



**RI Health Care System Planning - Primary Care Workgroup Meeting  
#2: Discussion and Prioritization of Recommendations**

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*October 15, 2024*

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# Welcome and Meeting Goals

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OHIC Commissioner Cory King  
Workgroup Co-Chair

# Agenda / Primary Meeting Goals

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1. Welcome and Meeting Goals
2. Reminders about Workgroup Purpose and Process
3. Follow-up from September 5<sup>th</sup> Meeting
4. Discussion and Prioritization of Recommendations
5. Discuss Possible Areas of Overlap, Collaboration, and Collective Action
6. Review Next Steps
7. Public Comment



# Reminders about Workgroup Purpose and Process

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OHIC Commissioner Cory King  
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# Purpose and Goals of RI Health Care System Planning Initiative

**Overarching Goal:** High-quality, affordable, equitable, accessible, culturally and linguistically appropriate health care system

The HCSP will be developed through a comprehensive planning process that:

- Applies quality data for actionable health care policy, oversight, and accountability
- Engages a broad and inclusive group of stakeholders, including residents/health care consumers
- Coordinates with other health and human service systems to ensure continuity of care, supportive service delivery and basic needs
- Aligns current and future needs
- Is overseen by the Health Care System Planning Cabinet with the support and cooperation of all departments, offices, boards and agencies

# Health Care System Planning Goals

- Ensure **solvency** of the health care system
- Foster an **integrated delivery system that coordinates care** across the health care continuum focused on population health, care transitions, and patient-centered care
- Ensure **access to affordable, quality, easy to navigate, and comprehensive care**
- Ensure **health equity and reduce disparities** in access and outcomes
- Incentivize **investments in system transformation** to promote innovation
- Strengthen **preventive, and primary physical & behavioral health services** to maintain appropriate utilization & promote efficiencies
- Invest in efforts to address the **social factors that impact health**
- Establish state infrastructure to **oversee health system performance**, improvement, and equity, as well as promote transparency

# Health Care System Plan Report Structure and Content

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## Purpose and Content of December Report

The Rhode Island Health Care System Plan Report will:

- Clarify the State's health system strengthening framework
- Provide a preliminary assessment of the current capacity, strength, and future needs of the State's health care system by sector and a series of cross-cutting structures
- Identify and explore enhancements to the state structures, policies, and other levers that will facilitate implementation and support health system strengthening efforts
- Identify and prioritize the assessment's key findings and an associated set of emerging recommendations or strategic opportunities
- Develop an action-oriented Health Care System Plan Report that details the purpose of the plan, the process applied to develop it, key findings, and short-term and long-term action steps to address the issues identified

# Primary Care Workgroup Charge

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- **Workgroup Charge:**

- Provide critical input regarding the Primary Care Sector's strengths, services gaps, challenges, and strategic opportunities to enhance access, quality, equity, and performance

- **Scope of Recommendations:**

- Develop actionable recommendations (both short and long-term) for how state agencies (e.g., OHIC, EOHHS, RIDOH) and stakeholder organizations can collaborate to advance primary care.
- Recommendations may include a) application of state policy tools and b) multi-party action with shared accountability.

# Addressing Oral Health

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- As a reminder, EOHHS is convening a separate **Oral Health Workgroup** to focus on issues specific to dental services or treatments and care delivered by dental professionals, including integration of oral health and primary medical health.
- This Primary Care Workgroup will discuss recommendations from the Oral Health Workgroup before their inclusion in the December report.

# Primary Care Workgroup Meeting Schedule

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## Workgroup Meeting #1 [complete]: Review and Discussion of National and State Landscapes

- **Objective:** Review and discuss the strength of the State's primary care system. Identify market, fiscal, regulatory, operational, strategic assets, strengths, and challenges impacting primary care.

