



Rhode Island Health Care System Planning

2025-26 Annual Report
May 2026



Executive Summary: Health Care System Planning Annual Report – 2025/2026

The Executive Office of Health and Human Services (EOHHS) is proud to staff Rhode Island’s Health Care System Planning Cabinet and lead the Office of Health Care System Planning. The Cabinet is advised by the EOHHS Independent Advisory Council and supported by multiple other state agencies. Its charge is to take a unified, interdepartmental approach to evaluating and proposing specific recommendations concerning the implementation of a statewide health care system plan.

The Cabinet and the work of the Office were created by Executive Order 24-04 issued in February 2024. This is the report on the second year of activity.

Throughout 2024, the EOHHS Office of Health Care System Planning (OHCSPP) created its Foundational Report, based on the Cabinet’s six high-level goals, or vision statements and describing in depth five system sectors: Primary Care, Behavioral Health, Hospitals, Long-Term Care and Healthy Aging, and Health Related Social Needs. The Foundational Report was released in early 2025.

This document reports on the work of the Cabinet and the Office of Health Care System Planning and the Cabinet throughout 2025 and early 2026.

Throughout the year, EOHHS has played a critical role in aligning and supporting health planning throughout state government, engaging and helping to connect the work of other state agencies and community partners to carry this out, including:

- **Securing new Federal Resources:** EOHHS’ leadership role was critical in securing the approval of \$156,169,931 in Rural Health Transformation Program funding for Year 1 of the project. The total amount of funding over the five years of the grant could be as high as \$780 million.
- **Crisis planning:** Stepping in to help mitigate the closure of Anchor Medical Associates and to support the delivery of children’s behavioral healthcare
- **Policy Planning:** Developing levers for greater transparency for our health care system and providing support for the work of the State’s [Federal Compliance Monitoring Advisory Committee](#), which is evaluating the impact of federal policy changes, including the budget impact of the H.R.1. legislation, recently passed by Congress.
- **Long Term Planning:** Aligning our long-term planning with other key planning activities throughout the state.

EOHHS is also prioritizing the alignment of health care system transformation with other key state priorities. For instance, our health care system planning work is aligned with or encompasses the following project and planning activities – which allows the State to maximize the value of each of the efforts:

- The work of the State’s [Federal Compliance Monitoring Advisory Committee](#), as described above
- The work of the [Olmstead Advisory Group](#)
- The implementation of Rhode Island’s [Children’s Behavioral Health System of Care](#)
- The Overdose Intervention and Prevention activities carried out by the [Governor’s Overdose Task Force](#)
- The workforce and data-related planning of the [Workforce Transformation Team](#)

- The in-depth Health Related Social Needs (HRSN) planning by the **HRSN Design Team**
- The significant statewide planning and implementation of the new \$156 million for Year One (December 2025 – September 2027) of the [Rural Health Transformation Program](#)

Rhode Island hasn't published a statewide health care system plan in several decades because this work of developing goals for complex healthcare metrics is challenging and requires broad support and engagement. It can seem challenging to take the time to carry out long-term planning when there are immediate crises that demand our time. And it is not easy to reach consensus on the best ways forward toward health system transformation.

However, to address the challenges of our health care system, EOHHS and our partner agencies believe that taking the time to create a plan that can be agreed upon by public and private partners will provide critical scaffolding and guidance for moving forward. Setting targets, measuring implementation, and evaluating outcomes will be key for this process.

EOHHS appreciates the participation of so many community partners and State agency colleagues in this process. Our goal is to use this planning process to support the health care system in the short term and to transform it for the long-term.

Section 1: Long-Term Planning and Transformation - Creating the Rhode Island Health Care System Plan and Implementing the Rural Health Transformation Program

A) Clarifying and Defining the Health Care System Planning Goals

The Office of Health Care System Planning is creating the Rhode Island Health Care System 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.

Here are the six Health Care System Planning Goals, endorsed by the Health Care System Planning Cabinet and the working definitions of the goals as developed along with the EOHHS Independent Advisory Council.

	Goal Language	Working Definition
1	Access and Affordability: Ensure <u>access</u> to affordable, quality and easy to navigate comprehensive care	Overarching: 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. The Advisory Council and Community Partners encouraged breaking down affordability to be considered at the individual/household, employer, and whole system levels.
2	System Solvency: Ensure <u>solvency</u> of the health care system	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.
3	Health Equity: Ensure health equity and <u>reduce disparities</u> in access and outcomes	Variations in health outcomes and root causes of disease are addressed by equity in access to resources.
4	System Integration and Coordination: Foster an <u>integrated delivery system</u> that coordinates care across full spectrum of health services focused on population health, seamless transitions, system-preparedness, and patient-centered care	Health system integration and coordination is the process of aligning services, organizations, and/or functions to deliver effective, unified care.
5	Appropriate Utilization/Quality: Strengthen <u>preventive, primary physical and behavioral health care</u> services to maintain appropriate utilization & promote efficiencies	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.

6	Health Related Social Needs: Invest in efforts to address the <u>social factors that impact health</u>	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.
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The Foundational Report identified strategies and activities/tactics for achieving the goals—some activities are already in motion and others are recommendations for new actions.

OHCSF held six public meetings with the EOHHS Independent Advisory Committee starting in December 2025 to review the goals, clarify definitions, and chart a path toward the full Health Care System Plan. Each goal aims to improve, re-orient, and ultimately transform Rhode Island's health care system. In these meetings, we have focused on the following:

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, and community 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?

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?

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.

To assist with this critical work, we have also created a Health Care System Planning Data Council, which first met in December 2025. The council is comprised of data experts from seven state agencies (EOHHS, the Rhode Island Department of Health (RIDOH), the Department of Behavioral Health Developmental Disabilities, and Hospitals (BHDDH), the Department of Children, Youth, and Families (DCYF), the Office of the Health Insurance Commissioner (OHIC), the Rhode Island Office of the Post Secondary (RIOPC), and Healthsource RI), academic partners from three of Rhode Island’s higher education institutions, a philanthropic partner, and consulting specialists from Freedman Healthcare.

The council has three primary objectives: 1) Developing criteria for selecting measures that will support the Health System Plan, 2) Aligning selected measures with the plan’s aims and strategies, and 3) Providing ongoing evaluation and expert guidance as the planning process evolves.

To date, the council has met five times. They have created a set of selection criteria and applied them to national, state, and local data sources under consideration for supporting the plan – and they have begun to work through the refinement of measures that will be applied to the plan’s targets and objectives. The Council’s work enables OHCSPP to better understand the landscape of available data for tracking progress towards the Cabinet’s goals. The meetings have also served as a forum for robust discussions about future data that may be necessary to evaluate meaningful transformation in Rhode Island’s health care system.

The Value of Long-Term Health Care System Planning

It has been over thirty years since Rhode Island has carried out long-term health care system planning. EOHHS thanks the Governor and the General Assembly for seeing the critical value of this work. This planning must balance the challenges of navigating the present, including crises in primary care and behavioral health, and financial hardships for hospitals and nursing homes – to prepare Rhode Island’s health care system 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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And, to change the current state, we must be intentional about the future we want to create. OHCSF is driving a process to reach a consensus about the future health care system that we want to see. This is happening through ongoing meetings of our EOHHS Independent Advisory Council and the Data Council.

