



## **Proposed Measure Domains for HCSP Cabinet Goals & Initial EOHHS Independent Advisory Council Feedback**

The Office of Health Care System Planning (OHCSPP) held a series of meetings with the EOHHS Independent Advisory Council and other community partners between December 1, 2025 and January 23, 2026. The purpose of the meetings was to review each of the Health Care System Planning Cabinet's goals in preparation for the creation of the long-term Rhode Island Health Care System Plan. This formal plan will include measurable SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) objectives and targets to allow us to reach our goals to strengthen and transform our health care system.

At the meetings, the OHCSPP provided participants with draft working definitions of each goal and proposed Measure Domains – i.e., areas within which we can measure the key components described in the goals. The OHCSPP has also created a Data Council, made up of data experts and academicians, who are helping to choose appropriate metrics that will fit within the measure domains.

At the meetings, community participants provided feedback on the working definitions, the measure domains, and the general approach to choosing metrics and moving toward the creation of the Rhode Island Health Care System Plan.

This draft document lays out each goal, the working definitions, the proposed Measure Domains, and notes on the feedback from the meeting participants. We will continue these discussions at Cabinet meetings and subsequent Advisory Council meetings.



## Goal 1: Access and Affordability

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

**Working Definition:** Accessible and affordable health care is a person's or a population's ability to identify, reach, and obtain timely and appropriate care without creating undue financial burdens.

Proposed Measure Domains (Access)			
Accessibility	Affordability	Availability	Accommodation
Location of supply aligns with location of patients or demand.	Reflected in the expanded domains below	Size or volume of supply meets patient's or population's needs.	Delivery of health care accommodates patient's needs.

Proposed Measure Domains (Affordability)		
Individual/Household	Employer	Whole Health System
Health care is affordable for an individual or household when the total cost of care does not prevent them from accessing and/or delaying necessary health care, does not force trade-offs with basic needs, and does not create undue financial hardship.	Health care is affordable for an employer when the cost of providing health benefits for employees is sustainable relative to the organization's revenue and workforce needs.	Health care is affordable at the state or system level when total health spending grows at a rate aligned with the state's economic growth, while ensuring equitable access, high-quality outcomes, and efficient use of resources across the population.

### EOHHS Independent Advisory Council and other Community Partner Feedback:

#### **Measure Domains for Access and Affordability:**

- General agreement but the following suggestions:
- 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.

#### **Expanded Measure Domains for Affordability:**

- Emphasis that affordability cannot be pursued in isolation from system sustainability.



- Affirmation that data council work will be shared and reviewed with the advisory council.
- Ensuring specific language for patient populations – i.e., moving away from “client” terminology (addressed).

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## Goal 2: System Solvency

**Goal:** 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.

Proposed Measure Domains				
Aggregate of Practice Financial Solvency	Liquidity	Debt Load	Ensuring Oversight	Payor Solvency
Could be comprised of multiple measures for individual provider solvency	Ability to ensure adequate funding for services (could be measured by days of cash on hand).	How much debt the system is holding at a point in time	System support for assessing and diverting risks	Payor’s ability to pay claims

### EOHHS Independent Advisory Council and other Community Partner Feedback:

- Financial indicators alone are insufficient; solvency also depends on access, workforce stability, capital investment and system functionality.
- Payment reform is essential; multiple members emphasized that long-term solvency will require payment reform.
- Community partners pointed to the need for broader, system level assessment, emphasizing that solvency should be viewed at both the provider level and the system level.
- Council members suggested that the system should be able to anticipate and prevent provider failures (e.g., hospital closures).
- There were concerns that solvency measurement could become new oversight requirements.
  - There was an emphasis placed on the need for partnership between the state, payers, and providers to ensure responsibility would not be shifted onto practices.
- Some members suggested reframing the goal as achieving and sustaining financial stability.
- Council indicated a need to examine why care is breaking down, including patients seeking care out of state.
- Existing data sources and reporting requirements should leverage rather than create additional monitoring burdens.



### Goal 3: Health Equity

**Goal:** Ensure health equity and reduce disparities in access and outcomes.

**Working Definition:** Variations in health outcomes and root causes of disease are addressed by equity in access to resources.

