



Rhode Island Health Care System Planning

EOHHS Independent Advisory Council

November 21, 2025

RHODE ISLAND

EOHHS Independent Advisory Council Agenda

- 1. Welcome and Meeting Overview**
- 2. Briefing on Rhode Island's Rural Health Transformation Grant Submission**
 - a) Grant Review
 - b) Q&A
- 3. Update: Health Care System Planning**
 - a) Long Term Planning: Review of the Rhode Island Health Care Plan Proposed Components and Structure
 - b) Next Steps and Invitation to Participate in the Planning Process
- 4. Public Comment**

Welcome & Meeting Overview





Rhode Island Rural Health Transformation Program

Submission Update

RHODE ISLAND

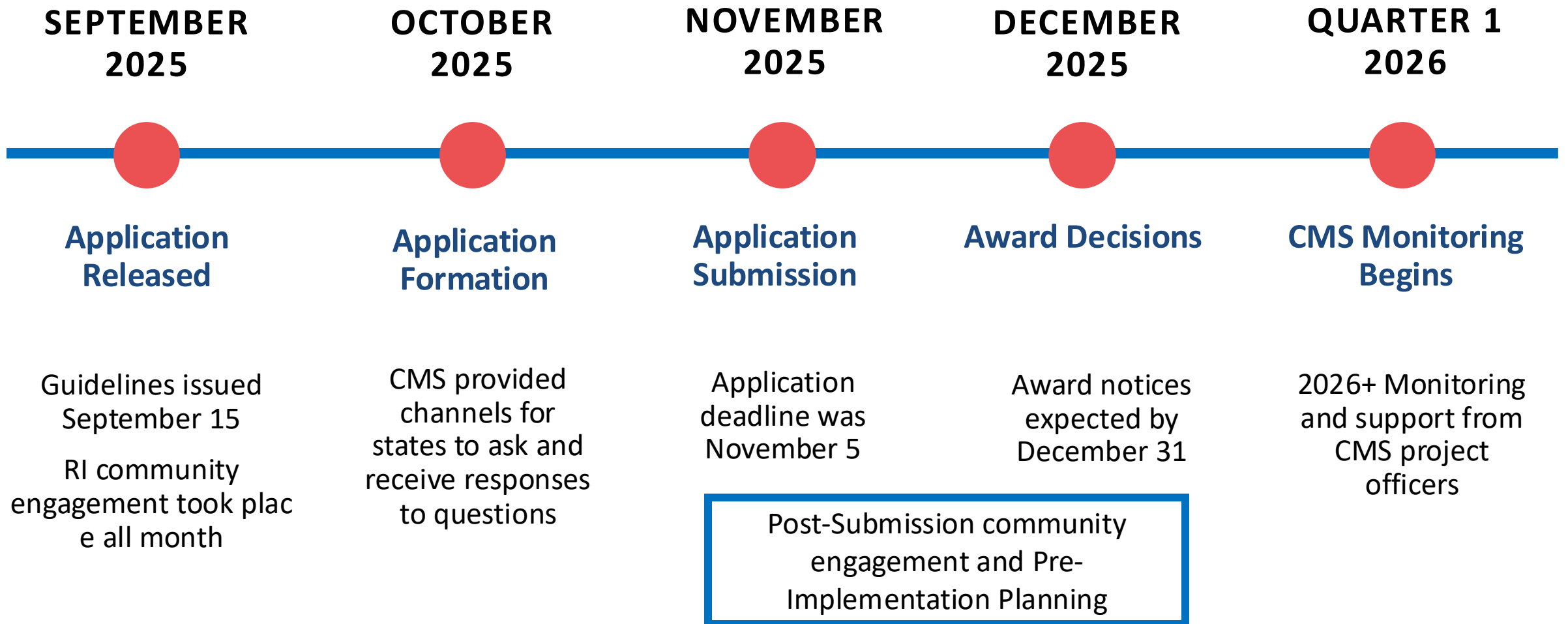
The Opportunity: Rural Health Transformation Program



Five-Year CMS Initiative to Strengthen Rural Healthcare Access

- New 5-year, \$50 Billion CMS program ([H.R. 1, July 2025](#))
- One-time state application for FY2026–FY2030 funding
- **“Base Funding”** = \$25B—equal distribution: \$500M per state over 5 years
 - For Rhode Island: \$100M/year if all states are approved
- **“Workload Funding”** = \$25B—proportional distribution: \$500M per state for 5 years
 - It will be somewhat more difficult for Rhode Island to receive this potential bonus because it is based on the proportion of the states’ rural areas
- Notice of Funding Opportunity was issued Sept 15, 2025. Application deadline was November 5, 2025; CMS must decide by Dec 31, 2025
- **Note: This is one time funding, which Rhode Island is not allowed to use to fill current or potential budget holes.**

Federal Grant Timeline



Five Goals: Rural Health Transformation Program



Rhode Island's Rural Health Transformation was centered around the following goals and strategies:

1. Make Rural America Healthy Again – Improve the Health of Rural Residents:

Advance coordinated, community-based population health strategies to address chronic disease, behavioral health, substance use, maternal and child health, oral health, and other root causes to improve outcomes for rural Rhode Islanders.

