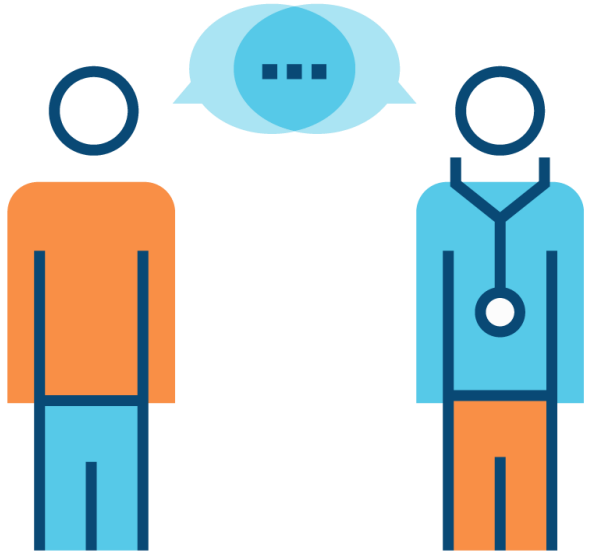

Primary Care Task Force: Workforce Workgroup

June 12, 2025

MASSACHUSETTS
HEALTH POLICY COMMISSION

EOHHS

Agenda

WELCOME BY CO-CHAIRS

Massachusetts Health Policy Commission (HPC) Presentation on Primary Care Workforce Trends and Challenges

Discussion: Workforce Workgroup Priorities to Address Primary Care Workforce Challenges

Next Steps

Primary Care Task Force: Workforce Workgroup Members

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David Seltz, Executive Director, Massachusetts Health Policy Commission

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Christina Severin, President and CEO, Community Care Cooperative

Agenda

Welcome By Co-chairs

MASSACHUSETTS HEALTH POLICY COMMISSION (HPC) PRESENTATION ON PRIMARY CARE WORKFORCE TRENDS AND CHALLENGES

Discussion: Workforce Workgroup Priorities to Address Primary Care Workforce Challenges

Next Steps

Primary Care Workforce Trends and Challenges

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

Who provides primary care?

- The core clinicians who provide primary care in the U.S. are **physicians** (such as general internists, family medicine physicians, and pediatricians), **nurse practitioners, and physician assistants**.
  - Other key roles include clinical pharmacists, medical assistants, scribes, and registered nurses.
- **Primary care physicians (PCPs)** are either medical doctors (M.D.) or doctors of osteopathic medicine (D.O.) who complete a family medicine residency or an internal medicine residency following graduation from a U.S. or international medical school.
- **Nurse Practitioners (NPs)** are registered nurses with a bachelor of science degree in nursing and additional master's degree or doctoral-level training.
- **Physician Assistants (PAs)** are licensed clinicians who practice medicine under a supervising physician. PAs complete a master's-level program that includes both classroom instruction and clinical rotations.
- State **scope of practice laws** govern the scope and authority of NPs and PAs. Recent Massachusetts policy changes have facilitated independent practice for advanced-practice nurses, but only temporarily for physician assistants.
  - Massachusetts legislation passed in early 2021 expanded full practice authority, including the ability to bill independently, to all Massachusetts advanced-practice nurses (including nurse practitioners).[1]
  - As part of the COVID-19 public health emergency, a temporary executive order allowing PAs to practice without physician supervision was issued in early 2022.[2]

1 An act promoting a resilient health care system that puts patients first. Chapter 260. 2020.

2 The Commonwealth of Massachusetts Executive Office of Health and Human Services Department of Public Health. Executive order: COVID-19 Public Health Emergency Order No. 2022-02 Issued January 14, 2022. This order is no longer in effect as of the end of the Commonwealth's public health emergency on May 11, 2023, see https://www.mass.gov/news/healey-driscoll-administration-announces-end-of-covid-19-public-health-emergency-in-massachusetts

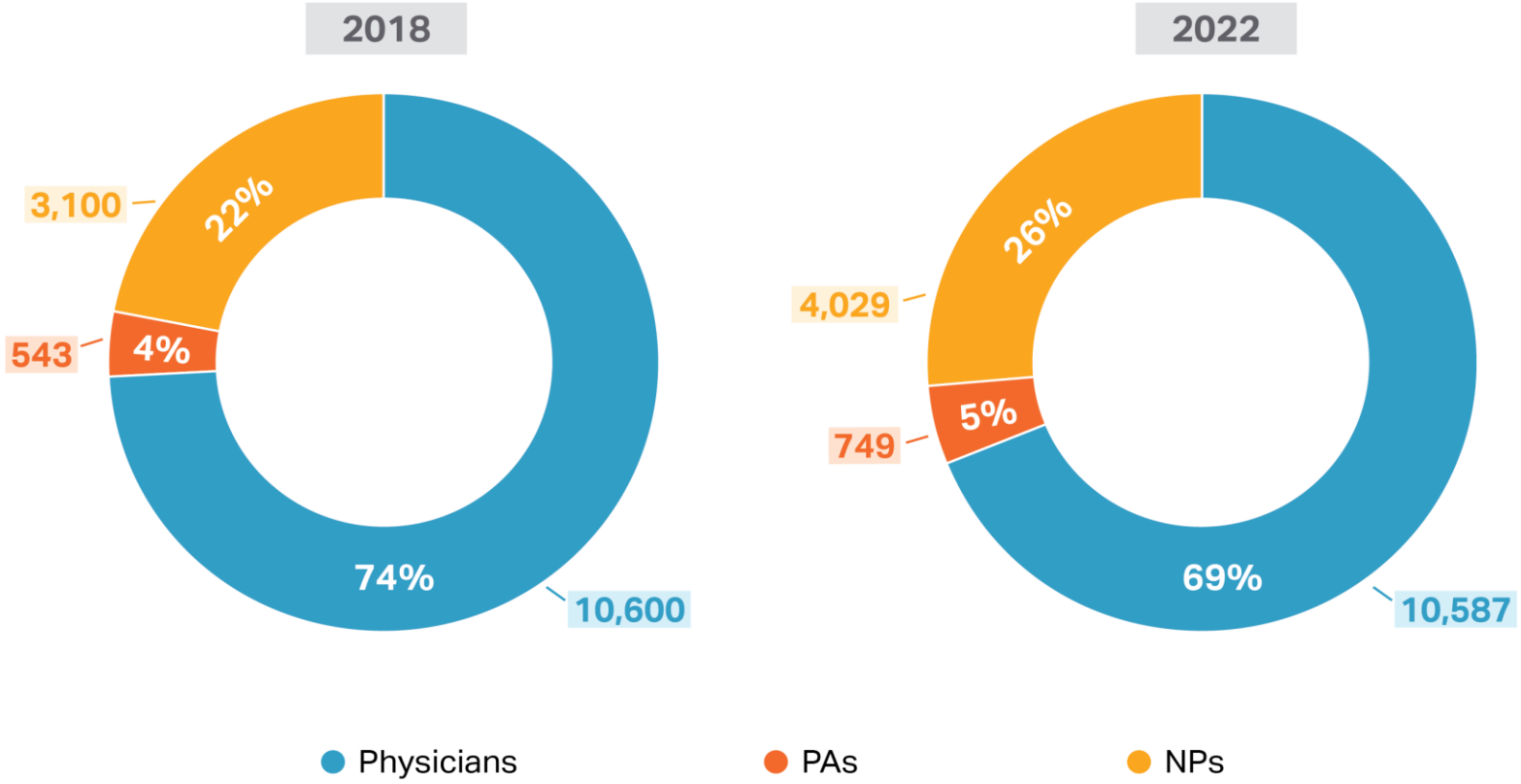
Primary care in Massachusetts may be delivered in a variety of different ways and by a variety of different organizations.

