

# Rhode Island HIT Steering Committee



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September 18, 2025

# Agenda

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- Welcome
- Review of the Minutes
- Discussions:
  - A. Rural Health Transformation Program Overview
  - B. CurrentCare Update
- Public Comment
- Next Steps and Next Meeting



# Rhode Island Rural Health Transformation Program

Community Listening Session

September 2025

RHODE ISLAND

## I. Welcome & Introductions

- I. Please add your name, organization, and contact information (email/phone) in the chat if you want us to continue to include you.

## II. Overview of RHTP Funding Opportunity

## III. Guided Open Discussion

## IV. Open Floor for additional input

## V. Closing & Next Steps



# The Opportunity: Rural Health Transformation Program



## *Five-Year CMS Initiative to Strengthen Rural Healthcare Access*

- New 5-year, \$50 Billion CMS program ([H.R. 1, July 2025](#))
- One-time state application for FY2026–FY2030 funding
- First round \$25B—equal distribution: \$500M per state over 5 years
  - Base funding: \$100M/year if all states apply and are approved
- Second round \$25B—proportional distribution: \$500M per state for 5 years
  - Rhode Island is unlikely to receive this potential bonus because it is based on the proportion of the states' rural areas
- Notice of Funding Opportunity was issued Sept 15, 2025. Application will be due on November 5, 2025; CMS must decide by Dec 31, 2025
- **Note: This is one time funding, which Rhode Island is not allowed to use to fill current or potential budget holes.**

# Five Goals of the Rural Health Transformation Program



The work Rhode Island funds with the grant dollars must meet these goals:

1. **Rural Health Innovations, for Prevention and Chronic Disease Management.** This includes some payments to health care professionals, technology for health care consumers
2. **Sustainable Access to Improve Efficiency.** This includes supports for rural facilities to share or coordinate operations or technology.
3. **Workforce Development and Transformation.** This includes training for health care providers and payments to encourage health care providers to practice in rural communities
4. **Investments in Technology.** This includes investments in innovative technologies to improve access to remote care, and to improve data sharing and cybersecurity.
5. **Innovative Care to Improve Health Outcomes.** This includes investing in new models to improve quality of care and lower costs.

# Rural Health Transformation Plan Elements

## **HR.1 outlines that Rhode Island must create a Rural Health Plan that describes how we will:**

1. Improve access to hospitals and other providers for rural residents
2. Improve health care outcomes of rural residents
3. Prioritize use of new and emerging technologies that emphasize prevention and chronic disease management
4. Initiate, foster, and strengthen local and regional strategic partnerships between rural hospitals and other providers to promote quality improvement, increase financial stability, maximize economies of scale, and share best practices
5. Recruit and retain clinicians
6. Prioritize data and technology-driven solutions that help rural providers furnish health care services as close to the patient's home as possible
7. Outline strategies to manage long-term financial solvency and operating models of rural hospitals
8. Identify specific causes that are driving standalone rural hospitals to close, convert, or reduce service lines

# Allowable Activities: State must pick at least 3

**Here is the list of possible activities. We must choose at least three for our proposal.**

1. Evidence-based prevention & chronic disease management programs
2. Payments to health care professionals for care/services (as defined by CMS)
  - *Note: May not exceed 15% of a State's total award per budget period*
3. Consumer-facing technology to prevent and or manage chronic disease
4. Training/Technical Assistance for advanced hospital technologies (AI, robotics, remote monitoring) to improve care delivery in rural
5. Recruit & retain clinicians in rural areas (minimum of 5-year commitment)
6. IT/cybersecurity upgrades (hardware or software) to improve efficiency, cyber security, or patient outcomes
  - *Note: Replacement of an already HITECH-certified EMR is capped at 5% of award*
7. Right-size rural care systems (align inpatient/outpatient/pre-hospital/post-acute services)
8. Expand behavioral health/Substance Use Disorder treatment access
9. Innovative models of care/value-based care
10. Other CMS-approved activities:
  - A. Capital Expenditures and Infrastructure: Minor building alteration, renovations, or equipment upgrades — capped at 20% of award per budget period
  - B. Fostering Collaboration: Strategic partnerships between rural facilities and other providers to promote quality improvement, improve financial stability, and expand access to care



