

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

November 18, 2025

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

Date of Meeting: November 18, 2025
Start Time: 10:30 AM
End Time: 12:00 PM

Primary Care Task Force Member	Present?	Vote: Approval of Minutes (June 12, 2025)
Dr. Ryan Schwarz, Chair	X	X
David Seltz, Co-Chair	X	X
Dr. Wayne Altman	X	X
Dr. Brenda Anders Pring	X	X
Dr. Laura Black	X	
Dr. Jennifer Blewett	X	A
Alyson Bracken	A	X
Dr. Renee Crichlow	X	X
Dr. David Gilchrist	X	2nd
Dr. Stephen Martin	X	M
Christina Severin	X	X
Dr. Barbara Spivak	X	X
Summary	11 Members Attended	

(M): Made motion; (2nd): Seconded motion; (ab): Abstained from Vote; (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 Tuesday, November 18, 2025, beginning at 10:30 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 Chief of the Office of Accountable Care and Behavioral Health, MassHealth, Dr. Ryan Schwarz (Chair); Executive Director of the Health Policy Commission (HPC), Mr. David Seltz (Co-Chair); Dr. Wayne Altman; Dr. Laura Black; Dr. Jennifer Blewett; Dr. Renee Crichlow; Dr. David Gilchrist; Dr. Stephen Martin; Dr. Brenda Pring; Ms. Christina Severin; and Dr. Barbara Spivak.

ITEM 1: Call to Order

Mr. David Seltz called the meeting to order at 10:30 AM and told members the focus of the meeting would be on addressing administrative burden in Primary Care. He then introduced the Workforce Workgroup Chair, Dr. Ryan Schwarz, who provided brief opening remarks and reviewed the meeting agenda.

ITEM 2: Approval of Minutes: July 30, 2025 (VOTE)

As there were no revisions to the minutes of the July 30, 2025 PCTF Workforce Workgroup meeting, Dr. Altman made a motion to approve the minutes, and Dr. Gilchrist seconded the motion. The minutes were approved by roll call vote.

ITEM 3: PCTF Priorities to Address Administrative Burden: Legislative Proposals in the 194th General Court

Mr. Seltz told members the meeting would be focused on addressing prior authorization (PA) and quality measures. In response to questions about the process for prioritizing these topics for the meeting, Mr. Seltz explained that these two topics were previously identified by workforce workgroup members as areas that commonly contribute to administrative burden in primary care and that, since there are existing proposals in the Legislature to address PA in particular, the co-chairs saw this is an opportunity for the task force to inform legislative action. Members suggested that recirculating that list to members could be helpful.

Mr. Seltz continued to review findings from an HPC survey in which providers in Massachusetts reported dedicating significant staff time and resources to navigating and complying with each payer's unique PA requirements, and that unnecessary complexity associated with PA directly impacts patients, which is consistent with findings from national surveys. Payers, however, noted that PA is an important tool for keeping costs down and warned that broad removal of PA requirements could increase spending.

Members noted that there are PA requirements for surgeries, imaging, and pharmaceutical prescribing and discussion around PA should focus on alleviating requirements for primary care, without adding burden to specialists. For example, eliminating PA for all primary care could shift the burden of PA requirements for imaging requests to specialists, and that may not be appropriate.

Mr. Seltz reviewed common policy strategies for streamlining PA in effort to reduce administrative burden for primary care providers such as increased reporting from payers on denial rates, response times, and services requiring PA, time limits for responses to PA requests, prohibiting retrospective denials, and more. He reviewed the components

of current legislative proposals in Massachusetts for streamlining and increasing payer reporting on PA processes, S.1403, *An Act relative to reducing administrative burden* and H.1383 *An Act relative to the use and impact of prior authorization*. Finally, he reviewed a three-year pilot program implemented by Rhode Island prohibiting health plans from imposing a PA requirement for services ordered by a primary care provider.

ITEM 4: PCTF Priorities to Address Administrative Burden: Summary of HPC 2025 Health Care Cost Trends Hearing Pre-Filed Testimony

Mr. Seltz reviewed key highlights from pre-filed written testimony for HPC's 2025 Health Care Cost Trends Hearing submitted by nine payers and 25 providers, related to prior authorization and administrative burden. He shared that twenty of the providers required to submit testimony called for reforms to prior authorization processes, and eleven of the providers recommended policies that reduce duplicative data entry and streamlining data reporting requirements across payers.

The health plans discussed technological improvements they are taking to streamline or simplify administrative processes in their testimonies. Six of the nine payers signed an industry pledge to CMS to simplify PAs by: standardizing electronic PA and implementing federal interoperability requirements; reducing the number of services requiring PA; honoring other payers' authorizations for new members; enhancing provider and patient communication about timelines; expanding real-time approvals; and ensuring human-led clinical decision making.