- **Prevalent Models of Primary Care Delivery**
  - Hospital-affiliated medical practices (e.g., Mass General Brigham, UMass, Baystate)
  - Non-hospital-affiliated provider organization medical practices (e.g., Atrius, Reliant, Revere Medical)
  - Independent, physician-owned private practices
  - Community health centers
- **Newer Models of Primary Care Delivery**
  - Retail clinics (e.g., MinuteClinic) and urgent care centers
  - Virtual-first or virtual-only providers who may either accept insurance or be cash-only (e.g., Firefly Health, Sesame)
  - Concierge practices owned by large retailers (e.g., OneMedical)
  - Private or hospital-affiliated medical practices operating in concierge models

Notes: Retail clinics and urgent care centers may provide primary care services as well as primary care-adjacent services such as injury care.

There were approximately 15,000 primary care providers in Massachusetts in 2022. The share who are NPs or PAs grew from 26% to 31% from 2018-2022.

FTE primary care providers in Massachusetts, 2018 and 2022



- Workforce projections from the federal Health Resources & Services Administration suggest that this trend is likely to continue nationally, with flat primary care physician workforce growth and an increasing workforce of primary care NPs and PAs.[1]

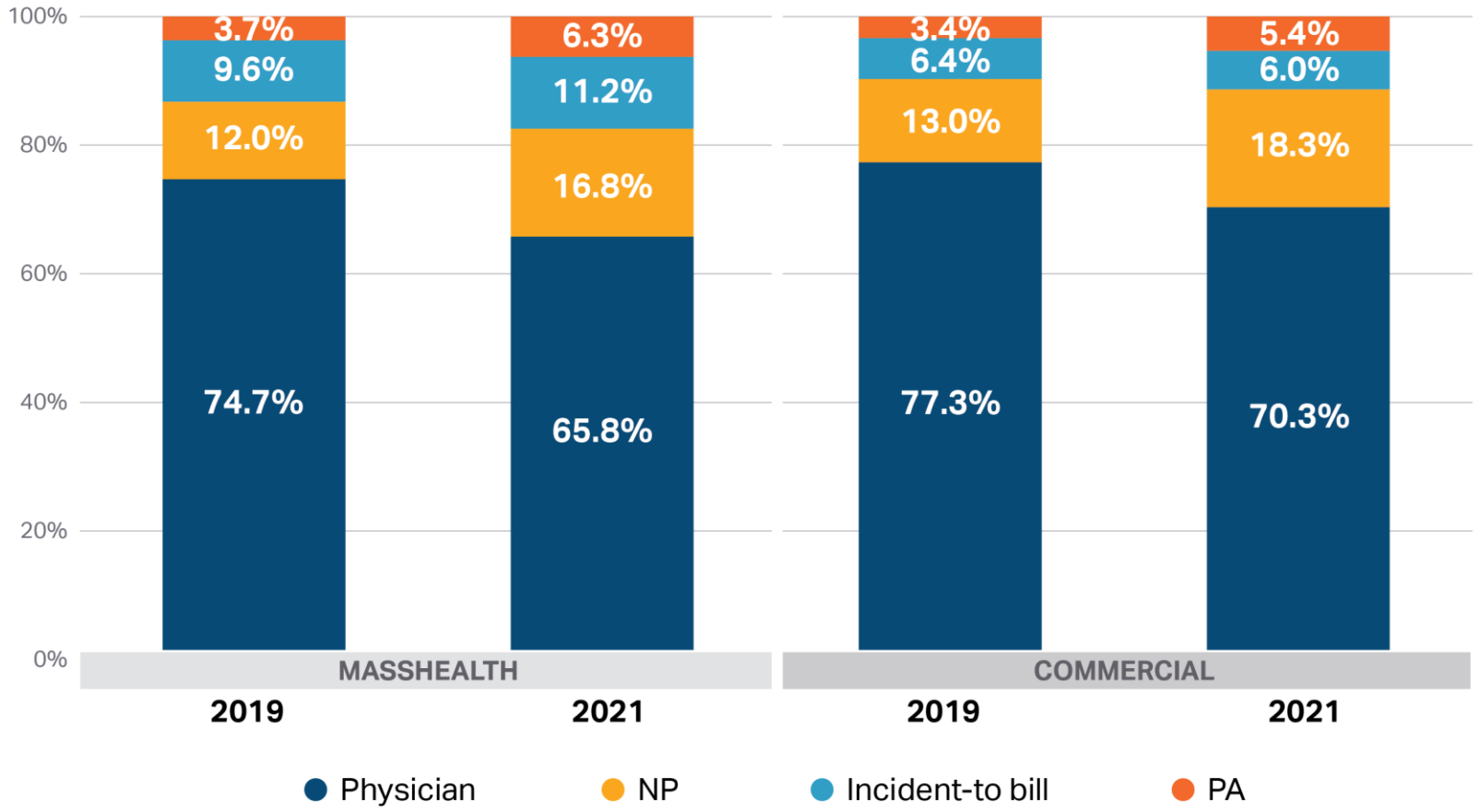
Notes: Physician counts may include residents, non-active physicians, or primary care physicians not working in direct patients care. Estimates are full time equivalents (FTEs) where FTE = 40 hours worked a week. PCPs/PAs in primary care are estimated by multiplying the ACS total provider count by the share of providers in primary care based on additional data sources (NCCPA State Profiles for PAs, AAMC State Physician Workforce Data Reports for physicians). NPs are estimated at 50% of total NPs in the ACS, based on estimates of primary care NPs in the HPC's Nurse Practitioner Brief and other estimates on the share of NPs in primary care. 2022 data from the Health Professions Data Series administered by the Massachusetts Board of Registration in Nursing with the DPH Health Workforce Center estimate NPs in primary care to be closer to one-third of all NPs.

Sources: HPC analysis of American Community Survey 5-year estimates, 2018 and 2022. National Commission on Certification of Physician Assistants State Profiles, 2018 and 2022. Association of American Medical Colleges. State Physician Workforce Data Report, 2019 and 2021.

1 Health Resources & Services Administration. Workforce Projections. 2024. https://data.hrsa.gov/topics/health-workforce/workforce-projections

The proportion of primary care visits provided by NPs and PAs is growing, reflecting changes in the statewide provider mix.

