

HCAI Health of Primary Care in California Snapshot Workgroup

November 21, 2025

Agenda

- 11:00 a.m. **1. Introductions and Meeting Logistics**
- 11:20 a.m. **2. Overview of HCAI Health of Primary Care in California Snapshot**
- 11:40 a.m. **3. Massachusetts Primary Care Dashboard**
Presentation by Barbra Rabson and Erin Bonney
- 12:20 p.m. **4. Future Workgroup Meetings & Next Steps**
- 12:30 p.m. **5. Adjournment**

HCAI Snapshot Project Team

- The Snapshot is a collaborative HCAI project leveraging expertise in data, workforce, spending, equity, and quality
- Contractor support from Freedman HealthCare and Diane Rittenhouse, Mathematica
- Collaborating with CHCF on communications to support dissemination of the Snapshot

Office of Health
Information

Office of Health
Workforce
Development

Office of Health
Care
Affordability

Office of the
Patient
Advocate

Introduction Instructions

Welcome Primary Care Snapshot Workgroup members! We look forward to getting to know you and connecting you with each other.

Please keep introductions brief today and include the following:

1. Name
2. Organization
3. Title/Role
4. Location
5. What are you looking forward to as a member of the Snapshot Workgroup?

Example: Good morning, I'm Debbie Lindes, Health Care Delivery System Group Manager at OHCA. I live in the Bay Area. As a primary care physician myself, now transitioned from practice to policy work, I'm excited collaborate with you to shape this new tool that will help us use data to motivate action to improve primary care for all Californians.

We encourage members to respond or react to other members either in the chat or using reactions.

Snapshot Workgroup Members

Providers & Provider Organizations



Eric Ball, MD

Chair, Board of Directors, American Academy of Pediatrics in California (AAP-CA)

Rene Bravo, MD

President, California Medical Association (CMA)

Lisa Folberg, MPP

Chief Executive Officer, California Academy of Family Physicians (CAFP)

Susan Huang, MD

Chief Medical Officer, America's Physician Groups (APG)

Melissa Marshall, MD

Chief Medical Officer, California Primary Care Association (CPCA)

Jeremy Meis, PA-C, MPH

Immediate Past President, California Academy of Physician Associates (CAPA)

Aimee Paulson, DNP, MSN

President, California Association for Nurse Practitioners (CANP)

Health Plans



Edward Juhn, MD, MBA, MPH

Chief Medical Officer, Inland Empire Health Plan (IEHP)

Todd May, MD

VP Medical Director, Health Net

Consumer Reps & Advocates



Selene Betancourt, MPP

Senior Policy Manager, California Pan-Ethnic Health Network (CPEHN)

Diana Douglas, MA

Director of Policy and Legislative Advocacy, Health Access

Hospitals & Health Systems



Shunling Tsang, MD, MPH

Chair of Family Medicine, Riverside University Health System (RUHS)

Raul Ayala, MD, MHCM

Ambulatory Medical Officer, Adventist Health

Academic/SMEs



Kevin Grumbach, MD

Professor of Family and Community Medicine, UC San Francisco (UCSF)

Sunita Mutha, MD

Director, Healthforce Center at UCSF

Carlina Hansen, MHA

Senior Program Officer, California Health Care Foundation (CHCF)

Purchasers



Crystal Eubanks, MS-MHSc

VP of Care Transformation, Purchaser Business Group on Health (PBGH)

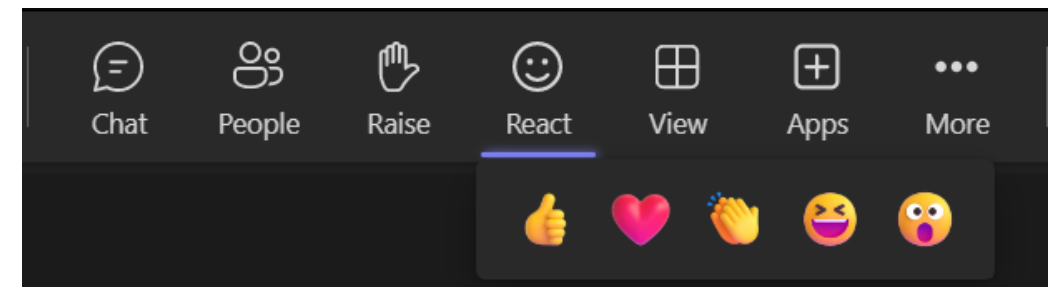
Meeting Format

Workgroup members may provide verbal feedback during the meeting. Non-workgroup members are welcome to participate during the meeting via the chat or provide written feedback to the OHCA team after the meeting.

Meeting recurs the second Wednesday of every other month from 9:00 a.m. – 10:30 a.m., with the following exceptions:

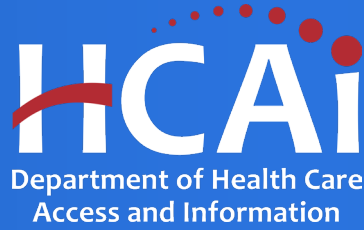
- Friday, November 21, 2025, 11:00 a.m. – 12:30 p.m.
- Wednesday, January 14, 2026, 9:00 – 10:00 a.m. (shortened due to conflict with HCAI Health Care Affordability Advisory Committee meeting)
- Wednesday, November 11, 2026 (to be rescheduled due to conflict with Veterans Day)

- Remote participation via Teams Webinar only
- We will be using reaction emojis, and chat functions



Etiquette for Easy Collaboration

- Mute your microphone when you are not speaking to avoid background noises
- Use of your camera is encouraged
- Use the “raise hand” button to make a comment, provide feedback, or offer an idea
- Use the chat box, reactions, and emojis to contribute to the conversation
- Be present and practice active listening, we want to hear your insights
- Be respectful of differences in understanding and perspective
- Be mindful of when to step up and when to step back during discussion



