

State Health Planning to Improve Access to Care in Massachusetts: Needs and Current Tools

EXECUTIVE SUMMARY

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INTRODUCTION

Massachusetts has long been a national leader in health care. Comparing its population over the years to other states' on broad measures of insurance coverage, prevention strategies, premature deaths, reproductive health, and many others, Massachusetts remains at the top.¹ At the same time, recent data and experience within the state suggest the Commonwealth's health care system is stressed by problems such as high costs and provider shortages, resulting in numerous access, affordability, and equity challenges for individuals and certain population groups, such as people of color. Significant portions of the population report difficulty getting medical appointments, and needs for primary and behavioral health care regularly go unmet. There has been a steady decline in the percentage of Massachusetts residents who say they have a primary care physician. Emergency department wait times frequently exceed 12 hours, due to system bottlenecks, staff shortages, and hospitals' financial incentive to fill beds with privately insured, elective cases.² While serious for the general population, access problems are amplified for Black and Hispanic individuals.

While access is squeezed, costs continue to rise, at rates exceeding the state's health care cost growth benchmark.³ The average annual cost of a family health insurance premium plus deductible exceeded \$29,000 in 2023, adding to access difficulties, as many Massachusetts residents report putting off needed medical care because of cost.⁴

Against this backdrop, the financial collapse of Steward Health Care, including its closure of two hospitals, put additional pressure on an already strained system. This focusing event, combined with ongoing challenges, has given rise to the idea of reviving statewide health services planning in Massachusetts. This process would assess the overall health needs of the population now and in the future, and

determine how those needs could be met most effectively through the allocation of existing and anticipated resources.

Informed by a literature review and landscape scan, this issue brief provides background on the history of health services planning. It then offers a catalog of the planning-related regulatory and policy tools that Massachusetts uses today, explores how those tools interact, and discusses the gaps Massachusetts might need to fill to realize a complete, comprehensive health services planning process.

EXISTING TOOLS FOR HEALTH PLANNING

Health services planning (or health planning)⁵ is “a process that appraises the overall health needs of a geographic area or population and determines how these needs can be met in the most effective manner through the allocation of existing and anticipated future resources.”⁶ There have been repeated national and state efforts to support health planning over the last century, which have largely been ineffective. Along with most other states, Massachusetts moved away from a state-guided planning process nearly four decades ago, toward a health care system that is regulated primarily by market forces. Some remnants of the old health planning paradigm remain, however, and the Commonwealth has created other tools in recent years that offer insight into population health needs and ways to affect the allocation of resources to meet the needs. Some federal policies, such as those for rural health planning and the designation of health professional shortage areas, also provide a role to Massachusetts in setting priorities and meeting residents' health care needs.

Table 1 presents the array of tools and processes currently in place in Massachusetts that relate to state-driven health planning. The full issue brief includes a detailed description

TABLE 1. TOOLS THAT ADDRESS...

ALLOCATION OF RESOURCES	POPULATION HEALTH	HEALTH CARE WORKFORCE	HEALTH CARE COSTS	BUSINESS TRANSACTIONS
Determination of Need (DPH)	State Health Assessment (DPH)	Health Care Workforce Center (DPH)	Health Care Cost Growth Benchmark and Performance Improvement Plan (HPC, CHIA)	Material Change Notice (HPC)
Office of Health Resource Planning (HPC) (effective April 8, 2025)	Community Health Improvement Plan (DPH) Community Health Needs Assessment (AGO)	Behavioral Health Workforce Center (HPC)		Cost and Market Impact Review (HPC) Essential Service Closure (DPH)
DPH: Department of Public Health CHIA: Center for Health Information and Analysis		HPC: Health Policy Commission	AGO: Office of the Attorney General	

of each tool. A significant new addition is the Office of Health Resource Planning (OHRP) within the Health Policy Commission (HPC). As its name suggests, OHRP, which launched in April 2025, has a clear health planning mandate.

Other than the new law that created OHRP, these policies and processes were not developed as part of one comprehensive effort to support health planning. Rather, they were put in place at different times, in response to regulatory requirements, specific concerns related to the health care system, or other factors. Some of these, such as Determination of Need, are longstanding practices or tools; others, such as the Behavioral Health Workforce Center, are new.

