RHODE ISLAND'S 2026 HEALTH CARE SYSTEM PLAN DRAFT 3 MAY 22, 2026

DISCLAIMER: This document was developed over the past year in partnership between the Executive Office of Health and Human Service and our sister state agencies, community partners, and other experts, as part of the Health Care System Planning Executive Order. This document remains a draft, and is subject to change based on further review and public comment.

This version of the Rhode Island Health Care System Plan (Draft 3) incorporates input, feedback, and suggestions from over 20 community partners and organizations, 10 cross-agency and department teams, and the Health Care System Planning Data Council.

Please also note that the final draft will include a glossary with definitions and explanations.

Health Care System Planning in Rhode Island – A Transformative Vision

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.

RHODE ISLAND HEALTH CARE SYSTEM PLANNING CABINET GOALS

1. Ensure **access** to affordable, quality and easy to navigate comprehensive care
2. Ensure **solvency** of the health care system
3. Ensure health **equity** and reduce disparities in access and outcomes
4. Foster an **integrated delivery system** that coordinates care across full spectrum of health services focused on population health, seamless transitions, system-preparedness, and patient-centered care
5. Strengthen **preventative, primary physical & behavioral health care services** to maintain appropriate utilization & promote efficiencies
6. Invest in efforts to address the **social factors that impact health**

The Plan is driven by six goals that together create a high-level vision for our health care system, within five system sectors (Primary Care, Behavioral Health, Hospitals, Long-Term Care and Healthy Aging, and Health Related Social Needs).

The vision articulated by the Cabinet through these goals is a health care system that ensures that all Rhode Islanders – regardless of their age, race, gender, sexual orientation, income, Veteran status, or zip code – can experience care that is high quality, accessible, affordable, comprehensive, and meets their needs.

Accessibility means that they can find a provider and get an appointment when they need it. That provider is either close by where people live, provides mobile care or telehealth - or they have the transportation they need to reach the providers they want to see. This vision sees health care provided within integrated systems, with services provided by competent providers, who want to stay in Rhode Island. The systems are supported by effective financial models, seamlessly aligned with strong social service organizations, and connected through cutting edge technology. Providers have the resources they need to provide the highest quality preventive, primary, behavioral health, and oral health – and that care is augmented by help for people's health related social needs. Providers are incentivized to develop strategies to control unnecessary costs that can help keep prices down for Rhode Islanders and are held accountable to ethical business practices. The vision is completed by a commitment to reducing disparities so that gaps in quality care are filled.

Finally, the Cabinet sees our health care system as an economic driver for growth and development in Rhode Island – a cost-effective system that employs Rhode Islanders while improving our population health. The Foundational Report identified activities or tactics for

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pursuing the vision laid out by these goals—some activities are already in motion and others are recommendations for action.

The next step is to define specific SMART Objectives (Strategic, Measurable, Achievable, Relevant, and Timebound), Measures and Targets for each Goal and then nestle these together within the structure of the long-term plan. To ensure that this plan will work to achieve the Cabinet's vision, the Cabinet will continue to seek buy-in from State Agencies, health care providers, and community partners in setting targets and planning for its implementation.

Setting Targets for a 10-Year Plan

Here in draft for the Cabinet's and public review is a proposal for a 10-year time frame for the overarching plan, with planned reviews at Year 3 and Year 6 to ensure that the Goals, Objectives, Strategies and Tactics are appropriate given potential changes in the overall federal and state health care and social service ecosystems. The plan integrates existing assessments, reports, and on-going planning efforts across the health care system and steers collective focus towards the future. With 23 cross-cutting objectives, this Health Care System plan meets the requirements set by its founding Executive Order, that it must be: Comprehensive and holistic, Data-driven, Collaborative and inclusive, Action-oriented, and Evidence-informed.

Program and Process Objectives Most of the Objectives are program-based and will be achieved by implementing a number of the recommendations in the 2024 Foundational Plan. However, based in part on community partner feedback received by EOHHS, other objectives introduce some proposed process changes to our health care system, including strengthening data systems or creating new regulatory oversight.

After these Objectives are approved, the next phase of work includes **gathering and analyzing the available data** to create baselines as we prepare with the Health Care System Cabinet to set targets and measure progress toward goals. We are preparing to determine how each of our goals should be tracked and measured, how we define our baseline measures, and how do we best set targets that will help achieve transformation.

Given the upcoming changes to health care and social service access due to the recent Congressionally passed H.R. 1, the State must **closely monitor the impact of those H.R.1 changes** on the components of this Health Care System Plan.

