



Office of Health Care System Planning Bi-Monthly Report January 2026

The Office of Health Care System Planning is providing this regular written update on selected, key health planning activities accomplished since the last Health Care System Planning Cabinet and EOHHS Independent Advisory Council meeting. In addition to activities previously reported on, during this time period, the Office of Health Care System Planning has begun a long-term health planning effort and oversaw creation of the Rural Health Transformation Program (RHTP) federal grant application with stakeholder engagement. If you have questions, please contact Sandra Powell (sandra.m.powell@ohhs.ri.gov).

Health Care System Long Term Planning

The Executive Order creating the Health Care System Planning Cabinet charged EOHHS with developing a statewide health care system plan and its development is well underway. By the January 27th Health Care System Planning Cabinet meeting, the Office of Healthcare System Planning will have carried out five meetings of our EOHHS Independent Advisory Council, where community partners have helped to assess, refine, and discuss measure domains tied to the Cabinet's six goals. For each goal, the staff team has worked with our community partners to agree on definitions, affirm the measure domains, and prepare to create measurable SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-bound) and then specific targets that will help us strengthen and transform Rhode Island's health care system.

This month, the HCSP team also convened a Health System Planning Data Council. The Data Council is comprised of data stewards and subject matter experts from state agencies, as well as partners from academia, and EOHHS's consulting data experts. The data council and community partner meetings will continue to be conducted in tandem as the Office continues to work toward building a plan that employs tangible strategies for health system transformation.

The Advisory Council meetings are public. If you are interested in becoming involved in the creation of the statewide long-term health care system plan, please email Cindy Singleton, at cindy.singleton@ohhs.ri.gov, to ask to be put on the Advisory Council Interested Parties list.

Primary Care

Prior Authorization Policy Change

Project Description: The General Assembly passed prior authorization legislation, establishing a three-year pilot program where insurers are prohibited from imposing prior authorizations for admissions, items, treatments, or procedures ordered by primary care providers.

In this reporting period, the Office of the Health Insurance Commissioner (OHIC) has promulgated updated regulations RICR [230-20-30-4](#) which include a 20% reduction in prior authorization by the end of 2026. (See Section 4 'Administrative Simplification', subpart 11(F)).

On December 8, 2025, OHIC also convened the first meeting of its Prior Authorization Advisory Committee (PAAC) which is required by legislation to advise on steps towards reducing the administrative burden caused by prior authorization. The committee is comprised of both providers and payers. The first goal of the PAAC is to review and approve reporting templates which will be used by insurers to report on prior authorization changes as part of the new regulations. Reporting materials (Attestation Form and Data Template) will be distributed to plans by the end of January. OHIC will explore specific pharmaceutical PA options in the coming months.

Health Professional Loan Repayment Program

Program Description: the Rhode Island Health Professional Loan Repayment Program (HPLRP) is a federally funded initiative, matched by philanthropic support, that provides educational loan repayment to eligible primary care, dental, and behavioral health professionals.

The State Loan Repayment Program Notice of Funding Opportunity (NOFO) HRSA-25-072 was released on July 24, 2025, with applications due January 12, 2026, and expected awards announced April 1, 2026. The project start date is anticipated for July 1, 2026, with a three-year performance period through June 30, 2029.

Rhode Island's proposed match of \$200,000 in general revenue was included in Governor McKee's FY26 budget and approved by the House. This funding, combined with typical philanthropic donations of \$500,000–\$580,000, positions Rhode Island to request the full \$780,000 in federal funding, which would be matched to provide \$1,560,000 in loan repayment awards to support approximately 40 clinicians. However, given the delayed SLRP grant timeline, the Governor has included language in the state budget to carry over the \$200,000 into SFY27 to align with the new start date of the federal program.

