



ADVANCING INTEGRATED HEALTHCARE

PRIMARY CARE WORKFORCE TASK FORCE

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

Care Transformation Collaborative of RI - January 2024

**Primary Care Workforce Task Force
Strategic Roadmap
January 2024**

Table of Contents

Acknowledgements..... 2

Endorsements..... 4

Introduction..... 6

 Background 6

 Problem..... 6

 Charge to the Taskforce..... 7

 Task Force Process 8

Strategic Roadmap 9

 Problem Statement..... 9

 Vision..... 9

 Defining Advanced Primary Care 9

 Mission..... 9

Goals 10

Appendix A – Examples of Primary Care Dashboards..... 16

Appendix B..... 17

References 18

Acknowledgements

This document was developed through the collaboration of the following individuals and their organizations who brought together their experience and expertise. Task Force members include leaders from organizations that educate and train the primary care workforce, practice primary care and create and implement primary care policies.

CTC-RI Primary Care Workforce Task Force Co-Chairs

- Jeffrey Borkan, MD, PhD – Assistant Dean for Primary Care – Population Medicine at the Warren Alpert Medical School of Brown University – Task Force Co-Chair
- Denise Coppa, PhD, CNP, FAAN, FAANP, Program Director, Family NP Program at University of Rhode Island

CTC-RI Primary Care Workforce Task Force Project Team:

- Debra Hurwitz, MBA, BSN, RN – Executive Director – Care Transformation Collaborative of RI
- Pat Flanagan, MD – Clinical Director and PCMH Kids Co-Chair – Care Transformation Collaborative of RI
- Yolanda Bowes, Program Manager – Care Transformation Collaborative of RI
- Edyth Dwyer, MPA, MPH - Program Coordinator – Care Transformation Collaborative of RI

CTC-RI Primary Care Workforce Task Force Members

- Michelle Anvar, MD, Division of Primary Care, Brown Medicine
- Suzanne W. Bornschein, MD, Medical Epidemiologist, Center for COVID-19 Epidemiology, Div of Emergency Preparedness and Infectious Disease RIDOH
- Kenneth Botelho, PA-C DMSc Fellow (University of Lynchburg), MS, Founder, Paving Practices
- Rick Brooks, Director of Healthcare Workforce Transformation, EOHHS
- Philip Chan, MD, Consultant Medical Director, Rhode Island Department of Health, Division of Emergency Preparedness and Infectious Disease (EPID)
- Pamela Costello, Care New England
- Domenic Delmonico, Executive Director, RI Medicaid, Tufts Health Plan
- Fadya El Rayess, MD, MPH, Residency Director, Brown Family Medicine
- Ana Tuya Fulton, MD, Care New England
- Paul George, MD MHPE, Thundermist Health Center
- Julia Harvey, Health Care Advocate, Office of the Attorney General
- Matthew R Harvey, Interim Executive Director, Integra Community Care
- Peter Hollmann, MD, Chief Medical Officer at Brown University Medicine
- Ashley Iacone, DMSc, MSPAS, PA-C, Program Director, Physician Assistant Program at Bryant University
- Mark Jacobs, MD, Internal Medicine
- Cory King, Health Insurance Commissioner
- Robin Kremsdorf, MD, Interim Program Director at Hasbro Children's Hospital
- Elizabeth Lange, MD FAAP, Co-Director PCMH-Kids, Pediatrician, Waterman Pediatrics/Coastal Medical Lifespan
- Paul Larson, MS, MBA, CPE, Chief of Primary Care, Lifespan Physician Group
- Pam Lauria, NP, State Senator at RI State Legislature
- Brian Lurie, MD, MPH, Pediatric Residency Program Director, Hasbro Children's Hospital
- Patricia Marshall, MS, BSN, Consultant Public Health Nurse, Center for COVID-19 Epidemiology, Div of Emergency Preparedness and Infectious Disease, RIDOH

