

Rhode Island EHR Planning Initiative

HIT Stakeholder Meeting
October 15, 2026

What We'll Cover

Our goal: you leave understanding this project, its goals, and how you can help shape its success.

01

Welcome & Who We Are

Introductions and the three-partner project team

02

The Project

Why Rhode Island is doing this, what it is (and isn't), and how we'll work together

03

Stakeholder Engagement

Who we'll hear from, how, and when – and what it means for you

04

Workstreams & Deliverables

What we're building and how each piece fits together

05

Next Steps & Discussion

How to stay involved, and your questions

Questions are welcome throughout – please use the chat, and we will capture anything we cannot answer today in the meeting follow-up.

ABOUT INNSENA

Innsena's Strategic Approach

Innsena applies a strategy-first methodology solely focused on HIT - combining creative narratives, data-driven storytelling, and deep sector expertise.

The team's proactive, agile model ensures fast ramp-up and immediate impact, with flexible tactics shaped around our client's evolving needs. Consultants have first-hand experience with top brands and key audiences in health tech, maximizing relevance and effectiveness.

TEAM OF

20

Senior consultants

APPROXIMATELY

30

Clients in the healthcare sector

SERVED

250

Healthcare businesses collectively

SAMPLE OF CLIENTS WE SUPPORT



Three Partners, One Goal

Deliverables shaped by and for Rhode Island's providers

PROJECT SPONSOR

EOHHS

RI Executive Office of Health and Human Services

- Sets direction and makes the decisions
- Reviews and approves every milestone
- Connects the project to RHTP and state priorities

RHIO & PROGRAM PARTNER

CSS

CRISP Shared Services, Rhode Island's Regional Health Information Organization

- Coordinates program administration
- Supports stakeholder outreach as Rhode Island's RHIO
- Keeps the work aligned across partners

RESEARCH & DELIVERY LEAD

INNSENA

Health IT strategy and advisory firm

- Leads research, engagement, and drafting
- Turns stakeholder input into concrete deliverables
- Keeps the 10-month schedule on track

INNSENA CORE PROJECT TEAM Jenn Toms, Engagement Lead | Keshia Bigler, Workstream Lead | Britteny Matero, Executive Sponsor

PROJECT CONTEXT

Why This Project, Why Now

Rural Health Transformation Program (RHTP) funding creates a time-limited opportunity

\$156.17M

Rhode Island's Year 1 RHTP award

18

Rural municipalities covered

6/30/27

Deadline to spend RHTP funds

THE CORE QUESTION

Would a coordinated, state-sponsored EHR approach benefit Rhode Island practices – and if so, how could it be sustained beyond the grant?

With special attention to

Rural providers

Oral health

Behavioral health

Primary care

What This Project Is – and Isn't

A planning study to inform State decisions, not a predetermined outcome

THIS PROJECT IS

- ✓ A 10-month planning study, funded through RHTP
- ✓ Grounded in what Rhode Island providers tell us through interviews and written responses
- ✓ Vendor-neutral: market research describes options without ranking vendors
- ✓ Informed by peer states and Rhode Island stakeholders
- ✓ Designed to give EOHHS the evidence it needs to decide
- ✓ Culminates in a draft RFP package for the State's consideration

THIS PROJECT ISN'T

- ✗ A mandate – this phase asks for your input, not specific commitments
- ✗ A vendor selection – no EHR vendor has been chosen
- ✗ A predetermined answer – the study may find a state-sponsored approach isn't the right fit for every provider
- ✗ A decision by consultants – EOHHS decides what happens next

Project Charter

PROJECT GOAL	Determine whether a coordinated, state-sponsored EHR approach – subsidized through RHTP funds – would be valuable to RI practices, with special attention to rural providers, and define a sustainable path forward for the State.
SCOPE & TIMELINE	Ten month, milestone-based engagement (9/1/26 – 6/30/27) across six workstreams, culminating in a Draft RFP Package due in June 2027
PROJECT TEAM	Three teams, one goal: deliverables shaped by and for RI’s providers. Innsena leads the research and drafting, CSS keeps the partnership aligned with EOHHS, and EOHHS guides and approves each milestone so it truly serves the providers it's meant to help.
SUCCESS CRITERIA	On-time milestones and deliverables built from what Rhode Island providers and communities actually tell us – not assumptions. Assessments and recommendations that identify what RI truly needs – directly shaping every RFP decision that follows. A Draft RFP Package (ready 6/25/27) that puts provider voices – rural, oral health, behavioral health, primary care, etc. – at the center of the State's EHR future.

