



Rhode Island Health Care System Planning Cabinet
EOHHS Independent Advisory Council
Joint Meeting



May 8, 2025

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Welcome & Review of March Minutes

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

1. Welcome and Review of the Minutes – Secretary Richard Charest
2. Health Care System Planning Crisis Response – Assistant Secretary Ana Novais
 - A. Update on Primary Care Crisis Planning
 - i. Proposals/Commentary from Community Partners
 - ii. Brief State Update on Recommendation Implementation
 - B. Discussion/Public Comment and Next Steps for Ongoing Crisis Planning (including primary care and other issues)
3. Brief Update on Health Care System Planning Initiatives – Marti Rosemberg
 - A. Development of the Health Data Hub/Data Collection
 - B. Long-Term Planning Process and Workgroup Engagement
 - C. Public Comment
4. Closing Remarks – Secretary Charest



Health Care System Planning Crisis Response Update & Discussion

Community Partner Perspectives on Primary Care Crisis Response

We will hear presentations from the following EOHHS Independent Advisory Council members.

- 1) Peter Pogacar, MD, FAAP, President of the American Academy of Pediatrics, Rhode Island Chapter
- 2) Stacy Paterno, Executive Vice President, Rhode Island Medical Society
- 3) Sam Salganik, JD, Executive Director, RIPIN

Peter Pogacar, MD, FAAP, American Academy of Pediatrics, RI Chapter

Workforce Sustainability

Recruitment

130% Medicare payments for Medicaid

Increase pediatric PMPM's to adult PMPM's

Pay G2211

Create G2211 Pediatric Global Developmental and Mental Health Screen Code

Remember - Pediatrics is Primary Care



Update: State Primary Care Crisis Response

- Recent Announcements by Governor McKee include the following:
 - Accelerating OHIC's Primary Care Rate Review
 - Requiring commercial health insurers to increase funding for primary care reimbursements
 - Easing prior authorization requirements by 20%
 - Primary Care Mini-Grants Program
 - New investments in the Health Professional Loan Repayment Program
 - Fiscal Transparency legislation
- Health Information Exchange/CurrentCare (See Slides 9 & 10)
- Primary Care Training Sites Program (See Slide 12 & 13)

Primary Care Mini-Grant Opportunity

The Rhode Island Medicaid program has secured up to \$5,000,000 in funding to support the recruitment and retention of PCPs and increase access and capacity to serve Rhode Islanders in primary care settings.

- All applications must be submitted to ohhs.medicaidprogramcao@ohhs.ri.gov by Friday, May 16, 2025
 - All materials must be included and complete.
- Timeline
 - Decisions will be communicated in early June 2025
 - Funds for Tier 1 and Tier 2 will be dispersed by mid-June 2025
 - Funds for Tier 3 following proof of enrollment in RI Medicaid
- Applicants that do not meet the required deliverables by the specified deadline and/or does not fully expend awarded funds by December 31, 2025, will be required to return the funds
- Current RI Medicaid enrolled practices in good standing with both the state and federal government are eligible to apply to Tier 1 and 2.
- Tier 3 is only open to practices not currently enrolled in Medicaid as of April 30, 2025, but demonstrate Medicaid provider enrollment



Tier 1 (Up to \$75,000)

Goal: Take new Medicaid patients based on the following sizes:
Small Practice (1-5 PCPs) **must add at least 25 patients to panel**
Mid-Size Practice (6-10 PCPs) **must add at least 50 patients to panel**
Large Practice (>10 PCPs) **must add at least 75 patients to panel**



Tier 2 (Up to \$300,000)

Goal: Increase PCP workforce and capacity through recruitment and retention efforts



Tier 3 (\$5,000)

Goal: Increase number of Medicaid enrolled providers

Permissible Use of Funds

Documentation must be maintained and submitted for compliance purposes to ensure all requirements are met and detail how funds were spent.

Tier 1: Recruitment and retention of primary care providers to increase panel size. Funds may also be used for material and administrative needs that are incurred because expanding patient panel. However, funds are not to be used for overhead expenses such as rent and utilities.

