



Primary Care Access, Delivery, and Payment Task Force

December 3, 2025



Agenda



Call to Order



UP NEXT: Approval of Minutes: October 29, 2025 (VOTE)

Statutory Deliverable #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

Statutory Deliverable #2: Develop a standardized set of data and reporting requirements for private and public payers, providers and provider organizations

Discussion: Setting Goals and Measuring Success in Primary Care Reform

Upcoming Meetings

Adjourn

Primary Care Access, Delivery, and Payment Task Force Membership



Kiame Mahaniah, MD, Secretary of Health and Human Services, 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, JD, 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, 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

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, Beth Israel Deaconess Medical Center; Chief Medical Officer, Essential Pediatrics; 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

VOTE

Approval of Minutes from the October 29, 2025, Primary Care Access, Delivery, and Payment Task Force Meeting

MOTION

That the Primary Care Access, Delivery, and Payment Task Force hereby approves the minutes of the meeting held on October 29, 2025, as presented.

Agenda



Call to Order

Approval of Minutes: October 29, 2025 (VOTE)



UP NEXT: Statutory Deliverable #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

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Focus Today: Statutory Deliverables #2 and #3



DELIVERABLE		STATUTORY DEADLINE
✓ 1	Define primary care services, codes, and providers (complete)	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

Statutory Deliverable #3: Establish a Primary Care Spending Target

- Pursuant to Chapter 343 of the Acts of 2024, the PCTF is charged with reporting findings and recommendations to the Massachusetts legislature **to 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** by December 15, 2025.
- The PCTF Co-Chairs have developed a proposed draft of this deliverable for discussion, including:
 - Brief Introduction
 - Summary of Task Force Deliberation of Statutory Deliverable #3
 - Task Force Recommendations
 - Additional Policy Considerations

Introduction: Importance of Establishing a Primary Care Spending Target



- Only **five to seven cents** of every health dollar is spent on Primary Care in the U.S.
- In 2021, the U.S. **spent 4.7%** of total healthcare spending on primary care, **compared to an average of 14%** in other high-income nations.
- In Massachusetts, **primary care spending was 6.7%** of all commercial health spending in 2023 and is declining.
- Other states have passed legislation to increase the proportion of total health care spending directed to primary care:
 - California has set a primary care expenditure target of **15% by 2034**
 - Oregon set a primary care expenditure target of **12% by 2023**
 - Rhode Island set a primary care expenditure target of **10% effective 2025**

- At the PCTF meeting on June 17, 2025, **Christopher Koller, President of the Milbank Memorial Fund**, gave a guest presentation, *Increasing Primary Care Spending Rates in Massachusetts: Lessons from Other States*, and provided PCTF with a **guiding framework, design questions, and a set of principles for establishing a primary care spending target** here in Massachusetts.
- At the PCTF meeting on July 22, 2025, task force members reflected on available state data regarding primary care spending from the [Center for Health Information Analysis \(CHIA\) Primary Care Dashboard](https://www.chiamass.gov/massachusetts-primary-care-dashboard) and reviewed legislative proposals calling for a spending target in Massachusetts.
 - Drawing on their experience and expertise, members provided their feedback on the primary care spending target design questions shared by Mr. Koller.
- HPC staff developed a draft proposal incorporating this feedback and presented it to members for further task force deliberation at the PCTF meeting on at the PCTF September 17, 2025.



Primary Care Access, Payment and Delivery Task Force Recommendation: Statutory Deliverable #3

- The PCTF recommends the Commonwealth of Massachusetts take bold action by **setting an ambitious primary care spending target with a timeline that reflects the urgency** of the current crisis in primary care.
- This recommendation is **aligned with best practices** put forth by policy experts, recent primary care reform **legislation passed in other states**, and **pending legislation in Massachusetts**.
- If achieved, Massachusetts will be a **national leader** among states in rebalancing its health care system to one that **prioritizes accessible primary care, supports and strengthens the primary care workforce, and delivers more efficient, effective, and equitable care** to patients.