- Kelly McGarry, MD, Program Director, General Internal Medicine/Primary Care T Brown Medicine
- Suzanne E McLaughlin, MD, Director, Medicine Pediatrics at Lifespan
- Thomas Meehan, Ph.D., PA-C, Program Director, Physician Assistant Program at Johnson and Wales University
- John Miskovsky, MD, Program Director, Internal Medicine at Roger Williams University
- Roger Mitty, MD, President, Care New England Medical Group
- Elena Nicolella, CEO/President, Rhode Island Health Center Association
- Zach Nieder, Senior Strategic Initiative Officer, Rhode Island Foundation
- Olutosin Ojugbele, MD, MPH, Medical Director, Div. of Community Health & Equity, Div of Environmental Health, RIDOH
- Manuel Ortiz, MPA, CAGS, Chief, Office of Primary Care and Rural Health, RIDOH
- Stacy Paterno, Executive Vice President, Rhode Island Medical Society
- Jennifer Raney, MD, Program Director, Nurse Practitioner Residency, Providence Community Health Center
- Matthew Roman, COO, Thundermist Health Center
- Andrew Saal, MD MPH, Primary Care Consultant
- Rachel Simmons, MD, Residency Director, Brown Internal Medicine
- Sharon L. Stager, DNP, APRN, FNP-BC, Graduate Program Director, Salve Regina University
- Mariah Stump, MD, MPH, FACP, Co-Chair of Primary Care Physician's Advisory Committee (PCPAC) for RIDOH
- Hugo Yamada, MD, FACP CharterCARE Medical Associates

Endorsements

CTC-RI Board of Directors

- Cory B. King, MPP, Acting Health Insurance Commissioner, Office of the Health Insurance Commissioner, Co-Convener CTC-RI
- Kristin Sousa, Medicaid Program Director, RI EOHHS, Co-Convenor CTC-RI
- Peter Hollmann, MD, Chief Medical Officer, Brown Medicine, CTC-RI Board President
- Elizabeth B. Lange, MD, Pediatrician, Waterman Pediatrics Coastal Medical Lifespan, PCMH Kids, CTC-RI Board Secretary
- Noah Benedict, MHL, President & CEO, Rhode Island Primary Care Physicians Corporation, CTC-RI Board Treasurer
- Michelle Anvar, MD, Brown Medicine
- Thomas Bledsoe, MD, Brown Medicine
- Jeffrey Borkan, MD, PhD – Assistant Dean for Primary Care – Population Medicine at the Warren Alpert Medical School of Brown University
- Al Charbonneau, MPS, Executive Director, Rhode Island Business Group on Health
- Denise Coppa, PhD, APRN-CNP, FAAN, FAANP, Director, FNP Program, University of Rhode Island, Nurse Practitioner, Hasbro Children’s Hospital
- Domenic Delmonico, Executive Director, RI Medicaid, Tufts Health Plan
- Eugenio Fernandez, PharmD, MBA, MPH, Founder, Asthenis
- Matthew Harvey, MPP, Executive Director, Integra Community Care Network
- Paul Larson, MD, MBA, MS, CPE, Chief Primary Care, Lifespan
- Maureen Maignet, RN, BS, MPA
- Sarah Mangiarelli, CPA, Executive Director, WB Community Health
- Deborah Masland, BA, CCHW, Associate Director of Programs and Services, RIPIN
- Amy Nunn, CEO, Rhode Island Public Health Institute and Open Door Health
- Christopher Ottiano, MD, Medical Director, Neighborhood Health Plan of RI
- Laura Stanton, MD, Lifespan
- Larry O. Warner, DrPh, MPH, Chief Impact Equity Officer, United Way of Rhode Island
- Hugo Yamada, MD, FACP, Medical Director, Prospect CCMA, CPGRI

Task Force Members

- Michelle Anvar, MD, Brown Medicine
- Yolanda Bowes, Program Manager, Care Transformation Collaborative of RI
- Denise Coppa, PhD, APRN-CNP, FAAN, FAANP, Director, FNP Program, University of Rhode Island, Nurse Practitioner, Hasbro Children’s Hospital
- Pamela Costello, Sr. Director of Quality and Primary Care Performance, Integra, Care New England
- Ana Tuya Fulton, MD, MBA, Chief Population Health Officer, Care New England & Integra Community Care Network, LLC
- Mark Jacobs, MD, Internal Medicine, Primary Care Provider, Retired
- Cory B. King, MPP, Acting Health Insurance Commissioner, Office of the Health Insurance Commissioner
- Paul Larson, MD, MBA, MS, CPE, Chief Primary Care, Lifespan
- Senator Pamela Lauria, MSN, FNP
- Brian Lurie, MD, MPH, Pediatric Residency Program Director, Hasbro Children’s Hospital

