Introduction

High-quality primary care encompasses an array of vital services that can meaningfully shape patient outcomes and can lower overall health care expenditures while improving population health. The core functions that characterize effective, person-centered primary care are **first-contact care**, **continuity of care**, **comprehensive care**, and **coordination of care**.[1] These four pillars of primary care represent the foundation of a high-functioning health care system, yet primary care remains both overburdened and undervalued in Massachusetts and throughout the United States.

Data-driven policy changes, investments, and market reforms are needed to address these significant challenges and improve the Commonwealth's primary care system. Recent research by the Massachusetts Health Policy Commission (HPC) found that primary care spending in Massachusetts grew half as fast as spending on all other medical services from 2017-2022, 11.8 percent compared to 24.7 percent.[2] Transparent, comprehensive expenditure data on primary care services in Massachusetts are essential to inform these reforms, and are also critical for setting and tracking investment improvement targets.

Understanding the importance of measuring primary care for evidence-based reforms, nearly 20 states have developed methods for measuring primary care spending. While there is no national consensus for measuring primary care spending and variation exists in data specifications across states (e.g. California, Connecticut, and Rhode Island), total primary care expenditures are generally measured by collecting data on primary care services delivered by primary care providers.[3] In Massachusetts, the Center for Health Information and Analysis (CHIA) measures primary care spending using a similar means.

CHIA's methodology for measuring primary care expenditures was developed in 2019 by leveraging standard billing codes, aligning with other states' approaches, and a public listening session with stakeholders.[4] Since 2020, CHIA has collected summary-level data from health insurers to measure overall spending on primary care and behavioral health services covered by insurance. The recent *Massachusetts Primary Care Dashboard* published by CHIA in collaboration with the Massachusetts Health Quality Partners found that, in 2023, the share of primary care spending declined across payer types, with the exception of MassHealth, which had the highest percentage of spending on primary care (7.5 percent).[5]

Once a method for measurement is established, many states have pursued investment targets for primary care system improvement. This is a topic of active consideration by the Massachusetts Primary Care Access, Delivery, and Payment Task Force (PCTF) and recommendations for a primary care spending target will be

[1] Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. *Milbank Quarterly*. October 3, 2005; 83(3): 457-502. doi:10.1111/j.1468-0009.2005.00409.x
[2] Massachusetts Health Policy Commission. A Dire Diagnosis: The Declining Health of Primary Care in Massachusetts and the Urgent Need for Action. January 2025. https://masshpc.gov/publications/ policyresearch-brief/dire-diagnosis-declining-health-primary-care-massachusetts-and
[3] Foubister V. Five States Leading Efforts to Increase Primary Care Spending. The Milbank Memorial Fund. March 12, 2025.
[4] Massachusetts Center for Health Information and Analysis. Payer Data Reporting: Primary and Behavioral Health Care Expenditures. https://www.chiamass.gov/payer-data-reporting-primary-and-behavioral-health-care-expenditures
[5] Massachusetts Center for Health Information and Analysis. Primary Care in Massachusetts. June 2025. https://www.chiamass.gov/assets/docs/r/pubs/2025/MA-PC-Dashboard-2025.pdf. Note that MassHealth financing differs substantially from Medicare and commercial payers.

forthcoming, pursuant to Chapter 343 of the Acts of 2024. The PCTF is charged with developing a series of recommendations to stabilize and strengthen the primary care system across Massachusetts, including the first statutory deliverable to define primary care services, codes, and providers in Massachusetts outlined below.

Primary Care Task Force Recommendation: Statutory Deliverable #1

CHIA has already developed and implemented a highly credible and robust process for defining and measuring primary care spending in Massachusetts. The PCTF recommends that Massachusetts rely on CHIA's technical expertise and experience to continue this foundational measurement work, critical for informing policies to increase investment in primary care and other strategies to strengthen primary care access, delivery, and financial stability. To effectuate this goal, the PCTF further recommends the following:

- **Designated Agency:** The Legislature should codify CHIA as the agency responsible for defining, measuring, and reporting on primary care spending in Massachusetts and authorize CHIA to require such reporting from payers and providers as is necessary for these purposes.
- **Transparent Methodology:** The Legislature should require that CHIA develop and publicly post its detailed methodology and data specifications for defining and measuring primary care spending based on summary level reporting from commercial and public payers. The methodology should incorporate a designated list of primary care services by codes, a list of provider types, and non-claims payments to support primary care. In developing the methodology, CHIA should be informed by methodologies used in other states, and to the extent appropriate, should align its methodology with those used in other states, particularly those used in neighboring states, to allow for cross-state comparisons. CHIA should include a comparison of its methodology to alternative approaches. CHIA should finalize data specifications and require data collection within six months of the legislation's effective date.
- **Annual Review Process:** The Legislature should require that CHIA establish an annual process for reviewing and revising as necessary its methodology for measuring primary care spending. The process should include consultation with a Primary Care Advisory Body, other states, and experts.
- **New Primary Care Technical Advisory Body.** The Legislature should establish an ongoing primary care technical advisory body to advise and provide technical input on CHIA's data specifications, methodology, measurement, and reporting. The Legislature should consider including the following members to the advisory body: primary care providers, behavioral health providers, health systems, community health centers, health plans, and government agency representatives, including HPC, MassHealth, the Department of Public Health, the Division of Insurance, and technical experts in health care spending measurement.
- **Annual Reporting:** The Legislature should require CHIA to report annually on spending on primary care in Massachusetts, including as a share of total statewide health care expenditures, by member, by insurance type, by a range of age groups, by payer, and managing clinician group[6]. HPC should include primary care spending trends in its annual cost trends report, including complementary analyses based on data from the All-Payer Claims Database (APCD), and make corresponding policy recommendations.[7]