## Workgroup Meeting #2 [today]: Discussion and Prioritization of Recommendations

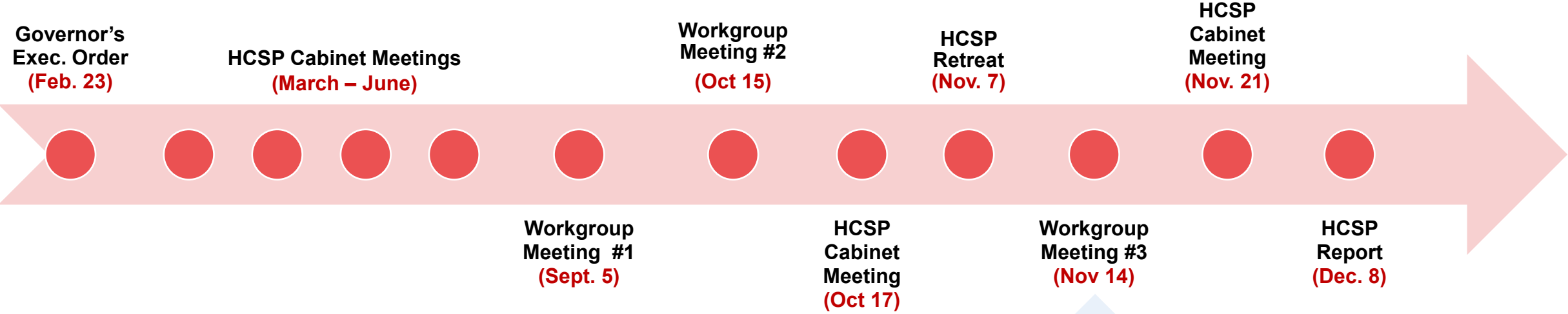
- **Objective:** Review, discuss, and prioritize emerging recommendations to leverage identified strengths and/or address challenges.

## Workgroup Meeting #3 [if necessary]: Final Recommendations on Key Findings and Strategic Opportunities

- **Objective:** Review feedback from HCSP Retreat and finalize workgroup recommendations.
  - The 11/7 retreat will serve as an opportunity to finish discussing and prioritizing our recommendations. Recommendations are due to EOHHS on 11/13.

# Rhode Island HCSP Initiative Timeline

**WE ARE HERE**



Meeting #3 is tentative. The 11/7 retreat will serve as an opportunity to finish discussing and prioritizing our recommendations. Recommendations are due to EOHHS on 11/13.



# Follow-up from September 5<sup>th</sup> Meeting

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OHIC Commissioner Cory King  
Workgroup Co-Chair

# Follow-up from September 5<sup>th</sup> Workgroup Meeting

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- During the September 5<sup>th</sup> workgroup meeting, participants requested additional information (quantitative and qualitative) to inform the workgroup’s recommendations.
- The document entitled “**Workgroup Meeting #1 Information Requests**” distributed with today’s meeting does the following:
  - Lists the additional information requests
  - Indicates whether the information is currently available (to the extent that the information has already been identified, it is included in the document)
  - Summarizes efforts underway to obtain the data
    - Given time and resource constraints, we are not able to pursue some of the more challenging data requests.

# Discussion and Prioritization of Recommendations

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# Discussion and Prioritization of Recommendations (1 of 4)

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- **Goal:** Today we will be discussing and prioritizing recommendations to address the most pressing primary care challenges in Rhode Island.
- **Sources for Recommendations:** The draft recommendations were informed by our first work group meeting, prior CTC-RI and OHIC report recommendations, and Work Group co-chair input. They are aligned with key frameworks such as the 2021 NASEM Report and the Federal HHS Primary Care Strategy.
- **Scope of Recommendations:** The goal for the December HCSP report is to identify high-level priorities. There will be an opportunity to think about more detailed implementation strategy details after the December HCSP report is published.

# Discussion and Prioritization of Recommendations (2 of 4)

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- **Based on the national and state scan, we have identified the following goals and organized the recommendations beneath the goal they seek to advance:**
  - 1. Primary Care Practice Support/Workforce Retention:** Improve the retention of our current primary care providers by improving their current work experience.
  - 2. Payment and Investment:** Pay for primary care services at a level and in a manner that a) supports the practice of high-quality primary care and b) attracts and retains primary care clinicians to practice in Rhode Island.
  - 3. Workforce Recruitment:** Increase the number of people choosing to work in primary care.
  - 4. Accountability:** Improve data collection, analysis, and reporting to support evaluation and monitoring of intervention impact.

# Discussion and Prioritization of Recommendations (3 of 4)

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- **Workgroup Survey:** Prior to this meeting, we surveyed the workgroup and asked members to indicate which of the draft recommendations they believed the State should prioritize, whether there are any recommendations they do not support, and which recommendations may be missing.
  - During today's meeting we will discuss the recommendations that received the most support from the survey and the write-in recommendations.
  - Recommendations with lesser support are included in the presentation Appendix.

