HPC Board Meeting

June 11, 2026

Agenda

UP NEXT: Call to Order

Approval of Minutes **(VOTE)**

Market Transactions

Health Care Transformation and Innovation

Executive Director's Report

Executive Session **(VOTE)**

Agenda

Call to Order

UP NEXT: Approval of Minutes (VOTE)

Market Transactions

Health Care Transformation and Innovation

Executive Director’s Report

Executive Session **(VOTE)**

VOTE

Approval of Minutes from the April 16, 2026, Board Meeting

HPC

MOTION

That the Commission hereby approves the minutes of the Commission meeting held on **April 16, 2026**, as presented.

Agenda

Call to Order

Approval of Minutes **(VOTE)**

UP NEXT: Market Transactions

- Material Change Notices
- Final Report: Mass General Brigham–CVS Health MinuteClinic Primary Care Cost and Market Impact Review **(VOTE)**

Health Care Transformation and Innovation

Executive Director's Report

Executive Session **(VOTE)**

Agenda

Call to Order

Approval of Minutes **(VOTE)**

Market Transactions

- **UP NEXT: Material Change Notices**
- Final Report: Mass General Brigham–CVS Health MinuteClinic Primary Care Cost and Market Impact Review **(VOTE)**

Health Care Transformation and Innovation

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Executive Session **(VOTE)**

Material Change Notices

8	MCNs currently open
18	MCNs received since 1/1/26
32	MCNs received since 4/8/2025 (Ch. 343 eff. date)
16	MCNs involving Significant Equity Investors, with **10** involving private equity investors or PE-backed provider entities

Transactions HPC Elected Not to Proceed

- University Orthopedics - BMC South
- Fulgent Genetics - BPA Holding Corp.
- Exact Sciences - Abbott Laboratories
- Care Alternatives Hospice Services (Ascend Health) (ESOP Conversion)
- Quipt Home Medical – REM Aggregator
- DFCI – Sturdy Memorial
- Sturdy Memorial – University Orthopedics
- **Acton Medical Associates – Atrius**
- Elara Caring – DaVita – Ares Management
- Spring Health – Alma
- Atrius – Brockton
- Dental Care Alliance
- Enhabit – Kinderhook
- Northeast Orthopaedic Alliance – South Shore Orthopedics
- CleanSlate Centers-Spero Health
- StateServ Aggregator – Windrose

Commitments from Atrius Health

In connection with the Acton acquisition, the HPC worked with Atrius to secure certain commitments. The HPC is also requiring post-transaction reporting and expects to monitor certain metrics for Optum.

- Atrius commits to providing continuity of care by ensuring Acton Medical Associates (AMA) patients maintain access to the providers and specialists with whom they have an established clinical relationship and communicating with AMA patients regarding such choice of care.
  - This communication will highlight that Acton patients are not expected to see any changes until the Acton locations are fully integrated into Atrius and, following integration, Atrius will send a communication to all Acton patients specifically stating that they will be able to continue seeing their existing providers, including specialists.
- As Atrius has committed as part of past transaction reviews:
  - It will continue to contract with a broad range of Massachusetts payers, including MassHealth, and work with them to develop innovative, value-based products; and
  - It will continue to collaborate with the Commonwealth to improve health, reduce health care costs, ensure transparency, and enhance quality and access to care in Massachusetts, including continued cooperation with data collection and performance monitoring programs of the CHIA and the HPC.

Post-Transaction Reporting and Monitoring

In connection with the Acton acquisition, the HPC worked with Atrius to secure certain commitments. The HPC is also requiring post-transaction reporting and expects to monitor certain metrics for Optum.

The HPC will require the following information from Atrius for the final year of Acton's operations, and annually for the next 5 years:

- Top inpatient, outpatient, and specialist referral partners for Acton patients;
- Claims-based spending, non-claims-based spending, and average risk scores for Acton patients; and
- Visit volume over time by payer category for the Acton practice locations

The HPC will use publicly available and in-house data to track metrics related to:

- Optum's size and market share for physician services;
- Optum providers' prices and total reimbursement by payer;
- The quality of services provided by Optum providers, including any concerns voiced by patients; and
- Optum's overall financial performance, and the use of any capital investment by Optum.

Open Transactions Currently Under Review

- Lahey Hospital and Medical Center Expansion
- Talkspace – Universal Health Services
- Falcon Hospice – CenterWell Health Services – Blackrock
- Guardian Dentistry – Select Dental Management
- Carepoint – New Heritage
- Baystate – Mercy
- Strive Medical – Cardinal Health
- Northeast Health Services – Shore Capital Partners

Agenda

Call to Order

Approval of Minutes **(VOTE)**

Market Transactions

- Material Change Notices
- **UP NEXT: Final Report: Mass General Brigham–CVS Health MinuteClinic Primary Care Cost and Market Impact Review (VOTE)**

Health Care Transformation and Innovation

Executive Director's Report

Executive Session **(VOTE)**

Cost and Market Impact Reviews (CMIRs)

The HPC may conduct a Cost and Market Impact Review (CMIR) for transactions anticipated to have "a significant impact on the Commonwealth's ability to meet the health care cost growth benchmark, or on the competitive market."

WHAT A CMIR IS

- Comprehensive, multi-factor review of the provider(s) and their proposed transaction
- A public transparency process, including a preliminary report, opportunity for the providers to respond, and a final public report
- An opportunity for accountability, encouraging market participants to address negative impacts and enhance positive outcomes of transactions
- An input to other oversight processes: Proposed changes cannot be completed until 30 days after the HPC issues its final report, which may be referred to the state Attorney General, Department of Public Health, or others for further investigation

WHAT IT IS NOT

- CMIRs are a separate, but complementary, process from Determination of Need reviews by Department of Public Health
- CMIRs are distinct from antitrust or other law enforcement review by state or federal agencies

CMIR Timeline: Mass General Brigham – CVS MinuteClinic Primary Care

Transaction parties submit material change notices and relevant information

30 DAYS	21 DAYS*	74 – 104 DAYS**	UP TO 30 DAYS	UP TO 30 DAYS
HPC conducts initial review of completed material change notice.	Parties respond to and substantially comply with HPC information requests.	HPC staff conduct CMIR, interchange with parties and stakeholders, and provide regular updates to HPC committees and Board.	Parties may respond.	HPC staff review responses and develop final report.

HPC completes review OR Board authorizes initiation of CMIR and provides notice to parties.