Health System Planning

Navigating the Present

- Rural and Urban Considerations
- State Budget Deficit
- Primary Care Access and Hospital Solvency

Preparing for the Future

- H.R. 1 Impacts
- Achieving Cabinet Goals
- Prevention & Planning
- System Changes – Small and Large

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

Therefore, OHCSF’s work is to balance the navigation of the present and the future, to maximize the value of immediate action and long-term planning. EOHHS looks forward to continued engagement with our community partners and policymakers on the next steps in health care system planning.

Health System Planning

Navigating the Present

- Maintaining current activities
- Adapting to changes in funding
- Responding to crises

Preparing for the Future

- Achieving Cabinet Goals
- Maintaining focus on feasible system changes
- Critical Transformation Activities

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:

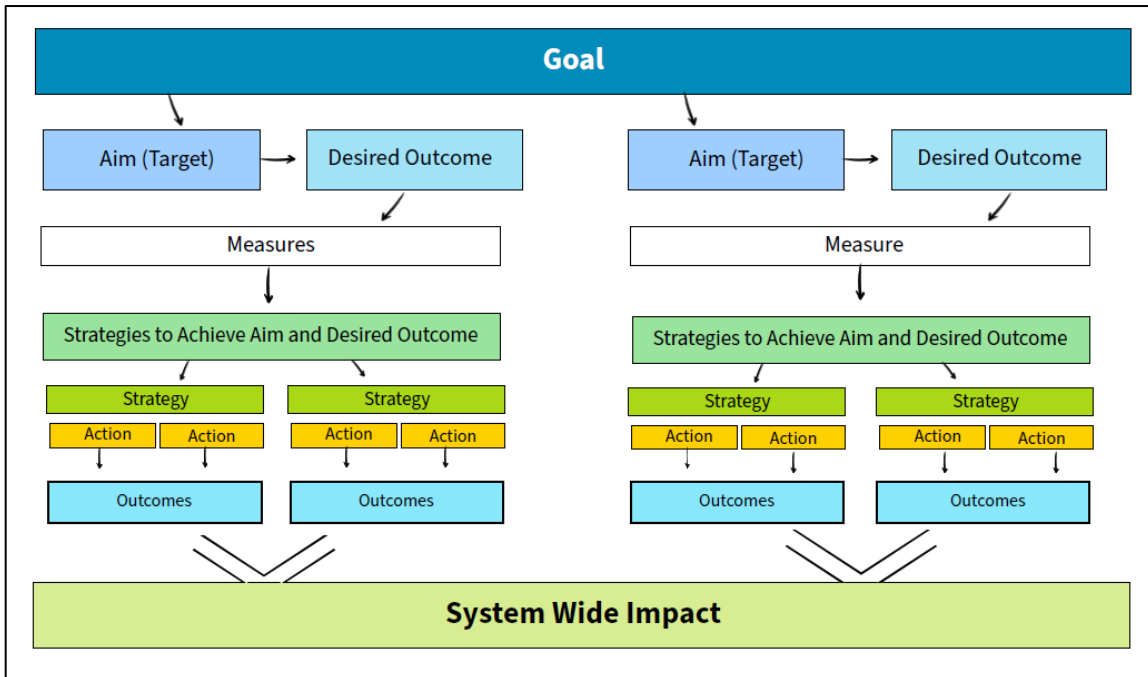
- How are we deploying our current resources to meet and inform our future priorities? (And what new opportunities does the Rural Health grant give us?)
- As we talk about health care system transformation ... we must ask: how do we really want our health care system to change, and what are we willing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

The ongoing balance in EOHHS’ work includes the coordination between our long-term planning and our immediate action. Therefore, the next section of this report details the steps that EOHHS and health planning partner agencies are taking every day to implement recommendations within our 2024 Foundational Report.

Next Steps: Preparing to Define Strategic Objectives, Measures, and Targets for Each Goal

The next steps in the state planning process, which will take place during the spring and early summer of 2026, are to lay out detailed SMART Aims (Specific, Measurable, Achievable, Relevant, and Time-bound) with specific targets for achievement. Continuing our public/private process of consensus building and data analysis, the Health Care System Cabinet will work with the EOHHS Independent Advisory Council and our data experts to line up the SMART Aims with the key strategies for success – some of which are already underway and others that were laid out in our 2024 Foundational Plan. Together, those will lead to our desired outcomes of a stronger, more accessible and sustainable health care system that provides preventive, primary, and acute care for all Rhode Islanders. The plan will be aligned with state agencies’ priorities, the Rural Health Transformation Program (described below), and community priorities.

Below is a visual describing the components of the Rhode Island Health Care System Plan, in progress. This shows how we will define at least two Strategic Aims per goal, and the desired health care system outcomes we expect if we achieve those Aims. Each aim will include specific targets for success, defined by measures we will use to gauge progress. Then, we will detail the Strategies to be continued or newly implemented to achieve the Aims, along with specific Action Steps in progress or to be begun. Throughout the implementation, we will track our progress toward the Outcomes, so that we can begin to show the System-Wide Impact of the shared work of state agencies, provider organizations, and other community partners.



B) Rural Health Transformation Project

EOHHS and the State of Rhode Island are pleased to report that our application for the national Rural Health Transformation Project has been approved by the Centers for Medicare and Medicaid Services (CMS) with a \$156 million budget for Year One (December 2025 – September 2027) of the program.

The program has five mutually reinforcing goals that directly align with CMS' strategic priorities: (1) make rural America healthy again – improve the health of rural residents; (2) sustainable access – expand access to comprehensive, quality, low-cost care; (3) workforce development – strengthen the rural health care workforce; (4) innovative care – accelerate value-based and affordable care models; and (5) tech innovation – integrate technology into rural practice.

Throughout the application process, OHCSP noted that because the Rural Health goals were similar to the Health Care System Planning goals, it was possible - and desirable - to align the two initiatives, and thus the Planning staff supported the preparation and writing of the proposal and is now working on its implementation. Moving forward, the Rural Health Plan that was a part of the application will be folded into the overarching Rhode Island Health Care System Plan, and that we will be able to align on measures, evaluations, and planning for outcomes and impact.

With this investment, Rhode Island will strengthen access to high-quality, sustainable, and community-driven health care for residents of Rhode Island's rural and island communities. The State's vision for rural health transformation is a connected, community-based system that ensures every rural resident can obtain timely, coordinated, high quality care where they live.

Rhode Island's application to CMS laid out the following description of what we aim to achieve with the funding. The Rural Health Transformation Project (RHTP) funds will be used to implement a coordinated set of 13 initiatives:

- Investments in community clinical care hubs and rural community health networks (Initiative 1) will link clinical providers, behavioral health professionals, and community organizations to deliver coordinated, team-based care supported by interoperable technology and community health workers.
- Rural community-integrated and mobile health Services (Initiative 2) will bring preventive, dental, and maternal-child health care directly to residents through mobile units and telehealth sites in schools and community learning centers.
- Accessibility investments (Initiative 3) for rural providers and community spaces will improve physical access and disability-competent care for older adults and people with disabilities.
- RHTP funds will also expand rural emergency medical services (EMS) capacity (Initiative 4) through statewide mobile integrated health–community paramedicine, a state EMS academy, and enhanced island EMS operations.
- Hospital-at-home (Initiative 5) will enable hospitals to safely deliver acute-level care in patients' homes, supported by remote monitoring and EMS partnerships.
- Behavioral health services (Initiative 6) will be expanded through a 24/7 crisis stabilization center, recovery community centers, and peer navigators linking patients to ongoing care.

