



Office of Health Care System Planning DRAFT Foundational Report Implementation Proposal March 2025

These are a set of Health Care System Planning Short-Term (ST) or Mid-Term (MT) Recommendations from the 2024 [Foundational Report](#). For short-term (ST) projects, the State anticipates that initial implementation steps for the recommendation would be completed by the end of the 2025 calendar year (although the project may be ongoing). ST projects would not include new financial resources. Mid-term (MT) projects could be begun immediately, with an aim to complete initial implementation steps within 12 to 18 months (although, again, the project itself might be ongoing). MT projects would not include new financial resources within the first two years. Long-term (LT) projects would take longer than two years to complete and could involve new resources.

Throughout the document, Recommendations in Yellow signify a Top Priority for immediate work, and those in Blue signify items that are either fully or partially in progress. The chart also includes the key state agencies that would be involved in each area of work, although all Cabinet agencies may participate. Community partners will also be encouraged to participate in each sector’s work.

Throughout the work on these recommendations, the Health Care System Planning Cabinet, Advisory Council, and staff teams will need to take into account changes that will arise from the new policies underway and expected from the federal government. Our work will include those analyses as a regular part of the implementation planning and activities.

Primary Care Recommendations		
No.	Foundational Report Recommendations	Key Agencies
1	Data Collection & Analysis: Collect, analyze, monitor, and report on data points describing the state of Rhode Island’s Primary Care (PC) system and evaluate the impact and effectiveness of current and future programs and initiatives.	EOHHS, RIDOH, OHIC

2	Program Development: Establish a “Work in RI” program that gathers insights on barriers and facilitators to practicing PC in RI and designs support or marketing initiatives.	RIDOH, EOHHS
3	Policy Development: Convene stakeholders (OHIC, Medicaid, payers, health systems, RI Foundation) to address financial threats and explore support mechanisms like loans, prepayments, grants, and service provisions.	RIDOH, OHIC, EOHHS
4	Policy Development and Implementation: Reduce administrative burdens on primary care providers, focusing on implementing prior authorization reforms identified by OHIC’s Administrative Simplification process.	OHIC, RIDOH
5	Policy Implementation: Reduce the health education debt of PC providers, including nurse practitioners and physician assistant students	RIDOH, EOHHS
6	Policy Implementation: Increase the number of individuals who train in PC in RI and then continue to work in PC in the state.	RIDOH, EOHHS/Medicaid, OPC

Oral Health Recommendations

No.	Foundational Report Recommendations	Key Agencies
7	Data Collection & Analysis: Collect, analyze, monitor, and report on data points describing the state of Rhode Island’s dental/oral health care system.	RIDOH, EOHHS/Medicaid, OHIC, HSRI

Behavioral Health Recommendations

No.	Foundational Report Recommendations	Key Agencies
8	Data Collection & Analysis: Behavioral Health Dashboard - Develop data dashboards and other structures that support quality and performance improvement, capacity assessment, and broader planning efforts to support system transformation and strengthening efforts. As a part of this development, map out existing data sources, gaps, and processes for overlaying data.	EOHHS, BHDDH, DCYF, OHIC, RIDOH
9	Policy Development & Implementation: A. Support developing and implementing comprehensive prevention, education, and outreach campaigns to raise awareness, reduce stigma, and encourage early connections to care. B. Engage diverse communities in behavioral health planning conversations.	BHDDH, DCYF, EOHHS/Medicaid, OHIC, RIDOH, OHA, VETS **Working with other agencies, including RIDE, DOC, Public Defender, OCA, and Mental Health Advocate

10	Policy Development: Create a unified, aligned crisis system for Rhode Island, following SAMHSA's vision for a crisis continuum across the life course: Someone to talk to. Someone to respond. A safe place for help.	BHDDH, DCYF, EOHHS, OHIC, RIDOH
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Hospital Recommendations

No.	Foundational Report Recommendations	Key Agencies
11	Data Collection & Analysis: Establish Hospital/Health System Fiscal Transparency & Performance Monitoring (with an equity lens)	EOHHS, RIDOH, BHDDH, OHIC
12	Policy Development: Medicaid Payment: (a) Pursue pathways to maximize federal contributions to make interim adjustments while performing a comprehensive rate study	EOHHS/Medicaid, OHIC, BHDDH

