

# Primary Care Task Force: Workforce Workgroup

April 28, 2026



**MASSACHUSETTS**  
HEALTH POLICY COMMISSION



**EOHHS**

# Agenda



Call to Order



**UP NEXT: Approval of Minutes: March 31, 2026 (VOTE)**

Discussion: Strategies to Address Workforce Pipeline and Retention Challenges

Upcoming Meetings

Adjourn

# VOTE

## Approval of Minutes from the March 31, 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 March 31, 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

# Agenda



Call to Order

Approval of Minutes: March 31, 2026 (VOTE)



## **UP NEXT: Discussion: Strategies to Address Workforce Pipeline and Retention Challenges**

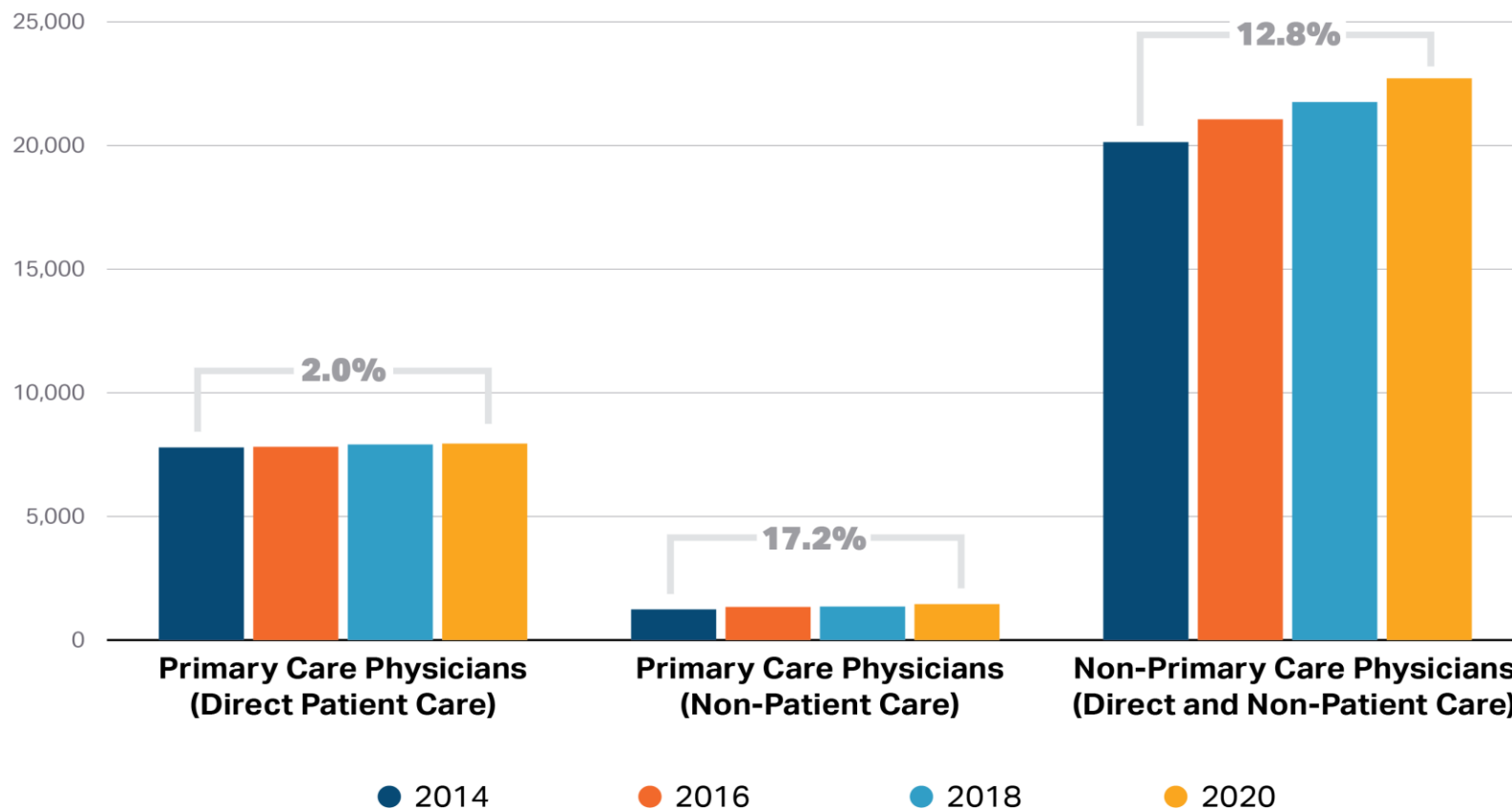
Upcoming Meetings

Adjourn

# The workforce of primary care physicians in direct patient care roles in Massachusetts has barely grown, even while the number of other types of physicians has increased.



Physician employment by setting, Massachusetts, 2014-2020