Percent of primary care visits by clinician type, 2019, 2021

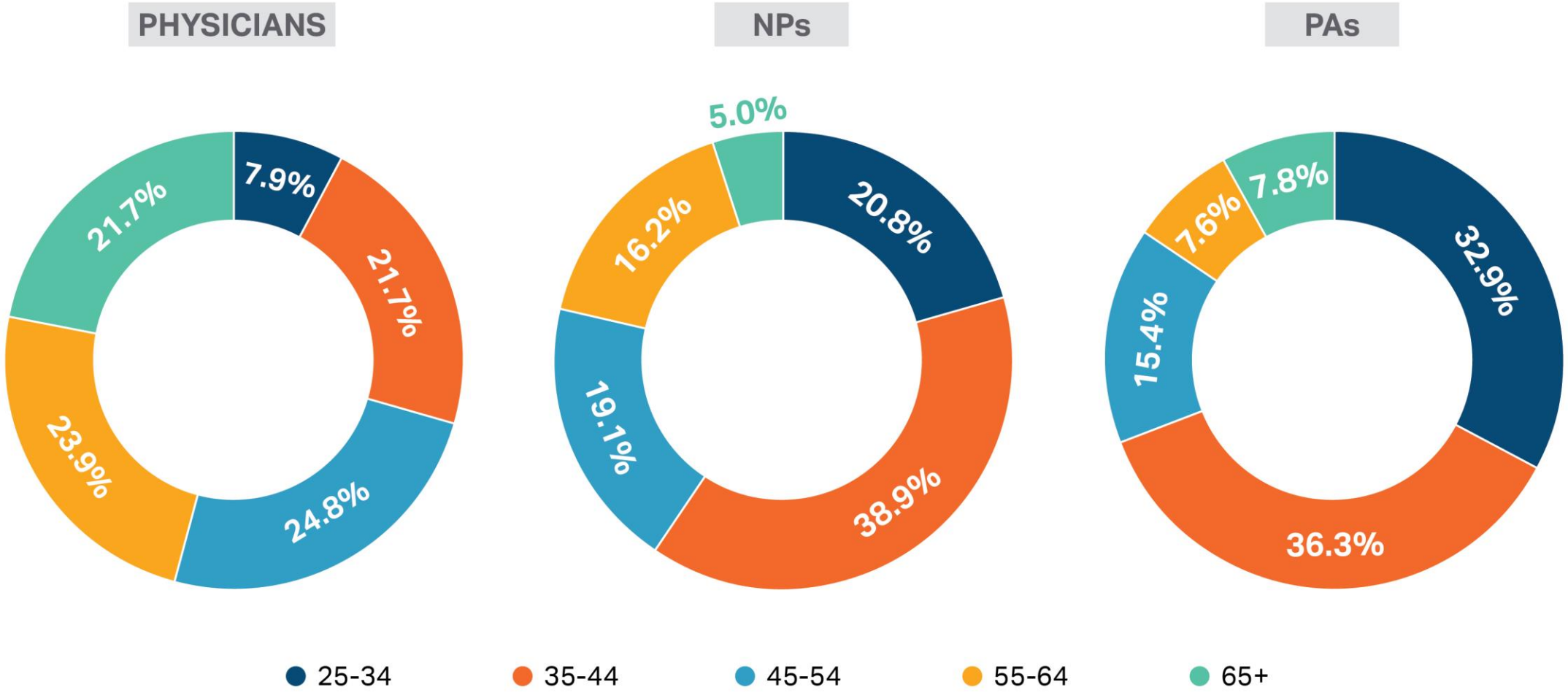


- **Incident-to billing** is a practice in which care provided by a non-physician is billed by a co-located physician (for whom the payment is generally higher). The results presented here likely undercount the extent of the practice and therefore undercount the true proportion of care provided by advanced-practice providers.
- A growing share of primary care visits are delivered by advanced-practice providers both in Massachusetts and nationally.[1,2,3]

Notes: Analysis restricted to members under age 65 with full year medical coverage and an identified PCP. NP category may include visits with other APRNs: includes NP (including women's health, primary care, pediatric, adult health, gerontology, obstetric, FNP, CNP, CPNP, ANP, PNP, DNP, GNP, AGNP, and CFNP), CNS (including FMCNS and RNCS), CNM, APN, and MSN. Provider types identified using national provider identifier (NPI) codes linked to taxonomy codes from National Plan and Provider Enumeration System (NPPES) and credentials and specialties from IQVIA. Members' PCP identified as clinician (physician, NP, or PA) associated with the most preventive visits; absent preventive visits, the clinician associated with the most problem-based visits; absent preventive or problem-based visits, the clinician associated with 3 or more prescriptions per member. Primary care visits identified as those with preventive or problem-based Current Procedural Terminology (CPT) codes taking place at ambulatory sites of care (emergency department, inpatient, and residential care settings excluded). Visits with incident-to billing identified with procedure modifier codes SA and SB. FQHCs not included in MassHealth data.
Exhibit sources: HPC analysis of Center for Health Information and Analysis All-Payer Claims Database, V2021, 2019-2021
1 Provision of evaluation and management visits by nurse practitioners and physician assistants in the USA from 2013 to 2019: cross-sectional time series study. *BMJ* 2023;382:e073933
2 HPC Policy Brief: The Nurse Practitioner Workforce and Its Role in the Massachusetts Health Care Delivery System. Massachusetts Health Policy Commission, 2020.
3 HPC analysis of Center for Health Information and Analysis (CHIA) All-Payer Claims Database (APCD) v2021, 2019-2021

One in five physicians in office settings are 65 or older, and only 8% are younger than 35, reflecting an aging physician workforce. In contrast, 21% of NPs and 33% of PAs are under 35.

Providers working in office settings by age group, 2018-2022

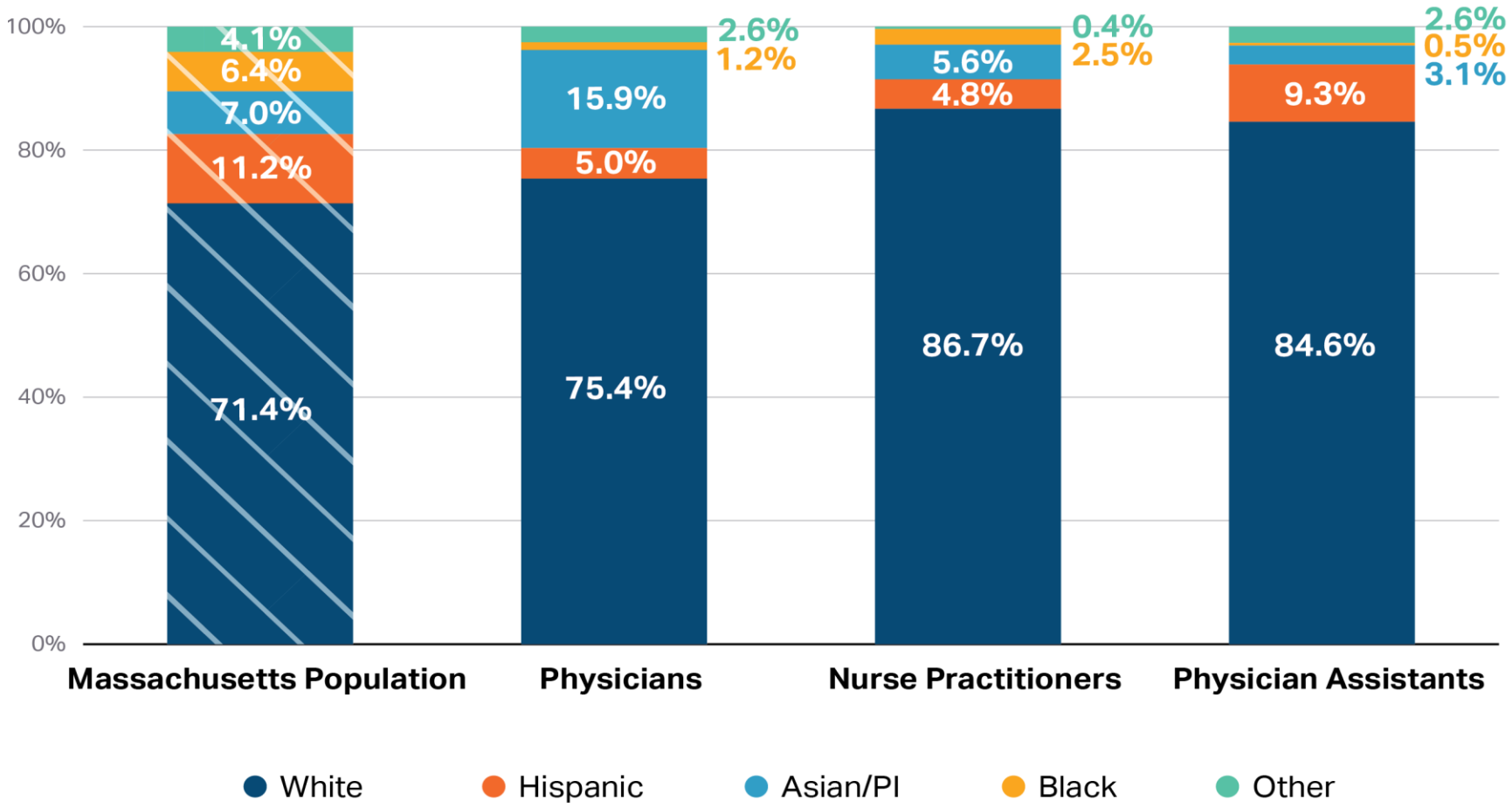


Notes: Includes physicians, nurse practitioners, and physician assistants that work in office settings. Sample weighted using person weight. The ACS groups nurse midwives in with NPs. Those not in the labor force were dropped from this sample. Residents are likely included as physicians because ACS occupations are reported as where the respondent worked last week for the greatest number of hours.