2. Sustainable Access – Expand Access to Comprehensive, Quality, Low-Cost Care:

Increase local access points for urgent, primary, behavioral, and specialty care services - beyond clinics and hospitals - reaching rural residents where they live, work, and gather, such as schools, libraries, community centers, and even their homes.

3. Workforce Development – Strengthen the Rural Health Care Workforce:

Build and expand workforce efforts through rural training opportunities, providing incentives for providers to practice in rural communities, enhancing partnerships with educational institutions to build training capacity, and supporting individuals at all stages of their health care careers.

4. Innovative Care – Accelerate Value-Based and Affordable Care Models:

Advance comprehensive primary care transformation and supporting hospitals and practices in transitioning to alternative payment models through incentives technical assistance, and clinical and operational infrastructure.

5. Tech Innovation – Integrate Technology into Rural Practice:

Strengthen health information technology through cost-effective, secure and interoperable systems to expand remote care, improve data sharing and cybersecurity, and explore responsible use of artificial intelligence (AI).

Goal 1: Make Rural America Healthy Again – Improve the Health of Rural Residents



Initiative 1: Integrated Rural Population Health Infrastructure:

- Establishes a statewide rural population health infrastructure that connects Community Clinical Care Hubs with Rural Community Health Networks.
 - Hubs serve as the clinical backbone, delivering accessible, integrated care.
 - Networks mobilize local partners and resources to improve health outcomes and strengthen community wellness.

Initiative 2: Rural Community-Integrated and Mobile Health Services.

- Expands access to care through community-based and mobile health delivery across Rhode Island's rural regions.
 - Enhances eight Rural Community Learning Centers to include health, education, and telemedicine programs.
 - Launches mobile dental units to provide preventive and restorative oral health services.
 - Deploys mobile nutrition and maternal–child health units to expand WIC services, screenings, and counseling.
 - Integrates mobile outreach and telehealth for well-visits, chronic disease management, and specialist consultations.

Initiative 3: Expanding Access to Rural Community Resources

- Conduct accessibility assessments and implement improvements to ensure rural clinics and community spaces are inclusive for older adults and people with disabilities.

Initiative 13: Rural Health Data and Workforce Tracking System

- Establishes an integrated rural data system to track health drivers, monitor workforce needs, improve coordination across community and clinical settings, and guide targeted RHTP investments

Goal 2: Sustainable Access – Expand Access to Comprehensive, Quality, Low-Cost Care



Initiative 4: Rural EMS Health Access and Integration

- Expand Rhode Island's Mobile Integrated Health–Community Paramedicine (MIH-CP) model to all rural towns for in-home preventive and post-acute care.
- Establish a State EMS Academy to strengthen rural EMS education, training, and career pipelines.
- Modernize EMS equipment and technology, with targeted investments for Block Island and Prudence Island.

Initiative 5: Rural Hospital-at-Home Program

- Launch a scalable home-based hospital care model providing safe, high-quality acute-level care in rural homes as an alternative to inpatient hospitalization.

Initiative 6: Expanding Behavioral Health Services in Rural Regions

- Establish two 24/7 behavioral health and crisis stabilization centers.
- Open new Recovery Community Centers offering peer-led supports, treatment referrals, and recovery services.
- Integrate hospital-based SUD bridge clinics with peer navigators to ensure care coordination across rural regions.

Initiative 7: Strengthening Rural Oral Health Delivery

- Implement virtual dental triage to connect ED patients with licensed dentists via tele-dentistry.
- Transform Zambarano's dental facility into a specialized outpatient dental center serving patients with disabilities or complex needs.

Initiative 8: Building Capacity for Block Island Health and Human Services

- Integrate rural Hub, EMS, HIT, and workforce strategies to strengthen island health infrastructure.
- Establish the island's first PACE partnership to support aging in place and expand community wellness and social support services.

Initiative 9: Modernizing Health Care Delivery for the Narragansett Indian Tribe

- Partner with the Tribe to upgrade facilities, expand workforce capacity, and enhance care coordination.
- Deploy remote monitoring, diagnostic technology, and infrastructure improvements to advance access and chronic disease management.

Goal 3: Workforce Development – Strengthen the Rural Health Workforce



Initiative 10: Rural Workforce Program

- Launch a rural-focused Family Medicine Residency in partnership with Thundermist Health Center and Block Island Health Services.
- Expand rural clinical rotations and field experiences for medical, NP, and PA students in community-based settings, including FQHCs.
- Establish a centralized clinical placement system to streamline student placements and strengthen rural training partnerships.
- Expand early exposure in K-12 to health careers through Career and Technical Education programs in rural school districts.
- Support rural dental residency opportunities to expand access to oral health services through community health centers and mobile care units.
- Provide financial incentives—such as hiring bonuses, relocation stipends, and retention payments—to attract and retain clinicians and frontline staff (CNAs, home health aides, CHWs).

