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October 30, 2025

BY E-MAIL (HPC-Testimony@mass.gov)

David Seltz
Executive Director
Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109


Dear Executive Director Seltz:

On behalf of Atrius Health, Inc., attached please find our response to respond to a request to submit pre-filed testimony by the Health Policy Commission and the Attorney General's Office in its correspondence dated October 3, 2025, in preparation for the upcoming public hearing on health care cost trends.

I, Christopher Andreoli, MD, MBA, depose and state under pains and penalties of perjury the following: I am Chief Executive Officer of Atrius Health, Inc. I sign the attached responses for and on behalf of Atrius Health, Inc., and am duly authorized to do so. I attest that the factual statements set forth in the foregoing responses are true and accurate to the best of my knowledge. The facts stated in these responses are not all within my personal knowledge, and those facts which are not within my personal knowledge have been assembled by authorized Atrius Health, Inc. employees and/or counsel, and I am informed and believe that they are true.

Please let me know if we can be of further assistance.

Sincerely,

DocuSigned by:

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Christopher Andreoli, MD, MBA
Chief Executive Officer

2025 Pre-Filed Testimony PROVIDERS



**As part of the
*Annual Health Care
Cost Trends Hearing***

Massachusetts Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

INSTRUCTIONS FOR WRITTEN TESTIMONY

If you are receiving this, you are hereby required under M.G.L. c. 6D, § 8 to submit written pre-filed testimony for the [2025 Annual Health Care Cost Trends Hearing](#).

On or before the close of business on **Friday, October 31, 2025**, please electronically submit testimony as a Word document to: HPC-Testimony@mass.gov. Please complete relevant responses to the questions posed in the provided template. If necessary, you may include additional supporting testimony or documentation in an appendix. Please submit any data tables included in your response in Microsoft Excel or Access format.

We encourage you to refer to and build upon your organization's pre-filed testimony responses from 2013 to 2024, if applicable. If a question is not applicable to your organization, please indicate that in your response.

Your submission must contain a statement from a signatory that is legally authorized and empowered to represent the named organization for the purposes of this testimony. The statement must note that the testimony is signed under the pains and penalties of perjury. An electronic signature will be sufficient for this submission. All submissions are public record and will be posted to the [HPC's website](#).

You may receive questions from both the HPC and the Office of the Attorney General (AGO). If you have any difficulty with the templates or have any other questions regarding the pre-filed testimony process or the questions, please contact relevant staff at the information below.

HPC CONTACT INFORMATION

For any inquiries regarding HPC questions, please contact:
General Counsel Lois Johnson at
HPC-Testimony@mass.gov or
lois.johnson@mass.gov.

AGO CONTACT INFORMATION

For any inquiries regarding AGO questions, please contact:
Assistant Attorney General Sandra
Wolitzky at
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963-2021.

THE 2025 HEALTH CARE COST TRENDS HEARING: PRE-FILED TESTIMONY

The Massachusetts Health Policy Commission (HPC), along with the Office of the Attorney General (AGO), holds the Health Care Cost Trends Hearing each year to examine the drivers of health care costs and consider the challenges and opportunities for improving the Massachusetts health care system.

The 2025 Health Care Cost Trends Hearing offers a critical opportunity to discuss the pressing issues challenging the stability and sustainability of the Commonwealth's health care system. These include mounting affordability issues, workforce constraints, financial volatility, increasing prescription drug costs, and threats to health care access and coverage – and the ongoing efforts to address them.

Recent federal action has created uncertainties about the health care landscape in Massachusetts. It will require a renewed commitment among stakeholders and policymakers to work together towards a health care system that is more affordable, accessible, and equitable for all residents. The 2025 Health Care Cost Trends Hearing will convene industry leaders, clinicians, and community members to reflect on recent policy actions and invite further collaborative action in Massachusetts, advancing the Commonwealth's health care goals and values.