CMIR Initiated
September 18, 2025

HPC issues preliminary report
April 16, 2026

HPC Board votes to issue final report***
June 11, 2026

WE ARE HERE

* The parties may request extensions to this timeline which may likewise affect the timing of the report
** Plus any time granted to parties for responses to information requests
*** The parties must wait 30 days following the issuance of the final report to close the transaction

Summary of the Parties' Plans and MGB-CVS Affiliation

- CVS proposes to transition its **37 MinuteClinic sites** in Massachusetts to become **MCPC sites**, offering longitudinal primary care to a patient panel. CVS would apply to the Department of Public Health for full clinic licensure of its MinuteClinic sites.
  - CVS plans to transition sites over **three years**, beginning with **five** in the first year.
- MCPC proposes to provide **adult patients** with both primary care and convenience care. It would not offer pediatric primary care. While MCPC initially planned to end convenience care for children, CVS has now also committed to retaining convenience care for children “if permitted by the Commonwealth.”
- The parties state that approximately **80 existing CVS APPs** could have primary care panels of up to **1,500 patients each**, which could create capacity to serve **up to 120,000 adults**.
  - CVS expects only a portion of this capacity to be used by primary care patients. Assuming "moderate acceptance" of this new primary care model in Massachusetts, CVS expects **35% of MCPC’s patients to be primary care patients (42,000 primary care patients)** by year three, with an associated **reduction in convenience care of 45%**.
  - CVS has indicated that it has resources to hire one additional registered nurse (RN) or Licensed Practical Nurse (LPN) at each of the initial MCPC sites to support its current APPs in leading primary care panels and that it plans to hire additional RNs and LPNs as needed as patient panels grow.
- MCPC's providers would become primary care providers within the MGB network, participate in MGB’s risk contracts with major payers, and **receive MGB rates for both primary care and convenience care** for those payers.
- MCPC plans to join the MGB’s Accountable Care Organization (ACO) and participate in MGB’s quality and care delivery programs.

Source: MCN Forms submitted by MGB and CVS

Summary of Preliminary Report Findings

- HPC found that the transition of MinuteClinic sites to MCPC primary care locations has the **potential to increase access to primary care** for up to 120,000 adult patients through a novel care delivery model, with an expectation of serving approximately **42,000 primary care patients** by the third year of implementation.
- HPC found that the transaction was likely to result in **substantial increases to commercial health care spending,** primarily due to MGB's higher prices. The spending drivers the HPC was able to quantify **would likely increase commercial spending by approximately $40.2 million annually by year three of the transaction.**
- These included:
  - **Spending for New Primary Care Patients:** New MCPC primary care patients are expected to receive primary care services at MGB's higher prices and are expected to be referred to higher-priced MGB specialists and hospitals. At the same time, patients who did not previously have a PCP would now have access to one, with changes to care that may reflect appropriate and improved management of health conditions (**$27.7 million** annually).
  - **Repricing of Convenience Care Services:** The convenience care MCPC would continue to provide would be repriced at MGB prices, which are 129% higher than MinuteClinic's current prices (**$6.6 million** annually).
  - **Diversion of Some Convenience Care Patients to Other Providers:** As MCPC develops its primary care panels and correspondingly decreases its convenience care capacity, some patients would seek care at other, generally higher-priced providers. (**$5.9 million** annually).

Summary of Preliminary Report Findings (continued)

- The magnitude of the **increase in primary care access would depend on the success of the model** over time and on some key yet-to-be-determined details of implementation, such as how the parties prioritize the transition of sites in areas of greatest need and how the parties plan to ensure the provision of comprehensive primary care services.
  - CVS would need to prioritize the sites to transition and target its outreach efforts thoughtfully to meaningfully improve access for **populations facing socioeconomic barriers to care**.
- At the same time, HPC found that the transition to MCPC might pose certain **risks to access:**
  - The parties' initial plan to shift away from all-ages convenience care would have eliminated access to convenience care for children and reduced access for adults.
  - It was unclear whether this new primary care model would be successful over the long term. To the extent it failed, access may be reduced relative to the status quo.
- Whether MCPC would provide **comprehensive, high-quality primary care** ultimately remained uncertain.
  - While the proposed care model includes key elements of comprehensive primary care it also has notable limitations, and MCPC's ability to deliver high-quality care in coordination with MGB will depend heavily on how the model is implemented.

Parties’ Response and HPC Analysis: Commissioner Questions

- The HPC invited the parties to address a number of significant outstanding questions and concerns raised in the Preliminary Report and at the April Board meeting in their response.
- **Commissioners asked for clarification regarding:**
  - The rationale behind the decision to eliminate pediatric convenience care;
  - If and when MCPC would prescribe certain controlled substances, such as for behavioral health, and any plans over time to incorporate more behavioral health and substance use treatment; and
  - How MCPC would expand access to primary care for MassHealth members, given MinuteClinic’s current low MassHealth payer mix.
- **Commissioners also suggested that spending impacts could be mitigated, for example, by delaying MCPC’s receipt of higher MGB rates until the successful establishment of its primary care model.**

The HPC appreciates the parties' commitments to help maximize the potential benefits of the transaction and minimize some of the concerning impacts.

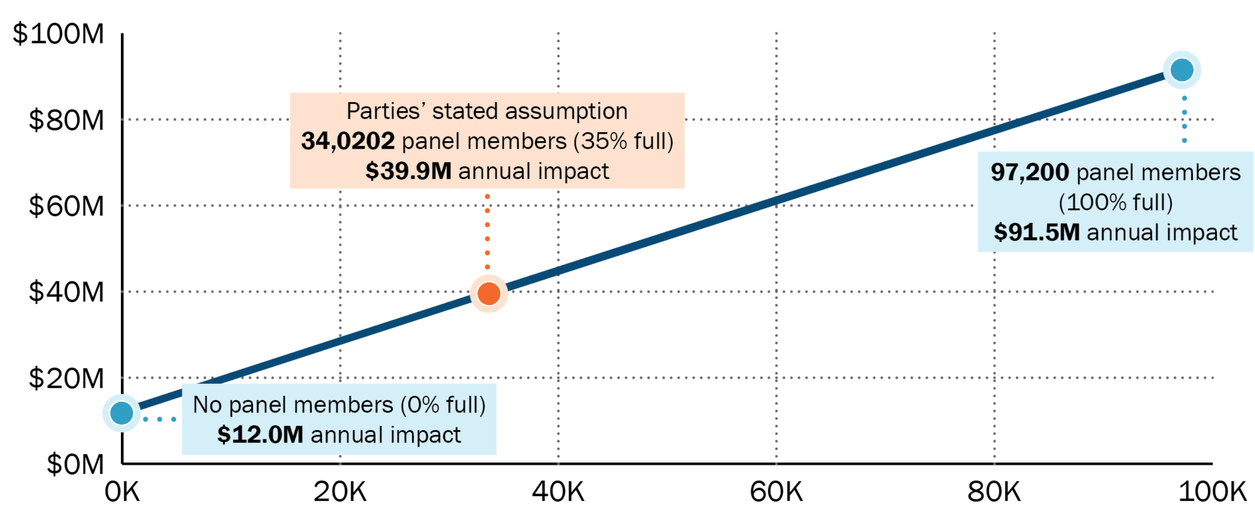
The parties provided a Joint Response to the Preliminary Report and subsequently provided the following commitments:

- MinuteClinic Primary Care ("MCPC") **commits to** working with DPH to address any regulatory considerations as needed to **maintain access to pediatric convenience care services** at all MinuteClinic locations, including after their transition to MCPC locations.
- MCPC **commits to ongoing monitoring and evaluation of patient need for controlled substance prescribing** within its primary care population. MCPC will track and assess referral patterns for patients with conditions that may require controlled substance management and will provide annual reporting to the HPC on such referrals. Consistent with its patient-centered care model, MCPC further **commits to developing and implementing controlled substance prescribing capabilities** in a measured and clinically appropriate manner should a demonstrable and sustained patient need be identified.
- MCPC **commits to prioritizing the evaluation of MinuteClinic locations in Massachusetts identified by the HPC as having the greatest unmet need for primary care** for conversion to full clinic licensure, subject to a site-specific assessment of the feasibility to meet Department of Public Health (DPH) clinic licensure standards.
- MCPC **commits to developing and implementing an outreach plan specifically for MassHealth patients and other underserved populations**, and to otherwise work to expand MinuteClinic's proportion of MassHealth and other government payer populations.
- MassGeneral Brigham ("MGB") and MCPC **commit to exploring ways to mitigate the spending impact of MCPC APPs joining MGB contracts**, such as by phasing in the migration of MCPC APPs to the MGB contracted rate schedule over two years, prioritizing in a manner consistent with the transition of MCPC sites to the MCPC Primary Care model.