Tier 2: Enhance benefits and sign on incentives as part of recruitment efforts are allowed. Demonstration of money invested on recruitment of new providers and retainment of current providers, including but not limited to publication of open positions, new hire orientation and training, other related investment in building staff capacity that would enable practice to take on new patients.

Tier 3: Funds may be used to offset costs related to enrollment in the RI Medicaid program including fees and administrative needs.

Program Requirements and Prioritization

Must submit with application:

- Current payor mix as of April 1, 2025
- Baseline data on the practice patient panel size (de-identified) as of April 1, 2025
- Accreditation as a Patient-Centered Medical Home (PCMH) and/or recognition from OHIC as a PCMH
- Attestation affirming that the practice or provider understands and commits to the requirements of this one-time mini-grant, and all submitted information is accurate

Practices and providers that can demonstrate the provision of care to the following patient populations will be prioritized:

- Pediatrics, including children with special needs and/or receiving home and community-based services (HCBS)
- Geriatrics, including patients eligible for LTSS
- Patients receiving HCBS
- Underserved areas with limited access to primary care
- High Medicaid patient census

Thank you!

More details can be found at [Primary Care Mini-Grant Opportunity Application and Guidance | Executive Office of Health and Human Services](#)

Questions???

ohhs.medicaidprogramcao@ohhs.ri.gov



CurrentCare HIE Go-Live

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New Health Information Exchange (HIE) System Go-Live

- On May 1st, Rhode Island sun-setted the old CurrentCare Health Information Exchange system and switched entirely to the new one.
- The new **opt-out consent model** means up to 99% of patients have records available (compared to 45% before).

New Health Information Exchange (HIE) System Go-Live

- The new CurrentCare system includes a number of exciting new and enhanced features that reduce administrative burden for primary care providers:
 - The HIE is free to use for all large and small primary care practices, as well as for all other providers.
 - The Discharge Notifications Service previously required an additional cost. It is now included for free in CurrentCare.
 - Primary care providers only need to provide their Patient Panel to receive information such as encounter data (e.g., hospitalizations, labs, or test results).
 - All clinicians have access to Single Sign-On, with Prescription Drug Monitoring Program (PDMP) data integrated for RI and CT. (The HIE is working to get MA PDMP data.)
 - [CurrentCare's website](#) has an updated list of what clinical sources are available in the HIE.

Rhode Island's New Primary Care Training Sites Program

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Primary Care Training Sites Program

- The Primary Care Training Sites Program (PCTSP) was established on July 1, 2024, under RIGL § 23-17.30. Its goal is to expand training opportunities for medical students, residents, and nurse practitioners in primary care practices. The PCTSP program:
 - Prioritizes primary care practices recognized as Patient-Centered Medical Homes (PCMH) by the National Committee for Quality Assurance (NCQA) and those with integrated behavioral health
 - Provides grants to community-based primary care practices to help offset the cost of preceptors involved in training vs direct patient care
 - Includes enhanced curriculum focused on the core skills/knowledge to effectively work in multidisciplinary primary care teams
- The Care Transformation Collaborative has supported the curriculum design and preceptors training.

Primary Care Training Sites Program

- Current PCTSP Applications
 - Application Cycle closed April 19, 2025. Available funding \$ 2.04 million
 - Received 44 eligible applications, with an expectation to fund 34 sites
 - Projected 72% increase in training capacity with PCTSP support
 - Most growth seen in medical residents (+86%), NP students (+85%), and PA students (+109%)
 - MD/DO students training capacity projected to grow by 45%
 - Primary Care Training Site Characteristics: 21 hospital-affiliated, 40 nonprofit, 4 for-profit
 - Trainees to begin placements by July 1, 2025

Cabinet Discussion with Advisory Council/Public Comment:

How do we work together to address the current primary care situation - so that thinking long-term, we are creating a sustainable primary care system in a system-level approach?

Brief Update on Health Care System Planning Initiatives

Office of Health Care System Planning Updates

- Development of the **Health Data Hub/Data Collection**
 - Kick-off of the new Data Dashboard planning process will occur within May
 - The planning process will focus on Primary Care and Hospitals first, and move to Nursing Homes and Health-Related Social Needs subsequently
 - The process will be inter-agency and public/private, engaging subject matter experts throughout the state and the private sector
- **Long-Term Planning Process, and Workgroup Engagement**
 - Next steps will aim at reviewing our goals, and defining metrics and indicators
 - We will use the Workgroups to seek agreement on metrics and indicators, aiming to avoid sector silos as much as possible.

