

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

March 31, 2026

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

Date of Meeting: March 31, 2026
Start Time: 2:00 PM
End Time: 3:30 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	
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	X	X
Dr. Stephen Martin	X	X
Christina Severin	A	A
Dr. Barbara Spivak	X	X
Summary	10 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, March 31, 2026, beginning at 2:00 PM. 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. David Gilchrist; Dr. Stephen Martin; Dr. Brenda Pring; and Dr. Barbara Spivak.

ITEM 1: Call to Order

Mr. David Seltz called the meeting to order. Workforce Workgroup Chair, Dr. Ryan Schwarz reviewed the meeting agenda and stated that the meeting would focus on addressing sources of burnout for primary care providers to further inform the workgroup's development of recommendations for PCTF Statutory Deliverable #7: to create short-term and long-term workforce development plans.

ITEM 2: Approval of Minutes: February 11, 2026 (VOTE)

PCTF Workforce Workgroup meeting, Dr. Pring made a motion to approve the minutes as presented, and Dr. Crichlow seconded the motion. The minutes were approved by roll call vote.

ITEM 3: Discussion: Addressing Provider Burnout

Dr. Schwarz reviewed findings from the HPC's report, [Dire Diagnosis: The Declining Health of Primary Care in Massachusetts and the Urgent Need for Action](#), published in January 2025, which examined the impact of primary care provider burnout, noting the burden of burnout is greater among female physicians and physicians of color. Participants agreed with the findings and noted that these challenges not only affect provider well-being but also reduce patient access to quality care.

Lois Johnson, HPC's General Counsel reviewed the Division of Insurance's proposed regulatory changes to streamline prior authorization practices, which the workgroup has discussed as a driver of provider burnout. She noted that the regulations are still under review and that stakeholder feedback is being considered. During the discussion, participants raised concerns about the broad definition of "chronic disease management" and asked how these categories would be operationalized in practice. Ms. Johnson acknowledged that the regulation includes a definition for chronic disease management and that additional guidance may be provided.

Dr. Schwarz recapped the key takeaways from the workgroup's previous meetings in which the group identified top priorities and policy options for addressing the challenges faced by the primary care workforce and organized the priorities into a list of discussion topics for workforce workgroup meetings in order to develop PCTF Statutory Deliverable #7: to create short-term and long-term workforce development plans. He noted the workgroup has also discussed possible reforms to reduce the administrative burden caused by prior authorization, recommendations for reducing the administrative burden of reporting quality measures, and the role of payment reform in advancing care delivery transformation, behavioral health integration in primary care, and team-based care models and its barriers.

Dr. Schwarz then invited discussion on sources of provider burnout that have not yet been discussed. Members described the growing administrative demands such as high call volumes, managing portal messages, prescription refills, and providing referrals. One participant noted that a practice closure nearby significantly increased patient

volume and thereby pressure for her practice. Members agreed that high patient volumes and work outside of providing direct patient care reduce the time available patients and contribute substantially to provider burnout. They also noted the constraints fee-for-service models place on the ability of practices to implement strong care teams and engage in innovative and flexible solutions to manage these challenges.

Members discussed inefficiencies in referral processes, noting that referrals are often required even when not clinically necessary due to payer requirements or specialists' concerns about reimbursement, creating additional administrative work without clear patient benefit. While some members expressed concern that eliminating referral requirements could lead to inappropriate specialist utilization, others noted that access constraints for specialists limit this risk.

Members identified the credentialing process as a significant barrier to patient access and provider retention. They explained that the process is often long, duplicative across payers, and resource-intensive for practices. Delays in credentialing can prevent providers from seeing patients for extended periods, which may lead to financial strain and workforce attrition. The group discussed the need for streamlining or centralizing the credentialing process.

Dr. Schwarz asked the workgroup to discuss technical solutions for improving electronic health information exchange and interoperability between practices and health systems, and solutions for easing the administrative burden of EHR systems. Members noted that emerging artificial intelligence (AI) tools can be helpful in reducing administrative burden by finding information in patient's records and simplifying administrative processes such as billing. In order to assess these tools for bias and validity, members suggested the state should call on experts to evaluate these tools and develop best practices and standards.

Related to improving the functionality of EHRs, members highlighted the fatigue caused by high numbers of unnecessary alerts triggered for patients when lab results are registered to patient portals before they are evaluated by the provider creating more administrative burden for providers. Additionally, members noted that reporting to the Massachusetts Immunization Information System (MIIS) can be improved among large pharmacies and hospitals immunizing newborns, so providers have easy access to patient immunization records making routine well-visits more streamlined, especially for pediatricians. Finally, members discussed the value of Massachusetts joining existing interstate compacts to simplify health information exchange and licensure exchange across state borders. Mr. Seltz noted there is a state task force reviewing this opportunity that will provide recommendations to the Commonwealth on this subject.

ITEM 4: Upcoming PCTF Meetings

Dr. Schwarz thanked members for a robust conversation and Mr. Seltz reviewed the schedule of upcoming PCTF meetings. He noted at the next Workforce Workgroup meeting on April 28, 2026, the workgroup will reflect on recommendations for Deliverable #7 to bring to the full task force and encouraged members to reach out in the meantime with any additional thoughts.

ITEM 8: Adjourn

The meeting adjourned at 3:20 PM.