# Discussion and Prioritization of Recommendations (4 of 4)

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- **Scoring Methodology:** The survey asked respondents to rank recommendations for each of the focus areas. Each recommendation was scored based on how it was ranked by survey respondents.
  - The score is a weighted calculation. Items ranked first were given a higher value or "weight." The score, computed for each recommendation, is the sum of all the weighted values across survey respondents.
  - We only included recommendations in this presentation for discussion that received a score  $> 42$ .

# Opportunities for Cross-Sector Collaboration

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- For each recommendation, we will briefly discuss whether there is any overlap with any of the other HCSP Cabinet Sector Workgroups:
  1. Behavioral health
  2. Hospital
  3. Long-term care and health aging services
  4. Health-related social needs services

# Survey Rankings: Primary Care Practice Support/Workforce Retention

Item	Overall Rank	Rank Distribution	Score	No. of Rankings
Reduce the health education debt of primary care providers (e.g., by investing state funds in the RI Health Professional Loan Repayment Program)	1		69	18
Reduce prior authorization administrative burden	2		63	18
Support the identification and promotion of primary care employment models that improve the work experience (e.g., part-time, job-sharing)	3		57	18
Explore how to use health information technology to facilitate the provision of high-quality primary care (e.g., improve digital health information exchange)	4		48	18

# Recommendations (1 of 11)

**Primary Care Practice Support/Workforce Retention:** Improve the retention of our current primary care providers by improving their current work experience.

<b>Recommendation:</b>	<u>Reduce the health education debt of primary care providers.</u>
<b>Example Activities:</b>	<ul style="list-style-type: none"><li>• Invest state funds in RI Health Professional Loan Repayment Program</li><li>• Improve access to information about applying for state and federal scholarships, loan forgiveness, and loan repayment programs.</li></ul>
<b>Discuss Opportunities for Cross-Sector Collaboration:</b>	(1) Behavioral health, (2) hospital, (3) long-term care and health aging services, (4) health-related social needs services, (5) oral health



In the survey, we received a dissenting opinion that loan repayment does not work. The respondent suggested instead funding medical training, in exchange for a defined payback period by working in the state.

# Recommendations (2 of 11)

**Primary Care Practice Support/Workforce Retention:** Improve the retention of our current primary care providers by improving their current work experience.

**Recommendation:** Reduce prior authorization administrative burden

**Example Activities:** See activities in [Report of OHIC Administrative Simplification Task Force](#):

- Health plans should reduce prior authorization volume by 20%
- Improve data collection on prior authorization to establish a baseline
- Evaluate the feasibility and advisability of therapeutic substitution at the pharmacy
- Identify and reduce processes that are “prior authorization-like” (e.g., point-of-dispensing rejections)

**Discuss Cross-Sector Collaboration:** (1) Behavioral health, (2) hospital, (3) long-term care and health aging services, (4) health-related social needs services, (5) oral health

# Recommendations (3 of 11)

**Primary Care Practice Support/Workforce Retention:** Improve the retention of our current primary care providers by improving their current work experience.

**Recommendation:** Support the identification and promotion of primary care work models that improve provider work experience

**Example Activities:** Examples of primary care work models to be supported:

- Part-time
- Job-sharing
- Overnight “first call” protection

**Discuss Opportunities for Cross-Sector Collaboration:** (1) Behavioral health, (2) hospital, (3) long-term care and health aging services, (4) health-related social needs services, (5) oral health

# Recommendations (4 of 11)

**Primary Care Practice Support/Workforce Retention:** Improve the retention of our current primary care providers by improving their current work experience.

**Recommendation:** Explore how to use health information technology to facilitate the provision of high-quality primary care

- Example Activities:**
- Improve digital health information exchange
  - Explore the expansion of e-consults
  - Facilitate and expand the use of telehealth


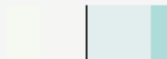
**Discuss Opportunities for Cross-Sector Collaboration:** (1) Behavioral health, (2) hospital, (3) long-term care and health aging services, (4) health-related social needs services, (5) oral health

# Write-in Recommendations: Primary Care Practice Support/Workforce Retention

Does the work group support any of the following write-in recommendations as *priorities* for primary care practice support/workforce retention?

1. Reduce EHR documentation burdens
2. More collaboration among hospital systems and primary care provider groups
3. Better training in inter-professional team-based care

# Survey Rankings: Payment and Investment

Item	Overall Rank	Rank Distribution	Score	No. of Rankings
Increase payments for primary care (e.g., to be more competitive with neighboring states)	1		59	18
Increase investment in advanced primary care practices, including care integration and coordination	2		43	18

# Recommendations (5 of 11)

Payment and Investment

Survey Rank: #1

**Payment and Investment:** Pay for primary care services at a level and in a manner that a) supports the practice of high-quality primary care and b) attracts and retains primary care clinicians to practice in Rhode Island.