Overview of HCAI Health of Primary Care in California Snapshot

One Vision for Primary Care Delivery in CA

Accessible

Person- and family-centered

Relationship-based

Integrated

Team-based

Coordinated

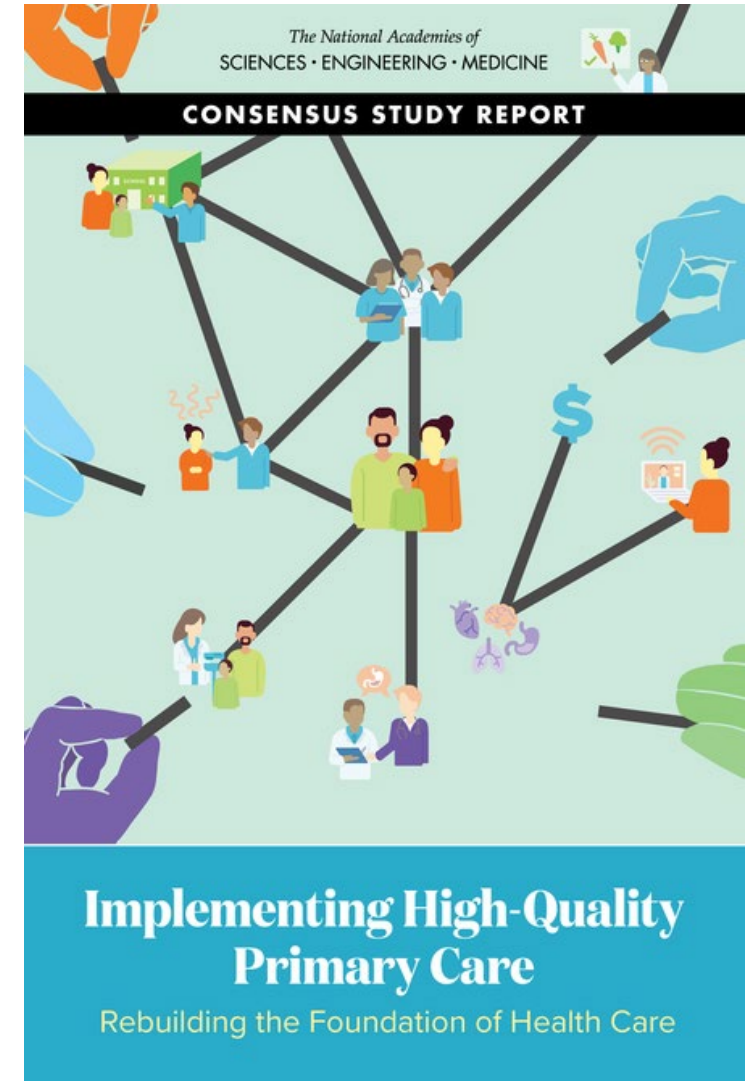
Comprehensive

Equitable



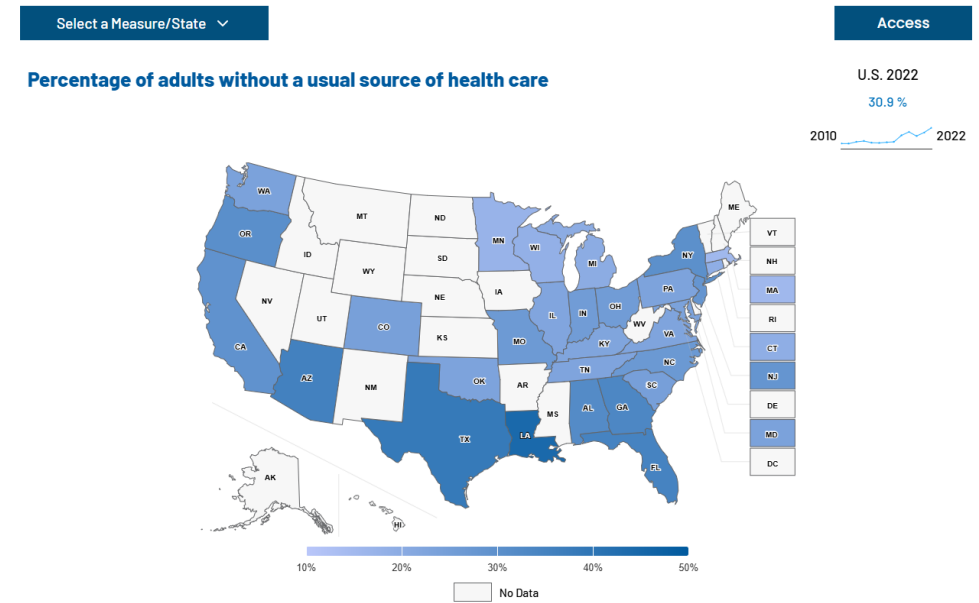
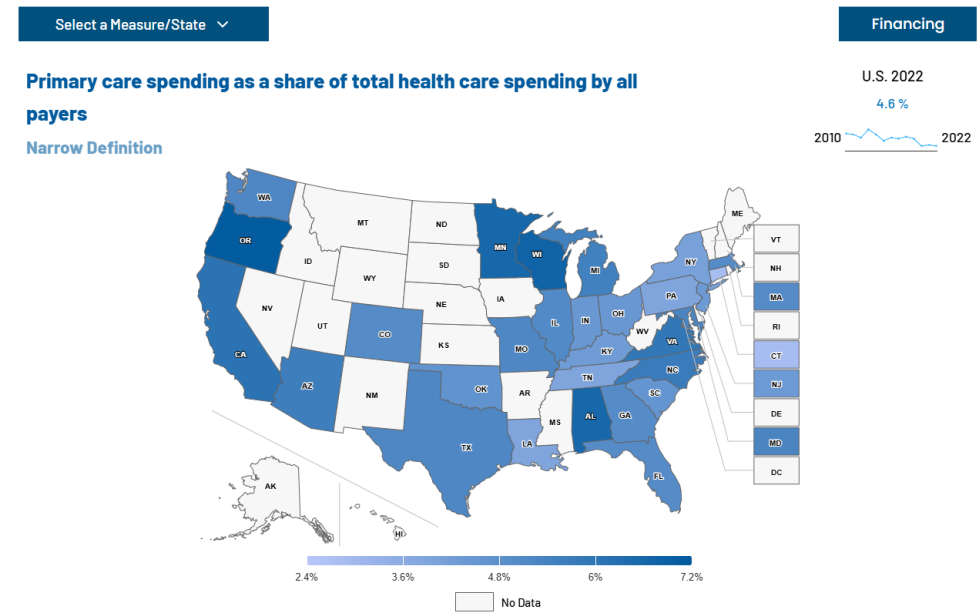
Context

