

Primary Care Task Force: Workforce Workgroup

March 31, 2026



MASSACHUSETTS
HEALTH POLICY COMMISSION



EOHHS

Agenda



Call to Order



UP NEXT: Approval of Minutes: February 11, 2026 (VOTE)

Discussion: Addressing Provider Burnout

Upcoming Meetings

Adjourn

VOTE

Approval of Minutes from the February 11, 2026 Primary Care Access, Delivery, and Payment Task Force Workforce Workgroup Meeting

MOTION

That the Primary Care Access, Delivery, and Payment Task Force Workforce Workgroup hereby approves the minutes of the meeting held on February 11, 2026, as presented.

Primary Care Task Force: Workforce Workgroup Members



Workgroup Chair Ryan Schwarz, MD, MBA, Chief, Office of Accountable Care and Behavioral Health, MassHealth

Workgroup Co-Chair David Seltz, Executive Director, Massachusetts Health Policy Commission

- **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)
- **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
- **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
- **David Gilchrist, MD, MBA, FAAFP**, Past President, Massachusetts Academy of Family Physicians
- **Stephen Martin, MD, EdM, FAAFP, FASAM**, Professor, Department of Family Medicine and Community Health, UMass Chan Medical School; Staff Physician, Barre Family Health Center
- **Christina Severin**, President and CEO, Community Care Cooperative
- **Barbara Spivak, MD**, Past President, Massachusetts Medical Society; Internist, Watertown

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High levels of provider burnout fuel workforce sustainability challenges.

- In a June 2022 survey, Massachusetts physicians of all types reported **concerning levels of burnout and intent to leave clinical practice**. 55% of physicians surveyed experienced symptoms of burnout. Self-reported burnout and wellbeing were worst among female physicians and physicians of color.¹
 - More than half of respondents already had reduced their clinical hours or planned to in the next 12 months, while about one-quarter planned to leave medicine altogether in the next two years.¹
- Burnout and job exit fuels **a cycle of workforce sustainability challenges**:
 - Fewer PCPs mean larger patient panels for those remaining, further exacerbating both patient access and job feasibility issues.
 - Team-based care, where primary care patients are treated by multiple types of providers including physicians, APRNs, PAs, RNs, medical assistants, CNAs, and mental and behavioral health providers, is beneficial for both patients and providers – but can be costly to set up and difficult to maintain when there is high turnover or inconsistent staffing, especially in lower-paid roles such as medical assistants and CNAs.
 - **Workforce challenges can also become affordability challenges**: high turnover and retention difficulties can drive up costs for practices via salary increases, retention incentives such as loan repayment, and the cost of training new providers.²

1 Massachusetts Medical Society. Supporting MMS Physicians' Well-Being Report: Recommendations to Address the On-Going Crisis. March 2023.

2 Testimony for the 2023 Health Care Cost Trends Hearing. Available at <https://www.mass.gov/info-details/testimony-for-the-2023-health-care-cost-trends-hearing>

Source: <https://masshpc.gov/publications/policyresearch-brief/dire-diagnosis-declining-health-primary-care-massachusetts-and>

Proposed DOI Regulatory Changes on Carrier Use of Prior Authorization



➤ Following its examination of insurer practices, the Division of Insurance (DOI) has proposed amendments to its managed care regulation to **streamline and improve insurer prior authorization practices** by:

- **Prohibiting the use of prior authorization for 12 categories of services** provided in-network (including inpatient acute care, primary care, chronic disease management, preventive health services, and emergency services (both in- and out-of-network))
- **Enhancing consumer protections for continuity of care**, mandating that prior authorization be valid for 90 days, including when an insured moves to a new health plan
- **Strengthening DOI oversight** of carriers' use of prior authorization, with reporting and member survey requirements
- Encouraging **automation and improved claims processing**

Key Takeaways from Workforce Workgroup Meetings



June 12, 2025

July 31, 2025

Nov 18, 2025

Feb 11, 2026

Short-term and Long-term Priorities to Address Primary Care Workforce Challenges

- Members discussed top priorities and policy options for addressing workforce challenges.

Proposed Workforce Workgroup Discussion Topics and Statutory Deliverable #7

- Members agreed on discussion topics for future meetings to guide the workgroup’s development of recommendations for Statutory Deliverable #7.

Prior Authorization and Quality Measures as sources of Administrative Burden

- Members discussed policy options for prior authorization reforms and streamlining reporting for pay for performance quality measures.

Supporting Team-Based Care Models and Behavioral Health Integration in Primary Care

- Members discussed how payment reform can support:
 - care delivery transformation;
 - behavioral health integration;
 - and leverage team-based care models.
- Members supported advancing training and workforce development opportunities for non-licensed professionals.

Recommendations to Reduce Sources of Administrative Burden and Burnout for Primary Care Clinicians



Topics Discussed

- Payment reform to support team-based care and ensure adequate staffing support.
- Prior authorization reform.
- Streamlining reporting for pay for performance quality measures:
 - Refine quality measures for clinical outcomes focused on improvement.
 - Add more clinician representation on the technical advisory groups (TAGs) advising the Statewide Quality Advisory Committee.
 - Align and standardize quality measure and reporting requirements with statewide measure sets.

Topics to Discuss

- Other opportunities for streamlining and reducing unnecessary administrative tasks.
- Leveraging opportunities to advance technological solutions advancing electronic health exchange and interoperability.
- Reforming claims denial practices.
- Reforming insurance referral practices.
- Opportunities to remove barriers within the credentialing process.

Discussion: Addressing Provider Burnout

- Aside from the payment, prior authorization, quality measure reporting, and claims processing reforms that have been proposed or discussed by this workgroup, **what other supports do primary care practices need to streamline and reduce unnecessary administrative tasks?**
- What recommendations can the task force put forth to **leverage technology and other solutions to ease EHR-related burden** including, but not limited to, managing patient portals, streamlining billing and coding documentation, and improving alignment of usability and documentation with clinical care processes?
- What recommendations can the task force put forth to support technological solutions to **improve patient care by enhancing health information exchange** and **advance interoperability** between health systems and between providers and payers?
- What opportunities exist to **standardize, unify, or remove unnecessary barriers in the credentialing process?**

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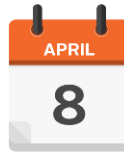
Discussion: Addressing Provider Burnout



UP NEXT: Upcoming Meetings

Adjourn

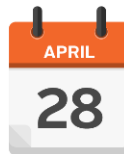
Upcoming Meetings



Primary Care Task Force Meeting

Wednesday, April 8, 2026

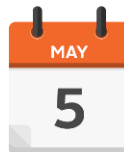
11:00 AM – 1:00 PM (virtual via Zoom)



PCTF Workforce Workgroup Meeting

Tuesday, April 28, 2026

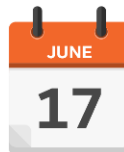
10:00 – 11:30 AM (virtual via Zoom)



Primary Care Task Force Meeting

Tuesday, May 5, 2026

2:00 – 4:00 PM (virtual via Zoom)



Primary Care Task Force Meeting

Wednesday, June 17, 2026

10:00 AM – 12:00 PM (in-person at the HPC)