Parties' Response and HPC Analysis: The Estimated Spending Impact is Conservative

The HPC appreciates the parties' commitment to exploring ways to mitigate the spending impacts identified by the HPC. The HPC's projected spending impact is not an "upper-bound," but a conservative estimate.

- The HPC's **$39.9 million** projected spending impact represents a **conservative estimate** of the transaction's likely cost impact once the MCPC sites are operational and the new MGB rates are in effect, assuming that MCPC fills its primary care panels to **35%**, based on the parties' own expectation of "moderate acceptance" of their model by year three.
- If MCPC were to fill its primary care panels to **100%**, the annual spending impact would likely be **$91.5 million**.
- These estimates do not include other likely drivers of spending such as the likelihood of higher prices in the future due to increased bargaining leverage.



Parties' Response and HPC Analysis: Prioritization of High-Need Communities and Populations

- **The parties have made commitments to support primary care access for populations with high unmet need.**
- The Preliminary Report invited the parties to make commitments to target support to MinuteClinic locations in areas of high unmet need and to conduct targeted outreach to MassHealth members.
  - The parties committed that MCPC would **prioritize evaluation of MinuteClinic locations with the greatest unmet need for primary care (as identified by the HPC)** for conversion to full clinic licensure, subject to a site-specific feasibility assessment.
  - The parties also **committed to develop and implement an outreach plan for MassHealth patients and other underserved populations** and to otherwise work to expand the MinuteClinic/MCPC government payer mix.
- **The parties should prioritize meaningful action on these commitments to realize the potential for improved, equitable access to primary care.**

Parties' Response and HPC Analysis: Access Risks

- **Pediatric Convenience Care**: The parties state that if there is no regulatory barrier to MCPC provision of convenience care to pediatric patients, then MCPC would provide such services.
  - DPH has confirmed to the HPC that convenience care services can be provided under full clinic licensure for pediatric as well as adult patients.
- **Adult Convenience Care**: The parties suggest that some of the current demand for adult convenience care would be fulfilled as part of MCPC's provision of primary care and thus would not have to be diverted.
  - The HPC updated its analysis to reflect the parties' assertion and found a relatively small impact on the magnitude of diverted care.
- **MCPC Sustainability**: The parties claim that the existing MinuteClinic patient base and brand recognition and affiliation with MGB will support MCPC to attract patients.
  - The HPC agrees this is possible. The parties did not offer information about MCPC's financial performance in other states and future access concerns remain in light of unsuccessful primary care initiatives launched by other retail providers.

Parties' Response and HPC Analysis: Comprehensive Primary Care

It remains unclear whether or when MCPC would provide comprehensive primary care.

- The parties intend for MCPC to become a Tier 1 practice when it has enough MassHealth members to participate in MGB's MassHealth ACO. Only then would MCPC add services to meet Tier 1 requirements and join the ACO.
    - The parties do not state a timeline to join the Sub-Capitation Program, and until then, MCPC may continue to fall short of this standard for comprehensive primary care for all patient populations.
- The parties emphasize that the decision not to prescribe controlled substances is a "considered design choice," describe a plan to evaluate MCPC patient needs over time to determine if changes are needed, and commit to annual reporting to the HPC on referrals for patients with conditions that may require controlled substance management.
    - This design choice means that MCPC would likely not be able to meet Tier 1 criteria for behavioral health medication management or serve patients with a wide range of conditions commonly treated in primary care settings.
    - This approach may discourage patients who need these services from choosing MCPC in the first place.
    - Referral to specialists is standard for patients needing care outside the primary care scope but is not a substitute for comprehensive primary care for patients needing controlled substance management. This plan may result in treatment delays and care fragmentation for conditions commonly treated in primary care.
    - The HPC continues to encourage the parties to develop a clear timeline for prescribing of controlled substances at all MCPC sites, given that this remains a concerning service limitation.

Summary of Changes in the Final Report

- **The HPC made the following updates to the Final Report:**
  - Updated the spending impact for convenience care diversions from $5.9 million to $5.5 million to reflect the parties' assertion that 40% of the convenience care volume currently provided by MinuteClinic would be incorporated into primary care visits for those MCPC patients who would have otherwise used MinuteClinic convenience care
  - Added descriptions of additional sensitivity analyses conducted for the primary care spending impact estimate
  - Added a figure showing the range of possible total commercial spending impacts depending on the number of MCPC primary care patients
  - Updated the description of the attribution methodology used to identify patients with and without a PCP
  - Further explained that existing literature does not support long-term savings estimates from the MCPC model
  - Added discussion of the parties' commitment to prioritize evaluation of MinuteClinic locations in high-need communities
  - Added discussion of the parties' commitment to conduct outreach to MassHealth patients
  - Added discussion of MCPC's new commitment to maintaining pediatric convenience care
  - Acknowledged the parties' identification of factors supporting long-term sustainability and remaining limitations
  - Added further discussion of the limits of the MCPC model compared with comprehensive primary care standards, including assessment of the implications of the proposed plan not to prescribe controlled substances
- **The parties' Joint Response, Party Commitments, and the HPC's Analysis of the Parties' Joint Response are appended to the Final Report as Exhibits A, B, and C, respectively.**

Summary of Final Report Findings

- The HPC finds that the transition of MinuteClinic sites to MCPC primary care locations has the **potential to increase access to primary care** for up to 120,000 adult patients through a novel care delivery model, with an expectation of **serving approximately 42,000 primary care patients** by year three.
- The transaction is likely to result in **substantial increases to commercial health care spending** and an overall impact to health care affordability. The spending drivers **would likely increase commercial spending by approximately $39.9 million annually** once the MCPC sites are operational and the higher MGB rates are in effect. This increase may be reduced if the parties take **meaningful action to mitigate the spending impact**, consistent with their stated commitment. Spending drivers include**:**
  - **Spending for New Primary Care Patients:** New MCPC primary care patients are expected to receive primary care services at MGB's higher prices and are expected to be referred to higher-priced MGB specialists and hospitals. At the same time, patients who did not previously have a PCP would now have access to one, with changes to care that may reflect appropriate and improved management of health conditions (**$27.7 million** annually).
  - **Repricing of Convenience Care Services:** The convenience care MCPC would continue to provide would be repriced at MGB prices, which are 129% higher than MinuteClinic's current prices (**$6.6 million** annually).
  - **Diversion of Some Convenience Care Patients to Other Providers:** As MCPC develops its primary care panels and correspondingly decreases its convenience care capacity, some patients would seek care at other, generally higher-priced providers (**$5.5 million** annually).
    - The HPC updated this number from $5.9 million to $5.5 million to account for the possibility that some convenience care could be provided as part of the new MCPC primary care relationship and thus would not need to be diverted.

