Preliminary Baseline Assessment of Rhode Island Health Care System Planning Core Areas of Inquiry

For Review at the

Health Care System Planning Cabinet & EOHHS Independent Advisory Council Joint Meeting

April 30, 2024

Table of Contents

Introduction

The following information, organized by the planned Health Care System Planning Area of Inquiry, was developed primarily based on a review of existing Rhode Island health initiatives and State-developed reports, assessments, and research. (Please see sources of information in Appendix 1.) In addition, EOHHS' consultant JSI conducted a rudimentary review of ideas and concepts from the national literature.

This document should be seen as a draft summary of the initiatives this Rhode Island Health Care System Planning Process is building on, and the challenges that have been identified at the state and national levels.

EOHHS proposes to use this summary to guide our initial discussions to define problem statements for each Area of Inquiry and to prioritize Rhode Island's ongoing Health Care System Planning Process.

The next steps in this process are for the Health Care System Planning Cabinet, with input from the EOHHS Independent Advisory Council, to identify one to two areas for more thorough analysis toward a published report due on or about December 1, 2024, per Governor McKee's Executive Order of February 21, 2024.

Workforce

Initiatives to Build On – Existing Rhode Island Activities

- Stakeholder engagement: 500+ people from 160+ organizations convened and aligned around The Rhode Ahead, EOHHS's Health & Human Services Workforce Initiative. The convening addressed shared workforce issues and problem approaches, including healthcare providers, trade and professional associations, education and training, labor and community organizations, policymakers, etc.; Third Annual Health Workforce Summit to be held on May 29
- Recruitment & retention: ARPA, enhanced HCBS FMAP, and GR/budgetary investments (one-time and on-going) to increase rates and wages across health & human services
- Health Professional Equity Initiative: EOHHS and OPC partnership to support paraprofessionals to pursue health professional degree and license
- Career pathways:
    - EOHHS and DLT investments in employer-driven workforce development partnerships to support job training, continuing education, career ladders/apprenticeships;
    - EOHHS partnership with RIDE CTE and Adult Ed to increase pathways to employment for students and un/under employed youth and adults
- Licensure – Review and revision of regulations (e.g., CNA exam, medication aides in home-based settings, nursing faculty requirements, BHDDH Case Manager requirements)
- Higher Education: Wavemaker Fellowship expansion to healthcare; Health Professional Loan Repayment promotion; Clinical placement needs assessment
- Data:
    - EOHHS Ecosystem Health Workforce Data Dashboard (data on supply, employment, demographics, earnings, by setting, school, and other variables
    - Proposed expansion of data collection via licensure process
    - 2015 RIDOH Statewide Health inventory (working on 2024 report now)
- Career Awareness: CaringCareers.ri.gov; social media and grassroots campaign; job fairs; VETS and DCYF targeting VEC youth

Key Issues from the National Literature

- Shortages of Healthcare Professionals
- Burnout and high turnover rates
- Aging Workforce
- Technological Changes
- Changing Healthcare Needs
- Workforce Diversity
- Regulatory and Administrative Activities
- Education and Training (and system capacity to train)
- Work-Life Balance
- Safety Concerns
- Population Trends
- Challenges of Behavioral Health – creating gaps in workforce and affecting retention

Challenges drawn from RI Assessments/Reports/Key Informant Interviews

All of these challenges were exacerbated by the pandemic, and all adversely impact workforce recruitment & retention AND timely access to quality care and services.