How We'll Approach The Work

01 Community & Stakeholder-Informed

Every recommendation is grounded in real input from RI providers, health systems, and communities – not assumptions.

02 Equity Across Geography & Provider Type

Provider voices are deliberately sought out – including those historically underrepresented in state initiatives.

03 Transparent, Documented Decisions

Decisions are documented and reviewed with EOHHS at every milestone, with clear roles for each partner.

04 Iterative, Evidence-Based Refinement

Draft deliverables are shared early and refined collaboratively with CSS and EOHHS before final submission, so findings stay accurate and actionable.

05 Sustainability-Minded

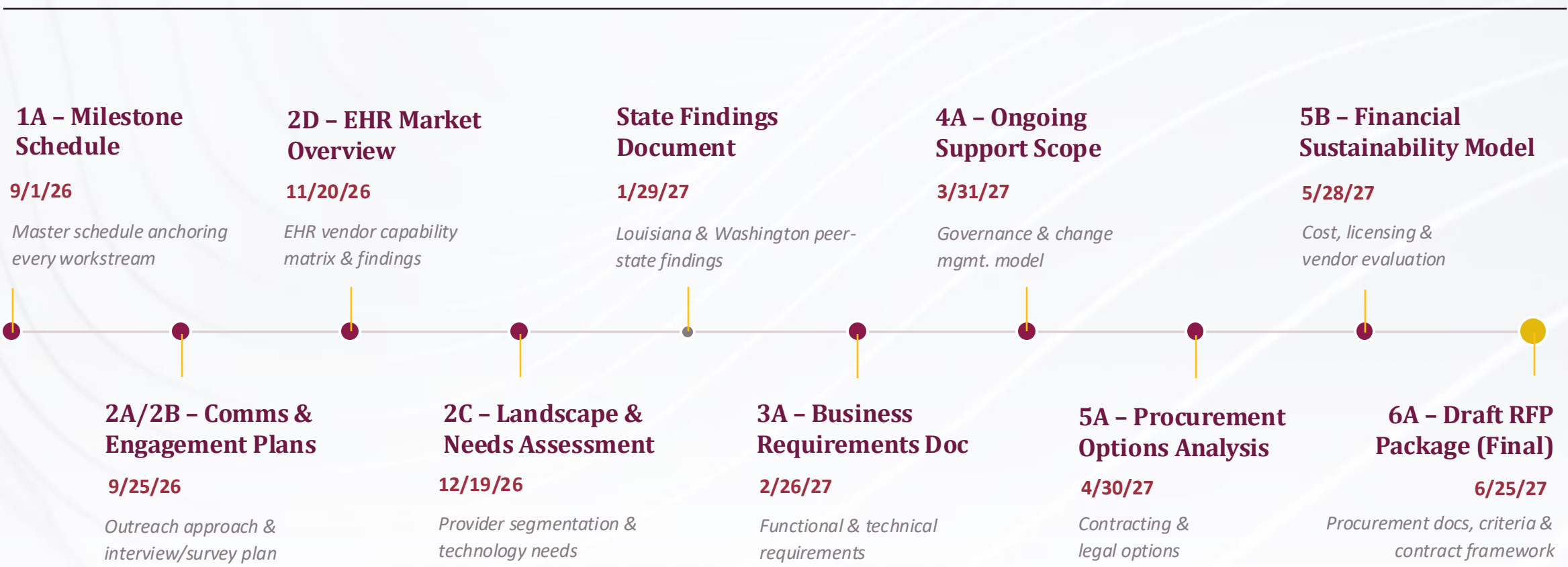
Recommendations weigh long-term financial viability, not just initial RHTP funding, so a state-sponsored approach can outlast the grant.

06 Disciplined Delivery

A fixed, milestone-based schedule keeps the 10-month engagement on pace toward the Draft RFP Package and the State's 6/30/27 spending deadline.

Ten Months, Six Workstreams

A 10-month, milestone-based engagement across six workstreams – from project mobilization through delivery of the Draft RFP Package



Who We'll Hear From

Every recommendation is grounded in direct input from across Rhode Island's health ecosystem

01 Practices & Health Systems

Primary care, FQHCs and community health centers, oral and behavioral health, and hospitals – with deliberate outreach to rural practices.

02 State Agencies & Stakeholders

EOHHS, RIDOH, BHDDH, OHIC, and state IT – how a state approach fits existing programs and infrastructure.

