



Rhode Island Health Care System Planning

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

February 12, 2026

RHODE ISLAND

Agenda



- **Welcome & Introductions**
 - Review of the September 11, 2025, Minutes

- **Health Care System Planning Data Progress**
 - **Hospital Fiscal Transparency and Performance Monitoring Dashboard** – Freedman Healthcare
 - **Primary Care Dashboard**
 - Primary Care Provider Capacity Assessment Phase I Update
 - Potential Primary Care Dashboard Domains
 - **Primary Care/University of Rhode Island Dashboard Project** - Dean Patrick M. Vivier, MD, PhD

- **Health Care System Transformation**
 - **Long-term Rhode Island Health Care System Planning** – EOHHS Assistant Secretary Ana Novais; Marti Rosenberg, Director of the Office of Health Care System Planning; and Emma Seymour, Masters of Public Health Fellow, Brown University
 - **Rural Health Transformation Program Update** – Manny Ortiz, Interim Director, Rural Health Transformation Project

Review of the September 11, 2025, Minutes



Health Care System Planning Data Progress: Hospital Fiscal Transparency and Performance Monitoring Dashboard

Presentation by Freedman Healthcare



Presentation Overview



Review and discuss Hospital Fiscal Transparency and Performance Monitoring Dashboard

1. Background & Approach
2. Building infrastructure
3. Stakeholder Engagement & Next Steps

The Hospital Sector Workgroup included Fiscal Transparency and Performance Monitoring as Priority Recommendation # 2 in the Rhode Island Health Care System Planning Foundational Report, Chapter 6¹

- The first action step associated with this recommendation was:
 - **Establish infrastructure/capacity for ongoing fiscal transparency, solvency and performance monitoring** and perform initial analysis

¹ Rhode Island Health Care System Planning 2024 Foundational Report. Chapter 6: Hospitals, page 20

Approach

Step 1: Identify and gather data sources

Step 2: Build custom data infrastructure for Rhode Island

Step 3: Make comprehensive data available for policymakers

Step 1: Identify Data Sources

There is no single data source that provides a complete picture of hospital financial health and sustainability.

- **Core Data Sources for Hospital Financial Health Include:**
 - **Medicare Cost Reports:** Facility-level detail; includes costs, revenues, and operational data for Medicare payment determination; standardized federal form enables trend analysis over time and peer group comparisons.
 - **IRS Form 990:** Annual tax returns filed by nonprofit hospitals; only source for charity care policies, community benefit spending, bad debt and uncompensated care.
 - **Audited Financial Statements:** Provide comprehensive, system-level perspective; includes income statement, balance sheet, cashflow statement, and detailed footnotes. Legally binding and externally audited. Non-standardized.
- **Even taken together, Core Data Sources still have information gaps for performance monitoring:**
 - Quarterly data is unavailable for key metrics
 - Unrealized investment gains/losses cannot be separated
 - Total operating revenues at the facility level are approximate

Step 2: Build Custom Data Infrastructure for RI



Phase I

Develop agile data model to incorporate multiple sources of data - **DONE**

Populate model with publicly available and standardized data

Medicare Cost Reports - **DONE**

IRS 990s – **IN PROGRESS**

Phase II

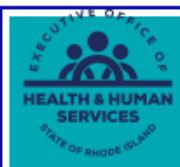
Evaluate additional data types to narrow data gaps

APCD

Hospital Discharge Database

Consider options for submission of non-standard information in standardized formats