- Stress, burnout, perceived lack of work-life balance, and feelings of lack of safety are undermining staff retention and increasing turnover rates – shortages beget shortages.
- Emotionally & physically exhausting work, combined with paperwork (charting, prior authorization), undesirable / unpredictable hours, uncompetitive reimbursement rates and wages, health and safety concerns, and limited advancement opportunities
- Population Changes – More people leaving the workforce than entering it, calling for culture change, system change, and significant investments to expand the pool of future healthcare workers beyond traditional pipelines if we hope to achieve the capacity and diversity that we need now and for the foreseeable future. (Structural shortages – known as the "Great Resignation")
- Lack of racial, linguistic, and ethnic diversity, especially in the licensed workforce
- High turnover of full-time and part-time clinical and non-clinical staff are impacting access to care, service delivery, operations, revenue potential, and solvency
    - Clinical: hospital nursing staff (clinical and admin), primary care providers (bi-lingual/culture)
    - Long-term care staffing (home health, nursing homes, assisted living)
    - Behavioral health specialty providers (outpatient, residential, crisis support)
    - Case management/navigators/peers staffing
- High costs associated with recruiting and retaining staff, incentives, and benefit payments
- Issues of administrative burdens, including credentialing
- Need to enhance the diversity of RI's health and human services workforce
    - Ecosystem data to come will allow more information
- Lack of a call to serve. Coastal study of their providers on this and HRSA study re: FQHCs
- Need to expand the capacity and strength of RI's higher education programs – homegrown increases of our providers
    - Need to better leverage Brown Medical School to address health workforce challenges
    - Lack of nursing school faculty to meet the demand of people applying for admission.
- Need to develop and implement a robust methodology, including data collection and analysis systems, that identify workforce need and then work to enhance the State's capacity to engage, train, and place people in jobs to meet that need.
- *N*eed to continue to implement an employer-focused approach to workforce development and training that leverages resources and ensures that workforce development/training is appropriate and well-targeted

Primary Care

Initiatives to Build On – Existing Rhode Island Activities

- High rate of primary care providers per capita
- High rates of health insurance/coverage
- Proactive approach to innovation (including the work and programs of the Care Transformation Collaborative)
- Collaborative environment facilitated by the State's small size
- Office of the Health Insurance Commissioner (OHIC) Primary Care Spend Obligation
- Supplemental Payments to Designated Primary Care Practices
- Prospective Payment Model
- Administrative Simplification Task Force
- Patient Centered Medical Homes (PCMH) and PCMH Kids programs
- Integration of physical and behavioral health
- Community Health Workers within primary care to address Social Determinants of Health (SDoH), reimbursed by Medicaid

Key Issues from the National Literature

- Workforce Shortages
- Burnout, Job Dissatisfaction, and High Turnover Rates
- Financial Constraints / Solvency
- Fragmentation of Care
- Access to Care / Barriers
- Changing Patient Demographics
- Technological Changes
- Regulatory and Administrative challenges
- Behavioral Health Integration
- Preventive Care and Health Promotion

Challenges drawn from RI Assessments/Reports/Key Informant Interviews

- Limited access to primary care, especially for new patients, those who do not speak-English, or who are from diverse cultural backgrounds.
- Limited access to primary care physicians; to geriatric care; pediatric care, turnover and recruitment changes. Wait lists and time to new patients.
- Limited engagement in appropriate primary care, particularly for certain groups that are disproportionately impacted by social factors
- Concerns over payment rates. Payments must be sufficient to support team-based care, including medical assistants and front office staff
    - Some evidence that primary care in Rhode Island is reimbursed at rates that do not support compensation that is competitive with neighboring states
    - Primary care is reimbursed and compensated less than most other specialties, which impacts recruitment/retention as fewer med students are choosing primary care

- Students who do choose primary care, and are trained in Rhode Island, are not necessarily staying in Rhode Island.
- People's behavioral health needs are impacting patient access and health status as well as service delivery/operations, staff retention/recruitment, and solvency. Not enough BH staff embedded in PC.
- The primary care workforce in Rhode Island is aging and many are considering retirement, exacerbating shortages, and increasing turnover rates
- Clinician burnout is a key concern facing the primary care workforce and is impacting quality of clinical care, practice operations, and staff retention
- Need to enhance primary care workforce training in RI's higher education institutions (also need increased clinical training capacity for medical residents (OB/Pediatric/Behavioral Health & Internal Medicine)
- Need to continue to promote comprehensive team-based care in all PC settings, inc. intensive care mgmt., care coordination, peer support/ CHWs, and linkages to SDOH. Opportunities to do more throughout all practices
- Need to continue to promote integration of behavioral health and primary care. Broader integration of physical and BH healthcare in other agencies besides PC.
- Adolescent services, need for continuum of care and points of access
    - Primary care physicians using ICD10 codes, to bill for counseling and referrals for Alzheimer's.
    - End of life care complex conversations
    - Acumen for billing for value-based payments for PC
- Fragmentation and Care Transitions – access, HIT, placements, etc.
- Looking at specific populations
- Need to continue to promote universal screening for social factors and develop system to link those in need with services in the community
- Need to reduce administrative burdens on primary care (e.g., prior authorization, utilization review)
- Need to develop a public-facing data systems that present longitudinal data on the primary care workforce, practice expenditures, and patient access with comparison to external benchmarks where available
- Need to enhance structures that promote community and service provider engagement in policy/practice innovation
- Dealing with private sector aggregation and ownership of primary care practices. And Minute Clinics, alternative profit-driven PC filling the void. RIDOH ownership survey.
- Use of urgent care a huge point of challenge. (No licensed urgent care in RI – it's an outpatient ambulatory care facility).
- RIDOH doesn't review purchases of primary care