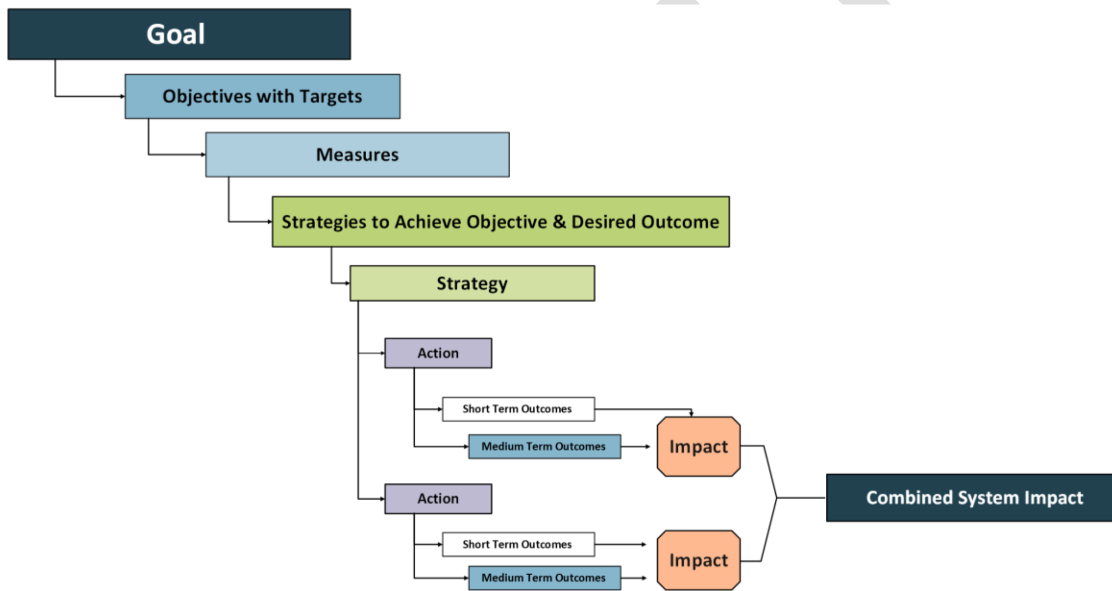
Once the targets are set over the summer of 2026, the next steps will be to **complete a formal implementation plan**, tying together the strategies and tactics from the Foundational Report, and from other key plans, including but not limited to the Olmstead Plan, the Governor's Overdose Task Force Strategic Plan, Rural Health Transformation Plan, the Children's Behavioral Health System of Care, Workforce Transformation Planning, and the Federal Compliance Advisory Group activities to address H.R.1.

As we set the targets and continue toward implementation, we will **bring the plan to community members for their review**. We'll learn how and whether they believe the goals and targets will help meet their needs – making sure the health care system we are building will work for the people who use it.

Note: Where the plan language mentions addressing health care for Rhode Islanders, it means both individual Rhode Islanders and families using the health care system, based on their situations. These objectives take into account the cross-cutting needs of individuals on their own and how they are combined into families.

Health System Planning Framework Visual

Here is a visual representation of the process described above. For each goal, we propose SMART Objectives with Targets, using the Measures provided by state agencies and where available, our community partners. Under each goal, we will identify the appropriate strategies to achieve that goal– and then for each strategy, we will identify which of the action steps (i.e., recommendations from the Foundational Plan and other plans described above) are most relevant to implement. Those activities will lead to the outcomes and impact we want to see.



Health Care System Planning and House Resolution-1 (HR1)

Achieving health system transformation requires a plan that connects present day realities with the levers capable of driving change. Rhode Island's draft Health Care System Plan must consider the current and projected impacts of the recent budget reconciliation bill, H.R.1, which will have far-reaching impacts on our health care system, social service system, and the Cabinet goals for increasing access, affordability and quality.

On July 29, 2025, EOHHS convened the Federal Compliance Advisory Group (FCAG) to review and analyze the potential impacts of H.R.1 on Rhode Island's Medicaid Programs, Supplemental Nutrition Assistance Program (SNAP), and HealthSource RI, Rhode Island's Health Insurance Marketplace. On October 30, 2025, the FCAG produced the Federal Policy Changes Report (FPCR). In the wake of the federal policy changes, the report projects significant costs for the state for each implicated program.

Medicaid: H.R.1 included 22 federal policy changes negatively affecting the Medicaid program in the state. Most of the eligibility changes will impact Medicaid Expansion population (low-income, adults under the age of 65 with no children with incomes up to 138% of Federal Poverty Level). The remaining policy changes group into four main categories (eligibility changes, integrity changes, finance changes and delivery system reform changes) and will lead to potential benefit losses or cuts in services, and new expenses for technology updates. The bill also poses additional challenges, such as risks for communicable disease prevention for Medicaid populations, or populations that may become vulnerable due to loss of coverage.

SNAP: H.R.1 included eight policy changes affecting SNAP. For Rhode Island, only seven of these eight policy changes apply as Section 10104: Internet Expense Restrictions has not been implemented locally. The remaining policy changes fall into three main categories (eligibility changes, finance changes, and benefit changes) and will also lead to losses or cuts in services and new technology updates.

Health Insurance Marketplace: H.R.1 included seven policy changes affecting Health Insurance Marketplaces, all of which apply in Rhode Island (six medium or high impact changes and one lower impact change). Additionally, the discontinuation of enhanced Advanced Premium Tax Credits (APTC), and portions of the Marketplace Integrity and Affordability Rule have significant negative impacts. The federal policy changes that affect Rhode Island are broad-based affordability changes, enrollment barriers, affordability changes for specific populations, and operational changes) and will lead to Rhode Islander individuals and families losing access to insurance either because they will be ineligible or because they will no longer be able to afford coverage.

As the Cabinet completes the Health Care System Plan, it must take into account the impact that H.R.1 will have on the reductions in Plan goals like access, affordability, and quality, even as the Plan may be looking to increase these components.

Health Care System Cabinet Goals with SMART Objectives

Goal 1: Access & Affordability

Enabling access to affordable, quality and easy to navigate comprehensive care.

Access Background

Access is the most direct measure of whether the health system is delivering on its fundamental purpose — connecting Rhode Islanders to the care they need, when they need it, in a way they can use and afford. For this plan, accessible and affordable health care is understood as a person's or a population's ability to identify, reach, and obtain timely and appropriate care without creating undue financial burdens. Achieving meaningful access requires addressing five interdependent drivers.