- **Primary Care Spending Target:** The Legislature should establish a primary care spending target for the Commonwealth that is equivalent to **doubling the share of health care spending on primary care** as a percentage of total health care spending **OR 15%, whichever is greater, within five years.**
- **Health Care Affordability:** The Legislature should ensure that any increase in primary care spending **should not lead to an increase** in the growth of **overall healthcare expenditure** trends **or to a net new increase in health insurance premiums.**
- **Designated Agencies:** The Legislature **should direct the Commonwealth's independent agencies** focused on health care policy, planning, workforce, and data to oversee the primary care spending target for the Commonwealth (HPC, CHIA, and RPO).
- **Payment and Care Delivery Reform:** Increases in primary care spending should be prioritized by payers and providers to **support the adoption of innovative payment models** that support the delivery of the four pillars of person-centered primary care: **first-contact care, continuity of care, comprehensive care, and coordination of care.**
- **Accountability:** The Legislature should **authorize the HPC, DOI, and other state agencies,** to hold payers and providers accountable to these requirements.

Statutory Deliverable #3: Additional Policy Considerations



- The recommendation explains additional policy considerations that maybe informed by the **complementary goals** of reducing administrative expenses for primary care practices and transforming primary care delivery, which are **essential to a primary care spending improvement target**, such as:
 - standardizing and simplifying billing structures
 - reducing unnecessary prior authorizations and standardizing remaining processes
 - limiting and standardizing high-value quality measure reporting
 - centralizing credentialing
 - automating and simplifying other administrative processes

- Payment and practice reforms will be addressed in recommendations included in **PCTF Statutory Deliverable #4:** (propose payment models to increase public and private reimbursement for primary care services) and **PCTF Statutory Deliverable #7** (create short-term and long-term workforce development plans to increase the supply and distribution of and improve the working conditions of primary care clinicians and other primary care workers).

Agenda



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Statutory Deliverable #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



UP NEXT: Statutory Deliverable #2: Develop a standardized set of data and reporting requirements for private and public payers, providers and provider organizations

Discussion: Setting Goals and Measuring Success in Primary Care Reform:

Upcoming Meetings

Adjourn

Statutory Deliverable #2: Develop a Standardized Set of Data and Reporting Requirements

- Pursuant to Chapter 343 of the Acts of 2024, the PCTF is charged with reporting findings and recommendations to the Massachusetts legislature to **develop a standardized set of data and reporting requirements for private and public payers, providers and provider organizations** by September 15, 2025.
- The PCTF Co-Chairs have developed a proposed draft of this deliverable for discussion, including:
 - Brief Introduction to the Issue
 - Background on Current Data Reporting and Collection
 - Summary of Task Force Deliberation of Statutory Deliverable #2
 - Task Force Recommendations
 - Description of Massachusetts Registration of Provider Organization (MA-RPO) Program and MassHealth ACO Sub-Capitation Funds Flow

Introduction and Background: Importance of Collecting Additional Primary Care Spending Data



- Spending data reported by payers **is insufficient to comprehensively and transparently understand the financial support that primary care receives** within an increasingly complex health care delivery system.
- Provider organizations **have different types of organizational structures** that contract with payers and distribute revenue from claims and non-claims payments to employed or participating Primary Care Providers (PCPs).
 - **“Funds flow,”** the mechanism for distribution of claims and non-claims revenue or settlements, is determined internally based on the unique profile and goals of each organization and is proprietary and competitively sensitive.
 - Once commercial payers make payments to provider organizations, **they do not get reports back on how claims and non-claims payments are distributed or allocated** within an organization.