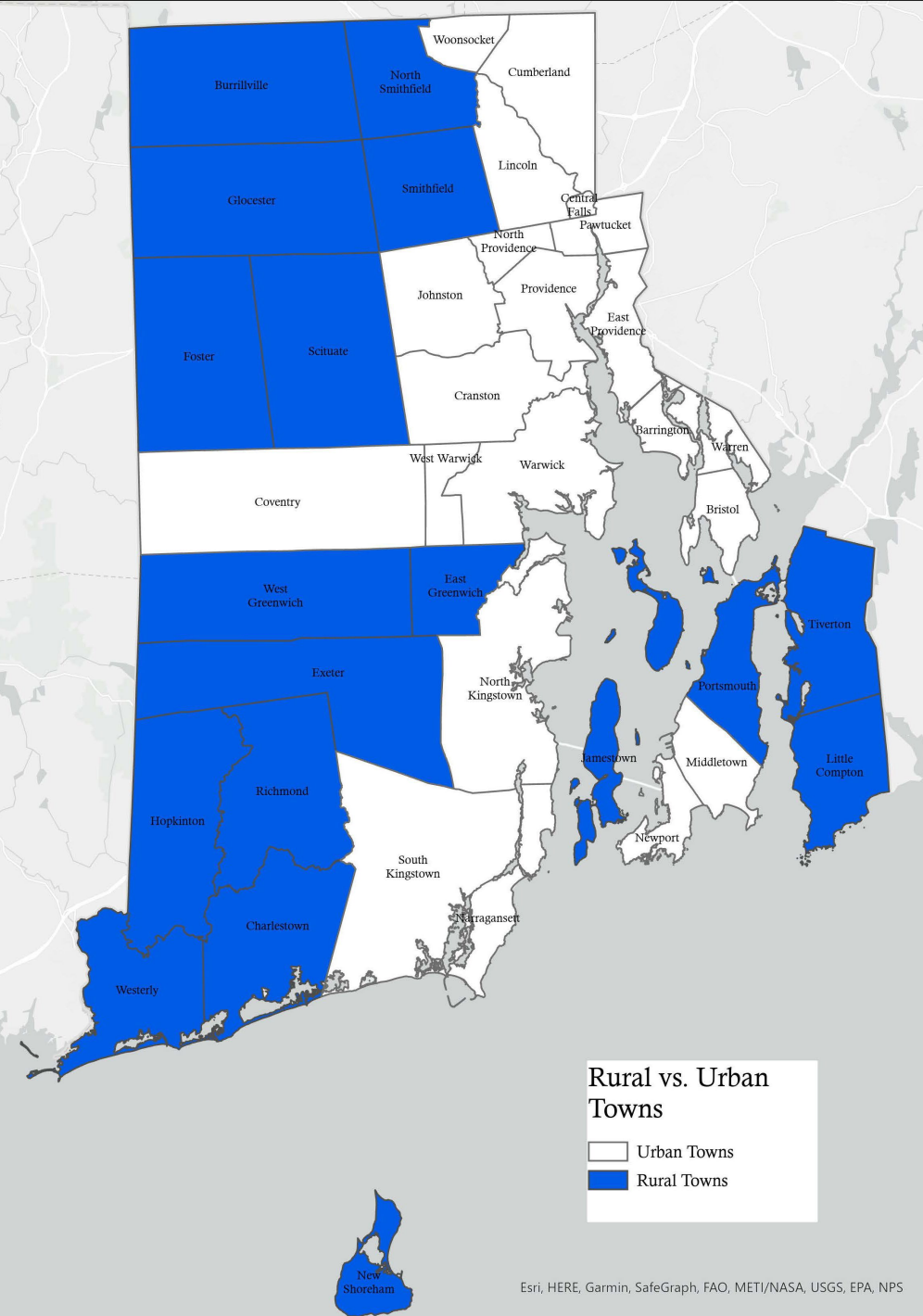
# Building a Comprehensive Transformation Plan

- **Rhode Island Proposes to Leverage Existing Goals and Structures:**
  - Using our current [Health Care System Planning Approach and Goals](#).
  - Build on the 2024 [RI Health Care System Planning Foundational Report](#) goals and on the existing Community Engagement process

## Understanding Eligibility, Scope, and Alignment

- **Current Federal Definition:** Block Island only
  - *Block Island Health Services is a CMS-Certified Rural Health Clinic*
- **RIDOH's Rural Definition is different**
  - We have been allowed by other federal offices to expand our rural health definition to include 18 towns
- **Additional Eligible Facilities**
  - Federally Qualified Health Centers and Certified Community Behavioral Health Clinics who serve people in rural towns **may** qualify

# Map of Rural RI



- **The application uses the Federal Health Resources Services Administration (HRSA) Definition**
  - Based on U.S. Census, non-metro areas, and rugged terrain.
  - Very few RI towns qualify (often only New Shoreham/ Block Island).
- **Rhode Island's definition, developed for state planning and previously accepted by HRSA**
  - Towns with fewer than 25,000 people and lower population density
  - Result: 18 towns in Rhode Island are designated rural
  - Purpose: Capture communities at risk for rural-like healthcare access challenges.
- **Opportunity**
  - The application's scoring uses the federal definition of rural.
  - RI's broader approach highlights towns with rural-like challenges and showcases the state's unique rural landscape.