[6] "Managing clinician group" has historically been referred to as "managing physician group" in CHIA and HPC reports.
[7] If, in any year, CHIA makes substantial changes to their methodology for defining and measuring primary care, CHIA should note caveats and implications for longitudinal analysis public report notes.

- **Spending Target Measurement:** CHIA's annual reporting should be used for the purposes of setting a primary care spending target (to be further defined by the PCTF in deliverable #3). CHIA should consider the inclusion of pharmaceutical spending data as appropriate in the calculation in order to ensure clear incentives and accountability for the state, market actors, and the public to be able to track meaningful progress on spending targets (as recommended by the PCTF).

Summary of Current CHIA Methodology and Annual Update Process

- **Modular Methodology:** CHIA calculates spending on primary care by first classifying if the service is (1) a specified service type (based on CPT/HPCPCS code) and (2) delivered by a primary care provider type (based on taxonomy code). Service types and provider categories (physician, other professional, facility) are modular and can be included or excluded in the total primary care measurement based on purpose.
- **Service Classification:** The service types include problem-focused office visits, preventive office visits, chronic care management, immunizations/injections, home/nursing facility visits, screenings and assessments, and integrated behavioral health care. (Link to full list service codes available here (pages 46-48). Also attached as appendix A.
- **Provider Types:** The designated provider types include a range of provider specialties including family medicine, internal medicine, general practice, pediatrics, OB/GYN, adolescent, and geriatric medicine. Professionals include physicians, registered nurses, nurse practitioners, and physician assistants. (Link to full list provider types available here (pages 48-50). Also attached as appendix A.
- **Insurance Type Covered:** CHIA's primary care analysis includes ~80% of Massachusetts residents with primary medical coverage through private commercial insurance (including self- and fully insured, and Connector plans), MassHealth, Medicare Advantage, and Senior Care Options (SCO), One Care, Programs for All-Inclusive Care for the Elderly (PACE)
- CHIA's current annual calendar for collecting and reporting on is detailed below:

Timeline	Activity
Summer	CHIA releases updated draft data specifications for comment period
Fall	• Payers report data to CHIA • CHIA performs QA and releases results to payers and providers
Spring	Report released

Additional Policy Considerations

In developing this recommendation, the PCTF discussed a number of known limitations with the current methodology as well as further considerations which CHIA should explore and seek to address in the future, to the extent feasible, including:

- **Inclusion of Original Medicare Data:** While Medicare Advantage members as well as dually eligible members are included in CHIA's primary care spend methodology, primary care services covered by original Medicare is excluded due to data availability. CHIA can explore Centers of Medicare and Medicaid Services (CMS) data sources.
- **Identification, measurement, and inclusion of services for patients that are delivered by primary care providers but are not billed through insurance codes:** Primary care providers often provide

services for which they are unable to bill through insurance, such as answering messages submitted by patients through electronic patient portals after hours, providing behavioral supports or treatment plan consultation with schools or other care team members, or assisting with social and behavioral resource navigation. CHIA should explore ways to measure this unbilled primary care work.

- **Consider inclusion of other professionals that provide services in a primary care setting:** Non-physician professionals, such as social workers, care coordinators, clinical pharmacists or patient navigators may be members of care teams who provide services that enhance patient-centered primary care delivery. CHIA should explore capturing delivery of these services as part of primary care spending.
- **Inclusion of spending on behavioral health integration and associated time spent on care delivery:** In addition to including behavioral health screenings and services, such as medication management, CHIA should consider behavioral health services delivered through an integrated behavioral health model in primary care spending.
- **Measuring spending for primary care providers engaged in direct contracts with employers or who offer services that are not reimbursed through the health insurance plans (e.g. direct primary care, concierge):** The market for concierge medicine and direct primary care has been increasing.[8] As more clinician and consumers opt for these models, CHIA may explore methods for measuring this spending.
- **Inclusion of OB/GYN provider spending only for primary care services (e.g. wellness visits but not childbirth):** Because most maternity care payments use global codes, CHIA's current methodology includes both pre-natal visits and labor and delivery services in primary care spending. CHIA should consider refining the methodology to exclude childbirth.

[8] Song, Z., & Zhu, J.M. Primary Care — From Common Good to Free-Market Commodity. *The New England Journal of Medicine. 392*(20): 1977-1979. May 24,2025. https://www.nejm.org/doi/full/10.1056/NEJMp2501717