



ADVANCING INTEGRATED HEALTHCARE

CHARTING A PATH FOR PRIMARY CARE

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About the Care Transformation Collaborative of Rhode Island (CTC-RI)

Convened in 2008 by the Office of the Health Insurance Commissioner (OHIC) and the Executive Office of Health and Human Services (EOHHS), CTC-RI has partnered with more than 237 primary care practices and 800 providers, working together to strengthen primary care for nearly 900,000 Rhode Islanders since its inception.

Today, we convene payors, providers, policymakers, and patients to innovate, evaluate, and scale solutions for a stronger, more equitable health system.



"Participating in the Team-Based Care initiative through CTC-RI has had a big impact on our clinical team at Tiverton Family Medicine. By taking time to reflect on how we work and making intentional improvements in leadership and management, we've strengthened communication and collaboration across our team."

*Dr. Trent Ainsworth
Southcoast Health Primary Care – Tiverton*

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Message from the President

Elizabeth Lange | MD, FAAP



As a pediatrician, I see every day how much families depend on their primary care teams—not just when they're sick, but for guidance, prevention, and support through every stage of life. Rhode Island has made real progress in strengthening primary care for both adults and children. Still, there's more to do. Supporting the people and systems that make this care possible remains essential to the health of our patients and communities.

Looking back on the past year, I feel hopeful about where we're headed. The Care Transformation Collaborative of Rhode Island (CTC-RI) and Patient-Centered Medical Home for Kids (PCMH-Kids) continue to drive investments, policies, and partnerships that make high-quality, family-centered care possible for every Rhode Islander. Together, we are advancing workforce development and sustainable payment models, and aligning pediatric practices around data-driven quality improvement.

This year also marks an important transition for CTC-RI. Debra Hurwitz and Dr. Pano Yeracaris have stepped down. Their vision and dedication built the trusted, collaborative organization we know today, and we are deeply grateful for their service.

We recently welcomed John Minichiello as our new Executive Director and Dr. Nelly Burdette as our new Chief Clinical Officer. Both bring deep experience and a shared commitment to advancing primary care transformation for children, families, and adults alike. Under their leadership, CTC-RI and PCMH-Kids will continue to strengthen the systems that support every child's growth and health throughout their lives.

I also want to thank Dr. Peter Hollmann for his steady and thoughtful service as Board Chair and President. We're fortunate he'll continue offering his insight as Past President and Ex-Officio Board Member.

As I step into this role, I'm inspired by our team, our partners, and our shared mission to keep primary care at the heart of our health system and ready to care for the people who need us most.

With gratitude,
Elizabeth Lange, MD, FAAP
President, Board of Directors

Message from the Executive Director

John Minichiello | MBA



Leadership is a relay, not a solo run. As I step into this role alongside Dr. Nelly Burdette, our Chief Clinical Officer, I do so with deep gratitude for the vision and dedication of Debra Hurwitz and Dr. Pano Yeracaris. Their leadership built the foundation that positioned Rhode Island as a national model for primary care transformation. Our charge now is to carry that legacy forward into a new era.

Across the country, healthcare faces major challenges—workforce shortages, financial pressures, and inequities that strain every part of the system. Yet Rhode Island stands apart because we have chosen collaboration over competition and transformation over complacency. The Care Transformation Collaborative of Rhode Island (CTC-RI) isn't just responding to change; we're shaping it.

Our mission is clear: to make Rhode Island the most connected, equitable, and innovative primary care system in the nation. That means bringing together partners who might otherwise remain siloed, aligning payers and policymakers around shared goals, and equipping practices to deliver whole-person, team-based care.

Transformation happens when connection becomes culture. But progress depends on all of us—employers, payers, hospitals, physicians, policymakers, and patients—moving in the same direction, guided by the belief that primary care is the heart of a healthy Rhode Island.

Looking ahead, CTC-RI will deepen its role as the state's convener of transformation—a space where ideas become action, pilots become practice, and shared vision becomes collective progress. Together, we'll continue to show what's possible when a small state thinks big.

Thank you for walking this path with us and for believing in the power of primary care to drive a stronger, more equitable health system.

Sincerely,
John Minichiello, MBA
Executive Director

The State of Primary Care in Rhode Island

Rhode Island faces a historic primary care workforce crisis. To meet this challenge, CTC-RI is bringing partners together to drive change. Through statewide task forces, new training pipelines, and strategies to reduce administrative burden, Rhode Island is working to strengthen recruitment and retention.

Rhode Island's pediatric primary care practices face similar access challenges. Through PCMH-Kids, CTC-RI is strengthening the pediatric workforce by supporting residency training in team-based care, behavioral health integration, and adolescent transition planning.