- Oral health access (Initiative 7) will improve through teledentistry triage and the establishment of a special-care dental center at Eleanor Slater Hospital's Zambarano campus.
- There are two specific place-based investments, strengthening Block Island Health and Human Services (Initiative 8) and the Narragansett Indian Tribe health system (Initiative 9) through home-based care, telehealth, and facility upgrades.
- The rural workforce program (Initiative 10) will expand training, placements, and recruitment incentives.
- RHTP funds will also support the value-based payment transition (Initiative 11), specifically through incentives and technical assistance to hospitals and primary care practices.
- Technology modernization (Initiative 12) will fund a state-sponsored electronic health record and grants for health information technology infrastructure improvements.
- Finally, rural data and workforce tracking (Initiative 13) will build systems to monitor outcomes and guide policy.

As of this writing, EOHHS has just received the final approval for the RHTP budget, and is beginning procurement and hiring processes.

Section 2: Implementing OH CSP Foundational Report Recommendations – Actions Addressing Rhode Island’s Immediate Health Care System Needs

The 2024 Foundational Report approved by the Health Care System Cabinet laid out a set of key recommendations in the OH CSPs five health sectors. Section 2 of our Annual Report provides updates on important health planning activities accomplished to carry out the recommendations within the five main health sectors. The updates on the projects in the cross-cutting sectors (Workforce Transformation, Data Development and Transformation, and Value-Based Payments) are in Section 3.

A) Primary Care

i) Health Professional Loan Repayment Program

The Rhode Island Health Professional Loan Repayment Program (HPLRP) is a federally funded initiative, matched by philanthropic support from local partners, that provides educational loan repayment to eligible primary care, dental, and behavioral health professionals. In exchange, participants commit to a minimum two-year service term at approved practice sites located in federally designated Health Professional Shortage Areas. Governor McKee’s State Fiscal Year (SFY) 2026 budget included \$200,000 for the Rhode Island HPLRP, and it was approved by the General Assembly for SFY2026.

With the administrative support of the RI Health Center Association, the program received donations for the 2025 program cycle from the following entities:

- Rhode Island Foundation \$180,000
- Blue Cross Blue Shield of Rhode Island \$50,000
- Delta Dental of Rhode Island \$50,000
- Rhode Island Health Center Association \$50,000
- United HealthCare \$20,000
- Rhode Island Medical Society \$25,000
- Care New England \$25,000
- Encompass Health \$50,000
- CharterCARE \$75,000
- Neighborhood Health Plan of Rhode Island \$50,000

The HPLRP made 44 awards by August 31, 2025, with the \$1.18 million available (federal grant and donations combined) for the 2025 cohort.

RIDOH reported a delay in the release of the federal Notice of Funding Opportunity ([HRSA-25-072](#)) which would fund the 2026 program. The State Loan Repayment Program Notice of Funding Opportunity (NOFO) HRSA-25-072 was ultimately 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. Thus, the program is slated to start nine months later than its traditional start date.

Originally Rhode Island’s proposed match of \$200,000 in general revenue was included in Governor McKee’s FY26 budget and approved by the House. 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. 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.

The planning for the Rural Health Transformation Program incorporates a significant number of workforce components designed to strengthen recruitment and retention, pending funding availability. While Loan Repayment is not an allowed activity under the grant, the application submitted to CMS seeks to address many of the funding gaps that limit the implementation of other recruitment and retention strategies. These include relocation incentives to attract hard to fill positions, supporting rural family residency program, and developing career pathways in alignment with ongoing workforce strategic initiatives.

ii) Primary Care Training Sites Program

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.

In 2025, RIDOH carried out the following activities:

- **Grants:** The program provided grants of up to \$90,000 per trainee per year to primary care practices. The funds are used to incentivize clinical teaching, support innovative preceptor compensation models, and strengthen the infrastructure necessary for training future providers. Priority was given to sites recognized by the National Committee for Quality Assurance (NCQA) as Patient-Centered Medical Homes (PCMHs) and those integrating behavioral health services, in alignment with Rhode Island’s healthcare transformation goals.
- **Enrollment and Launch:** Contracts were 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. Period 2 of the program began in January 2026, with a kickoff session planned to reinforce program goals, set expectations, and ensure alignment during the inaugural pilot year.
- **Curriculum Development and Preceptor Support:** A unique feature of the program is its investment in curriculum development and preceptor support, in collaboration with the Care Transformation Collaborative of Rhode Island (CTC-RI). Participating sites implemented a standardized curriculum—designed for interprofessional learners—introduces trainees to the foundational principles of the PCMH model, including team-based care, care coordination, population health, and health equity. Trainees gained hands-on experience in community-based settings that model integrated, patient-centered service delivery. At the same time, through strategic partnerships, PCTSP also facilitated

learning collaboratives to equip preceptors with tools and resources for mentoring students and advancing primary care education statewide.

- **Curriculum and Training Supports:** The standardized PCTSP curriculum was implemented via the TRAIN Learning Management System (LMS), with preceptor and student learning plans developed. The Preceptor Manual and Student Handbook were made 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 indicated strong uptake—approximately 65% of Period 1 trainee slots were filled, and several sites 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:** All five counties are represented, covering 17 municipalities and 21% of sites are rural
- **Preceptor Engagement:** 88% of sites selected stipend model; LMS and collaborative sessions reported high satisfaction.
- **Stakeholder Engagement:** Collaborations with Rhode Island-based colleges and universities, CTC-RI, and other partners were undertaken 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 (NASEM) 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.

B) Oral Health

The Rhode Island Oral Health Program continued its partnership with East Providence High School Career and Technical School’s Dental Assisting Program. The dental assisting program introduces high school students to the field of dentistry, many of whom continue their dental assisting careers or move on to other dental-related fields. The Fall 2025 semester’s roster had a freshman waitlist of over 26 students who applied to the program.

At the start of the 2025-2026 school year, there were 15 freshmen, 13 sophomores, 14 juniors and 9 seniors participating in the program. A new teacher started in the fall, and the RIOPH provided her with support to help her navigate her role. Additionally, the RIOHP provided support for the students to expand their training and education, including covering the cost for the seniors to complete their radiography exams at the Community College of Rhode Island and purchasing a national dental assisting curriculum. RIOHP has continued to stay in touch with the previous EPHS dental assisting teacher who is now at Juanita Sanchez, starting their dental assisting program.

RIOPH continues to work with the Federally Qualified Health Centers (FQHCs) to support dental externships with 4th-year dental students, supporting the following partnerships: Blackstone Valley Community Health Center works with the Boston University School of Dental Medicine, and the Comprehensive Community Action Program (CCAP) Health Center, Providence Community Health Center, and WellOne work with Tufts Dental School students. The externship program brings dental students to Rhode Island with the vision that

they would be exposed to practicing here and potentially chose to continue their dental careers in the state. Additionally, the RIOHP convenes quarterly Community of Practice Meetings with the agencies to receive feedback and spark open discussion. At least one FQHC hired full-time staff from this externship experience. The program is exploring providing stipends to the FQHC's to attract more students to Rhode Island.

The second ECHO (Extension for Community Healthcare Outcomes) series was completed in May 2025, covering Oral Surgery. Subject matter experts prepared monthly educational sessions for ECHO participants to enhance their professional skills in oral surgery.

The third ECHO series in Special Care Dentistry started in September 2025 and the RIOHP held three sessions 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 RIOHP also works with internal and external partners on the Building State Capacity for Integration Learning Collaborative. The learning collaborative works to integrate oral health and prenatal care, including expanding oral health education for doula and other prenatal professionals. As part of action planning on the Dental Workforce Strategic Plan, RIDOH's Oral Health Program is seeking to understand the State's workforce challenges and develop a strategic plan to address these concerns. The group has developed four priority areas: Workforce Education and Training, Policy Development, Recruitment, and Retention.

