PRIMARY CARE ADVISORY COUNCIL

Charting the Course: Identifying the actions needed to build a sustainable, high-functioning primary care system in Maine

May 1, 2026

12:30-3:00 PM

Virtual Meeting

Maine Quality Forum
MEASURING TO IMPROVE

Meeting Agenda

12:30 - 12:35	I. Welcome and Introductions
12:35 - 12:45	II. Administrative Business
12:45 - 1:00	III. Old Business
1:00 - 2:00	IV. Primary Care Investment – Measurement & Policy
2:00 - 2:45	V. Primary Care Access & Utilization Domain - Measurement
2:45 - 2:50	VI. Next Steps
2:50 - 2:55	VII. Public Comments
2:55 - 3:00	VIII. Adjournment

Administrative Business

- Review and Approve Meeting Notes from 2/27

Legislative and Agency Updates

LD	Status
961, An Act to Address Maine's Health Care Workforce Shortage and Improve Access to Care (Authorizes the State Board of Nursing to modernize the current licensing requirements by establishing practice standards, including the length of time a certified nurse practitioner must practice as an advanced practice registered nurse, and any requirements for employment by a clinic or hospital that has a supervising nurse practitioner within the clinic or hospital serving in a mentorship role to a certified nurse practitioner)	Emergency Enacted as Public Law 2025, chapter 540; effective February 17, 2026
1502, An Act to Update the Requirements for Health Insurance Coverage of Prostate Cancer Screening	Enacted as Public Law 2025, chapter 712; effective July 2026
2005, An Act Regarding Mail Order Delivery of Prescription Drugs	Enacted as Public Law 2025, chapter 674; effective July 2026
2030, An Act to Expand the Scope of Practice of Independent Practice Dental Hygienists	Emergency Enacted as Public Law 2025, chapter 601; effective April 3, 2026
2088, An Act to Increase Access to Primary Care Provided by Physician Associates (Removes the requirement that a physician be accessible to the physician associate at all times for consultation, and removes the requirement for practice agreements)	Emergency Enacted as Public Law 2025, chapter 604; effective April 3, 2026
2133, An Act Regarding Licensing of Community Paramedicine Services and Clinician	Enacted as Public Law 2025, chapter 635; effective July 2026
2146, An Act to Increase Access to Critical Vaccinations	Enacted as Public Law 2025, chapter 702; effective July 2026
2209, Resolve, to Direct the Department of Health and Human Services to Develop Innovative Models for the Delivery of Dental Services to Expand Access to Oral Health Care Throughout the State	Resolve 2025, chapter 156; effective July 2026

Health Care Workforce Data

Project Title: *Building Maine's Health Care Workforce Survey Data Stream & Reporting Capacity*

- MeHAF awarded MHDO a two-year grant
- Anticipated start date is July 1, 2026
- MHDO will collaborate with the MeHAF-supported Data Advisory Group and the Primary Care Advisory Council
- We will leverage the years of experience and lessons learned from the work that has been done to collect and report on standardized nursing survey data

MHDO will design and implement a voluntary health care workforce survey pilot, **beginning with the primary care workforce** (considering the need to survey both practitioners and practices), that includes statewide distribution, collection, and reporting of survey responses.

Definition of Primary Care in Maine

- Primary care is the part of the health system where people go for most of their everyday health needs and acts as the main connection point to the rest of the system. It includes trusted clinicians and care teams who help people stay healthy, prevent illness, treat common health problems and injuries, and manage ongoing health conditions over time.
- For the purpose of the PCAC's work, it includes: "physicians, nurse practitioners and physician assistants practicing in family medicine, general pediatric medicine, general internal medicine, obstetrics and gynecology and geriatric medicine." (PL 2025, Ch 218)
- The PCAC uses the following definitions:
  - "Clinician" - physicians, nurse practitioners, physician assistants.
  - "Care team" - the broader team that includes everyone that works in the primary care practice.

Core Attributes of a High-Functioning Primary Care System in Maine

A high-functioning primary care system has the following key features:

1. **Easy to Access:** People can get care when they need it. Appointments are available, affordable, and located where people can reach them.
2. **First Place to Go:** Primary care is the starting point for most health needs and the place people turn to first.
3. **Ongoing Relationships:** People have a regular clinician that knows them, knows their health history, and are able to build a trusting relationship over time.
4. **Team-Based:** Care is delivered by a team of people that may include clinicians, nurses, social workers, behavioral health professionals, and others working together.