Summary of Final Report Findings (continued)

- The **magnitude of the increase in primary care access depends on the success of the model** over time and on some key yet-to-be-determined details of implementation, such as how the parties prioritize the transition of sites in areas of greatest need and how the parties plan to ensure the provision of comprehensive primary care services.
  - The parties offer some new commitments that increase the potential for a positive impact on access for **populations with high unmet need**. However, successful implementation of these commitments is necessary for this transaction to provide equitable access to primary care in Massachusetts.
- While the shift away from convenience care would reduce access to those services, the parties' commitment to maintaining access to **pediatric convenience care** mitigates specific concerns about this population.
- Whether or when MCPC will provide **comprehensive, high-quality primary care** remains uncertain.
  - While the proposed care model includes key elements of comprehensive primary care it also has notable limitations, and MCPC's ability to deliver high-quality care in coordination with MGB will depend heavily on how the model is implemented.
  - The HPC continues to encourage the parties to develop a clear timeline for prescribing of controlled substances at all MCPC sites, given that this remains a concerning service limitation.

The HPC plans to monitor the ongoing implementation and impact of the transaction, including the parties' progress on their commitments to mitigate identified concerns.

To support the HPC's ability to monitor the transaction, HPC is requiring reporting from the parties, including:

- The number of MCPC APPs and other clinicians who have joined MGB contracts, broken out into those receiving MGB contracted rates and those receiving default rates
- MCPC prices and price increases for all commercial payers, for both primary care and convenience care services
- List of sites that receive full clinic licensure each year
- Primary care panel size, annual volume of primary care and convenience care visits, annual volume of specialty referrals, and open hours by MCPC site
- The payer mix of patients served at MCPC sites for primary care and convenience care patients
- MCPC's progress and timeline for joining the MGB MassHealth ACO, including whether the following capabilities have been added: video telehealth capability, oral health screening, full behavioral health screening, and full behavioral health medication management
- List of sites that permit qualified APPs to prescribe controlled substances
- MCPC performance on primary care quality metrics, including care coordination

CMIR Timeline: Mass General Brigham – CVS MinuteClinic Primary Care

Transaction parties submit material change notices and relevant information

30 DAYS	21 DAYS*	74 – 104 DAYS**	UP TO 30 DAYS	UP TO 30 DAYS
HPC conducts initial review of completed material change notice.	Parties respond to and substantially comply with HPC information requests.	HPC staff conduct CMIR, interchange with parties and stakeholders, and provide regular updates to HPC committees and Board.	Parties may respond.	HPC staff review responses and develop final report.

HPC completes review OR Board authorizes initiation of CMIR and provides notice to parties.

CMIR Initiated
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** Plus any time granted to parties for responses to information requests
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VOTE

Approval of Cost and Market Impact Review Final Report: Mass General Brigham, CVS MinuteClinic Primary Care

HPC

MOTION

That, pursuant to section 13 of chapter 6D of the Massachusetts General Laws, the Commission hereby authorizes the issuance of the final report, as presented, on the cost and market impact review of the proposed contracting affiliation between Mass General Brigham and CVS MinuteClinic Primary Care; and the submission of the final report to the Department of Public Health and MassHealth for consideration in connection with clinic licensure and other regulatory determinations, and the Office of the Attorney General in the context of its statutory authority under Mass. Gen. Laws ch. 12, § 11N(a), to monitor the Massachusetts health care market.

Agenda

Call to Order

Approval of Minutes **(VOTE)**

Market Transactions

UP NEXT: Health Care Transformation and Innovation

- Status of Investment Programs
- Key Findings: Cost-Effective, Coordinated Care for Caregivers and Substance Exposed Newborns (C4SEN) Investment Program Evaluation

Executive Director's Report

Executive Session **(VOTE)**

Agenda

Call to Order

Approval of Minutes **(VOTE)**

Market Transactions

Health Care Transformation and Innovation

- **UP NEXT: Status of Investment Programs**
- Key Findings: Cost-Effective, Coordinated Care for Caregivers and Substance Exposed Newborns (C4SEN) Investment Program Evaluation

Executive Director's Report

Executive Session **(VOTE)**

HPC Investment Program Portfolio: Currently Active

Program	MassUP	C4SEN	BESIDE	HEART-BP	PATHways
	Moving Massachusetts Upstream	Cost-Effective, Coordinated Care for Caregivers and Substance Exposed Newborns	Birth Equity and Support through the Inclusion of Doula Expertise	Hypertensive Disorders Equitably Addressed with Remote Technology for Birthing People	Promoting Appropriate Transitions to Home
Launch Year	2020	2021	2021	2025	2026
Current Phase	In Evaluation and Dissemination			Implementation	In Procurement

HEART-BP Program Update

The **Hypertensive Disorders Equitably Addressed with Remote Technology for Birthing People (HEART-BP)** investment program aims to address inequities in hypertensive disorders of pregnancy through the use of **patient-centered remote blood pressure monitoring (RBPM)** technology.

The HPC awarded **funding of up to $300,000 each** to four hospitals and one community health center: Berkshire Medical Center, Beverly Hospital, Heywood Hospital, Edward M. Kennedy Community Health Center, and Signature Healthcare Brockton Hospital.

PLANNING → IMPLEMENTATION (June 2025 – July 2027) → EVALUATION

Key awardee activities include:

- Ongoing patient enrollment
- Measuring patient experience
- Quality improvement projects
- Participating in technical assistance

New Investment Opportunity: Promoting Appropriate Transitions to Home (PATHways)

- The HPC's **Promoting Appropriate Transitions to Home (PATHways) investment program** will support acute care hospitals and their partnerships with Aging Services Access Points (ASAPs) in Massachusetts.
- PATHways is designed to build on the Executive Office of Aging & Independence (AGE) funded Hospital to Home Partnership Program, which supported partnerships between hospitals and ASAPs, and ended in 2025.
- The HPC released a Request for Proposals (RFP) in April that closed June 4, 2026.
- **7 applications were received from hospital and ASAP partnerships.**
- The HPC will review applications and announce awards this summer.

