
Ensuring the Integrated Academic Health System Benefits all Rhode Islanders

**RECOMMENDATIONS FROM THE
INTEGRATED ACADEMIC HEALTH SYSTEM
COMMUNITY INPUT COMMITTEE**

NOVEMBER 2021



**RHODE ISLAND
FOUNDATION**

The Foundation convened a committee of 25 members with a broad range of experience and expertise, to develop a set of clear recommendations for the Department of Health, Office of the Attorney General, elected officials, Lifespan, Care New England, Brown University, and the broader community. The list of committee members is included below.

Name	Organization
Neil D. Steinberg (co-chair)	Rhode Island Foundation
Jane Hayward (co-chair)	Rhode Island Health Center Association
Al Charbonneau	Rhode Island Business Group on Health
Andrew Saal, MD	Providence Community Health Centers
Betty Rambur, Ph.D.	University of Rhode Island, College of Nursing
Brenda Clement	HousingWorks RI
Channavy Chhay	Center for Southeast Asians
Donna Policastro	Rhode Island State Nurses Association
Elizabeth Catucci	Northern Rhode Island Chamber of Commerce
Eugenio Fernandez	Asthenis Pharmacy
Heather Mars-Martins	Narragansett Indian Health Center
Jeffery Williams	The King's Cathedral
Jessica Walsh	Women's Resource Center
Joan Kwiatkowski	PACE-RI
Joe Wankerl	UnitedHealthcare
Kristine Thomas-Jones, Ph.D.	Eastern Indigenous Research Institute
Linda Katz	Economic Progress Institute
Lou Giancola	South County Health System (retired)
Marjorie Waters	Rhode Island Organizing Project
Michele Lederberg	Blue Cross Blue Shield of Rhode Island
Oscar Mejias	Rhode Island Hispanic Chamber of Commerce
Rosa Sierra	Progreso Latino
Sam Salganik	Rhode Island Parent Information Network
Susan Storti, Ph.D., R.N.	Substance Use and Mental Health Leadership Council of RI
Thomas Giordano	Partnership for Rhode Island

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Executive Summary

This report was produced to inform the review process of the proposed Integrated Academic Health System. If the proposed merger of the Lifespan and Care New England health systems moves forward, with an affiliation with Brown University, implementation of these recommendations will help create an impactful and equitable structure that benefits all Rhode Islanders. This report provides recommendations based on analysis and input from committee members, focus groups, community conversations, as well as consultations with knowledgeable healthcare industry experts.

Need and Process

The proposed creation of the Integrated Academic Health System (IAHS) in Rhode Island through the merger of the Lifespan and Care New England health systems, and affiliation with Brown University, has the potential to be a transformational step for Rhode Island's health care system, that can positively impact public health. If approved, the overall goal must be to enable and ensure the IAHS will improve the quality of care across care settings and communities served, efficiently manage healthcare cost growth, drive new research and innovation, and lead to improvements in public health for all Rhode Islanders with an overall focus on reducing healthcare disparities.

The history of health system consolidation when it comes to cost, quality, and access is uncertain at best. **We believe that Rhode Island can and must chart a different path so that the merged system—if approved—and the broader IAHS is the cornerstone of a more inclusive, equitable, accessible, affordable, resilient, and high-quality health care system.** We also believe that following this transformational path will take significant and sustained effort from a range of stakeholders, and, critically, will require **thoughtful consideration and sustained integration of community priorities from the outset of the process.**

Given that need, and at the request of Lifespan and Care New England, beginning in June 2021, the Rhode Island Foundation led a five month, independent effort to gather, synthesize, and communicate community priorities regarding the proposed IAHS.

This work was informed by four guiding principles:

1. Equity

The committee's recommendations take into account the need to address the root causes and conditions of systemic inequalities based on race, ethnicity, gender, sexual orientation, disability, and economic status, which have created barriers to healthcare access and led to health inequalities for historically marginalized or oppressed communities in Rhode Island.

2. Independence

The committee did not include any members affiliated with Lifespan, Care New England, or Brown University. Committee members informed recommendations with their experience and insight, as well as sharing the perspective of the communities they work with and represent.