Proposed Measure Domains			
Accurate and Timely Data	Effective and Sustainable Intervention	Policy and Governance	Outcomes
Collection, Reporting, and Analysis of Standardized Data to understand foundational variations in health outcomes	Organizational engagement strategies that support equity in access to health services	Understanding broad participation practices and the consideration of a variety of perspectives in policy creation	Assessing variations in health outcomes and the external factors that influence them

#### EOHHS Independent Advisory Council and other Community Partner Feedback:

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



## Goal 4: System Integration and Coordination

**Goal:** Foster an integrated delivery system that coordinates care across the full spectrum of health services focused on population health, seamless transitions, system preparedness and patient-centered care.

**Working Definition:** Health system integration and coordination is the process of aligning services, organizations, and/or functions to deliver effective, unified care.

Proposed Measure Domains		
<b>Comprehensive Services Across the Care Continuum</b>	<b>Standardized Care Delivery through Interprofessional Teams</b>	<b>Geographic Coverage</b>
Considers cooperation between health and social organizations	Interprofessional teams across the care continuum	Focused on maximizing patient accessibility and minimizing duplication of services

Proposed Measure Domains Continued		
<b>Financial Management &amp; Information Systems</b>	<b>Organizational Culture and Leadership</b>	<b>Performance Management</b>
<p>Prioritizes sufficient funding to ensure adequate resources for sustainable change</p> <p>Sufficient information systems that enhance communication and information flow across the continuum of care</p>	Extent to which organizational goals and objectives are aligned across care sectors	Performance measurement indicators and tools are in place and being used regularly

### EOHHS Independent Advisory Council and other Community Partner Feedback:

- Expanding domains to be oriented more towards whole system thinking, rather than specific practice integration approaches.
- Considerations for how these domains may be able to identify when success is achieved, beyond theoretical definitions.
- Ensure workforce stability and caregiver engagement are part of integration planning.
- Explicitly link integration goals to access, affordability, value-based care, and current cost trends work at the state level.
- Maintain focus on transformational change, not just monitoring.



## Goal 5: Appropriate Utilization

**Goal:** Strengthen preventive, primary physical, behavioral, and oral health care services to maintain appropriate utilization and promote efficiencies.

**Working Definition:** The effective management of healthcare resources to provide the right care at the right place and the right time – the National Academy of Medicine’s definition of quality care.

- In this goal, the Cabinet identified strengthening primary care and promoting efficiencies as a part of pursuing quality care with appropriate utilization.

Proposed Measure Domains				
Effectiveness of Care	Quality	Experience of Care	Utilization and Risk Adjusted Utilization	Health System Information Structures
Evaluates how well health systems deliver necessary medical treatments and interventions.	Considers patient safety, patient centeredness, timeliness, efficiency, and equity.	Centers on patient satisfaction and overall experience within the healthcare system.	Evaluates how well health care resources are used within a system.	Structural aspects of health systems.

### EOHHS Independent Advisory Council and other Community Partner Feedback:

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



## Goal 6: Health Related Social Needs

**Goal:** Invest in efforts to address the social factors that impact health.

**Working Definition:** Understanding the interplay between the health-related social needs system and the health system – and the allocation of resources towards initiatives that improve the social conditions influencing people’s health within both systems.

Proposed Measure Domains		
Degree of Alignment	Impact of HRSNs on the System	Financial Investment
Alignment processes in use by health care organizations or HRSN organizations to connect the two systems.	Understanding HRSNs, like malnutrition, that lead to disparate population health outcomes, like chronic disease.	Investment (or lack of investment) in addressing upstream social determinants and supporting the HRSN system and providers.

### EOHHS Independent Advisory Council and other Community Partner Feedback:

- Recommendation to de-medicalize interventions that address health related social needs and move those costs out of the health system. Stated desire from some community partners to ensure the medical system does not lead the charge in addressing root causes.
- Participants discussed approaches to measuring the work of existing programs and alignment between systems.
- Community partners discussed the difficulties in measuring the impact of work in preventing negative health outcomes – it is difficult to evaluate the scope of the problems we avoid with good prevention work.