- The NASEM 2021 *Implementing High-Quality Primary Care* report proposed a US scorecard on the health of primary care to track implementation and progress towards high-quality primary care
- National level and state level scorecards have been developed since then
- California Health Care Foundation's (CHCF) Primary Care Investment Coordinating Group of California (PICG) recommended a primary care scorecard for California in 2022



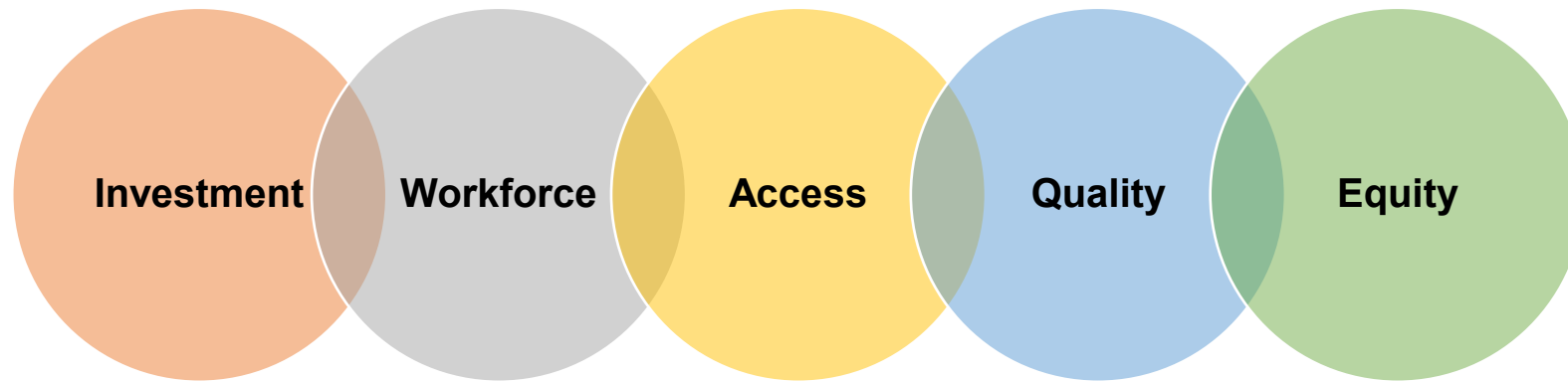
Snapshot Purpose

- Create a **shared understanding** of the health of California's primary care sector, both statewide and for geographic regions within the state
- **Track progress** toward equitable, high-quality, sustainable primary care for all Californians
- Monitor performance on **key elements of the health of primary care**, including spending and outcomes
- **Identify gaps and challenges** to inform action on access, workforce, and payment



Snapshot Approach and Audiences

- **Compile data** from across HCAI and other sources to create a comprehensive picture of primary care in California, at the statewide level and regionally
- Focus on **five key domains**



- Adopt a **phased approach** that begins with a static report on the key domains and adds indicators and interactive features over time
- The primary audiences are **engaged stakeholders** (purchasers, payers, providers, state government, policymakers, consumer advocates, and researchers)

Example: Virginia Primary Care Scorecard

Interactive dashboard

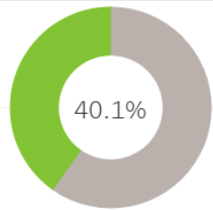
Static dashboard

Primary Care Use

Primary care use has shifted over time, with significant disruptions occurring during the pandemic. Since the pandemic, Virginians have begun to return to primary care services. However, methods of accessing care and services provided continue to evolve with growing demand for telehealth and behavioral health services.

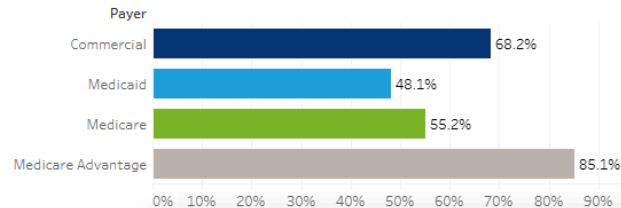
Percentage of Virginians With a Primary Care Visit (2022)

Type
☒ Narrow (Preventative Physician Services Only)
☐ Broad (Physician Services + Advanced Practice Practitioners)



Primary Care Use by Payer (2022)