- Total physician employment per 100,000 Massachusetts residents has grown slowly, increasing 7.8% between 2014 and 2020.<sup>1</sup>
- Primary care physicians in direct patient care as a share of total physicians has declined from 2014 to 2020 (26.7% to 24.7%), while the share of specialty physicians has increased (69.0% to 70.7%).<sup>1</sup>

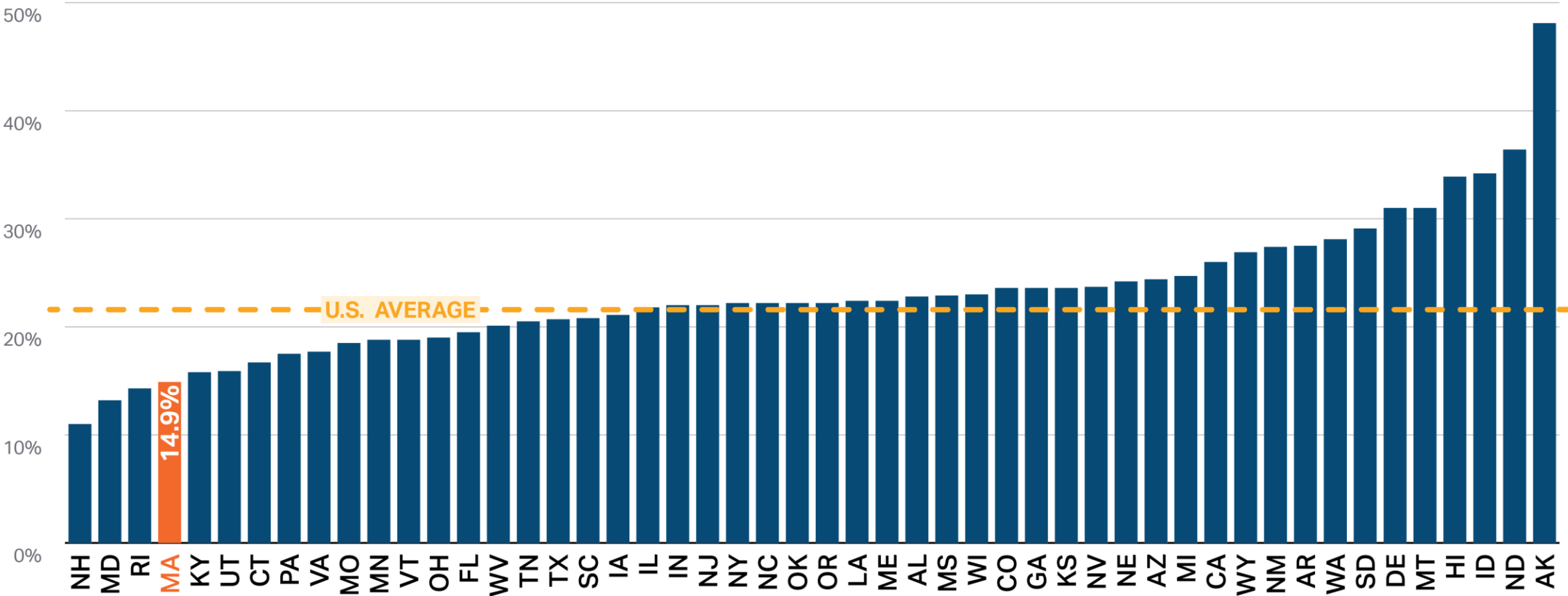
Notes: Physicians who are licensed by a state are considered active, provided they are working at least 20 hours per week. Active physicians include those working in direct patient care, administration, medical teaching, research, or other nonpatient care activities. Physicians are counted as primary care physicians if their self-designated primary specialty is one of the following: adolescent medicine (pediatrics), family medicine, general practice, geriatric medicine (family practice), geriatric medicine (internal medicine), internal medicine, internal medicine/ pediatrics, or pediatrics.