Sources: HPC analysis of American Community Survey 5-year estimates, 2018-2022

The race and ethnicity distribution of Massachusetts office-based providers suggests underrepresentation of Black and Hispanic clinicians.

Distribution of Massachusetts providers in office settings (2018-2022) and total population by race and ethnicity (2022)



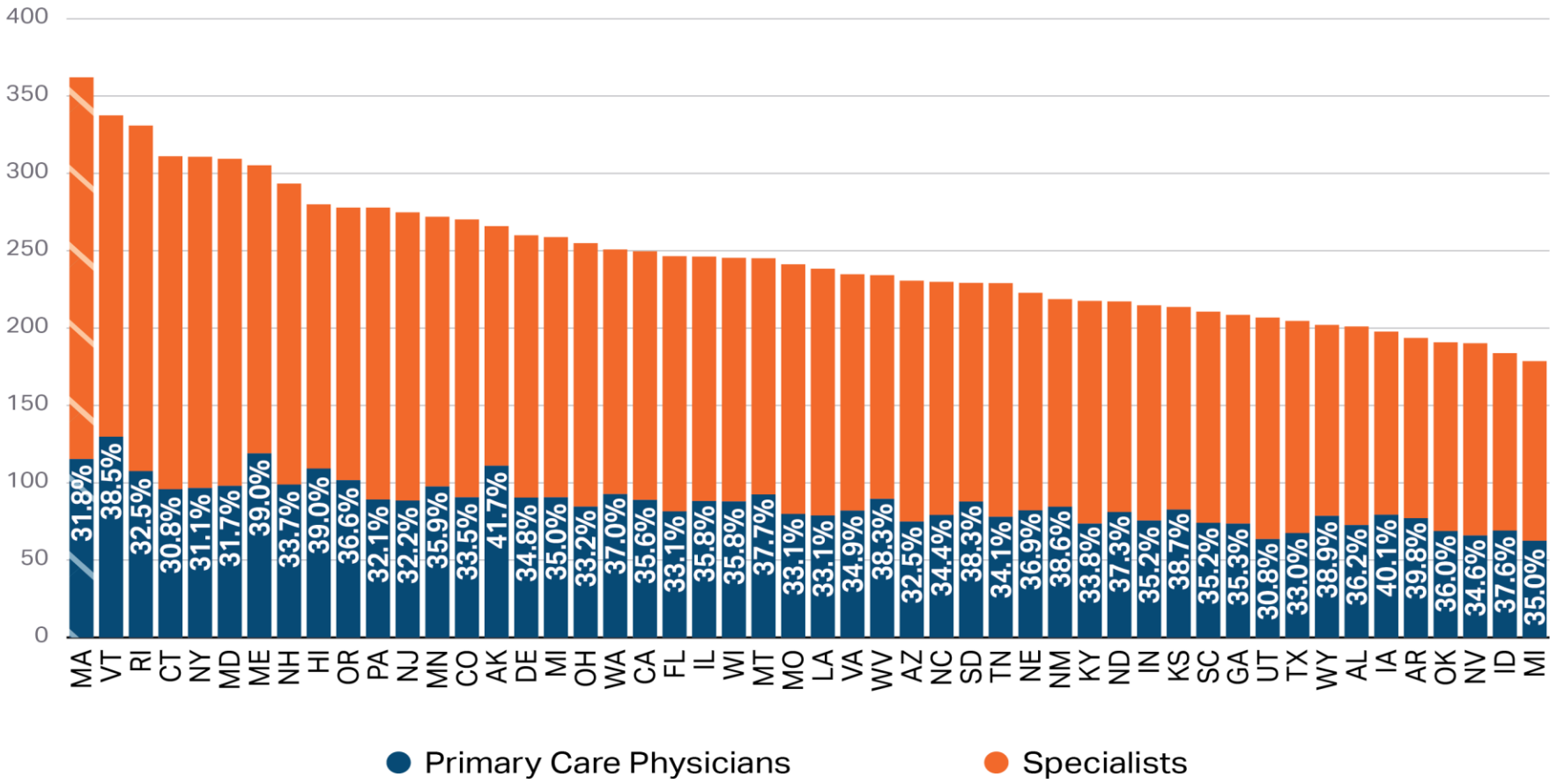
Notes: Sample weighted using person weight. The "other" race category includes American Indian or Alaskan natives, individuals identifying as more than 1 race, and all other races. The ACS groups nurse midwives in with NPs. Those not in the labor force were dropped from this sample. Residents are likely included as physicians since ACS occupations are reported as where the respondent worked last week for the greatest number of hours.

Sources: HPC analysis of American Community Survey 5-year estimates, 2018-2022

- An HPC analysis suggests that the workforce of office-based physicians, NPs, and PAs in Massachusetts has less diversity than the full statewide workforces of each role.
- A relatively large proportion of office-based physicians are immigrants (25.2%) versus 9.4% and 4.2% among NPs and PAs, respectively.
- 2% of physicians and 2.4% of NPs reported some type of disability, compared to 14% of the full Massachusetts population.

Although Massachusetts has the highest total physicians per capita, Massachusetts also has the fifth lowest share of primary care physicians providing direct patient care.

Physicians per 100,000 state residents by type and share of primary care physicians by state, 2020



Notes: Physicians who are licensed by a state are considered active, provided they are working at least 20 hours per week. Physicians included are those working in direct patient care. Physicians are counted as primary care physicians if their self-designated primary specialty is one of the following: adolescent medicine (pediatrics), family medicine, general practice, geriatric medicine (family practice), geriatric medicine (internal medicine), internal medicine, internal medicine/ pediatrics, or pediatrics. Massachusetts has a relatively high ratio of internal medicine physicians to family medicine physicians compared to the rest of the country.

