



Rhode Island Health Care System Planning

**EOHHS Independent Advisory Council
Goal 2: System Solvency**

January 23, 2026

RHODE ISLAND

Meeting Agenda



- Welcome
 - Planning process updates
 - Overview of previous meeting
 - Goal 5 Takeaways
 - Goal 3 Takeaways
 - Discussion
 - Goal 2: System Solvency
 - Next steps and upcoming meetings
 - Public Comment

Measure Domains: Right Care, Right Time, Right Place

Effectiveness of Care	Quality	Experience of Care	Utilization and Risk Adjusted Utilization	Health System Information Structures
<ul style="list-style-type: none">• Evaluates how well health systems deliver necessary medical treatments and interventions.	<ul style="list-style-type: none">• Patient Safety• Effectiveness• Patient Centeredness• Timeliness• Efficiency• Equity	<ul style="list-style-type: none">• Centers on patient satisfaction and overall experience within the healthcare system.	<ul style="list-style-type: none">• Evaluates how health care resources are used within a system.	<ul style="list-style-type: none">• Structural aspects of health systems.

Main Points of Feedback from Community Partners:

1. General agreement, but the following suggestions:
 1. Patient voice must be embedded in defining “appropriate”
 2. Measures must balance feasibility with transformation

Meeting Recap: Goal 3



Goal 3: Ensure health equity and reduce disparities in access and outcomes

Working Definition: Fair access to resources to address variations in health outcomes and the root causes of disease.

Updated working definition: Variations in health outcomes and the root causes of disease are addressed by fair access to resources.

Main Points of Feedback from Community Partners:

1. Reorienting the definition to be framed in terms of health rather than disease

Measuring the Structures that Support Fair Access Throughout the Plan

Accurate and Timely Data	Effective and Sustainable Interventions	Policy and Governance	Outcomes
<ul style="list-style-type: none">• Collection, Reporting, and Analysis of Standardized Data to understand foundational variations in health outcomes	<ul style="list-style-type: none">• Organizational engagement strategies that support fair access to health services	<ul style="list-style-type: none">• Understanding broad participation practices and the consideration of a variety of perspectives in policy creation	<ul style="list-style-type: none">• Assessing variations in health outcomes and the external factors that influence them

Main Points of Feedback from Community Partners:

1. Considering the language “necessary access” rather than “fair access”
2. Better data is essential to understand where resources are deployed and where gaps exist
3. The group distinguished the difference between the vision of fair access vs. the mechanisms needed to achieve it. The plan must embed processes that identify variations in health outcomes and ensure corrective action.
4. Access must include ensuring people get the resources they need: not just availability, but usability, cultural relevance, and real-world reach.
5. Stated desire from community partners to retain a focus on equity.

Goal 2 - Solvency



Affordability vs. Solvency



Affordability is the ability to pay for goods or services within a budget, typically understood by income relative to expenses.

Affordability assesses short-term financial management and sustainability.

In the case of the health care system, when we talk about affordability, we propose considering affordability for individuals, employers, and the system as a whole.

Solvency is the ability of institutions within the health system to meet long-term financial obligations and ensure that liabilities do not exceed assets.

Solvency assesses long-term financial health.

As we consider our health care system, when we talk about solvency, we would consider solvency of individual institutions and the system as a whole.

Goal 2: System Solvency

Goal 2: Ensure solvency of the health care system

Working Definition: The healthcare system's capacity to achieve and sustain financial stability and resource efficiency over time, ensuring that funds are managed, allocated, and invested to maintain continuous, high-quality care for all populations – and the oversight necessary to assess risks.

Discussion:

1. Is there anything you would add or change for this definition?

We will also address these questions later in the meeting:

1. When we consider the health system as a whole, which specific components are we considering in relation to solvency? In other words, what makes the pieces of that system solvent? What makes the system solvent as a whole?
2. What does a solvent system look like? How does it function?
3. What is the process for addressing an insolvent system?
 - a. What kind of oversight would be necessary for this?
 - b. How best could we develop warning signs?

Community Feedback: Solvency and Affordability



- **Address Systemic Issues:** Re-evaluate billing practices that incentivize quick, superficial appointments over comprehensive care.
- **Sustainable Funding for Programs:** "NEEDS SUSTAINABLE FUNDING to keep programs that work - they can't keep starting and stopping."
- **Better Oversight & Funding:** The "State does need to have a hand in" hospital finances and implement "third-party oversight."
- **Low Pay & Burnout:** Many workers, particularly CNAs, are "underpaid for what they do." One CNA recalled earning "\$7 an hour" in 2007, now "\$15 an hour" in 2025, which is still inadequate. This leads to "high turnover and burnout," with staff leaving for "better pay" in other states like Massachusetts.

Community Feedback: Solvency and Affordability



- **Financial Concerns & Transparency:** There's a strong desire for "more transparency on health costs and their prices" and for patient representatives to help with "payment plans."
- **Better Accountability** A need for better accountability in service provision, where there are no oversight mechanisms to ensure companies and entities deliver on promises.
- **New Models:** Stated suggestions for a single-payer health system and integrated care models were proposed to simplify the complex healthcare landscape.
- **Calls for Systemic Change:** Many believe that fundamental changes, not just minor adjustments, are necessary, including a shift away from profit-driven models towards universal, equitable care. The question "Why is HC so expensive and unavailable in this country?" encapsulates a widespread frustration.

Sample of Foundational Report Recommendations



Hospitals:

- Take action to address the financial strain on Rhode Island's hospitals due in part to high public payor mix and workgroup noted inadequacies in public payor rates contributing to inequities in access for individuals using Medicaid.
- Establish **Hospital/Health System Fiscal Transparency, Solvency & Performance Monitoring** (with equity lens), informing and quantifying the workgroup identified crisis in hospital fiscal stability and requiring active provider engagement in long-term sustainability efforts.
- Develop a **Statewide Acute Care Plan**, Informed by a deep dive analysis of statewide capacity and needs. Provide an evidence base to inform future health system investments

Long-Term Care and Healthy Aging:

- Address Medicaid payment methodologies to ensure adequacy and accountability and align payment with performance metrics to incentivize quality care.

Health Related Social Needs:

- Continue to explore and pilot, targeted payment models that facilitate the adoption of a coordinated community clinical HRSNs care model.

Discussion: Proposed Measure Domains

Proposed Measure Domains for System Solvency

Aggregate of practice financial solvency	Liquidity	Debt Load	Ensuring Oversight	Payor Solvency
<ul style="list-style-type: none">• Could be comprised of multiple measures for individual provider solvency	<ul style="list-style-type: none">• Ability to ensure adequate funding for services (could be measured by days of cash on hand)	<ul style="list-style-type: none">• How much debt the system is holding at a point in time	<ul style="list-style-type: none">• System support for assessing and diverting risks	<ul style="list-style-type: none">• Payor's ability to pay claims

1. Do you have any suggested changes to these domains?
2. When we consider the health system as a whole, which specific components are we considering in relation to solvency? In other words, what makes the pieces of that system solvent? What makes the system solvent as a whole?
3. What does a solvent system look like? How does it function?
4. What is the process for addressing an insolvent system?
 - a. What kind of oversight would be necessary for this?
 - b. How best could we develop warning signs?

Public Comment