Agenda

Call to Order

Approval of Minutes **(VOTE)**

Market Transactions

Health Care Transformation and Innovation

- Status of Investment Programs
- **Key Findings: Cost-Effective, Coordinated Care for Caregivers and Substance Exposed Newborns (C4SEN) Investment Program Evaluation**

Executive Director's Report

Executive Session **(VOTE)**

Cost-Effective Coordinated Care for Caregivers and Substance-Exposed Newborns (C4SEN)

AWARDS

- $1.46 million funding through Distressed Hospital Trust Fund and a legislative appropriation[1]
- 3-month Planning Period, 21-month Implementation Period, 6-month Evaluation period
- Programs began Implementation in October/November 2021
- Completion of final No Cost Extension period in December 2023

AWARDEES

- Baystate Franklin Medical Center
- Berkshire Medical Center
- Mercy Medical Center*
- Southcoast Health
- South Shore Hospital

Note: Mercy Medical Center had a shortened implementation period, and the total amount expended by the HPC was less than the award amount. Mercy Medical Center is not included in the data presented.
1. https://malegislature.gov/Laws/SessionLaws/Acts/2018/Chapter208

C4SEN Program Design

BACKGROUND

- Previous HPC awards focused on perinatal care and support of parenting individuals up to 6 months postpartum
- Recent published work, stakeholder engagement, and legislative funding identified need for longer-term support

CORE COMPONENTS

- Engagement through 12 months postpartum
- Medication for Opioid Use Disorder (MOUD) and Psychotherapy
- Well Child Visits and Early Intervention (EI)
- Screen for and address Health-Related Social Needs (HRSN)
- Stigma and Health Equity

C4SEN Evaluation Methods

Evaluation Design

- Mixed-methods
- Based on Logic Model used as framework to develop core evaluation questions
- Focus on core components of program, wrap-around supports, and broad implementation themes

Awardee Data

- Qualitative—written documents and interviews
- Written Program Updates submitted quarterly during implementation and one following end of program
- Interviews with program staff and referring providers

Quantitative Data

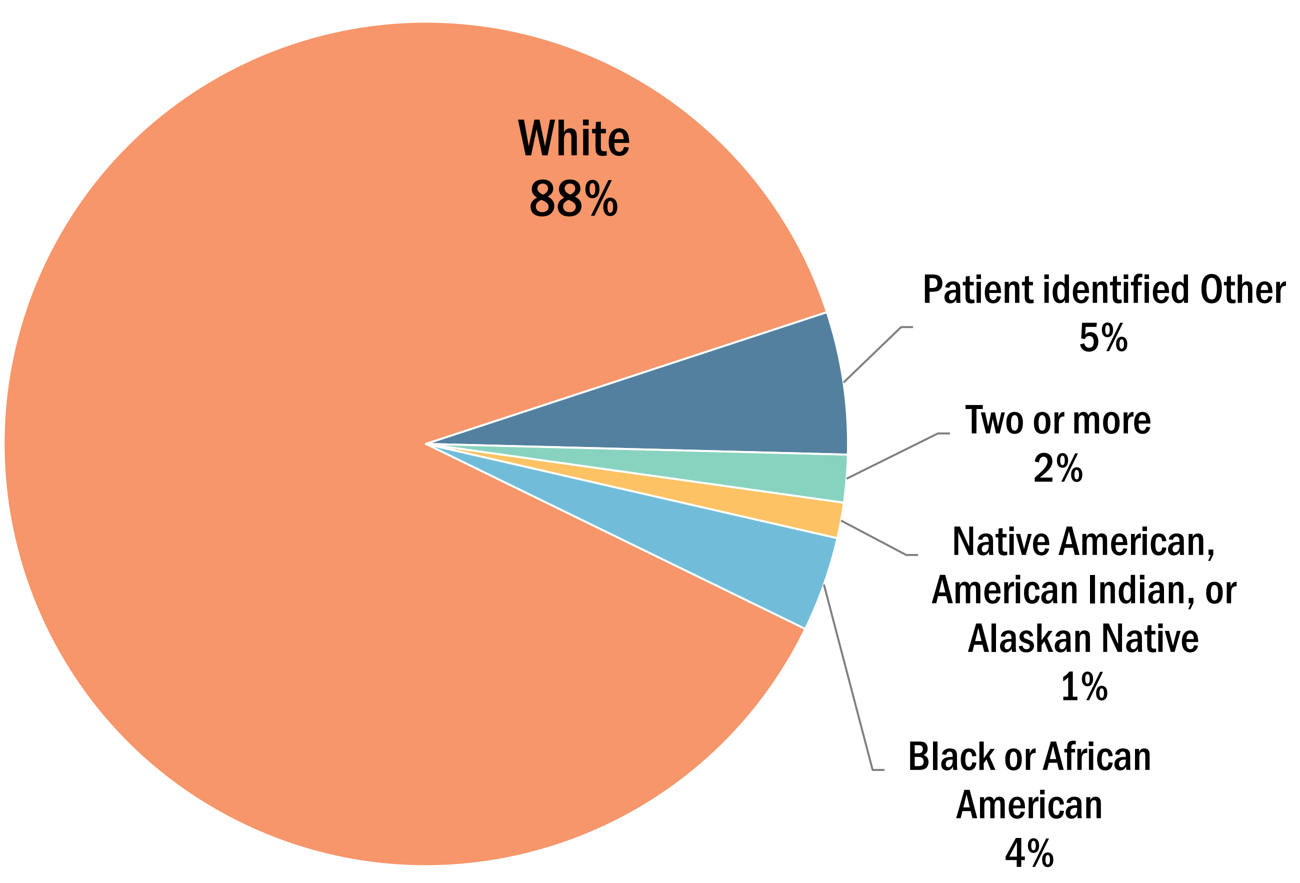
- Set of aggregated metrics
- Collected 3 times throughout implementation, updated with final data during evaluation period
- Most metrics defined by the HPC, with 2-3 metrics defined by each awardee

Patient Experience Data

- Collected by outside contractor
- Interviews and survey responses
- Survey utilized validated tools: Client Satisfaction Questionnaire-8 and Discrimination in Medical Settings survey

Enrollment and Demographics: Enrollment By Race

	CAREGIVERS	INFANTS (SEN)
Total Enrollees	221	212



Demographic Comparison: Non-C4SEN Hospital Maternal Race

C4SEN Program enrollment was less racially diverse than comparison data looking at opioid-exposed newborn births at non-C4SEN hospitals.

Perinatal Neonatal Quality Improvement Network of MA (PNQIN) Opioid Exposed Newborn (OEN) Maternal Race

Other 4%
Unknown or unable to obtain 5%
Asian 1%
American Indian or Alaska Native 1%
Black/African American 10%
White 79%

Required Care and Services: Top-Line Findings

Care or Service	Key Findings
Medication for Opioid Use Disorder (MOUD)	▪ Higher levels of exclusive MOUD-use at C4SEN hospitals compared to non-C4SEN ▪ Over 79% already taking MOUD at enrollment
Psychotherapy	▪ Lower uptake among enrollees of psychotherapy than MOUD; 57% engaged at enrollment ▪ Challenges with provider availability, patient interest
Early Intervention	▪ 75% received a referral ▪ Lower uptake of first completed visit than referral rate
Well-Child Visits	▪ 5.9% overall missed visit rate
Health-Related Social Needs (HRSN)	▪ Over two-thirds of participants had at least 1 HRSN
Engagement	▪ ~45% reached 12 months postpartum or were not yet 6 months postpartum at program end ▪ Nearly 30% of enrollees were lost to follow-up before the end of the program

Wrap-Around Care and Services Findings

- Services most commonly provided were support with Department of Children and Families (DCF) cases, family support, social support, breastfeeding, and parenting.
- Staff provided significant support to participants through DCF processes during the C4SEN program.
  - Staff assisted with documentation, education, and participated in team meetings.
- Criteria for inclusion in C4SEN data was specifically defined, though programs ended up working with several adjacent populations in need of support, especially non-birthing parents.
  - Staff felt these supports were necessary to the success of the caregiver-infant dyad and family unit.
  - Services for intimate partner violence were a key consideration for this population.