Year
2022



Percentage of Residents Using Primary Care Services

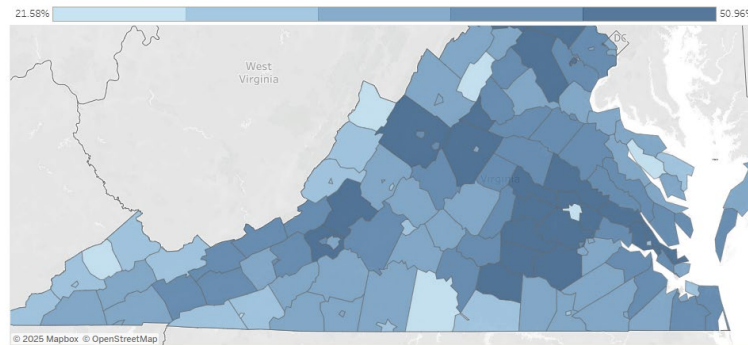
Definition

☒ Narrow (Preventative Physician Services Only)
☐ Broad (Physician Services + Advanced Practice Practitioners)

21.58%

Percentage of Residents Using Primary Care Services

Definition
☒ Narrow (Preventative Physician Services Only)
☐ Broad (Physician Services + Advanced Practice Practitioners)



Data | Virginia All-Payer Claims Database (2024)

Expenditures

Virginia's investment in primary care may be measured by the amount of total health care expenditures that are associated with primary care. While there is no consensus on the "right" amount, reports 10-18% of spend targeted at primary care have been associated with improved health outcomes. The VTFPC began setting targets between 10-16% of total health care expenditures in 2019, with the goal of raising primary care reimbursement rates or through other means.

Primary care as percent of total health care expenditures. In its **Primary Care Spend Report**, VTFPC uses the All-Payer Claims Database and a four quadrant approach to define primary care by provider type and services. The VTFPC analysis reports **3.1-5.7% of total medical expenditures on primary care**.

Based on 2020 data from the Health of US Primary Care Baseline Scorecard and contributing data sources, 2023 County Health Rankings data, and the VHI 2021 All Payers Claims Database.

Primary Care Spending as a Share of Total Health Care Expenditures



Primary care spending as a share of total health care expenditures. While overall, primary care accounted for 3.1-5.7% of total health care expenditures, proportions vary by payer. VTFPC Primary Care Spend Report shows that commercial payers spent 8.3%, Medicaid spent 5.3%, and Medicare spent 3.1% on primary care in 2021.

Based on NASEM national data, Virginia spent substantially more on primary care for both commercial and Medicaid payers than the national average. Commercial payers spent 13.7% vs 15.1% nationally and Medicaid spent 9.7% vs 10.1% nationally.

Regional Variation in Primary Care Expenditures

While total primary care expenditures align with population, rural localities in far Southwest Virginia spend proportionately more on primary care compared to regions of the Commonwealth based on the percent of medical spend allocated to primary care.

Virginia Center for Health Innovation

Virginia Primary Care Scorecard



About

A robust primary care infrastructure has been shown to improve the health and well-being of populations. Yet, data monitoring the health of the primary care landscape in Virginia has been fragmented. This scorecard, developed by the Virginia Task Force on Primary Care (VTFPC) supported by the Virginia Center for Health Innovation (VCHI), aims to provide an annual tracking tool to monitor the health and well-being of primary care in Virginia.

Scorecard measures include:

- Expenditures** – Measures financial investment in primary care and disparities in resources
- Workforce** – Measures the capacity of primary care clinicians to care for Virginians and variation in network adequacy by payer and geographic region
- Service Utilization** – Measures how Virginians are using primary care
- Outcomes** – Measures the health and well-being of Virginians based on primary-care sensitive metrics

The scorecard is based on data from Millbank Memorial Fund Health of US Primary Care Baseline Scorecard and contributing data sources, 2023 County Health Rankings data, and the VHI 2021 All Payers Claims Database.

Virginia Task Force on Primary Care

The VTFPC is a multi-stakeholder collaboration that was launched in August 2020. It is tasked with addressing the sustainability challenges facing primary care that came to light during the COVID-19 pandemic and continue to challenge our communities.

To learn more about the work of the VTFPC visit our website.

Expenditures



[Learn More](#)

Service Utilization



[Learn More](#)

Workforce



[Learn More](#)

Outcomes



[Learn More](#)

Snapshot Deliverables

2025

HCAI Brief on the Health of Primary Care in California

- **Introduction to Snapshot:** Timeline, approach to the static and interactive Snapshots, stakeholder engagement
- **Content Overview:** Current state of primary care in California, domains for future snapshots

2026

Health of Primary Care in California Snapshot (static version)

- **First Static Report:** Baseline performance on key indicators for each domain to be included in interactive Snapshot
- **Update on Interactive Snapshot:** Timeline and any other updates for development and release