RIOHP received funding from a CDC Preventive Block Grant which started in October 2025. The grant will be used to implement Interventions to Support Oral Health in Rhode Island Schools, with the goal of increasing school nurse capacity to foster improved student oral health. With this funding, 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

Finally, Rhode Island's Opioid Settlement Program awarded funding to Amos House for a pilot program to provide advanced dental treatment for people in recovery from addiction, to begin in 2026. In addition to supporting individuals with care coordination and restorative treatment plans, the program will strengthen the dental provider workforce with anti-stigma training and support dental practices in providing appropriate care to people in recovery.

C) Behavioral Health

i) Communication and Outreach Initiatives

There were a significant number of communication efforts and outreach initiatives focused on behavioral health prevention and education in 2025. The efforts were targeted at wide, diverse audiences and developed with community engagement.

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

- June is recognized as Men’s Mental Health Month. Efforts to raise awareness throughout June 2025 included:
 - American Foundation for Suicide Prevention for Talk Saves Lives
 - 2025 Men’s Mental Health Survey
 - Partnership with DMV for tabling outreach
- The “You Good, Man?” campaign was managed by RIDOH, also focusing on improving men’s behavioral health.
- RIDOH launched and promoted a new website in July 2025 based on the Rhode Island Responsible campaign. The goal of the new site was to educate users on the health risks of cannabis through science-based, stigma-free communications.
- The July 25, 2025 [episode](#) of RIDOH’s Public Health Out Loud podcast focused on the dangers of cannabis use and pregnancy with Dr. Mara Coyle of Women & Infants Hospital. It addressed the role that cannabis can play in family planning, particularly those who may seek it out as a means of dealing with pregnancy-related morning sickness, anxiety, and sleep disorders.
- EOHHS staff spoke on NBC 10 promoting [Kids.RI.gov/behavioral health](#) for back to school. The Our Kids Behavioral Health campaign with RDW Group also received a Bell Ringer Award for the integrated influencer campaign promoting [Kids.RI.gov/behavioral-health](#).
- The “If It’s Not Your Prescription, Assume Fentanyl. Every Pill. Every Time” campaign created with an interagency team and Reach Consulting earned two gold Lamplighter Awards from the New England Society for Healthcare Communications and a Communicator Award, which honors excellence in marketing and communications on an international level.
- International Overdose Awareness Day (IOAD) is observed globally on August 31st each year to remember those lost to overdose, acknowledge the grief of loved ones, and stimulate action and discussion about evidence-based overdose prevention. In Rhode Island, the community planned a statewide naloxone distribution providing free naloxone and education and held remembrances across the state for September 4th.
- National Recovery Month is celebrated annually in September. In 2025 statewide events took place throughout the month. They included Rhode Island’s 22nd annual [Rally4Recovery](#), held on Saturday, September 13th at 195 District Park in Providence. It was a free, family-friendly event celebrating recovery from alcohol and drug addiction. A calendar of events was available on [PreventOverdoseRI.org](#).
- BHDDH’s 988 Campaign from June 2025 through September 2025. It included buses, billboards, radio, TV, digital/social media, as well as print collateral and events in anticipation of national 988 Day on September 8, 2025. A press conference and Launch/kick-off event was held on September 8 at the RI State House in the Governor’s State Room highlight the importance of the 988 Suicide & Crisis Lifeline.
- BHDDH contracted with Mothers Against Drunk Driving (MADD) to develop a public awareness campaign to address drunk and drugged driving, with a specific focus on driving under the influence of cannabis. The media campaign included 30-second audio messages on iHeart Media social platforms and streaming services. By September 2025, the audio message has reached 224,550

unique individuals through podcasts and 224,233 unique individuals through streaming services. Animated video production will also be added to the campaign.

- The BHDDH/MADD collaboration also includes the presentation of MADD's substance use prevention program, "The Power of Youth", to middle and high school students and to driver's education students at Community College of Rhode Island. The program was presented to more than 700 students.
- In October 2025, RIDOH launched its Rhode Island Responsible website to help people across the state better understand the health risks of cannabis use. The campaign included a communications toolkit with fact sheets and social media content in English, Spanish, and Portuguese that focused on responsible use, safety, and access to treatment and recovery support services. The communications team identified several added outreach efforts, including advisories for community organizations, healthcare professionals, and educators, and a formal press release announcing the campaign.
- In Fall 2025, 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.
- In Fall EOHHS, BHDDH, and RIDOH 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 ran through January 2026 as part of National Substance Use Disorder Treatment Month.
- The Blackstone Valley Prevention Coalition also 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. Initial results showed 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.

ii) Policy Updates

Here are some of the key behavioral health policies that passed in the 2025 legislative session:

- 1) **Mobile Response and Stabilization Services Commercial Coverage**: Legislation passed that requires every individual or group health insurance plan issued in state on or after January 1, 2026, to cover MRSS. The Mobile Response and Stabilization Services (MRSS) model is a youth-and-family specific crisis intervention model that provides immediate, on-site intervention and support to children and youth experiencing a behavioral health crisis.
- 2) **Stand-alone MRSS Structure**: Currently, the MRSS program is funded and overseen by Certified Community Behavioral Health Clinics (CCBHC), as a required evidence-based service. The General Assembly passed legislation that required RI Medicaid to apply for a State Plan Amendment to make MRSS a stand-alone service, with its own Medicaid rate – meaning that it can still be included within the CCBHC program but does not depend on CCBHC funding and oversight. This effort will be implemented to begin on October 1, 2026.
- 3) **988 Funding**: Support for the 988 Suicide and Crisis Lifeline were both included in the Governor's budget and passed by the General Assembly for Fiscal Year 2026.

D) Hospitals

i) Fiscal Transparency

EOHHS submitted legislation through a Governor's Budget Amendment for Fiscal Transparency, as proposed in the 2024 Foundational Report; however, it did not pass. The Office of Health Care System Planning will continue to work with our community partners on the legislative language and submitted transparency legislation again in 2026.

OHCSPP also advanced the Hospital Fiscal Transparency and Monitoring Dashboard. Please see details on that data-focused work on Page 22 below.

ii) AHEAD Model

In 2025, EOHHS and OHIC continued to collaborate with CMS on Rhode Island's participation in the Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model. The AHEAD Model aims to reduce health care costs, improve population health, and connect beneficiaries to community resources by increasing primary care investment and supporting hospitals.

In December 2025, EOHHS met with Center for Medicare and Medicaid Innovation (CMMI) regarding AHEAD and received new information on status of the program and changes under the Trump administration. 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. In 2026, 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.

E) Health Related Social Needs

i) Design Team Description

The Rhode Island Health Care System Planning Cabinet and EOHHS Independent Advisory Committee recognized the importance of health-related social needs (HRSN) and their impact on the healthcare system, as well as individual and population health and behavioral health outcomes, by acknowledging HRSN as one of five elements of the State’s Healthcare System and including it in Goal Six.

Through the development of the HCSP 2024 Foundational Report, stakeholders from across the system identified 12 core recommendations to improve social, environmental, and economic conditions impacting the demand for services, and establish a high functioning, effective, and efficient HRSN system in the state. These recommendations fall under three overarching domains of impact:

- Advancing Strategies to Improve Structural Drivers of HRSNs
- Integrating and Coordinating Interagency HRSNs Services, and
- Building Capacity and Coordinating HRSNs Care.