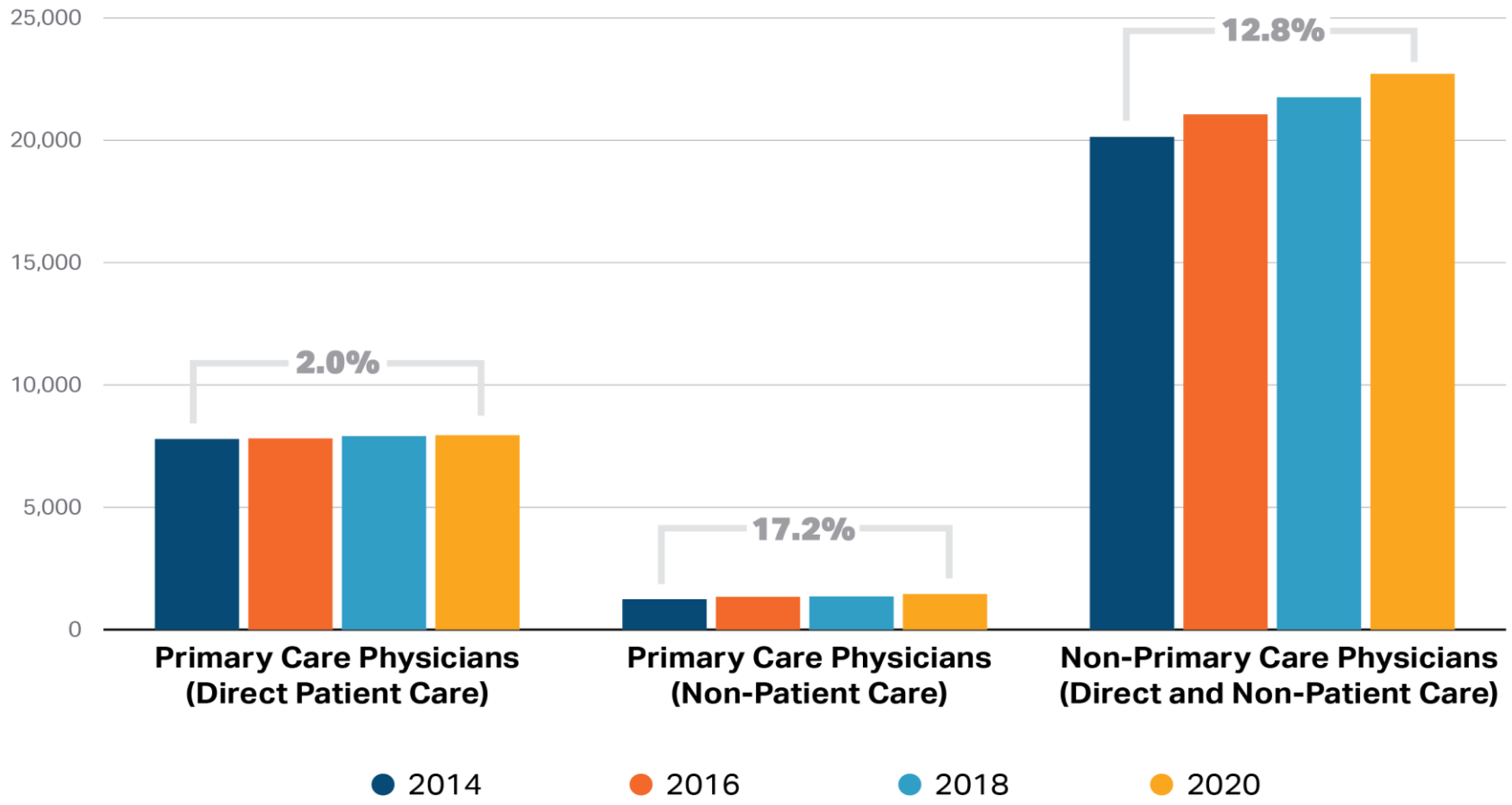
Sources: HPC analysis of Association of American Medical Colleges. State Physician Workforce Data Report, 2021

1 Friedberg, Mark W., Peter S. Hussey, and Eric C. Schneider. "Primary care: a critical review of the evidence on quality and costs of health care." Health Affairs 29.5 (2010): 766-772.

- Although Massachusetts has the 3rd largest per-capita number of primary care physicians working in direct patient care, primary care physicians represent a relatively small share of all physicians in the Commonwealth, indicating a health system orientation towards specialty care.
- Studies have found states with a higher proportion of physicians who are primary care physicians tend to have "superior health outcomes, including lower mortality; fewer emergency department visits, hospitalizations, and procedures per capita; and lower costs."[1]

The workforce of primary care physicians in direct patient care roles in Massachusetts has barely grown, even while the number of other types of physicians has increased.

Physician employment by setting, Massachusetts, 2014-2020



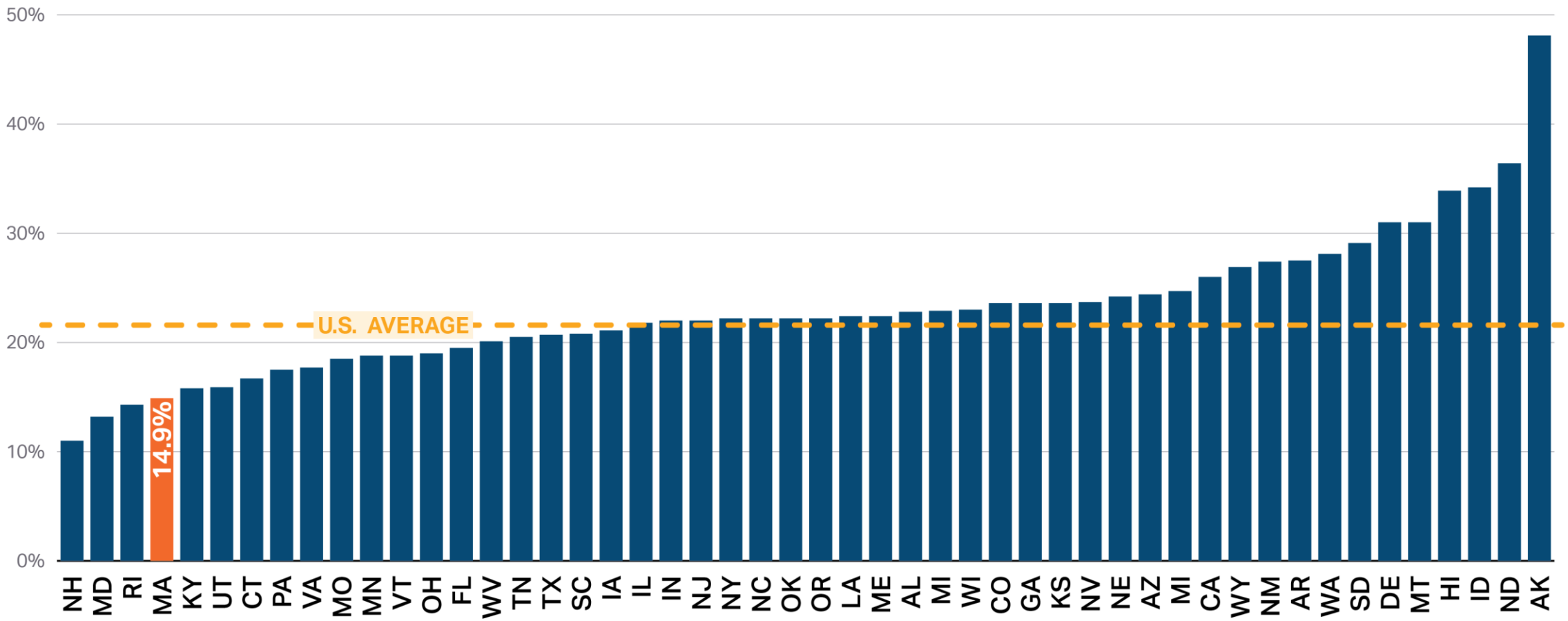
- Total physician employment per 100,000 Massachusetts residents has grown slowly, increasing 7.8% between 2014 and 2020.[1]
- Primary care physicians in direct patient care as a share of total physicians has declined from 2014 to 2020 (26.7% to 24.7%), while the share of specialty physicians has increased (69.0% to 70.7%).[1]

Notes: Physicians who are licensed by a state are considered active, provided they are working at least 20 hours per week Active physicians include those working in direct patient care, administration, medical teaching, research, or other nonpatient care activities. Physicians are counted as primary care physicians if their self-designated primary specialty is one of the following: adolescent medicine (pediatrics), family medicine, general practice, geriatric medicine (family practice), geriatric medicine (internal medicine), internal medicine, internal medicine/ pediatrics, or pediatrics.

Sources: Exhibit and 1: HPC analysis of data in Association of American Medical Colleges. State Physician Workforce Data Report, 2017-2021.

In 2021, only 1 in 7 new physicians in Massachusetts entered primary care.