- **Affordability** is a key component of access. If care is unaffordable for an individual or household, it creates a barrier to accessing care. Understanding the interconnected nature of access and affordability, this plan addresses affordability in a dedicated section below.
- **Provider supply** is a cross-cutting enabling condition for access. An adequate health care workforce ensures that Rhode Island has sufficient providers and their medical support teams (MAs, CHWs, etc.) across the primary care, behavioral health, and oral health sectors relative to population needs, supported by strong workforce pipelines and retention strategies.
- **Care Navigation** reflects how well the system helps individuals to move from need to care, including scheduling, language access, wait times, and the availability of alternatives such as telehealth.
- **Systems Integration and Coordination** determines whether structures /processes exist to support continuity across the full continuum of care, including care coordination and referral pathways.
- **Availability of Appropriate Types of Care** ensures that providers have the right training, equipment, and willingness to work with all patients, including, for example, people with disabilities.[1]

Because these drivers span multiple Goals, the access component does not operate in isolation.

- **Goal 3 (Health Equity)** ensures that access improvements are distributed equitably across populations.
- **Goal 4 (System Integration)** strengthens the coordination and connectivity needed for seamless care.
- **Goal 6 (Health Related Social Needs)** addresses transportation, housing, food security, and other conditions that determine whether individuals can reach and sustain care.

Accordingly, this next section focuses on access outcomes and on the levers directly within its scope, i.e., provider supply and care navigation, while relying on other goals to address the enabling conditions that make those outcomes achievable.

[1] Georgia Tech Health Analytics: Five Dimension Framework

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Objective 1.1: *Expand Primary Care Access by Increasing Provider Availability*

- By 2036, ensure all Rhode Islanders have a primary care provider by increasing the number of primary care providers accepting new patients, expanding the number of available appointments throughout the state and preserving (or increasing) the number of providers accepting commercial insurance or Medicaid.
  - **Sub-Objective 1 - Program:** By 20XX, increase the number of practicing primary care providers per capita from X% to Y%, prioritizing Health Professional Shortage Areas. Primary care providers include pediatricians and gerontologists.
  - **Sub-Objective 2 - Process:** In order to track primary care access (practices with openings for new patients, practices accepting commercial insurance and Medicaid, the number of practices with same day or next day appointments for established patients, and the rise in the number of concierge medical practices), by 2030, create regulatory oversight over *primary care practices* (as opposed to primary care providers).

Objective 1.2: *Expand Oral Health Access by Increasing Provider Availability*

- By 2036, expand Rhode Islanders' ability to access dental care by increasing the percentage of dentists accepting commercial insurance and Medicaid and expanding the number of clinics providing dental care.
  - **Sub-Objective 1 - Program:** By 20XX, increase the number of practicing dentists per capita from X% to Y%, prioritizing Health Professional Shortage Areas.
  - **Sub-Objective 2 - Program:** By 20XX, expand mobile and community-based clinics providing dental care by X number.
  - **Sub-Objective 3 - Program:** By 20XX, increase the percentage of dentists accepting commercial and Medicaid insurance from X% to Y%.

Objective 1.3: *Expand Behavioral Health Access by Increasing Provider Availability*

- By 2036, ensure that all Rhode Islanders needing behavioral health care have access to a provider by increasing the number of behavioral health providers accepting insurance and Medicaid, expanding the capacity of CCBHCs and supporting the implementation of the Children's Behavioral Health System of Care.
  - **Sub-Objective 1 - Program:** By 20XX, expand CCBHCs capacity by X% and reducing wait times by X days.
  - **Sub-Objective 2 - Program:** By 20XX, increase the number of practicing behavioral health providers who take commercial insurance and Medicaid from X% to Y% per capita.
  - **Sub-Objective 3 - Program:** By 20XX, align with the creation of Rhode Island's Children's Behavioral Health System of Care, led by the Rhode Island Department of Children, Youth, and Families with interagency, community partner, and family engagement, by supporting its top three goals (currently in development).

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Objective 1.4: *Expand Long-Term Care Access by Increasing Workforce Supply*

- By 2036, ensure that all Rhode Islanders can access community-based or institutional long-term services and support (LTSS), consistent with their preferences by increasing the LTSS workforce supply and expanding the availability of appropriate settings (measure).
    - **Sub-Objective 1 - Program:** Increasing the LTSS Workforce Supply in Rhode Island:
        - Registered Nurses by X%.
        - Certified Nursing Assistants by X%.
        - Community Health Workers by X%.
        - Peer Recovery Specialists by X%.

Objective 1.5: *Increase Workforce Capacity*

- To help meet the objectives above by 2036, continue to build and sustain a health care workforce with sufficient capacity to meet statewide access needs and increase provider supply across primary care, behavioral health, oral health, and LTSS by strengthening pipelines and improving retention.
    - **Sub-Objective 1 - Program:** By 20XX, strengthen workforce education pipelines by increasing the number of students graduating annually from health care Career and Technical Education programs from X to Y and tracking the number of students continuing on to a higher education health care program.
    - **Sub-Objective 2 - Program:** By 2036, increase the percentage of graduates from public healthcare higher education and job training programs who are employed in Rhode Island one year after graduation from X to Y by 2036.