- Kelly McGarry, MD, MACP, Professor of Medicine, Alpert Medical School at Brown University, Department of Medicine, Division of General Internal Medicine
- Suzanne McLaughlin, MD, MSc, FAAP, FACP, Primary Care Physician for Internal Medicine and Pediatrics, Residency Program Director
- Roger Mitty, MD, MBA, President and COO, Care New England Medical Group
- Elena Nicoletta, MPH, President and CEO, RI Health Center Association
- Zach Nieder, MPH, Senior Strategic Initiative Officer, Rhode Island Foundation
- Christopher Ottiano, MD, Medical Director, Neighborhood Health Plan of RI

Community Members

- Susanne Campbell, RN, MS, Senior Program Administrator, Care Transformation Collaborative of Rhode Island
- Jennifer Capewell, BA, Senior Administrative Manager, Care Transformation Collaborative of RI
- Susan Dettling, BS, PCMH CCE, Program Manager & Practice Facilitator, Care Transformation Collaborative of RI
- Seema Dixit, MS, MPH, Deputy Director Public Health, Rhode Island Department of Health
- Edyth Dwyer, MPA, MPH, Care Transformation Collaborative of RI
- Carolyn Karner, MBA, Project Management and Evaluation, Care Transformation Collaborative of RI
- Edward McGookin, MD, President, Coastal Medical Lifespan
- Michelle Mooney, MPA, Program Coordinator II, Care Transformation Collaborative of RI

Organizations

- Alpert Medical School at Brown University, Department of Medicine, Division of General Internal Medicine
- American Academy of Pediatrics, RI Chapter
- Asthenis
- Brown Medicine
- Care Transformation Collaborative of Rhode Island
- Coastal Medical Lifespan
- Integra Community Care Network
- Nurse Practitioner Alliance of Rhode Island
- Office of the Health Insurance Commissioner
- PCMH Kids
- Primary Care For All Americans
- Rhode Island Academy of Family Physicians
- Rhode Island Business Group on Health
- Rhode Island Department of Health
- Rhode Island Foundation
- Rhode Island Health Center Association
- Rhode Island Medical Society
- Rhode Island Primary Care Physicians Corporation
- Thundermist Health Center
- University of Rhode Island College of Nursing
- WB Community Health

Introduction

Background

On June 17, 2022, the Care Transformation Collaborative of RI (CTC-RI) Clinical Strategy Committee held a panel discussion on *“The State of Primary Care in Rhode Island Today and in the Next 10 Years: Where Are We Now and Where Are We Going?”* The panelists represented primary care provider training programs and primary care organizations. Their message was startling and clear – **there is a primary care crisis in Rhode Island**. The existing pre-pandemic shortage of primary care providers is projected to grow to more than 100 vacancies by 2030. At the same time, most of the primary care providers being trained locally either do not stay in Rhode Island or do not practice primary care upon completion. Since the pandemic, the provider shortage crisis has made it far more difficult for Rhode Islanders to establish a regular source of care. This is expected to worsen in the coming decade.

CTC-RI serves as a voice of primary care in Rhode Island. The organization supports primary care practices with clinical delivery system transformation aimed at improving quality of care, as well as patient and clinician satisfaction, all while lowering costs and guiding the development population health infrastructure and strategies to successfully transition to alternative payment models. As a statewide learning collaborative, CTC-RI has demonstrated success in bringing together key stakeholders to address challenges, identify best practices, and implement programs to improve primary care delivery systems and patient care across the state.

Given the post-pandemic exacerbation of the lack of access to primary care, the CTC-RI Board of Directors collaborated with state agency partners, payers, and a well-established learning collaborative network to address the emerging primary care access crisis. **CTC-RI convened the directors of primary care training programs - including physicians, nurse practitioners, and physician assistants - to create a taskforce to identify and address critical primary care workforce issues.**

The Primary Care Provider (PCP) Task Force on Workforce Development convened in February 2023. It was the first time ever that the program directors from Brown University, University of Rhode Island, Salve Regina College, Bryant University, and Johnson and Wales University met to discuss the state of primary care, their program capacity, challenges, and potential solutions.