Share of new physicians entering primary care workforce by state, 2021



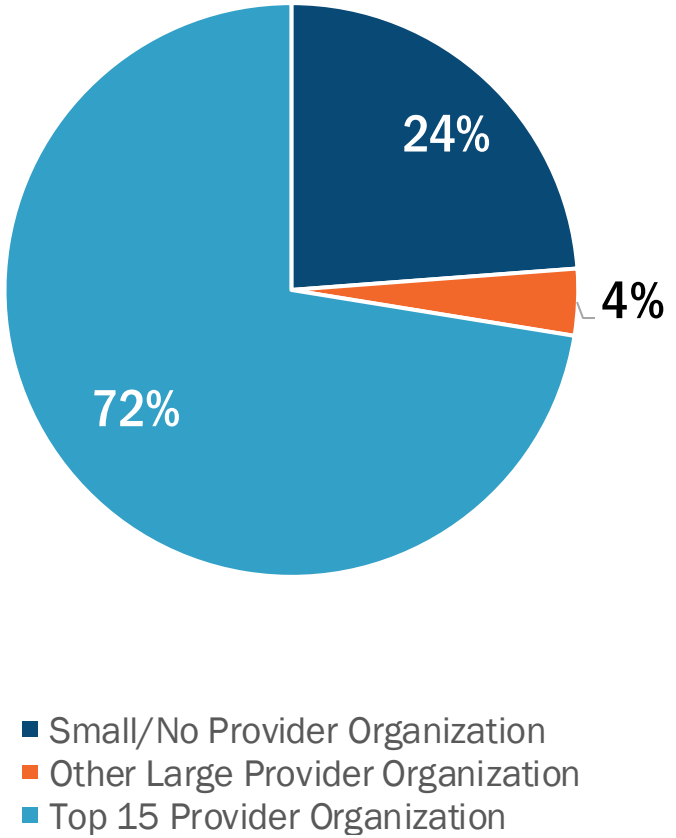
Sources: Milbank Memorial Fund. The Health of U.S. Primary Care: 2024 Scorecard Data Dashboard.

Over 70% of Massachusetts primary care providers are affiliated with one of the 15 largest provider organizations.

Share of PCPs (physicians, nurse practitioners, and physician assistants) affiliated with the largest 15 provider organizations, 2023

Provider organization	Share of affiliated PCPs
MGB	17%
BILH	13%
Children's	7%
Steward	6%
BMC	5%
UMass	5%
Baystate	5%
Tufts	4%
Atrius	3%
Community Care Cooperative	2%
Tenet	1%
Southcoast	1%
Berkshire	1%
South Shore	1%
Lawrence	1%

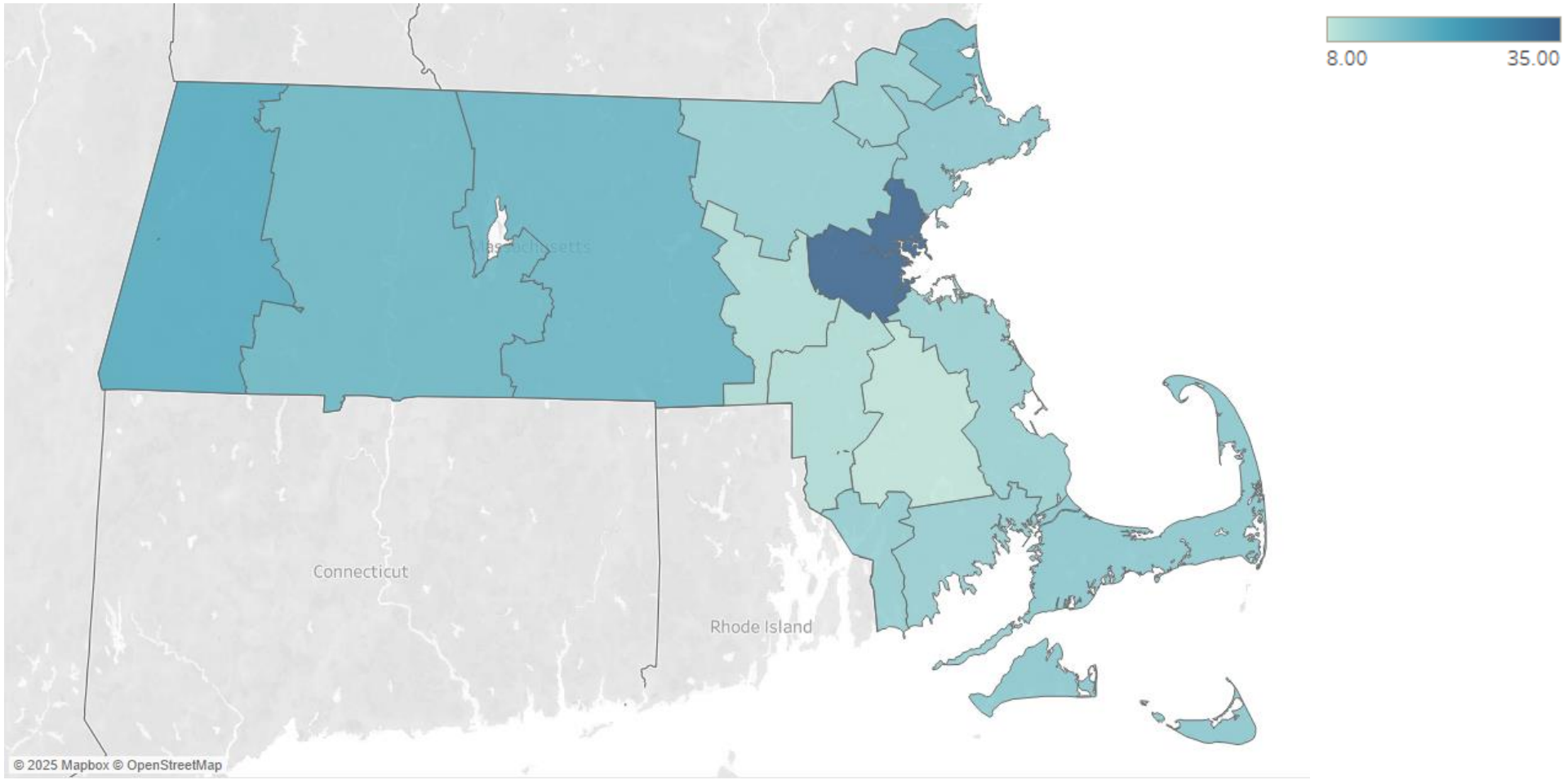
Share of PCPs (physicians, nurse practitioners, and physician assistants) by provider organization affiliation, 2023



Note: "Large" provider organizations are defined as those that meet the threshold for RPO reporting requirements.
Source: HPC analysis of 2023 Registry of Provider Organizations Provider Database and 2023 IQVIA commercial database.

Metro Boston has the greatest concentration of primary care providers.