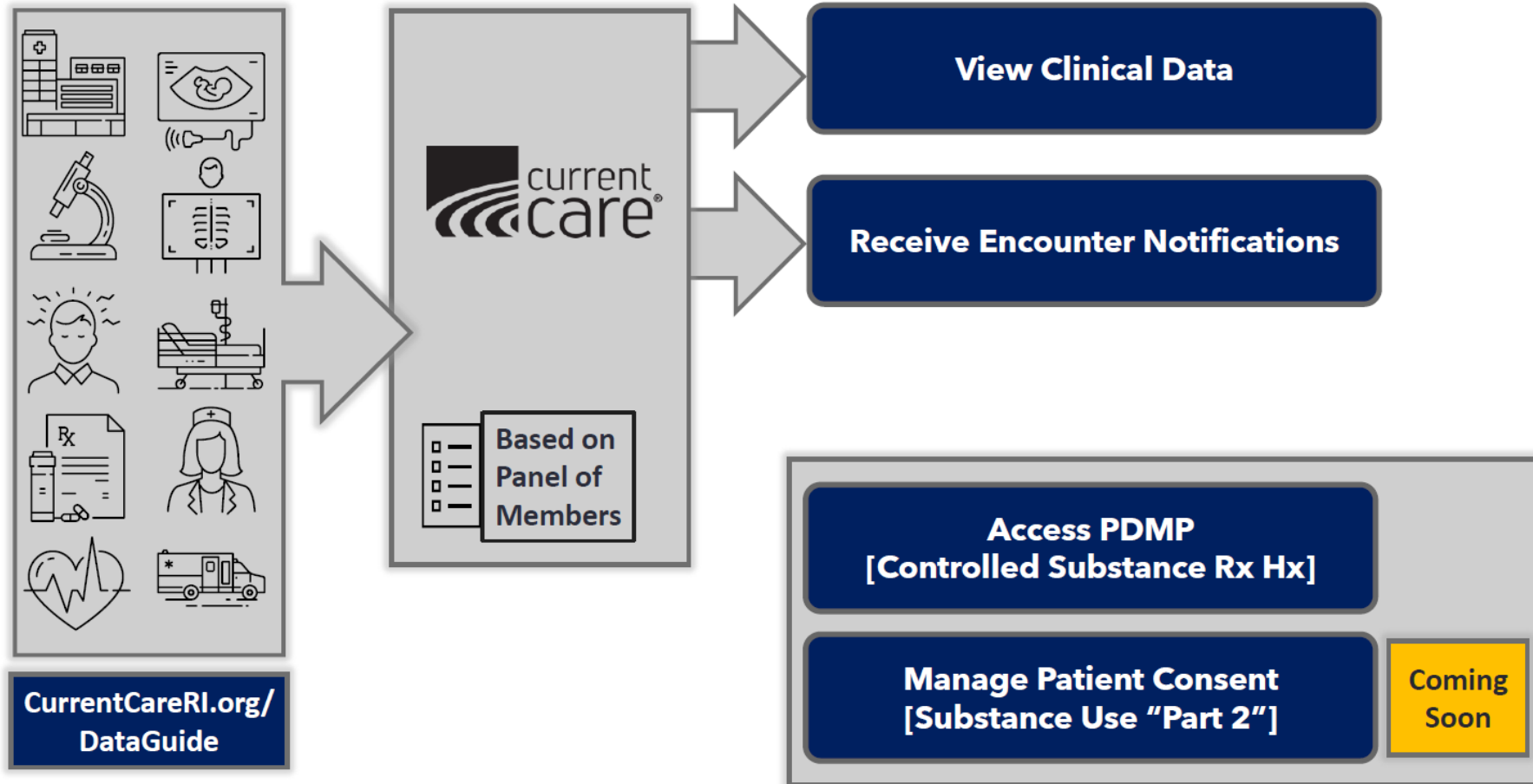
**Cabinet/Advisory Committee
Discussion
followed by Public Comment**