Other innovations include advancing team-based care models, expanding opportunities for nurse practitioners, nurse care managers, physician assistants, pharmacists, behavioral health clinicians, and community health workers, and investing in systems that allow primary care providers to spend more time with patients.

With sustained investment and collaboration, Rhode Island can rebuild a strong, reliable primary care system. That means timely, high-quality care for patients of all ages, better health outcomes, and lower costs across the healthcare system.

The State of Primary Care at a Glance:

200,000

Rhode Islanders may lack access to primary care by 2030 without intervention ^[1]

40%

of Primary care clinicians, including Family Medicine physicians, Pediatricians, Internists, nurse practitioners, and physician assistants, are **age 55+ and nearing retirement** ^[2]

18%

of new residency graduates in Rhode Island enter primary care—the **lowest rate in New England** ^[3]

[1]- (2024) Taking action: Building primary care access and capacity. Available at: https://ctc-ri.org/sites/default/files/2023%20CTC-RI%20Annual%20Report_FINAL.pdf.

[2] - (2018) Stephen Petterson, Elizabeth Wilkinson, A.C. Kessler, Courtney Stone, Andrew Bazemore. The State of Primary Care Physician Workforce. Washington, D.C.: The Robert Graham Center.

[3] - (2025) Growing medical education in Rhode Island. Available at: <https://www.rilegislature.gov/commissions/RIPROAPHWOED/commdocs/3.14.25%20URI%20Medical%20Education%20Feasibility%20Study.pdf>.

Policy & Legislative Landscape

Rhode Islanders are finding it increasingly difficult to access primary care as retirements and provider attrition outpace the training pipeline. Without action, access will worsen and patient care will suffer.

In 2024, CTC-RI worked with partners and policymakers to advance landmark legislation that directly strengthens the workforce, including:

Primary Care Training Sites Program (S-2716/H-7902): Provides \$2.7M in new funding to expand high-quality, team-based training sites.

Stay Invested in RI Wavemaker Fellowships (S-2717A): Expands the Wavemaker Fellowship program to offer tax credits for primary care clinicians.

Health Professional Loan Repayment (H-8079): Allocates \$1M annually to reduce financial barriers and retain providers long-term.

Ladders to Licensure (H-8078/S-2867): Creates new grant programs for paraprofessionals to pursue licensure, diversifying and expanding the workforce.

Together, these legislative efforts complement ongoing work through PCMH-Kids and the Primary Care Preceptor Program, ensuring that both adult and pediatric clinicians are supported as they enter and remain in community-based practice.





Key Programs & Spotlights

As CTC-RI continues its journey of collaboration and innovation, we remain focused on supporting the people and practices that make quality primary care possible. The sections below show how Rhode Island's primary care community is tackling key challenges and building a sustainable system for the future.

Building Rhode Island's Primary Care Workforce

A Strategic Road Map for Patient Access and Primary Care Workforce Capacity Building

Rhode Island faces a historic primary care workforce crisis. A nationwide shortage of primary care providers is being exacerbated locally by retirements, financial pressures, and increasing patient demand. CTC-RI responded by convening the Primary Care Workforce Task Force, a coalition of policymakers, payers, health-system leaders, and frontline clinicians dedicated to charting a path forward.

The January 2024 report, *Primary Care Access for All: A Strategic Road Map for Patient Access and Primary Care Workforce Capacity Building*, outlines six statewide goals: reform payments and incentives, establish baseline data and monitoring, recruit and retain providers, increase recruiting among underrepresented populations, expand training sites, and enhance clinical training.

Together, these recommendations form a living blueprint, one that helps Rhode Island strengthen its pipeline of clinicians, modernize training, and ensure that every resident can access team-based, relationship-centered care.

Primary Care Training Sites Program

Expanding clinical training opportunities to strengthen the state's healthcare future

In partnership with the Rhode Island Department of Health (RIDOH), CTC-RI launched the Primary Care Training Sites Program (PCTSP) to enhance and expand Rhode Island's capacity to train the next generation of healthcare professionals. The program supports community-based primary care practices and preceptors by recruiting, training, and compensating clinicians who teach medical students, residents, nurse practitioners, and physician assistants.

Through the newly developed, specialized Advanced Medical Home training curriculum, the 139 preceptor clinicians across the 34 community primary care sites have access to a valuable educational tool, ensuring trainees gain practical, team-based experience rooted in patient-centered care. The program prioritizes practices recognized as Patient-Centered Medical Homes (PCMHs) and those integrating behavioral health, promoting collaboration across disciplines.