Board members Jeffrey Borkan, MD, PhD, Assistant Dean of Primary Care-Population Medicine, and Denise Coppa, PhD, APRN-CNP, FAAN, Coordinator of Family Nurse Practitioner program at University of Rhode Island provide leadership for the Task Force, along with Patricia Flanagan, MD, FAAP, a nationally recognized leader in pediatric care and residency training. Task Force members include leaders from the state’s medical school, physician assistant and nurse practitioner training programs, primary care provider organizations, along with state and private agencies representing primary care interests. The Task Force has met monthly to develop a plan to address factors contributing to the crisis in patient access and primary care workforce development.

Problem

Primary Care in Rhode Island is in crisis. A 2021 [American Association of Medical Colleges report](#) shows there is a **national and regional shortage of primary care providers**. Recent articles in the [Boston Globe](#) and [Providence Journal](#) have reported on the growing primary care access issue citing examples of the difficulty people have getting an appointment with a primary care provider. Pre-pandemic data from the [American Academy of Family Physicians](#) show that Rhode Island is expected to have a deficit of almost

100 Primary Care Providers (PCPs) by 2030. As we have emerged from the pandemic, the situation has grown much worse. Primary care providers are retiring earlier while many more are approaching retirement age. A review of primary care medical residency matching and nurse practitioner graduations over a 10-year period published in [September 2023 Health Affairs](#) showed that primary care physician matches have remained flat while primary care nurse practitioner graduates have dropped from 89% of all graduates in 2018, down to only 70% in the last two years. **These replacement rates cannot compensate for the retirement and decline of practicing primary care clinicians.**

Several additional factors have converged to exacerbate the state's shortage of primary care:

- Primary care practices have had increasing difficulty when hiring nurses, medical assistants, behavioral health clinicians and other key staff. Managing ever-larger patient panels without having adequate support staff increases stress and leads to higher rates of burnout among primary care providers.
- Fewer students are entering primary care due to relatively lower salaries coupled with high student loans and increasing administrative burden.
- Our aging population requires more medical care.
- From 2019 to 2022, the Rhode Island population has increased by 35,576 residents, according to the [US Census Bureau](#), —all in need of primary care, and the number is growing.

The Office of the Health Insurance Commissioner's (OHIC) recently published report, "[Primary Care in Rhode Island: Current Status and Policy Recommendations](#)," acknowledges the challenges facing the primary care delivery system in Rhode Island. The report describes primary care as the "foundation of an equitable and high-performing health care system" that is at-risk due to the nationwide critical workforce shortage. The OHIC plan seeks to ensure that primary care is a priority for state policy through its unique statutory authority to regulate commercial insurers. The OHIC recommendations align with and support many of the recommendations described by this Strategic Roadmap, including primary care payment enhancement, reduction of administrative burden, and efforts to attract, train, retain and sustain a primary care workforce that can provide every Rhode Islander with access to high-quality, coordinated, team-based, patient-centered primary care.

Charge to the Taskforce

The Task Force convenes leadership from Rhode Island training programs for primary care physicians, nurse practitioners, and physician assistants. The goal is to collaborate with training program leadership, state programs focusing on the healthcare workforce, and primary care experts to create a diverse group of experts.

This group is establishing best practices to encourage more primary care engagement - including new models for training students in interdisciplinary team-based care, incentives for trainers and medical practices dedicated to education, and development of strategies for retention of primary care providers in Rhode Island.

Deliverable: The task force will develop a statewide strategic plan for the recruitment, training, and retention of primary care providers.

Task Force Process

Over the course of nine months in 2023, the Task Force members used their collective knowledge of the primary care provider training programs and clinical care delivery systems to identify and address key issues that exacerbate the Rhode Island primary care crisis.

Priority areas identified by the task force include:

- Recruiting, training, retaining, and sustaining a diverse provider workforce,
- Correcting the disparity in pay between primary care providers regionally and compared to specialists,
- Reducing student debt, especially for those wishing to practice in primary care,
- Enhancing primary clinical training, and
- Increasing the state's overall capacity for clinical training.

The group identified goals, objectives, and action steps to address each factor including:

- Crafting legislative proposals to fund a scholarship program (See Appendix – B),
- Developing a new enhanced primary care curriculum and clinical training program (See Appendix B), and
- Requesting a governor's budget proposal to expand the state's loan repayment program.

The Task Force will continue to be convened by CTC-RI, and CTC-RI will serve as the backbone organization of this work.