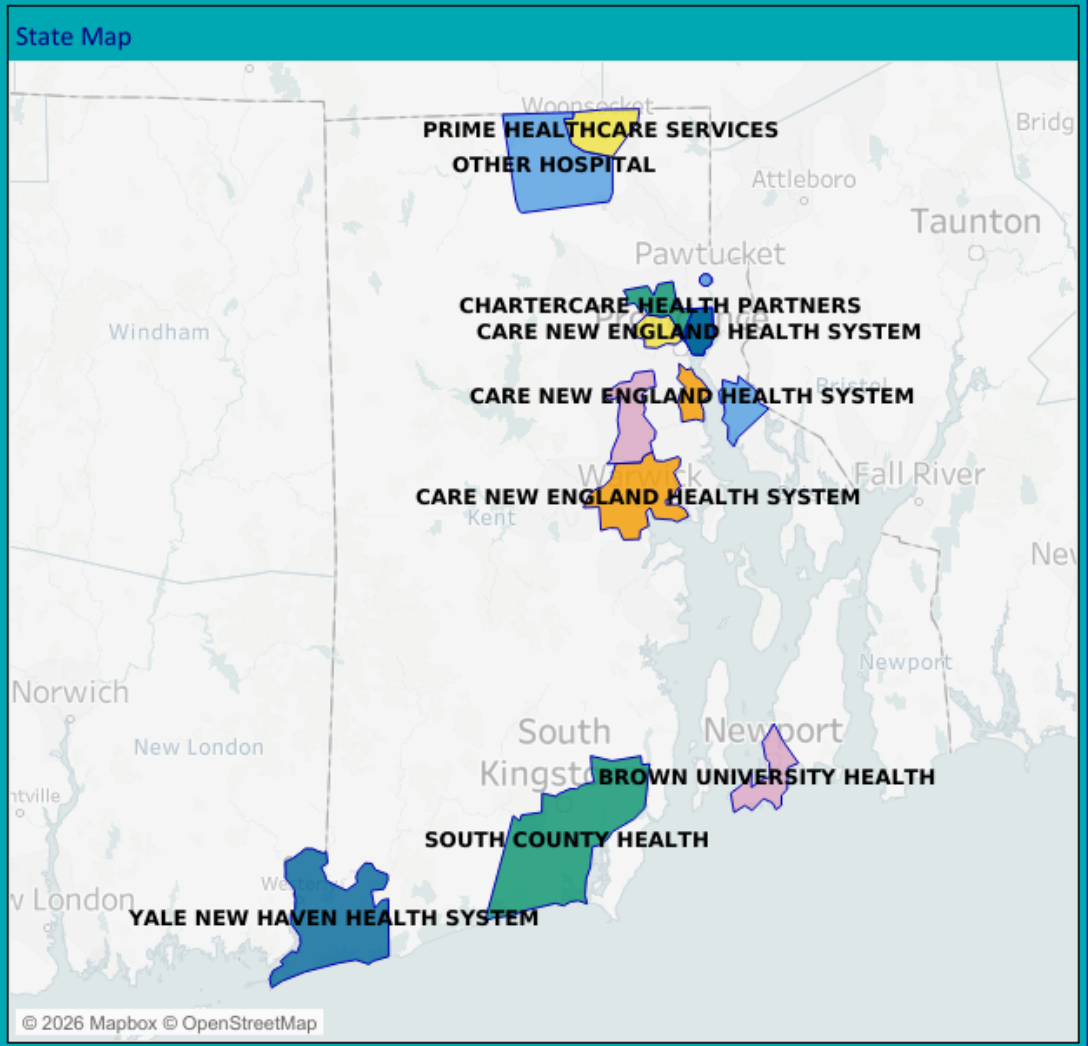
Dashboard Screenshot



Hospital Names and Location

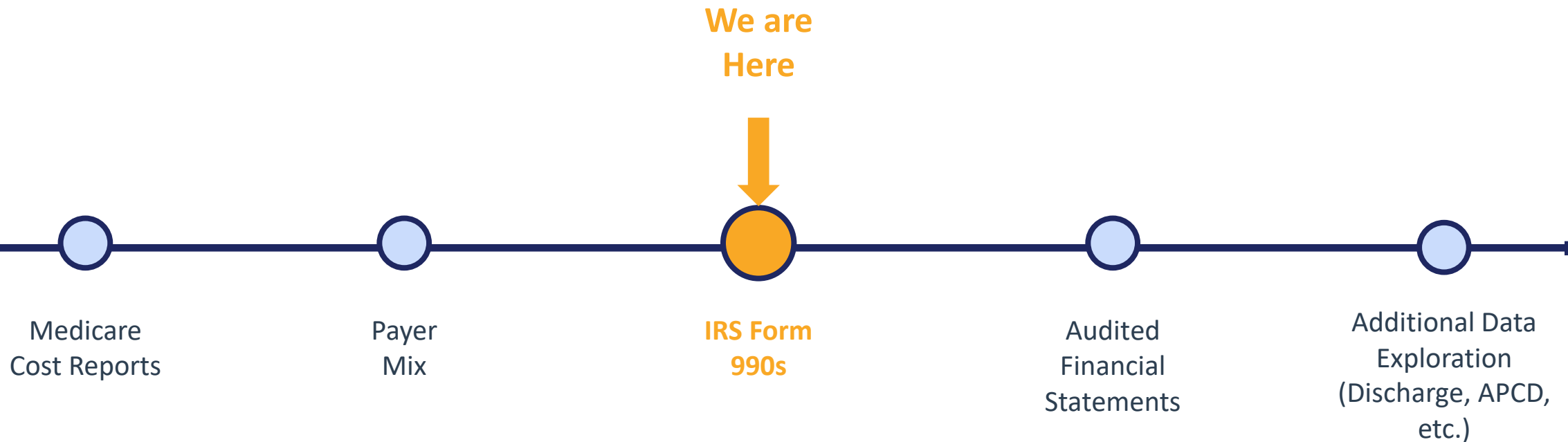
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Hospital Information		
Provider Number	Hospital Groups	Hospital Name
410004	CHARTERCARE HEALTH PARTNERS	ROGER WILLIAMS MEDICAL CENTER
410005	CHARTERCARE HEALTH PARTNERS	OUR LADY OF FATIMA HOSPITAL
410006	BROWN UNIVERSITY HEALTH	NEWPORT HOSPITAL
410007	BROWN UNIVERSITY HEALTH	RHODE ISLAND HOSPITAL
410008	SOUTH COUNTY HEALTH	SOUTH COUNTY HOSPITAL
410009	CARE NEW ENGLAND HEALTH SYSTEM	KENT COUNTY MEMORIAL HOSPITAL
410010	CARE NEW ENGLAND HEALTH SYSTEM	WOMEN & INFANTS HOSPITAL
410011	PRIME HEALTHCARE SERVICES	LANDMARK MEDICAL CENTER
410012	BROWN UNIVERSITY HEALTH	THE MIRIAM HOSPITAL
410013	YALE NEW HAVEN HEALTH SYSTEM	THE WESTERLY HOSPITAL
412001	OTHER HOSPITAL	ELEANOR SLATER HOSPITAL
413025	OTHER HOSPITAL	REHABILITATION HOSPITAL OF RHODE ISL
414000	CARE NEW ENGLAND HEALTH SYSTEM	BUTLER HOSPITAL
414003	BROWN UNIVERSITY HEALTH	EMMA P. BRADLEY HOSPITAL