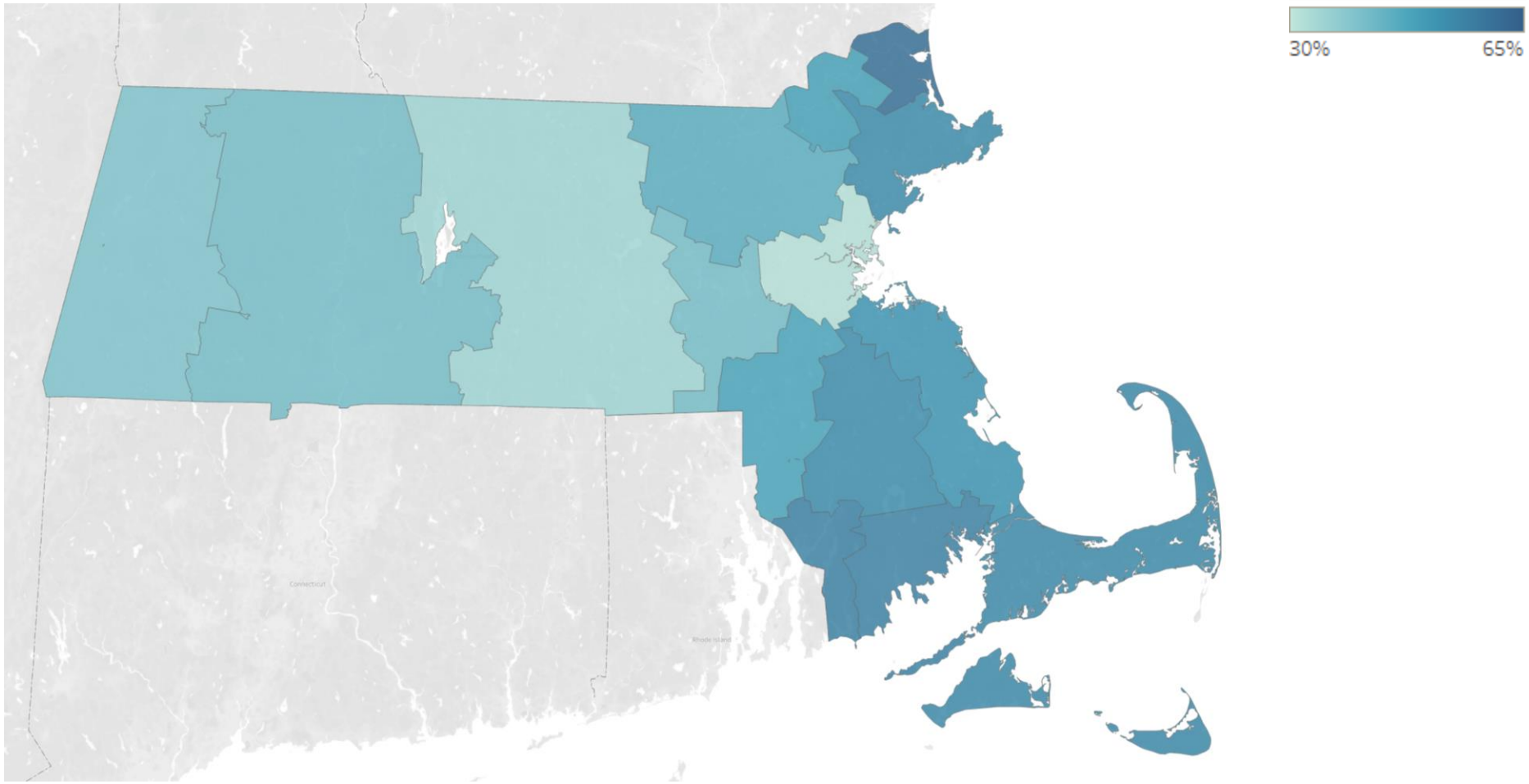
Number of primary care providers per 10,000 residents, by region, 2023



Source: HPC analysis of 2023 Registry of Provider Organizations Provider Database, 2023 IQVIA commercial database, and ACS 5-year estimates, 2023.

In many parts of the Commonwealth, a greater share of primary care providers are APPs than physicians.

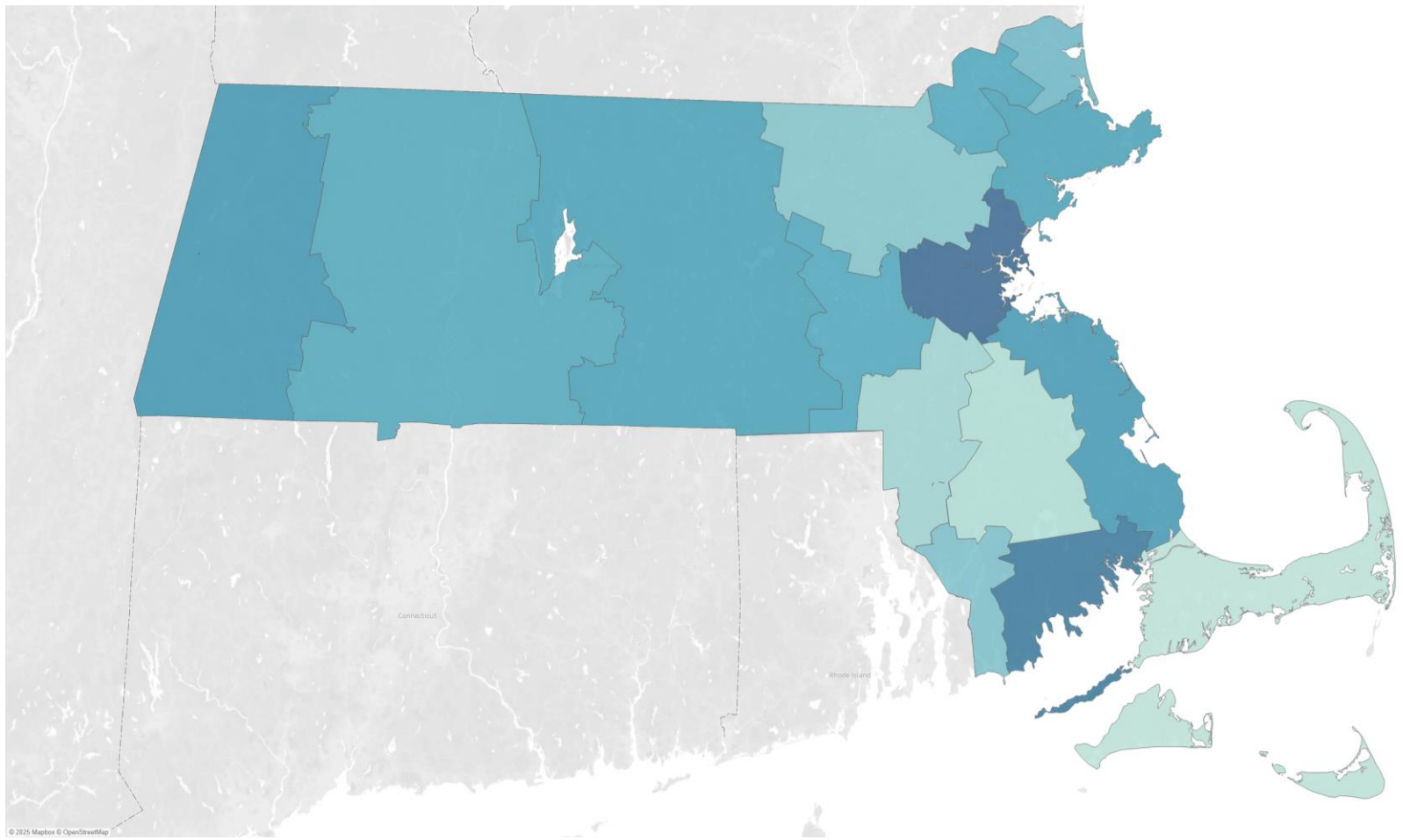
Share of primary care providers that are NPs or PAs, by region, 2023



Source: HPC analysis of 2023 Registry of Provider Organizations Provider Database, 2023 IQVIA commercial database, and ACS 5-year estimates, 2023.

Metro Boston has the greatest share of PCPs affiliated with one of the top 15 provider organizations, while the Cape and Islands have the least.

Share of primary care providers affiliated with one of the 15 top provider organizations, by region, 2023



The top 15 provider organizations, are as follows:

- Atrius
- BILH
- BMC
- Baystate
- Berkshire
- Children's
- Community Care Cooperative
- Lawrence
- MGB
- South Shore
- Southcoast
- Steward
- Tenet
- Tufts
- UMass

Source: HPC analysis of 2023 Registry of Provider Organizations Provider Database, 2023 IQVIA commercial database, and ACS 5-year estimates, 2023.

Key factors driving the current challenges in primary care include reimbursement models and administrative burden.

- **Primary care is a relatively low-reimbursed medical field, which can**:
  - Disincentivize new graduates from entering
  - Make primary care practices hard to sustain
  - Disincentivize the health industry from investing in primary care
  - Limit the hiring and retention of support staff
- **Impacts of administrative burden**:
  - Can make the work of primary care less rewarding and more frustrating, leading to burnout
  - Can contribute to providers' reduction in patient care hours or even leaving the field

Primary care providers face high administrative burden.