2027

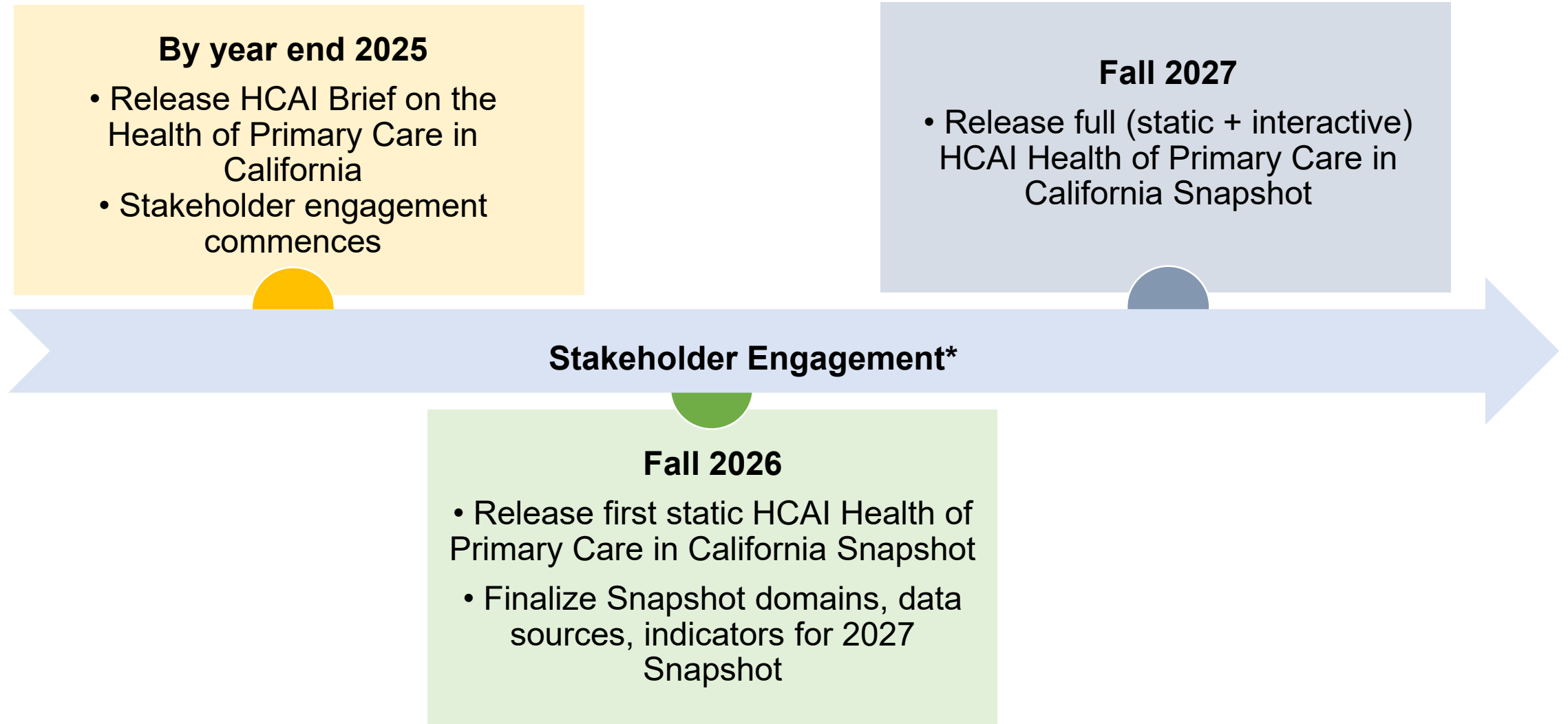
Health of Primary Care in California Snapshot (interactive)

- **First Interactive Snapshot:** Data dashboard featuring key indicators in each domain
- **Accompanying Static Report:** Easily downloadable digest of performance on key indicators

2028 and beyond

Annual updated Interactive and Static Snapshots

Snapshot Timeline



*Occurring throughout the project lifecycle

Content for 2025 Brief

Element	Content
Introduction	<ul style="list-style-type: none">• Announce the Snapshot initiative• Outline the content of the brief
Background	<ul style="list-style-type: none">• Importance of primary care (e.g., NASEM Primary Care Report)• Summary of current national and state examples of primary care dashboards• Describe why HCAI is focused on primary care dashboards• Share California's vision for primary care delivery
Current State of Primary Care in California	<ul style="list-style-type: none">• Include baseline and contextual statistics from existing reporting in California about the state of primary care in each of the five domains (investment, access, quality, equity, and workforce)
Vision for Snapshot	<ul style="list-style-type: none">• Detail Snapshot purpose, approach, and audiences• Describe use of existing data sources and indicators across each of the five domains• Highlight that Snapshot development will be informed by public stakeholder workgroup• Outline the phased approach and timeline for interactive Snapshot development

Stakeholder Engagement

Guiding Principles

- Engage a diverse set of stakeholders and seek their input to create a relevant slate of primary care indicators
- Present stakeholders with a focused goal for the Primary Care Snapshot, based on current capabilities and an aligned vision for primary care
- Convene a **new workgroup bi-monthly** for technical input, discussion among stakeholders, and Snapshot development through at least year-end 2026
- Report on Snapshot progress to **existing HCAI stakeholder groups*** for feedback, quarterly or as needed
- Conduct **individual meetings with stakeholders and experts**, as needed, to elicit candid feedback on indicator domains, preferences, and tradeoffs

Stakeholder Groups



Functions of the Snapshot Workgroup

Purpose: Provide primary care policy, data, and clinical expertise in the development and implementation of the HCAI Health of Primary Care in California Snapshot.

Workgroup Objectives

- Offer a transparent, public forum to understand stakeholders' priorities for the Snapshot.
- Engender thoughtful, comprehensive, and balanced stakeholder engagement to ensure strong buy-in and smooth implementation.
- Provide expert technical input on the availability and feasibility of primary care indicators to include in the Snapshot.

Member Roles and Responsibilities

- Actively participate in meetings, prepare to the best of ability
- Contribute expertise, insights, and ideas
- Share the perspectives of their organizations and the stakeholder group they represent
- When requested, solicit feedback from colleagues within their organization and across the state

Functions of the Snapshot Workgroup (cont.)

Workgroup activities will include:

- Reviewing best practices and lessons learned from other states, previous work in California, and literature on primary care measurement and reporting.
- Informing the development of primary care indicators for the HCAI Health of Primary Care in California Snapshot that promote equitable, high-quality, and cost-efficient care.
- Engaging stakeholders to gain the benefit of their knowledge and experience.
- Discussing strategies how to catalyze collective action towards high-quality, sustainable primary care in California through the Snapshot.