To date, PCTSP has awarded approximately \$2 million in grants to 34 primary care practices, expanding Rhode Island's total clinical training capacity by an anticipated 68% for the 2025–2026 academic year. By fostering partnerships, supporting innovative preceptor compensation models, and increasing opportunities for hands-on learning, PCTSP is helping build a robust primary care workforce aligned with the state's long-term health system planning goals.

These achievements reflect Rhode Island's commitment to investing in its people—the clinicians, nurses, and medical assistants who form the backbone of primary care.



Connecting Care for Alcohol Use Disorder (AUD)

In 2021, Rhode Island ranked 15th highest consumer of alcohol in the US ^[4]

The CONNECT Alcohol Use Disorder (AUD) Pilot is a statewide effort to improve outcomes for adults (18+) living with alcohol use disorder by integrating primary care, emergency departments, hospitals, and community-based organizations into a coordinated hub-and-spoke model.

In 2024, CTC-RI expanded this work through a five-part Think Tank Series designed to bring diverse partners together to design a smarter, more compassionate system of care.



The Think Tank Series, Improving Primary Care Capacity to Identify and Address Alcohol Use Disorders, convened more than 20 organizations across healthcare and community sectors. Participants reviewed best practices, identified gaps, and shaped strategies for pilot implementation.

In response, CTC-RI and its partners designed the CONNECT framework, an evidence-based model uniting care coordination, outreach, navigation, network building, and equity-focused approaches. Certified Peer Recovery Specialists (PRSS) play a pivotal role, helping patients bridge emergency, inpatient, and primary care settings while addressing social determinants of health through community partnerships.

By year's end, the initiative had convened five multi-stakeholder sessions, secured braided funding from the health plans and in-kind support from BHDDH, and developed an evaluation framework to track progress. Beginning in 2026, the pilot will launch implementation in one geographic region, expanding statewide as results are demonstrated.

[4]- (2023) Slater, M. E., & Alpert, H. R. (rep.). Surveillance Reports: #120 Apparent Per Capita Alcohol Consumption: National, State, and Regional Trends, 1977-2021. National Institute on Alcohol Abuse and Alcoholism. Available at: <https://www.niaaa.nih.gov/publications/surveillance-reports/surveillance120>

PCMH-Kids: Building a Medical Home for Every Child

CTC-RI is advancing whole-family health by strengthening pediatric care, expanding workforce capacity, partnering with school nurse teachers to improve asthma care, and boosting early identification of developmental and behavioral needs.



We continue to support the intentional transition from pediatric to adult care and deepen connections between pediatric practices and community partners—including family visitors, doulas, lactation consultants, community health workers, and care coordination agencies—through ECHO® learning series and quality improvement efforts.

Responding to long wait times for autism and developmental evaluations, we partnered with Vanderbilt University child psychologist Dr. Jeffery Hine to train 15 primary care pediatric clinicians to evaluate and diagnose young children. With support from Dr. Viren A. D'Sa, Dr. Cindy Loncar, Dr. Sarah Hagin, and practice facilitator Dr. Liz Cantor, we established ongoing coaching and a learning system for this new community of clinicians.

Sustained investment in training and retention is essential to close pediatric access gaps—especially for behavioral and developmental needs—so children and families can access timely interventions, grow up healthy, and reach their full potential.

“The PEDS-ASD Autism diagnosis training program I attended in September was the best educational program that I have ever experienced! The training was focused, interactive, and engaging. It was an exceptionally efficient and informative experience.”

***Robert T Griffith Jr., MD
Clinical Associate Professor of Pediatrics
Warren Alpert School of Medicine, Brown University***

Strengthening Team-Based Care & Practice Transformation

Primary care transformation in Rhode Island continues to evolve beyond improvement projects and performance measures. Transformation is a cultural shift that places teamwork, communication, and empathy at the center of care. CTC-RI's Best Practices in Team-Based Care initiative and allied programs illustrate how collaboration fuels quality, efficiency, and joy in work.

The Best Practices in Team-Based Care monthly webinar series has become a cornerstone of professional learning, offering real-world examples of coordination and integrated care. CTC-RI's Optimizing Team-Based Care initiative, developed with the Art of Medical Leadership, moves beyond leadership theory to reach every member of the care team. The curriculum emphasizes psychological safety, inclusive communication, and awareness of bias, helping staff collaborate more effectively.

CTC-RI and PCMH-Kids also continues its statewide work to strengthen adult and pediatric immunization. In response to rising vaccine hesitancy, the organization convened the Adult Immunization Learning Collaborative and pediatric-focused initiatives that unite primary care practices to share data and strategies. Through Plan-Do-Study-Act cycles, practices demonstrated measurable gains in vaccination rates, reaffirming that team-based learning and data-driven feedback loops can positively impact both outcomes and attitudes.

