



# Office of the Health Insurance Commissioner Primary Care Strategy Refresh

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December 15, 2023

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ISLAND**

# What we have done

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**Challenges facing the primary care workforce and changes in the health care landscape prompted OHIC to reevaluate its use of policy and regulatory levers to better support primary care in Rhode Island.**

- February 2023: Drafted workplan, identified research, and developed interview questionnaire.
- May 2023: Began to engage practice groups, insurers, and other interested parties for interviews.
- June – August 2023: Conducted interviews and research.
- September 2023: Drafted report and working recommendations.
- October/November 2023: Refined report and working recommendations.
- December 12<sup>th</sup>, 2023: **FINAL REPORT ISSUED**

# Provider interview topics

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## Interview questions were distributed over four domains

- OHIC asked providers to reflect on existing OHIC initiatives, including the primary care expenditure target, support for the patient-centered medical home, and promotion of advanced value-based payments for primary care.
- OHIC asked providers about present challenges: workforce shortages, payment models, insurer administrative requirements, EHR documentation demands, etc.
- OHIC asked about provider perceptions of health insurer efforts to support primary care in Rhode Island.
- Finally, OHIC asked about opportunities to coordinate with other initiatives.

# What we heard – Workforce, workforce, workforce

Challenges related to the workforce were far and away the primary concern described by primary care practices. One physician stated, “*I’m not hearing enough about the crisis of access to a PCP*”, and others cited examples of at-risk patients who were unable to access primary care, and the health consequences of not doing so.

Others described an “*existential threat*” to primary care and predicted a full crisis within five years without significant action. Specific workforce challenges cited in the interviews are referenced below:

- More primary care physicians are retiring than are being replaced.
- Workforce shortages create burnout, which then leads to further shortages.
- Pay is non-competitive, both compared to other medical specialties and to primary care pay in other states.
- Shortages are not a problem only for physicians, but for advanced practitioners and medical assistants.
- Rhode Island is not retaining the physicians who train in the state.
- Workforce shortages are a barrier to delivery of team-based care.

# What we heard – Administrative burden

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## Prior Authorization

Insurer prior authorization was described as “an annoyance” by one physician, and more harshly by other interviewees. Practices reported that the burden, while not new, has worsened over time. Multiple practices were grateful for OHIC’s recent work on prior authorization but at least one practice did not think OHIC’s current work went far enough to address the issue.

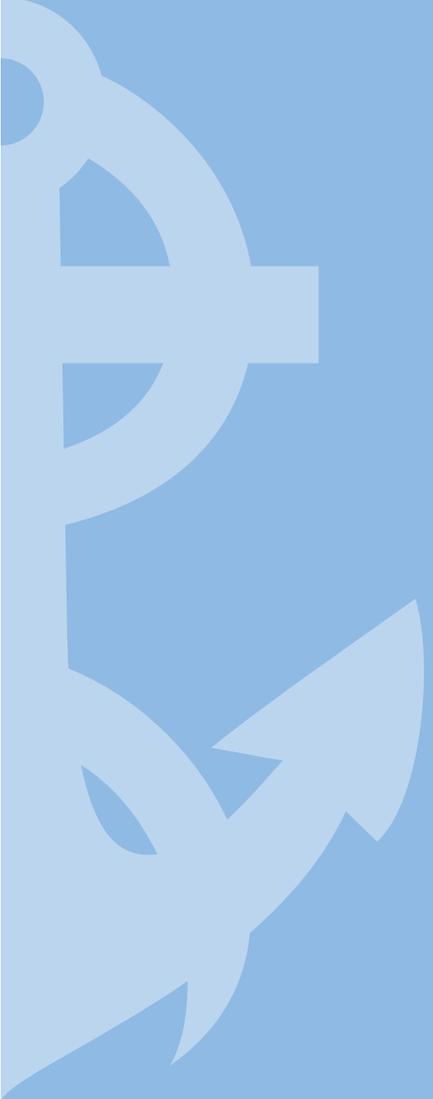
## EHR Documentation Demands

Physicians complained about the time requirements associated with EHRs, with one complaining that EHRs have reduced the role of PCPs to “clerk/typists.” One physician was very bothered by the amount of uncompensated time required to respond to patient portal messages.

