# MEETING MINUTES

# PRIMARY CARE ACCESS, DELIVERY, AND PAYMENT TASK FORCE

## Workforce Workgroup

**June 12, 2025**

**CO-CHAIRED BY THE MASSACHUSETTS HEALTH POLICY COMMISSION AND THE EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

**Date of Meeting:** June 12, 2025
**Start Time:** 11:00 AM
**End Time:** 12:30 PM

| Primary Care Task Force Member | Present? |
|---|---|
| Dr. Kiame Mahaniah, Co-Chair | X |
| David Seltz, Co-Chair | X |
| Dr. Wayne Altman | X |
| Dr. Brenda Anders Pring | X |
| Dr. Laura Black | X |
| Dr. Jennifer Blewett | X |
| Alyson Bracken | X |
| Dr. Renee Crichlow | X |
| Dr. David Gilchrist | X |
| Dr. Stephen Martin | X |
| Christina Severin | X |
| Dr. Barbara Spivak | X |
| **Summary** | **12 Members Attended** |

(A): Absent from Meeting

## Proceedings

A meeting of the Primary Care Access, Delivery, and Payment Task Force (Primary Care Task Force) Workforce Workgroup was held virtually on Thursday, June 12, 2025, beginning at 11:00 AM. A recording of the meeting and the meeting materials are available on the HPC Website.

Participating Primary Care Task Force (PCTF) Workforce Workgroup members who attended were Undersecretary of the Executive Office of Health and Human Services (EHS), Dr. Kiame Mahaniah (Chair); Executive Director of the Health Policy Commision (HPC), Mr. David Seltz (Co-Chair); Dr. Wayne Altman; Dr. Laura Black; Dr. Jennifer Blewett; Ms. Alyson Bracken; Mr. Michael Caljouw; Dr. Renee Crichlow; Dr. David Gilchrist; Dr. Stephen Martin; Dr. Brenda Pring; Ms. Christina Severin; and Dr. Barbara Spivak.

## ITEM 1: Welcome

Dr. Kiame Mahaniah began the meeting at 11:00 AM and welcomed workgroup members, staff, and members of the public viewing the meeting on the livestream. Mr. David Seltz provided brief opening remarks and explained the goals of the Workforce Workgroup. Workforce Workgroup members to introduced themselves.

## ITEM 2: Massachusetts Health Policy Commission (HPC) Presentation on Primary Care Workforce Trends and Challenges

Dr. Sasha Albert, Associate Director, Research and Cost Trends at the HPC, presented on primary care workforce trends and challenges in Massachusetts. Dr. Albert reviewed key findings from the HPC's recent publication, *A Dire Diagnosis: The Declining Health of Primary Care in Massachusetts and the Urgent Need for Action*. Dr. Albert began the presentation reviewing who delivers primary care and models of care delivery in the Commonwealth. Key findings include that the share of primary care delivered by Nurse Practitioners (NPs) and Physician Assistants (PAs) is increasing, the physician workforce is aging, and there is underrepresentation of Black and Hispanic clinicians in all three roles.

Dr. Albert then reviewed trends in the number and distribution of primary care providers in Massachusetts. A key finding showed that while Massachusetts has the largest total number of physicians per capita in the country, it has the lowest share of physicians in primary care. In response to a question in the chat feature about the data source, Dr. Albert explained that this data included clinicians providing patient care for at least 20 hours per week, and providers not practicing patient care were excluded from the data. She also noted that the number of primary care physicians providing direct patient care is growing at a slower rate compared to other physician types. Responding to a question about whether the data includes primary care physicians who are hospitalists, Dr. Albert responded that she would check if care-setting was included in this data.

Dr. Albert said that 72% of primary care providers are affiliated with one of the 15 largest provider organizations, and the share of providers who are affiliated with one of the large provider organizations are most concentrated in Boston. She noted that Metro Boston has the highest concentration of primary care physicians, while in other regions of Massachusetts NPs and PAs are a greater share of primary care providers, particularly in the upper North Shore region. Finally, she said low reimbursement and administrative burden are the two main factors negatively affecting the primary care workforce, explaining that these factors drive professional burnout and inadequate access to care for patients.

## ITEM 3: Discussion: Short-term and Long-term Priorities to Address Primary Care Workforce Challenges

Dr. Mahaniah and Mr. Seltz moderated a discussion among the Workforce Workgroup members of their top priorities for identifying policy recommendations to address primary care workforce challenges. The discussion was focused on recommendations primarily related to increasing the supply and distribution of the primary care workforce, advancing patient-centered and team-based care, and improving working conditions.