Amid the federal activity, Massachusetts is still contending with existing affordability hardships facing the Commonwealth's residents. Massachusetts now has the highest family health insurance premiums in the country. In 2024, the average annual cost of health care for a family exceeded \$31,000 (including out-of-pocket spending). As health care spending grows as a portion of household income, more and more families incur medical debt and avoid using needed care. These rates become particularly dire when health care premiums and out-of-pocket spending reach 25% of total income – a reality that 41% of Hispanic families and 26% of Black families in Massachusetts faced in 2023 compared to 9% of white families. Furthermore, the average annual cost sharing per person grew from \$849 in 2019 to \$1,049 in 2023 (a 29% increase), and residents paying \$5,000 or more annually in cost sharing doubled from 2019 (1.5%) to 2023 (3.1%).

This is the first cost trends hearing since the enactment of two significant health care laws earlier this year (Chapters 342 and 343 of the Acts of 2024), which strengthen the health care market, address rising prescription drug costs, and enhance the public transparency and accountability of the Commonwealth's health care system – including requiring additional health care market participants to provide public testimony. As the HPC, the AGO, and other state agency partners continue implementation of these new laws, the 2025 Health Care Cost Trends Hearing will focus on working together to safeguard the Commonwealth's commitment to health care affordability, access, and equity.

The pre-filed written testimony affords the HPC and the AGO, on behalf of the public, an opportunity to engage with a broad range of Massachusetts health care market participants. In addition to pre-filed written testimony, the public hearing features in-person testimony from leading health care industry executives, stakeholders, and consumers, with questions posed by the HPC's Board of Commissioners about the state's performance under the [Health Care Cost Growth Benchmark](#) and the status of public and industry-led health care policy reform efforts.

1. Recent and ongoing federal policy actions are changing health care in Massachusetts. What do you anticipate will be the most significant implications of these federal actions on your organization's strategies to address health care affordability, quality, access, and equity? How is your organization working to ensure stability and mitigate any negative impacts on health care workers, patients, and patient care? What specific actions should health care market participants, policymakers, and the public consider to safeguard the Massachusetts health care system against potential risks from federal policy shifts?

Impact of Federal Policy Actions

Atrius Health operates on the foundational principle that equitable access to primary care is essential for achieving high-quality health outcomes. We recognize that recent and ongoing federal policy actions, including significant reductions to Medicaid and procedural hurdles for MassHealth eligibility, enrollment and redeterminations will have profound implications for our organization and pose a threat to the stability of the entire Massachusetts healthcare system.

This instability risks undermining the value-based primary care models that have proven to be essential for managing costs and delivering high-quality care, as our system is most effective when patients have consistent insurance coverage. We are concerned these policy actions will lead to health insurance coverage gaps, increase uncompensated care, shift costs to the commercial market, and will disrupt the continuity of care that is fundamental to managing chronic conditions and preventing high-cost downstream events. We anticipate these impacts will disproportionately harm already vulnerable populations, contrary to our organizational commitment to health equity.

Working to Ensure Stability

To mitigate these impacts, Atrius Health is focused on reinforcing our core mission to provide health care under a model that works for our patients. Strategies to support this

mission include continuing to invest in our team-based, coordinated care model, expanding value-based care contracting arrangements, and accelerating care delivery innovations.

Investment in our team-based model allows Atrius Health to manage patient health effectively and efficiently. Over the years, we have developed the infrastructure, processes, and care management protocols that support the delivery of integrated, high-quality, cost-effective care to all of our patients. A key component of this is our dedicated population health department, which partners with our clinical teams to identify the unique healthcare needs of our different patient populations, develops targeted clinical care models to meet those needs, and monitors key health outcomes to ensure accountability. This team-based model also supports our clinicians and staff, who may face increased demands from a sicker and more complex patient population experiencing greater social and economic stress as a result of federal policy actions.

Our ability to sustain this model depends on a value-based incentive system. Alternative Payment Models (APMs) are a financial tool that encourage coordination of care, reward value and quality, and support investments in innovation. The majority of Atrius Health patients are part of contracting arrangements that are built on APMs, which is critical to our ability to reinvest in population health resources and effectively manage total cost of care.