Strategic Roadmap to Improve Primary Care Access and Development of the Provider Workforce

Developed by the CTC-RI Task Force on Primary Care Workforce

Problem Statement

Rhode Island has a primary care crisis. Several factors have converged to create a nationwide shortage of primary care providers that has been amplified locally. The reduction in primary care access has many drivers including workforce imbalance (provider retirements coupled with fewer professional students entering primary care), increasing administrative burden by payors, the growing demands and complexity of an aging population, and difficulties in hiring well-trained support staff. Without a concerted and coordinated effort, Rhode Islanders will continue to face worsening access to primary care as the gap between people in need and the number of primary care providers continues to widen.

This task force was convened to raise awareness of the growing primary care crisis and provide guidance for strategies to remedy the problem. High-quality, accessible primary care is more than the foundation of the healthcare system, it is integral to fostering a healthy regional workforce, healthy community, and healthy families. Our vision may be lofty, but it is a goal that we believe will benefit all Rhode Islanders today and tomorrow.

Vision

Rhode Island will become the best in the nation for all measures of population health, health equity, and health system performance by providing access to Advanced Primary Care for all its residents.

Defining Advanced Primary Care

“High-quality primary care is the provision of whole person, integrated, accessible, and equitable health care by interprofessional teams who are accountable for addressing the majority of an individual’s health and wellness needs across settings and through sustained relationships with patients, families, and communities.”

- [NASEM Report](#)

Mission

Rhode Island will build a strong and robust primary care delivery system across the state that recruits, trains, retains, and sustains a pipeline of primary care providers that deliver exceptional, accessible, patient-centered care. To accomplish this mission, we must address six goals:

1. Reform payments and incentives to primary care providers to create specialty and regional parity.
2. Establish baseline data and performance targets for the primary care workforce using existing and to-be-developed data sources for ongoing monitoring.
3. Increase the recruitment of medical students, residents/fellows, nurse practitioners (NPs) and physician assistants (PAs) entering primary care. Support strategies to reduce tuition and educational debt for providers entering primary care practices in Rhode Island.

4. Expand the primary care workforce to better reflect the state’s diversity while fostering healthcare equity and inclusion (DEI) for all Rhode Islanders.
5. Increase the number of high-quality primary care training sites willing to educate the next generation of primary care students.
6. Enhance clinical training experiences within practices using advanced patient-centered medical home (PCMH) principles such as team-based care, integrated behavioral health, population health strategies, and value-based reimbursement.

The Task Force on Primary Care Workforce Committee has drafted a roadmap to frame each of these overarching goals to identify short-term objectives and action steps. We see this as an iterative document for state legislators, state agencies, and community partners that will be amended over time to reflect ongoing changes in primary care and the American healthcare system.

Goals

Goal #1: Reform payments and incentives to primary care providers to create specialty and regional parity.

Objectives:

- **Support multi-payer alternative payment models** for primary care with commercial payors, Medicaid, and Medicare. Change the way that team-based practices with population-based primary care services are recognized and reimbursed, reduce administrative burden, and improve the overall healthcare provider experience.
- **Increase investment in advanced primary care practices** with integrated behavioral health services, programs to assess and address health-related social needs, community health workers, and other population-based strategies.
- **Foster strategies to promote competitive salaries for healthcare professionals.** Increase payment parity between primary care providers (including physicians, NP & PA) and specialists in Rhode Island, and ensure that primary care salaries are competitive with surrounding states.
- **Support state efforts to enhance healthcare system coordination** by providing a focus on maintaining a strong primary care system in the state health planning council.

Action Items:

- **Convene a Primary Care Policy Advisory Group** that would meet quarterly and coordinate with existing efforts at the state level within Rhode Island Department of Health - the Policy Advisory Group will develop a charter, monitor key indicators of primary care delivery in the state, and provide regular input and policy recommendations regarding primary care to the Health Planning Council.
- **Support multi-payer collaboratives and alternative payment models (APMs) that promote population health strategies in primary care.** State leadership is needed to advance APMs among commercial insurers as well as Medicaid and Medicare. OHIC Affordability Standards currently define expectations for commercial plans. The state’s Medicaid re-procurement process should require Medicaid managed care organizations to implement APMs. The state should collaborate with CMS/CMMI to implement innovative multi-payer models that sustainably fund advanced practice medical homes.