Please note: It has been suggested to the Health Care System Planning Cabinet that the State broaden the Primary Care Area of Inquiry to include other outpatient specialty services. The Cabinet will make a determination on this proposal as the planning process unfolds.

Behavioral Health

Initiatives to Build On – Existing Rhode Island Activities

- Creation of 3 key planning documents: the Behavioral Health System Review (2021), RI Behavioral Health System of Care for Children and Youth (2022), and the Rhode Island Infant/Early Childhood Mental Health Plan (2023) – and the soon to be released Adult Behavioral Health Snapshot
- Development of Certified Community Behavioral Health Clinics
- Development of the Mobile Response and Stabilization Services program for children
- Development and Funding of the Overdose Prevention Center
- Peer Recovery Specialist positions reimbursed by Medicaid
- Harm Reduction Services & Supports funded by CDC, Opioid Settlement Dollars, and Opioid Stewardship dollars
- Enhanced Mental Health Psychiatric Rehabilitative Residences (EMHPRRs)
- Expanding behavioral health screening and SBIRT (Screening, Brief Intervention, and Referral to Treatment) programs
- Expanding crisis stabilization units to areas currently underserved

Key Issues from the National Literature

- Access to Care
- Health Education, Prevention, and Stigma Reduction
- Integration with Physical Health and social services
- Workforce Shortages
- Funding and Reimbursement
- Quality of Care, Including Linguistic and Cultural Competency
- Care Coordination and Transition of Care
- Outreach and Early Intervention
- Crisis Support Services
- Involvement of Those with Lived-Experience, and Their Families/Caregivers

Challenges drawn from RI Assessments/Reports/Key Informant Interviews

Equitable Access to Quality Services (capacity, vulnerable populations, disparities)

- Limited access to outpatient care, residential services, and hospital-services (full/partial).
- Major disparities in access, prevalence/incidence rates and outcomes
- Need for enhanced system to support consumer navigation
- Need for investments in evidence-informed, outcome-driven care (e.g., trauma-informed, age-, developmentally-, and culturally-appropriate)
- Need for greater community engagement (service providers, residents, consumer/family groups, and individuals with lived experience)
- Workforce shortages existing across the BH continuum of care, particularly linguistically/culturally competent providers
- Major unmet need with respect to children, youth, and young adults (i.e., depression/anxiety, suicidality, and substance use)
- Need for greater, more sustained funding for early identification and prevention.

- Need to continue to invest in the crisis continuum for adults and children
- Implementation of crisis resources of Mobile Treatment for adults and children with 988, to reduce measures of hospital recidivism and reliance on emergency rooms for crisis care.
- Continued need to integrate behavioral health and primary care as well as behavioral health with the social service system to promote engagement in care
- BH challenges exacerbate workforce issues and strain the entire health and human services system re: access, staffing, operations, and financial solvency

System Transitions, Integration and Coordination

- Need to enhance care transitions within the BH continuum and across other sectors (i.e., primary care, hospitals, long-term care, and housing)
- Integration of mental health and substance use systems of care, and behavioral health with physical health and the social service system

Administrative Challenges, Policy Reform, and Accountability

- Impact of regulations and licensing requirements are hindering implementation of innovative, cost-effective programing
- Fragmentation in accountability across state agencies and across providers leading to a lack of understanding of roles/responsibilities and limited oversight
- Lack of a statewide data systems to monitor access to care, care transitions, service quality, and sustainability/solvency is limiting sector strength, hindering performance improvement, and threatening solvency
- Need for new payment/value-based care models that move away from fee for service contracting and use performance measures to create better connection between payments, quality of care, and performance
- Need for reforms in how services are billed for, particularly for those with co-occurring conditions and who are eligible for services across agencies