Workgroup members will not:

- Develop formal recommendations
- Make final decisions

A draft Workgroup Charter will be shared after the meeting for review and feedback, with proposed adoption at the January Workgroup meeting.

Questions or comments?



Massachusetts Primary Care Dashboard

November 21, 2025

Massachusetts Health Quality Partners (MHQP)

- MHQP is an independent, non-profit measurement and reporting organization that brings together key stakeholder groups (providers, payers and patients) in Massachusetts healthcare to help provider organizations, health plans and policy makers improve the quality and equity of patient care experiences throughout the state.

The Center for Health Information & Analysis (CHIA)

- The Center for Health Information and Analysis (CHIA) is an independent state agency with a broad mission to provide reliable and timely information about the Massachusetts health care system.
- CHIA's publications and data provide important information about the state's health care system for patients, providers, health plans, researchers, and others. CHIA's work creates a factual foundation for better public policy and a more transparent, equitable, and efficient health care system for all residents of Massachusetts.

Primary Care Dashboard Evolution



2018: MHQP convened Affordability Roundtable to explore ways maximize the right care at the right time and right place, flagging primary care access challenges



2019: Governor Charlie Baker files legislation to increase spending on primary care



2020: MHQP Convenes Task Force on Primary Care; COVID-19 pandemic



2021: MHQP begins tracking primary care measures



2022: MHQP and CHIA begin work on Primary Care Dashboard



2023: MHQP and CHIA release first in the nation Primary Care Dashboard



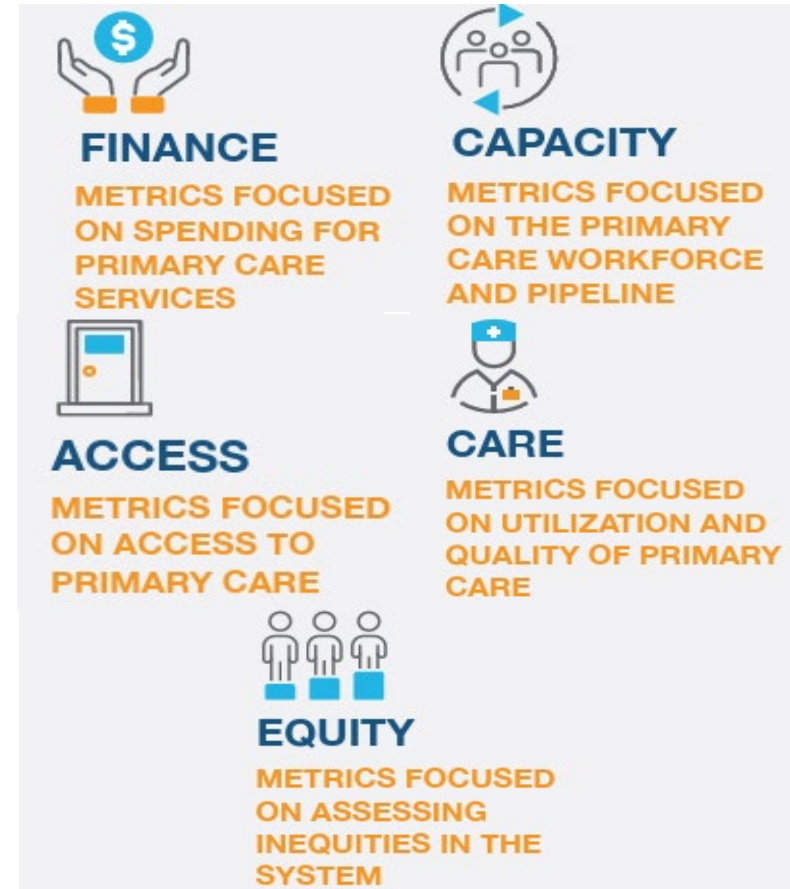
2024: Second Massachusetts Dashboard released



2024: Legislation passes establishing Primary Care Task Force

Primary Care Dashboard

- **Annual Statewide Primary Care Dashboard**
 - **PDF:** Highlights, Context, 5 Domains
 - **Interactive Tableau:** Multi-year trends, stratifications, bar graphs/maps
 - **Technical Appendix:** Metric specs, data source, cost, release schedule, validator
 - **Databook:** Tables with multi-year data, notes, source links
- **Data Guidelines:**
 - Prioritize publicly available or already accessible data
 - Low or no cost associated with data
 - Documented specifications
 - Data source updated on a regular cadence/ability to trend
 - Data should be no older than 2-3 years than current Dashboard
 - Available for statewide reporting
 - When possible, use additional sources for validation



Dashboard Demo

MHQP Primary Care Advisory Group

■ Purpose:

- Supports identifying measurement priorities and metrics
- Explores gaps related to primary care
- Provides feedback to CHIA and MHQP on the Primary Care Dashboard
- Strategizes communication efforts for the Dashboard
- Discusses action steps for MHQP and policymakers based on Dashboard findings

■ Membership:

- Multidisciplinary membership, ensuring a broad range of perspectives and expertise
- Representation from MHQP's Health Plan, Clinician and Consumer Health Councils as well as representatives from other interest holders such as employers

■ Meetings:

- Virtual meetings 2-3x a year

Sampling of the Media Coverage

- Boston Globe, March 12: *“Primary care access is declining in Mass.: ‘We have never seen numbers fall like this’”*
- WBUR, April 3: *“Primary care wait times grow in Mass., pushing some patients to ERs”*
- Boston Globe, April 11: *“Massachusetts isn’t using a tool that could help tackle its shortage of primary care doctors”*
- Boston Globe, April 26: *“About a third of Mass. Voters are unhappy with healthcare access, new poll shows”*
- **Boston Globe Editorial**, May 20: *“We ask too much of primary care doctors. 26.7 hours a day, to be exact.”*
- Commonwealth Beacon: May 16: *“Status of primary care system keeps slipping”*
- Boston Globe Letter to the Editor, November 20: *“Lack of investment in the field sets off a downward spiral in care”*



The Boston Globe

May 20, 2024

If you've recently tried to find a new primary care doctor (spoiler: it isn't easy), the fact that primary care is in crisis is no surprise.