- **Analyze primary care provider salaries for regional competitiveness.** Commission a salary survey for primary care providers and specialists in Rhode Island, and a salary survey comparing primary care salaries to surrounding states (e.g. MA and CT).
- **Clarify the real-world costs of advanced practice medical homes.** Commission a study to better determine the cost of delivering primary care in practices with expanded population health services, as defined by the NASEM report.

Goal #2: Establish baseline data and performance targets for the primary care workforce using existing and to-be-developed data sources for ongoing monitoring.

Objectives:

- **Develop a statewide primary care dashboard** to establish baseline measures of key metrics. Support the ongoing monitoring of primary care workforce, clinical, and other performance indicators such as primary care access and use of alternative payment models (See Attachment A for examples of Primary Care Dashboards).
- **Establish a regular primary care workforce audit** of the number of active primary care providers including physicians, NPs, and PAs, their level of clinical activity (i.e. part-time, full time) and the size of patient panels.
- **Establish regular reporting of the number of primary care providers** including physicians, NP, and PAs trainees graduating from a Rhode Island college, university, and/or residency training programs who remain in the state to practice primary care.
- **Monitor the number of scholarships and loan repayment recipients** among primary care providers (including physicians, NPs, and PAs). Longitudinally survey recipients to monitor primary care and state retention rates.

Action Items:

- **Create a Primary Care Dashboard.** Implement a dashboard of primary care indicators and key metrics. This will provide baseline and annual measurements for monitoring the strength and performance of the primary care system in Rhode Island.
- **Monitor the Primary Care Workforce to guide policy.** Partner with OHIC, RIDOH, EOHHS, and the RI Quality Institute to establish accurate workforce data and reflect the relative clinical activity of physicians, NPs, and PAs engaged in primary care.
- **Leverage the CTC-RI Data Evaluation Committee** to enhance the primary care workforce dashboard. Potential examples include refining the data to identify the number of primary care providers, the relative percentage of their job providing primary care (fractional or full-time), their geographic distribution, and their self-reported race and ethnicity.
 - OHIC is presently supporting a project with Brown University that will use the All-Payer Claims Database to identify primary care providers and estimate their relative full-time equivalency (FTE) based upon claims submitted.
 - Identify data sources to evaluate the demographics of the provider community, and periodically monitor the number of vacant staff positions.
 - The Data and Evaluation Committee will review the primary care indicators used by other states and professional organizations for relevance and possible inclusion in the Rhode Island primary care workforce dashboard.

- CTC-RI continues to work with OHIC and the Administrative Simplification Workgroup to reduce the burden and improve the efficiency of the prior-authorization process.
- **Monitor longevity of the state’s primary care workforce.** Create a system to monitor the primary care workforce’s practice longevity in Rhode Island. Refine the CTC-RI Task Force on Primary Care Workforce data from the colleges, universities, and residency training programs in Rhode Island that train primary care physicians, nurse practitioners and physician assistants to better define the number of locally-trained professionals who stay in the state to practice, as well as the number of established primary care providers who remain in practice in the state over time.

Goal #3: Increase the recruitment of medical students, residents/fellows, as well as nurse practitioners (NPs) and physician assistants (PAs) entering primary care. Support strategies to reduce tuition and educational debt for providers entering primary care practices in Rhode Island.

Objectives:

- **Coordinate Graduate Medical Education for Primary Care.** Develop a state primary care training program that involves all Rhode Island institutions that train medical students, primary care medical residents, and primary care NPs and PAs. This program would coordinate efforts to identify, recruit, train, support, and retain individuals committed to primary care careers in Rhode Island. This program would have a special emphasis on recruiting Rhode Islanders and people from underrepresented in medicine (URiM) groups.
- **Identification and Recruitment.** Recruit students, particularly Rhode Islanders, to train as primary care clinicians. Increase efforts to effectively screen candidates for interest and passion in primary care.
- **Financial Support and Incentives.** Increase and improve the coordination of scholarships, loan forgiveness, and loan repayment programs for primary care providers training and practicing in Rhode Island. Increase immediate support and incentives for graduating residents choosing to provide primary care in the state. Increase communication of funding and loan repayment opportunities for students and trainees.
- **Work/Life Balance.** Promote the creation of primary care employment models that accommodate a variety of lifestyles (i.e. part-time, job sharing, overnight “first call” protection, etc.)

