



Leadership Corner

A Conversation with Ann Greiner: Advancing Primary Care in RI



Ann Greiner is President and CEO of the Primary Care Collaborative (PCC), a national organization dedicated to advancing high-functioning primary care. Following her compelling presentation at the January Clinical Strategy Committee meeting, we sat down with Ann to explore her perspective on what it will take to transform primary care in Rhode Island and beyond. Her responses offer both a candid assessment of today's challenges and a roadmap for meaningful, lasting change.

Q 1. If Rhode Island could only focus on two Advanced Primary Care (APC) capabilities in 2026–2027, which two would have the fastest return on investment and why?

A Per a recent [report](#) from the Harvard Center for Primary Care, incorporation of a clinical pharmacist provides the fastest return on investment – in large part because pharmaceuticals is a costly expense for any practice. The other capability I would advise incorporating is behavioral health integration. Consistently in our surveys of multiple stakeholders, it is the most sought after APC capability and helps to address a pressing problem across all age groups.

Q 2. What is a single governance decision Rhode Island could make in 2026 that would advance primary care transformation?

A In an increasingly budget constrained environment due to HR1 and other pressures, legislators may look to across the board cuts or decide to shore up hospital finances. While these may be more expedient and politically feasible pathways, they will result in more downstream costs to RI taxpayers via increased utilization of acute/specialty services and ED visits instead of care in community practices. Strengthening primary care through more investment in value-based models is the path to better health and ultimately stronger state finances.

Q 3. What is the most realistic lever Rhode Island could pull in the next 18 months to shift money into primary care without legislative action, especially considering Rural Health Funds Transformation award of over \$100 million per year?

A The Rural Health Transformation Fund offers a pathway to support and transform primary care. The innovations that states have proposed that I am most excited about include investing in capabilities to support the transition to value-based primary care in North Carolina; investment in Community Health Workers (CHWs) in Kansas; mobile primary and dental care in Minnesota and BHI in Arkansas to name a few. States know best where resource are needed most.

Q 4. Who can we model that has done APC well?

A I would look to Maryland's Primary Care Program, MDPCP which has provided resources to help transform primary care delivery and payment, including coaching, data and infrastructure support. Maryland practices have moved to value-based payment arrangements which have allowed them to enhance chronic disease management, integrate behavioral health and other improvements.