In September 2025, EOHHS established and convened a public/private stakeholder group called the HRSN Design Team to establish the strategic framework needed for the development and testing of an HRSN Care model in Rhode Island.

The Design Team has convened twice since September, and in those convenings has provided critical stakeholder feedback to help prioritize the advancement of specific recommendations and provided guidance on acceptance criteria to shape the approach to the establishment of a HRSN data system to guide future efforts

ii) Implementation through the Rural Health Transformation Program

The prioritized recommendations and actions from the Foundational Report were incorporated into the State’s Rural Health Transformation Program (RHTP) grant application based on feedback and guidance from the Design Team, and with the approval of those funds, key elements identified by local stakeholders will be funded to move from recommendation to implementation in the coming year. The following actions were prioritized based on their identified importance by the Design Team, their allowability under the grant opportunity, and their feasibility for implementation within designated communities.

1) Data Improvements: The RHTP will provide implementation resources to support the integration of the social determinant data system “My Neighborhood” and the State’s Data Ecosystem, support the establishment of a centralized community health needs assessment repository and standardized data practices, and the integration of social, economic, and environmental z-coding in a statewide electronic medical record system.

2) Healthcare Integration: In support of the transformational goals of the RHTP, significant investments have been planned to support the integration of health-related social needs services across the healthcare system. These efforts will be primarily facilitated via the development and deployment of a Community Clinical Care Hub, which will be paired with local Rural Community Health Networks. Together, these strategic investments will support the development and sustainability of an integrated health infrastructure that can later be scaled statewide.

Section 3: Cross-Cutting Strategic Development

A) Workforce Transformation Programming

i) Ladders to Licensure Program

Ladders to Licensure helps increase the capacity and diversity of the health professional workforce by funding partnerships between healthcare providers, institutions of higher education, and others to support employees in paraprofessional roles to pursue higher education and health professional licensure.

There have been three Ladders to Licensure projects since December 2024, with eleven total employer partners:

- **Community College of Rhode Island ‘Rise to Registered Nurse’ Partnership**, focused on pathways from CNA to RN, with Kent Hospital (Care New England Health System), and RI Hospital, The Miriam Hospital, & Newport Hospital (Brown University Health)
- **Rhode Island College ‘Clinical Career Ladders to Licensure’ Partnership**, focused on Social Work and Clinical Mental Health Counseling, with Child & Family Services of RI, Community Care Alliance, Family Service of RI, Tides Family Services, and RI Department of Children, Youth, and Families
- **William James College ‘Behavioral Healthcare Ladders to Licensure’ Partnership**, focused on Clinical Mental Health Counseling, with Communities for People, Tides Family Services, and Family Service of RI

And in November 2025, EOHHS awarded a planning grant to a long-term care partnership led by Nursing Placement, Inc (NPI) that includes the Community College of RI and eleven employer partners, including Nursing Placement Home Health Care Services, Nursing Placement Hospice and Palliative Care, Village House Convalescent Home Associates, Bayberry Commons, Elmwood Health Center, West Shore Health Center, South Kingstown Nursing and Rehabilitation Center, Eastgate Nursing and Rehabilitation Center, AccessPointRI, Tamarisk Senior Living, and Nursing Placement Inc.

The focus of the new partnership will be to develop ladders for Nursing Assistants that lead to Licensed Practical Nurse, Certified Occupational Therapy Assistants, and Physical Therapy Assistants. The Planning Grant will run from January through June 2026, and, upon successful completion, NPI and its employer partners will be eligible to receive tuition supports and other resources to help their employees pursue health professional degrees and licenses.

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.

ii) Caring Careers

The EOHHS Caring Careers website provides valuable information about healthcare jobs, education and training, and career advancement opportunities. In 2025, two new features were added to the website to support job seekers:

My Career Pathway: This interactive tool is designed to help users explore rewarding career opportunities in Rhode Island's healthcare and human services sectors. By answering a few questions about their

interests, experience, and goals, users receive personalized recommendations for jobs and opportunities that align with their aspirations -- and training programs to help them qualify for those roles.

Employment Directory: The new Caring Careers Employment Directory enables job seekers to link to the job & career webpages of more than 160 health and human service provider organizations in RI – making it the most comprehensive source of healthcare job openings in the state. Users can search health and human service employers by company name, sector, or location to find current job openings.

Moving forward, to maximize the visibility and impact of these new resources for job seekers, EOHHS intends to pursue funding to publicize the Caring Careers website to current and prospective healthcare workers. Specifically, EOHHS is seeking approval from CMS to utilize Civil Monetary Funds to promote nursing home jobs and careers in conjunction with the National Nursing Home Staffing Campaign. EOHHS is also exploring opportunities to invest Rural Health Transformation funds to further develop and promote the Caring Careers website to help grow Rhode Island’s rural health workforce.

iii) Clinical Placement Registry

The Office of the Post Secondary Commissioner (OPC) took lead on this initiative and has identified an online clinical placement tool, the Massachusetts Centralized Clinical Placement (CCP), which 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.

iv) Foreign trained health professionals

Legislation to expedite pathways to licensure for foreign-trained physicians was passed into law (with amendments proposed by RIDOH) in the 2025 legislative session, and RIDOH is working to finalize regulations. Private and public sector partners (from RIDOH and EOHHS) have begun meeting to develop policy and/or legislative strategies to create pathways to practice in dentistry and dental hygiene for foreign-trained oral health professionals.

v) Behavioral Health Workforce

The EOHHS Ecosystem pursued steps to incorporate behavioral health workforce data from the RI Certification Board (which 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, BHDDH and EOHHS worked with the Governor’s Council on Behavioral Health to establish a Behavioral Health Workforce Subcommittee that began meeting monthly in October 2025 with a stated goal to identify strategies to improve behavioral health workforce recruitment & retention.

B) Health Care System Data Development: Hospitals, Primary Care, and Workforce

i) Hospital Fiscal Transparency and Monitoring Dashboard

The Rhode Island Health Care System Planning 2024 Foundational Report indicates that the State, “**needs an established, resourced, ongoing process and structure to monitor and maintain community needs, system capacity, rate adequacy and hospital fiscal stability.**”¹

OHCSF is working with our consultants, Freedman Healthcare, to collect a foundation of publicly available data to inform the following types of questions:

- How resilient are hospitals?
- Is a hospital in danger of closure?
- Are there opportunities to improve premium rates relative to hospital financial health?

The approach for this work has three steps, and we are working with key community partners to receive their feedback and engagement on the development:

- 1: Identify and gather data sources
- 2: Customize Data for Rhode Island
- 3: Make comprehensive data available for policymakers

Progress to Date and Next Steps: Here is the OHCSF progress to date and the identification of next steps where necessary in each area of work:

1) Identifying and Gathering Data Sources: There is no single data source that provides a complete picture of hospital financial health and sustainability.

Here are the Core Data Sources that the team has chosen to examine hospital fiscal stability. These data provide a foundation of information that can help inform the questions identified above.

- **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.

However, even taken together, Core Data Sources still have information gaps for performance monitoring, as quarterly data are often unavailable for key metrics and unrealized investment gains/losses cannot be separated.

Therefore, OHCSF will work with Freedman Healthcare to determine other data sources. This could include the potential of data submitted directly from hospitals themselves, to ensure the maximum ability for apples-to-apples comparisons in the Dashboards.