- Physicians and stakeholders report that **poor job quality and sustainability**, including burnout, **are often more significant factors than pay in their decision to reduce their clinical hours**, **leave patient care entirely**, or not to go into primary care at all.[1]
  - In a 2022 survey of Massachusetts physicians, 24% responded that they had reduced their clinical care hours, while another 24% were "definitely" or "likely" reducing their clinical care hours in the coming year.[2]
- Administrative burden is a key job sustainability challenge in primary care, including high-touch asynchronous messaging (such as patient portal emails), EHRs, quality measure reporting, prior authorization, and billing and coding documentation, all of which require substantial work outside of regular working hours.[2,3,4,5,6]
- One study found that physicians participating in value-based contracts report an **average of 57 distinct quality measures**, including multiple measures for the same condition.[7]
- Other studies, using various measurement approaches, have found that **primary care physicians spend anywhere from equal to double the amount of time on administrative work as spent in direct patient care** – with their administrative time spent mostly on EHR-related tasks, including patient correspondence – and that primary care physicians are able to spend less time on direct patient care without also multitasking on EHR-related tasks than specialists.[8,9,10]
- 81% of Massachusetts physicians surveyed cited **increased documentation requirements that were not always related to clinical care** as an aspect of job quality in need of improvement.[2]

(1) e.g., Hahn LM. Unsustainable: Why I Left Primary Care. Health Affairs. 2024; 43(10):1349-1480. https://www.healthaffairs.org/doi/epdf/10.1377/hlthaff.2024.00406 (2) Massachusetts Medical Society. Supporting MMS Physicians' Well-Being Report: Recommendations to Address the On-Going Crisis. March 2023. (3) Stillman M., Death by Patient Portal. JAMA. June 30, 2023. doi:10.1001/jama.2023.11629 (4) National Academies of Sciences, Engineering, and Medicine. 2019. Taking action against clinician burnout: A systems approach to professional well-being. Washington, DC: The National Academies Press. https://doi.org/10.17226/25521. (5) Melnick et al. Perceived Electronic Health Record Usability as a Predictor of Task Load and Burnout Among US Physicians: Mediation Analysis. Journal of Medical Internet Research. 22 December 2020. (6) Saag, H.S., Shah, K., Jones, S.A. et al. Pajama Time: Working After Work in the Electronic Health Record. Journal of General Internal Medicine. 2019. 34:1695–1696. https://doi.org/10.1007/s11606-019-05055-x (7) Boone C, Zink A, Wright BJ. Value-Based Contracting in Clinicial Care. JAMA Health Forum. 2024; 5(8).https://jamanetwork.com/journals/jama-health-forum/fullarticle/2822685 (8) Sinsky C, Colligan L, Li L, et al. Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties. Annals of Internal Medicine. 2016;165:753-760. doi:10.7326/M16-0961 (9) Tai-Seale M, Olson CW, Li J, Chan AS, Morikawa C, Durbin M, Wang W, Luft HS. Electronic Health Record Logs Indicate That Physicians Split Time Evenly Between Seeing Patients And Desktop Medicine. Health Affairs. 2017. 36(4):655-662. https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0811 (10) Toscano F, O'Donnell E, Broderick JE, May M, Tucker P, Unruh MA, Messina G, Casalino LP. How Physicians Spend Their Work TIme: an Ecological Momentary Assessment. Journal of General Internal Medicine. 2020. 35(11):3166-3172. doi: 10.1007/s11606-020-06087-4

Lack of adequate support is also challenging for primary care providers.

- Physicians cite inadequate mental health care access for patients, lack of support for non-medical tasks, and staff turnover – especially among support staff – as major challenges.[1,2]
  - Research has found that providing **evidence-based primary care without an adequate care team requires nearly 27 hours of work per day**.[3]
- Other challenges include unrealistically high daily patient volumes, and the mismatch between the prevailing acute, episodic payment model and the prevention- and screening-focused care that PCPs seek to provide.
- One family physician interviewed described "burnout" and "moral injury" from "being asked to do more than what we are literally able to do"

  "The visits are too short, so I'm running late…after a long day, I come to an inbox of a second day's worth of work… I could have five messages a day for one common medication for a patient [that wasn't covered]."
- Evidence on the use of artificial intelligence models to assist with clinician administrative tasks is mixed.[4,5,6]

1 Massachusetts Medical Society. Supporting MMS Physicians' Well-Being Report: Recommendations to Address the On-Going Crisis. March 2023.
2 Boone C, Zink A, Wright BJ. Value-Based Contracting in Clinicial Care. JAMA Health Forum. 2024; 5
3 Porter J, Boyd C, Skandari MR, Laiteerapong N. Revisiting the time needed to provide adult primary care. Journal of General Internal Medicine. 2022. 8:14-155. https://link.springer.com/article/10.1007/S11606-022-07707-X
4 Garica P, Ma SP, Shah S. Artificial Intelligence-Generated Draft Replies to Patient Inbox Messages. Health Informatics. 2024. (3) https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2816494
5 English E, Laughlin J, Sippel J. Utility of Artificial Intelligence-Generative Draft Replies to Patient Messages. Health Informatics. 2024. 7(10). https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2824738
6 Rotenstein LS, Wachter RM. Are Artificial Intelligence–Generated Replies the Answer to the Electronic Health Record Inbox Problem? Health Informatics. 2024. 7(10). https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2824739

Agenda

Welcome By Co-chairs

Massachusetts Health Policy Commission (HPC) Presentation on Primary Care

DISCUSSION: WORKFORCE WORKGROUP PRIORITIES TO ADDRESS PRIMARY CARE WORKFORCE CHALLENGES

Next Steps

Workforce Workgroup Priorities

- The Primary Care Access, Delivery, and Payment Task Force (PCTF) **Workforce Workgroup** will primarily focus on:
  - Developing an approach to short-term and long-term workforce development plans to increase the supply and distribution of the primary care workforce
  - Developing recommendations on advancing patient-centered team-based primary care
  - Developing recommendations to improve working conditions of primary care clinicians and other primary care workers
- The discussion of workgroup member's **priorities** for these items will inform the PCTF's workplan for developing these recommendations.
- **PCTF Statutory Deliverable**: 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. Pursuant to Chapter 343 of the Acts of 2024, this deliverable is due by May 15, 2026.

Discussion

- What recommendations for **increasing the supply and distribution of primary care clinicians and other primary care workers** should the task force prioritize in the short-term? In the long-term?
- What are your top priorities related to **improving the working conditions of primary care clinicians and other primary care workers** in the short-term? In the long-term?
- What are your top recommendations for **supporting and advancing delivery of patient-centered team-based care** in the short-term? In the long-term?

Agenda

Welcome By Co-chairs

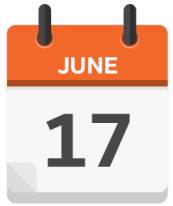
Massachusetts Health Policy Commission (HPC) Presentation on Primary Care

Discussion: Workforce Workgroup Priorities to Address Primary Care Workforce Challenges

NEXT STEPS

Next Steps

Upcoming Primary Care Task Force Meetings:



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)

Appendix: Methods

- A provider is labeled as a primary care provider if:
  - They are listed as either a “primary care provider” or “both (primary care and specialty)” in the RPO dataset, or
  - They are not included in the RPO dataset and are listed as practicing one of the following specialties in the IQVIA dataset:
    - Family medicine
    - General practice
    - Adolescent medicine
    - Pediatrics

- The top 15 provider organizations, by number of attributed providers (inclusive of specialists), are as follows:
  - **Atrius*, BILH*, BMC*, Baystate*,** Berkshire, **Children’s*,** Community Care Cooperative, Lawrence, **MGB*, South Shore*,** Southcoast, **Steward*,** Tenet, **Tufts*, UMass***
- Provider organizations noted with an asterisk are in the top ten.