**Recommendation:** Increase payments for primary care

- Example Activities:**
- Payments should closely approximate other medical specialties
  - Payments should be more competitive with neighboring states
  - The increase in primary care payment should be effectuated while constraining total medical spending growth to the State of Rhode Island's per capita cost growth target

**Discuss Opportunities for Cross-Sector Collaboration:** (1) Behavioral health, (2) hospital, (3) long-term care and health aging services, (4) health-related social needs services, (5) oral health

# Recommendations (6 of 11)

Payment and Investment

Survey Rank: #2

**Payment and Investment:** Pay for primary care services in a manner that a) supports the practice of high-quality primary care and b) attracts and retains primary care clinicians to practice in Rhode Island.

<b>Recommendation:</b>	<u>Increase investment in advanced primary care practices, including care integration and coordination</u>
<b>Example Activities:</b>	<ul style="list-style-type: none"><li>• Support advanced primary care practices with integrated behavioral health services</li><li>• Support primary medical integration with oral health</li><li>• Support programs to assess and address health-related social needs (e.g., social and human services programs, community health workers)</li></ul>
<b>Discuss Opportunities for Cross-Sector Collaboration:</b>	(1) Behavioral health, (2) hospital, (3) long-term care and health aging services, (4) health-related social needs services, (5) oral health

# Write-in Recommendations: Payment and Investment

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Does the work group support any of the following write-in recommendations as *priorities* for primary care investment?

1. OHIC should conduct a rate review of commercial and Medicaid primary care rates (similar to OHIC's 2023 LTSS rate review)
2. Increases and more robust payment systems must be tied to achieving meaningful and measurable quality goals and purposefully closing racial gaps in quality of care

# Survey Rankings: Workforce Recruitment

Item	Overall Rank	Rank Distribution	Score	No. of Rankings
Develop a statewide Primary Care Recruitment and Retention Program that coordinates the identification, recruitment, training, and support of individuals committed to primary care careers in Rhode Island	1		79	18
Increase the capacity and quality of primary care training sites	2		64	18
Establish and coordinate primary care tracks in institutions of higher education	3		53	18

# Recommendations (7 of 11)

Workforce Recruitment

Survey Rank: #1

**Workforce Recruitment:** Increase the number of people choosing to work in primary care.

**Recommendation:** Develop a statewide Primary Care Recruitment and Retention Program that coordinates the identification, recruitment, training, and support of individuals committed to primary care careers in Rhode Island

- Example Activities:**
- Identify how Graduate Medical Education can target Primary Care
  - Increase resident opportunities
  - Emphasize recruitment of people from the underrepresented in medicine (URiM) group
  - Establish a “Work in RI” marketing campaign focused on graduating primary care NPs and PAs and medical residents

**Discuss Opportunities for Cross-Sector Collaboration:** (1) Behavioral health, (2) hospital, (3) long-term care and health aging services, (4) health-related social needs services, (5) oral health

# Recommendations (8 of 11)

Workforce Recruitment

Survey Rank: #2

**Workforce Recruitment:** Increase the number of people choosing to work in primary care.

**Recommendation:** Increase the capacity and quality of primary care training sites

- Example Activities:**
- Identify and increase the number of primary care practices serving as training sites for medical students and residents, nurse practitioners and physician assistants.
  - Develop a common curriculum that focuses on the principles of advanced primary care and population health.
  - Convene leadership and program directors for primary care training programs to collaborate on primary care workforce development and enhancement of the student experience.

**Discuss Opportunities for Cross-Sector Collaboration:** (1) Behavioral health, (2) hospital, (3) long-term care and health aging services, (4) health-related social needs services, (5) oral health

# Recommendations (9 of 11)

Workforce Recruitment

Survey Rank: #3

**Workforce Recruitment:** Increase the number of people choosing to work in primary care.

<b>Recommendation:</b>	<u>Establish and coordinate primary care tracks in institutions of higher education</u>
<b>Example Activities:</b>	<ul style="list-style-type: none"><li>• Work with training institutions to establish primary care tracks, enhance existing primary care programs, and foster commitments to workforce training and development</li></ul>
<b>Discuss Opportunities for Cross-Sector Collaboration:</b>	(1) Behavioral health, (2) hospital, (3) long-term care and health aging services, (4) health-related social needs services, (5) oral health



In the survey, we received a dissenting opinion that primary care tracks do not work, as residents and medical students get talked out of their initial choices as they progress through their training.



