



**Joint Health Care System Planning Cabinet Meeting &
EOHHS Independent Advisory Council
February 12, 2026, 1-2:45pm
Executive Office of Health and Human Services,
Virks Training Room - Cranston, RI**

Cabinet Member	Agency	Present
Secretary Richard Charest	Executive Office of Health and Human Services (EOHHS)	Yes
Assistant Secretary Ana Novais	EOHHS	Yes
Director Kristin Sousa	Medicaid Program	Yes
Director Jerome Larkin, MD	Rhode Island Department of Health (RIDOH)	Yes
Director Kimberly Merolla-Brito	Department of Human Services (DHS)	No
Director Richard LeClerc	Department of Behavioral Health, Developmental Disabilities, and Hospitals	Yes
Director Ashley Deckert	Department of Children, Youth and Families (DCYF)	Yes
Director Matthew Weldon	Department of Labor and Training (DLT)	Yes
Bonnie Rayta, for Shannon Gilkey	Office of the Post-Secondary Commissioner	Yes
Director Maria Cimini	Office of Health Aging (OHA)	Yes
Director Lindsay Lang	HealthSource RI (HSRI)	No
Charles Estabrook, for Cory King	Office of the Health Insurance Commissioner	Yes
Director Kasim Yarn	Office of Veterans Services	Yes
Director of Policy Karyn Lowe	Office of the Governor	No

EOHHS Independent Advisory Council Members in Attendance

Member	Title
Al Charbonneau	RI Business Group on Health
Beth Lange, MD	Patient Centered Medical Home (PCMH) Kids
Ed McGookin, MD	MD, President of Brown Health Medical Group Primary Care and Chair of the Cost Trends Steering Committee
Elena Nicolella	RI Health Center Association
Gina Eubank	Assistant Director-Ambulatory and Behavioral Health, Comprehensive Community Action Program
Joan Kwiatkowski	CEO of PACE Organization of Rhode Island



Maureen Maigret	Vice Chair of RI Long Term Care Coordinating Council and chairs the Aging in Community Subcommittee
Larry Warner	Chair of the Governor's Council on Behavioral Health
Melissa Husband for Peter Marino	Neighborhood Health Plan of RI
Nelly Burdette	Care Transformation Collaborative RI
Nicholas Oliver	RI Partnership for Home Care
Representative Tina Spears	Community Provider Network of RI
Sam Salganik, Executive Director	RI Parent Information Network
Stacy Paterno	Rhode Island Medical Society
Tanja Kubas-Meyer	Executive Director, RI Coalition for Children and Families
Zack Neider	Rhode Island Foundation

State Staff in Attendance

Name	Department/Agency
Allegra Scharff	RIDOH
Blythe Berger	RIDOH
Cathy Schultz	EOHHS
Charlie Estabrook	OHIC
Chris Ausura	EOHHS
Ellie Robinson	EOHHS
Emma Seymour	EOHHS Fellow
Fernanda Lopes	RIDOH
Joseph Wendelken	RIDOH
Kristine Campagna	RIDOH
Libbi Ethier	EOHHS
Liv Keaton	EOHHS
Manny Ortiz	RIDOH
Marti Rosenberg	EOHHS
Michael Cronan	EOHHS
Mike Dexter	RIDOH
Michelle Brophy	BHDDH
Rick Brooks	EOHHS
Samuel Ogundare	RIDOH
Sandra Powell	EOHHS
Staci Fisher, MD	RIDOH

Interest Parties in Attendance



Name	Affiliation
Beth Bixby	Tides Family Services
Margaret Holland McDuff, CEO	Family Services of RI
Tyrone Jackson	Parent Support Network
Mark Jacobs, MD	Retired Internist
Angelique Croce,	Rhode Island Prevention Resource Center
Ara Millette	Brown Health
Linda Hurley	CODAC Behavioral Health
Chris Gadbois	Carelink
Kristin Lehoullier	Elevated Results Inc.