Affordability Background

Affordability is a core component of access. For this plan, health care is considered affordable for an individual or household, if the total cost of care does not prevent them from accessing necessary health care without delay, does not force trade-offs with basic needs, and does not create undue financial hardship. The total cost of care includes the cost of premiums, deductibles, co-pays, prescriptions, and other out-of-pockets expenses. Achieving affordability requires strengthening the financial protections available to consumers and structural change to moderate the underlying cost of care. Key drivers include:

- **Coverage subsidization:** Coverage is subsidized by employer-sponsored insurance, and public programs such as Medicaid, CHIP, and Marketplace premium tax credits, which help make coverage accessible when underlying costs are high. Subsidization does not reduce the cost of care itself but shifts financial responsibility from individuals to government or employers – and the subsidies can still mean that coverage remains unaffordable for Rhode Islanders[2].
- **Coverage adequacy:** Insurance coverage alone does not guarantee affordability. High deductibles, copayments, coinsurance, and out-of-pocket maximums can still result in covered services being effectively unaffordable, particularly for individuals with chronic conditions, rare diseases, genetic disorders, or additional debilitating medical conditions.

[2] KFF: IRA Health Insurance Subsidies (2024)

Gaps in dental, vision, behavioral health, and long-term care coverage further expose individuals to direct costs.

- **Public benefit program eligibility requirements**: These include the income thresholds, asset tests, categorical eligibility criteria, community engagement (work requirements) and administrative requirements associated with Medicaid, CHIP, and other public programs determine who can access subsidized coverage. Restrictive eligibility criteria, including recent changes to eligibility due to Congressional passage of H.R.1 cuts, leave significant portions of low-income populations without coverage. Enrollment barriers such as complex application processes and frequent redetermination requirements compound the problem.
- **Benefits cliffs:** Benefit cliffs happen when a benefit recipient's income goes up, exceeding an income eligibility limit. For instance, someone at or below 138% of the Federal Poverty Level – approximately $22,025 annually for a single person in 2026 – is eligible for Rhode Island Medicaid. Earning a dollar over that limit would make that person not eligible for the program at all. Rhode Islanders at risk for experiencing a benefit cliff are low-income, but not low-income enough – and face an increased financial burden that impacts access to care. [3]
- **Safety net provider accessibility:** For Rhode Islanders who are uninsured or underinsured, federally qualified health centers, rural health clinics, free clinics, emergency rooms and other safety net providers serve as a safety net care option. The geographic distribution, capacity, and financial viability of these providers directly affect whether people without adequate coverage can access affordable care at all.

These drivers span multiple goals, so the affordability section does not operate in isolation.

- **Goal 2 (System Solvency)** works to achieve and sustain financial stability throughout the system
- **Goal 4 (System Integration)** strengthens the coordination and connectivity needed for seamless care.
- **Goal 6 (Health Related Social)** addresses transportation, housing, food security, and other conditions that determine whether individuals can reach and sustain care.

Accordingly, this next section focuses on access outcomes and on the levers directly within its scope; coverage subsidization and adequacy, public benefit program eligibility, and provider accessibility, while relying on other goals to address the enabling conditions that make those outcomes achievable.

Objective 1.6: *Contain Cost Growth*

- The OHIC Cost Trend process reflected in the most recent *Compact to Reduce the Growth in Health Care Costs while Improving Health Care Access, Equity, Patient Experience, and Quality in Rhode Island* sets the State's Cost Trend targets. (The current target for 2026 and 2027 is 3.3%, and the Steering Committee is charged with setting a new target no later than July 1, 2027.)

[3] National Conference of State Legislatures: Benefits Cliff and Public Assistance Programs, 2024

- **Sub-Objective 1 – Process:** Address cost growth that has exceeded the target (documented most recently in the Annual Report: Health Care Spending and Quality in Rhode Island) by supporting the recommendations to be developed by OHIC, advised by the Cost Trend Steering Committee, throughout 2026 and 2027. This will include cost growth from claims spending, non-claims-based spending, pharmacy spending, consumer cost-sharing, and insurer administrative costs and margins.
- **Sub-Objective 2 – Process:** Expand data capacity to track the financial impact that avoidable ED visits, preventable hospitalizations, and unnecessary readmissions have on Rhode Island's health care system.

Objective 1.7: *Protect and Maintain Access to Affordable Health Coverage*

- By 2036, ensure that Rhode Islanders' insurance coverage is sufficient to make care affordable by lowering costs and minimizing coverage disruptions.
  - **Sub-Objective 1 - Program:** By 2028, measure household health care expenditure as a percentage of household income.
  - **Sub-Objective 2 - Program** By 20XX, minimize loss of health coverage due to systemic administrative changes related to H.R. 1 Medicaid eligibility. Throughout 2026 and 2027, encourage X# of members of the health care provider community to participate in the State's federal compliance effort to ensure Rhode Islanders have job or volunteer opportunities that enable them to remain eligible for Medicaid or commercial insurance.

Objective 1.8: *Support Uninsured and Underinsured Rhode Islanders*

- By 2036, ensure that uninsured and underinsured Rhode Islanders can access care by strengthening the geographic distribution, financial stability, and capacity of FQHCs, rural health clinics, and other safety net providers.
  - **Sub-Objective 1 – Program**: By 20XX, create an effective long-term sustainability plan for supporting the solvency of FQHCs, rural health clinics, free clinics, and other smaller independent providers, including stand-alone primary care practices and children's behavioral health organizations.
  - **Sub-Objective 2 – Program:** Develop a strategy to continue the investment in Cover All Kids and address other H.R.1-related changes in the loss of Medicaid eligibility status.
  - **Sub-Objective 3 – Program:** By 20XX, create an effective sustainability plan for the range of mobile treatment care provided through the RHTP.