The planning for the Rural Health Transformation Program continues to incorporate workforce components designed to strengthen recruitment and retention, pending funding availability. Loan Repayment is not an allowed activity under the grant; however, the application submitted to CMS seeks

to address many of the funding gaps that limit the implementation of other recruitment and retention strategies such as relocation incentives to attract hard to fill positions, supporting rural family residency program, and developing career pathways in alignment with ongoing workforce strategic initiatives.

Primary Care Training Sites Program

Program Description: The Primary Care Training Sites Program (PCTSP) is a state-funded program authorized by [R.I. Gen. Laws § 23-17.30](#) and administered by the Rhode Island Department of Health (RIDOH) through the state Office of Primary Care and Rural Health (OPCRH) to expand Rhode Island’s capacity to train new healthcare professionals, including physicians, nurse practitioners (NPs), and physician assistants (PAs), through high-quality, community-based clinical training. RIDOH awarded PCTSP grants for up to \$90,000 per trainee to primary care practices. The funds are awarded to incentivize clinical teaching, support innovative preceptor compensation models, and strengthen the infrastructure necessary for training future providers.

Within this reporting period, RIDOH has carried out the following activities:

- Enrollment and Launch: Contracts have been finalized with 34 community-based primary care sites for the inaugural cohort, representing all five Rhode Island counties and including rural and underserved communities. Preceptor Orientation sessions were held in July and late August. As Period 2 of the program begins in January 2026, a kickoff session is planned to reinforce program goals, set expectations, and ensure alignment during this inaugural pilot year.
- Curriculum and Training Supports: The standardized PCTSP curriculum has been implemented via the TRAIN Learning Management System, with preceptor and student learning plans developed. The Preceptor Manual and Student Handbook are now publicly available, allowing broader use beyond participating practices. Monthly learning collaboratives, led by program trainers, continue to provide technical assistance and reinforce curriculum implementation across sites.
- Capacity Expansion: Early data indicate strong uptake—approximately 65% of Period 1 trainee slots have been filled, and several sites have already met or exceeded anticipated enrollment. Overall, participating practices project a 68% increase in training capacity compared to baseline. Across all 34 sites, the program is expected to support 588 trainee slots in the 2025–2026 academic year, including MD/DO, NP, and PA students.
- Geographic Reach: 21% of sites are rural; all five counties are represented, covering 17 municipalities.
- Preceptor Engagement: 88% of sites selected stipend model; high satisfaction reported in LMS and collaborative sessions.
- Stakeholder Engagement: Collaborations with Rhode Island-based colleges and universities, CTC-RI, and other partners continue to align clinical placements with student demand and program objectives.
- National Recognition: The PCTSP has been highlighted at the October 2025 National Academies of Sciences, Engineering, and Medicine (NASSEM) workshop on “Addressing Training Site and Slot Shortages Across the Health Professions” as a promising model for expanding primary care training capacity in community-based settings.

Oral Health

- RI Oral Health Program (OHP) continues to support the East Providence High School Dental Assisting Program. As of the new school year there are 15 freshman, 13 sophomores, 14 juniors and 9 seniors who are part of the program. A new teacher started in the fall, and we have been helping to support her navigate her role as well as serve on the advisory committee, give presentations and assist in convening meetings. Additionally, the RI OHP will provide financial support for the seniors to complete their radiography exam. RI OHP has continued to stay in touch with the previous teacher who is now at Juanita Sanchez starting their dental assisting program.
- RI Oral Health Program continues to work with the Federally Qualified Health Centers (FQHC) to support dental externships with 4th-year dental students. The RI OHP convenes quarterly Community of Practice Meetings with the agencies to create a space for feedback and open discussion. At least one FQHC has hired full time staff from this externship experience. We are exploring providing stipends to the FQHC's to attract more students to Rhode Island.
- Our third ECHO (Extension for Community Healthcare Outcomes) series in Special Care Dentistry started in September and the RI OHP has held 3 sessions so far with subject matter expert Dr. Alicia Risner-Bauman. Subject matter experts prepared monthly educational sessions for ECHO participants to enhance their professional skills in oral surgery.
- The RI OHP received funding from a CDC Preventive Block Grant which started in October. The grant will be used to implement Interventions to Support Oral Health in Rhode Island Schools. The goal will be to increase school nurse capacity to foster improved oral health of students, RIOHP will streamline processes for school oral health resources and provide additional guidance to school nurses to facilitate screening by school dentists/ hygienists and use of school-based preventive services
- Amos House has been awarded funding on January 8th through the State's Opioid Settlement Program for a pilot program to provide advanced dental treatment for people in recovery. The program is scheduled to begin in the next few weeks. In addition to supporting individuals with care coordination and restorative treatment plans, the program will strengthen the dental provider workforce with anti-stigma trainings and support dental practices in providing appropriate care to people in recovery.