Sources: Exhibit and 1: HPC analysis of data in Association of American Medical Colleges. State Physician Workforce Data Report, 2017-2021.

# In 2021, only 1 in 7 new physicians in Massachusetts entered primary care.



Share of new physicians entering primary care workforce by state, 2021

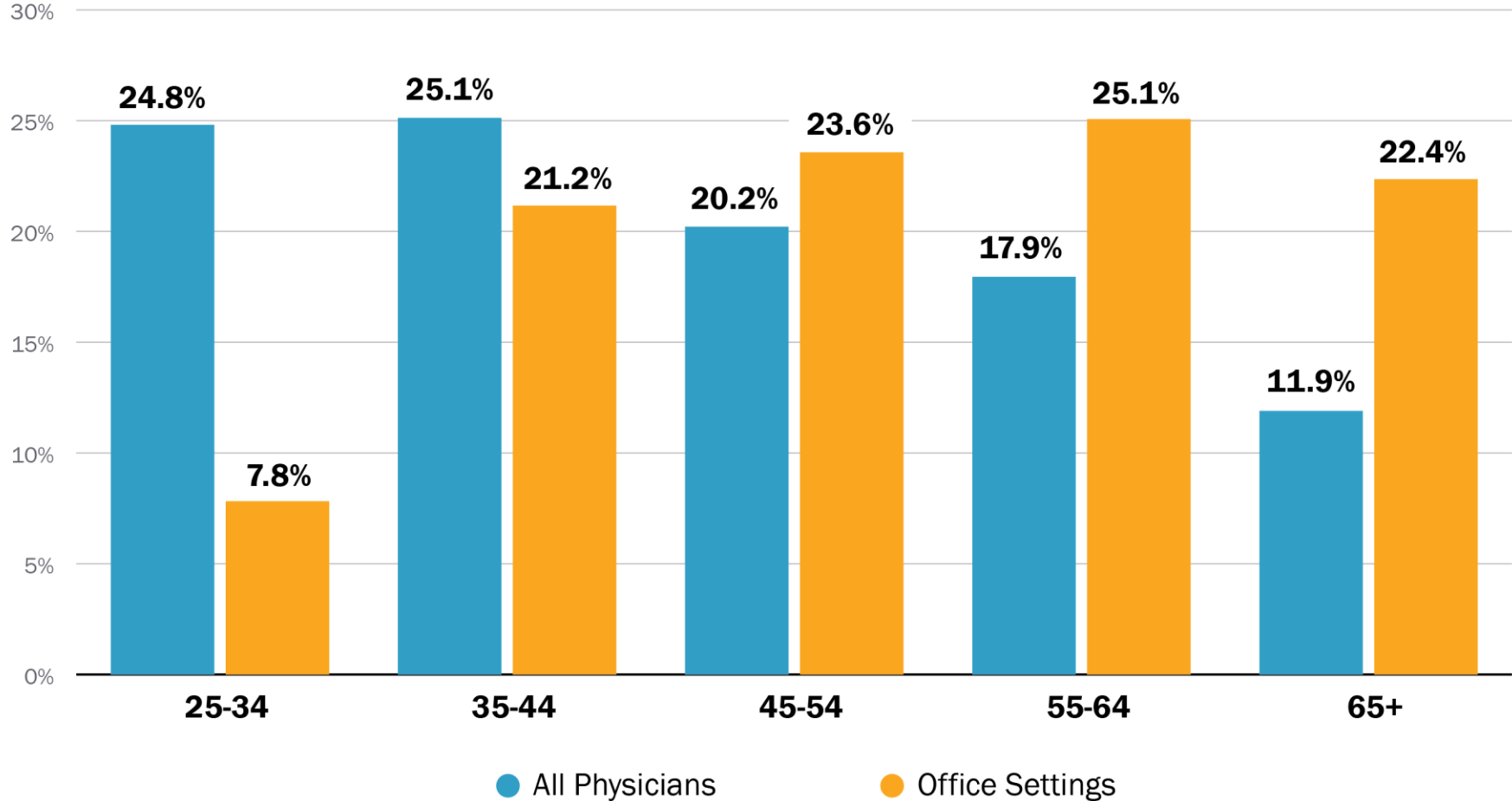


Sources: Milbank Memorial Fund. The Health of U.S. Primary Care: 2024 Scorecard Data Dashboard.

