

MEETING MINUTES
PRIMARY CARE ACCESS, DELIVERY, AND PAYMENT TASK FORCE

June 17, 2025

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

Date of Meeting: June 17, 2025
Start Time: 10:00 AM
End Time: 12:00 PM

Primary Care Task Force Member	Present?	Vote: Approval of Minutes (April 16, 2025)
Dr. Kiame Mahaniah, Co-Chair	X	X
David Seltz, Co-Chair	X	X
Senator Cindy Friedman	X	X
Representative John Lawn	X	X
Dr. Wayne Altman	X	X
Dr. Laura Black	X	X
Dr. Jennifer Blewett	X	X
Alyson Bracken	X	X
Michael Caljouw	X	X
Dr. Renee Crichlow	X	X
Suzanne Curry	X	X
Dr. Eric Dickson	X	X
Dr. Mark Friedberg	X	X
Dr. David Gilchrist	X	X
Jon Hurst	X	X
Dr. Stephen Martin	X	X
Dr. Judith Melin	X	X
Sarah Mills	X	X
Lora Pellegrini	X	X
Lauren Peters	X	X
Dr. Brenda Pring	X	X
Dr. Ryan Schwarz	X	X
Christina Severin	X	X
Dr. Barbara Spivak	X	X
Barbra Rabson	X	X
Summary	24 Members Attended	

(A): Absent from Meeting



Proceedings

A meeting of the Primary Care Access, Delivery, and Payment Task Force (Primary Care Task Force) was held virtually on Tuesday, June 17, 2025, beginning at 10:00 AM. A recording of the meeting and the meeting materials are available on the [HPC Website](#).

Participating task force members who attended in person were Undersecretary of the Executive Office of Health and Human Services (EHS), Dr. Kiame Mahaniah (Co-Chair); Executive Director of Health Policy Commission (HPC), Mr. David Seltz (Co-Chair); Senator Cindy Friedman; Representative John Lawn; Dr. Wayne Altman; Dr. Laura Black; Dr. Jennifer Blewett; Ms. Alyson Bracken; Mr. Michael Caljouw; Dr. Renee Crichlow; Ms. Suzanne Curry; Dr. Eric Dickson; Dr. Mark Friedberg; Dr. David Gilchrist; Mr. Jon Hurst; Dr. Stephen Martin; Dr. Judith Melin; Ms. Sarah Mills; Ms. Lora Pellegrini; Ms. Lauren Peters; Dr. Brenda Pring; Dr. Ryan Schwarz; Ms. Christina Severin; Dr. Barbara Spivak; and Ms. Barbra Rabson.

ITEM 1: Welcome

Mr. David Seltz began the meeting at 10:00 AM and welcomed task force members, staff, and members of the public viewing the meeting on the livestream. He introduced each agenda item for the meeting and turned the floor over to Dr. Kiame Mahaniah, who provided brief opening remarks.

ITEM 2: Approval of Minutes: April 16, 2025 (VOTE)

Mr. Seltz managed the roll call vote to approve the minutes of the April 16, 2025 Primary Care Task Force (PCTF) meeting. Ms. Severin made a motion to approve the minutes. Ms. Rabson offered a change to the following sentence in the minutes: “Members discussed the adequacy of the Commonwealth’s current investment in primary care, including equitable reimbursements for all provider types, payment models for team-based care, the rate of spending growth, and the increasing burden of health care costs on taxpayers, employers, and employees.” She proposed “Members discussed the inadequacy of the Commonwealth’s current investment in primary care, including lack of equitable reimbursements for all provider types and payment models for team-based care, the declining rate of spending growth, and the increasing burden of health care costs on taxpayers, employers, and employees.” Dr. Crichlow made a motion to approve the minutes as amended. Dr. Spivak seconded the motion. The vote was taken by roll call.

ITEM 3: Recent Workgroup Meetings

Data and Research Workgroup

Mr. Seltz shared a summary of the PCTF Data and Research Workgroup meeting held on May 20, 2025, including an overview of the Center of Health Information and Analysis’ (CHIA’s) presentation of their process for defining primary care services and developing a methodology for measuring primary care spending at a statewide level. He also recapped the HPC’s presentation of their process for measuring primary care spending and utilization using CHIA’s All-Payer Claims Database (APCD), which compliments CHIA’s process. Mr. Seltz stated that, overall, these existing processes and frameworks were well-received workgroup members and identified some key themes that emerged from the meeting related to potential next steps and future discussions.

Several workgroup members offered additional comments from the discussion of PCTF Data and Research Workgroup meeting. Task force members who were not at the meeting made suggestions for other potential areas of exploration for the Data and Research Workgroup, including considerations of the impact of operational costs on primary care practices, the impact of pricing mechanisms for primary care services, and additional reporting mechanisms to health systems to ensure non-claim payments are supporting primary care.

Workforce Workgroup

Dr. Mahaniah shared a summary of the Workforce Workgroup held on June 12, 2025, during which members 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](#) and discussed the challenges affecting the Commonwealth's primary care workforce. Key discussion themes included increasing the workforce pipeline, investment in team-based care, and regulatory and policy options to reduce provider burnout.