3. Impact

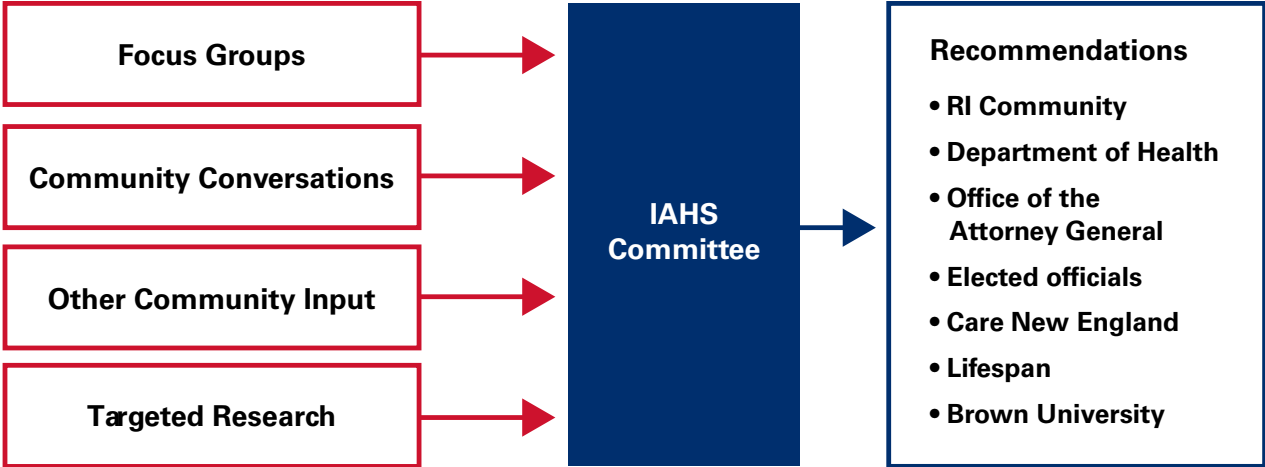
The committee focused on short- and long-term recommendations, with an overarching goal towards systemic change that can both help improve the IAHS and Rhode Island's overall healthcare delivery system.

4. Sustainability

The committee's work reflected the need to ensure processes are created and sustained that allow for the implementation of the recommendations, so as to deliver solutions that enhance the impact of the proposed IAHS.

Executive Summary

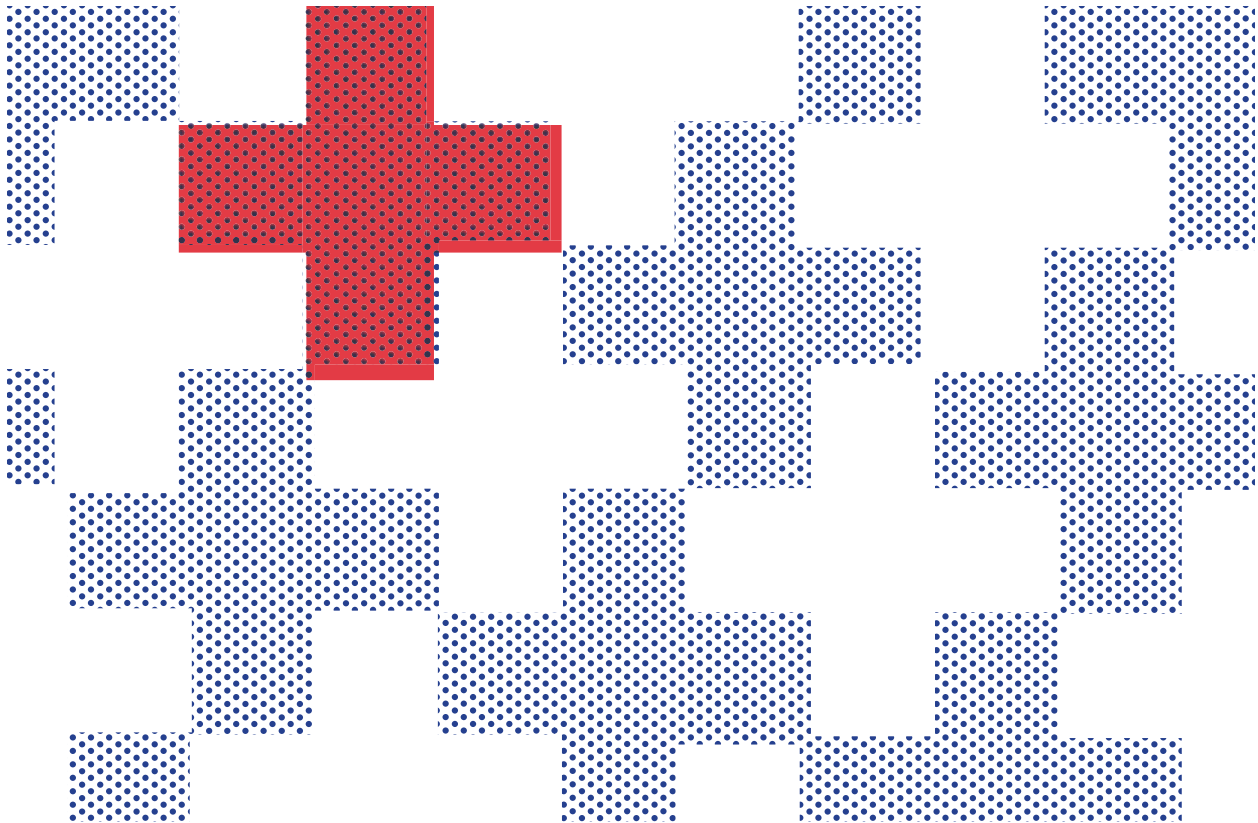
The committee met eight times between June and November, and the final recommendations include input from all committee members. The group generally operated by consensus, though not necessarily unanimity. In addition to the experience, expertise, and perspective of the committee members, this work was informed by multiple community outreach efforts that were conducted over the past five months.