Welcome & Introductions and Meeting Agenda Overview

- A. Health Care System Planning Cabinet and EOHHS Independent Advisory Council Joint meeting slide deck can be found here: [Slide Deck](#)
- B. At 1pm, Secretary Richard Charest, welcomed in person and online attendees to the Rhode Island Health Care System Planning Cabinet and EOHHS Independent Advisory Council Joint Meeting. The September minutes were reviewed and approved. All were in favor.

Health Care System Planning Data Progress – Freedman Health Care

- A. Secretary Richard Charest introduced the Freedman Healthcare Team and emphasized that one of the most important components of healthcare system planning is data collection and analysis. He highlighted a shared commitment to transparency and thanked community partners, Hospital Association of Rhode Island (HARI) representatives, and individual hospital staff for engaging with the project.
- B. Marti Rosenberg, Director of the Office of Health Care System Planning, reiterated EOHHS thanks to community partners and emphasized continued collaboration with hospitals to develop a comprehensive understanding of the hospital ecosystem. She noted that as EOHHS' Freedman colleagues would explain, something on which there is general agreement is that there is no one gold standard for the hospital data that we need to most effectively understand hospital fiscal health and to use for decision-making. Each data source has its value and its downside. Therefore, the State is working with Freedman to create a new, comprehensive tool that is unique to Rhode Island that they are sharing today. Ms. Rosenberg also noted that at the suggestion of our hospital community partners, EOHHS will take some more time to ensure that when the tool is published, it has the data within it to show a more complete and holistic picture of our hospital ecosystem. She then called on Freedman to make their presentation, describing the work that the State will continue to do with its



hospital partners, as they have offered, to bring in new data that they can provide in an apples-to-apples fashion. This will ensure that the Dashboard will meet our shared goals.

- C. Freedman Health Care (FHC) Primary Care Dashboard: Ena Backus and Sarah Lindberg
- a. Ms. Backus began by providing an overview of the draft Dashboard development process. She and Ms. Lindberg reviewed the three steps of the Dashboard project (1) Identifying Data Sources (2) Building a custom data infrastructure built specifically for Rhode Islanders and (3) Making datasets available to inform our policymakers.
 - b. Rhode Island Department of Health Director Jerome Larkin, MD commented that the data points provided do not provide a comprehensive enough picture. He noted significant delays in the release of audited financial reports and expressed concern that publicly available data alone may not address the core issues. He asked why Rhode Island is not creating a “gold standard” dataset.
 - c. Ms. Backus agreed that multiple data types are needed for a complete view. She acknowledged the delays in hospital performance data but emphasized that the data remain useful.
 - d. Assistant Secretary Novais, EOHHS, commented that this information was asked for in the past and there is a continued push for transparency legislation. She encouraged discussion of specific recommendations from the group and emphasized the shared goal of anticipating system challenges.
 - e. Ms. Lindberg discussed comprehensive cost reports. Highlighting the complexity of hospital cost reports and noting that the data extends beyond Medicaid and Medicare.
 - f. Dr. Larkin added that IRS 990 forms do not apply to for-profit hospitals and that system-level reporting remains a gap for the dashboard. He raised questions about private equity ownership in the Rhode Island market.
 - g. Secretary Charest, EOHHS, reiterated that the goal is to monitor solvency and ensure the stability of the health care system.
 - h. Stacy Paterno, RI Medical Society, emphasized the importance of understanding both system-level and institutional health, as both affect overall system solvency.
 - i. Ms. Lindberg noted challenges in obtaining financials from non-obligated entities and Ms. Backus explained that multiple data types were incorporated to broaden the view.
 - j. Lisa Tomasso, Hospital Association of Rhode Island, expressed appreciation for collaboration with EOHHS. She noted that hospitals



remain supportive of financial transparency. She clarified that the difference between prior legislation and the Dashboard is that the Dashboard would be publicly facing and that unaudited data may create an incomplete picture for the public.