Data released Thursday by the Center for Health Information and Analysis and Massachusetts Health Quality Partners show how bad the situation has gotten. In a 2023 survey, 41.2 percent of Massachusetts residents reported difficulty obtaining necessary health care in the past 12 months, up from 33 percent in 2021. While 81.3 percent of residents reported having a preventative care visit with a medical professional in the past year, only 68.4 percent of Hispanic residents had one.

While state policy makers and health officials are understandably consumed with the financial crisis at Steward Health Care, they should not lose sight of the other crisis looming: the lack of access to primary care. After all, a strong primary care system is necessary to keep people out of hospitals. It is not coincidental that Hispanic residents were al-

We ask too much of primary care doctors. 26.7 hours a day, to be exact.

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health care system. Massachusetts insurers spend about 7 percent of their budgets paying for primary care (less for Medicare Advantage, which covers seniors), according to CHIA. Our primary care spending rate is similar to the national average, according to the Milbank Memorial Fund.

There have been initiatives to increase the amount of money spent on primary care. Former governor Charlie Baker introduced legislation in 2019 that would have required providers and insurers to increase the amount of money spent on primary and behavioral health care by 30 percent over three years without increasing total health care spending. A bill sponsored this session by state Senator Cindy Friedman, who cochairs the Joint Committee on Health Care Financing, would require providers and insurers to gradually scale up to spending 12 to 15 percent of health care dollars on primary care.

The challenge is how to do this without raising already high health care costs. Efforts to increase

There are two main ways to shore up primary care, and neither is simple: pay primary care doctors more and reduce the administrative burden.

so those most likely to report an emergency department visit that could have been avoided had a general doctor been available, according to the CHIA data.

"If you don't have primary care, you go for alternative care, you go to specialty care, emergency departments," said Barbra Rabson, president and CEO of Massachusetts Health Quality Partners. "Primary care is usually the front door to the health care system, the one place to form a relationship to monitor care over time. If you miss that, prevention goes out the window, monitoring chronic disease goes out the window. People are going to get sicker ... and it will cost a lot more."

There are two main ways to shore up primary care, and neither is simple: pay primary care doctors more and reduce the administrative burden. After all, if the perception of primary care is that it pays too little and asks too much, medical students will naturally enter specialty fields.

These days, according to the CHIA, primary care doctors are jumping ship. Between 2019 and 2021, the percentage of Massachusetts physicians leaving primary care jumped from 3.1 percent, which was below the national average, to 5.6 percent, slightly above the national average. A third of primary care doctors in 2021 were over age 60, suggesting a wave of impending retirements. As of 2023, only 22 percent of Massachusetts medical school graduates were working in primary care six to eight years after graduation.

One probable reason is money. "Primary care is substantially underpaid," said Russell Phillips, director of the Harvard Medical School Center for Primary Care. "So many things are being asked of primary care, but we lack resources to be able to do those things as well as we should be doing."

According to the CHIA data, in 2022, pediatricians were the lowest paid medical specialty in Massachusetts, earning on average \$166,270. Family care doctors earned on average \$247,560, while the highest paid specialty care physicians, dermatologists, earned on average \$414,270. While these salaries are not low, Phillips said the average primary care doctor works 60 to 70 hours a week.

These numbers reflect the lack of financial resources dedicated to primary care throughout the

pay for primary care — through assessments on other parts of the health care system, hospital price caps, or lower specialist reimbursement rates — will draw opposition from those who would lose money. But there are ways of saving money system-wide, like reducing low-value care, which are procedures or screenings that offer little benefit to patients and which the Massachusetts Health Policy Commission estimated in 2021 generated \$38 million in costs. (Some examples are Vitamin D screening for patients without chronic conditions, preoperative EKGs, or imaging for heel pain, unless someone's unique medical history warrants it.) Payment models that pay to keep a patient healthy rather than fee-for-service could theoretically incentivize providers to focus on preventative care.

Another way to attract more primary care doctors is by reducing "pajama time," time spent on administrative tasks. A 2023 Massachusetts Medical Society survey found that the top stressors for physicians are administrative: increased documentation requirements, a lack of administrative support for nonclinical tasks, and time spent dealing with insurance.

This is an area ripe for experimentation with new technology, like the use of artificial intelligence to generate medical notes or the simplification of electronic medical records. Insurers should reconsider what services require prior authorization and whether there are ways to simplify that process. Hiring medical scribes to take notes could help.

Ensuring primary care offices are fully staffed with nurses and physician assistants would let physicians focus on clinical tasks where their expertise is most needed. One study supporting a team-based approach to primary care estimates that to provide appropriate preventative care, acute care, chronic disease management, and documentation, a physician working alone would need 26.7 hours in a day.

Massachusetts' hospitals are at capacity, and that problem deserves attention. But the best way to address hospital overflows is by preventing people from showing up in the first place — and that requires robust primary care. As a state, we need to train more primary care doctors while ensuring that the job is manageable and doctors are paid adequately for their vital work.

November 2024 Inflection Point

▪ November 2024

- [Health Policy Commission Cost Trends Hearing](#), Governor Healey calls for greater investment in primary care.