03 EHR Vendors

Vendors, including Epic, eClinicalWorks, athenahealth, NextGen, OCHIN, and Greenway, on capabilities, interoperability, and pricing.

04 Associations & Consortia

Organizations that represent and convene providers – and can help us reach them.

05 Peer States

Louisiana, Wisconsin, Washington on their statewide EHR experience.

How We'll Engage

Four channels, designed to be low-burden and to reach beyond the usual voices

1

Interviews

Structured conversations with providers, state teams, associations, peer states, and vendors.

Guides shared at least one week ahead

2

Provider RFI

A broad-based questionnaire for Rhode Island practices and provider organizations.

Reaches practices beyond the interview list

3

Vendor RFI

Structured, comparable information on EHR capabilities, interoperability, deployment, and pricing.

The formal channel for vendor input

4

Two Webinars

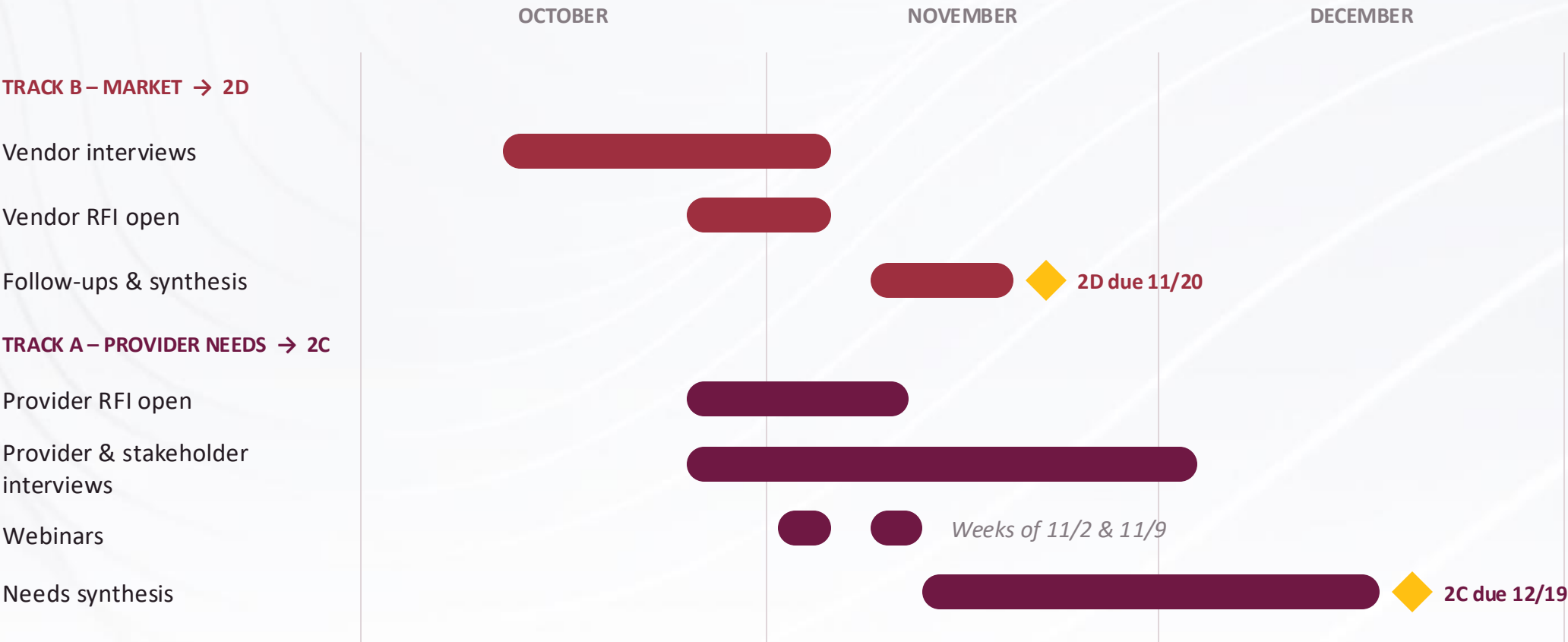
One for practices and health systems; one for other Rhode Island stakeholders.

Project overview and office hours

Outreach comes from CSS, Rhode Island's RHIO, in partnership with EOHHS and Innsena. Please help us spread the word through your networks.

Engagement Timeline

Two parallel tracks feed the market and needs assessments (target dates), and yes, they're reversed!



RFI dates are targets and depend on State review and release of both RFIs. Peer-state findings follow in January.