- During previous PCTF meetings, **members confirmed there are significant gaps** in information about payments to primary care providers:
 - At the PCTF Data and Research Meeting on July 10, 2025, Dr. Ryan Schwarz described MassHealth's Primary Care Sub-Capitation Program, which **requires distribution of payments to directly support the delivery of primary care services**.
 - However, with limited visibility into the flow of funds, **MassHealth has faced challenges** in tracking this information.
 - At the PCTF Meeting on July 22, 2025, **members reiterated their support** for tracking payments to primary care providers and the need to understand how different organizations finance and internally support primary care practices.

Primary Care Access, Payment and Delivery Task Force Recommendation: Statutory Deliverable #2

- The PCTF recommends **additional public transparency and reported information about the flow of primary care payments** within health systems.
- This information **will complement reporting by payers to measure primary care spending** as described in PCTF Deliverable #1.
- This information is necessary for **the goals of promoting transparency and primary care improvement**, especially in the context of policies aimed at increasing the share of overall health care spending on primary care.

- **Designated Agencies:** The Legislature should authorize the **Center for Health Information Analysis (CHIA) and the Massachusetts Health Policy Commission (HPC)** to collect information on the flow of primary care payments within provider organizations as a required component of the current **Massachusetts Registration of Provider Organization (MA-RPO) Program**.
- **Priority Data Elements:** CHIA and HPC should prioritize the collection of **data and information necessary to understand the financial support provided to primary care practices** within provider organizations. This includes information on the following **two dimensions**:
 - Funds Flow Mechanisms
 - Provider Organization Primary Care Accounting
- **Development Process:** In developing the reporting requirements for PCTF Deliverable #2, CHIA and HPC should work with Massachusetts **provider organizations, payers, and other interested parties** to examine the complexity and variation of primary care funds flow and accounting mechanisms.
- **Administrative Burden:** In developing provider organization reporting requirements, CHIA and HPC **should seek to impose no additional administrative burdens** on primary care clinicians through these requirements.

- The **MA-RPO Program** is jointly administered by HPC and CHIA and collects information from **over 60 provider organizations** annually.
- **The MA-RPO Program is guided by the following principles:**
 - Administrative simplification
 - Avoiding duplicative data requests through ongoing coordination with other state agencies
 - Balancing the importance of collecting data elements with the potential burden to provider organizations
 - Phasing in the types of information that provider organizations must report over time
- Only provider organizations that meet **certain size thresholds** are required to register.
- The MA-RPO Program **currently collects detailed financial data from provider organizations**, as well as basic information about their funds flow practices, upon which more detailed questions could be organized.
- The program captures information on the **vast majority of primary care providers** (~76%) in the Commonwealth.

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Statutory Deliverable #2: Develop a standardized set of data and reporting requirements for private and public payers, providers and provider organizations



UP NEXT: Discussion: Setting Goals and Measuring Success in Primary Care Reform

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Discussion: Setting Goals and Measuring Success in Primary Care Reform

Achieving a primary care spending target in five years should not be the sole measure of success for the state's reform efforts to build a primary care foundation based on the four pillars of first-contact care, continuity of care, comprehensive care, and coordination of care.



- What are additional goals or indicators for measuring success, specifically in the domains of **patient experience, population health, workforce and clinician well-being**, and **health system performance**? For example:
 - Which elements of patient experience in primary care would we expect to change with primary care reform? (e.g. reduced wait times)
 - What are potential indicators of improved population health and reduced health disparities within primary care?
 - What are potential indicators of clinician well-being and workplace satisfaction? (e.g. reduced “pajama time”)
 - What are the most important metrics to measure to monitor progress within health system performance and structure due to successful primary care reform? (e.g. reduced avoidable ED visits; more independent clinician practices)

Next Steps



- Feedback from today's discussion will be incorporated in the draft recommendations for PCTF Statutory Deliverables #2 and #3 and final drafts will be sent to you for review and to provide written feedback.
- We will be in touch regarding the 2026 PCTF meeting schedule soon.
- At the next PCTF Meeting, we will discuss PCTF Statutory Deliverable #4 (propose payment models to increase public and private reimbursement for primary care services).