Goal 2: System Solvency

Ensure solvency of the health care system.

System Solvency Background

This plan defines system solvency as the health care system's capacity to achieve and sustain financial stability through adequate total reimbursement relative to expenses and efficient management aimed at maintaining continuous, high-quality care and access for all populations. As Rhode Island improves its health care system, the goal is to ensure the transformed system's solvency.

Achieving system solvency flows from a range of drivers:

- **Adequate public payer reimbursement relative to reasonable cost**: Medicare and Medicaid rates that fall persistently below the reasonable cost of providing services create structural losses that providers must absorb or offset elsewhere[4,5]. This is most acute for nursing facilities and primary care practices, behavioral healthcare providers and certain hospitals in Rhode Island where public payers dominate the revenue mix and commercial volume is insufficient to compensate[6.]
- **Labor costs and workforce shortages,** particularly in primary care, behavioral health, and direct care, as well as reliance on contract and temporary staffing come at significant cost premiums, compressing margins and creating structural financial fragility that cannot be resolved through reimbursement adjustments alone.
- **The challenge of the tension between entities balancing volume and occupancy relative to fixed costs:** Most provider costs are fixed or semi-fixed (although some providers can implement variable staffing models). When fixed costs exceed revenue, entities struggle to maintain solvency. Advanced planning is required to ensure the state maintains adequate but not excessive capacity. When direct care patient volume falls below the threshold required to cover overhead, whether from competition, demographic shifts, or migration of services to alternative settings, per-unit costs rise and margins deteriorate rapidly regardless of reimbursement levels. However, this conflicts with Rhode Island's stated desire to prioritize prevention and to serve people in the least restrictive settings possible.
- **Managing debt load and capital structure**: Providers carrying excessive long-term debt relative to their equity base have limited financial flexibility when margins compress. Debt service obligations that cannot be covered by operating income are a proximate cause of insolvency, particularly for smaller and independent providers that lack the balance sheet strength of large health systems. We must also consider the need to fund depreciation.
- **Operational efficiency** where cost per unit of service, administrative overhead, and revenue cycle performance determine how much margin remains after covering direct care costs. Providers with inefficient operations face solvency risk even where reimbursement is adequate.

[4] American Hospital Association, Fact Sheet Medicare and Medicaid Constitute Majority of Hospital Payments, 2026
[5] Association of Commercial-to-Medicare Relative Prices with Health System Financial Performance (Blavin, et. al, 2023)
[6] Medicaid and CHIP Payment and Access Commission (MACPAC)

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- **Chronic care versus acute hospitals:** Ensuring that we understand the different solvency needs chronic care vs. acute care hospitals
- **Financial Distress:** defined by operating margin, days cash on hand, occupancy rate, and Medicaid census thresholds.

These drivers span multiple goals, so the objectives for achieving system solvency do not operate in isolation.

- **Goal 1 (Access & Affordability)** works to ensure that patients in the system can access and afford the care they need and seeks to maintain a system that has sufficient providers.
- **Goal 4 (System Integration)** strengthens the coordination and connectivity needed for seamless care.
- **Goal 6 (Health Related Social Needs)** addresses transportation, housing, food security, and other conditions that determine whether individuals can reach and sustain care.

Accordingly, this next section focuses on system solvency outcomes and on the levers directly within its scope; adequate reimbursement and efficient management, while relying on other goals to address the enabling conditions that make those outcomes achievable.

Objective 2.1: Monitor and Address Provider Solvency

- By 2036, continue the shared commitment between hospitals/health care providers, payers, and the State to work together on the steps needed to mitigate current instabilities and promote long-term solvency. This should be a public/private initiative, focused on local innovation and expertise.
    - **Provider-led activities:** To be completed by providers
    - **State-led activities:**
        - **Sub-Objective 1 – Program:** By 20XX, the State will monitor all hospitals operating in Rhode Island to ensure they are meeting minimum thresholds for both operating margin and days cash on hand, which capture complementary aspects of financial performance. The State will also monitor how hospital expenses are changing over time, including how expense categories (e.g., labor) compare with net patient revenue.
        - **Sub-Objective 2 – Program:** By December 2027, publish appropriate financial transparency information on a public facing dashboard or provider groups from which there have been collected audited financial statements.
        - **Sub-Objective 3 – Process:** To address the number of Rhode Island providers at risk of financial distress, between 20XX and 20XX institute a provider oversight and monitoring framework that can review the data collected from Objective 2.1 and create a rapid response structure for hospitals, nursing homes, behavioral health providers, and primary care providers.
        - **Sub-Objective 4 – Process:** The oversight and monitoring framework in Sub-Objective 3 should also focus on supporting the continued solvency and survival of those providers who wish to stay independent.

Objective 2.2 *Expand Alternative Payment Models*

- By 2036, increase the percentage of providers operating under advanced value-based arrangements to Y% by expanding participation opportunities through incentives and provider readiness support.
    - **Sub-Objective 1 – Process:** Continue to invest in Rhode Island's health care data infrastructure to support the research and evaluation of the models' implementation. Data should focus on care across the lifespan, from infants and children through older Rhode Islanders.