2) Customize publicly available data for Rhode Island: This component of the work is complete. Freedman Healthcare customized Medicare Cost Report data to deliver transparency into the financial data reported to CMS by hospitals in the state.

3) Make comprehensive data available for policymakers: OHCSF will publish the Hospital Fiscal Transparency and Performance Monitoring Dashboard this year. We have identified the following potential use cases for the data:

- Early intervention with fragile facilities or systems
- Rural Health Care Transformation Program transformation initiatives
- Advanced planning for service line/health care access point changes

In addition, throughout the next number of years, we will continue to develop the capacity for ongoing monitoring and analysis of data.

ii) Primary Care Provider Capacity Assessment

The Health Care System Planning Cabinet has clearly identified the crisis situation within our Primary Care system. The closing of Anchor Medical is just one example of the shrinking of primary care capacity in the state. We also see primary care doctors reacting to the challenges of practicing by lessening their hours and taking fewer patients.

Therefore, one of the important priorities for health care system planning is to develop the most effective way to track primary care capacity. To do that, OHCSF is working with Freedman Healthcare to develop a Primary Care System Performance Dashboard that will provide policymakers and others with data for analysis and decision-making.

The first priority for this work is to better define who is providing primary care in Rhode Island to develop a standardized way to define and count primary care providers in the state and to examine and track which providers are delivering the largest volume of care statewide.

Here are the activities that Freedman has completed over the past twelve months toward the **Primary Care Provider Capacity Assessment**.

- Utilized the Peterson-Milbank primary care definition to produce a stand-alone, reproduceable and refreshable count of primary care providers.
- Engaged with researchers at the Brown University School of Public Health and the University of Rhode Island College of Health Sciences to review the Milbank definition and implementation process, gather their insights, and collaborate on next steps for refinement.
- 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

iii) Building the Primary Care System Performance Dashboard

The project's next steps are to continue to engage primary care stakeholders and the OHCSP Primary Care Workgroup for feedback on methodology and output, and then prepare to use this capacity assessment as a component of our planned **Primary Care System Performance Dashboard**.

The main domains that we will be leveraging for the Primary Care System Performance Dashboard are:

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)

iv) Workforce Transformation Data Projects

EOHHS and its state agency and community partners have collaborated over the past three years on a broad range of important data collection and analysis projects. These are critical to understanding our health care workforce needs and planning and implementing action steps to address them.

1) Health Workforce Dashboard: Over the past year, EOHHS has significantly expanded the capacity and utility of its [Health Workforce Dashboard](#). The Dashboard now includes individual licensure data on 38 separate health professions (as well as Physician specialties and Advanced Practice RN specialties), which is provided by the RIDOH Licensure Division and matched with Rhode Island DLT wage records and other data sources to enable policymakers, educators, provider organizations and others to better understand the supply and characteristics of RI's licensed health professional workforce. Among the data that are now publicly available through the Dashboard are total licensees, employment status, employment status, annual inflow and outflow, median annual earnings, race, ethnicity, age, gender, career progression (nursing only), and school attended – from 2016 through the present.

2) Expanded licensure data collection: To further enhance the State's understanding of its health professional workforce, RIDOH is currently implementing the provisions of the Health Workforce Data Collection Act, which will include additional questions on licensure renewal applications, such as place of employment, hours/week spent in direct patient care, primary care provider status, Medicaid provider status, languages spoken other than English, future employment plans, and NPI number. This additional information will be shared with the Health Workforce Dashboard and will significantly improve health system and workforce planning in Rhode Island.

3) Implementing Healthcare Workforce Data Collection Act: In 2025 RIDOH continued work to expand the voluntary data elements collected during licensure/renewal of healthcare professionals, based on the RI Healthcare Workforce Data Collection Act passed in June 2024, RIGL 23-100-3. The Healthcare Workforce

Data Collection Act authorizes RIDOH to collect the following additional elements to licensure/renewal applications, including:

- Principal specialty
- Education level
- Demographic data such as race, ethnicity, languages spoken
- Additional years planning to practice or anticipated retirement year
- Practice name(s), location(s), and contact information
- Total number of clinical/nonclinical hours
- Acceptance of Medicaid as a form of payment
- Current practice status – for example, are the providers engaged in clinical practice, carrying out medical administrative or legal services, conducting clinical teaching or research, providing telemedicine only, etc.

RIDOH has added questions to the current licensure system starting with physicians and nurses as part of license renewal. These will be incorporated in future updates for additional license types for online licensure applications.

4) Transfer of physician specialty data to Ecosystem: In 2025, RIDOH 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 became public facing in early 2026, with training on the new enhancements.

5) 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.

v) Primary Care/University of Rhode Island Dashboard Project

Besides the commitment to providing data for analysis and decision-making by policymakers, the Office of Health Care System Planning is also committed to providing information for Rhode Islanders who are seeking healthcare.

OHCS is pleased to be working with Dean Patrick Vivier, MD at the University of Rhode Island (URI) College of Health Sciences, to support a public facing dashboard helping Rhode Islanders find primary care. The dashboard will include a map and will have a search function to help people see whether the practice is accepting new patients, what types of insurance they accept, and languages spoken in the practice.

The project is a collaboration between URI's College of Health Sciences and Environmental Data Center, along with EOHHS and RIDOH. It is slated to be completed by the summer of 2026.

C) Value-Based Payments

i) Building a New Consensus on Value Based Payments

In 2025 Commissioner King convened the Payment and Care Delivery Advisory Committee (PaCDAC) to discuss the future of value-based contracting in the State. Several value-based payment systems experienced consecutive years of shared losses and expressed less willingness to participate in shared risk

contracts going forward. This group met several times during the year. Subgroup meetings were planned to discuss 1) how to handle pharmaceutical costs in value-based contracting and 2) how to fund care management. Despite concerns about the current system all stakeholders expressed a sincere interest in continuing to participate in some form of value-based contracting.

Value-based payments are a key component of the Rural Health Transformation Project, and OHIC and EOHHS will work together with community partners to implement new options for providers serving Rhode Island's rural communities.

D) Health Information Technology

i) CurrentCare Improvements and Opt-Out Consent Implementation

CurrentCare, RI's Health Information Exchange (HIE), completed a transition to a new opt out consent model and new technology provider, CRISP Shared Services, on May 1, 2025. To continue to enhance services and assist clinical providers, patients and policy makers, the following activities were undertaken:

- 1) **Implementing HIE Opt-Out:** CurrentCare's transition from opt-in to opt-out went very well. Fewer than 1000 Opt-out consents were processed in 2025, consistent with expectations. Prior users all transitioned to the new system and new data feeds were established, or are in progress, or are in planning. CurrentCare finalized new consent language for behavioral health and added it to the HIE consent tool.
- 2) **Data Quality Reporting:** EOHHS pursued a data quality report for the HIE that will indicate provider compliance with new OMB race and ethnicity standards. EOHHS and RIDOH coordinated to use Implementation Center grant funding to support a campaign to encourage providers to update the National Plan and Provider Enumeration System.
- 3) **New HIE Data Feeds:** Throughout 2025, CurrentCare continued to onboard new data feeds and users, including encounter-based feeds from Brown University Health and Care New England which had been a significant gap. This tremendously improved the utility of the HIE.
- 4) **New Procurements for Quality Reporting and the RHIO:** EOHHS Issued a competitive procurement in 2025 to incorporate Electronic Health Records (EHRs) for enhanced quality reporting with the new opt-out HIE. The Request for Proposals (RFP) for new Quality Rating System was recently completed, and the State will now be working with MedicaSoft. Additionally, the Regional Health Information Organization (RHIO) RFP has gone out to bid and EOHHS received seven bids. The tentative award has been issued, and the new RHIO organization will start by July 2026.
- 5) **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. RIDOH's HIT Fund provided one time funding to pay for PointClickCare interface fees for Nursing Homes using the HIE. Negotiations have begun with MatrixCare, another provider of SNF EHR software.