Core Attributes of a High-Functioning Primary Care System in Maine

A high-functioning primary care system has the following key features:

5. **Whole-Person Care:** Care addresses physical, mental, and social needs, not just one issue at a time.
6. **Person and Family Centered:** Care respects each person's values, culture, and preferences, and includes families and caregivers when appropriate.
7. **Preventive and Proactive:** The system focuses on prevention, screenings, and early treatment to stop problems before they get worse.
8. **Well-Coordinated:** Primary care connects patients to specialists, hospitals, and community services; information follows the patient and the care team communicates effectively.

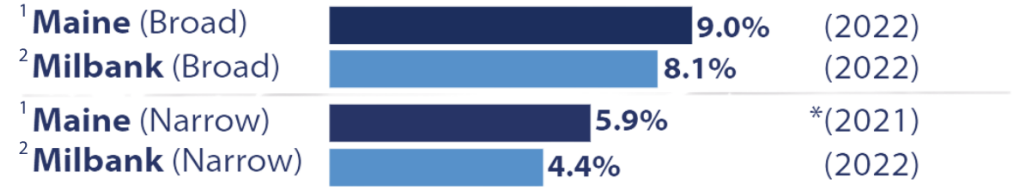
Core Attributes of a High-Functioning Primary Care System in Maine

A high-functioning primary care system has the following key features:

9. **Equitable:** Care quality and accessibility work well for everyone, regardless of race, income, location, language, or ability. Differences in access and outcomes are actively addressed.
10. **High-Value and Affordable:** Care improves health outcomes, avoids unnecessary services, is mindful of costs for patients and the system; cost and value are transparent for patients.
11. **Sustainable:** The system is built to last over time. It:
    - Uses staff, funding, and resources in a way that can be maintained long-term
    - Supports and retains a strong workforce (avoiding burnout)
    - Invests in primary care so it can meet current and future needs, and
    - Adapts to changing community needs and health challenges.

Defining Primary Care: A Comparison of Maine and Milbank Methodologies

DEFINITION IMPACTS TO PRIMARY CARE SPENDING IN MAINE



Difference in Estimated Spending:

Maine vs Milbank - Broad: **+0.9%** percent

Maine vs Milbank - Narrow: **+1.5%** percent

Notes

The OB/GYN & Attending Factor

For both the MQF broad and narrow definitions for OBGYNs and attending PCPs, Maine only counts a specific set of primary care services.

Transition to Broad Definition

* In 2022, MQF transitioned to using only the broad definition following the inclusion of non-claims data.

Data Differences

MQF uses APCD claims including Medicare, MaineCare, and Commercial, and excludes prescription drugs. Milbank only includes Medicare and Commercial, and includes both medical and prescription claims.

Entity/Provider Type	Maine (Broad)	Milbank (Broad)	Maine (Narrow)	Milbank (Narrow)
Physicians (FM, IM, GM, Peds, Geriatric)	✓ Included	✓ Included	! Only for Specific PC Services	✓ Included
NPs/PAs	✓ Included	✓ Included	! Only for Specific PC Services	✗ Not Included
OB/GYN	! Only for Specific PC Services	✓ Included	! Only for Specific PC Services	✗ Not Included
FQHCs/RHCs	✓ Included	? Not Specified	! Only for Specific PC Services	✗ Not Included
Naturopathic Medicine	✓ Included	✗ Not Included	! Only for Specific PC Services	✗ Not Included
Behavioral Health (in PC, MD, PsyD, LCSW)	✗ Not Included	✓ Included	✗ Not Included	✗ Not Included
School-based Health	! Only SBHCs in FQHCs	! Registered Nurse School Providers Included	! Only for Specific PC Services	✗ Not Included