Objective 2.3 *Support OHIC Social and Human Service Program Rate Review Process*

- **Process:** Through 2036, continue to support the OHIC Social and Human Service Program Rate Review process, that uses Independent Rate Models to periodically review rates for Medicaid and community-based programs.

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Goal 3: Health Equity

Ensure health equity and reduce disparities in access and outcomes.

Health Equity Background

Health equity requires that every Rhode Islander has a fair and just opportunity to achieve their highest level of health. This plan aims to address variations in health outcomes and root causes of disease as they are distributed across the state.

Achieving health equity depends on addressing at least three interrelated drivers that influence access, service utilization, and health outcomes:

- **Location** determines the availability and accessibility of health services, including where primary care, behavioral health, oral health, and long-term services and supports exist relative to their patients, and what the transportation options are to help people reach them. Variations in provider distribution, infrastructure, and service capacity across rural, suburban, and urban areas influence whether individuals can obtain timely and appropriate care.
- **Population level characteristics** consider disability status, income level, age, insurance coverage, race, sex, language spoken, citizenship status, and other characteristics that impact an individual's ability to sustain engagement with the health system. These factors shape exposure to health risks, service need, and the level of support required to achieve comparable outcomes across populations. By understanding population level characteristics, this plan aims to support the highest need populations.
- **Environmental factors** such as housing stability, food availability, transportation access, education level, social supports impact health status and an individual's ability to maintain continuity of care.[7] Environmental factors are a key component to addressing health equity.

These drivers span multiple goals. Objectives for achieving health equity do not operate in isolation.

- **Goal 1 (Access & Affordability)** works to ensure that patients in the system can access and afford the care they need and seeks to maintain a system that has sufficient providers
- **Goal 4 (System Integration)** strengthens the coordination and connectivity needed for seamless care.
- **Goal 5 (Quality)** strengthens quality outcomes across population level characteristics
- **Goal 6 (Health Related Social Needs)** addresses transportation, housing, food security, and other conditions that determine whether individuals can reach and sustain care.

Accordingly, this next section focuses on equitable health outcomes and on the levers directly within the health equity scope; geographic location and population level characteristics, while relying on other goals to address the enabling conditions that make those outcomes achievable. The following objectives build on ongoing statewide efforts to narrow differences in health outcomes across Rhode Island's communities. Initiatives such as the Rural Health Transformation

[7] Rhode Island Health Care System Planning Foundational Report, Ch. 8, 2024

Project, which is designed to reduce imbalances between rural and urban populations, the Overdose Taskforce, supporting individuals at risk of overdose, and the Olmstead Planning efforts, which strengthen services for residents with disabilities demonstrate the state's commitment to reducing variations in health outcomes for its residents. Beyond these initiatives, the state remains dedicated to ensuring that every community can achieve its highest level of health.

Objective 3.1: *Increase Maternal and Child Health and Wellbeing*

- By 2036, increase positive Maternal and Child Health disparities, understood by maternal mortality and morbidity rates by improving early prenatal care access, increasing workforce capacity and training, and expanding prevention interventions.
    - **Sub-Objective 1 – Program:** By 20XX reduce maternal mortality and severe maternal morbidity disparities from X% to Y%, focusing on communities experiencing the highest disparities[8], which research shows to be black women.
    - **Sub-Objective 2 – Program:** By 20XX increase the rate of healthy birth outcomes (full-term births, healthy birthweight, early prenatal care, etc.) by from X to Y.
    - **Sub-Objective 3 – Program:** By 20XX increase the number practicing midwives, doulas, and community health workers – culturally competent and representative of the communities they serve – by X% operating under team-based care models for maternal and child health.

Objective 3.2: *Improve Behavioral Health Outcomes*

- By 2036, improve behavioral health outcomes by expanding preventive services and activities.
    - **Sub-Objective 1 – Program:** By 20XX, decrease the number of suicides, attempted suicides, and suicidal ideation (to be further aligned with RIDOH's Suicide Prevention Plan). Focus on those at highest risk, which research shows is LGBTQ youth.[9]
    - **Sub-Objective 2 – Program:** By 2030, decrease the percent of fatal overdose deaths by 30% by expanding overdose prevention services, improving treatment access and strengthening post-overdose outreach (to be updated and aligned with the Governor's Overdose Taskforce Action Plan).

Objective 3.3: *Improve Service Coordination for Rhode Islanders with Disabilities*

- By 2036, increase the number of Rhode Islanders with disabilities across the lifespan served in community settings by expanding evidence-based programs to XX number of new locations.

[8] CDC Maternal Mortality Rates in the United States, 2025
[9] NIH: Association of Gender Identity Acceptance with Fewer Suicide Attempts Among Transgender and Nonbinary Youth, 2023

Objective 3.4: *Support Healthy Aging*

- By 2036, increase social connectedness, well-being, and coping skills among Rhode Islanders older than 65 by expanding social connection opportunities, improving behavioral health access and strengthening aging in place by increasing the number of people receiving appropriate services in the community.

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Goal 4: System Integration and Coordination

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

System Integration and Coordination Background

An integrated and coordinated health system is one in which care is connected across primary, secondary, and tertiary care settings, providers, and sectors so that Rhode Islanders — particularly those with complex needs — experience seamless transitions, avoid preventable gaps in care, and receive the right care at the right time in the right place. Integration requires three conditions, or drivers, to be in place simultaneously:

- **Connectivity** - the physical and digital infrastructure to connect providers and systems
- **Continuity** - the people and processes to actively manage care across transitions and settings, regardless of the patient's insurance status.
- **Governance and Accountability** - structures that ensure the system performs as a whole rather than as a collection of parts.