Barbara Spivak suggested a short-term solution would be to develop recommendations to help support physicians entering private practices, suggested a future workgroup meeting focus on recommendations for addressing the day-to-day challenges of primary care workers, and emphasized the importance of payment reform that supports investment in team-based care. Dr. Crichlow pointed out that the two largest health systems in Massachusetts do not have family medicine residencies and recommended advancing collaborative state programs to support teaching programs of large academic health systems in training primary care providers who in turn will provide care to Massachusetts residents. She also urged increased investment in team-based care.

Dr. Altman referenced proposed legislation which restores Medicaid funding to Graduate Medical Education (GME), stated that long hours are negatively affecting practicing primary care physicians, and low-pay and long hours are preventing medical students from choosing to go into primary care. He mentioned that loan repayment is helpful but has been shown not to be effective for influencing medical students to select primary care and that increasing pay would be more effective. He also advocated for policies and funding to strengthen team-based care and prospective monthly payment models.

Dr. Black mentioned that policies should also focus on redistribution of healthcare funding to ensure primary care providers receive reimbursement for non-billable activities such as care management and care coordination. She recommended that programs directing Medicaid funding for workforce development such as GME should also include funding for advanced training for non-physician primary care providers. She also stated that constant arbitrary policy changes made by health plans impact providers and patients. Mr. Seltz asked members if there is value in the Workforce Workgroup developing policy recommendations that support independent primary care practices. Members answered affirmatively and suggested policies to enhanced data-sharing and health information exchange and prohibit in-patient organizations from employing primary care providers.

Ms. Severin recommended prohibiting commercial payers from paying any provider less than Medicaid rates, the establishment of an entity to serve as a unified credentialing authority and replicating MassHealth's Primary Care Sub-Capitation Program to other payers. Dr. Gilchrist agreed and highlighted that credentialing is also a patient access issue, as long credentialling processes prevent primary care providers from seeing patients.

Dr. Anders Pring commented on the differences in adult health care and children's health care, urging members to develop policy recommendations through this lens. She highlighted a grant of the Massachusetts chapter of the American Academy of Pediatrics to encourage pediatricians to enter primary care, as an example of a program addressing the shortage of pediatric primary care physicians. She also commented on the impact of federal policy on the delivery of childhood immunizations and the Vaccines for Children program. She noted the challenge of addressing children's behavioral health issues due to the lack of pediatric behavioral health providers. She mentioned policies passed in Rhode Island and Georgia that ensure codes for services delivered to children are the same as codes for adult care, facilitating Medicaid and Medicare pay parity for primary care pediatricians. Finally, she highlighted the fact that primary care pediatricians are the lowest paid physicians in the Commonwealth.

Dr. Martin highlighted the value of the task force determining what primary care should fundamentally accomplish and identifying successful outcomes, such as ongoing continuity that's predictable, accessible and addresses what patients need. He brought attention to the downstream effects of long wait times for patients to see specialists on primary care providers, stressed that loan repayment alone will not support students to enter primary care, and urged the task force to consider clearly defining care-teams and determining other professionals that can be included on care-teams, including public health professionals, community health coordinators, and town nurses. He also expressed support for reducing patient panels.

Ms. Bracken expressed support for loan repayment programs for PAs and addressed the challenges created by the Massachusetts requirement for PAs to practice under a supervising physician. Finally, Dr. Blewett addressed the challenges social workers experience from the shortage of primary care providers in the Commonwealth.

## ITEM 4: Next Steps

Mr. Seltz told the group another meeting of the PCTF Workforce Workgroup will be scheduled for the end of July and that future meeting agendas will be informed by the priorities and policy options discussed during the meeting. Dr. Mahaniah expressed his gratitude for each workgroup member's passion and expertise. Mr. Seltz thanked the group for a productive discussion and encouraged members to reach out with additional thoughts.

## ITEM 5: Upcoming Primary Care Task Force Meetings

Mr. Seltz reviewed the schedule for the next task force meetings including the the full PCTF meeting scheduled for July 22, 2025, the PCTF Workforce Workgroup meeting scheduled for July 30, 2025, and the full PCTF Meeting scheduled from September 17, 2025.

## ITEM 6: Adjourn

The meeting ajourned at 12:30 PM.