Workgroup members expanded on comments from the discussion of PCTF Workforce Workgroup meeting about the need for streamlining or unifying health plan credentialing processes and allowing for retroactive payments to new providers so they can provide services while awaiting their credentialing process. Ms. Pellegrini stated that HealthCare Administrative Solutions (HCAS), a centralized credentialing organization developed in partnership with the Massachusetts Health and Hospital Association (MHA) and the Massachusetts Association of Health Plans (MHAP), offers a unified credentialing form for health plans and support completing the primary and secondary verification required for National Committee for Quality Assurance (NCQA) accreditation. Ms. Pellegrini stated the task force may consider exploring how to leverage and expand this resource.

Other PCTF members discussed the role of administrative burden in leading many primary care physicians in the state to reduce their hours, negatively impacting patient access, and suggested that reducing this burden would allow clinicians to expand their patient-facing hours and improve patient access. Members commented that the task force should explore policy options that will reduce administrative time, such as simplifying coding requirements for complex care and lessening prior authorizations. Some members said that providing financial support through mechanisms other than student loan forgiveness to medical students entering primary care would be helpful to increase the workforce pipeline. Dr. Altman suggested that it may be useful for the task force members to familiarize themselves with the content of the three primary care bills currently being considered by the state legislature.

ITEM 4: Guest Presentation: Increasing Primary Care Spending Rates in Massachusetts: Lessons from Other States – Christopher Koller, President of the Milbank Memorial Fund

Mr. Seltz introduced Christopher Koller, President of the Milbank Memorial Fund to deliver his presentation *Increasing Primary Care Spending Rates in Massachusetts: Lessons from Other States*, emphasizing that Mr. Koller's expertise will help inform the task force's third statutory deliverable to make recommendations to establish a primary care spending target for private and public health care payers.

Mr. Koller began by advocating for prioritizing measuring and increasing primary care spending rates to improve access to and delivery of primary care. He offered the definition of high-quality care as "the provision of whole-person, integrated, accessible, and equitable health care by interprofessional teams that are accountable for addressing the majority of an individual's health and wellness needs across settings and through sustained relationships with patients, families, and communities." He pointed to evidence that higher portions of healthcare spending on to primary care is correlated with better health system performance and stressed the importance of primary care spend measure to organize and inform public support for policy change.

Mr. Koller summarized three state policy strategies for increasing primary care spending rates: 1) aspirational, where a target is set for one or more payer groups without regulatory enforcement; 2) directive, where regulatory or contracting authority requires entities to increase and redistribute spending; and 3) specific payments and models which increase primary care spending directly or by consequence. He then provided specific state examples for each

policy strategy. Citing key lessons from these state examples, Mr. Koller cautioned against setting aspirational primary care spending targets with no external accountability, relying solely on increasing spending rate for addressing primary care challenges, and excluding Medicaid or public employee coverage from primary care expenditure measurement.

Members acknowledged that much of primary care delivery happens within a few large health care systems and asked Mr. Koller about strategies for either holding providers accountable for directing dollars to primary care the same way payers are accountable or separating primary care from these large health systems. Mr. Koller responded that this is a new frontier and that many states are looking to Massachusetts and the work of this task force to develop oversight mechanisms for health system finances that parallel oversight of payer finances, while cautioning against the idea of separating primary care from large health care systems, as this could result in less investment in primary care over time.

At the national level, Mr. Koller provided an overview of the Centers for Medicare & Medicaid Services (CMS) States Advancing All-Payer Health Equity Approaches and Development AHEAD Model, which seeks to drive state and regional health care transformation and multi-payer alignment. One of the goals of this model is to “increase investments in primary care as a percent of the total cost of care across all payers.” Mr. Koller advised that new state policy initiatives are more successful when they pave the way forward, rather than prioritizing alignment with CMS initiatives. He advised that Massachusetts is in a strong position with current MassHealth payment models to negotiate alignment with CMS if and when CMS develops new initiatives focused on improving primary care. As an interim step to larger alignment with Medicare, he recommends monitoring uptake of primary care practices using Advanced Primary Care Management (APCM) codes within Medicare fee-for-service as a way for providers to utilize capitated payments, paneled patients, and increasing primary care spend.

Mr. Koller’s shared his final thoughts for the task force related to increasing primary care spending rates, including: 1) recommending an enforcement and accountability mechanisms lead by CHIA and the HPC for both payers and health systems; 2) aligning the definition of primary care with that of other states, particularly Rhode Island; 3) relying on CHIA’s existing methodology for measuring total health care spending; and 4) avoiding codifying a fixed primary care spending target in statute and relying on regulatory mechanisms for advancing an improvement target, while recognizing equity; and 5) prioritizing multi-payer alignment among state payers, and then focusing on Medicare, and oversight beyond claims data to financial reporting. Finally, he underscored that the US healthcare system is out of balance, and increasing primary care spending rates is a high leverage way to bring the system back in balance. Mr. Koller fielded several questions and comments from task force members. In the virtual meeting chat, some members expressed support for state policies that establish Medicaid parity with Medicare rates, raise the commercial rate floor for FQHCs, and prospective monthly payments for increasing primary care spending.

ITEM 5: Upcoming Primary Care Task Force Meetings

Mr. Seltz thanked Mr. Koller for his presentation and task force members for their participation, and reminded members that PCTF meeting presentation materials, as well as resources shared from PCTF members can be viewed on the [HPC’s website](#). He also highlighted [CHIA’s Primary Care Dashabord](#) as a resource. He described the schedule for the next task force meetings including the PCTF Data and Research Workgroup meeting scheduled for July 10, 2025, 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. Dr. Mahaniah thanked the HPC, Mr. Koller, and PCTF members.

ITEM 6: Adjourn

The meeting adjourned at 11:53 AM.