Wrap-Around Care and Services Findings (continued)

- Staff provided significant social support to some participants, especially those with few other close social or familial ties.
- Parenting support, including provision of supplies, education, support groups, and breastfeeding support, was also an important aspect of many programs and was highly appreciated by participants.
- Collaborating with a variety of community-based organizations, hospital departments, and other organizations was necessary for programs to meet goals and deliver comprehensive care.
  - Having clear expectations and communication, starting early, and planning workflows were all key facilitators of successful collaborations.

Implementation Themes

ENGAGEMENT

- Staff advised early engagement
- Strongest referrals came from patients' existing providers, typically obstetrics
- Staff noted the importance of multiple referral pathways
- Timely outreach, detailed education, a slow pace, and individuals being ready for change were all key factors
- Retention could be challenging overall
- Flexible engagement options, in particular telehealth visits, were seen as key to engagement by both staff and participants

HEALTH EQUITY

- C4SEN Program enrollees were not as racially diverse as the opioid-exposed newborn population in Massachusetts
- Data limitations precluded analysis of program data stratified by race and ethnicity
- Programs needed more specific technical assistance staff time for racial equity efforts than was available in the program
- Some programs reflected on opportunities to improve equity and diversity
- Program engaged in trainings and reflections around racial equity that had positive impacts on staff

STIGMA

- Participants noted program staff were extremely non-judgmental and contrasted this with other care experiences
- Staff engaged in ongoing efforts to educate around stigma for other clinicians and providers in the hospitals
- Providing opportunities for both participants and providers to feel heard was important
- Creating opportunities to communicate participant feedback was also important.
- Stigma remains an ongoing issue in care for this population

Patient Experience Evaluation Questions and Study Design

Evaluation Questions

- Are caregivers satisfied with the C4SEN program?
- Did caregivers have any experiences in the C4SEN program that were perceived as discriminatory?
- How has the C4SEN program impacted caregivers and their newborn affected by perinatal substance exposure within the first year postpartum?

Study Design

- Engaged contractor through procurement; John Snow, Inc (JSI) selected
- Awardees obtained permission for participants to be contacted by JSI team and offered survey at visits
- Survey and interview offered to participants postpartum; exact timing varied between 4 -11 months, with most later in engagement
- Utilized two survey instruments selected for alignment with desired data, interview questions developed by team
- Interviews transcribed and analyzed via qualitative coding for relevant themes

Survey Results: Satisfaction

Patient Experience Survey: Client Satisfaction Questionnaire-8

	Very Satisfied	Somewhat Satisfied
Satisfaction with Amount of Services Recieved	62%	32%
Received Desired Services	65%	30%
Program Met Needs	70%	22%
Likely to Recommend Program to a Friend	81%	16%
Services Helped in Dealing with Problems	81%	14%
Quality of Services	81%	14%
Overall Satisfaction	84%	11%
Likely to Return to Program if Needed	84%	14%

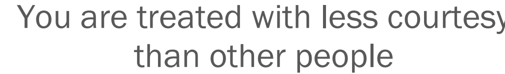
0% 20% 40% 60% 80% 100%

Very Satisfied, Somewhat Satisfied, Somewhat Dissatisfied, Dissatisfied

Mean Satisfaction Score = 29.7 (4.6)
Possible Range = 8-32; Actual =10-32

Survey Results: Discrimination

Patient Experience Survey: Discrimination in Medical Settings



Item	Never
You are treated with less courtesy than other people	84%
You are treated with less respect than other people	89%
You received poorer service than others	89%
The program staff act as if he or she thinks you are not smart	89%
You feel like the program staff is not listening to what you were saying	92%
The program staff act as if he or she is better than you	95%
The program staff act as if he or she is afraid of you	97%

0% 20% 40% 60% 80% 100%

Never Rarely Sometimes Always

Mean Discrimination Score = 8.27 (3.4)
Possible/Actual Range = 7-28

C4SEN Interview Findings: Themes

When participants were interviewed about their experiences in the C4SEN program, they spoke to the following themes:

1. Program Strengths included participants' overall satisfaction, the **presence of non-judgmental staff**, provision of social support and connection to resources, the ability to connect through telehealth and the **programs' flexibility**.

2. Referrals to the program, often by OB providers, were discussed by a number of participants, as were a **perception of improved well-being** and the positive impacts of visits from program staff in the delivery room, and **support with DCF processes.**

3. Smaller numbers of participants cited the **presence of support groups** and **staff with lived experience** as positive aspects of the program and credited the program with helping them retain or regain custody. Some also felt more access to support groups should be considered.

I was comparing it, actually, it was my last pregnancy with my seven-year-old, because when I was pregnant with him, I missed a lot of my appointments. I was really depressed. I didn't have a lot of support, nobody helping me like, “Hey, come on, get up, you got to go do this.” And then compared to when I was with these pregnancies, I didn't miss appointments. I had people that were right there helping me, and I didn't feel like I was doing it alone. Huge importance.

— C4SEN Program Participant

I would not be here today if it weren't for [the program team]. I know ultimately it was my choice to turn my life around and show up for myself and my kids. But without the support of them and the encouragement and having them in my life, I really don't think I would be where I'm at today.

— C4SEN Program Participant

They had this binder that you put together for DCF showing what I've done to get clean, what progress I've made, drug tests, screenings, everything like that. And if DCF did take the baby, then what options, they just had so much information and resources that I needed to support what I wanted to already do for myself.

— C4SEN Program Participant

Current State

PROGRAMS

- Two programs became Bureau of Substance Abuse Services (BSAS) Moms Do Care sites
- One site continued program with scaled back operations funded by hospital budget and philanthropy
- One site discontinued; Mercy Medical Center ceased program early

POLICY LANDSCAPE

- Substance Use Disorder Omnibus bill passed and signed into law in 2024
  - Changed reporting requirements
- New regulations and reporting system in development with DPH
  - Proposed regulations released April 2026
  - Public hearing held 5/21/26
  - Awaiting final regulations

Final Takeaways

Program Successes

- C4SEN programs were largely successful in providing effective, high-quality care to the target population.
  - Staff and participants spoke to improvements in overall well-being and life progress and accomplishments that occurred during their enrollment in the programs.
  - The comprehensive, non-judgmental nature of the programs and the targeted services for this population were praised by both participants and referring providers.
  - Infants received referral to EI at high rates and had very high rates of attendance at well-child visits.
  - Hospitals with a C4SEN program were more likely to see exclusive MOUD use.
- Specific tangible supports such as baby supplies, support groups, and staff with lived experience were also key highlights for participants.

Final Takeaways

Program Reflections

- Programs require flexibility to meet a wide range of needs among the population.
- Hiring staff with lived experience was emphasized by both programs that had these staff in C4SEN, and those that did not looked to hire them in the future.
- Support groups were valuable for those who had access. Programs should consider inclusion or expansion of such groups.
- Staff noted the need for future work in ensuring access to psychotherapy services, increasing outreach to vulnerable or non-engaged patients, and efforts to diversify program enrollment.
  - Bringing psychotherapy and other services in house was of interest for awardees continuing their programs.

Policy Implications

- Significant changes to state reporting policy for infants with prenatal substance exposure through the Substance Use Disorder Omnibus bill, passed in 2024, will have implications on the services needed to support participants engaged with DCF.
- Stigma remains a challenge in many health care settings; staff found continuous communication and education necessary to help mitigate stigma.
- Policymakers should prioritize efforts to increase coverage and provider access to psychotherapy for this population. Complementary efforts to address HRSN (e.g., housing, transportation) would also be impactful.
- Health equity efforts require sufficient resources and steady organizational support to create effective change over time.