Goal 4: Innovative Care – Accelerate Value-Based and Affordable Care Models



Initiative 11: Supporting Hospitals and Primary Care in Value-Based Payment Transition

- Incentive Payments for APM Reporting & Performance
 - Provide early incentive payments to help hospitals and primary care practices build reporting capacity needed for value-based care (starting Year 1).
 - Transition to pay-for-performance in FFY28, rewarding organizations serving rural communities for meeting cost and quality targets.
 - Establish a State approval process for Advanced Payment Models that include shared financial risk and quality-linked payments.
- Targeted Technical Assistance (TA) Program
 - Tailored, hands-on support for hospitals and primary care practice as they transition to State-approved APMs. Sample TA activities may include (but are not limited to):
 - Strengthening financial management, operations, cost accounting, and data analytics.
 - Supporting care delivery transformation and efficiency projects.
 - Training staff on value-based care and accurate cost/quality reporting.
 - Facilitating peer learning collaboratives.
 - Helping primary care practices advance toward Advanced Primary Care competencies and PCMH recognition.
 - TA plans customized through a detailed needs assessment.
- Hospital & Primary Care Transformation Funds
 - Competitive funding for projects that help providers implement value-based care. Eligible uses include capital improvements, equipment, staffing, and innovations in care delivery. Example investments may include (but are not limited to):
 - Minor renovation of physical spaces to provide innovative care (e.g. Redesigning ED or primary care spaces to integrate behavioral health.)
 - Building partnerships with CCBHCs or rural social service providers.
 - Piloting innovative care models with sustainability plans post RHTP.
 - (Note: HIT-related investments will be handled under Initiative 12 - Rural HIT Modernization Program.)

Goal 5: Tech Innovation – Integrate Technology into Rural Practice



Initiative 12: Rural Health Information Technology Modernization Program

- State-Sponsored EHR for Rural Providers
 - Provide a shared, pre-configured EHR solution that meets all federal and state requirements.
 - Leverage statewide purchasing power to reduce per-user costs.
 - Handle selection, contracting, security, and ongoing system management centrally.
- Rural HIT Infrastructure Grant Fund
 - Support rural practices with targeted funds for practical, sustainable technology upgrades.
 - Focus on interoperability, care coordination, and reducing administrative burden.
 - Allowable uses may include (but are not limited to):
 - Enhancements to existing HIT systems
 - Telehealth and remote patient monitoring tools
 - Workflow and practice management technologies (e.g., ambient AI documentation)
 - Diagnostic, medication management, and care-coordination tools
- Coordinated Technical Assistance & Alignment
 - Provide hands-on TA to help practices assess needs and implement solutions.
 - Align awards with RHTP goals, rurality, readiness, and quality-improvement impact.
 - Coordinate with other RHTP initiatives to prevent duplication and maximize value.

Rural Health Transformation - Back-Up Slides

Detailed RHTP Initiative Descriptions



Initiative 1: Integrated Rural Population Health Infrastructure



Strategic Goal: Make Rural America Healthy Again – Improve the Health of Rural Residents

Examples of Key Stakeholders: EOHHS, RIDOH, Department of Labor and Training (DLT); Federally Qualified Health Centers (FQHCs); hospitals; behavioral health care providers; community non-profit organizations; home care providers; academic medical institutions; family support programs.

Impacted Counties: Kent County, Newport County, Providence County, Washington County

Funding Estimate (as part of the submitted \$1 billion draft budget): \$80,007,241

Proposed Implementation Stages:

- 0: Develop implementation framework
- 1: Issue procurements for Hubs and Networks
- 2: Select Hubs and Networks; conduct readiness assessments
- 3: Deliver technical assistance to build Hub and Network capacity; develop community plans
- 4: Launch phased Hub operations; implement community plans
- 5: Hubs/Networks fully implemented in all rural regions

Proposed Outcomes:

- Increased percentage of adults who received well-care visits
- Increased percentage of children and adolescents who received well-care visits
- Increased breast cancer screening rate
- Increased cervical cancer screening rate

Initiative 2: Rural Community-Integrated and Mobile Health Services



Strategic Goal: Make Rural America Healthy Again – Improve the Health of Rural Residents

Examples of Key Stakeholders: RIDOH; Office of Healthy Aging (OHA); Women, Infants and Children (WIC) local agencies; Olmstead Advisory Group (OAG); rural school districts; FQHCs; dental providers; Rhode Island Quality Institute (RIQI).