# Write-in Recommendations: Workforce Recruitment

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Does the work group support any of the following write-in recommendations as *priorities* for workforce recruitment?

1. Further expansion of CNE/Brown Family Medicine primary care residency program
2. Train residents in clinic settings that utilize advanced primary care constructs, such as care coordination and population health management programming
3. Actively recruit residents from Connecticut and Massachusetts to consider a job in primary care in Rhode Island
4. Improve high school programs to meet regional performance standards so that we can develop a future workforce in Rhode Island
5. Bring science and medicine curriculum to junior high school and offer more mentoring opportunities for high school students

# Survey Rankings: Accountability

Item	Overall Rank	Rank Distribution	Score	No. of Rankings
Collect, analyze, monitor, and report on data points that describe the state of Rhode Island's primary care system (e.g., establish and publicize a primary care dashboard)	1		63	18
Evaluate the impact and effectiveness of current and future programs and initiatives (e.g., evaluate efforts to decrease health education debt burden, evaluate Accountable Entity and Accountable Care Initiatives)	2		43	18

# Recommendations (10 of 11)

Accountability

Survey Rank: #1

**Accountability:** Improve data collection, analysis, and reporting to support evaluation and monitoring of intervention impact.

**Recommendation:** Collect, analyze, monitor, and report on data points that describe the state of Rhode Island's primary care system

**Example Activities:**

- Establish and publicize a Primary Care Dashboard that tracks:
  - Current workforce (e.g., number of current primary care providers, level of clinical activity, size of patient panels)
  - Future workforce (e.g., number of trainees graduating from a RI institution of higher education)
  - Patient experience (e.g., adults with access to usual source of care)

**Discuss Opportunities for Cross-Sector Collaboration:** (1) Behavioral health, (2) hospital, (3) long-term care and health aging services, (4) health-related social needs services, (5) oral health

# Recommendations (11 of 11)

Accountability

Survey Rank: #2

**Accountability:** Improve data collection, analysis, and reporting to support evaluation and monitoring of intervention impact.

<b>Recommendation:</b>	<u>Evaluate the impact and effectiveness of current and future programs and initiatives</u>
<b>Example Activities:</b>	<ul style="list-style-type: none"><li>• Measure impact of current efforts to decrease health education debt burden</li><li>• Evaluate the impact of Accountable Care efforts on primary care</li></ul>
<b>Discuss Opportunities for Cross-Sector Collaboration:</b>	(1) Behavioral health, (2) hospital, (3) long-term care and health aging services, (4) health-related social needs services, (5) oral health

# Discuss Cross-Cutting Structures and Systems

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# Cross-Cutting Structures and Systems

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- **The December report will review the following cross-cutting structures and systems, identifying opportunities for improvement:**
  - Data monitoring, oversight and on-going assessment and surveillance
  - Health information technology and exchange
  - Payment models and value-based payment models
  - Workforce
  - Quality and performance improvement (including provider training and technical assistance)
- Beyond the draft recommendations we have already discussed, what changes to these cross-cutting structures would most benefit Rhode Island's primary care system?

# Review Next Steps

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# Review Next Steps

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- The HCSP retreat is scheduled for November 7th.
- If necessary, this work group will meet again on November 14<sup>th</sup> (10:00 AM – 12:00 PM).
- Bailit Health will distribute a summary of today's discussion within a week.

**If you have questions or ideas to share or want to schedule an individual meeting, please contact Grace Flaherty ([gflaherty@bailit-health.com](mailto:gflaherty@bailit-health.com)).**

# Public Comment



# Appendix



# Additional Recommendations

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- **The following recommendations were included in the survey but not included in today's presentation because of lack of support (i.e., score  $\leq$  42) from survey respondents:**
  1. Establish leadership and developmental and mentorship programs.
  2. Accelerate the provision of prospective payment opportunities for primary care practices (e.g., establish payment options that are hybrid or fee-for-service and prospective capitation).
  3. Support multi-payer alternative payment models for primary care with commercial payers, Medicaid and Medicare.
  4. Support the expansion of the Teaching Health Center Graduate Medical Education Program.
  5. Explore how Area Health Education Center Funding may be coordinated with other efforts.
  6. Conduct targeted primary care research required to inform the design of future policy.
  7. Establish a formal State-led primary care coalition to ensure the State remains focused on primary care.