# Nearly half of Massachusetts physicians working in office settings (as a proxy for primary care physicians) are 55 years old or older, in contrast to 30% in other settings.



Physician age groups by setting, Massachusetts, 2022



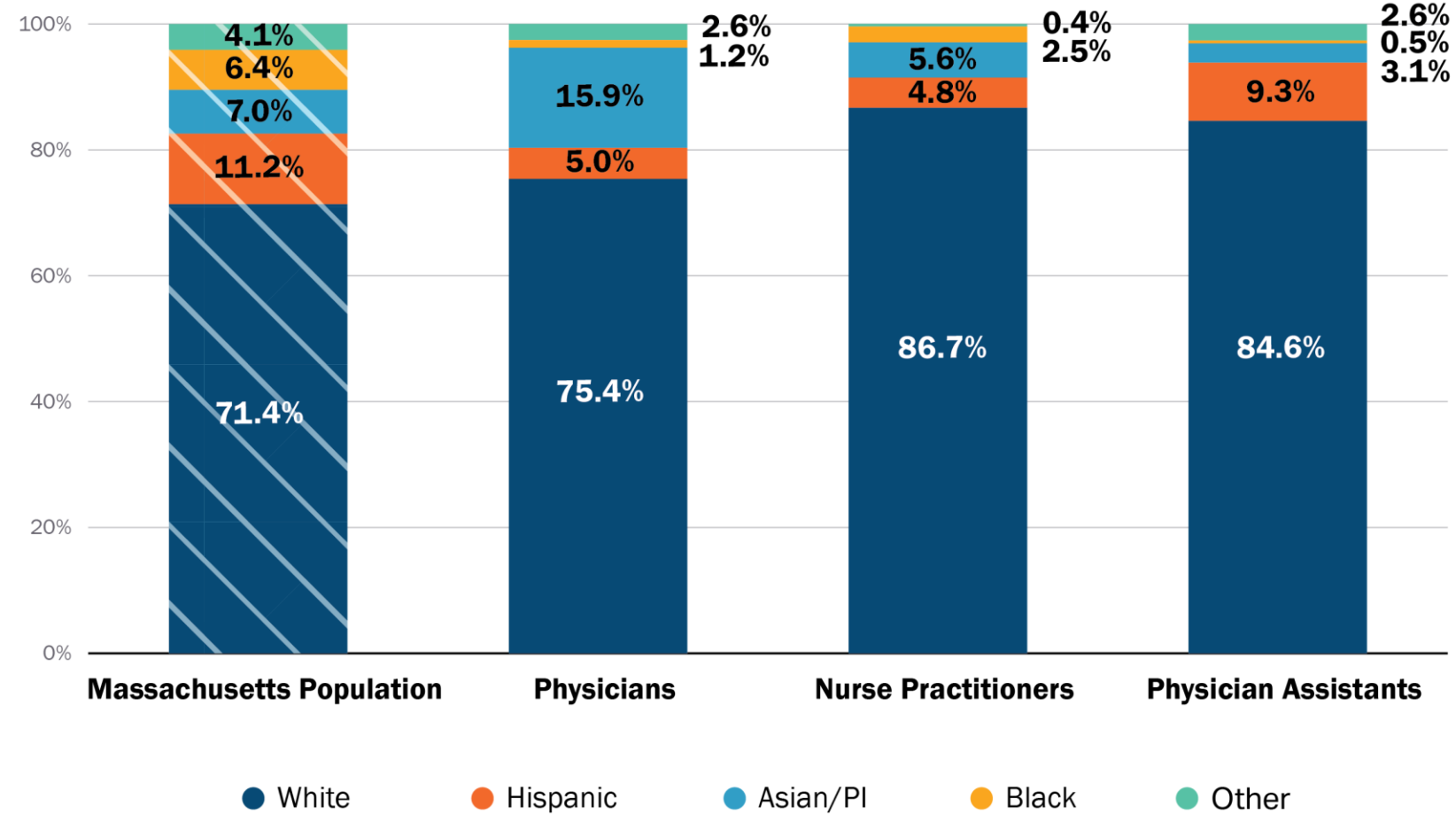
➤ The share of physicians aged 40 and older in all care settings grew by 0.4% from 2018 to 2021 but fell by 5.5% in office settings,<sup>1</sup> suggesting that the overall share of physicians in office settings is decreasing as more experienced physicians exit and are not replaced by younger entrants.