Safeguarding the Massachusetts Healthcare System

The Commonwealth has long been a national leader in healthcare. Preserving and expanding that leadership requires protecting and scaling models that work. To safeguard our system, we recommend state policymakers pursue the most effective available options to protect access and affordability, including streamlining MassHealth eligibility and renewal processes to minimize procedural disenrollment.

Collectively, we must also advance state-level reforms that improve efficiency and reduce costs. While recent attention has rightfully focused on significant market disruptions, notably the Steward Health Care bankruptcy and the widespread financial challenges facing hospitals, we must also continue to bring awareness to the crisis facing communities losing access to primary care. We support policies that encourage and empower a rebalancing of healthcare spending toward investment in primary care and policies that advance the use of APMs with explicit accountability and rewards for improved health outcomes. Investing in primary care is essential to managing the total cost of care and preventing erosion of community-based access. Atrius Health is committed to working with state leaders to advocate for policies that protect our patients and preserve the stability of the Commonwealth's healthcare system.

2. Many Massachusetts health care providers continue to face significant workforce challenges. What strategies has your organization successfully implemented to improve recruitment and retention of clinical and/or non-clinical workers? What policy, payment, or health care system reforms does your organization recommend to better sustain, strengthen, and diversify the health care workforce more broadly in Massachusetts?

Atrius Health recognizes a stable, supported, and diverse workforce is essential to providing high-quality patient care. Like many provider organizations in the Commonwealth, Atrius Health has faced challenges with recruiting and retaining both clinical and non-clinical staff in a competitive labor market, a situation exacerbated by widespread clinician burnout. Atrius Health has made concerted efforts to retain and recruit clinicians and currently we are realizing the lowest rates of primary care turnover in decades.

Implemented Retention and Recruitment Strategies

Atrius Health has been successful in stabilizing and expanding our primary care workforce by focusing on clinician wellness and reducing clinician burnout and turnover. Key retention tactics include:

- **Improved administrative efficiencies:** A primary driver of burnout is excessive administrative burden. Atrius Health has made significant investments in technology and process redesign to give time back to clinicians. We are actively reducing the volume of our primary care clinicians' in-boxes by leveraging centralized, specialized teams and technologies to support this work, resulting in more efficiently serving our patients. Similarly, we recently rolled out an AI-powered scribe technology that allows providers to focus on the patient instead of the computer, leading to more accurate notes and less time outside of work-hours spent on documentation.
- **Advanced Care Practitioner integration:** We are strategically addressing the primary care shortage by expanding our clinical teams. We have invested heavily in our Advanced Practice Clinicians (APCs), who are a critical part of our care model. To build a strong pipeline, we created a residency-like training program for new graduate APCs to immerse them in our ambulatory, value-based care approach.
- **Cultivating a culture of support:** We believe that supporting our workforce begins with listening. Our senior leadership team conducts regular site visits and holds virtual office hours to hear directly from clinicians and staff about their challenges and successes. This direct feedback loop, combined with resources for personal resilience and professional development, creates a culture where our team members feel valued and heard.

- Building a sustainable internal pipeline: We have invested heavily in creating career pathways for our clinical and non-clinical teams. We actively partner with local schools to host nursing and other technical students and have launched a new apprentice program for medical assistants and medical secretaries. We are also rolling out a new LPN training program, demonstrating our commitment to developing our workforce.

While Atrius Health is committed to retaining existing clinicians, we also have worked diligently to improve our ability to recruit new clinicians. We maintain partnerships with residency programs locally and nationally to identify new physicians interested in working within our model of care, and have developed mentoring programs to support these physicians as they begin their careers in our organization.

In addition to recruiting and onboarding new providers, Atrius Health has expanded efforts to retain and recruit non-clinician staff who are critical to our operations. These efforts include more frequent salary reviews and wage adjustments to remain competitive, as well as redesigning the work for medical assistants to more fully integrate them into care teams for higher degrees of professional satisfaction and growth. We also have leveraged the increased prevalence of telehealth to provide new opportunities for increased flexibility and remote work for some staff.

Policies to Strengthen the Massachusetts Workforce

To sustain, strengthen, and diversify the Massachusetts healthcare workforce, policymakers must pursue solutions focused on practice environment and workforce pipeline.