Building Custom Hospital Fiscal Transparency and Performance Monitoring Data Infrastructure

Data Infrastructure Evolution towards a 360° View



Building comprehensive hospital transparency through iterative data incorporation

Step 3: Make data available for policymakers



Phase I

Package data in publicly available, interactive format (Dashboard) – **IN PROGRESS**

Provide Executive Level summaries – **IN PROGRESS**

Phase II

Highlight potential use cases for data e.g.:

- Early intervention with fragile facilities or systems

- Rural Health Care Transformation Program transformation initiatives

- Advanced planning for service line/health care access point changes

Develop capacity for ongoing monitoring and analysis of data

Stakeholder Engagement and Next Steps



The following stakeholder engagement activities have occurred in relation to the Draft Phase I Hospital Dashboard:

- Presentation and discussion with the Health Care System Planning Hospital Work Group
- Presentation and multiple conversations with representatives from the Hospital Association of Rhode Island and individual hospitals

The following discussion questions were posed to each group:

- In considering the Cost Report foundation of the Phase 1 Dashboard, what metrics did we miss?
- Are there key indicators that should be included in the Dashboard?

Next Steps: Complete work in-progress in Phases I and II; continue stakeholder engagement.

**Primary Care Provider Capacity Assessment
Phase 1 Update
and Potential Primary Care Dashboard
Domains**

Freedman Healthcare



Primary Care Provider Capacity Assessment: Update



Utilized the Peterson-Milbank primary care definition to produce a stand-alone, reproducible and refreshable count of primary care providers.

- Applied the Peterson-Milbank primary care definition to Rhode Island APCD claims data to identify primary care providers
- Linked disparate groups of providers and developed methodology to de-duplicate / match providers by name to identify true count of providers who provide primary care services to Rhode Islanders
- Used this new list of providers to identify groups and individual providers that delivered ~80% of primary care services by volume

NEXT STEPS:

- Engage primary care stakeholders and workgroup for feedback on methodology and output.
- Utilize capacity assessment as component of Primary Care System Performance Dashboard.

Primary Care System Performance Dashboard

Potential domains leveraging primary care provider capacity assessment:



Providers

- Primary care provider count
- Market share
- Payer mix



Spending

- Primary care spending Per Member Per Month and as a percent of total spending
- Primary care payment per unit by zip code: RI, MA, CT



Access and Utilization

- Primary care utilization by market (Medicare, Commercial, Medicaid)
- Trends in patient office visits: new patients vs established

Primary Care/University of Rhode Island Dashboard Project

Presentation by Dean Patrick M. Vivier, MD, PhD



Primary Care/URI Dashboard Project

- Goals
 - Help Rhode Island families locate primary care providers
 - Geographic proximity
 - Search functions
 - Accepting new patients
 - Insurance accepted
 - Language spoken
 - Provide information to policymakers

Primary Care Providers in Rhode Island - BETA SAMPLE

View filtered ... Search Cl...

Insurance Accepted

- Blue Cross
- United Healthcare
- Neighborhood Health Plan

Languages Spoken

- English
- Spanish
- Portuguese

**Internal Medicine East
Greenwich (Brown Medicine)**
1454 S COUNTY TRL, EAST
GREENWICH, RI

Phone:
401-649-4050

Primary Care Providers

Emily Long, MD
Kara Greenward, MD
Kate Mayans, MD
Laura Edmonds, MD
Mae Shen, MD
Michelle Anvar, MD

Insurance Accepted: Blue Cross, United Healthcare,,

Languages Spoken:
English, Spanish, Portuguese,

Primary Care/URI Dashboard Project

- Collaboration
 - University of Rhode Island
 - College of Health Sciences
 - Environmental Data Center
 - RI Executive Office of Health and Human Services (EOHHS)
 - Rhode Island Department of Health

Primary Care/URI Dashboard Project

- Timeline
 - Prototype development (completed)
 - Data use agreement (currently under review)
 - Full model development (Spring 2026)
 - Public launch (Summer 2026)
 - Data updates (At least annually)

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Primary Care Providers in Rhode Island - BETA SAMPLE

View filtered ... Search Cl...