Notes: Results are weighted using the person weight. Office settings includes hospital outpatient departments.  
Sources: Exhibit and 1: HPC analysis of American Community Survey 5-year estimates, 2022

# The race and ethnicity distribution of Massachusetts office-based providers suggests underrepresentation of Black and Hispanic clinicians.



Distribution of Massachusetts providers in office settings (2018-2022) and total population by race and ethnicity (2022)



➤ An HPC analysis suggests that the workforce of office-based physicians, NPs, and PAs in Massachusetts has less diversity than the full statewide workforces of each role.

Notes: Sample weighted using person weight. The "other" race category includes American Indian or Alaskan natives, individuals identifying as more than 1 race, and all other races. The ACS groups nurse midwives in with NPs. Those not in the labor force were dropped from this sample. Residents are likely included as physicians since ACS occupations are reported as where the respondent worked last week for the greatest number of hours.  
Sources: HPC analysis of American Community Survey 5-year estimates, 2018-2022

# Community health centers are experiencing an exacerbated version of the trends and challenges to the delivery of primary care.

- Community health centers (CHCs) are an **essential source of primary, mental, behavioral, and dental care for patients who are medically underserved** or may otherwise lack a regular source of care.<sup>1</sup>
- CHCs provide primary and preventive care services to an estimated 30 million people in the U.S., and care for over 800,000 Massachusetts residents.<sup>2,3</sup>
- CHCs are **more likely to treat patients with chronic conditions** (and those with multiple chronic conditions) than providers in private practices.<sup>4</sup>
- CHCs in Massachusetts are experiencing the same staffing patterns as in primary care generally, but **financial and job sustainability challenges for providers are likely greater.**
- CHCs also have **unique opportunities**, in the form of loan repayment and other retention programs.

1 National Association of Community Health Centers. Closing the Primary Care Gap: How Community Health Centers Can Address the Nations Primary Care Crisis. 2023

J Ambul Care Manage. 2020 Apr/Jun;43(2):136-147.

2 National Association of Community Health Centers. Health Center Service Expansion. 2023. [https://www.nachc.org/wp-content/uploads/2023/07/Service-Expansion-Issue-Brief\\_2023\\_print-ready\\_final.pdf](https://www.nachc.org/wp-content/uploads/2023/07/Service-Expansion-Issue-Brief_2023_print-ready_final.pdf)

3 National Association of Community Health Centers. Massachusetts Health Center Fact Sheet. February 2024. [https://www.nachc.org/wp-content/uploads/2024/02/StateFactSheet\\_MA\\_2022UDS\\_Feb2024.pdf](https://www.nachc.org/wp-content/uploads/2024/02/StateFactSheet_MA_2022UDS_Feb2024.pdf)

4 Corallo B, Proser M, Nocon R. Comparing Rates of Multiple Chronic Conditions at Primary Care and Mental Health Visits to Community Health Centers Versus Private Practice Providers.