In late July and early August, online focus groups were conducted with Rhode Island residents. The first subset of groups were based on geography, with specific goals in mind regarding the inclusion of voices from the Asian American and Indigenous/American Indian communities. The geographic regions targeted were Northern Rhode Island, Warwick, Providence, and Newport. The second subset of groups were conducted with Black Rhode Islanders and Latino Rhode Islanders (the latter conducted in Spanish). A summary of the focus groups is provided in the [Appendix](#).

In late September and early October, a series of community conversations was facilitated by committee members and the organizations and coalitions they represent. Conversation facilitators asked questions regarding the following topics: (1) personal experience connected to healthcare, (2) hopes and concerns for the proposed merger, (3) vision for a successful merger, and (4) questions and takeaways for health care system administrators and other state decision-makers. A summary of the community conversations is provided in the [Appendix](#).

Throughout the summer and fall, the Foundation and committee members also had the opportunity to have additional conversations with a broad range of community stakeholders, feedback from which was incorporated by the committee. Finally, in October, targeted research into best practices related to specific recommendations was also conducted.



While not a party to the merger application, both Lifespan and Care New England make clear their intention to have the new merged entity enter into an affiliation agreement with Brown University as the academic partner in the IAHS. As part of this community input process, there were concerns raised about Brown University's role within the IAHS, and its broader community commitments, both now and in the future. Given this, we recommend transparency around the IAHS affiliation agreement and clarification around Brown University's broader participation within the IAHS. We also recommend broader communication about existing partnerships that Brown University has focused on improving community health. In this report, the committee makes recommendations regarding the IAHS including Brown University, and leaves to state regulators how that participation would receive oversight post-merger.