Acute Hospital

Initiatives to Build On – Existing Rhode Island Activities

- State directed payments for hospitals
- OHIC Affordability Standards

Key Issues from the National Literature

- Financial Sustainability (Payment rates, high costs, solvency)
- Workforce Challenges (Shortages, High Costs, Burnout/High Turnover)
- Regulatory Compliance and Administrative Challenges
- Adapting to Value-Based Care
- Technology Integration –
- Patient-centered Care
- Health Equity
- Partnerships and Collaborations
- Cybersecurity
- Market Competition /Consolidation

Challenges drawn from RI Assessments/Reports/Key Informant Interviews

- High operational costs, combined with high volumes and lack of a diverse payer mix are impacting hospital service delivery, operations, and financial performance. High cost of care is being driven largely by a web of issues relate to workforce, including shortages, recruitment/retention costs, staff burnout/turnover, and per diem/travel labor costs (clinical and non-clinical) (Esp. nursing)
- High costs also driven by the increasing cost of medical supplies
- High patient volumes, lengthier hospital stays, a continued influx of patients who need extended, complex care, and challenges in care transitions, are stressing hospitals in unique ways that can be addressed by reviewing the case-mix index
- Stress, burnout, and lack of work-life balance undermine staff retention and increase turnover rates
- Emergency department triage, particularly the impact of behavioral health is a major challenge
- Care transitions to long-term care, behavioral health care and social services
- Need for clearer regulatory frameworks that build trust and promote a common vision for system strength
- Increased investment in primary care, outpatient medical specialty care services, and other public health efforts to support prevention, early identification of health issues, and evidence-informed chronic disease management
- Increased focus on community partnerships across the continuum of care to support a more integrated, coordinated approach, with an eye toward preventing acute illness, reducing readmissions, and promoting appropriate utilization of care
- Enhanced structures and systems that promote collaboration, facilitate partnerships, build trust, allow for information sharing, and fully leverage the resources across the continuum of care.

- Need for aligned information technology, potentially including a consistent electronic medical record among all hospitals and hospital systems in the state
- Need for targeted education and awareness campaigns regarding the appropriate use of emergency departments versus primary care
- Challenges for physicians seeking affordable housing
- Need for resources for the Statewide Health Inventory Program.
- Need for more standardized discharge planning

Long-Term Care

Initiatives to Build On – Existing Rhode Island Activities

- FY24 GR investment in Aging and Disability Resource Center, as the primary door people can come through for options
- In 2019, OHA expanded At-Home Cost Share (co-pay) to people ages 19-64 with diagnosis of dementia and/or Alzheimer's.
    - HCBS delays institutionalization. (Lewin report)
- In 2021, the Family Caregiver Alliance of Rhode Island (FCARI) and OHA issued the first Rhode Island State Plan for Family Caregiving.

Key Issues from the National Literature

- Financial Sustainability (Payment rates, high costs, solvency)
- Workforce Challenges (Shortages, High Costs, Burnout/High Turnover)
- Regulatory Compliance and Administrative Challenges
- Quality of Care
- Access to Care
- Care Transitions and Care Coordination
- Mental Health and Behavioral Challenges
- Patient and Family Satisfaction

Challenges drawn from RI Assessments/Reports/Key Informant Interviews

Challenges particular to Nursing Facility Sustainability and Financing:

- Rhode Islanders' needs for long-term care are likely to increase, especially due to aging.
- Rhode Islanders are accessing institutional, long-term care earlier than might otherwise be needed, due in part to unsafe housing and inadequate healthcare earlier in the lifecycle.
- LTSS providers are negatively affected by the workforce problems described above, raising costs, and reducing service availability.
- Rhode Island's long-term care continuum has significant gaps, especially for people with intersecting needs across medical and behavioral care.
- Rhode Islanders cannot afford long term care.
- Challenges navigating the long-term care system, especially for those with limited family supports.
- Need for statewide data systems to monitor access to care, care transitions, service quality, and sustainability/solvency
- High operational costs related to workforce and supplies.
- More people are participating in "Medicaid planning" earlier in their lives, so that they spend less time as "private pay" before gaining Medicaid eligibility.
- Minimum staffing ratios for health and safety are increasing costs

Challenges tied to workforce across long-term care sector:

- Staffing shortages

- Staff burnout/turnover
- Recruitment/retention costs
- There are 18,000 licensed CNAs in Rhode Island, but many are not practicing. This also suggests there may be opportunities to encourage this population to re-engage with CNA work.