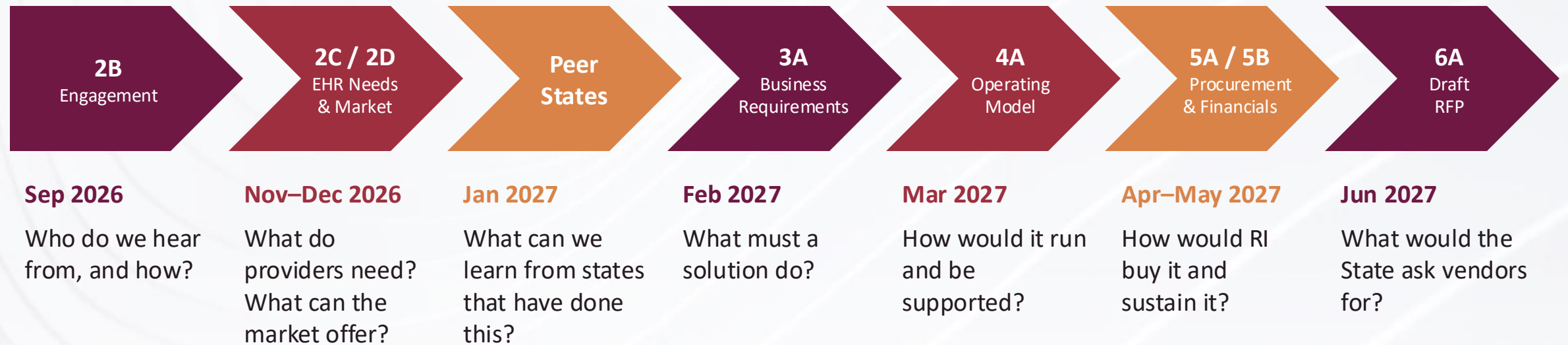
What This Means for You

What to expect, and how you can help

IF YOU ARE...	WHAT TO EXPECT	OUR ASK
Practices & health systems	Invitations to the Provider RFI, interviews, and a practice webinar – your input is the core of the needs assessment	Respond to the RFI, join an interview if invited, and share with peers
State agencies	Interviews with state team members; alignment with existing programs and data infrastructure	Connect us to the right programs, data, and contacts
EHR Vendors	A formal Vendor RFI and interviews, with the same information shared with all vendors	Respond through the RFI – the channel for vendor input
Associations & community orgs	Interviews and the stakeholder webinar, plus a role in reaching providers and communities	Help distribute the Provider RFI and webinar invitations
None of the above, but still a stakeholder!	Invitations to attend webinars, meetings, and working sessions to share your experiences and market insights.	Connect with us through any facilitated meetings and/or through email or other outreach to share your thoughts.

How the Work Fits Together

Each deliverable builds on the one before it – from what we hear to a draft RFP



WHEN WE NEED YOU MOST October–December for the provider needs and EHR market work (2C/2D), and January–February for requirements validation workshops (3A).

2D – EHR Market Overview

What does the EHR market offer Rhode Island practices today?

WHAT IT INCLUDES

- Vendor Capability Matrix
- Executive Findings Presentation
- Descriptive and vendor-neutral – no scoring or ranking

WHAT IT DRAWS ON

- Vendor RFI responses
- EHR vendor interviews and follow-ups
- Market scan

WHAT IT FEEDS

- Business requirements (3A)
- Licensing and cost assumptions (5B)
- Draft RFP package (6A)

WHERE YOU COME IN

EHR vendors: respond to the Vendor RFI (target window ~10/26–11/6) – it is the formal channel for vendor input, and all vendors receive the same information.

2C – RI Landscape & Needs Assessment

Which Rhode Island providers would a state-sponsored EHR serve – and what do they need?

WHAT IT INCLUDES

- Provider Segmentation Analysis
- Current-State Technology Assessment

WHAT IT DRAWS ON

- Provider RFI responses
- Provider, state team, association, and stakeholder interviews
- Practice webinar and data review

WHAT IT FEEDS

- Capability priorities for any solution
- Business requirements (3A)
- EOHHS decisions on approach and participants

WHERE YOU COME IN

Practices and health systems: this is where your voice matters most. Respond to the Provider RFI (target ~10/26–11/12), join an interview if invited, and attend the practice webinar.

State Findings Document

What can Rhode Island learn from states that have done this?