▪ December 2024

- [State law passed](#) creating new program to support medical licenses for doctors credentialed in other countries, with goal to alleviate primary care shortages.
- [Legislation \(S. 3012 and H. 5159\)](#) passed strengthening market oversight and establishing Primary Care Task Force.

▪ January 2025

- Governor Healey includes strong statement on primary care in her State of the [Commonwealth speech](#), directing her administration “**to shift healthcare resources to the front lines. And by that, I mean primary care.**”
- Health Policy Commission releases Report on Primary Care entitled [A Dire Diagnosis: The Declining Health of Primary Care in Massachusetts and the Urgent Need for Action - Special Report on Primary Care Workforce, Access, and Spending Trends](#).

Primary Care Taskforce Charge

- In January 2025, Governor Healey signed legislation established a 25-member taskforce focused on primary care access, delivery, and financial sustainability.
- The task force is charged with developing recommendations including:
 - Define primary care services (by 9/15/2025)
 - Develop a standardized set of data reporting requirements for payers, providers, and provider organizations to track payments for primary care services (9/15/2025)
 - Establish a primary care spending target for public and private payers (12/15/2025)
 - Propose payment models to increase primary care reimbursements (3/15/2026)
 - Assess the impact of health plan design on health equity and patient access to primary care services (3/15/2026)
 - Monitor and track the needs of and service delivery to Massachusetts residents (5/15/2026)
 - Create workforce development plans to increase the supply and distribution of, and improve the working conditions of, the primary care workforce (5/15/2026).

Recommendations and Lessons Learned

Strategic:

- Public private partnership was very effective
- Determine who the audience is – for us it was policy makers
- Ensure wide range of stakeholder input
 - **Data points need to reflect reality**
- Media is key to driving public (and policy) awareness
- Policy action will take longer than you think

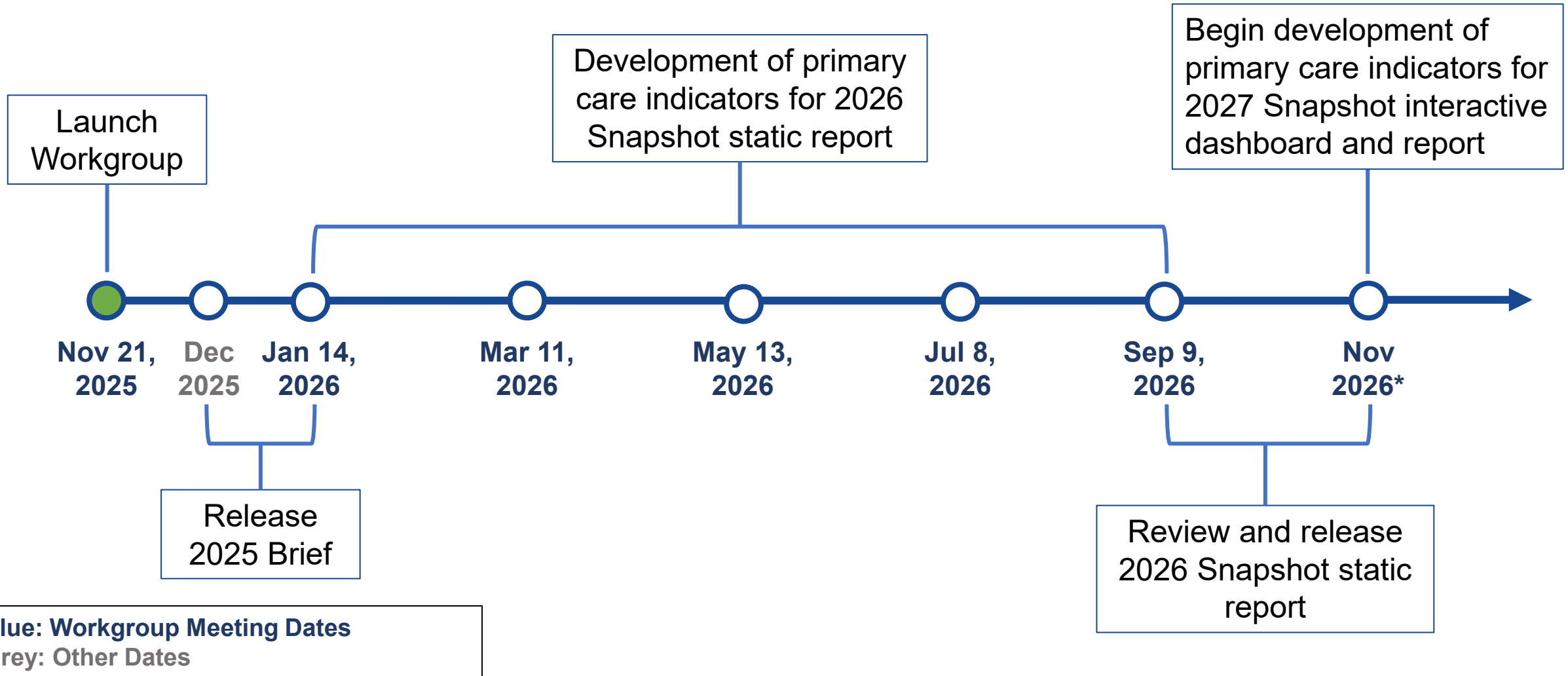
Operational:

- Develop data and design principles early on
- Create and publish detailed metric specifications (technical appendix)
- Strong project management

Questions?

Future Workgroup Meetings and Next Steps

Workgroup Focus for Next 12 Months



*New meeting date to be determined

HCAI Primary Care Snapshot Next Steps

1. Release of 2025 HCAI Brief by January 2026
2. Review and adopt Workgroup Charter in January 2026
3. Begin developing indicators for 2026 report

Adjournment