Federal National Provider Director Initiative

CMS announced a large federal initiative to promote interoperability, including a sizeable investment in a national provider directory. More information on the project is available 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 is positioned to take advantage of this, and it could be leveraged in numerous other areas of value to the state's healthcare system.

Section 4: Crisis Planning

A) Primary Care Crisis Response

Rhode Island, like many other states, has seen a continuing decline in the primary care workforce in recent years; primary care providers are retiring, and the pipeline to replace them is limited. In April 2025 Anchor Medical Associates announced it would be closing its doors in June, leaving 25,000 patients without a primary care physician. In response, OHCSF convened the first primary care crisis planning meeting within two weeks of the public notice, forming the Primary Care Crisis Team, consisting of state health and human services leaders and representatives of key healthcare and primary care serving organizations. The group held a series of meetings to address the immediate crisis caused by the closing of Anchor Medical and to discuss the structural issues impacting primary care in Rhode Island and compiled an initial list of recommendations to address the crisis. Primary care recommendations in the HCSP Foundational Report provided an initial basis for the work, to which the Crisis Team added additional solutions for the immediate crisis and others to address the longer-term structural barriers impacting the delivery of primary care in Rhode Island. OHCSF developed a Primary Care Crisis Response Tracker reflecting state and community input. Recommendations fell into four broad categories: Planning and Community, Data and Research, Policy and Regulatory Proposals and Direct Practice/Provider Supports.

In response to the crisis, State leaders carried out a series of responsive actions. In June 2025, Governor Dan McKee and EOHS announced the award of \$6,695,000 in grants to be distributed to 85 primary care practices in Rhode Island to support the recruitment and retention of PCPs and increase access and capacity to serve Rhode Islanders in primary care settings.

In addition to this grant opportunity, Governor McKee, joined by members of his State Health Care System Planning Cabinet, then announced the following strategic actions to strengthen Rhode Island's primary care system:

- Accelerating the Medicaid rate review for primary care
- Requiring commercial health insurers to increase primary care funding
- Easing prior authorization requirements
- Expanding the primary care student loan forgiveness program

Also in response, the RI General Assembly passed legislation aimed at enhancing reimbursement for and addressing barriers facing primary care clinicians. One long-heard refrain from primary care providers was the administrative barrier of insurers required prior authorizations (PA). Clinicians indicated that the need for numerous PA requests was administratively burdensome and created impediments to medically necessary care.

In June 2025, the RI General Assembly passed legislation implementing a three year "pilot program" where insurers are prohibited from imposing PA requirements for admissions, items, treatments, or procedures ordered by primary care providers. As a part of this legislation, OHIC will conduct a review of the impact of the PA pause. The legislation also directs OHIC to convene a workgroup comprised of both payers and

providers to make recommendations regarding the improvement and simplification of the PA process. OHIC has determined this will be the same work group recommended by the HCSP Foundational Report. The Office of the Health Insurance Commissioner (OHIC) had previously promulgated updated regulations RICR 230-20-30-4 which included a 20% reduction in prior authorizations. (See Section 4 'Administrative Simplification', subpart 11(F)).

OHCSF understands that there are continuing concerns about the burden of PA. The current Pilot Program applies only to fully insured commercial plans and Medicaid and carves out prescription pharmaceuticals. Federal law prohibits most state legislation and regulation of self-insured plans and the decision to limit PA would need to come from the employers who offer those plans.

On December 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 – and that will continue to evaluate the burden and efficacy of PA. 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 authorizations 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 2026.

In the 2025 legislative session, the General Assembly also passed legislation moving forward the timeline for the Office of the Health Insurance Commissioner's (OHIC's) primary care rate review. The review will take place during 2026. OHIC began the early stages of planning for this review in 2025.

B) Children's Behavioral Health

The Children's Behavioral Health Crisis Team held a series of 5 meetings with community partners to discuss and prioritize services and supports across the Children's Behavioral Health System of Care to ensure there is a sufficient safety net in place, especially in advance of potential funding cuts. The State team helped create a document reflecting the position of its community partners on what should constitute the Children's Behavioral Health safety net – what services and supports it wanted to prioritize. That document can be [reviewed here](#).

Section 5: Community Engagement

i) Community Engagement Focus Group Report

EOHHS engaged the 14 different Health Equity Zones with diverse geographic communities across the state. The stakeholders consisted of local residents, community organizations, businesses, and government agencies within those areas. The Health Equity Zones had 32 listening sessions, consistently asking the same questions between April and June. The sessions were held in multiple languages and used consistent questions to identify barriers, successes and priorities for Rhode Islanders across eight critical Planning sectors:

Primary Care	Long-term Care and Healthy Aging
Behavioral Health	Health Related Social Needs
Oral Health	Data
Hospital Care	The Health Workforce

The Community Engagement process dug deep into how participants define health, asking questions such as: When we talk about health, what resonates with the community? EOHHS received a variety of responses, including: Health is fundamentally equated with life. Health is feeling strong, having energy, and resilience. Health is having the capacity to enjoy life, while being able to confront challenges without constantly struggling. Health is deeply limited by social determinants and environmental factors.

Here are some highlights of system bright spots from the focus groups:

- **Integrated Behavioral Health Programs** - Integrated behavioral health models, which place a therapist directly within a primary care facility to provide services for individuals in crisis, was lauded as "wonderful" and helpful for brief, focused interventions.
- **Primary Care Provider Relationships** - Consumers with an existing Primary Care Providers (PCPs) expressed satisfaction with their primary care experience citing "good relationships" with their consistent PCP.
- **Support for Long-Term Care at Home** - A "very good" program in Rhode Island that pays family members to provide care for elderly relatives at home was highly valued, as it helps keep individuals out of institutional settings. Additionally, some "extraordinary" long-term care programs were noted for providing comprehensive support, including medical care and even entertainment.
- **National Advantage in Access to Care** - One participant noted a national advantage in the U.S. where patients can often access a clinic or hospital for initial assessment even without immediate payment or prior approval, contrasting with systems in some other countries that require upfront payment.
- **Quality of Care from Nurses and Frontline Staff** - Participants frequently praised the dedication and compassion of nurses and other frontline hospital staff.
- **Role of Nurse Practitioners (NPs) and Physician Assistants (PAs)** - Some participants found PAs and NPs to be particularly effective, noting they "take more time with patients." Participants would note their specific practitioners at local offices as being "wonderful."

- **Children's Oral Healthcare** - The state's efforts in oral health for children were widely recognized as positive. Participants noted that Rhode Island "does a very good job at covering and promoting dental care when it comes to children," including "a lot of follow-ups for children services" and the availability of "specialized clinics for children."
- **Community Strengths** - Despite challenges, many community organizations were lauded for effectively addressing social needs and providing vital support.