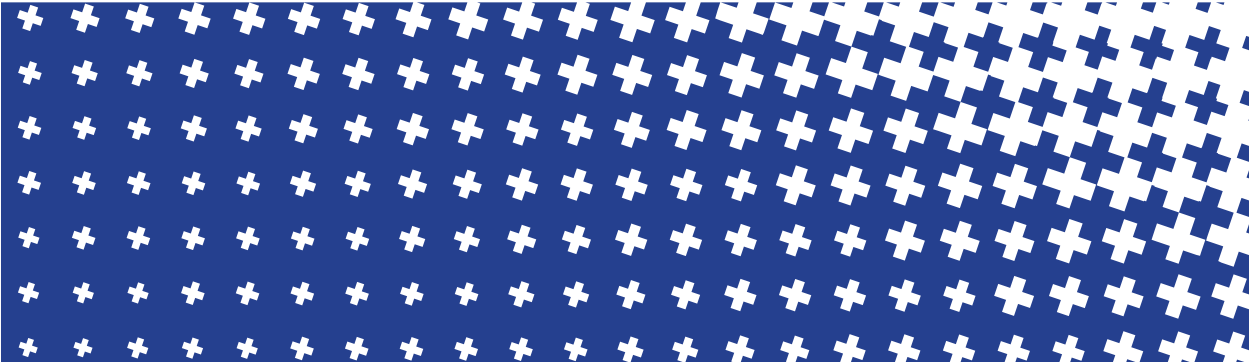
Priorities and Recommendations

The committee included two types of recommendations. Some recommendations relate directly to conditions of approval for the merged health system, while others are for the broader IAHS, including Brown University. A summary of recommendations are included below.

Recommendations with an * are included in multiple priorities.

Equity

- The merged system will immediately commit to achieving specific benchmarks for nationally accepted measures that address health disparities within five years of the merger, with specific focus on historically marginalized communities.
- The merged system will expand access to care for communities of color.
- The merged system will make specific commitments towards increasing workforce diversity and inclusion across the continuum of its workforce, and help create a workforce pipeline that reflects the Rhode Island community.*
- The merged system will develop strategy to direct institutional purchasing towards Minority Business Enterprises (MBEs) and Women Owned Business Enterprises (WBEs).*
- The merged system will improve access to culturally and linguistically appropriate services, and ensure sufficient levels of translation and interpretation services.*
- The IAHS will work to build trust among communities historically marginalized by the existing healthcare delivery system. This work must focus on alleviating the distrust of academic health systems among Rhode Island’s communities of color, as well improving cultural competence for system employees.*



Oversight

- The Attorney General will oversee specific conditions of approval for five years, with an option to continue or renew this oversight period if a permanent regulatory entity is not yet in place.
- The state will develop a permanent regulatory entity—either through a new entity, expanded authority for an existing entity, or contracting for specific services. The entity will focus on healthcare costs, quality, access, population health, and health equity, among other areas. The merged system must provide funding for the regulatory entity.

Access

- The merged system will immediately improve access to primary care and behavioral health services, including increased physical points of access.
- The merged system will be transparent in how it will assess duplication of services.
- The merged system will conduct early and sustained outreach to explain how the merger will impact existing relationships and broader access, and a commitment to ensuring provider continuity.
- The merged system will commit to a collaborative approach with providers outside of the system.
- The merged system will improve access to culturally and linguistically appropriate services, and ensure sufficient levels of translation and interpretation services.*
- The merged system will support improved digital accessibility.
- The merged system will enhance coordination between providers within the system to improve access and reduce care silos, including cross-provider policy and credentialing.
- The IAHS will identify strategies for how it can support its physicians in delivering improved care for the older adult population.
- The IAHS will work to build trust among communities historically marginalized by the existing healthcare delivery system. This work must focus on alleviating the distrust of academic health systems among Rhode Island's communities of color, as well improving cultural competence for system employees.*

Cost

- The merged system must target 80% of its patient population to be in value based payment models within five years of the merger.
- The merged system must work collaboratively with payers to ensure premiums, co-pays, and other out-of-pocket-costs are minimized, in particular for low-income Rhode Islanders.
- The merged system will commit transparency regarding reducing overhead, including administrative services and duplicative services.
- State regulators will outline limitations for additional expansion by the merged system.
- The merged system will agree to support meaningful payment reform, and should commit to continued participation in cost containment processes, such as the Rhode Island Health Care Cost Trends project.
- The IAHS must explore opportunities to develop improved system-level cost data collection and analysis to support more effective cost containment models that allow for innovation and flexibility.

Quality

- The merged system must ensure higher patient experience scores, as well as identify and achieve nationally recognized quality benchmarks that focus on outcomes and achievement.
- The merged system and state will provide sufficient resources to allow for a more active focus on quality within the broader oversight entity.
- The merged system must identify key quality gaps with important equity implications and identify specific action plans to address those gaps in partnership with community-based organizations.
- The merged system will work with other stakeholders to identify opportunities for “collaborative competition.”