Atrius Health supports eliminating practice barriers for APCs, such as allowing Physician Assistants to practice under a collaborative model as opposed to a supervisory model and expanding diagnostic and treatment authority for autism spectrum disorder to include Nurse Practitioners. These reforms are critical to improving access, reducing administrative burden, and allowing health systems to build the flexible, multi-disciplinary teams needed in modern healthcare.

We also support expanding state-sponsored loan forgiveness programs for all clinicians who commit to practicing primary and behavioral health care in Massachusetts, not just for those agreeing to work in community health centers. These programs are vital for attracting and retaining the next generation of providers in the specialties where they are needed most. Further consideration should also be given to providing tuition-free medical school or meaningful grants for anyone willing to serve at least ten years as a full-time practicing primary care physician in the Commonwealth.

Just as we are investing in our own internal pipeline, the state must support broader investment in healthcare education. We recommend state support for schools and independent training programs to build a sustainable workforce for critical roles, such as medical assistants, pharmacy technicians, radiology technicians, and ophthalmology technicians.

Together, these efforts to stabilize and expand our workforce will help address the significant constraints on access to care in Massachusetts. Over the long term, these efforts can go a long way in helping to enhance clinical outcomes, reduce health care disparities, and manage costs, even as the Commonwealth experiences continuing disruptions to our historic systems of care.

3. Administrative complexity in the health care system can burden clinicians and patients and contribute to burnout, reduce timely and equitable access to care, and add unnecessary costs to the system. What policies or strategies should policymakers and/or other market participants consider to reduce administrative complexity that provides little value in the Massachusetts health care system? How would such changes impact your organization's administrative costs of providing care?

Policies to Reduce Administrative Complexity

Administrative complexity imposes a heavy burden on clinicians, diverting them from patient care and driving unnecessary costs. As described in our response to Question 2 above, Atrius Health has made substantial investments in technology and process redesign in order to successfully reduce administrative inefficiencies and improve our clinicians' experience. This work did also address what is commonly understood as the biggest clinical administrative challenge for clinicians – prior authorizations. While Atrius Health has realized some success by updating our internal processes related to prior authorizations, there is still opportunity to further streamline this work.

We support policymaker efforts to work with payers and providers to reduce the burden of prior authorization. Prior authorization can be a useful utilization management tool to control spending on costly or novel treatments and to mitigate the potential for fraud, waste, and abuse, but its use must be balanced by data-driven changes which improve efficiency and eliminate delays in access to care for patients. Adoption by payers of more standardized and clinically transparent prior authorization processes would further bolster the work Atrius Health has already done in this space.

Beyond clinical administrative functions, policymakers must also address the immense complexity of pure administrative tasks such as billing, claims integrity, and provider credentialing. These processes are often complex and vary across payers. This lack of standardization creates significant and seemingly unnecessary administrative work. We would support policies promoting meaningful simplification of these functions.

As new policies to address administrative complexity are contemplated in the Commonwealth, Atrius Health recommends three guiding principles:

- Enabling scale needed for innovation – Running a physician practice involves significant operational complexity. Given the administrative burdens described above, many physician practices rely on management services organizations (MSOs) or similar structures to support these administrative functions. MSOs serve a critically important function in the delivery of value-based care, protecting clinical decision-making by providers and allowing clinicians to focus their efforts around providing value-based care. Without this essential administrative support, practices would be even more burdened by this complexity which would ultimately impact patients and clinicians. Any new market oversight in Massachusetts must be carefully designed to avoid disrupting these essential support systems, as doing so may limit physician capacity, hinder adoption of value-based payment arrangements, and potentially limit patient access across the Commonwealth.
- Encouraging innovation in care delivery – Over time, we have seen innovations in care delivery that have helped reduce health care expenditures and improve patient satisfaction with care. At Atrius Health, our experience demonstrates the value of shifting procedures to ambulatory surgical centers, leveraging telehealth to ensure continuity of care, and utilizing mobile health to reduce emergency department visits. New policy interventions should continue to support care delivery innovations like these, and have the flexibility to enable future innovations that make our healthcare system more efficient, accessible, and patient-centered.
- Avoiding creation of new administrative burdens– As noted above, the administrative burden of running a healthcare practice is significant. While there is a necessary amount of reporting required to support a transparent, well-regulated healthcare system, policymakers should take care not to unduly increase the administrative tasks required of provider organizations in Massachusetts, as doing so would increase costs to the health system as a whole. Atrius Health also encourages policymakers to consider changes to reduce duplicate reporting requirements, or combine existing efforts between state agencies to support greater efficiency in our health care system.