Appendix Slides

New Health Information Exchange (HIE) System Go-Live



CurrentCare Services



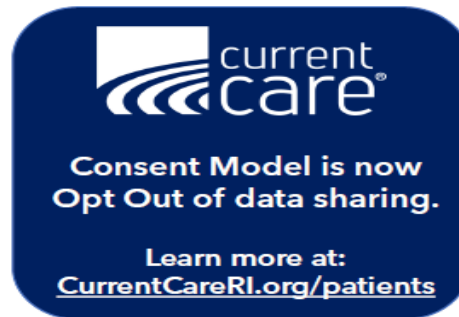
New Health Information Exchange (HIE) System Go-Live

What is CurrentCare?

CurrentCare is Rhode Island's Health Information Exchange (HIE). It's a secure network that collects information from practices, hospitals, labs, imaging centers, and other data sources to share crucial patient information with authorized clinical staff.

Everyone benefits when providers access timely patient medical information:

- Improve care
- Save time
- Increase care coordination



Encounter Notifications

Where are your patients?
We tell you!

- You provide a panel (list) of your patients or members.
- We tell you when they have encounters.
- Saves you time to focus on patient care, follow-up tasks, and care coordination.

Choose the tools that fit your workflow best: web-based tool (**Population Explorer**) or "push" options.

Encounter Notification Resources:
CurrentCareRI.org/EN

Clinical Data

Web-based (**Portal**) or in EHR (**InContext**) view of information from Data Sharing Partners (DSPs):

Test Results - Lab, Rad, EKG

Clinical Data > **Health Records** >
Laboratory, Radiology, Clinical Notes

Save time - view results right at your fingertips.

ADT Encounters: Admissions, Discharges, Transfers

Clinical Data > **Encounters** >
All, Hospital, Outpatient

Encounter details (Inpatient, Emergency, Observation & Outpatient), including Diagnoses, Length of Stay, Discharge Disposition.

Clinical Data - PAMI

Medication Management > All, 90 Days,
PDMP (for prescribers)
Clinical Data > **Problems, Allergies,**
Immunizations

- View details for PAMI: **Problems, Allergies, Medications, Immunizations.**
- Prescription Drug Monitoring Program meds.

Summary Documents

Clinical Data > **Health Records** >
Clinical Notes
Clinical Data > **Structured Documents** >
HIE, National Network

- Discharge Summaries & Discharge CoCs from Hospitals (tab: Clinical Notes)
- Care Summary Documents from HIE practices & National Networks (tab: Structured Documents)

Part 2 (SUD) Data

42 CFR 'Part 2' is a federal regulation protecting the confidentiality of patient records around Substance Use Disorder (SUD) treatment.

COMING SOON: Part 2 Data & Consent Tool

CurrentCare Portal Resources:
CurrentCareRI.org/Portal

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Supporting Rhode Island's
Primary Care Workforce:

**Launch of the
Primary Care Training Sites Program**

A strategic investment in clinical training and workforce readiness

Early Results: A Snapshot of Rhode Island's Primary Care Training Sites

Application Overview



- **44 eligible applications** (from 125 clicks, 48 complete submissions)
- *Note: Each represents a distinct primary care training site*

Who These Sites Serve



- **Patient reach: Over 400,000 annually**
 - Medicaid: 122,732 patients
 - Medicare: 68,767
 - Dual Eligible: 7,320
 - Uninsured/Sliding Scale: 34,092
 - Commercial Insurance: 192,40

Site Characteristics, Experience & Reach



- Ownership breakdown:
 - 21 hospital-affiliated
 - 40 nonprofit
 - 4 for-profit
- **Average training experience: 15.75 years**
- 50% of sites have trained providers for over a decade
- Most common length of experience: 25 years
- **64% have hired former trainees** after they completed their studies
- **Pre - PCTS – capacity: 423 trainees annually**