Agenda

Call to Order

Approval of Minutes **(VOTE)**

Market Transactions

Health Care Transformation and Innovation

UP NEXT: Executive Director's Report

Executive Session **(VOTE)**

Overview: Primary Care Access, Delivery, and Payment Task Force

- In January 2025, Governor Maura Healey signed **Chapter 343 of the Acts of 2024**, *An Act enhancing the market review process*.
- Section 80 establishes a **25-member task force** charged with studying and making recommendations to improve primary care **access**, **delivery**, and **payment** in the Commonwealth.
- Specifically, the task force must **develop and issue recommendations** to:
  - **Stabilize and strengthen the primary care system** and the increase of recruitment and retention in the primary care workforce
  - **Increase the financial investment in and patient access** to primary care across the Commonwealth
- The task force shall also define the data required to complete its work, in consultation with the Center for Health Information and Analysis (CHIA).
- The task force is directed to publish these recommendations by staggered deadlines **before May 2026**.

Primary Care Access, Delivery, and Payment Task Force Membership

Kiame Mahaniah, MD, Secretary of Health and Human Services, Massachusetts Executive Office of Health and Human Services

David Seltz, Executive Director, Massachusetts Health Policy Commission

Senator Cindy Friedman, Chair, Joint Committee on Health Care Financing

Representative John Lawn, Chair, Joint Committee on Health Care Financing

Michael Caljouw, JD, Massachusetts Commissioner of Insurance

Caitlin Sullivan, Deputy Executive Director, Health Informatics & Reporting, Center for Health Information and Analysis

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

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)

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

Suzanne Curry, Director of Policy Initiatives, Health Care For All

Eric Dickson, MD, MHCM, FACEP, President and CEO, UMass Memorial Health; Former Board Chair, Massachusetts Health & Hospital Association

Mark Friedberg, MD, MPP, Senior Vice President, Performance Measurement & Improvement, Blue Cross Blue Shield of Massachusetts

David Gilchrist, MD, MBA, FAAFP, Past President, Massachusetts Academy of Family Physicians

Jon Hurst, President, Retailers Association of Massachusetts

Stephen Martin, MD, EdM, FAAFP, FASAM, Professor, Department of Family Medicine and Community Health, UMass Chan Medical School; Staff Physician, Barre Family Health Center

Judith Melin, MA, MD, FACP, Governor, Massachusetts Chapter of the American College of Physicians; Internal Medicine, Beth Israel Lahey Health

Sarah Mills, MPH, Vice President of Government Affairs, Associated Industries of Massachusetts

Lora Pellegrini, JD, President and CEO, Massachusetts Association of Health Plans

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

Barbra G. Rabson, MPH, President and CEO, Massachusetts Health Quality Partners

Christina Severin, President and CEO, Community Care Cooperative

Barbara Spivak, MD, Past President, Massachusetts Medical Society; Internist, Watertown

Primary Care Task Force Statutory Deliverables

	DELIVERABLE	STATUTORY DEADLINE
✓	1 Define primary care services, codes, and providers	September 15, 2025
✓	2 Develop a standardized set of data and reporting requirements for private and public payers, providers and provider organizations	September 15, 2025
✓	3 Establish a primary care spending target for private and public health care payers that reflects the cost to deliver evidence-based, equitable and culturally competent primary care	December 15, 2025
✓	4 Propose payment models to increase public and private reimbursement for primary care services	March 15, 2026
✓	5 Assess the impact of health plan design on health equity and patient access to primary care services	March 15, 2026
	6 Monitor and track the needs of and service delivery to residents of the Commonwealth	May 15, 2026
	7 Create short-term and long-term workforce development plans to increase the supply and distribution of and improving working conditions of primary care clinicians and other primary care workers	May 15, 2026

masshpc.gov/pctf-deliverables

Overview: Maternal Health Access and Birthing Patient Safety Task Force

- Maternal Health Access and Birthing Patient Safety Task Force was established by **Chapter 186 of the Acts of 2024.**
- The task force is charged with studying:
  - The current availability of and access to maternal health services and maternal health care across regions of the Commonwealth and among birthing patient populations,
  - Demographic information on Massachusetts birthing people
  - The essential service closure process and past essential service closures of maternity services
  - Patient quality and safety considerations, and
  - The adequacy of the maternal health care workforce.
- The task force's report must include recommendations to improve equitable access to maternity care in Massachusetts.

Maternal Health Access and Birthing Patient Safety Task Force Members

Task Force Co-Chair Cristina Alonso, DrPH, Director of Pregnancy, Infancy and Early Childhood, Bureau of Family Health and Nutrition, Massachusetts Department of Public Health

Task Force Co-Chair Alecia McGregor, PhD, Faculty, Department of Health Policy and Management, Harvard T.H. Chan School of Public Health; Commissioner, Massachusetts Health Policy Commission

Nashira Baril, MPH, Executive Director and Founder, Neighborhood Birth Center

Amy Gagnon, RN, Massachusetts Nurses Association

Godwin Osei-Poku, MD, DrPH, Associate Research Director, Betsy Lehman Center for Patient Safety

Christin Price, MD, Administrative Director, Perinatal Neonatal Quality Improvement Network of Massachusetts

Sara Shields, MD, Chair, Worcester Committee on Maternal and Perinatal Welfare, Massachusetts Medical Society

Leigh Simons, MPH, Vice President, Policy and Regulatory Affairs, Massachusetts Health and Hospital Association

Huong Trieu, PhD, Senior Director of Research, Center for Health Information and Analysis

Outline

- Overview of Massachusetts Births and Birthing People
- Massachusetts Maternity Care Supply and Capacity
- Hospital Maternity Unit Closures: 2014 through 2023
- Massachusetts Birth Centers: Challenges and Opportunities

Policy Recommendation Focus Areas

- Maternal Health Access and Outcomes
- Maternity Care Sustainability
- Hospital Maternity Units
- Maternity Unit Closures
- Maternal Health Workforce
- Freestanding Birth Centers
- Patient Awareness and Choice

Recent and Upcoming Publications

RECENTLY RELEASED

- **Investment Program Impact Brief**: Cost-Effective, Coordinated Care for Caregivers and Substance Exposed Newborns (C4SEN) Investment Program (June 2026)
- **Investment Program Evaluation Report**: Moving Massachusetts Upstream (MassUP) Investment Program (June 2026)
- **DataPoints**: Issue #34, Meeting the Need, Filling the Script: Increasing Behavioral Health Prescriptions in Massachusetts (June 2026)
- **Conference Submissions:** Six AcademyHealth Annual Research Meeting Posters (May 2026), one ASHEcon Annual Conference Poster (June 2026)
- **Legislative Report**: Examination of Payments for Behavioral Health Care Services (May 2026)

UPCOMING

- **Final Report**: Maternal Health Access and Birthing Patient Safety Task Force
- **HPC Shorts**: Trends in C-Section Utilization in Massachusetts
- **Investment Program Evaluation Report**: Cost-Effective, Coordinated Care for Caregivers and Substance Exposed Newborns (C4SEN) Investment Program
- **Legislative Report**: The Impact of Medicare ACOs on the Financial Viability of Nursing Facilities in the Commonwealth

