MEETING MINUTES

PRIMARY CARE ACCESS, DELIVERY, AND PAYMENT TASK FORCE

Workforce Workgroup

July 30, 2025

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

Date of Meeting: July 30, 2025
Start Time: 11:30 AM
End Time: 1:00 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	X
Dr. Brenda Anders Pring	X	X
Dr. Laura Black	X	X
Dr. Jennifer Blewett	A	A
Alyson Bracken	X	X
Dr. Renee Crichlow	X	M
Dr. David Gilchrist	X	2nd
Dr. Stephen Martin	X	X
Christina Severin	X	X
Dr. Barbara Spivak	X	A
Summary	**12 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 Wednesday, July 30, 2025, beginning at 11:30 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, Office of Accountable Care and Behavioral Health, MassHealth, Dr. Ryan (Chair); Executive Director of the Health Policy Commision (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; Ms. Christina Severin; and Dr. Barbara Spivak.

ITEM 1: Call to Order

Mr. David Seltz began the meeting at 11:32 AM. Dr. Ryan Schwarz, the new chair of the Workforce Workgroup, provided brief opening remarks and reviewed the meeting agenda.

ITEM 2: Approval of Minutes: June 12, 2025 (VOTE)

As there were no revisions to the minutes of the June 12, 2025 PCTF Workforce Workgroup meeting, Dr. Crichlow made a motion to approve the minutes, Dr. Gilchrist seconded the motion. The mintues were approved by roll call vote.

ITEM 3: Proposed Discussion Topics for PCTF Workforce Workgroup

Dr. Schwarz reviewed the top three priorities of the Workforce Workgroup and reviewed the list of proposed discussion topics for future workgroup meetings that were shared with members ahead of the meeting, and asked members for their feedback.

Within the 'workforce development and pipeline support' discussion topics, members stated the workgroup should explicitly focus on policies addressing pipeline issues preventing students from entering primary care during medical school and perhaps even before. Members also suggested the workgroup discuss expanding support for private practices and academic health systems to employ primary care providers.

While some members thought that listing "addressing administrative burden" within the 'working conditions' discussion topics list may be redundant, others commented that administrative burden is compounded with other required tasks, such as answering numerous patient portal messages managing behavioral health needs, suggesting that leaving administrative burden as a broad discussion topic would be worthwhile. Members commented that when the workgroup discusses "adequate staffing support," that the discussion should focus on types of staff and clinicians that are needed, particularly for addressing health-related social needs. Regarding the framing of the discussion topic "streamlining pay for performance reporting," some suggested that the workgroup instead focus on redefining pay for performance.

Members recommended that the workgroup discuss the impact of nurse practitioners (NPs) transitioning out of primary care due to administrative burden and burnout, as many often begin their careers within primary care. Other suggestions for the workforce pipeline topic included supporting rural health training tracks and providing pathways to re-integrate primary care physicians who have left the workforce. Other suggested discussion topics included alternative payment models and exploring pathways for addressing public health related needs outside of primary care or via non-licensed professionals. Members emphasized that it is important to remember that the overall goal is to improve patient experience and delivery of quality care.

Dr. Seltz asked the group if there are specific discussion items that the workgroup should prioritize. Members said every topic outlined must be addressed as they are all intertwined, and that payment reform will be necessary to ensure success. Some members suggested it might be worthwhile to classify each discussion topic by feasibility and level of impact, as well as identifying which initiatives can be addressed outside of legislation. Dr. Altman referenced the three major primary care bills being considered by the Legislature as a good place to start the workgroup discussions of these topics.

ITEM 4: Deliverable #7: Create short-term and long-term workforce development plans to increase the supply and distribution of primary care clinicians and other primary care workers

Dr. Martin provided the numbers of family medicine graduates from Massachusetts medical schools, which have decreased between 2017 compared to 2025, highlighting the urgency of the state's primary care pipeline issue. Dr. Schwarz then reviewed several discussion questions to guide the workgroup's discussion of PCTF statutory delivereable #7.

While discussing the main workforce pipeline challenges and potential solutions the PCTF should address, workgroup members highlighted the four core functions of primary care: first-contact care, continuity of care, comprehensive care, and coordination of care to demonstrate its importance beyond providing medicine. Members discussed the rewarding nature of primary care, and explained that addressing workforce burnout, administrative burden, large patient panels, and pay will attract new primary care physicians and retain primary care NPs and physician associates (PAs).

Members discussed examples of training programs for family medical physicians, nurses, and PAs that successfully address well-documented pipline challenges by focusing on logitudinal training within communities for family medicine students, mentorship and slow onboarding for NPs and PAs working in primary care practices, and prompting academic medical systems to prioritize training in primary care. Members urged replicating and exanding these programs in Massachusetts. Members also expressed the urgency of addressing the high cost of tuition for medical school to attract a more diverse pool of medical school students and suggested creating state programs, similar to National Health Service Corps, that would encourage and support graduates who work not only in community health centers, but also in private practices.

ITEM 5: Next Steps

Dr. Schwarz thanked members for a productive conversation. Mr. Seltz reminded workgroup members of the in-person PCTF Meeting scheduled for September 17, 2025. Mr. Seltz then shared with workgroup members data from the HPC's DataPoints Issue #30: The Primary Care Spending Gap Paying Less for What Matters Most, which examines the relative commercial prices for primary care services as compared to common specialty services to better understand and quantify payment disparities for primary care physicians.

ITEM 6: Adjourn

The meeting ajourned at 12:57 PM.