Behavioral Health

Behavioral Health Prevention Efforts

Project Description: There are a significant number of media efforts focused on behavioral health prevention either in process or in planning, targeted at wide, diverse audiences and developed with community engagement, as described below. Several of the campaigns have received recent regional and national awards. Here is information on the activities during the reporting period.

- From May 1 through October 31, 2025, EOHHS, BHDDH, and RIDOH partnered with RDW Group to re-launch several substance-use prevention and mental health awareness campaigns across

the state. These campaigns included 100% Missing, Polysubstance Use, Preventing Unintentional Youth Poisonings, Three Words Can Make a Difference (Are You OK?), Toxic Drug Supply, Small Amount, and Pregnant? Using? We Can Help. (Substance-Exposed Newborns). Website traffic to PreventOverdoseRI.org was 80% higher year-over-year during this period, primarily through paid media efforts, with September 2025 reaching the highest level of recorded website sessions at 43,428.

- EOHHS, BHDDH, and RIDOH launched No Matter Why You Use, an overdose prevention public awareness campaign focusing on Rhode Islanders aged 45 and older. According to 2024 RIDOH fatal overdose data, this population is experiencing the highest rate of overdose. Paid advertising is currently displaying on social media, digital search, gas pumps (51 across the state), and local and streaming radio. On November 7th a [WPRI interview with Dr. Philip Chan](#), a consultant medial director at RIDOH, was published with information on the campaign. On November 28th Steven Boudreau, Director of Equity and Engagement and the Public Information Officer at the Rhode Island Office of Healthy Aging (OHA) and Linda Mahoney, Associate Director for the Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH) joined Dr. Chan on a [podcast episode of Public Health Out Loud](#), to explain that "No Matter Why You Use," help and resources are available in Rhode Island.
- EOHHS, BHDDH, and RIDOH have recently launched a video storytelling campaign about substance use treatment and how it can be a key part of a person's recovery journey. The storytelling prompt, "Why was entering treatment so important in your recovery journey?" inspired [several community members to share videos that speak from the heart](#) about their successful treatment experiences. This organic social media campaign will run through January 2026 during [National Substance Use Disorder Treatment Month](#).
- The Blackstone Valley Prevention Coalition announced the return of the "Not So Easy" Program. Designed to support local alcohol licensees (retailers/establishments) with valuable information and training needed to maintain safe and responsible alcohol sales and service to prevent underage drinking. The key messaging is that it is "Not So Easy" for underage youth to buy or be served alcohol.
- The program provides access to training related to responsible alcohol service; provides education about the harmful effects of underage drinking and Rhode Island laws related to underage sales/service; enhances partnerships between business owners, employees, the BVPC, local law enforcement agencies, parents and the community at large while publicly recognizing business leaders committed to preventing underage drinking.
- The [Rhode Island Responsible](#) cannabis education campaign, sponsored by RIDOH, ran from September to November 2025. Messaging specifically targeted cannabis use during pregnancy, safe storage to prevent accidental youth poisonings, and the effects of cannabis on adolescent brain development. Early results show that the campaign resulted in more than 1 million overall impressions across Facebook, Instagram, and Spotify, and met or exceeded industry benchmarks across several different metrics. The six-week campaign was supported by RIDOH's [Perinatal Substance Use Program](#) with supporting grant funding from BHDDH.