Challenges tied to gaps in the continuum of care:

- There are approximately 50 adults and 80 children/adolescents in out-of-state placements. There are one to two dozen people in hospitals solely because of a lack of step-down discharge placements.
- Rhode Island lacks an acute LTC setting for aging people and others with significant BH needs who also have medical needs and/or dementia. For those needing a high level of care, this would be a natural role for a geriatric LTC hospital.
- Rhode Island lacks sufficient sub-acute long-term care settings for behaviorally complex or otherwise stigmatized (DOC) populations needing care - neither nursing facilities (NFs) nor Enhanced Mental Health Psychiatric Rehabilitative Residences (eMHPRRs) are meeting the need. For NFs, stigma and concerns that issues with these patients will drive down NF quality scores are challenges. MHPRRs are not able to meet high medical needs.
- Natural supports (i.e., family caregivers) lack sufficient support. There are more than 130,000 family/kinship caregivers in Rhode Island.
- Aging housing stock makes it difficult for many Rhode Islanders to age in place.
- Certain geographic areas with higher numbers of older Rhode Islanders may lack nearby services.

Challenges tied to demographic/population issues:

- Inadequate access to healthcare throughout the life cycle leads to an older population that has higher care needs for a longer time.
- Growing population of younger adults needing long term/skilled nursing care due to brain damage resulting from opioid-caused oxygen deprivation. This group has very different needs from older adults.
- Increasing incidence of 'elder orphans' - adults who've reached their senior years but have no loved ones to assist with care when needed. Can present challenges with ADLs and decision making. May result in self-neglect.
- Adults with dementia who lack family caregivers may not receive adequate case management to assist in care planning.
- Affordability is a major challenge for Rhode Islanders. It is also a challenge for the state.

Social Service

Initiatives to Build On – Existing Rhode Island Activities

- Establishment of the Health Equity Zones (HEZ)
- Significant Expansion of Community Health Worker Workforce
- Alignment of HEZ and Medicaid to Implement Social Determinants Interventions
- Inclusion of HEZ in Medicaid Waiver and Managed Care Procurement
- Health Equity Zones Scaling and Sustainability
- Medicaid reimbursement for Community Health Workers
- MyNeighborhood Social Determinants Mapping Project

Key Issues from the National Literature

- Complexity of Social Determinants
- Resource Allocation
- Sustainability
- Data Collection and Integration
- Cross-Sector Collaboration
- Equity and Inclusivity
- Policy and Regulatory Barriers
- Measuring Impact
- Community Engagement
- Policy and Advocacy

Challenges drawn from RI Assessments/Reports/Key Informant Interviews

- Social, economic, and environmental conditions, also called social determinants of health or SDOH, are the factors that determine 80% health and behavioral health outcomes.
- Requiring clinical care providers to address patient SDOH needs is contributing to provider burnout, largely due to the vertical integration of these services into the health care delivery model vs the horizontal integration of appropriate community supports to address service delivery, coordination, and improvements to local SDOH conditions.
- Treating health-related social needs can reduce the demand for high acuity care but does not address the demand for health and behavioral health services, or the costs associated with the delivery of those services. Reducing the demand for services, the costs associated, and the strain on the healthcare and behavioral healthcare systems will require changes to the social, environmental, and economic conditions of RI communities.

- Social supports and services are best delivered within community settings to ensure those services are proximal to the recipient, culturally appropriate, and connected to other community resources.
- Capacity and infrastructure within communities to support the delivery of social services and supports, the coordination of care amongst community-clinical providers, and the ability to improve community conditions to reduce demand for social, health, and behavioral health services remains under resourced in RI relative to the needs of the population.
- Health Equity Zones provide the state with a scalable community infrastructure to improve the quality of community appropriate social services, to support community-clinical care coordination, and to improve community conditions to reduce demand for services by improving the SDOH factors that drive 80% of health and behavioral health outcomes.
- Success in strengthen any of the other sectors will rely on addressing the social, environmental, and economic factors that impact health access and outcomes
- Economic insecurity is recognized as a leading factor, impacting residents' ability to live healthy, productive lives
- The leading consequences of economic insecurity are unsafe/ unaffordable housing and homelessness, food insecurity, inadequate health and behavioral health care access, and transportation
- Major disparities exist depending on where you live as well as your level of economic security, race, ethnicity, age, and other demographic and socio-economic characteristics
- Social services are fragmented with complex eligibility requirements
    - CHWs are trained system navigators
- "In virtually all topic areas from 2019 through 2020, BIPOC Rhode Islanders living in core cities perceived social factors such as access to affordable housing and cost of living as much greater impediments to health and wellbeing than have white Rhode Islanders living in non-core areas."