Here are some opportunities for improvement identified by focus group participants:

- **Impact of Social Determinants of Health** - Participants strongly linked health outcomes to the importance of social needs like housing, food security, transportation, and economic opportunity, advocating for a more integrated approach.
- **Need for Patient Advocacy** - Patients often feel they need to "advocate for [themselves]" and be "well versed in the rules and regulations" of the system to navigate care effectively.
- **Lack of Trust in the System** - Repeated negative experiences, financial opaqueness, and perceived lack of accountability contribute to a "lack of trust" in healthcare institutions and government oversight.
- **Disparities and Discrimination** - Experiences of discrimination based on insurance type (Medicaid vs. Private), race, ethnicity, and even physical appearance (e.g., tattoos) were reported by participants, leading to what they saw as unequal treatment.
- **Financial Burden** - The high cost of healthcare, insurance, and prescription medications is a constant source of stress and a major barrier to care.
- **Need for Empathy and Personal Connection** - A significant concern across all areas is the loss of human connection and empathy in healthcare interactions. Patients feel rushed, unheard, and treated as a "routine" or "number."
- **Calls for Systemic Change** - Many believe fundamental changes, not just minor adjustments, are necessary, including a shift away from profit-driven models towards universal, equitable care.

Finally, here is a summation of the future vision prioritized by focus group participants, which OHCSF will take into account throughout our long-term planning:

- **A System that is Accessible, Affordable, and Simplified**
 - Participants envisioned a healthcare system that is accessible, affordable, and designed with the consumer first.
- **Humanized and Respectful Patient-Provider Relationships**
 - Participants expressed a desire for a more "humanized" healthcare system that treats people like people, not patients of a system.
 - Care that is compassionate
- **A Robust and Supported Healthcare Workforce with Community Ties**
 - Consumers want healthcare to be more integrated within their community and reflective of Rhode Islanders.
 - "More training staff to handle mental health problems" and "continuous education for health professionals."
 - "Community outreach" to address workforce shortages.

- **Integrated Care that Addresses Social Determinants and Uses Data Effectively**
 - More integration of social needs, providers, and healthcare to care for their whole health.
 - Participants want a healthcare system that recognizes and actively addresses "health related social needs" such as "housing, food security, and economic opportunity."
 - An environment that provides better collaboration between healthcare providers and community organizations.
 - Improved data collection and transparent information sharing
 - Community-based involvement

ii) Ongoing Community Engagement, including through the Rural Health Transformation Program

OHCSF is committed to continuing Community Engagement through standing statewide focus groups, existing community tables, and work within the Rural Health Transformation Program.

The input from the focus groups described above has been tremendously helpful for OHCSF's long-term planning activities. We have used the feedback as we have started to create Strategic Aims and began the planning for setting long-term targets for health care system transformation.

OHCSF also relies on the EOHHS Independent Advisory Council, with its regular meetings. We have also presented multiple times at the Governor's Council on Behavioral Health, and at the Olmstead Advisory Council.

As part of RHTP, EOHHS will create a Rural Health Advisory Committee, with both rural residents and community partners and providers. The group will provide ongoing feedback as the State implements the RHTP grant and as we align that implementation with the long-term planning activities.

Section 6: Conclusion: Building Rhode Island’s Health Care Planning Structure for Long-Term Benefit

EOHHS is proud to work with our State Agency colleagues and community partners to create the Office of Health Care System Planning, with its mix of urgent, short-term activities and long-term planning processes. In this 2025-2026 report, we are pleased to have laid out the accomplishments of the Health Care System Planning Cabinet, supported by the Office of Health Care System Planning.

As documented in the 2024 Foundational Report, creating this ongoing, long-term structure is central to being able to complete and fully implement the Rhode Island Health Care System Plan called for by the Cabinet’s founding Executive Order.

Health Care System Planning Cabinet

Our Cabinet leadership is key to the strategic achievements of the Office:

- Richard Charest, Secretary of the Executive Office of Health and Human Services
- Ana Novais, Assistant Secretary of the Executive Office of Health and Human Services
- Kristin Sousa, Medicaid Program Director
- Dr. Jerome Larkin, MD, Director of the Rhode Island Department of Health
- Kimberly Merolla-Brito, Director of the Department of Human Services
- Richard, Leclerc, Director of the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
- Ashley Deckert, Director of the Department of Children, Youth and Families
- Maria Cimini, Director of the Office of Healthy Aging
- Kasim Yarn, Director of the Office of Veterans Services
- Matthew Weldon, Director of the Department of Labor and Training
- Cory King, Health Insurance Commissioner
- Shannon Gilkey, Postsecondary Education Commissioner
- Lindsay Lang, Director of HealthSource RI

EOHHS Independent Advisory Council

The EOHHS Independent Advisory Council is a critical partner for the work. Here are the health care and community organizations and leaders who were active members in the 2025-2026 time period. (Members who have left their positions as of March 2026 have an asterisk after their name.)

Name	Organization
Peter Pogacar, MD*	American Association of Pediatrics – Rhode Island Chapter
Scott Rivkees, MD	
Martha Wofford	Blue Cross & Blue Shield of Rhode Island
John Fernandez	Brown University Health
Mary Marran	Butler Hospital
Michael Wagner, MD	Care New England
Nelly Burdette, Ph.D.	Care Transformation Collaborative of RI
Sandra Victorino*	Chair, Commission for Health Advocacy and Equity
Ed McGookin, MD	Chair, Cost Trends Steering Committee

Larry Warner	Chair, Governor’s Council on Behavioral Health
Lt. Gov. Sabina Matos	Chair, Long-Term Care Coordinating Council
Rosemary Costigan, Ph.D.	Community College of Rhode Island
Tina Spears	Community Provider Network of RI
Michelle Muscatello	Delta Dental Rhode Island
Weayonnoh Nelson-Davies	Economic Progress Institute
Lisa Tomasso	Hospital Association of Rhode Island
Jim Nyberg*	Leading Age RI
Peter Marino	Neighborhood Health Plan of Rhode Island
Joan Kwiatkowski	PACE RI
Beth Lange, MD	PCMH Kids
Seamus Durac	Protect our Health Coalition
Patrick Crowley	Rhode Island AFL-CIO
Al Charboneau	Rhode Island Business Group on Health
Aaron Guckian*	Rhode Island Dental Association
David Cicilline	Rhode Island Foundation
John Gage	Rhode Island Health Care Association
Elena Nicolella	Rhode Island Health Center Association
Paige Parks	Rhode Island Kids Count
Stacy Paterno	Rhode Island Medical Society
Nicholas Oliver	Rhode Island Partnership for Home Care
Sam Salganik	RIPIN
John Tassoni	Substance Use and Mental Health Leadership Council
Michael Florczyk	UnitedHealthcare
Patrick Vivier, MD	University of Rhode Island

State Interagency Strategy Team and Data Council

The state Interagency Strategy Team meets bi-weekly to ensure a strong, whole-of-government approach to health care system planning and includes the agencies represented on the Cabinet, as well as the Rhode Island Department of Education.

The Data Council also includes many of the state agencies on the Cabinet, as well as representatives from Brown University, the Community College of Rhode Island, URI, and the Rhode Island Foundation.

Office of Health Care System Planning Staff and Contact Information

Here is the leadership and staff of the Health Care System Planning Team. We encourage you to contact our staff for any additional information – and to be placed on our Interested Parties listserv.

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Deputy Director of the Office of Health Care System Planning: Sandra Powell, sandra.m.powell@ohhs.ri.gov

Health Care System Planning Project Manager: Cindy Singleton, cindy.singleton@ohhs.ri.gov

Brown University 2025-2026 School of Public Health Fellow for EOHHS: Emma Seymour