# Key Findings

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1. The primary care workforce in Rhode Island is aging, and many providers are contemplating retirement.
2. Primary care is nationally reimbursed and compensated significantly less than most other medical specialties and there is evidence that primary care in Rhode Island is reimbursed at rates that do not support compensation that is competitive with neighboring states.
3. Nationally, and locally, fewer medical students are choosing primary care as a career path. Educational debt and salary differentials are contributing factors.
4. Those medical students who do choose primary care, and are trained in Rhode Island, are not necessarily staying in Rhode Island.
5. Clinician burnout is a key concern facing the primary care workforce and is driving physicians and advanced practitioners to reduce or leave clinical practice. Burnout among clinicians also negatively affects patient care.
6. Primary care payment, inclusive of reimbursements and supplemental payments, must be sufficient to support a robust care team of clinicians, medical assistants, and front office staff.
7. The local press has done an excellent job amplifying the concerns and experiences of patients in relation to primary care access. Access for new patients is constrained.
8. Rhode Islanders should have reason for optimism that we can address these challenges.



# Recommendations & Actions Steps

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2024 will be a busy year!

# Modify Primary Care Expenditure Target

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1. Increase insurer payment for primary care so that it more closely approximates other medical specialties and is more competitive with neighboring states. Increased payments should be achieved through increased reimbursements for evaluation and management and other medical services when provided by primary care providers and through capitated payment arrangements that support team-based, high quality patient panel care. The increase in primary care payment should be effectuated while constraining total medical spending growth to the State of Rhode Island's per capita cost growth target.
  - a. OHIC will amend the agency's primary care expenditure target in 2024 to better align the agency's legacy measurement methodology with emerging consensus definitions of primary care expenditures and establish new targets for commercial insurers that will support achievement of necessary increases in primary care payment.
  - b. OHIC will publicly report primary care expenditure data using the new methodology and enforce compliance with the commercial expenditure requirements through prior approval health insurance rate review and other means.
  - c. OHIC will work with EOHHS and others to promote the positive role Medicaid can have in this process, similar to the exemplary work EOHHS has done for the primary care of children and adolescents.

# Ensure Investments Reach Clinicians and Practices

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2. Obtain commitment by health systems that employ primary care clinicians that increases in primary care payment will transfer directly to the benefit of employed primary care clinicians in the form of compensation and practice supports.
  - a. OHIC will engage employed physicians, health systems, and commercial health insurer leadership to discuss ways to ensure that the primary care workforce benefits from these investments directly in the form of compensation and supports within clinical practice.

# Reduce Administrative Burden

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3. Make significant reductions in the administrative burdens placed on primary care practices and providers more generally by insurer utilization review and administrative requirements.
  - a. OHIC's Administrative Simplification Task Force is working to develop recommendations to reduce the burden of insurer administrative requirements, such as prior authorization, on providers generally. The burden of prior authorization is significant and OHIC will take necessary actions to meaningfully reduce the volume of prior authorizations through building consensus and promulgating regulations.
  - b. OHIC will convene a structured forum with representation from the provider community and health insurers to engage in dialog about the implications of medical management practices and other administrative requirements.

# Accelerate Prospective Payment Opportunities

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4. Accelerate the provision of prospective payment opportunities for primary care practices through commercial insurers, using models that generally align with the 2017 OHIC consensus methodology developed in collaboration with stakeholders.
  - a. Prospective payment enables practices to support team-based care, expanding the bandwidth of clinicians, and provides more predictable revenue and an incentive for primary care practices to grow their revenue by responsibly taking on more patients.

# Track and Report on the Workforce

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5. Develop a system for tracking and reporting upon the composition of Rhode Island's primary care workforce.
  - a. The Rhode Island Department of Health is leading efforts to develop data systems for tracking and reporting upon the composition of the health care workforce. OHIC supports and will advocate for these efforts.

# Primary Care Training and Loan Forgiveness

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6. Expand primary care workforce training by Rhode Island higher education institutions and create financial incentives for graduates to remain in Rhode Island upon graduation.
  - a. The Care Transformation Collaborative of Rhode Island, which OHIC co-convenes with EOHHS, has undertaken a workforce planning effort and developed proposals to improve primary care training capacity and retention in the state. CTC-RI's proposals are worthy of serious consideration.
  - b. Funding should be dedicated to primary care provider loan forgiveness.

# Ensure Accountability

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7. Maintain ongoing dialogue with primary care providers in the state to ensure an understanding of the challenges they face, to test new policy designs and to assess the effectiveness of initiatives in support of the primary care workforce.
  - a. Accountability structures are critical to ensure progress. OHIC will leverage its existing Payment and Care Delivery Advisory Committee to act as the forum for addressing primary care workforce challenges in relation to the primary care payment recommendations described above.
  - b. The state should systematically measure and report on the number and percentage of insured Rhode Islanders who report a usual source of care.
  - c. The state should create a public-facing dashboard that presents longitudinal data on the primary care workforce, all-payer primary care expenditures, and patient access to primary care with comparison to external benchmarks where available.