Underpinning all three is **sufficient capacity** across the full continuum of care — without it, coordination has nowhere to send people.

Goal 4 is both a prerequisite for and a product of progress across all the other goals.

- **Goal 1 (Access & Affordability)** depends on integration to ensure that provider supply and navigability translate into connected, continuous care rather than isolated encounters. A system can have sufficient providers and still fail patients at the transitions between them.
- **Goal 2 (System Solvency)** is strengthened by integration because coordinated care reduces avoidable utilization, preventable hospitalizations, and the costly downstream consequences of fragmented care.
- **Goal 3 (Health Equity)** requires that integration efforts explicitly reach populations who face the greatest structural barriers to connected care — without this approach, integration improvements can widen rather than narrow disparities.
- **Goal 5 (Quality)** depends on the aligned data infrastructure and care coordination capacity built under this goal — quality cannot be measured or improved consistently across a fragmented system.
- **Goal 6 (Health Related Social Needs)** requires the cross-sector connectivity and closed-loop referral infrastructure that integration makes possible. Clinical care and social services cannot work together without the systems and relationships to connect them.

Accordingly, this next section focuses on the outcomes and the levers directly within the system integration and coordination scope; continuity and connectivity, while relying on other goals to address the enabling conditions that make those outcomes achievable.

Objective 4.1: *Integrate Behavioral Health and Primary Care*

- By 2036, increase the percentage of Rhode Islanders across the lifespan with a behavioral health need who have an established connection to primary care by increasing the number of integrated behavioral health practices and the number of behavioral health providers employed within primary care practices.
    - **Sub-Objective 1 – Program:** By 20XX, Expand the number of integrated behavioral health practices statewide from X to Y.
    - **Sub-Objective 2 – Program:** By 20XX, Increase the number of behavioral health providers employed within primary care practices, including in pediatric and gerontology practices, from X to Y.
    - **Sub-Objective 3 – Process**: By 2030, carry out planning to include integrated behavioral health care into Alternative Payment Models, to sustain the practice.

Objective 4.2: *Health Information Exchange Alignment*

- By 2036, the number of practices connected to the statewide Health Information Exchange from X to Y by expanding HIE connectivity and integrating social service partners.

Objective 4.3: *Improve Care Transition Outcomes*

- By 2036, improve care transition outcomes for Rhode Island residents discharged from inpatient care, by
    - (1) increasing the percentage of RI residents discharged from a behavioral health inpatient stay who receive a follow-up visit within 7 days from X% to Y%, and
    - (2) reducing the 30-day readmission rate after medical inpatient discharge from X per 1000 to Y per 1000.

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Goal 5: Strengthening Services

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

Strengthening Services Background

Strengthening preventive, primary physical and behavioral health care services is essential to ensure that Rhode Islanders receive high-quality care delivered at the right place and at the right time.[10] For this plan, strengthening services has been defined as the effective management of health care resources to improve quality, enhance patient experience, and ensure that care is delivered efficiently and appropriately across settings. A high performing system consistently delivers evidence-based care, minimizes avoidable utilization, and achieves strong population level quality outcomes.

Strengthening the quality of services requires addressing three interdependent drivers – and these quality drivers have a particularly high number of linked Objectives:

- **Patient experience** reflects how individuals perceive their care. Positive patient experience supports engagement, adherence to treatment, and continuity of care, all of which contribute to improving outcomes and reducing avoidable utilization.
- **Appropriate Utilization** indicates that services are used when clinically indicated and are delivered in the most suitable setting.
- **Quality Outcomes** indicate the performance of the health system on standard indicators such as chronic disease management, follow-up after hospitalization, preventive screenings, and improved behavioral health outcomes. These measures provide objective indicators of system performance and highlight areas where targeted improvement can enhance efficiency and population health.

These drivers are a product and indicator for multiple goals, so aims for strengthening services and attaining quality outcomes do not operate in isolation.

- **Goal 1 (Access & Affordability)** directly informs patient experience and ability to utilize services, directly impacting outcomes.
- **Goal 3 (Health Equity)** seeks to understand quality improvements and their distribution across populations.
- **Goal 4 (Strengthening Services)** strengthens the coordination and connectivity needed for seamless care
- **Goal 5 (Quality)** strengthens quality outcomes across population level characteristics
- **Goal 6 (Health Related Social Needs)** addresses transportation, housing, food security, and other conditions that determine whether individuals can reach and sustain care.

[10] National Academy of Medicine: Quality of Care Definition

Accordingly, this next section focuses on quality outcomes and the levers directly within the scope of strengthening services; patient experience, appropriate utilization, and quality outcomes, while relying on other goals to address the enabling conditions that make those outcomes achievable.

Objective 5.1: *Improve Patient Experience*

By 2036, improve the patient experience for Rhode Islanders by identifying where their needs are greatest and providing the necessary pathways for registering feedback and seeking redress.

- **Sub-Objective 1 – Process:** By 20XX, create a unified state Patient Experience Referral Office/Portal to help Rhode Islanders find the right place within state government or related community partner offices to register concerns and complaints, as well as positive recognition about Rhode Island health care institutions and provider practices. The Office should be prepared to provide technical assistance (TA) and support to institutions and practices, to improve statewide patient experience.
- **Sub-Objective 2– Process**: Use feedback gathered by Office/Portal to develop the most appropriate training and technical assistance capacity for supporting providers, which should include reducing administrative burdens and becoming more patient-centric.
- **Sub-Objective 3 – Program**: By September 30, 2028, to decrease the administrative burden caused by prior authorization requirements with a particular focus on primary care; recommend the implementation of policies from learnings from the Prior Authorization Pilot Program.