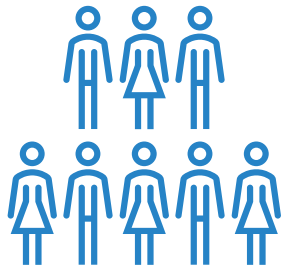
1. Maine Quality Forum Annual Reports. Maine Primary Care Spending. https://mhdo.maine.gov/mqf.html
2. Milbank Memorial Fund. The Triple Double: Doubling down on Primary Care (2025). https://www.milbank.org/publications/the-triple-double-doubling-down-on-primary-care/

Primary Care Investment: Feedback from the PCAC

Administrative Services
(prior authorizations, FMLA and other forms)

Primary care investment takes many forms

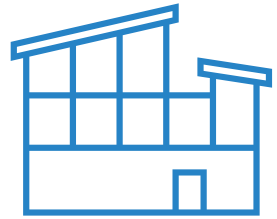
Non-billable Services
(e-consults, portal messaging, team-based care)



Workforce
(medical school loans, developing workforce)

Direct Financial Support
(higher reimbursement)

Infrastructure Improvements
(building/IT upgrades)



Primary Care Investment – Measurement & Policy

- The Primary Care Investment Guide (PCIG) is designed to provide information to organizations as they holistically assess, plan, and prioritize investments in team-based advanced primary care (APC) services.
- Prepared by: CENTER FOR PRIMARY CARE, Harvard Medical School
- Distributed by: PCC, primary care collaborative

https://thepcc.org/wp-content/uploads/2026/01/REPORT-Primary-Care-Investment-Guide-2025.pdf#:~:text=Payers%20who%20are%20making%20investments,better%20outcomes%2C%20cost%20efficiency%20and

Maine's Efforts to Support Primary Care & Status of Health Coverage

Presentations on policies efforts

- Meg Garratt-Reed, Executive Director, Office of Affordable Health Care
- Representative Sam Zager
- Lisa Letourneau, MD, Senior Advisor for Delivery System Change, DHHS Commissioner's Office
- Olivia Alford, Deputy Director of Policy & Programs, Maine DHHS

Discussion

Primary Care Access & Utilization - Measurement

Title 22, Chapter 1683 §6951 A.3.(b, c)

The advisory council shall: Make recommendations for specific policy changes to address identified gaps that will

- Ensure a sufficient number and geographic distribution of primary care providers so that each resident of the State has **a primary care provider near that resident's home**, with a focus on ensuring equity in all counties;
- Ensure a resident's **ability to access services from a primary care provider in a timely manner**

Measuring Access & Utilization of Primary Care

- **Affordability**
  - Client's ability to pay (e.g. insurance coverage, consumer cost-share)
- **Availability**
  - Ability to meet needs of client in timely manner (e.g. providers accepting new patients/insurance, wait time for appointments; non-availability - % of Ambulatory Care Sensitive (ACS)/Preventable ED or urgent care visits).
- **Accessibility**
  - Services are geographically accessible (e.g. % insured members with at least one PC visit by county, travel distance, transportation available).
- **Accommodation**
  - Extent to which providers operation is organized to meet needs of clients (e.g. hours of operation, receiving care without prior appts)
- **Acceptability**
  - Extent to which client is comfortable with provider and care is equitable based on client/provider characteristics and diagnoses and type of coverage.

Maine's Efforts to Support Primary Care & Status of Health Coverage

Presentations on access

- Hilary Schneider, Director, Office of the Health Insurance Marketplace, Maine DHHS
- Kate Ende, Policy Director, Consumers for Affordable Health Care

Discussion

The Maine Quality Forums: 2026 Primary Care Spending Report

- Primary care access, as measured by having at least one visit to a PCP in a year across payor categories, has remained constant (2022-2024)
- Members' use of primary care services by payor
  - Medicare members had consistently higher use of primary care services than among other payors, at 80% across all three years.
  - Commercially insured members with at least one primary care visit in the year increased slightly from 72% in 2022 to 73% in 2024.
  - MaineCare members with at least one primary care visit decreased from 73% in 2022 to 71% in 2024.
- Members' rates of visiting a primary care provider vary by county and age of the patient, with young children and adults over 65 having the highest utilization.