Impacted Counties: Kent County, Newport County, Providence County, Washington County

Funding Estimate (as part of the submitted \$1 billion draft budget): \$40,612,561

Proposed Implementation Stages:

0: Develop implementation framework; identify target Community Learning Centers (CLCs)/schools

1: Procure for CLC/school telehealth work and mobile services

2: Select contractors

3: Launch CLC/school services/training; deploy mobile services

4: Expand CLC/school services/training and mobile services deployment

5: CLC/school enhancements/training and mobile units fully launched/scaled

Proposed Outcomes:

- Increased population served by new mobile units
- Increased utilization of telehealth in schools
- Increased percentage of adults 18-64 who received at least one preventive dental service in Westerly and New Shoreham
- Increased percentage of children 0-17 who received at least one well-care visit in Westerly and New Shoreham

Initiative 3: Expanding Access to Rural Community Resources



Strategic Goal: Make Rural America Healthy Again – Improve the Health of Rural Residents

Examples of Key Stakeholders: EOHHS; RIDOH; Governor’s Commission on Disability; RI Commission on the Deaf and Hard of Hearing; BHDDH; Department of Children, Youth, and Families (DCYF); rural providers; health-promoting organizations.

Impacted Counties: Kent County, Newport County, Providence County, Washington County

Funding Estimate (as part of the submitted \$1 billion draft budget): \$11,341,370

Proposed Implementation Stages:

- 0: Develop implementation framework
- 1: Issue procurements for training and equipment contractors
- 2: Select contractors, conduct needs assessment, and finalize training design
- 3: Begin equipment installations, launch virtual training
- 4: Continue installations and annual training updates
- 5: Complete installations; integrate maintenance and training into operations

Proposed Outcomes:

- Increased number of medical or community-based facilities equipped with accessible equipment
- Increased number of health care and community providers trained on disability competency training
- Decreased percentage of elderly Medicaid members and Medicaid members with a non-behavioral health disability reporting significant difficulty in accessing services
- Increased percentage of elderly Medicaid members and Medicaid members with a non-behavioral health disability reporting community spaces as accessible following physical and procedural upgrades

Initiative 4: Rural EMS Health Access and Integration



<p>Strategic Goal: Sustainable Access – Expand Access to Comprehensive, Quality, Low-Cost Care</p> <p>Examples of Key Stakeholders: RIDOH; Brown University Health, Department of Emergency Medicine; Local Emergency Medical Services (EMS) agencies and volunteers; Block Island Health Center (BIHC); Westerly Hospital; RIQI; municipal governments.</p> <p>Impacted Counties: Kent County, Newport County, Providence County, Washington County</p> <p>Funding Estimate (as part of the submitted \$1 billion draft budget): \$47,342,420</p>	
<p>Proposed Implementation Stages:</p> <p>0: Conduct EMS needs assessment; develop implementation framework</p> <p>1: Issue procurements for EMS modernization, MIH-CP, and EMS Academy</p> <p>2: Select contractors; begin facility planning</p> <p>3: Launch Mobile Integrated Health–Community Paramedicine (MIH-CP) /EMS Academy operations; complete equipment upgrades</p> <p>4: Expand MIH-CP and Academy training; finalize EMS readiness</p> <p>5: All sub-projects fully launched and scaled</p>	<p>Proposed Outcomes:</p> <ul style="list-style-type: none">• Decreased EMS response time (minutes)• Increased percentage of individuals with at least one well-care (preventive) visit resulting from EMS• Increased number of trainees who complete the EMS Academy• Decreased rate of potentially avoidable ED visits/1000

Initiative 5: Rural Hospital-at-Home Program



Strategic Goal: Sustainable Access – Expand Access to Comprehensive, Quality, Low-Cost Care

Examples of Key Stakeholders: Hospitals and health systems serving rural residents; physicians and advanced practice providers; paramedics and EMS agencies; community health workers; remote monitoring specialists

Impacted Counties: Kent County, Newport County, Providence County, Washington County

Funding Estimate (as part of the submitted \$1 billion draft budget): \$74,979,026

<p>Proposed Implementation Stages:</p> <p>0: Develop scope of work for hospital-at-home program</p> <p>1: Execute subaward agreement</p> <p>2: Conduct hospital readiness assessments; initiate Medicaid engagement</p> <p>3: Launch initial hospital-at-home pilots; draft Medicaid state plan amendment (SPA)</p> <p>4: Expand services; finalize and implement payment models</p> <p>5: Fully scale program; integrate into hospital operations and budgets</p>	<p>Proposed Outcomes:</p> <ul style="list-style-type: none">• Decreased rate of hospital inpatient admissions related to COPD, pneumonia, cellulitis, and soft tissue infections for Medicaid and commercial patients• Increased patient satisfaction, as reported by patients receiving hospital-at-home services• Increased number of patients receiving hospital-at-home services• Launch of new reimbursement model for hospital-at-home services in Medicaid and commercial markets
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Initiative 6: Expanding Behavioral Health Services Availability in Rural Regions



