work, in consultation with the Center for Health Information and Analysis (CHIA).
- The task force is directed to publish these recommendations by staggered deadlines before May 2026.

Task Force Deliverables

	The task force shall develop recommendations to:	Statutory Deadline
1	Define primary care services, codes, and providers	September 15, 2025
2	Develop a standardized set of data and reporting requirements for private and public payers, providers and provider organizations	September 15, 2025
3	Establish a primary care spending target for private and public health care payers that reflects the cost to deliver evidence-based, equitable and culturally competent primary care	December 15, 2025
4	Propose payment models to increase public and private reimbursement for primary care services	March 15, 2026
5	Assess the impact of health plan design on health equity and patient access to primary care services	March 15, 2026
6	Monitor and track the needs of and service delivery to residents of the Commonwealth	May 15, 2026
7	Create short-term and long-term workforce development plans to increase the supply and distribution of and improving working conditions of primary care clinicians and other primary care workers	May 15, 2026

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Initial Proposal for Task Force Working Groups

PRIMARY CARE TASK FORCE MEMBERSHIP

- Establish a primary care spending target for private and public health care payers that reflects the cost to deliver evidence-based, equitable, and culturally competent primary care
- Propose payment models to increase public and private reimbursement for primary care services
- Monitor and track the needs of and service delivery to residents of the Commonwealth

DATA AND RESEARCH WORKING GROUP

- Define primary care services, codes, and providers
- Develop a standardized set of data and reporting requirements for private and public payers, providers and provider organizations
- Assess the impact of health plan design on health equity and patient access to primary care services

WORKFORCE WORKING GROUP

Create short-term and long-term workforce development plans to increase the supply and distribution of and improving working conditions of primary care clinicians and other primary care workers

Workplan Phases One and Two: Task Force Establishment and First Deliverables

WE ARE HERE

Phase One: Task Force Membership — Winter 2025

- Co-chairs finalized member nominations from organizations identified by statute and appointment letters were sent out in March.
- Co-chairs met to finalize proposed workplan, including a timeline for the completion of work and a 2025 meeting schedule.

Phase Two: Task Force Launch — Spring 2025

- Members identify how they can operationalize and contribute to the task force's workplan
- **April 16, 2025** — Initial task force meeting to determine how members will contribute, collaborate, and share data, informing a finalized workplan agreed upon by task force membership
- **May 2025** — Data and Research working group meets to discuss definitions of primary care services, codes, and providers and to discuss a research approach to assessing the impact of health plan design on health equity and patient access to primary care services
- **May 2025** — Workforce working group meets to discuss policy options for increasing the supply of primary care providers

Workplan Phase Three: Primary Care Spending Target and Payment Model Development

Phase Three: Primary Care Spending Target and Payment Model — Summer 2025

- **June 2025** — Task force meets to finalize primary care definitions and begin discussion of a **primary care spending target** for private and public payers across the Commonwealth as well as **proposed payment models** to increase private and public reimbursement for primary care services
- **June/July 2025** — Data and Research working group meets to discuss a standardized set of data and reporting requirements for private and public payers, providers and provider organizations
- **June/July 2025** — Workforce working group meets to discuss policy options to improve the working conditions of primary care clinicians and workers and other efforts to reduce administrative burden
- **July 2025** — Task force meets to hear from the working group on their work and to further develop the primary care spending target and payment model recommendations
- **September 2025** — Task force meets to finalize **spending target recommendation** and standardized set of data and reporting requirements

Workplan Phases Four and Five: Health Equity, Service Delivery, and Workforce Supply Recommendations

Phase Four (tentative): Payment and Health Equity Recommendations Development — Fall 2025

- **October 2025** — Task force meets to discuss findings on the impact of health plan design on health equity and patient access to primary care services
- **November 2025** — Based on agreed upon workplan, task force members work to further develop payment model and health equity recommendations
- **December 2025** — Task force membership has time to review the draft **payment model and health equity recommendation** prior to the March 15, 2026, deadline, meeting as needed

Phase Five (tentative): Service Delivery and Workforce Supply Recommendations Development — Winter 2026

- **January 2026** — Task force meets to review initial findings from the HPC's Office of Health Resource Planning and discuss the needs of and service delivery to residents of the Commonwealth as well as workforce development plans
- **February 2026** — Members work to further develop service delivery and workforce recommendations
- **March 2026** — Task force membership has time to review draft recommendations prior to the May 15, 2026, deadline, meeting as needed

Proposed Deliverables Timeline

JUNE 2025

- Define primary care services, codes, and providers

SEPTEMBER 2025

- Develop a standardized set of data and reporting requirements for payers and providers
- Establish a primary care spending target for private and public health care payers that reflects the cost to deliver primary care

DECEMBER 2025

- Propose payment models to increase public and private reimbursement for primary care services

EARLY 2026

- Assess the impact of health plan design on health equity and patient access to primary care services
- Monitor and track the needs of and service delivery to residents of the Commonwealth
- Create short-term and long-term workforce development plans for primary care clinicians and other primary care workers

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- Primary Care Challenges and Opportunities for Task Force Action
- Inventory of Existing Research

Next Steps: First Task Force Deliverable

Discussion

- What is your **top priority** for the work of this task force? How would you consider this task force a **success**?
- What changes, if any, would you recommend to the **proposed sequence** of the workplan or the **proposed working groups**? Is anything missing?
- What **resources** does your organization have at its disposal to contribute to the work of the task force?
- What relationships does your organization have to support **qualitative data** collection?
- What resources or relationships needed to complete this work are we **currently lacking**?

2025 Meeting Calendar

Proposed Task Force Meeting Dates for 2025:

Tuesday, June 17th
10:00 AM – 12:00 PM (virtual)

Tuesday, July 22nd
10:00 AM – 12:00 PM (in-person)

Wednesday, September 17th
10:00 AM – 12:00 PM (in-person)

Contact Us

Please direct follow-up questions to:

MA-PCTF@mass.gov

MassHPC.gov/offices-and-task-forces/PCTF