## Addressing Primary Care Provider Shortages: The Importance of Family Medicine Residency Programs

- Massachusetts currently has two family medicine residency programs based in Community Health Centers (CHCs) and **just seven family medicine residency programs overall.**
- PCTF Workforce Workgroup members have identified the expansion of **family medicine residency programs and other primary care and nursing preceptorships**, including both community- and AMC-based programs, as a key priority for addressing the primary care provider workforce shortage.
- Members have also recommended **advancing collaborative partnerships between large academic medical centers and Teaching Health Centers (THCs) to train primary care providers** who in turn will provide care to Massachusetts residents.

**There are five family medicine residency programs based in hospitals and health systems across the Commonwealth.**

**1**

**UMass Chan Medical School**

**2**

**UMass Chan Medical School (Fitchburg) Family Medicine Residency Program**

**3**

**Baystate Franklin Medical Center Family Medicine Residency Program**

**4**

**Boston University Medical Center**

**5**

**Tufts University at Cambridge Health Alliance**

# Massachusetts has two family medicine residency programs based in Federally Qualified Health Centers (FQHCs).



## Greater Lawrence Family Medicine Residency Program

- The Greater Lawrence Family Medicine residency is the nation's first accredited Community Health Center-sponsored Family Medicine Residency program. In 2011, it was designated by the Health Resources and Services Administration (HRSA) as one of the nation's first THCs under the Affordable Care Act (ACA).
- In 2022, it received \$567,400 from the U.S. Department of Health and Human Services as part of the Affordable Care Act Teaching Health Center Graduate Medical Education program, which provides awardees payment for each resident to cover training costs, including the resident's salary and benefits. This allowed the program to expand its 4-year capacity from 40 to 48 residents.

## Lowell Community Health Center/Tufts Family Medicine Residency Program

- In 2023, Lowell Community Health Center received a \$500,000 grant from the U.S. Department of Health and Human Services to partner with Tufts Medicine and Tufts University School of Medicine to create a family residency program.
- This Accreditation Council for Graduate Medical Education-accredited (ACGME) 3-year program was developed to expand access to care and strengthen the primary care workforce in Greater Lowell.
- The first class of 6 residents will begin in 2026.

# Discussion: Strategies to Address Workforce Pipeline and Retention Challenges

- What **existing incentives can be leveraged to strengthen the primary care workforce pipeline**, including physicians, NPs, PAs, and other care team roles, such as BH clinicians, care managers, clinical pharmacists, and medical assistants?
- What are the **most significant barriers to address** in order to strengthen and increase diversity of the workforce?
- What changes could the Commonwealth or health care delivery organizations/employers make to more **fully use advanced-practice providers in primary care**?
- What supports are needed to **increase recruitment, retention, and reduce turnover at Community Health Centers**?
- What **new or existing models and policies can the Commonwealth support to expand family medicine residency programs and other primary care and nursing preceptorships**, including community-based primary care residency programs and family medicine residency programs based at academic medical centers?

# Agenda



Call to Order

Approval of Minutes: March 31, 2026 (VOTE)

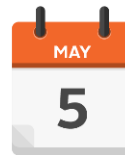
Discussion: Strategies to Address Workforce Pipeline and Retention Challenges



## **UP NEXT: Upcoming Meetings**

Adjourn

# Upcoming Meetings



## **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)

# Agenda



Call to Order

Approval of Minutes: March 31, 2026 (VOTE)

Discussion: Strategies to Address Workforce Pipeline and Retention Challenges

Upcoming Meetings



**UP NEXT: Adjourn**