Impact on Administrative Costs

The administrative complexity of the current healthcare environment requires physician practices and health systems to spend significant time and expense addressing

administrative tasks. These tasks divert resources that could otherwise be invested in valuable patient care. If statewide policies are implemented to reduce these burdens, we anticipate a material positive impact on administrative costs for provider organizations and health systems across the Commonwealth.

Minimizing the administrative workload empowers clinicians and staff to spend more time on patient care and population health management, directly advancing our value-based mission and improving health outcomes.

Reducing system-wide waste enhances operational efficiencies and mitigates clinician burnout. Lower burnout rates lead to higher physician retention, which in turn reduces the substantial costs associated with recruiting and training new personnel, strengthening workforce stability and preserving access to care.

4. High-quality, accessible primary care is foundational to an effective and efficient health care system. If your organization includes primary care providers, what activities or investments are you pursuing to enhance access to affordable, high-quality, person-centered primary care (including integrated behavioral health services) for your patients? How are you tracking the impact of these activities or investments? What policy, payment, or health care system reforms does your organization recommend to enhance equitable access to high-quality primary care services?

Organizational Activities and Investments to Enhance Access to Primary Care

Atrius Health is built on a strong primary care foundation and believes high-quality, person-centered primary care is critical to containing costs, better health outcomes, and more equitable access to care. We have made investments in primary care delivery designed to meet patients where they are: in our offices, at their homes, or on-line.

We have developed specific models of care to meet the unique needs of our diverse patient populations. One example is our Pride+ Care program which provides integrated primary care and behavioral health support tailored to the needs of the LGBTQIA+ community. Another area of focus is our most complex and vulnerable older adult patients, which is supported by Atrius Health's specialized Home-Based Primary Care program. This program provides proactive, coordinated care directly in the patient's home. This is complimented by our Peace of Mind program, which provides enhanced monitoring, support, and care continuity for high-risk patients. Collectively, these types

of programs serve as a cornerstone of our health equity strategy, reducing emergency department visits and hospitalizations by bringing care directly to our patients.

Atrius Health surrounds our primary care teams with robust clinical supports. Our comprehensive integrated behavioral health services include psychiatrists, psychologists, and social workers who work in close coordination with our primary care providers. This integration ensures that patients receive holistic care that addresses both their physical and mental well-being. We also offer our Precision Behavioral Health program, which leverages a suite of digital tools to connect patients to behavioral health care at a time when access across the Commonwealth is limited. We deploy care management resources, including for our pediatric and multi-specialty patients, and health coaches to support patient outreach, proactive care, and closing gaps in care. We have implemented e-consults which allow our primary care clinicians to communicate directly with our specialists, helping to accelerate care for our patients.

Atrius Health remains committed to multi-modal care delivery. We offer multiple access points for same-day services 365 days a year and have a user-friendly patient portal that offers on-demand video visits and e-visits for low-level acute concerns. Virtual visits play a vital role in our primary care and behavioral health delivery models, helping to reduce health disparities for patients who face barriers to access such as transportation or childcare.

Tracking Impact of Activities and Investments

We employ a comprehensive approach to measuring impact that includes qualitative as well as quantitative data. This includes tracking traditional metrics such as total medical expense, avoidable hospital admissions and readmissions, pharmacy spending, process and outcome measures related to our quality improvement initiatives, as well as patient access and patient satisfaction data.

Additionally, senior leadership regularly conducts site visits to gain real-time, ground-level feedback from our clinicians and staff. These site visits give leadership an opportunity to understand and react to what is working well and any challenges that arise within our system.