"Being part of the Art of Medical Leadership: Optimizing Team-Based Care program has helped me grow as a leader. I'm more aware of how I show up for my team and better understand the different perspectives everyone brings. It's helped us communicate more openly, share ideas, solve problems together, and truly work as a team."

*Stephanie A. Souza, RN
Practice Manager
Barrington Pediatric Associates, Inc.*

Advancing Health Equity Through Data & Technology

Equity begins with understanding who we serve. In 2024, CTC-RI continued leading statewide efforts to help practices collect, interpret, and act on demographic data. By combining better data collection with technology innovation, practices are learning to see patterns that once remained hidden and to close gaps that once seemed insurmountable.

The Demographic Data Collection Project entered its second year with 15 primary care practices participating. Practices built skills in gathering high-quality information on race, ethnicity, and language and implemented practical workflows.

In 2025, funding from UnitedHealthcare enabled CTC-RI to expand the program, allowing practices to stratify quality measures by demographic variables. In parallel, CTC-RI partnered with EOHHS on the Electronic Clinical Data Exchange (ECDE) Project to support Medicaid Accountable Entities in moving toward fully electronic quality-measure reporting.

Together, these projects illustrate how technology can be humanized, turning data into empathy and dashboards into drivers of change. By embedding equity into quality-improvement work, CTC-RI is helping Rhode Island's primary care system become more patient-centered and culturally sensitive.

The CTC-RI Demographic Data Collaborative Project has allowed me to thoughtfully review practice protocol in collecting data, identify barriers, and implement practice changes to benefit the health and well-being of my patients.

*Dr. Chad Lamendola
Associate Clinical Professor
of Family Medicine at
Brown University*



Closing Reflection: Transforming Practices. Improving Lives.

From a child's first well-visit to the later years of life, CTC-RI's work—through Patient-Centered Medical Home for Kids (PCMH-Kids) and adult primary care collaboratives—demonstrates that care transformation is a lifelong journey. Across every age, strong primary care builds trust, supports prevention, and sustains health.

Looking back on 2024, one truth stands out: transformation is not just about systems or structures—it's about people. It's about the clinicians who keep care personal, the families who depend on those relationships from childhood through adulthood, and the partners who invest in Rhode Island's future.

Throughout this report, the stories and programs reflect a shared belief: that when practices are supported, communities thrive. Every initiative, from workforce development to behavioral health integration, from telehealth to data equity, tells a story of progress made possible by collaboration. This work requires patience, courage, and persistence, but its rewards are lasting: healthier people, stronger communities, and a more resilient primary care system.

As we look ahead, CTC-RI remains committed to transforming practices and improving lives. Together, we are building a health system grounded in equity, connection, hope, and one that supports Rhode Islanders at every stage of life.

Our 2024–25 Impact by the Numbers :

40+

active projects and Committees

\$1.1M

in practice payments made to
60+ organizations

4,539

participants in FY 25 conferences,
meetings and learning sessions

652

Continuing Education Units (CEUs) awarded

CTC-RI Board of Directors

CTC-RI's diverse Board of Directors and large group of stakeholders represent over 800 adult and pediatric primary care providers who serve over 900,000 Rhode Islanders. We thank our Board of Directors, consultants, and dedicated staff for their leadership and strong commitment to improving primary care.

Co-Conveners

- Cory King, MPP, Office of the Health Insurance Commissioner
- Kristin Sousa, Executive Office of Health and Human Services

Officers

- Elizabeth Lange, MD, FAAP, Coastal Medical / Waterman Pediatrics (President)
- Noah Benedict, MHL, RI Primary Care Physician Corp. (Treasurer)
- Larry Warner, DrPH, MPH, United Way of Rhode Island (Secretary)

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- Christopher Ottiano, MD, Neighborhood Health Plan of RI
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- Barry Fabius, MD, CMD, FACP, UnitedHealthcare

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- Caroline Richardson, MD, Alpert Medical School, Brown University

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- Eugenio Fernandez Jr., PharmD, MBA, MPH, Asthenis
- Amy Nunn, MS, ScD, Open Door Health

Ex-Officio / At-Large

- Jeffrey Borkan, MD, PhD, Alpert Medical School, Brown University

Ex-Officio / Provider

- Thomas Bledsoe, MD, FACP, Brown Medicine
- Peter Hollmann, MD, Brown Medicine

Thank You to Our Partners

CTC-RI extends sincere appreciation to our participating primary care practices for their collaboration and commitment to advancing high-quality, equitable primary care for all Rhode Islanders. We also thank our consultants, collaborating partners, funders, and dedicated staff for their leadership and unwavering focus on primary care transformation.



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