- k. Ms. Rosenberg stated that EOHHS intends to publish available data without unnecessary delay and is considering reasonable requests to make the work more holistic.
- l. Ateev Mehrotra, MD, PhD., Brown University, suggested considering researching a comparison group of 10 illustrative hospitals.
- m. Dr. Larkin emphasized the importance of understanding system-level dynamics, noting that developments in other states, such as California, can influence Rhode Island.

URI Dashboard Project on Primary Care – Dean Patrick Vivier, MD, PhD

- A. Dr. Vivier presented the progress of the URI Primary Care Data Dashboard and the components included.

Discussion and Comments

- a. Nelly Burdette, Ph.D., CTC-RI, asked how direct primary care and concierge services are being considered. She expressed concern that these models may create “medical gentrification,” widening gaps in access and altering primary care flow. She noted that 12 physicians in the state are shifting to these models and questioned whether the data would capture this trend.
- b. Dr. Vivier responded that the data will need to evolve as the discussion continues.
- c. Sam Salganik, RIPIN, encouraged regulators in the room to examine the legality and sustainability of these models. He noted that datasets often become outdated without dedicated resources and emphasized the need for ongoing support for URI’s project.
- d. Dr. Vivier affirmed that URI, in coordination with EOHHS, is committed to ensuring the data remain useful.
- e. Department of Children, Youth, and Families Director Ashley Deckert asked whether the public-facing data would include information on which providers are accepting new patients and appointment wait times.
- f. Assistant Secretary Novais affirmed that this was one of the system’s requests.



- g. Elena Nicolella, Rhode Island Health Center Association, asked for clarification on the expected role of the primary care practices to maintain this URI's project.
- h. Dr. Vivier explained that practices would likely confirm information annually, possibly more frequently, and that there is an aim for balance in determining how much information to share. He added that practices may also reach out directly when updates occur.

Long-Term Health Care System Planning: The Rhode Island Health Plan – Director of the Health Care System Planning, Marti Rosenberg, and Brown University Fellow, Emma Seymour

- A. Ms. Rosenberg and Ms. Seymour, EOHHS, presented slides reviewing planning process to date. They noted that EOHHS had held five meetings with the EOHHS Independent Advisory Council between December and January, reviewing the six Cabinet goals, and getting input on defining measurement domains and potential metrics to be used to set targets for the long-term Rhode Island Health Care System Plan.

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.

Ms. Rosenberg described the components of the planning process and then reviewed the questions that the Advisory Council had been asked about each Goal.

Our Planning & Implementation Iterative Process



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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?

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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?

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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?**

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- B. Ms. Seymour presented on the proposed structure of the Health Care System Plan, with an example of the potential areas of Access and Affordability (Slides 31 through 37 of this [meeting deck](#)).
- C. Finally, Assistant Secretary Novais reviewed next steps, emphasizing alignment across agencies and community partners and the importance of setting targets that support system transformation. She focused on the critical balance between navigating the present health care system, including challenges and crisis, and taking the time to prepare for the future.

Health System Planning

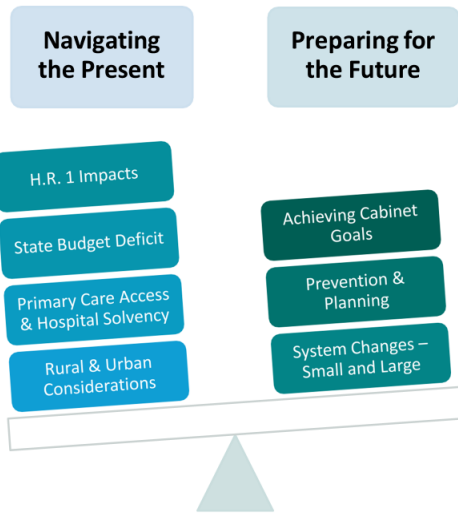


Navigating the Present

- H.R. 1 Impacts
- State Budget Deficit
- Primary Care Access & Hospital Solvency
- Rural & Urban Considerations

Preparing for the Future

- Achieving Cabinet Goals
- Prevention & Planning
- System Changes – Small and Large