Strategic Goal: Sustainable Access – Expand Access to Comprehensive, Quality, Low-Cost Care

Examples of Key Stakeholders: Governor’s Council on Behavioral Health, Governor’s Overdose Task Force, BHDDH, Certified Community Behavioral Health Clinics (CCBHCs), outpatient behavioral health and Substance Use Disorder (SUD) providers, hospital EDs, and advocacy groups (e.g., Mental Health Association, National Alliance on Mental Illness)

Impacted Counties: Newport County, Providence County, Washington County

Funding Estimate (as part of the submitted \$1 billion draft budget): \$55,334,170

Proposed Implementation Stages:

0: Conduct needs assessment and develop site selection criteria

1: Issue procurements; identify partner hospitals

2: Select contractors

3: Launch CSC, recovery community centers, bridge clinic, and addiction consult services

4: Expand services and strengthen coordination across sites

5: Full launch and scale rural behavioral health service network

Proposed Outcomes:

Decreased rate of behavioral health ED visits/1000 – stratified by mental health and substance use disorder diagnosis

Increased rate of outpatient behavioral health visits/1000

Implementation of new behavioral health and crisis stabilization and recovery community centers in targeted regions

Increased number of patients served by new behavioral health and crisis stabilization and recovery community centers by year, following implementation

Initiative 7. Strengthening Rural Oral Health Delivery Through Innovation and Integration

Strategic Goal: Sustainable Access – Expand Access to Comprehensive, Quality, Low-Cost Care

Examples of Key Stakeholders: BHDDH, Eleanor Slater Hospital (ESH), contracted dental providers, OAG

Impacted Counties: Kent County, Newport County, Providence County, Washington County

Funding Estimate (as part of the submitted \$1 billion draft budget): \$8,918,286

Proposed Implementation Stages:

- 0: Develop implementation framework and conduct needs assessment
- 1: Issue procurements for tele-dentistry and Zambarano
- 2: Select contractors; begin technology and facility prep
- 3: Complete upgrades; implement dentist and ED staff training
- 4: Launch virtual dental triage and phased Zambarano operations
- 5: Fully launch and scale virtual dental triage and Zambarano dental center

Proposed Outcomes:

- Decreased rate of non-injury, dental-related ED visits/1000
- Decreased number of Medicaid patient transfers to urban or out-of-state facilities for dental procedures
- Increased number of ESH outpatient dental center visits
- Increased percentage of Medicaid children and adults with a disability who received a dental visit

Initiative 8: Building Capacity for Block Island Health and Human Services



Strategic Goal: Sustainable Access – Expand Access to Comprehensive, Quality, Low-Cost Care

Examples of Key Stakeholders: BIHS, New Shoreham Health and Human Services; New Shoreham EMS and Public Safety; Thundermist Health Center, academic medical centers, RIDOH, BHDDH

Impacted Counties: Washington County

Funding Estimate (as part of the submitted \$1 billion draft budget): \$7,270,520

Proposed Implementation Stages:

0: Develop an integrated implementation framework across program components

1: Execute subaward agreement

2: Select contractors for upgrades and installations

3: Begin infrastructure, EMS, and aging-in-place improvements

4: Launch expanded community programs and PACE operations

5: Fully implement and scale all programs and infrastructure upgrades

Proposed Outcomes:

- Launch of Program of All-Inclusive Care for the Elderly (PACE) on Block Island
- Increased percentage of New Shoreham residents, age 65+, who received at least one well-care visit during the year
- Increased number of medical residents assigned to / enrolled in the Rural Medicine Education Program on Block Island
- Increased number of home-based services delivered to people on Block Island through the Community Medicine Program

Initiative 9: Modernizing Health Care Delivery for the Narragansett Indian Tribe



Strategic Goal: Sustainable Access – Expand Access to Comprehensive, Quality, Low-Cost Care

Examples of Key Stakeholders: Narragansett Indian Tribe; Narragansett Indian Health Center (NIHC); DLT; EOHHS; RIDOH

Impacted Counties: Kent County, Newport County, Providence County, Washington County

Funding Estimate (as part of the submitted \$1 billion draft budget): \$3,835,300

Proposed Implementation Stages:

0: Develop implementation framework for modernization/workforce initiatives

1: Execute subaward agreement

2: Select contractors; begin recruitment for Tribal Health Award Program

3: Launch telehealth, workforce training, and incentive programs

4: Continue optimization and workforce integration

5: Fully launch and scale modernization, telehealth, and workforce programs

Proposed Outcomes:

- Increased NIHC telehealth service volume
- Increased NIHC CHW and behavioral health aide service volume
- Number of new health infrastructure/equipment installations at NIHC
- Increased NIHC behavioral health service volume (office and telehealth)

Initiative 10: Rural Workforce Program



Strategic Goal: Workforce Development – Strengthen the Rural Health Workforce

Examples of Key Stakeholders: EOHHS; RIDOH; DLT; Office of the Postsecondary Commissioner (OPC); RIDE; Thundermist Health Center; higher education institutions; rural health and behavioral health providers; dental and oral health providers.