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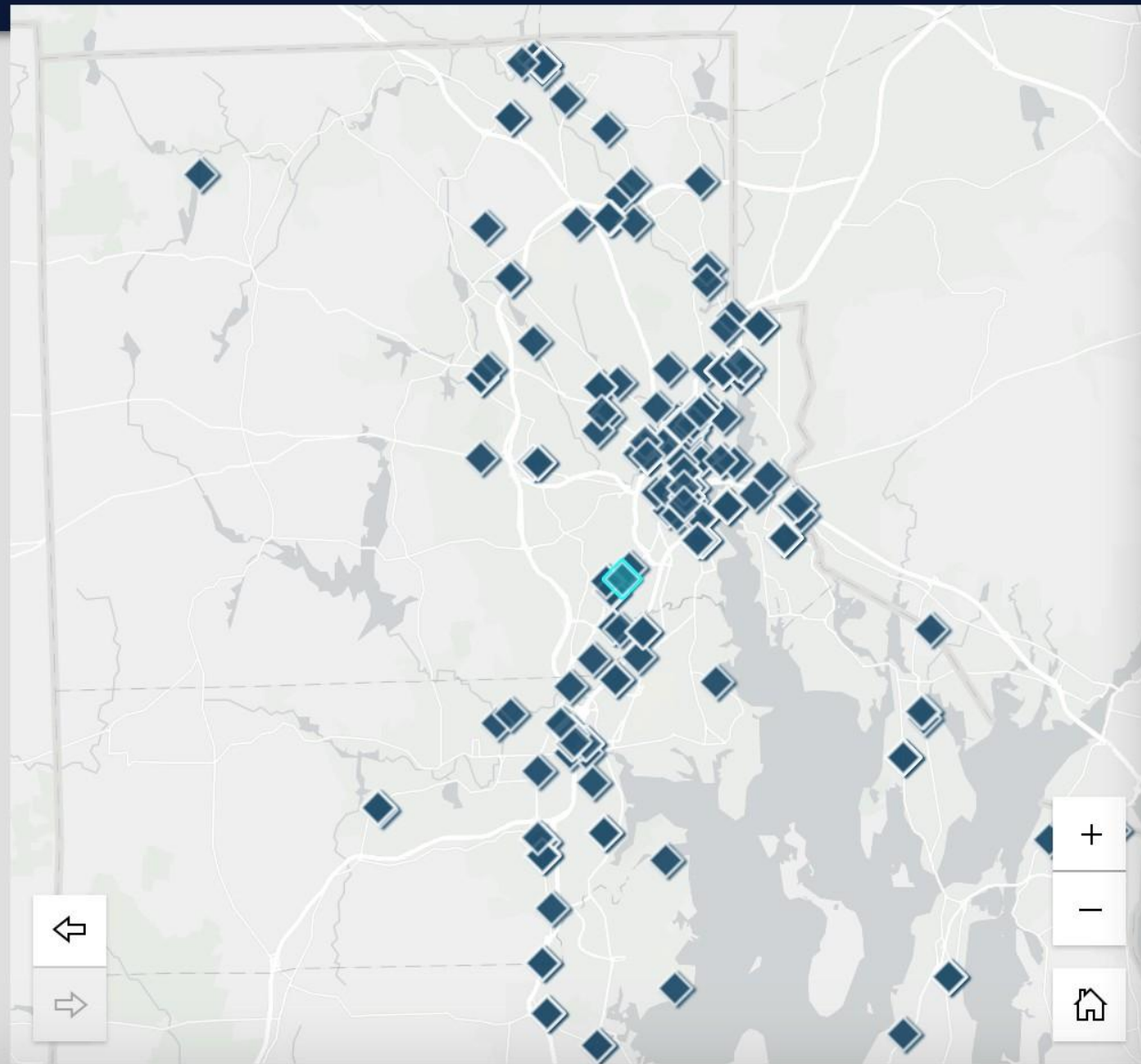


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Long Term Health Care System Planning: The Rhode Island Health Plan

Presentation by EOHHS Assistant Secretary Ana Novais

Marti Rosenberg, Director of the Office of Health Care System Planning

and

Emma Seymour, MPA

Masters of Public Health Fellow, Brown University



Background



- 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**

Cabinet Goals

- 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.