Oral Health

Initiatives to Build On – Existing Rhode Island Activities

- In 2022-2023, Rhode Island raised Medicaid rates for first time since 1992
- Launched Oral Health Assessment and Mouth Care Training virtually, and over 160 CNAs took training in first month
- Held series of Public Health Dental Hygienist Learning Collaborative meetings
- Made Teledentistry technology an allowable use of Home and Community-based Service Funds
- Took steps to improve response capacity for oral health emergencies
- Supported growth of dental workforce, including supporting tuition of Public Health Dental Hygienist (PHDH) training at CCRI, increasing number of those licensed
- Education of both dental and non-dental providers on impact of substance use on oral health, with goal of increasing prevention and referral, and reducing stigma among professionals.

Key Issues from the National Literature

- Limited access to care, especially those who are low-income, uninsured, or underinsured
- High cost of dental care is a substantial barrier to care
- Underutilization of preventive dental care services
- Workforce shortages and a maldistribution of providers, particularly in rural areas
- Need for greater integration of oral health with the overall health care system
- Need for community education and awareness about the importance of oral health
- Regulatory and policy changes needed to improve provider recruitment/retention and encourage innovative care delivery models
- Need to promote adoption of new technology and innovation to care quality and efficiency
- Oral health challenges in individuals with substance use experience, both because of stigma in access, but direct negative impact of medications, including suboxone, on dentition.

Challenges drawn from RI Assessments/Reports/Key Informant Interviews

- Worsening and more costly dental disease
    - Impact on systemic health, including diabetes, cardiovascular disease, and poor pregnancy outcomes
- Major disparities in dental care access and outcomes
- Shrinking oral health workforce impacting provider availability and access to care
- Oral health needs to be better integrated with existing system transformation efforts
- Historically low Medicaid reimbursement rates limit provider participation in Medicaid program
- Need to address high cost of care
- Limited Use of preventive dental services
- Continued Use of hospital emergency department for both urgent and non-urgent dental services
- Need to promote initiatives to increase oral health literacy and use of evidence-based preventive strategies

Appendix 1: Sources of Information, by Area of Inquiry

1. Health Care Workforce

Social and Human Services Program Review – Access

Health and Human Services Workforce Transformation (2023)

2022 Financial Impact Analysis on Hospitals in Rhode Island

2. Primary Care

Primary Care in Rhode Island: Current Status and Policy Recommendations (Dec 2023)

Statewide Health Inventory 2015 (and coming in 2025)

3. Behavioral Health

RI Behavioral Health System Review Technical Assistance (July 2021)

Social and Human Services Program Review – Access to programs (OHIC 2023)

State of RI Strategic Plan for Substance Misuse Prevention 2020-2024

Rhode Island Behavioral Health System of Care for Children and Youth (2022)

Rhode Island Infant and Early Childhood Mental Health Plan (2023)

4. Acute Hospitals

2022 Financial Impact Analysis on Hospitals in Rhode Island

Health and Human Services Workforce Transformation (2023)

2022 Financial Impact Analysis on Hospitals in Rhode Island Health and Human Services Workforce Transformation – Manatt Health, for the Rhode Island Foundation (2023)

5. Long-Term Care

Long Term Services and Supports Evaluation of Rebalancing Strategies (2016)

Rhode Island Healthy Aging Data Report (2020)

AARP LTSS Scorecard (2023)

AARP Vital Voices: Issues That Impact Rhode Island Adults Age 45 and Older (2023)

Rhode Island State Plan for Family Caregivers (2021)

Rhode Island Aging in Community LTCCC Subcomittee Report (2016)

2023 Aging in Community Progress Report and Covid Lookback

6. Social Service Sector

Social and Human Services Program Review – Access

Health and Human Services Workforce Transformation (2023)

2022 Financial Impact Analysis on Hospitals in Rhode Island