Impacted Counties: Kent County, Newport Conty, Providence County, Washington County

Funding Estimate (as part of the submitted \$1 billion draft budget): \$250,761,602

Proposed Implementation Stages:

0: Develop implementation framework for incentives/placements/mentorships

1: Execute subaward agreement for residency program; issue procurements for workforce development programs

2: Select contractors and launch recruitment and enrollment

3: Begin mentorship, training, and incentive program delivery

4: Expand participation and continue incentive disbursements

5: Institutionalize program and transition oversight to partners

- Proposed Outcomes:**
- Increased number of rural primary care physicians
 - Decreased vacancy rate among rural providers
 - Increased number of rural clinical placements for health professional students and residents
 - Increased number of individuals obtaining training and credentials for jobs in rural settings

Initiative 11: Supporting Hospitals and Primary Care in Value-Based Payment Transition



Strategic Goal: Innovative Care – Accelerate Value-Based and Affordable Care Models

Examples of Key Stakeholders: Office of the Health Insurance Commissioner (OHIC); EOHHS; hospitals, primary care providers, other rural provider partners (including CCBHCs), Rhode Island Health Center Association (the HRSA - designated state primary care association representing FQHCs and other providers); Hospital Association of Rhode Island; Care Transformation Collaborative – Rhode Island (CTC-RI)

Impacted Counties: Bristol County, Kent County, Newport County, Providence County, Washington County

Funding Estimate (as part of the submitted \$1 billion draft budget): \$180,000,000

Proposed Implementation Stages:

- 0: Develop implementation framework for TA and Transformation Funds
- 1: Complete hospital performance agreements with; begin incentive payments; issue procurements for TA and transformation funds
- 2: Select contractors and launch transformation fund solicitations
- 3: Begin technical assistance, and award initial grants
- 4: Transition to performance-based payments; continue TA and grants
- 5: Integrate alternative payment models (APM) oversight and best practices into ongoing governance

Proposed Outcomes:

- Increased State-approved APM adoption by primary care providers serving patients in rural areas
- Increased State-approved APM adoption by hospitals serving patients in rural areas
- Increased State-approved APM incentives earned by primary care practices serving patients in rural areas
- Increased State-approved APM incentives earned by hospitals serving patients in rural areas

Initiative 12: Rural Health Information Technology Modernization Program



Strategic Goal: Tech Innovation – Integrate Technology into Rural Practice

Examples of Key Stakeholders: Rural Providers (such as CCBHCs, FQHCs, RHCs, rural hospitals, rural practices, and other community-based organizations); State Government Agencies (Department of Administration (DOA), EOHHS, RIDOH,); RIQI/RHIO; Tech Industry

Impacted Counties: Kent County, Newport County, Providence County, Washington County

Funding Estimate (as part of the submitted \$1 billion draft budget): \$140,000,000

Proposed Implementation Stages:

- 0: Conduct HIT needs assessment and define governance for grant funds
- 1: Develop EHR design, issue procurements, and grant eligibility criteria
- 2: Select contractors and grant fund administrator
- 3: Launch EHR implementation and first grant awards
- 4: Continue EHR implementation and grant disbursement
- 5: Fully implement EHR and fully disburse grant awards

Proposed Outcomes:

- Increased number of rural practices adopting the state-sponsored EHR
- Increased number of rural practices that transition from a non-certified to certified EHR
- Increased number of new health infrastructure/digital tools installations
- Increased number of new interfaces established to the State's HIE or to RIDOH

Initiative 13: Rural Health Data and Workforce Tracking System

Strategic Goal: Make Rural America Healthy Again – Improve the Health of Rural Residents

Examples of Key Stakeholders: State Government Agencies (DLT, EOHHS, RIDOH, Office of Data Analysis and Evaluation, OHIC); Networks and Hubs; RIQI

Impacted Counties: Bristol County, Kent County, Newport County, Providence County, Washington County

Funding Estimate (as part of the submitted \$1 billion draft budget): \$8,500,000

Proposed Implementation Stages:

0: Conduct system inventory and develop implementation framework

1: Define enhanced data and dashboard specifications; issue procurements for expansion work

2: Select contractors; begin system enhancements

3: Launch pilot of expanded workforce data and tracking system

4: Scale expanded system and finalize dashboards

5: Fully implement enhanced data and tracking systems

Proposed Outcomes:

- Expand functionality of existing workforce data hub
- Completed assessment of priorities for workforce recruitment efforts using the workforce data hub output
- Number of completed community health data profiles
- Enhanced performance monitoring dashboards with data stratified by geography