Hospitals

AHEAD Model

- EOHHS met with Center for Medicare and Medicaid Innovation (CMMI) regarding the Achieving Healthcare Efficiency through Accountable Design (AHEAD) model on December 3, 2025 and received new information on status of the program and changes under the Trump administration. EOHHS and OHIC continue to communicate with CMS on Rhode Island’s participation in the AHEAD Model. Initial discussion on the need for measure alignment between the AHEAD program and OHIC’s existing measure alignment work have taken place, however, CMMI/CMS have not yet specified the measures that they are looking to use for the AHEAD program. EOHHS and OHIC are also in regular contact with CMMI/CMS to receive support in navigating the planning of the payment models.
- Finally, OHIC and EOHHS will be negotiating an amendment to our State Agreement with CMS on AHEAD that will incorporate recent changes in the AHEAD model. This negotiation will take place during the first quarter of 2026. Lastly the “Choice and Competition” components of the AHEAD model will require legislative action.

Health Care Workforce Transformation

Data Collection and Analysis

- **Transfer of physician specialty data to Ecosystem**
As shared previously, RIDOH has transferred physician specialty data to the Ecosystem for inclusion in the Health Workforce Data Dashboard, and EOHHS has been working closely with the Ecosystem team to ensure that dashboard tools are user-friendly and produce clear, meaningful data. These tools are now expected to become public facing by in January.
- **Expanded wage record data collection** One of the recommendations of the 2024 Foundational Plan was to expand the employment data that is submitted by Rhode Island employers to the Rhode Island Department of Labor and Training (DLT), including hourly wages and weekly scheduled hours. DLT is supportive of this initiative and has prioritized the collection of hourly wages and hours worked from Rhode Island employers. DLT is seeking funding to enhance its technological capacity to receive additional data to expand its wage record data collection.

Clinical Placement Registry

The Office of the Post Secondary Commissioner (OPC) has taken the lead on this initiative and has identified an online clinical placement tool, the Massachusetts Centralized Clinical Placement (CCP), which that enables educational institutions and healthcare organizations to efficiently match placement needs with available opportunities. Specifically, the CCP system—originally funded through state legislative grants in Massachusetts and now sustained by member contributions—provides a comprehensive, statewide infrastructure for coordinating clinical education placements.

Currently, several major Rhode Island healthcare systems already utilize the CCP system, offering a unique opportunity to align regional placement coordination and streamline administrative processes across state lines. OPC and EOHHS seek to expand the use of the CCP platform in Rhode Island by integrating smaller community-based healthcare and social service organizations, thereby increasing access to diverse and high-quality clinical experiences for students while reducing administrative burden for both educational programs and placement sites. This initiative is on-going.

Foreign trained health professionals

Legislation to expedite pathways to licensure for foreign-trained physicians was passed into law (with amendments proposed by RIDOH) this past legislative session, and regulations are being finalized by RIDOH. Private and public sector partners (from RIODH and EOHHS) are currently meeting to develop policy and/or legislative strategies to create pathways to practice in dentistry and dental hygiene for foreign-trained oral health professionals.

Funding for Ladders to Licensure

In the past five months, the three current Ladders to Licensure (L2L) partnerships have enlisted two additional employer partners (now totaling 11) and have continued to recruit individual employees to enroll in higher education programs leading to health professional licensure. In addition, EOHHS has just awarded a Planning Grant to an additional L2L partnership comprised of long-term care employers. The Governor has proposed to maintain current L2L funding in the FY27 budget, and EOHHS will be pursuing expansion of L2L in rural communities under the new RHTP.

Behavioral Health Workforce

The EOHHS Ecosystem is pursuing steps to incorporate behavioral health workforce data from the RI Certification Board (which has entered into a Data Sharing Agreement with EOHHS, and HR data that is submitted annually by mental health organizations to BHDDH) into the Health Workforce Data Dashboard. Additionally, the Governor's Council on Behavioral Health has established a Behavioral Health Workforce Subcommittee that began meeting monthly in October 2025 to identify policy strategies to improve behavioral health workforce recruitment & retention.