HPC DataPoints Issue #34: Meeting the Need, Filling the Script: Increasing Behavioral Health Prescriptions in Massachusetts

Percent of commercially insured members with at least one BH drug prescription by age and sex, 2019 and 2024

Sex	Age	2019	2024
Female	5-11	4.4%	6.0%
Female	12-17	17.2%	21.6%
Female	18-25	26.9%	34.3%
Female	26-49	31.2%	38.4%
Female	50-64	36.9%	40.2%
Male	5-11	8.8%	10.8%
Male	12-17	19.5%	20.4%
Male	18-25	17.9%	19.3%
Male	26-49	19.1%	22.4%
Male	50-64	22.0%	23.6%

Notes: Behavioral health prescription drugs were identified using CHIA's 2025 Primary Care and Behavioral Health technical specifications which classified drugs as mental health or substance use disorder related. Only includes members with 12 months of commercial coverage, 12 months of prescription coverage, and that are ages 5 to 64 years.

Sources: HPC analysis of Center for Health Information and Analysis Massachusetts All-Payer Claims Database V2024, 2020-2024; v2023, 2019.

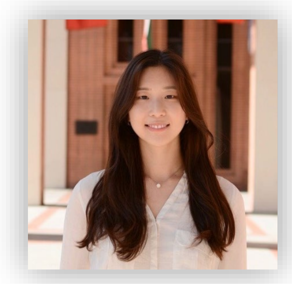
- DataPoints Issue #34 examines the prevalence of prescriptions used for behavioral health (BH) conditions.
- The percentage of Massachusetts commercially insured members with at least one BH diagnosis during the course of a year increased from 29% in 2019 to 35% in 2024 (data not shown).
- In 2024, over 1 in 4 commercially insured members filled at least one BH drug prescription (28%), but there was considerable variation by age and sex.

HPC Summer Fellowship Program

The HPC Summer Fellowship Program affords students the opportunity to develop a stand-alone policy or research project within one of the HPC's departments or offices. Fully embedded into the HPC, fellows attend staff and team meetings, and manage their time to ensure they meet outlined project benchmarks and present the findings from their project to the entire agency at the end of the summer.

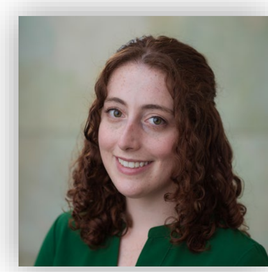
- Paid 10-week program starting in June and ending in August
- Must be enrolled in a full-time master's, PhD, law, or medical program

2026 HPC Summer Fellows



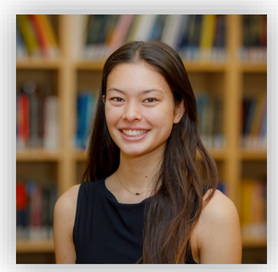
Sarah Bang
Market Oversight and Transparency
Harvard T.H. Chan School of Public Health

Kassy Bonanno
Behavioral Health Workforce Center
Milken Institute School of Public Health, George Washington University

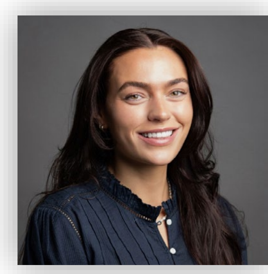


Shira Hornstein
Office of Health Resource Planning
Harvard Medical School

Caila Kilson-Kuchtic
Health Care Transformation and Innovation
Boston College Law School



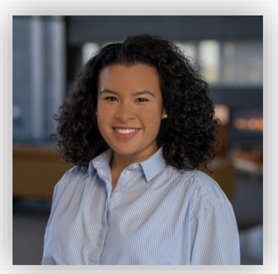
Elsa Kinney
Research and Cost Trends
Brown University



Devan McClain
Health Care Transformation and Innovation
Harvard T.H. Chan School of Public Health

Chloe Morales
Behavioral Health Workforce Center
Heller School at Brandeis University

Sujita Pandey
Research and Cost Trends
Dalhousie University



Dominique Sanchez
Chief of Staff
University of Michigan School of Public Health

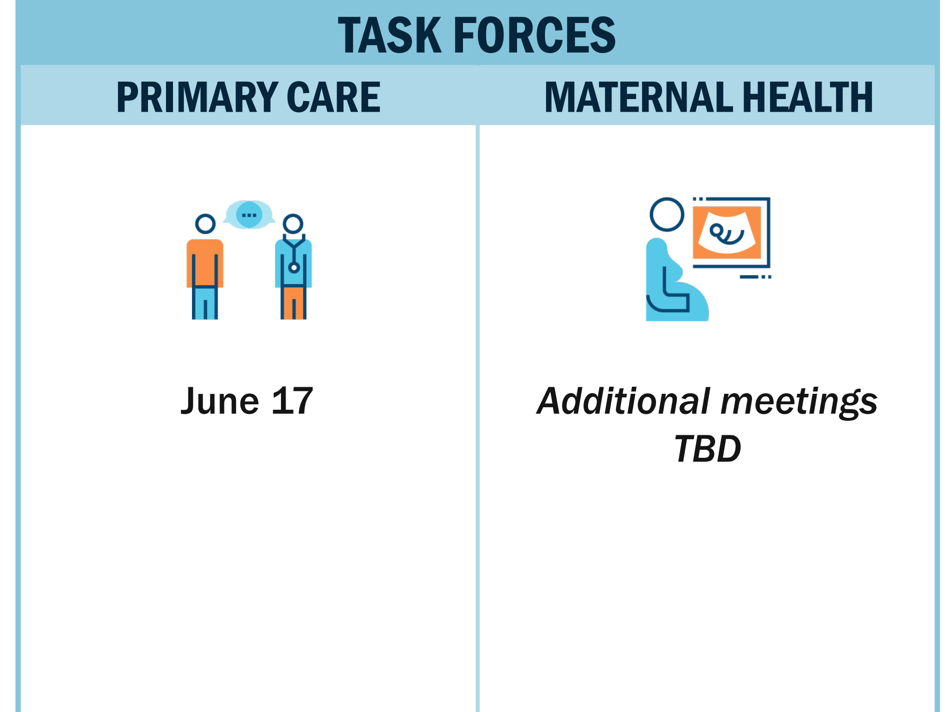
Schedule of Upcoming 2026 Meetings

HPC BOARD

July 23 – IN PERSON

September 17 – VIRTUAL

December 10 – IN PERSON



TASK FORCES

PRIMARY CARE

June 17

MATERNAL HEALTH

Additional meetings TBD

ADVISORY COUNCIL

September 24

December 3

masshpc.gov/meetings

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Agenda

Call to Order

Approval of Minutes **(VOTE)**

Market Transactions

Health Care Transformation and Innovation

Executive Director's Report

UP NEXT: Executive Session (VOTE)

VOTE

Enter Executive Session

MOTION

That having first convened in open session at its June 11, 2026, Board meeting and pursuant to M.G.L. c. 30A, § 21(a)(7), the Commission hereby approves going into executive session for the purpose of complying with c. 6D, § 2A, to discuss confidential information provided to the Commission.