Rhode Island Health Care System Planning

Overview of The Rhode Island Health System Plan

Developing the Rhode Island Health Care Plan



- The Office of Health Care System Planning is creating the Rhode Island Health Plan to be a comprehensive roadmap for strengthening and transforming our health system – establishing an operational framework for advancing the goals and recommendations put forth in the 2024 Foundational Report
- The Plan is driven by six high-level goals, or vision statements applicable to five system sectors (Primary Care, Behavioral Health, Hospitals, Long-Term Care and Healthy Aging, and Health Related Social Needs).
- The Foundational Report identified strategies and activities/tactics for achieving the goals—some activities are already in motion and others are recommendations for action.
- The next step is to choose measures and targets for each strategy and then nestle these strategies within the structure of a measurable, and time-bound long-term plan.

Rhode Island Health Care System Planning

Cabinet Goals



1. Ensure **access** to affordable, quality and easy to navigate comprehensive care
2. Ensure **solvency** of the health care system
3. Ensure health **equity** and reduce disparities in access and outcomes
4. Foster an **integrated delivery system** that coordinates care across full spectrum of health services focused on population health, seamless transitions, system-preparedness, and patient-centered care
5. Strengthen **preventative, primary physical & behavioral health care services** to maintain appropriate utilization & promote efficiencies
6. Invest in efforts to address the **social factors that impact health**

Definitions

Goals: are the high-level aims, or vision statements for what the State will achieve over the period of the plan and across interrelated system sectors.

Sector-Specific and Cross-Sector Outcomes : How the goal statements will translate to outcomes within each sector, with an awareness of our cross-sector strategies.

Strategic Objectives: are the action steps to achieve the goals. Some strategies are already in motion; others will be recommended for action. All strategies need to be specific, measurable, actionable, relevant, and timebound (SMART), with clear **targets** toward our goals.

Performance Measures: the way to assess progress on the targets that contribute to achieving the strategic objectives. Performance measures inform progress on overall plan implementation.

Next Steps for the RI Health Care Plan

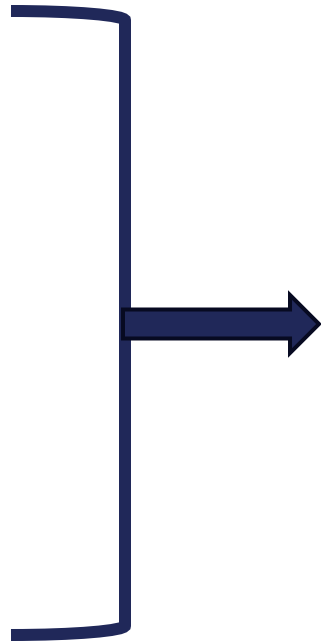
We have developed and collected

Health System Goals

Existing Strategies from State Agencies and the 2024 Foundational Plan

Collection of Correlated Evidence-Based Performance Measures

Tactics/Activities within the 2024 Foundational Report Recommendations



Next Steps

Prioritize a set of 3 to 5 Strategic Objectives per goal, w/ at least 2 transformative Objectives (*Existing State, Community Partner, or newly developed*)

In process

Identify and/or affirm Performance Measures tied to agency strategies

In process

Set statewide targets for SMART Strategic Objectives

Feb/Mar

Example 1: Goal, Strategy, and Measure Alignment within the Hospital Sector

Access & Affordability Goal: Ensure **access** to affordable, quality and easy to navigate comprehensive care

Hospital Sector Outcome: Improve Rhode Islanders' access to timely Emergency Department care.

SMART Strategic Objective: By 2030, increase the ratio of available emergency room providers to patients by enhancing patient flow and reducing emergency department boarding for admitted patients by X%

Performance Measure: % of patients who left the emergency department before being seen compared to baseline

Example 2: Goal, Strategy, and Measure Alignment Cross-Sector

Access & Affordability Goal:

Ensure **access** to affordable, quality and easy to navigate comprehensive care

Outcomes:

- 1) **Hospital Sector:** Improve Rhode Islanders' access to timely Emergency Department care
- 2) **Cross-Sector:** Improve Rhode Islanders' access to primary care to reduce need for Emergency Department care.

SMART Strategic Objectives:

- 1) By 2030, increase the ratio of available emergency room providers to patients by enhancing patient flow and reducing emergency department boarding for admitted patients by X%.
- 2) Reduce primary care provider administrative burden by X % to enable 1 additional same-day access visit per day by 2026.

Performance Measures:

- 1) Year-over-year % of patients who left the emergency department before being seen compared to baseline.
- 2) Year-over-year % of patients who were able to make a same-day appointment compared to baseline.