# Federal Expected Timeline

**SEPTEMBER  
2025**

**OCTOBER  
2025**

**NOVEMBER  
2025**

**DECEMBER  
2025**

**QUARTER 1  
2026**

**Application  
Released**

**Application  
Formation**

**Application  
Submission**

**Award  
Decisions**

**CMS  
Monitoring  
Begins**

Guidelines issued  
September 15  
RI community  
engagement to  
take place all  
month

CMS will  
provide  
channels for  
states to ask  
and receive  
responses to  
questions

Application  
deadline is  
November 5th

Award notices  
expected by  
December 31

2026+  
Monitoring and  
support from  
CMS project  
officers

# Community Engagement Survey: Have Your Voice Heard



- **Rhode Island is seeking input** from residents, healthcare professionals, hospitals, EMS, community-based organizations, state and local agencies, and regional partners to help shape Rhode Island's Rural Health Transformation Plan.
- Your feedback will help **identify priority needs, gaps, and opportunities to transform rural health care.**
- **This survey is for planning and information-gathering purposes only.** Please note that responses will not result in funding or contracts, but they are critical to informing Rhode Island's application to CMS.
- All responses are due by **11:59 PM EST on Monday, September 29, 2025.**
- Questions? Contact the Rural Health Transformation Program Team at [RIDOH.OPCRH@health.ri.gov](mailto:RIDOH.OPCRH@health.ri.gov).

**Survey Link:** [https://redcap.link/RI\\_RHTP](https://redcap.link/RI_RHTP)



# Community Discussion:

## *Shaping Rhode Island's Rural Health Transformation Plan*

- **Purpose:** Rhode Island seeks productive discussions that generate actionable insights to shape the RHTP plan and CMS application.
- **Format:** Three sets of questions, focusing on
  1. Access & Immediate Needs
  2. Community Support
  3. Innovation & Sustainability
- **Outcome:** Your input will directly shape the state's Rural Health Transformation Plan and federal application.



# Round 1 – Access Barriers & Immediate Needs

## ■ Discussion Questions:

1. What barriers - such as workforce shortages, transportation or technology – what barriers do rural Rhode Islanders face in getting the care they need?
2. Recognizing the funds will be available for only five years, what investments would most help providers in rural areas to sustain care delivery? Please consider ideas specific to:
  - Recruitment and Retention of health professionals
  - Prevention and chronic illness management
  - Consumer-facing technology solutions (telehealth, patient portals, remote monitoring)
  - Information Technology (IT) infrastructure to support rural healthcare (Electronic Health Records, internet access, and other data tools to coordinate care)

# Round 2 – Community Assets & Support



## ■ Discussion Questions:

1. Are there opportunities to support local organizations, schools, or local health agencies who can help improve healthcare in rural communities?
2. Beyond recruitment, what kinds of training or support would help healthcare teams meet the unique needs of our rural communities?

# Round 3 – Innovation & Sustainability

## ■ Discussion Questions:

1. How would you like to see health care change in your local areas – either the quality of care, ways you can access care, or the cost of care?
2. What new ways of organizing care — such as team-based or integrated care approaches, partnerships, or other innovative models — could improve healthcare in rural areas?
3. What changes in policies, reimbursement, or regulations could make healthcare programs in rural areas last beyond five years?

# Thank You & Next Steps

- Thank you for sharing your ideas and insights — your feedback is critical.
- Rhode Island will review and incorporate community input into the statewide Rural Health Transformation Plan.
- Feedback will help guide strategic investments and shape the CMS grant application.
- Stay Connected and Get Involved:
  - Contact the Rural Health Transformation Program Team at [RIDOH.OPCRH@health.ri.gov](mailto:RIDOH.OPCRH@health.ri.gov)
  - Submit Feedback: [Click here to submit your input and feedback](#)





# CurrentCare Update

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**HIT Steering Committee**  
**September 2025**