PIECES OF A LARGER PICTURE

These policies and tools demonstrate that public and private organizations in Massachusetts still have an impulse toward health planning in the public interest, even as market forces dominate how resource decisions are made. But Massachusetts does not have a systematic, comprehensive health services planning process that sets systemwide goals, coordinates and aggregates the identification of health service needs across communities, and/or sets priorities for the allocation of resources statewide. The programs and policies in place in Massachusetts offer fragments of health planning that interact with each other in ways that could provide the underpinnings of statewide health planning. For example:

- Determination of Need (DoN) applications generate community health initiatives locally and across the state.
- Community needs are identified through the DoN process, community health needs assessments (CHNA), and community health improvement plans. These locally focused needs can be aggregated to provide a picture of regional or statewide health and health care needs.

- DPH’s State Health Assessment, CHIA’s workforce survey and health care cost growth data, and numerous other existing and planned data sets offer a broad range of data, which can be a source for state and community planning.
- Workforce data can inform where recipients of student loan repayment programs fulfill their service commitments.
- DPH’s essential service closures process and the HPC’s Cost and Market Impact Reviews (CMIR) can raise red flags about pending changes in health resource allocation, and cost growth data can be the basis for a CMIR.

More of these interactions likely exist and others are possible, but the tools were not designed as part of a coherent whole to serve a formal planning process, so there are gaps to fill.

WHAT IS NEEDED TO SUPPORT A SYSTEMATIC HEALTH PLANNING EFFORT?

The fundamental tools listed above are substantial but incomplete. Data is plentiful in Massachusetts, but it is not comprehensive and is not currently used to develop, monitor, and report on progress on a statewide plan, nor is there consensus on either the goals of a statewide plan or how to monitor progress. Most of today’s tools are concerned mainly with current conditions and (with some exceptions) are not intended to look ahead to anticipate needs and inform responses.

Some elements related to planning that are absent from the current environment include:

- Clearly articulated statewide and regional goals, reflecting public priorities, related to the distribution of health care resources.

- An orientation to meeting future needs, in addition to responding to current concerns.
- An overarching structure, led by a state agency, for stakeholder input and local community involvement.
- A mechanism for monitoring, reviewing, and updating priorities.
- A stronger focus on the health care system beyond hospitals.

The new Office of Health Resource Planning at the HPC holds promise as the state-led vehicle that can fill these gaps, learn from the history of health services planning, and help Massachusetts meet its current and future health system challenges.

CONCLUSION

A well-functioning health care system should provide affordable access to needed health care in a timely way for all residents, without regard to their race, ethnicity, income, zip code, age, gender, or sexual orientation. The Massachusetts health care system, despite many exemplary qualities, does not do this. Recent challenges and crises have brought into relief the shortcomings of a system that is largely governed by market dynamics and the decisions of private parties. Though the Commonwealth moved away from most planning practices years ago, there is new interest in exploring how planning can improve the allocation of health care resources in service to access, quality, and affordability. Policymakers and administrators can learn from past and present experience to enhance the health care system in a way that benefits all people in Massachusetts.

ENDNOTES

- 1 The Commonwealth Fund, 2023 Scorecard of State Health System Performance. June 2023. <https://www.commonwealthfund.org/publications/scorecard/2023/jun/2023-scorecard-state-health-system-performance>.
- 2 Liz Kowalczyk, “Emergency Patients in Boston Are Waiting Longer Than Ever for Care.” *Boston Globe*, February 5, 2024. <https://www.bostonglobe.com/2024/02/05/metro/massachusetts-er-patients-wait-for-care/>.
- 3 The health care cost growth benchmark is a statewide target for the rate of growth of total health care expenditures in Massachusetts. This was established by Chapter 224 of the Acts of 2012. The Board of Directors of the Health Policy Commission in Massachusetts sets the benchmark for the following year between January 15 and April 15, and the Center for Health Information and Analysis reports annually on performance against the benchmark.
- 4 KFF State Health Facts, cited in Massachusetts Health Policy Commission, Annual Health Care Cost Trends Report and Policy Recommendations. October 2024.
- 5 This issue brief uses the terms “health services planning” and “health planning,” as well as the term “planning,” interchangeably.
- 6 R. K. Thomas, “Introduction to Health Services Planning.” In *Health Services Planning*. Springer, 2021. https://doi.org/10.1007/978-1-0716-1076-3_1.

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