Targets

- Create a series of targets that are attainable, transformational, and predominantly supported by measurable outcomes.
- Some targets may be focused on collecting new, innovative measures that are not currently collected to achieve system transformation

Our Planning & Implementation Iterative Process



Data Council Objectives and Goals

Propose Measure Criteria for
Measure Assignment Process

Aligning Specific Measures to
Measure Domains

Continued Engagement and
Support on Creation of Strategic
Objectives and Targets

Work to this point

- Each goal aims to improve, re-orient, and ultimately transform Rhode Island's health care system. To achieve these goals, we have been focusing on:
 1. **Pinpointing the key components** of each goal that will lead to health care system transformation
 - **We've been asking this question:** How do we move from the goal to implementation steps that will realize significant transformation?
 2. **Understanding the community's voice** in relation to each goal – patients & partner and provider organizations.
 - **We've been asking these questions:** What are our community partners – both patients, providers, and community organizations - asking for? How do they want their needs to be achieved and how can we make that happen? Is the health care system working for the people who use it?

Work to this point

- Each goal aims to improve, re-orient, and ultimately transform Rhode Island's health care system. To achieve these goals, we have been focusing on:

3. **Incorporating the foundational plan cross-sector recommendations** aimed towards improving the health system

We've been asking these questions: What foundational recommendations from a cross-sector of experts are already available for us? What recommendations are already underway and what new implementation steps are necessary? And how do these steps align within a continuum?

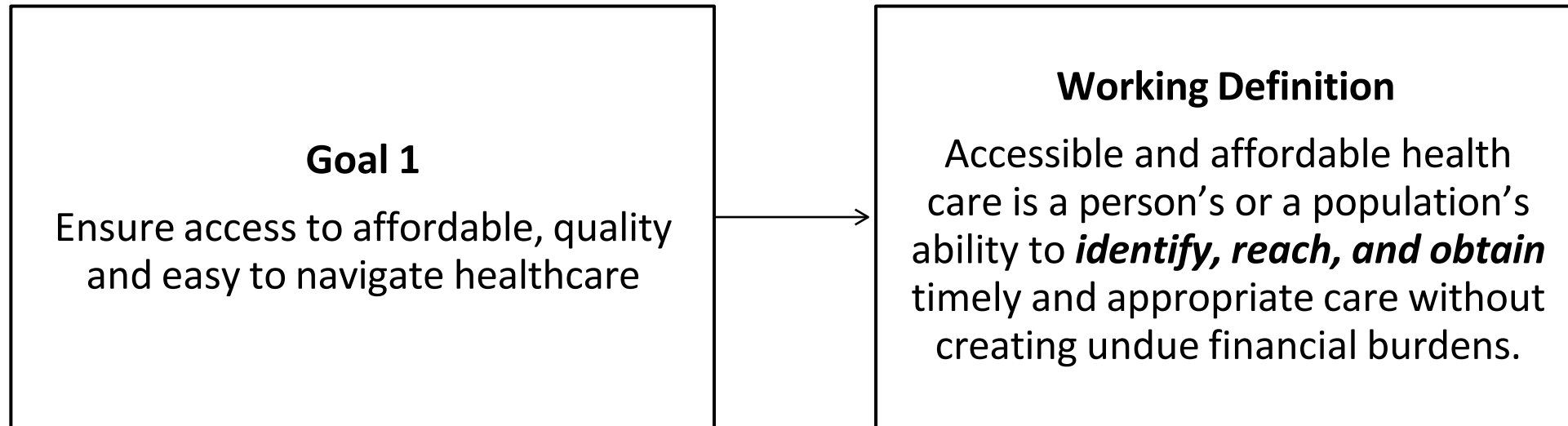
4. **Gathering and analyzing the available data** to create baselines and then set targets and measure progress toward goals.

We've been asking these questions: How do we best understand how each of our goals should be tracked and measured? How do we define our baseline measures? And how do we best set targets that will help achieve transformation?

Work to this point

- Each goal aims to improve, re-orient, and ultimately transform Rhode Island's health care system. To achieve these goals, we have been focusing on:
 5. **Aligning current implementation efforts** and strategies across the state that support the goals
 - We've been asking these questions:** Where is the work already being done to achieve the goals, and how can we bolster these efforts? How do we ensure alignment with existing work, which includes but is not limited to the Rural Health Transformation Project, the Olmstead Plan implementation, the Children's Behavioral Health System of Care, Workforce Transformation Planning, Overdose Intervention and Prevention, and the Federal Compliance Advisory Group activities to address H.R.1.
 - **What other questions should we be asking?**

Example: Pinpointing the Key Components



Example: Pinpointing the Key Components

Access and Affordability Measure Domains

Accessibility	Affordability	Availability	Accommodation	Acceptability
<ul style="list-style-type: none">• Location of supply aligns with location of patients and/or demand for services	<ul style="list-style-type: none">• Individual/Household• Employer• Whole Health System	<ul style="list-style-type: none">• Size or volume of supply meets patient's needs	<ul style="list-style-type: none">• Delivery of healthcare accommodates patient's needs	<ul style="list-style-type: none">• Providers accept all patients regardless of their characteristics

Community Partner and Advisory Council Feedback:

- General agreement on these measure domains.
- Develop meaningful metrics: affordability, appropriateness, availability, awareness, autonomy, and patient choice.
- Include EMS, rural access, regulatory barriers, and insurance as measurable components
- Ensure accommodations and alignment with Olmstead work
- Align measurement frameworks with policy, systems, and environmental strategies
- Affirm cultural and spiritual needs in care provision
- Need for a more in-depth discussion of the affordability component of the goal – and the inclusion of quality.
- One measure domain – **Acceptability** – will be moved to Goal 5, as a part of quality/patient-centeredness.

