



Rhode Island HIT Steering Committee

January 15, 2026

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Agenda

- Welcome
- Review of the Minutes
- Discussions:
 - A. Changes to HIT Steering Committee
 - B. Electronic Clinical Data Exchange Landscape Report (CTC)
- Public Comment
- Next Steps and Next Meeting

Changes to HIT Steering Committee

Changes to HIT Steering Committee

- This group was established in December 2020 as a result of requests from the stakeholder community for a venue for shared decision-making on HIT projects affecting stakeholders statewide.
- However, in that time, we have seen little use of this group for shared decision-making. Instead, the value we hear from participants is around education and dissemination of current topics of interest.

Changes to HIT Steering Committee

- We propose:
 - Quarterly schedule instead of monthly (already shifted)
 - Moving the time to earlier in the day (work hours)
 - Generally making the committee less formal (no chairs appointed or minutes taken)
 - Explicitly focusing on educational topics and continued feedback on HIE services
 - Should we have a name change? HIT Learning Collaborative?
- We welcome feedback on this proposed change and will proceed unless we hear otherwise.



ADVANCING INTEGRATED HEALTHCARE

Improving Electronic Clinical Data Exchange In Rhode Island

Elaine Fontaine
EOHHS HIT Steering Committee Meeting
January 15, 2026

Care Transformation Collaborative of RI

Background – AE Transition to ECDE

- Alignment with future CMS and NCQA transition to digital quality measures
- Opt-Out Health Information Exchange on CRISP Shared Services Platform
- Improvements in quality reporting system capabilities
- Engagement with CTC-RI as Provider Support Vendor

Planning & Governance

- ECDE Planning Committee charter, membership and meetings; SME engagement

Landscape Assessments

- Regional & state-level ECDE landscape reports, AE Readiness Assessment

Data Quality Assessment

- AE scorecards (Focus on Hypertension and Diabetes measures)

“Lighter Touch” TA - Engagement & Education

- Kick-off Meetings, Practice Optimization Workplans, EMR-Specific Group Learning

“Deeper Dive” TA - Data Quality & Data Aggregator Validation (DAV) Support

- Interface Guidance, Primary Source Verification (PSV) activities, Quality Improvement

Electronic Clinical Data Exchange Regional and National Landscape Review

Goal

Identify regional and national approaches to centralized data collection, aggregation, validation and quality reporting in the context of accountable care contracting with AEs.

Approach

- 1) A targeted literature review of the past 5 years related to best practices on collecting, aggregating, validating and using clinical data for quality measurement; and
- 2) Key informant interviews with regional (New England) and national leaders in shared data aggregation and quality measurement activities.

Key Informant Interviews

Category	Organization
PROVIDERS	RI AE
PROVIDERS	UMass Memorial Healthcare
PROVIDER	Optum Massachusetts
HIE LEADERSHIP	WISHIN (Wisconsin HIE)
HIE LEADERSHIP	HealthInfoNet (Maine HIE)
HIE LEADERSHIP	Connie (Connecticut HIE)
HIE LEADERSHIP	KONZA (Kansas HIE)
HIE LEADERSHIP	VHIE (Vermont HIE)
HIE LEADERSHIP	Mass Hiway (Massachusetts HIE)
MEDICAID	Connecticut
MEDICAID	North Carolina
MEDICAID	Rhode Island
PROVIDERS-FQHC ASSN	RIHCA/IHP
PAYOR	NHPRI

Key Findings

Data Governance

Observed Issues	Rhode Island Positioning
<p>Practices have limited data governance processes; HIEs have strong governance regarding data use and mapping to standard value sets. Community-wide data governance is limited.</p>	<p>RI practices and HIE are similar to regional and national leaders. However, Connecticut has a more advanced model for community-wide data governance, which RI could emulate. RI practices could benefit from data governance technical assistance.</p>

EHR System Configuration and Clinical Workflow

Observed Issues	Rhode Island Positioning
<p>EHR system configuration is often focused on clinical workflow but divorced from downstream reporting needs. While technically possible, few practices have created automated workflows to enhance data quality. Use of CPT II coding is very limited.</p>	<p>RI practices are similar to regional and national leaders, with EHR system configuration, clinical workflow, and downstream data use often being siloed.</p>

Data Quality, Mapping, and Validation

Observed Issues	Rhode Island Positioning
<p>Large systems with decades of experience with VBP have established processes for routine mapping of data for quality reporting. Mismatches remain between payers and providers on patient attribution. Advanced HIEs provide feedback and work with providers to do more than primary source verification; they support system configuration and workflow improvements to ensure high quality data.</p>	<p>RI practices and HIE have an opportunity to apply lessons from advanced clinical systems and HIEs regarding processes for routine data mapping and data validation.</p>

Technical Infrastructure and Interoperability

Observed Issues	Rhode Island Positioning
<p>Practices are sharing data with payers using Excel, flat files, or other proprietary methods. HIEs are using CCD/HL7v2. FHIR use has not begun.</p>	<p>RI practices and HIE are similar to regional and national leaders, using a variety of data and file transfer approaches.</p>

Resources to Support ECDE

Observed Issues	Rhode Island Positioning
<p>Multiple states have voluntary aligned measures. Some states use quality measures as part of financial incentives for Medicaid. No states were identified that provide infrastructure support to FQHCs and under-resourced small practices to improve ECDE or data quality.</p>	<p>RI is advanced in its use of aligned measures and its AE program incentives. It is similar to other states regarding lack of infrastructure support for ECDE data quality.</p>

State Policy Levers

Observed Issues	Rhode Island Positioning
Multiple states require data sharing with the HIE as a condition of participation for state funded programs.	RI requires AEs to share data with the HIE, but does not require this of other data sources, such as labs or specialists, which could improve data completeness and ease practice burden.

Emerging Opportunities

Observed Issues	Rhode Island Positioning
OCR and AI offer new approaches to streamline quality data collection.	RI is nascent in its use of these technologies, similar to other states.

Critical Success Factors

Governance First: Establish community-wide data governance structures with clear accountability at practice, accountable entity, and state levels

Adequate Financial Investment: Provide direct financial support for EHR upgrades, interface fees, and dedicated data quality staff

Strategic Policy Levers: Expand HIE connectivity mandates beyond accountable entities to include laboratories, specialists, and other data sources

Practice-Embedded Technical Assistance: Move beyond generic training to provide hands-on, embedded support that addresses practice-specific workflow and system configuration challenges.

Questions/Discussion



[**CLICK HERE TO READ THE REPORT**](#)

ECDE Practice/AE Readiness Assessment

Topics:

1. AE/Practice Background Information
2. Data Governance
3. EHR System Configuration and Clinical Workflow
4. Data Quality, Mapping, and Validation
5. Technical Infrastructure and Interoperability
6. Financial and Resource Readiness
7. Overall Readiness

ECDE Readiness Assessment

- Created to assess both practice and AE levels of readiness
- Provides rubric for best practices for 4 key activities for each component of readiness
- Significant community feedback and pilot testing resulted in a streamlined survey
- Distributed to the community in electronic form for ease of completion
- Currently in the field, due by January 16th

Questions/Discussion



[**CLICK HERE FOR AE READINESS ASSESSMENT**](#)

[**CLICK HERE FOR PRACTICE READINESS ASSESSMENT**](#)

Current State

Future State

Next Steps & Next Meeting



April 16, 2026 at 4:00 PM

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