

# ADVANCING PRIMARY CARE IN RHODE ISLAND

## A CONVERSATION WITH ANN GREINER, PRIMARY CARE COLLABORATIVE



Primary care in the United States is at an inflection point. For clinicians, it means increasing workload and burnout. For health systems and payers, it means rising downstream costs. For patients, it means fragmented and delayed care. At CTC-RI's January Clinical Strategy Committee meeting, **Ann Greiner**, President and CEO of the **Primary Care Collaborative** (PCC), outlined what is driving this moment and what Rhode Island can do next.

### Where We Are: A System Under Strain

- Greiner opened with a clear assessment of the forces reshaping primary care: growing consolidation, declining investment, rising administrative burden, and a workforce increasingly choosing specialties over primary care.
- One statistic stood out: In Denmark, 90% of patient needs are managed in primary care. In the United States, that figure is between 35–50% of office visits, with less than 5 cents of every healthcare dollar flowing to primary care.
- Primary care functions like the central intersection in a city grid: when it works well, the entire system flows. When it is underfunded and overwhelmed, congestion spreads—into emergency departments, specialist offices, and urgent care.

### The Central Problem

- Greiner was direct: The Patient-Centered Medical Home model and its successors have demonstrated value, but payment reform has not kept pace with delivery transformation.
- Primary care investment in the US has declined since 2013, even as its importance has been increasingly emphasized.
- Progress is happening but not fast enough to meet the scale of the challenge.

### Advanced Primary Care: What the Evidence Says

- A centerpiece of the presentation was the [Harvard Center for Primary Care Investment guide](#), co-developed with PCC, which outlines six evidence-based attributes of advanced primary care.
- One finding stood out: clinical pharmacy integration demonstrated the strongest return on investment among all attributes examined.

### What it Means for Rhode Island

Following the presentation, participants discussed how Rhode Island should respond. Three priorities emerged:

- Define it first. A shared definition of advanced primary care is essential before broad adoption can occur.
- Fund it differently. Payment and delivery reform must be designed together—not sequentially.
- Broaden the table. Employers, payers, state agencies, legislators, and patients must align around a shared vision.

### Impact Across Primary Care

- Clinicians: More sustainable workloads and stronger team-based care
- Health systems: Reduced emergency department and specialty overutilization
- Payers: Lower total cost of care
- Patients: Improved access, coordination, and outcomes

### From Conversation to Action

- CTC-RI is committed to turning strategy into action. Presentations to the Clinical Strategy Committee are designed to drive concrete next steps.

### Next Steps

- Develop a shared, plain-language APC definition
- Align on a focused set of statewide priorities
- Deliver recommendations to the CTC-RI Board in April

### What to Watch & How to Engage

- Look for a proposed statewide APC definition in April
- Consider how your organization defines and supports team-based care
- Identify opportunities to align payment with care delivery

### Key Takeaways For RI Leaders

- Increase investment and reduce burden. These are the most actionable short-term levers.
- Define advanced primary care clearly and ensure certification is affordable and not burdensome.
- Ensure funding reaches primary care directly, not absorbed upstream.
- Align on team-based care definitions across stakeholders.
- Leverage Rhode Island's size as a strategic advantage with a focus on achievable alignment across stakeholders.

### Let's STRENGTHEN RI POSITIONING Together

Rhode Island is uniquely positioned to lead. Its size enables alignment across payers, policymakers, and practices in ways that are difficult in larger states.