Example: Pinpointing the Key Components

Affordability Measure Domains

Individual/Household

- Total cost of care does not prevent an individual/household from accessing and/or delaying necessary healthcare, does not force trade-offs with basic needs and does not create undue financial hardship.

Employer

- The cost of providing health benefits for employees is sustainable relative to the organization's revenue and workforce needs.

Whole Health System

- Total health spending grows at a rate aligned with the state's economic growth, while ensuring equitable access, high quality outcomes and the efficient use of resources across the population.

Community Partner and Advisory Council Feedback:

- General agreement on these measure domains.
- Emphasis that affordability cannot be pursued in isolation from system sustainability.
- Affirming data council work will be shared and reviewed with advisory council.
- Ensuring specific language for patient populations – i.e., moving away from "client" terminology.

Example: Understanding the Community Voice



Access and Affordability Measure Domains

Accessibility

Affordability

Availability

Accommodation

Here are quotes from our Community Engagement, focused on Access and Affordability

The system for obtaining health insurance is “designed to be complex” and for many, health itself feels “out of reach” or a “nightmare” due to “deductibles and high costs.”

Make healthcare more accessible and affordable for everyone, regardless of economic situation or insurance type

Decrease wait times, train more PCPs, make it more accessible for people to get a PCP like availability of insurance, etc.

“Sustainable funding to keep programs that work... it can’t keep stopping and starting”

Example: Incorporating the Foundational Report Recommendations



Access and Affordability Measure Domains

Accessibility

Affordability

Availability

Accommodation

Here are quotes from our Foundational Report, focused on Access and Affordability

Assess gaps in the supply of services across socioeconomic levels and geographic regions to meet the needs of older adults and those with disabilities to determine current and future needs (Long-Term Care).

Align payments for dental care to be more closely competitive with neighboring states while ensuring plans are affordable for employers, employees or those purchasing in the market (Oral Health).

Increase the number of individuals who train in primary care in Rhode Island and then continue to work in primary care in RI (Primary Care).

Continue to analyze the impact of rate increases and rate adjustments to ensure that rates are sufficient to sustain a diverse, well-trained, stable workforce (Workforce).

Community and Foundational Quotes Together



Access and Affordability Measure Domains

Accessibility	Affordability	Availability	Accommodation
<p>The system for obtaining health insurance is “designed to be complex” and for many, health itself feels “out of reach” or a “nightmare” due to “deductibles and high costs.”</p>	<p>Make healthcare more accessible and affordable for everyone, regardless of economic situation or insurance type</p>	<p>Decrease wait times, train more PCPs, make it more accessible for people to get a PCP like availability of insurance, etc.</p>	<p>“Sustainable funding to keep programs that work... it can’t keep stopping and starting”</p>
<p>Assess gaps in the supply of services across socioeconomic levels and geographic regions to meet the needs of older adults and those with disabilities to determine current and future needs (Long-Term Care).</p>	<p>Align payments for dental care to be more closely competitive with neighboring states while ensuring plans are affordable for employers, employees or those purchasing in the market (Oral Health).</p>	<p>Increase the number of individuals who train in primary care in Rhode Island and then continue to work in primary care in RI (Primary Care).</p>	<p>Continue to analyze the impact of rate increases and rate adjustments to ensure that rates are sufficient to sustain a diverse, well-trained, stable workforce (Workforce).</p>

Example: Gathering and Analyzing Available Data

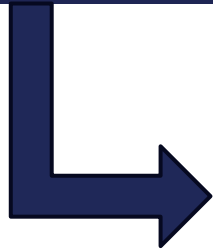
Access and Affordability Measure Domains