Members expressed support for PA reform, while acknowledging that, when applied appropriately, it can be a helpful cost saving measure for health plans, urging caution against eliminating PA entirely and consideration of potential unintended consequences for specific policies to limit PA. Members supported strategies for PA reform such as increased standardization for requirements across payers, removing PA for generics, applying "gold carding" to health plans rather than providers to remove PA for services receiving approval 90% of the time or more, applying PA for multiple years to patients with complex needs or diagnosis, and asking health plans to only apply PA to the areas responsible for the greatest amount of unnecessary spending. Members also suggested reviewing the components of California's recent legislation related to prior authorization.

ITEM 5: PCTF Priorities to Address Administrative Burden: Quality Measure Alignment Taskforce (QMAT) and Statewide Quality Advisory Committee (SQAC)

Michael Stanek, Deputy Director of the HPC's Health Care Transformation and Innovation (HCTI) department provided background on the Quality Measure Alignment Task Force (QMAT), convened by EOHHS in the spring of 2017, with representatives from the provider, payer, consumer advocate, and academic communities with expertise in health care quality measurement. He explained that through a consensus process, the task force has developed the Massachusetts Aligned Measure Set (AMS), which is annually reviewed and updated, for voluntary adoption by Massachusetts payers and providers in their global budget-based risk contracts (i.e., contracts with Account Care Organizations).

In addition to the responsibility of reviewing and recommending updates to the AMS, the QMAT has identified other priorities and workstreams, including increasing fidelity to the AMS, endorsing and promoting widescale adoption of health equity data standards, advising CHIA on how best to gather data on and eventually publish ACO performance using the AMS, and supporting the use of quality measures requiring clinical data (e.g., electronic clinical quality measures). In evaluating adherence among payers to the AMS has been trending positively, while adherence to the core measures that payers and providers are expected to always use in their risk contracts, can be improved.

Mr. Stanek then reviewed changes being implemented to the QMAT as it transitions to the Statewide Quality Advisory Committee (SQAC) in compliance with Section 44 of Chapter 343 of the Acts of 2024, which detailed an updated process for developing a standard set of quality measures for use in the Commonwealth. The SQAC will be responsible for making recommendations to CHIA, rather than EOHHS, for approval for use, rather than for voluntary adoption, in (1) payer-provider contracts that incorporate quality measures into payment terms, (2) tiering, (3) consumer transparency websites, and (4) monitoring systemwide performance. There will also be changes to the membership and quality measure experts will serve on technical advisory groups (TAGs) to the SQAC. Finally, Mr. Stanek reviewed the measure core and menu measures of the 2026 Massachusetts Aligned Measure Set.

Members acknowledged the important work of the QMAT in developing a measure set focused on a small number of meaningful, patient-centered quality measures for primary care, but suggested that improvements can still be made. For example, members supported the inclusion of patient experience measures and mentioned blood pressure as an example of a quality measure that could be developed to assess improvement, rather than focus on absolute numbers. Members also raised the importance of having more clinician representation on the TAGs advising the SQAC to advise on which metrics truly measure quality and to explain what burdens may be placed on clinicians to achieve certain measurement outcomes. Members also raised concerns about the high costs placed on providers to build the infrastructure to report quality measure data, which can impact the ability of primary care physicians to go into independent practices and allow community health centers to be competitive with large health systems.

ITEM 6: Discussion: PCTF Priorities to Address Administrative Burden

Dr. Schwarz moderated a broader conversation among workgroup members related to how quality reporting requirements impact primary care, recommendations for reducing the administrative burden of quality reporting, and other priorities for addressing administrative burden in primary care. Members raised concerns that quality reporting requirements related to population health can potentially be misaligned with what patients truly need and at times result in physicians being penalized for outcomes that are largely out of their control, such as low immunization uptake within an environment of higher vaccine hesitancy. Some members suggested that quality metrics can be moved forward through electronic clinical quality measurement (eCQM), which leverages data from electronic health records and/or health information technology to measure and report health care quality, while others expressed concern that inconsistencies with EHR data entry and interoperability may result in inaccurate data reporting with eCQMs. Finally, members stressed the urgency of upcoming cuts to Medicaid funding that will increase the uninsured population and the need for action to mitigate potential impacts.

ITEM 7: Upcoming PCTF Meeting: Wednesday, December 3, 2025

Dr. Schwarz thanked members for a productive conversation. Mr. Seltz reminded workgroup members of the in-person PCTF meeting scheduled for Wednesday, December 3, 2025.

ITEM 8: Adjourn

The meeting adjourned at 12:57 PM.