



# State of Rhode Island Health Care System Planning Initiative

**Interim Report: Key Themes from Interviews with  
Health Care System Planning Cabinet and EOHHS Independent Advisory Council Members  
Conducted March through May 2024  
June 3, 2024**

This summary report presents the insights gathered so far from over 40 interviews with the Rhode Island Health Care System Planning (HCSP) Cabinet members and the EOHHS Independent Advisory Council. These interviews, conducted between March and May 2024, were a crucial part of this initiative, as they provided valuable input from the Cabinet and Advisory Council members on:

- 1) How the planning process should be managed, and the factors they thought were essential to the success of the initiative, and
- 2) What they believed were the most significant challenges facing Rhode Island's health care system, and what should be the focus of Rhode Island's health care system planning efforts.

This report is structured into two distinct sections. The first section is a narrative summary of the key themes from the interviews, categorized into feedback on the planning process and health care system priorities. The second section is a quantitative analysis, which reflects the frequency with which certain health sectors and cross-cutting structural or systems issues were identified as priorities for further assessment and action.

## **A. Narrative Summary of Key Themes**

### **Feedback Regarding the Planning Process**

- 1) **Need to balance emphasis on urgent short-term issues that need attention now, with long-term assessment and planning activities.** Many of those interviewed were concerned that this planning initiative was drawing attention away from critical issues that needed immediate attention (e.g., hospital and long-term care solvency, workforce development) and was putting the state's health system at risk. Other interviewees felt it was important to emphasize long-term planning and strengthening segments of the health care system that they believed were essential to addressing disparities, improving health status, and responding to emerging population and health-related trends in the long term (e.g., strengthening the primary care sector, addressing underlying social, environmental, and economic issues, building behavioral health service capacity, and responding to an increasingly older and more diverse population).
- 2) **Need to balance action and assessment.** Many of those interviewed expressed a desire to avoid "analysis paralysis" and encouraged those involved with the HCSP to balance the

need for more data, further assessment, and long-term planning with the need for action. Some interviewees believed that further analysis was delaying action on issues that demanded immediate attention, while others felt that many of the issues were already well understood and that appropriate interventions to address these issues were already known.

- 3) **Focus on developing cross-cutting health system structures and systems that can monitor and support health system growth, strength, and stability.** Many of those interviewed identified the need for robust structures and systems designed to support health system strengthening efforts, promote oversight and accountability, and facilitate growth and sustainability (e.g., workforce development, data monitoring, oversight, assessment, and surveillance systems, new payment models/approaches, health information exchange structures, and systems to support care transitions/care coordination). These interviewees felt strongly that the primary focus of this assessment should be developing or refining the capacity of these systems or structures so that they could be applied to monitor, support, and strengthen the health care system.
- 4) **Do not "re-invent the wheel."** Interviewees were concerned that the current planning process would replicate important and thoughtful work conducted recently or are underway across the public and private spheres. Many reflected an openness to new, more refined, innovative assessment activities, programs, or policies, if necessary. However, many interviewees strongly encouraged the Cabinet and EOHHS staff to take stock of existing efforts and explore how to best apply or build on these efforts.
- 5) **Need for a comprehensive assessment and planning process that highlights integration and breaks down existing "silos."** Many spoke out against current plans to prioritize issues and focus on only a few health sectors or cross-cutting structural issues. These interviewees believed that success was tied to understanding and embracing the system's interconnectedness and that concentrating narrowly on a few select issues would lead to further fragmentation and continued "siloing" of the health care system. These interviewees advocated for a comprehensive assessment and development of a health care system plan that addressed the full breadth of health system issues across all health sectors, cross-cutting systems, and structural issues.
- 6) **Need for a collaborative, cross-agency, cross-sector planning that leverages resources and breaks down silos.** Many interviewees also spoke of the need to ensure that Rhode Island's public sector agencies were fully and appropriately collaborating to share important findings and lessons learned, reduce duplication of effort, integrate and leverage activities, and promote collective action where appropriate. Many reflected on the fact that too often health-related agencies in the state operate in silos and do not collaborate and share information and plans, when necessary.
- 7) **Need for a strong public/private/community partnership.** Many people also spoke of the need for a robust public-private partnership that includes representatives from all of the