Accessibility

Affordability

Availability

Accommodation



Adults without a medical and dental preventive care visit

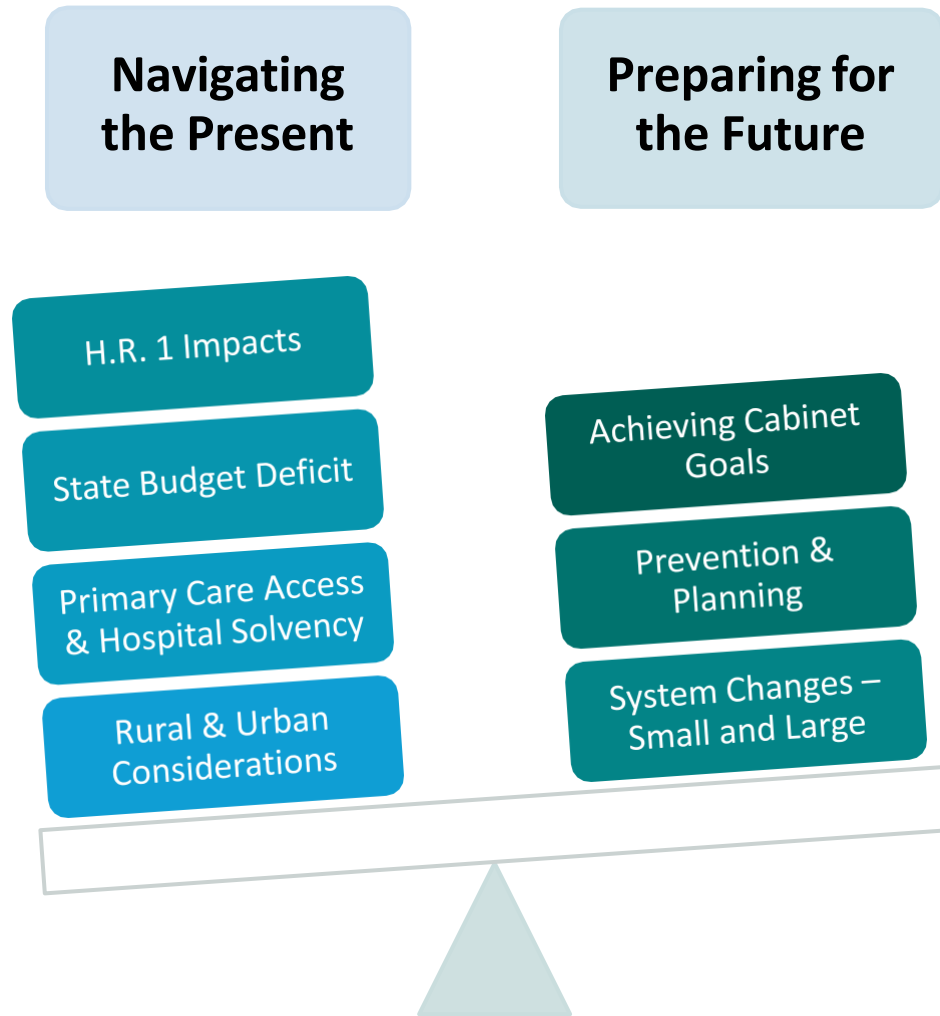
Children without a medical and dental preventive care visit

Percent of population with a primary care provider

Next Steps: Aiming Toward Targets

- Continue to align the Strategic Plans across state agencies and community partners (where available)
- Match up the work to address H.R. 1 with our long-term health care system planning
- Continuing with our public/private process to:
 - Define Measurable SMART Objectives
 - Set transformation targets
- Ensuring continuing engagement between the Cabinet and the Advisory Council