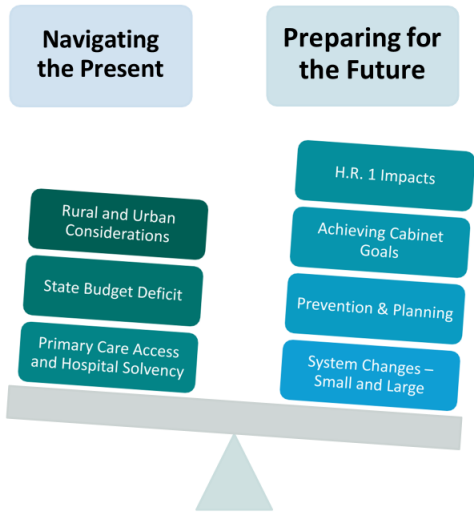
Navigating current state while looking towards the future of health system priorities is a balancing act.

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.

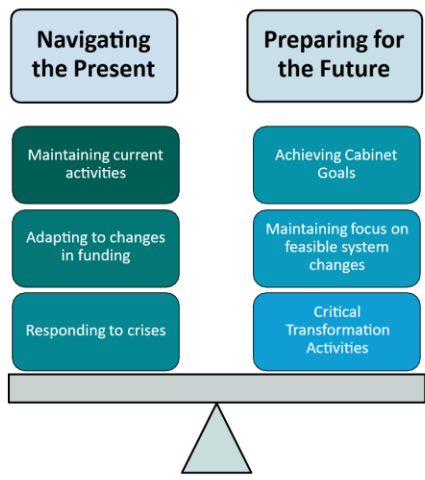
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Health System Planning



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?



Discussion and Comments

- a. Ed McGookin, MD, Brown Med Group, emphasized that the Anchor resolution should not be held out as a success. He noted that discussions of crisis and unsustainability have persisted for decades and expressed concern that the current work feels overly philosophical and insufficiently balanced.
- b. Assistant Secretary Novais agreed that balance is needed and emphasized the importance of addressing immediate challenges while maintaining a long-term planning perspective. She noted that today's decisions shape tomorrow's system design and therefore should be thoughtfully considered.
- c. Dr. Larkin stated that reimbursement remains the core issue. He noted reimbursement differentials between MA and CT and referenced discussions about building a medical school as a long-term solution. He suggested exploring reimbursement programs that make it economically viable for clinicians to remain in RI for extended periods.
- d. Dr. McGookin stated that the points being raise reflect the direction the group is trying to move towards.
- e. Dr. Larkin emphasized the importance of determining how to attract physicians and other medical providers to remain in Rhode Island.
- f. Dr. McGookin noted that Rhode Island is ranked 47th in the country for provider retention.
- g. Dr. Burdette suggested considering whether Rhode Island should adopt a statewide gold-standard model of care.
- h. Assistant Secretary Novais encouraged broadening the discussion beyond primary care, noting the absence of a statewide system that addresses the social factors influencing health. She emphasized that the issue extends beyond reimbursement.

Rural Health Transformation Program Update – Interim Director Manuel Ortiz

A. Interim Director Ortiz presented a brief overview the updates for the Rural Health Transformation Program.

Discussion and Comments

- a. Dr. Larkin acknowledged the work of Manny Ortiz, Assistant Secretary Novais, Marti Rosenberg, and Sandra Powell. He expressed appreciation for their efforts and noted the incredible level of funding their work secured for Rhode Island.



Public Comment:

A. Secretary Charest opened the meeting for public comment.

a. Richard Langseth shared his long-standing involvement in health planning, including work with the Mashantucket Pequot Tribe and development of PBM. He noted that the Narragansett Tribe feels insufficiently included in the RHTP process. He also referenced President Trump's AI initiative and suggested that Rhode Island consider investing in AI to support dashboard development and rapid data analysis. He proposed allocating a portion of rural health technology funding to AI and encouraged the group to help advance these efforts.

b. Assistant Secretary Novais indicated that one of our rural health transformation applications includes an AI component.

Secretary Charest adjourned the meeting at 2:45 pm.