state's health-related agencies, all segments of the private sector (e.g., health care service providers, public health agencies, social service organizations, advocacy organizations, health coalitions, professional organizations) and the community-at-large. The public sector plays an important role, but ultimately relies mainly on the private sector to provide services and implement the initiatives that might arise from this planning effort. It is equally important to engage the community to ensure that whatever investments are made are person-centered and appropriately targeted at addressing community needs.

- 8) **Ideas for engaging the EOHHS Independent Advisory Council.** Many provided ideas on how EOHHS and the Cabinet could refine their planning processes to promote participation and engagement, particularly with the Advisory Council. Many advocated for more structured, transparent, engaged processes, including the possibility of a steering committee, jointly led workgroups, and more careful meeting preparation.

### Feedback Regarding Planning Priorities

- 1) **Workforce Capacity and Development.** **There is a need to focus on workforce development and filling gaps in the current clinical, public health, and human service workforce.** Nearly all interviewees highlighted the importance of workforce development and filling specific gaps in the state's health-related workforce. Many discussed the need for the state to support programs that encourage people to enter the health care and human service workforce, including workforce incentives, education and training programs that allowed the state to grow specific segments of its workforce, and systems or methodologies to monitor and promote workforce development. There was an understanding that these efforts would take some time to develop, and, with this in mind, action was essential. Others believed that the focus should be on filling specific gaps in the workforce, such as primary care providers, behavioral health specialists, care navigators/case managers, and nurses. Others focused on the need to provide technical assistance and tailored support to service providers related to workforce recruitment and retention.
- 2) **Behavioral Health.** **Broad agreement regarding the intense and increasing impact of behavioral health issues on individuals, families, communities, and the state's health care service providers.** Many interviewees advocated for an increased focus on strengthening and building the capacity of the behavioral health service sector. Specifically, interviewees discussed the substantial service-specific and workforce gaps across the care continuum, particularly for those with acute needs needing immediate attention and more intensive services. Others spoke of the challenges that many providers, particularly hospital and long-term care providers, face concerning managing and transitioning those who need specialized behavioral health services. Many talked of long wait lists or patients in hospital and long-term care settings caught in limbo waiting to be transferred to a more appropriate, less costly, less restrictive setting. Others were passionate about the need for more robust assessment and community engagement,

notably including those with lived experience with mental health and substance use issues.

- 3) **Hospital and Long-Term Care Solvency.** **Strong sentiments that this planning process needs to focus on acute hospital and long-term care solvency issues.** Many of those interviewed expressed deep concerns regarding the solvency of the hospital and long-term care sectors and believed that this assessment and planning initiative needs to focus on these segments of the healthcare system. These interviewees expressed a clear appreciation for the importance of long-term planning. Still, they believed that hospital and long-term care solvency issues were an overriding concern and that the strength and stability of the health system relied on having strong, financially stable hospital and long-term care sectors. These interviewees argued that not prioritizing this issue would lead to increased costs, more limited access, and decisions that could threaten the effectiveness of the entire health system.
- 4) **Provider Payment.** **Need for new models or approaches that increase payments to providers.** Many interviewees expressed the need for increased payments to providers to cover recent, substantial cost increases, particularly concerning the workforce, and to support essential investments in technology, operations, and service-related innovations, leading to greater efficiency, effectiveness, and better health outcomes.
- 5) **Primary Care.** **Clear sentiment that a robust primary care sector is essential to health care system strength.** Many of those interviewed spoke about the critical role of the primary care sector in providing timely preventive, acute, and chronic disease management services to those in need. These interviewees spoke of the substantial challenges that people faced accessing care, often sharing that it was not uncommon for people to wait months for an appointment with their primary care provider or to be unable to find a provider willing to take them. Many also spoke to the importance of service delivery innovations concerning team-based care, service integration, care coordination, and systems linking primary care patients to services that address social, environmental, and economic factors. Others discussed the need to fill gaps in primary care capacity, specifically for those from specific geographic communities, non-English speakers, and different cultures.
- 6) **Social/Human Services and Other Upstream Issues.** **Broad agreement that system strength is tied to funding and building the social and human services sector's capacity and addressing other "upstream" issues.** Many people reflected on the need to focus on building the capacity and strength of the organizations that provide social and human services, including housing support, employment and job training, food security programs, and transportation services. These interviewees expressed that increasing access and realizing improvements with respect to promoting engagement in care, addressing disparities, and improving overall health outcomes relied on addressing these underlying social, environmental, and economic factors. Many people also reflected on the need to