Health System Planning

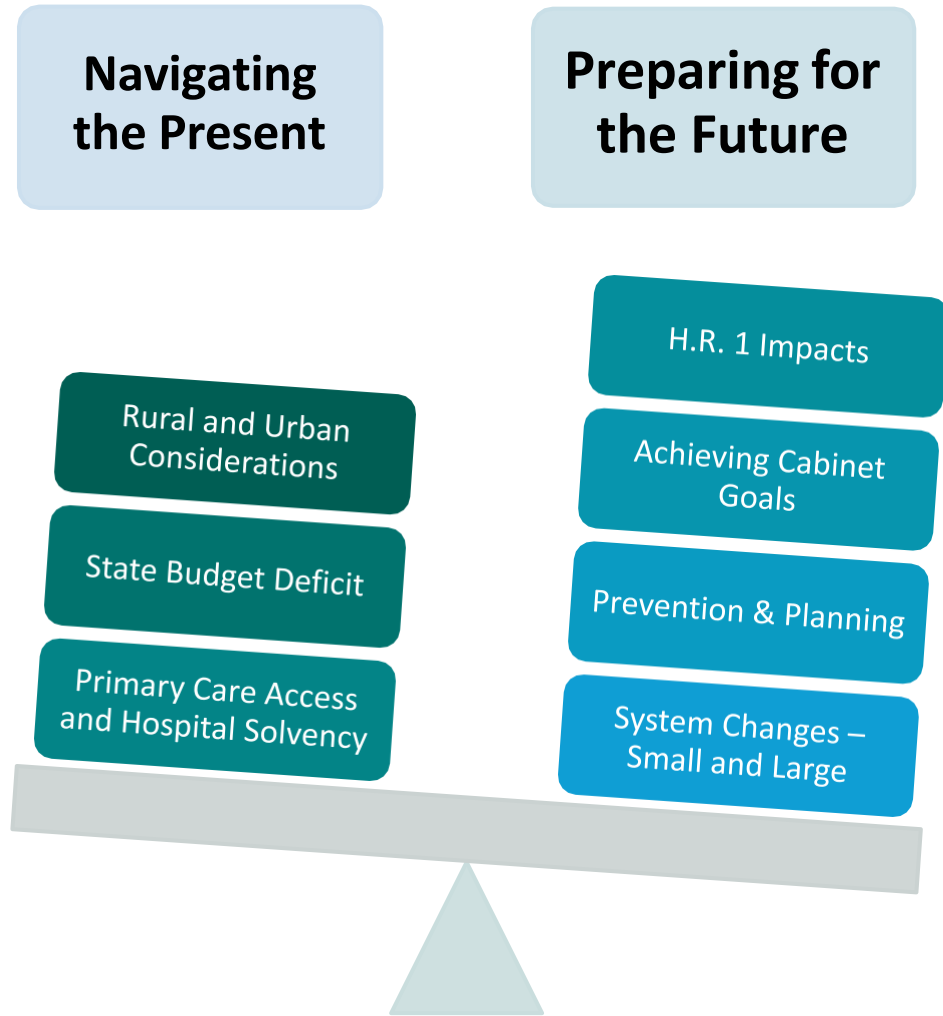


Navigating current state while looking towards the future of health system priorities is a balancing act.

For this discussion, we want to consider the realities of both as they inform each other.

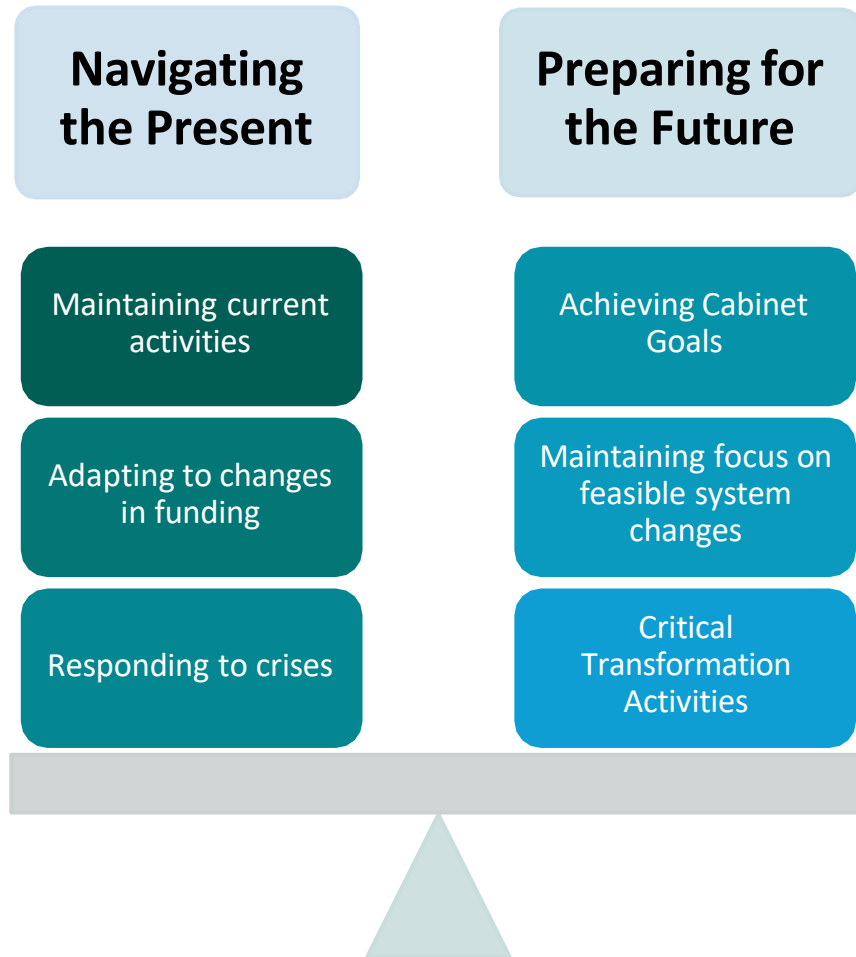
We cannot plan for the future without understanding the current realities.

Health System Planning



And we cannot change the current state without being intentional about the future we want to create.

Health System Planning



Our work toward The Rhode Island Health Plan aims to achieve the first iteration of balance between navigating the present and preparing for the future.

We want to explore questions like the following with the Health Care System Planning Cabinet and the EOHHS Independent Advisory Council:

- How are we deploying our current resources to meet and inform our future priorities? (And what new opportunities does the Rural Health grant give us?)
- As we talk about health care system transformation ... we must ask: how do we really want our health care system to change, and what are we willing to do to transform it?
- What does sustaining a transformational planning process look like for Rhode Island?

Rural Health Transformation Program

Presentation by *Manny Ortiz*, Interim
Director, Rural Health Transformation Project

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Public Comment