Policies to Enhance Equitable Access to Primary Care

Atrius Health's ability to sustain its innovative primary care services depends on a value-based system which encourages coordination of care, rewards value and quality, and supports advancements in health equity.

To enhance equitable access to high-quality primary care across the Commonwealth, Atrius Health recommends policymakers continue to address underinvestment in primary care in ways that support the primary care workforce, expand access to care and protect affordability.

Atrius Health recommends policymakers promote use of APMs, which are foundational to supporting integrated, high-quality care. Achieving health equity requires recognizing different patient populations have different needs. These models, featuring prospective, population-based payments, provide stable funding that allow practices to invest in services that traditional fee-for-service does not support, such as integrated behavioral health, team-based care, and other specialized models of care delivery.

5. Massachusetts now has the highest family health insurance premiums in the United States. In 2024, the average annual cost of health care for a family exceeded \$31,000 (including out of pocket spending). This reflects the growth in underlying health care costs. As health care spending grows as a portion of household income, more and more families incur medical debt and avoid using needed care. Collaborative, urgent action across market participants is needed to reverse these trends. How can your organization contribute to this effort?

Our Commitment to Affordability

Atrius Health is committed to addressing healthcare affordability. We believe the only sustainable path to affordability is through fundamental redesign of care delivery, moving away from a fee-for-service model that rewards volume and towards a value-based model that rewards outcomes and keeping patients healthy. Our entire care model is built upon the principle of taking meaningful financial risk for the total cost and quality of care for our patients.

Our contribution is demonstrating that a better, more affordable system is possible. By holding ourselves accountable for the total cost of care, we are incentivized to innovate and find efficiencies that directly translate into lower costs for the health care system and for our patients. This accountable, value-based approach is the most effective and proven tool for addressing affordability, and is the model Atrius Health has championed for decades.

This concept is embedded in our clinical operations. We are committed to helping our patients access the right care, in the right setting, and at the right time. We have moved selected services to lower-cost settings, such as community hospitals, and utilized

ambulatory surgical centers for total joint replacements. We have expanded our “ED at Home” program to prevent unnecessary emergency department visits and hospitalizations.

We recognize that pharmaceutical spend is a significant driver of cost. Our dedicated clinical pharmacy team works directly with clinicians to promote evidence-based, cost-effective prescribing. We have embedded powerful tools into our electronic health record, such as point-of-prescribing notifications, which have achieved significant annual savings by seamlessly guiding clinicians to less costly, clinically appropriate alternatives.

Atrius Health’s team-based model remains one of our most critical tools for cost containment. By investing in a strong primary care foundation designed around prevention and managing chronic conditions proactively, we help our patients avoid more complex and costly interventions downstream. This focus on coordinated, preventative care is designed to prevent avoidable admissions, readmissions, and duplicative tests, directly reducing system waste and ensuring long-term cost control.

To build a more affordable healthcare system for all residents of the Commonwealth, Atrius Health recommends a focus on foundational reforms. We believe in policies that champion equitable access to high-quality primary care and invest in its workforce. We support efforts to advance meaningful administrative simplification, including increased standardization and automation of prior authorization. We support payment models that reward integrated, team-based care that improves health outcomes and encourage policymakers to consider policies that would enable a broader and larger universe of provider organizations to accept responsibility for primary care lives and assume financial risk for the total cost of care.

QUESTIONS FROM THE OFFICE OF THE ATTORNEY GENERAL

- Chapter 224 requires providers to make price information on admissions, procedures, and services available to patients and prospective patients upon request. In the table below, please provide available data regarding the number of individuals that sought this information.

Health Care Service Price Inquiries Calendar Years (CY) 2023-2025		
Year	Aggregate Number of Written Inquiries	Aggregate Number of Inquiries via Telephone or In-Person
CY2023	Q1	598
	Q2	702
	Q3	677
	Q4	703
CY2024	Q1	1,449
	Q2	1,289
	Q3	825
	Q4	783
CY2025	Q1	975
	Q2	726
	TOTAL:	8,727