

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

**February 11, 2026**

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

**Date of Meeting:** February 11, 2026  
**Start Time:** 10:00 AM  
**End Time:** 11:30 AM

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	M
Dr. Laura Black	X	X
Dr. Jennifer Blewett	A	A
Alyson Bracken	X	X
Dr. Renee Crichlow	X	2nd
Dr. David Gilchrist	A	A
Dr. Stephen Martin	X	X
Christina Severin	X	X
Dr. Barbara Spivak	X	X
<b>Summary</b>	<b>10 Members Attended</b>	

(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 Wednesday, February 11, 2026, beginning at 10:00 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; Ms. Alyson Bracken; Dr. Renee Crichlow; 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 10:03 AM and said the meeting would focus on addressing administrative burden in primary care. Workforce Workgroup Chair, Dr. Ryan Schwarz, provided brief opening remarks and reviewed the meeting agenda.

### ITEM 2: Approval of Minutes: November 18, 2025 (VOTE)

As there were no revisions to the minutes of the November 18, 2025 PCTF Workforce Workgroup meeting, Dr. Pring made a motion to approve the minutes, and Dr. Crichlow seconded the motion. The minutes were approved by roll call vote.

### ITEM 3: Discussion: Supporting Team-Based Care Models and Behavioral Health Integration in Primary Care

Mr. Seltz reviewed provisions in the three primary care bills proposed in the state legislature supporting team-based care and behavioral health integration.

Dr. Schwarz added further context for the meeting discussion. Dr. Martin described the importance of integrated, multidisciplinary primary care teams in reducing patient suffering, particularly in patients with complex care needs, improving workforce conditions, and advancing Starfield's principles of first contact care, continuity, coordination, and comprehensiveness. He further explained that evidence supports that primary care teams reduce costs in addressing ambulatory care sensitive conditions and supporting clinician continuity of care, and increasing availability of funding for other important public services.

Members concurred with Dr. Martin and noted that payment reform is necessary to support primary care practices in building and supporting care teams and enabling meaningful care transformation. Members cited the MassHealth Sub-Capitation program as a model that allows for practices to invest in staff and allocate time for administrative activities, while increasing patient panel size and capacity. Members stressed the importance of adequately funding primary care to enable practices to offer appropriate compensation to staff, which would attract more employees to the field and increase capacity.

Members discussed operational barriers to implementing team-based care in their practices. Members described "scope creep" in which team members are gradually assigned responsibilities unrelated to their original role and the increasing time dedicated to patient behavioral health and social needs. Members also noted that while PCPs can prescribe behavioral health medication, they are limited in their ability to address escalated or more complex behavioral health needs.

Dr. Schwarz asked members their experience working with the 27 community behavioral health centers (CBHCs) established by the Commonwealth to provide 24/7 access to prescribing. Members stated their experience has been inconsistent. Other members mentioned that there are no CBHCs located in their community, but the Behavioral Health Helpline has been helpful. Members also shared additional resources they have successfully used to connect their patients with behavioral health care.

Dr. Schwarz continued the conversation for members to discuss recommendations for building the workforce pipeline and what staff roles practices need. Members stressed that with the ability to provide adequate compensation, they would focus on building a care team that is appropriate for meeting the specific needs of their local community and can build strong relationships with patients. Members named peer support specialists, care navigators, and social workers as roles that are critical for team-based care. Members suggested that task force recommendations should include the provision of technical assistance to advise on best practices for building primary care teams.

#### **ITEM 4: Upcoming PCTF Meeting: Wednesday, March 4, 2026**

Mr. Seltz reflected on the implications for task force recommendations, emphasizing that increasing primary care spending alone will not address the primary care crisis, and that payment reform is necessary to support practice reform, and specifically, the ability for primary care practices to implement care teams that align with community needs. He reiterated that in addition to these reforms, it is necessary to address the sources of administrative burden. He told the workgroup that conversations will continue, and HPC staff will be in touch to schedule additional workforce workgroup meetings to continue this work.

#### **ITEM 8: Adjourn**

The meeting adjourned at 11:20 AM.