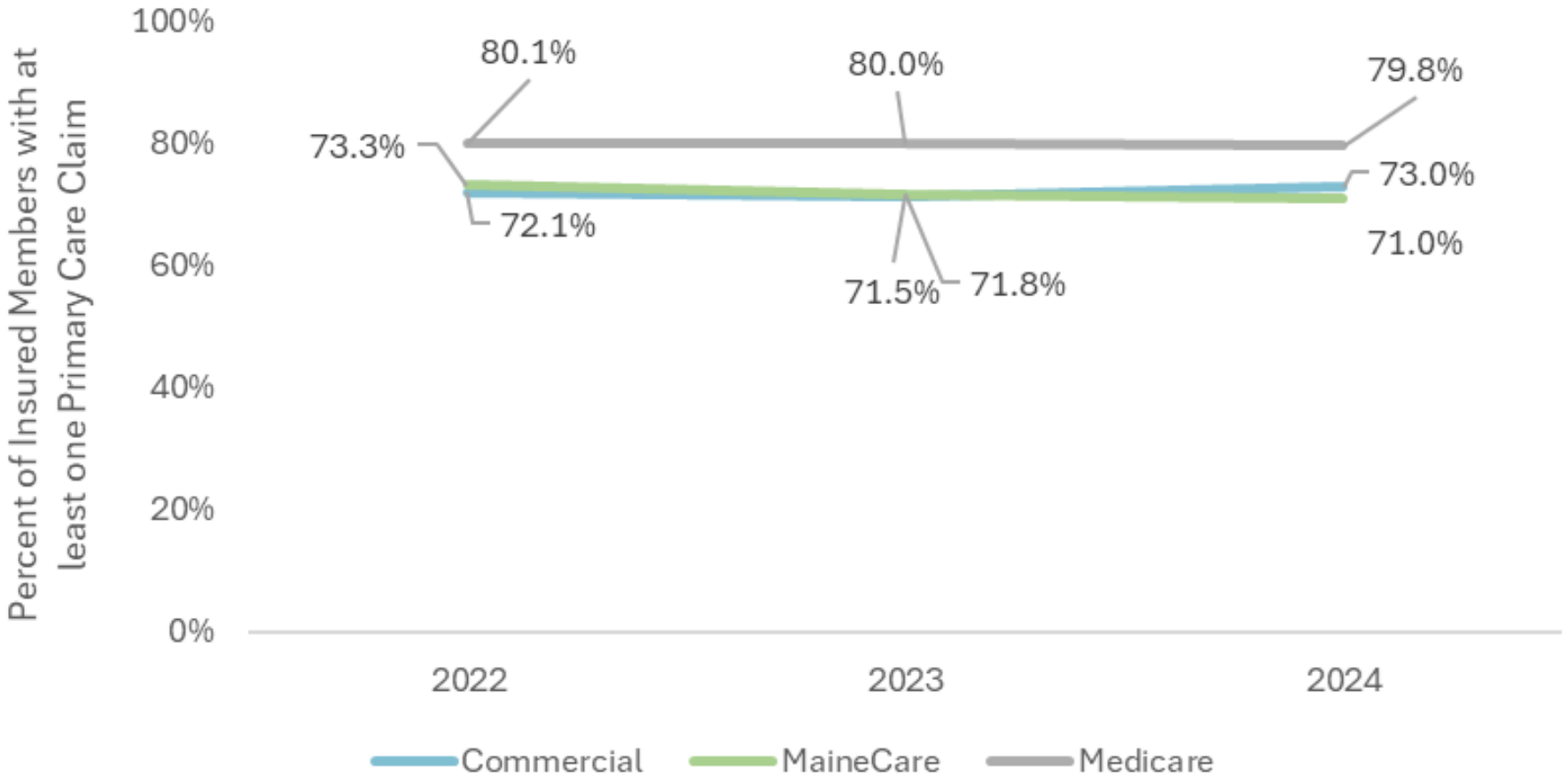
Percent of Insured Members* with at least one Primary Care Claim by Payor, 2022-2024

Year	2022			2023			2024		
Payor	Insured Members	Members with a Primary Care Claim	% Members with a Primary Care Claim	Insured Members	Members with a Primary Care Claim	% Members Utilizing Primary Care	Insured Members	Members with a Primary Care Claim	% Members Utilizing Primary Care
Commercial	401,800	289,809	72.1%	369,335	263,910	71.5%	368,910	269,370	73.0%
MaineCare	264,807	193,994	73.3%	276,433	198,480	71.8%	281,291	199,735	71.0%
Medicare	400,508	320,822	80.1%	411,136	328,709	80.0%	421,596	336,615	79.8%
Total	1,067,115	804,625	75.4%	1,056,904	791,099	74.9%	1,071,797	805,720	75.2%

