



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

**TESTIMONY IN SUPPORT OF ENHANCING RECRUITMENT AND RETENTION OF
PHYSICIANS AND OTHER HEALTH CARE WORKERS
BEFORE THE JOINT COMMITTEE ON HEALTH CARE FINANCING
May 16, 2023**

**The Massachusetts Medical Society (MMS) wishes to be recorded in support of
H.1245/ S.781, H.1170/S.798, and H. 1226/S.765**

The MMS is a professional association of over 25,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The MMS is committed to advocating on behalf of patients for a better health care system, and on behalf of physicians, to help them to provide the best care possible. The healthcare workforce is in crisis, with a lack of primary care, certain specialists, and other critical clinicians in the health care team, these workforce challenges impact every aspect of the care continuum. The lack of an adequate and representative workforce, including physicians, other clinicians, and non-medical staff, coupled with increased patient demand as we continue to get through the backlog of delayed care, exacerbates stressors on physicians and causes burnout, which leads to reduction in hours, earlier retirements, etc. – all of which have the effect of limiting patient access to care.

A recent MMS survey of our members to assess physician well-being and to identify specific drivers of work-related stress for MMS members resulted in the report "[Supporting MMS Physicians' Well-being Report: Recommendations to Address the Ongoing Crisis](#)." The Report found an astounding fifty-five percent of physicians are experiencing symptoms of burnout. This is not a new phenomenon – in 2019, the MMS and the Massachusetts Health & Hospital Association (MHA) joint Task Force on Physician Burnout produced a report: [A Crisis in Care: a Call to Action on Physician Burnout](#), as well as a [follow up report](#) in 2021. Burnout is in turn changing physician behavior, with about one-in-four physicians having already reduced their clinical care hours; and about one-in-five physicians planning to leave medicine in the next two years.¹ Reductions in hours, practice closings and consolidations translates to fewer practices offering patients access to care. The story is similar at the national level, where physician

¹ "[Supporting MMS Physicians' Well-being Report: Recommendations to Address the Ongoing Crisis](#)."



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burnout is marked by low professional morale and little optimism about the future of the medical profession.²

More emphasis needs to be placed on encouraging and ensuring a sufficient, diverse pipeline and these efforts must explore options including but beyond tuition assistance, pipeline development, and loan forgiveness. Racial inequities and structural racism remain a key workplace stressor for physicians of color, with 86% of respondents to the well-being survey who identified as Black/African American citing racial inequities and/or structural racism as their #1 work stressor and 40% of respondents who identified as Hispanic/Latino/Latinx cited it as a work stressor. These findings indicate an increasing need for institutions and organizations to change culture and improve working conditions to ensure the clinical team and the full workforce feel valued.

While there are multiple solutions required to address the Commonwealth's workforce challenges, there are six bills, three sets of companion bills, before the committee which seek to enhance recruitment and retention of physicians in fields experiencing shortages, as well as other clinicians and health care professionals and merit consideration. **H.1245/S.781, *An Act relative to the primary care workforce development and loan repayment grant program at community health centers***, would establish a primary care workforce development and loan forgiveness grant program at community health centers to enhance recruitment and retention of primary care physicians, other clinicians, bachelor's degree-level mental health and primary care professionals including, but not limited to, community health workers, recovery coaches and family partners. **H.1170/S.798, *An Act to promote primary care through Medicaid graduate medical education funding***, would have the Executive office of Health and Human Services include in its reimbursement rates to qualifying acute care hospitals for graduate medical education in primary care, behavioral health, and other physician residency training in fields experiencing physician shortages, as determined by the secretary. Finally, **H.1226/S.765, *An Act to promote graduate medical education*** would direct MassHealth to make Graduate Medical Education payments for primary care, behavioral health, and other physician shortage professions residency training.

² [2022 Physicians Foundation Survey of America's Physicians Part Three of Three.](#)



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Eligible recipients shall include community health centers and hospitals licensed in the Commonwealth.

We think these bills are important and take meaningful steps toward ameliorating some of the Commonwealth's health care workforce challenges. However, we think it is equally important that resources be directed to and invested in independent primary care practices which serve and support communities throughout the Commonwealth. MMS looks forward to working with the Committee to develop and explore options for a more diverse workforce beyond tuition assistance, pipeline development, and loan forgiveness.

We support H.1245/ S.781, H.1170/S.798, H.1226/S.765 and urge the committee to favorably report a comprehensive bill to begin to improve the health care workforce shortages the Commonwealth is facing.