Training Workforce Snapshot

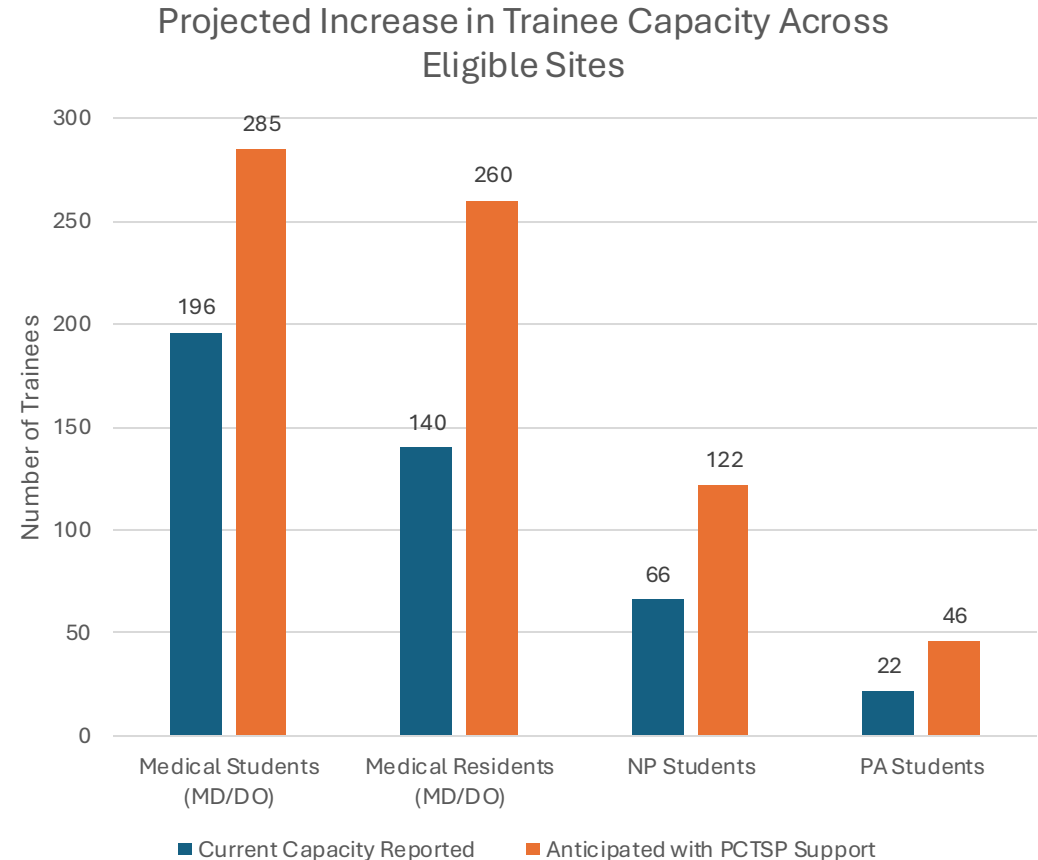
(Based on cumulative data from all application entries)



- **209 active preceptors** 153 MD/DO | 41 NP | 11 PA | Others
- Estimated Time Contributions (Aggregate):
 - 191.76 FTEs total
 - 148.29 FTEs on direct patient care
 - 49.76 FTEs on teaching & mentorship
- Average Weekly Hours per Preceptor
 - 36.5 hours/week total
 - ~28.4 hrs on care
 - ~9.7 hrs on teaching
- *Note: some preceptors work in more than one location*

Projected Increase in Training Capacity Across Eligible Applicants

- 44 eligible applications project a substantial increase (72%) in training capacity with PCTSP support.
- Most growth seen in medical residents (+86%), NP students (+85%), and PA students (+109%).
- MD/DO students training capacity projected to grow by 45%.
- Several sites also train social workers, pharmacists, and other professionals — highlighting interdisciplinary team capacity.
- A few sites host fellows and post-doctoral trainees, indicating advanced training capacity



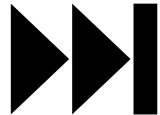
Note: Data reflects projections from 45 eligible applicants. Final award decisions are pending; 34 sites expected to be funded.

Supporting Rhode Island's Primary Care Pipeline



Current Phase:

Application reviews are underway



Next step:

Awards to be issued May 2025

(\$2.04 Million, 34 sites expected to be funded)



Goal:

Trainees to begin placements by July 1, 2025