WHAT IT INCLUDES

- A single synthesis of Louisiana, Wisconsin, and Washington peer-state findings
- Lessons across planning, procurement, and implementation

WHAT IT DRAWS ON

- Peer-state interviews
- Public plans and procurement documents

WHAT IT FEEDS

- Operating model (4A)
- Procurement options (5A)
- Draft RFP package (6A)

WHERE YOU COME IN

State partners: help connect us with peer-state counter parts and tell us which questions you most want answered by states that have gone before us.

3A – Business Requirements Document

What must a coordinated EHR solution do for Rhode Island?

WHAT IT INCLUDES

- Functional, technical, and non-functional requirements
- Requirements Traceability Repository
- Gap Analysis
- Stakeholder Validation Workshop documentation

WHAT IT DRAWS ON

- Needs assessment (2C) and market overview (2D)
- Requirements interviews, starting in December
- Validation workshops

WHAT IT FEEDS

- Technical response workbook and traceability in the Draft RFP (6A)
- Operating model (4A) and financial model (5B)

WHERE YOU COME IN

Join a validation workshop (January–February 2027) to confirm the requirements – including interoperability and data exchange – reflect how care is delivered in Rhode Island.

4A – Ongoing Support Scope

How would a state-sponsored approach run – and who would support it?

WHAT IT INCLUDES

- Implementation Partner Scope
- Governance Framework
- Service Delivery Model
- Support Model
- Change Management Framework
- Implementation Readiness Assessment

WHAT IT DRAWS ON

- State Findings
- Needs (2C), market (2D), and requirements (3A)
- Working sessions with state partners

WHAT IT FEEDS

- Procurement options (5A)
- Financial sustainability model (5B)
- Draft RFP package (6A)

WHERE YOU COME IN

State agencies and partners: working sessions on governance and operating roles. Providers: tell us what support and change management would make adoption realistic.

5A – Procurement Options Analysis

What are Rhode Island's options for procuring and contracting for a solution?

WHAT IT INCLUDES

- Procurement vehicle and contract structure options
- Agreements inventory and key contract terms
- Legal and regulatory framework recommendations
- Recommended approach, timeline, and decision points

WHAT IT DRAWS ON

- State Findings
- RI Landscape & Needs Assessment (2C)
- EHR Market Overview (2D)
- Business Requirements Document (3A)
- Operating model (4A)
- State procurement requirements

WHAT IT FEEDS

- Procurement schedule and draft contract framework in the Draft RFP (6A)
- EOHHS executive decision briefing, covering the recommendation and decisions needed

WHERE YOU COME IN

State purchasing, legal, IT, and RIHIE partners: help us understand the requirements, constraints, and existing agreements any future procurement must meet.

5B – Financial Sustainability Model

Can a state-sponsored approach sustain itself beyond RHTP funding?

WHAT IT INCLUDES

- Cost Modeling Assumptions
- Licensing Strategy
- Vendor Evaluation Framework

WHAT IT DRAWS ON

- RI Landscape & Needs Assessment (2C)
- Market and pricing information (2D)
- Requirements (3A) and operating model (4A)
- Procurement Options Analysis (5A)
- Peer-state experience

WHAT IT FEEDS

- Cost proposal workbook, evaluation criteria, and scoring in the Draft RFP (6A)

WHERE YOU COME IN

Payers, providers, and state partners: share perspectives on long-term value and sustainability. This phase does not ask anyone for funding commitments.

6A – Draft RFP Package

What would Rhode Island ask vendors to deliver?

WHAT IT INCLUDES

- Procurement schedule and vendor response instructions
- Proposal templates; cost and technical response workbooks
- Evaluation criteria and scoring matrix
- Requirements traceability and draft contract framework

WHAT IT DRAWS ON

- Every prior deliverable – especially requirements (3A), procurement options (5A), and the financial model (5B)

WHAT IT FEEDS

- The State's decision on whether and how to issue an RFP
- Delivered ahead of the 6/30/27 RHTP deadline

WHERE YOU COME IN

The Draft RFP Package goes to EOHHS. Any release, timing, or decision to procure is the State's call, made under state procurement rules.

NEXT STEPS

What's Next & How to Stay Involved

OCTOBER

Vendor interviews begin; Provider and Vendor RFIs release (target ~10/23); interview outreach to stakeholders

NOVEMBER

Practice and stakeholder webinars (weeks of 11/2 and 11/9); RFIs close; EHR Market Overview (2D) due 11/20

DECEMBER

Remaining interviews complete by early December; Landscape & Needs Assessment (2C) due 12/19

STAY INVOLVED

Watch for outreach from CSS, share the Provider RFI with your networks, and send questions to the project team – contacts will follow in the meeting recap

Thank you!

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