Health Information Technology

Federal National Provider Director Initiative

Project Description: CMS has announced a large federal initiative to promote interoperability, including a sizeable investment in a national provider directory. You can find more information on the project here: [cms.gov/health-tech-ecosystem](https://www.cms.gov/health-tech-ecosystem) and [Press Release Federal Commitment to Create Patient Centric Healthcare Ecosystem](#). Note that the effort is voluntary and not mandated for providers, payers, and HIT vendors. If pursued in Rhode Island, CurrentCare (Rhode Island's Health Information Exchange, or HIE) is positioned to take advantage of this, and it could be leveraged in numerous other areas of value to the state's healthcare system. Here are a set of updates from within the reporting period.

CurrentCare Health Information Exchange

- Rhode Island's Health Information Exchange (HIE), called CurrentCare, continues to onboard new data feeds and users. The HIE recently went live with encounter-based feeds from Brown University Health and Care New England which had been a significant gap. This has tremendously improved the utility of the HIE.
- EOHHS Issued a competitive procurement in 2025 to incorporate EHRs for enhanced quality reporting with new opt-out HIE. (ST) The Request for Proposals (RFP) for new Quality Rating System (QRS) has been posted and it is expected that the chosen vendor will be announced in the near future. Additionally, the Regional Health Information Organization (RHIO) RFP has gone out to bid and EOHHS received seven (7) bids which are being evaluated.
- HIE and Skilled Nursing Facilities (SNFs): SNF connectivity strategic planning was proposed as a possible development project for the HIE Project Governance Committee. The initiative was voted on in the September Project Governance Committee meeting and approved to be funded through the HIE budget. The initiative will enhance SNF connectivity to the HIE to reduce administrative burden on transferring patient information between healthcare providers. Efforts are underway with PointClickCare, an EHR software used by most SNFs in Rhode Island, to submit data. Negotiations with MatrixCare, another provider of SNF EHR software.

Data Development

Data Dashboard Development

- OHCSP is working with our data consultant, Freedman Healthcare, to design Rhode Island's Hospital Fiscal Transparency and Performance Dashboard. The Dashboard is in a prototype format, and will be completed after additional feedback from community partners.
- Freedman Healthcare has also been continuing to prepare a report that includes a primary care capacity assessment, recommendations on consistent primary care definitions and methodologies, and a primary care data inventory.

Rural Health Transformation Program

Over the past two months, Rhode Island reached a major milestone in advancing statewide health care system planning through the Rural Health Transformation Program (RHTP). Led by the Executive Office of Health and Human Services (EOHHS) as the applicant, in coordination with the Governor's Office and the Rhode Island Department of Health (RIDOH), Rhode Island's application reflects a coordinated, statewide strategy aligned with CMS program goals to improve access, quality, and sustainability of rural health care. Community feedback played a critical role in shaping the priorities and investments proposed to CMS, ensuring that the RHTP application reflects local needs, lived

experience, and shared priorities for improving access, equity, and system sustainability in rural and underserved communities. On November 3, the State submitted a comprehensive application to CMS seeking up to \$1 billion in federal funding and on December 27, CMS announced that Rhode Island would receive \$165 million for Year 1 of the grant. EOHHS will be submitted an updated budget to CMS by January 30, 2026.

Here is the [Project Narrative](#) for the grant. A central component of this accomplishment was the robust community engagement process used to inform the application. EOHHS and RIDOH jointly hosted community listening sessions and conducted a statewide feedback survey to ensure meaningful input from residents, providers, community-based organizations, and health system partners. These efforts generated more than 300 individual comments, ideas, and recommendations from across Rhode Island.

After the budget is updated, EOHHS and our state partners will be providing additional information to the public about how the state will be implementing the grant, and the procurement opportunities for which our community partners will be able to apply.