Data Source: MHDO 2022-2024 APCD claims data

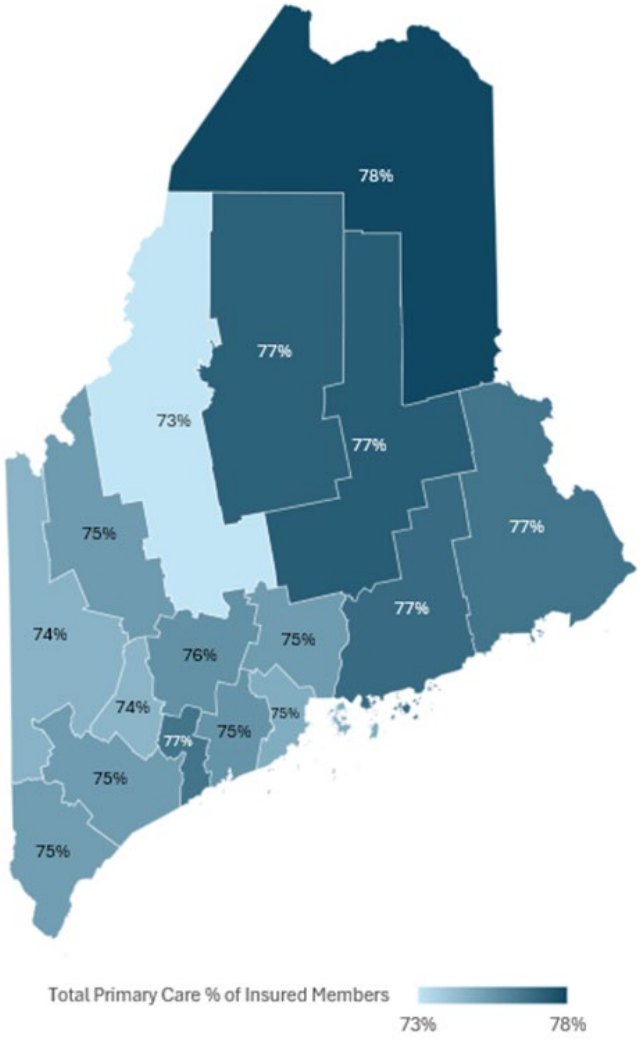
* Insured members are only counted once in the primary payor category in which they were enrolled in the latest month of the year.