Action Items:

- **Submit a state legislative proposal to provide full scholarships** to students making an early decision to go into primary care and remain in the state as primary care physicians, NPs and PAs.
- **Establish and coordinate primary care tracts.** Work with the Warren Alpert Medical School of Brown University, RI residency programs in Internal Medicine, Family Medicine, Pediatrics and Med-Peds, NP and PA training programs (e.g., University of Rhode Island, Rhode Island College, Salve Regina College, Bryant University, Johnson and Wales University) and other training institutions to establish primary care tracts, enhance existing primary care programs, and foster commitments to workforce training and development. Explore collaboration with public medical schools in New England and adjoining states.

- **Increase the capacity and quality of primary care training sites.** Identify and increase the number of primary care practices serving as training sites for medical students and residents, nurse practitioners and physician assistants.
- **Develop a common primary care curriculum.** Convene leadership and program directors for primary care training programs to collaborate on primary care workforce development and enhancement of the student experience. Develop a common curriculum that focuses on the principles of advanced primary care and population health.
- **Establish leadership development and mentorship programs.** Educate and mentor new primary care clinicians to help them succeed in primary care environments.

Goal #4: Expand the primary care workforce to better reflect the state’s diversity while fostering healthcare equity and inclusion (DEI) for all Rhode Islanders.

Objectives:

- Increase the diversity of the primary care workforce so that it reflects the patient population served and promotes healthcare equity.

Action Items:

- Increase recruiting efforts to attract students from Underrepresented in Medicine (URiM) populations and ethnically diverse backgrounds to enter the primary care workforce.
- Align policies and programs to promote the primary care workforce to better reflect the diversity of Rhode Island - whether Black, Latino, Cape Verdean, Khmer, or any of the dozens of other populations who call Rhode Island their home.
- Utilize scholarships and loan repayment programs to improve the diversity of the state’s primary care workforce while reducing the student loan debt associated with primary care education.
- Develop alliances with regional training facilities for nurses, medical assistants, billers, coders, allied health professionals, and the state AHEC program to recruit non-traditional students into the healthcare workforce. Increase the engagement of students at every educational level interested in future healthcare careers.

Goal #5: Increase the number of high-quality primary care training sites willing to educate the next generation of primary care students.

Objectives:

- **Expand the number of high-quality primary care training sites.** Identify and increase the number of high-functioning, team-based training sites for physicians, NPs, and PAs in primary care.
- **Support advanced primary care practices willing to serve as clinical training sites.** Offset the direct and indirect practice costs and clinician time needed to educate students with financial stipends. The teachers, preceptors, mentors, and clinical sites training the next generation of primary care providers should be compensated for their critical educational work. Consider both direct payments and state tax credits for preceptors.
- **Develop, support, and collaborate with residencies for new graduates of NP and PA programs** in family medicine, internal medicine, pediatrics, psychiatry, and women’s health.

- **Provide additional practice and professional support** in the form of technical assistance and professional development (i.e. how to be a better educator, office systems to facilitate student rotations and clinical experiences, etc.).

Action Items:

- **Secure state funding** for primary care training and mentoring stipends.
- **Establish best practices** for educational stipend payments, mechanisms, amounts, measuring impact, and oversight.
- **Identify priorities** of new primary care training sites, and site sponsors.
- **Commission a working group** to identify and share best practices for training sites, and to develop a training curriculum for preceptors in advanced primary care practices.

Goal #6 Enhance clinical training experiences within practices using advanced patient-centered medical home (PCMH) principles such as team-based care, integrated behavioral health, population health strategies, and value-based reimbursement.

Objectives:

- **Develop and implement a standard curriculum for clinical rotations in advanced primary care practices.** The common didactics would include exposure to team-based care, integrated behavioral health, screening for and addressing health-related social needs, community health workers, and other population health strategies.
- **Identify and implement ‘best practices’ to mitigate administrative burden and workforce burn-out.** Align efforts with regional initiatives to reduce and streamline time-consuming non-clinical processes such as prior authorizations; proactively address job-related stress; and reduce documentation burden through redesign of electronic medical record workflows and the use of medical scribes.
- **Explore opportunities to improve digital health information exchange.** Support efforts currently underway by RIQI and RIMS. Collaborate with CurrentCare to support inter-agency communication with the goal of promoting patient safety (e.g. improve care coordination across the fragmented healthcare system), facilitating high-quality care (e.g. expanding e-consults), lowering overall costs (e.g. reducing duplicated lab testing and imaging), increasing clinician satisfaction (e.g. reducing administrative burden from prior-authorization), and promoting equity (e.g. identify and address healthcare disparities among all Rhode Islanders).