Objective 5.2: *Improve Quality Measure Outcomes*

- Every three years, OHIC, coordinating with EOHHS and with advice from its Measure Alignment Work Group, will identify the three highest priority quality measures with opportunity for improvement in performance quality scores as the targets for quality measure improvement. The first proposed set of targets, through 2029, are these:
  - Move average HbA1c from X to Y, with a focus on Medicaid patients for whom the negative outcomes are disparately high.
  - Move average High Blood Pressure from X to Y, with a focus on Medicaid patients for whom the negative outcomes are disparately high.
  - Improve Follow Up after Hospitalization for Mental Illness from X to Y.

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Goal 6: Health Related Social Needs

***Invest** in the social factors that impact health.*

Health Related Social Needs Background

Health related social needs (HRSNs) play a significant role in shaping health outcomes and an individual's ability to engage with the health system. Three core drivers shape how consistently and effectively the State can address HRSNs:

- **Identification of social and environmental factors** enables providers and community partners to understand the non-clinical factors affecting the health of Rhode Islanders. Reliable identification supports timely referrals, targeted interventions, and improved coordinated across service systems.
- **Access to community-based resources** including housing support, food assistance, transportation, and social support networks determine whether identified needs can be addressed. Adequate capacity, geographic reach, and coordination among community organizations are essential to ensuring individuals receive appropriate and timely care.
- **Cross-sector coordination and referral pathways** ensure that individuals can move seamlessly between clinical and non-clinical services. This includes closed referral loops through system coordination, shared information systems, and value-based payment models that support integrated approaches to addressing health-related social needs.

These drivers are a product and indicator for multiple goals and do not operate in isolation.

- **Goal 1 (Access & Affordability)** directly informs patient experience and ability to utilize services, directly impacting outcomes.
- **Goal 2 (System Solvency)** is strengthened by addressing the social factors that impact health because it reduces avoidable utilization, preventable hospitalizations, and the costly downstream consequences of fragmented care.
- **Goal 3 (Health Equity)** seeks to understand quality improvements and their distribution across populations.
- **Goal 4 (System Integration)** strengthens the coordination and connectivity needed for seamless care
- **Goal 5 (Quality)** strengthens quality outcomes across population level characteristics

Accordingly, this next section focuses on quality outcomes and the levers directly within the scope of strengthening services; patient experience, appropriate utilization, and quality outcomes, while relying on other goals to address the enabling conditions that make those outcomes achievable.

One of the most important considerations when looking at health related social needs is how to ensure that Rhode Islanders' needs are addressed by the appropriate care system at the right time. How can the healthcare system address what rightly belongs within it – while coordinating and communicating with the social services system? And how can the systems determine the most efficient and effective place to put the costs of these needs?

Objective 6.1: *Integrating Health Related Social Needs and Healthcare Delivery*

- By 2036, increase statewide cross-sector care coordination and referral pathways between primary care, behavioral health, long-term care and HRSN providers by leveraging the Community Clinical Care Hub infrastructure being built by the Rural Health Transformation Project.
    - **Sub-Objective 1- Program:** Increase the number of Hub formal member organizations to X and expand beyond rural areas to include X# of other cities or towns.
    - **Sub-Objective 2- Program:** Track and increase the number of referrals successfully carried out between health care providers/Hub members, and networks.

Objective 6.2: *Establish A Value-Based Payment Model for Social Services*

- By 2036, expand high quality person-centered care that addresses health related social needs and integrates appropriate social services, health care, and other resources, establish a statewide Health-Related Social Needs Value Based Payment Model. The Model should be informed by prior value-based payment approaches and the methodology used for Community Care Clinical Care Hubs being implemented through the Rural Health Transformation Project.

Objective 6.3: *Improve Social Determinants of Health*

- By 2036, improve the Social Determinants of Health that have the greatest impact on the demand for Health Related Social Need care by identifying those SDOHs within existing data systems to guide health care planning decision making:
    - **Sub-Objective 1- Program:** By, 20XX, align health care utilization data with SDOH prevalence and burden data by integrating MyNeighborhood SDOH and Ecosystem databases.
    - **Sub-Objective 2- Program:** By 20XX, establish a coding system within Electronic Medical Records to collect data needed to inform HRSN resource alignment within the State Data Ecosystem, and provide system TA for providers.
    - **Sub-Objective 3- Program:** By 20XX, create a centralized Community Health Needs Assessment process, criteria, and standardized data practices, along with an Assessment repository.

Objective 6.4: *Align State Investments towards Upstream Drivers of Health*

- By 2036, ensure the greatest potential impact on solvable social and environmental conditions by aligning, scaling, and modifying existing state initiatives to maximize existing and emergent resources, using data gathered from objectives 6.1- 6.3:
    - **Sub-Objective 1- Program:** By 20XX, create a reinvestment plan to support strategies, activities, interventions that resolve upstream drivers of health impacting care demand, cost of care delivery and poor population health outcomes.
    - **Sub-Objective 2- Program:** By 20XX, identify existing and additional emergent opportunities to leverage federal, philanthropic, and state resources to improve SDOH and scale HRSNs service delivery capacity.