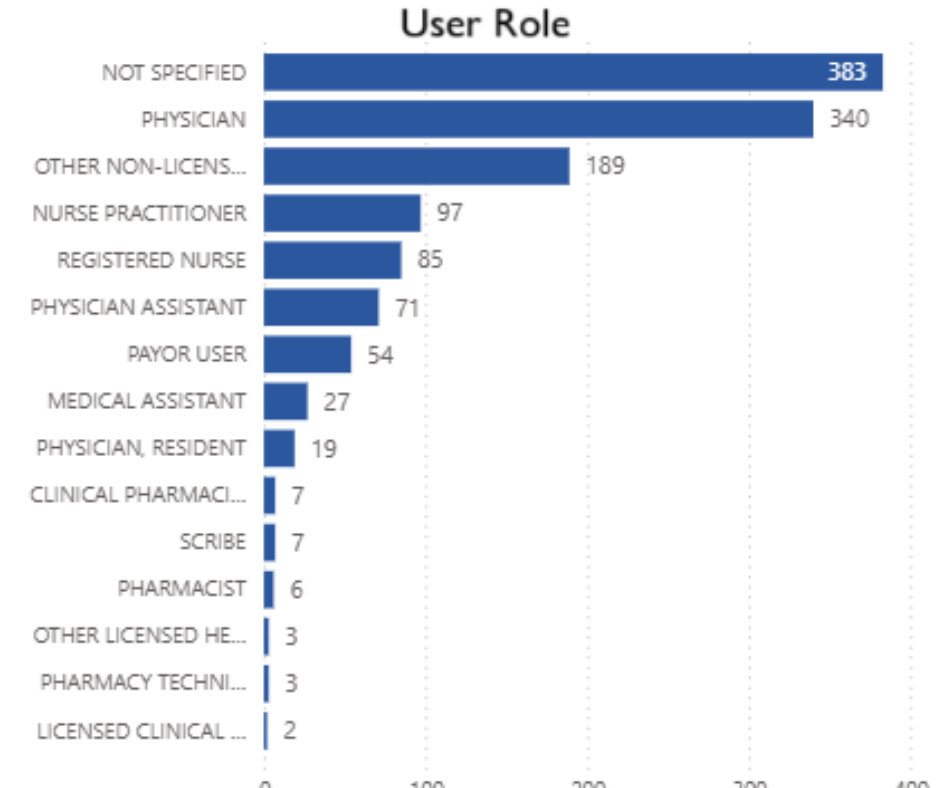


# Participation and Connectivity

	As of 9/5
# of New Orgs Onboarded	4
# of Orgs Actively Using *	50
# of Active* Portal Users (distinct)	1,293
Portal Usage** (# of launches)	13,290
# of Active* Pop Ex Users (distinct)	244
Population Explorer Usage	27,051
# of Outbound Feeds (user orgs)	8
# of Data Sharing Partners	25

\* Active: Number of distinct users or organizations launching the app or engaging with it per month.

\*\* # of Portal users and usage includes access to patient search and clinical information via Web Portal and the InContext App (within the EHR).



# Connectivity Update

Interfaces LIVE (as of 9/15):

ADT	LAB	RAD	TRN*	CCDs	CCD (Query & Retrieve)	InContext
9	6	4	4	8	3	2

## In Progress:

- South County: CCDs, LAB, RAD, TRN
- CharterCare Hospitals: CCDs
- Landmark Health: CCDs
- Arches Medical: CCDs
- Breakwater Primary Care: CCDs
- VA, DoD, and Coast Guard: CCDs

## Next in Pipeline for CCDs:

- Nephrology Associates
- Hypertension and Nephrology
- Ocean State Medical
- TruCare Medical
- Northern RI Internal Medicine
- Park Pediatrics

## Future Integrations:

- Westerly Hospital (in legal review with YNH)
- CNE Part 2 Data

## PDMP:

- InContext access issues resolved
- Still working on Mass PDMP access

# General Updates

**Development Projects** – The HIE Project Governance Commission approved the allocation of HIE funds to cover the following high priorities to enhance CurrentCare:

- Transitions of Care – Streamline and simplify the hospital TOC experience and RIDOH compliance using CurrentCare tools
  - Next step - gather comprehensive clinician user requirements and share with CSS
- Skilled Nursing Facility Connectivity – cover the implementation and maintenance fees from SNF EMR vendors to increase SNF patient data within CurrentCare
  - Establish hubs with SNFs using Point Click Care and Matrixcare EMRs
  - Move to SNFs using “boutique” EMRs

# Next Steps & Next Meeting



Thursday, November 20<sup>th</sup> at 4:00 pm

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