Action Items:

- **Enlist the CTC-RI Task Force on Primary Care Workforce Development to create a curriculum** for clinical training sites with high-functioning advanced primary care programs and population health strategies.
- **Convene educational opportunities** to improve the teaching skills of preceptors as well as the operational efficiencies of medical practices hosting students.
- OHIC and CTC-RI Administrative Simplification Workgroup **develop and implement the recommendations to reduce Prior Authorization burden and improve efficiency.**

- Explore using CurrentCare, the state health information exchange (HIE), to **develop a digital mechanism for routine prior authorization for state practices and payors**. Collaborate with the current efforts in this area by RIQI and RIMS.
- **Develop the use case for CurrentCare** to support e-consults to specialists from community primary care providers outside of the large hospital systems of care (Lifespan and CNE).

Appendix A – Examples of Primary Care Dashboards

[CTC-RI Primary Care Dashboard Presentation - June 2023](#)

[The Health of US Primary Care: A Baseline Scorecard Tracking Support for High-Quality Primary Care | Milbank Memorial Fund](#)

[Rhode Island: Projecting Primary Care Physician Workforce \(\[graham-center.org\]\(http://graham-center.org\)\)](#)

[The State of Primary Care Workforce: Rhode Island \(\[graham-center.org\]\(http://graham-center.org\)\)](#)

Appendix B

[Task Force PCP Legislative PC Training and Enhancement Proposal Final](#)

[Task Force Legislative PC Scholarship Proposal Final](#)

[Task Force Loan Repayment Governor's Budget Proposal](#)

References

1. “The Complexities of Physician Supply and Demand: Projections From 2019 to 2034”, American Association of Medical Colleges Report, June 2021, <https://www.aamc.org/media/54681/download>
2. “Why you can’t get in to see your primary care doctor. ‘It’s almost frightening.” Boston Globe, 2/5/23 [https://www.bostonglobe.com/2023/02/05/metro/why-you-cant-get-see-your-primary-care-doctor-its-almost-frightening/?p1=BGSearch_Advanced_Results\[bostonglobe.com\]](https://www.bostonglobe.com/2023/02/05/metro/why-you-cant-get-see-your-primary-care-doctor-its-almost-frightening/?p1=BGSearch_Advanced_Results[bostonglobe.com])
3. “Finding a primary care doctor in Rhode Island is getting more difficult. Here’s why”, Providence Journal, 2/8/23 <https://www.providencejournal.com/story/news/healthcare/2023/02/08/primary-care-doctor-shortage-in-ri/69843973007/>
4. “Primary care at the crossroads: Health summit offers potential solutions to primary care crisis,” ConvergenceRI, 9/18/23, <https://convergenceci.com/stories/primary-care-at-the-crossroads,8032?>
5. Rhode Island: Projecting Primary Care Physician Workforce, Robert Graham Center, American Academy of Family Physicians, <https://www.aafp.org/dam/rgc/documents/maps-data-tools/state-collections/workforce-projections/Rhode%20Island.pdf>
6. A Decade Of Data: An Update On The Primary Care And Mental Health Nurse Practitioner And Physician Workforce, Health Affairs, September 20, 2023, <https://www.healthaffairs.org/content/forefront/decade-data-update-primary-care-and-mental-health-nurse-practitioner-and-physician>
7. Our Changing Population: Rhode Island 2010 to 2022, USA Facts, <https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/rhode-island/>
8. Primary Care in Rhode Island: Current Status and Policy Recommendations, Rhode Island Office of the Health Insurance Commissioner, December 2023, [https://ohic.ri.gov/sites/g/files/xkgbur736/files/2023-12/Primary Care in Rhode Island - Current Status and Policy Recommendations December 2023.pdf](https://ohic.ri.gov/sites/g/files/xkgbur736/files/2023-12/Primary_Care_in_Rhode_Island_-_Current_Status_and_Policy_Recommendations_December_2023.pdf)
9. National Academies of Sciences, Engineering, and Medicine. 2021. *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25983>

Additional resource articles may be found on the Task Force page of the [CTC-RI website](#).