% of Insured Members with One or More Primary Care Visit by Payor, 2022-2024

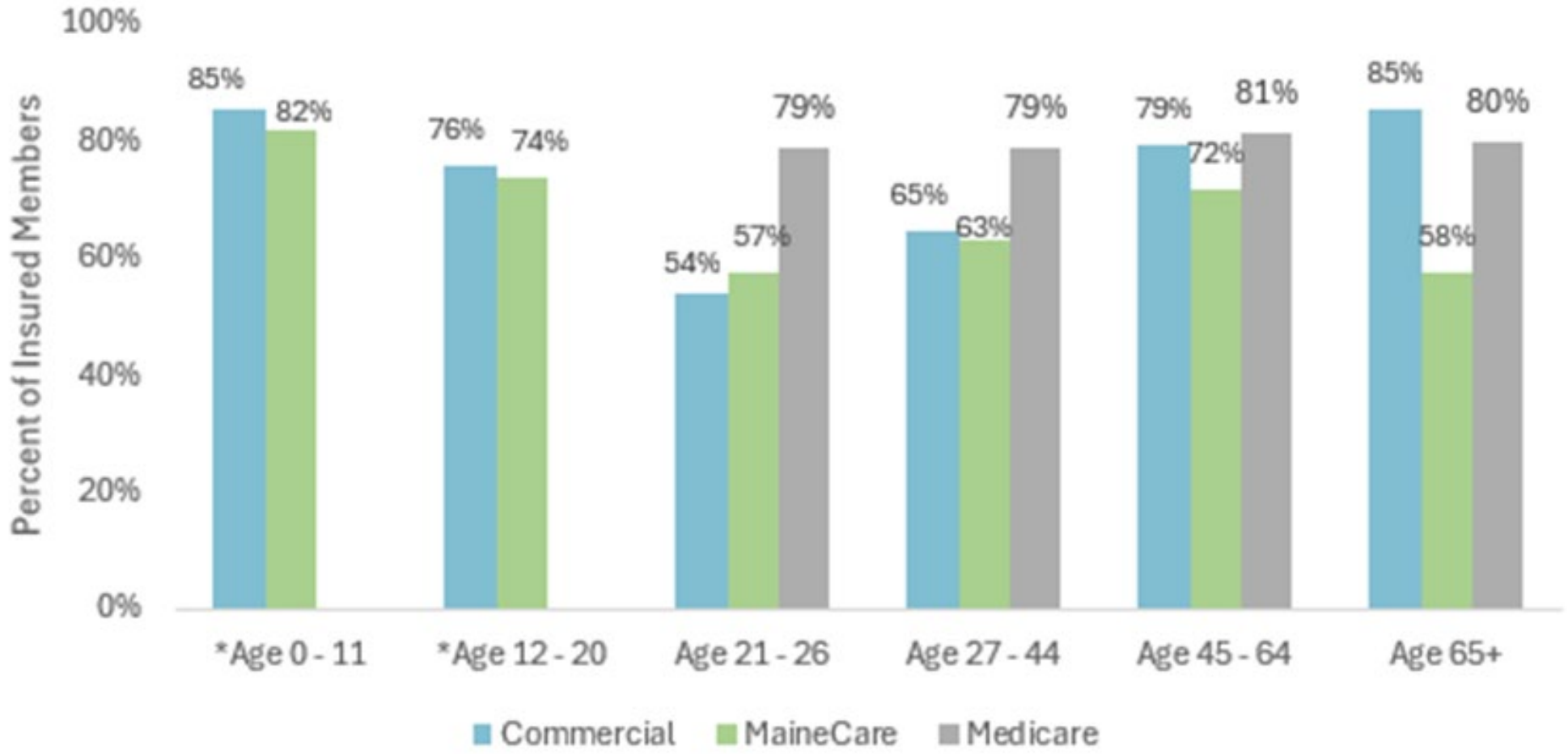


Data Source: MHDO 2022-2024 APCD claims data

% Total of Insured Members with at least one Primary Care Claim by Member County of Residence, 2024



% of Insured Members with at least one Primary Care Claim by Payor and Age Group, 2024



* Medicare not reported for ages 0-11 and 12-20 due to small numbers.

Data Source: MHDO 2024 APCD claims data

Access & Utilization In Primary Care

National studies have reported a decline in primary care visits among insured persons, particularly in rural areas, because of:

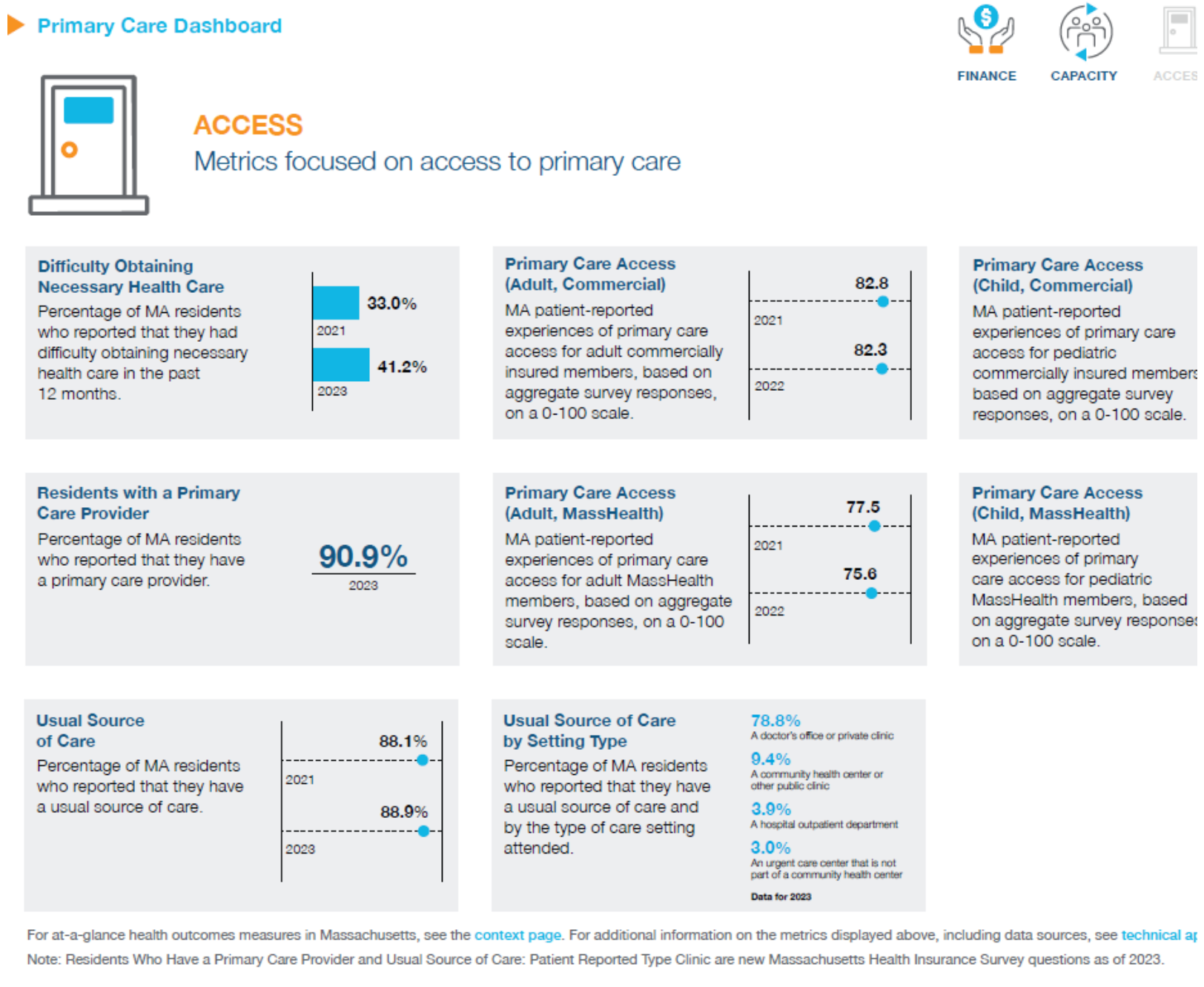
- Decreases in patients' ability, need, or desire to seek primary care
- Changes in primary care practice, and
- Less frequent in-person primary care visits and/or replacement of primary care visits with alternatives such as specialists, urgent care retail clinics, and commercial telemedicine visits (that may also affect changes in primary care spending.*)

*See MQF's 2026 Primary Care Spending Report Environmental scan and references for specific studies.

Access & Utilization In Primary Care: Massachusetts

- Difficulty Obtaining Necessary Health Care
- Residents with a Primary Care Provider
- Patient Reported Experiences of Primary Care Access (adults & children)
- Usual Source of Care (overall and by setting type)

https://www.chiamass.gov/massachusetts-primary-care-dashboard/



Primary Care Access & Utilization

Mandate

- Ensure a sufficient number and geographic distribution of primary care providers so that each resident of the State has a primary care provider near that resident's home, with a focus on ensuring equity in all counties
- Ensure a resident's ability to access services from a primary care provider in a timely manner

Next Steps

- Determine the measurement(s) for access and utilization that should be included in Maine's Primary Care Dashboard
- Staff evaluates what data currently exists, where there are data gaps, and how those data gaps can be addressed

2026 Meeting Calendar

Meeting (12:30 – 3:00 PM)	Location	Tentative Topic
February 27	Virtual	Investment Measurement
May 1	Virtual	Investment Policy Access & Utilization Measurement
July 10	Virtual	Access & Utilization Policy Workforce Measurement
September 25	Virtual	Workforce Policy Quality of Care & Equity Measurement
November 20	In Person	Quality of Care & Equity Policy Annual Report Preparation

Public Comments

Public Comments

Adjourn