focus on prevention, education, health literacy, linguistic competency, and cultural humility, which was also central to strengthening the health system.

- 7) **Population Trends. Need to take steps to strengthen or build the capacity of the health system so that it can respond to current demographic, economic, and population health trends.** Many interviewees felt it was important for the state to focus on capacity building and other transformational efforts that would allow the state to respond to current population trends. In this regard, many people reflected on the increasing older adult, Hispanic/Latino, and immigrant populations and called for the need to 1) build geriatric primary care, specialty care, and long-term care capacity, 2) diversify the workforce and develop greater linguistic competence and cultural humility, and 3) respond to emerging health-related trends such as the opioid and mental health crises, the continued impacts of chronic, medical conditions, and other new or emerging conditions.
- 8) **Children, Youth, and Families. Strong sentiment that the assessment and planning effort should focus on children, youth, and families.** Many interviewees spoke to the importance of prevention, early intervention, person- or family-centered care, and intensive case management services tailored to supporting children, youth, and families. These interviewees believed that success in the long term was closely tied to ensuring that children, youth, and families were well-supported and had access to comprehensive primary care and other supportive services. This was important for the state overall but was particularly important for children and youth, and families who have experienced trauma, are vulnerable in some way or faced disparities in access and health outcomes. This focus would help to ensure that young people were set up to thrive, were well-supported, and developed good health habits from the outset.
- 9) **Identify a “forward-thinking” Policy Agenda. Several people spoke to identify and propose multi-faceted, forward-thinking” policy ideas to galvanize support, promote partnership, and maximize impact.** For example, several people suggested that the health system planning effort links health system strength to economic growth and stability. Others suggested focusing on a broad range of housing initiatives and tying these to workforce productivity, financial stability, improved health outcomes, and system strength. Others suggested responding to the increasingly aging population, developing age-friendly communities, and building the health systems' capacity to respond to older adult health-related needs.
- 10) **Reduce Medicaid Roles. Many interviewees expressed that the State should take steps to allow people to shift from Medicaid to commercial insurance.** Many interviewees reflected on the very high percentage of people insured through Medicaid, roughly 1/3 of all state residents, and the need to reduce these roles by creating “off-ramps” for those on Medicaid and “on-ramps” to commercial insurance. This would increase provider revenues and promote greater provider solvency.

## **B. Frequency that Various Issues Were Prioritized During the Interview Process**

This section provides a quantitative analysis that details the frequency of how often specific health sectors and cross-cutting structural or systems issues were identified as a priority. This analysis does not attempt to weight or rank interviewees' sentiments, but rather counts whenever a particular issue was identified as a leading issue or priority for system strength. The table below lists the health sectors and cross-cutting structure/systems in rank order, and the number of people who mentioned each issue.

### **Sector Priorities**

1. Behavioral Health – 18
2. Long-term Care – 16
3. Social Services – 16
4. Primary Care – 13
5. Hospitals - 10

### **Cross-Cutting Structure Priorities**

1. Workforce – 26
2. Funding, Payment Models, Inc. Revenues – 19
3. Data Monitoring, Assessment, and Accountability Systems – 17
4. Health Equity and Addressing Disparities – 14
5. Addressing Pop. Trends – 11
6. Prevention – 10
7. Person-centered Care - 10