Meetings for Long Term Health Care Planning

Meeting Dates Set (so far) for Planning by Goal

Dec 1

Patient Experience

Dec 15

System Solvency

Jan 15

Access and Affordability

Jan 23

Health Care Services and HRSNs

Jan 26

System Infrastructure

Additional Planning Meetings To Be Set Soon

Meeting Deliverables

1

Reviewing current key strategies to affirm priorities

2

Affirming performance measures per goal

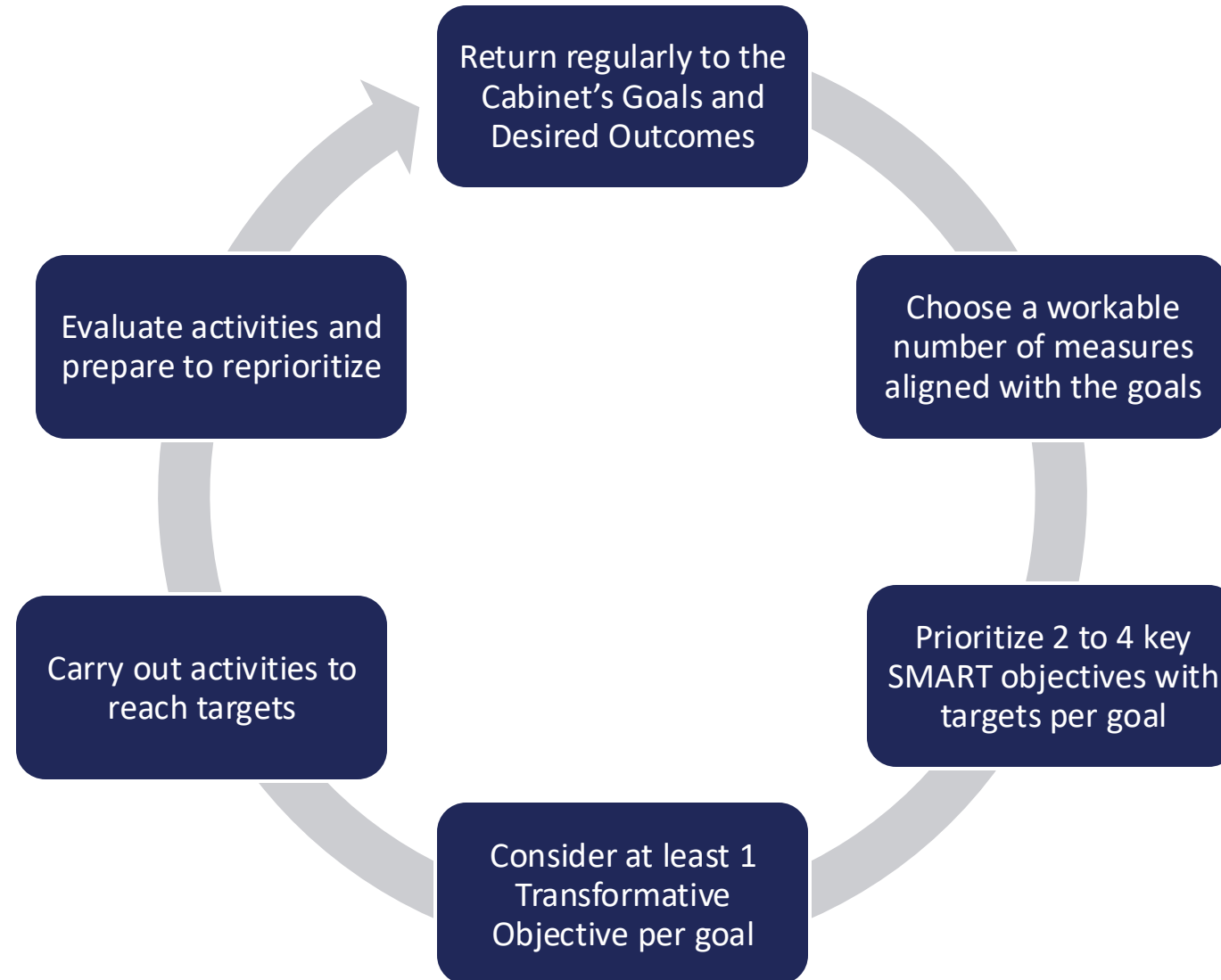
3

Drafting and prioritizing SMART Objectives

4

Prepare to set targets for each SMART Objective

Ongoing Process for the RI State Health Plan



Discussion Question

- As we review our goals, is there anything missing that you would like to suggest to the Health Care System Planning Cabinet?
- 1. Ensure **access** to affordable, quality and easy to navigate comprehensive care
- 2. Ensure **solvency** of the health care system
- 3. Ensure health **equity** and reduce disparities in access and outcomes
- 4. Foster an **integrated delivery system** that coordinates care across full spectrum of health services focused on population health, seamless transitions, system-preparedness, and patient-centered care
- 5. Strengthen **preventative, primary physical & behavioral health care services** to maintain appropriate utilization & promote efficiencies
- 6. Invest in efforts to address the **social factors that impact health**

Public Comment