Long-Term Care & Healthy Aging Recommendations

No.	Foundational Report Short-Term Recommendations	Key Agencies
13	Data Collection & Analysis: Assess gaps in the supply of services across socioeconomic levels and geographic regions to meet the needs of older adults and those with disabilities.	OHA, EOHHS/Medicaid, RIDOH, BHDDH
14	Community Engagement: Promote collaboration across state and community councils, workgroups, and task forces to ensure that resources are deployed efficiently and effectively.	OHA, EOHHS/Medicaid
15	Policy Implementation: Develop, market, and promote OHA's full range of services, including THE POINT and MyOptionsRI, as primary sources of information and referral for older adult and disability services.	OHA, EOHHS/Medicaid, BHDDH

Health Related Social Needs Recommendations

No.	Foundational Report Recommendations	Key Agencies
16	Policy Development: Develop and align state structures with overseeing, coordinating, promoting, and implementing strategic actions to improve SDOH, specifically focusing on communities with a high prevalence of Health Related Social Needs (HRSNs).	RIDOH, EOHHS/Medicaid, BHDDH, DCYF, OHIC, DHS, VETS, OHA, HSRI

17	Data Collection & Analysis: Enhance existing data systems to monitor, inform, and guide decision-making to identify areas where investment in SDOH improvements can significantly impact the demand for HRSNs.	RIDOH, EOHHS/Medicaid, BHDDH
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Data Recommendations

No.	Foundational Report Short Recommendations	Key Agencies
18	Data Collection & Analysis: Centralize health care data in the RI EOHHS Data Ecosystem.	EOHHS – Ecosystem and all Cabinet Agencies
19	Data Collection & Analysis: Publish performance-monitoring dashboards; utilize RI EOHHS Data Ecosystem infrastructure to incorporate additional and new data types.	EOHHS/Medicaid, RIDOH, OHIC, BHDDH, DCYF, OHA

Workforce Recommendations

No.	Foundational Report Recommendations	Key Agencies
20	Data Collection & Analysis: Continue to analyze the impact of recent rate increases and through OHIC’s process, ensure that rates are sufficient to support and sustain a diverse, well-trained, stable workforce and to provide access to high-quality care and services.	OHIC, EOHHS/Medicaid, DLT
21	Data Collection & Analysis: Expand authority and resources to collect, share, analyze, and report workforce data to inform health system and workforce planning.	RIDOH, DLT, EOHHS/Medicaid, OPC
22	Policy Development & Implementation: Expand and sustain healthcare career awareness and experiential learning opportunities for youth, unemployed and underemployed adults, or other untapped or underrepresented populations.	OPC, RIDOH, EOHHS, BHDDH, DCYF, DLT ** Working with non-Cabinet agency RIDE
23	Policy Development & Implementation: Expand and sustain academic, financial, and wraparound support for working adults to pursue healthcare certificates, degrees, and licensure to reduce barriers to success and increase the capacity and diversity of the healthcare workforce.	RIDOH, OPC, EOHHS, DLT

Value-Based Payment Recommendations

No.	Foundational Report Recommendations	Key Agencies
24	Policy Implementation: Leverage Rhode Island’s participation in the CMS AHEAD Model to advance multi-payer alignment	Medicaid/EOHHS, OHIC

Health Information Technology Recommendations

No.	Foundational Report Recommendations	Key Agencies
25	Policy Implementation: Enhance core identity services, such as provider directory, statewide master patient index, single sign-on capabilities, and patient-provider attribution	EOHHS, RIDOH
26	Policy Development & Implementation: Continue to improve information sharing during care transitions, such as between hospitals, PC practices, and skilled nursing facilities (SNFs).	EOHHS, RIDOH, BHDDH, DCYF ** Working with non-Cabinet agency DOC
27	Policy Implementation: Complete the implementation of the opt-out consent model for the Health Information Exchange.	EOHHS, RIDOH
28	Data Collection & Analysis: Pursue accurate, reliable, and complete demographic data as a foundational requirement to detect and address health inequities.	EOHHS, RIDOH
29	Policy Implementation: Maintain Rhode Island as a national leader in the transformation of Medicaid quality outcomes and efficient centralization of electronic clinical quality measurement (ECQM) as a part of the overall shift to value-based contracts.	EOHHS/Medicaid