Workforce

- The merged system will detail how it will make decisions around workforce impacts related to the merger, and how any job losses will be minimized and mitigated.
- The merged system will set up a senior team focused on workforce development, which reports directly to executive leadership.
- The merged system will make specific commitments towards increasing workforce diversity and inclusion across the continuum of its workforce, and help create a workforce pipeline that reflects the Rhode Island community.*
- The merged system will maintain relationships with other medical schools, in addition to the Warren Alpert School of Medicine, as well as other institutions serving allied health professions.
- The merged system will identify areas where targeted investment can help strengthen the pipeline and retention of nurses.
- The IAHS will undertake an expanded assessment of the healthcare workforce, which, in turn, can help drive workforce development strategies.
- The IAHS will collaborate with Department of Health to explore how to strengthen existing healthcare professional attraction and retention programs.
- The IAHS will prioritize growing the number of primary care, behavioral health, and family medicine providers.

Community Responsibility

- The merged system and Brown University will increase direct community investment to \$50 million over five years, with focus on addressing Social Determinants of Health.
- The merged system will develop strategy to direct institutional purchasing towards MBEs and WBEs.*
- The merged system will commit to using an equity lens when considering its underutilized real estate holdings, including but not limited to, opportunities for affordable and workforce housing.
- The merged system will develop a stronger culture of collaboration and partnership with the state's public health system, community-based organizations, and residents in the communities it serves and is located.
- The IAHS will commit to a transparent planning process for future Community Benefit Agreements, which must include meaningful resident participation.

Governance

- The IAHS will promptly constitute a new Board of Directors and Board Chair that includes new stakeholders, including from a to-be-created community oversight group.
- The IAHS will create a community oversight group, broadly representative of the communities served by the system, and appointed jointly by the Attorney General and Director of the Department of Health, with a clear and substantive role.
- The IAHS will promptly commence a national search to hire a new CEO for the merged system.

THE FULL REPORT

Purpose

This report was produced to inform the review process of the proposed Integrated Academic Health System. If the proposed merger of the Lifespan and Care New England health systems moves forward, with an affiliation with Brown University, implementation of these recommendations will help create an impactful and equitable structure that benefits all Rhode Islanders. This report provides recommendations based on analysis and input from committee members, focus groups, community conversations, as well as consultations with knowledgeable healthcare industry experts.

The proposed creation of the Integrated Academic Health System (IAHS) in Rhode Island through the merger of the Lifespan and Care New England health systems, and affiliation with Brown University, has the potential to be a transformational step for Rhode Island's health care system that can positively impact public health. Ultimately, the measure of success for the IAHS must be if it helps catalyze change that sets the state on a trajectory towards creating a healthier Rhode Island for all its residents.

If approved, the overall goal must be to enable and ensure the IAHS will improve the quality of care across care settings and communities served, reduce existing healthcare disparities, efficiently manage healthcare cost growth, catalyze new research and innovation, and lead to improvements in public health for all people in Rhode Island with an overall focus on reducing healthcare disparities. This dual focus on population health and high-quality clinical care must guide the affiliation between the IAHS and both Brown University's Warren Alpert School of Medicine and the Brown University School of Public Health. This partnership with Brown has the potential to drive economic development in Rhode Island through increased research and innovation, but there must also be a major focus on leveraging existing, and growing new, programs and partnerships focused on improving medical care, patient outcomes, and population health.

Purpose

While not a party to the merger application, both Lifespan and Care New England make clear their intention to have the new merged entity enter into an affiliation agreement with Brown University as the academic partner in the IAHS. As part of this community input process, there were concerns raised about Brown University's role within the IAHS, and its broader community commitments, both now and in the future. Given this, we recommend transparency around the IAHS affiliation agreement and clarification around Brown University's broader participation within the IAHS. We also recommend broader communication about existing partnerships that Brown University has focused on improving community health. In this report, the committee makes recommendations regarding the IAHS including Brown University, and leaves to state regulators how that participation would receive oversight post-merger.

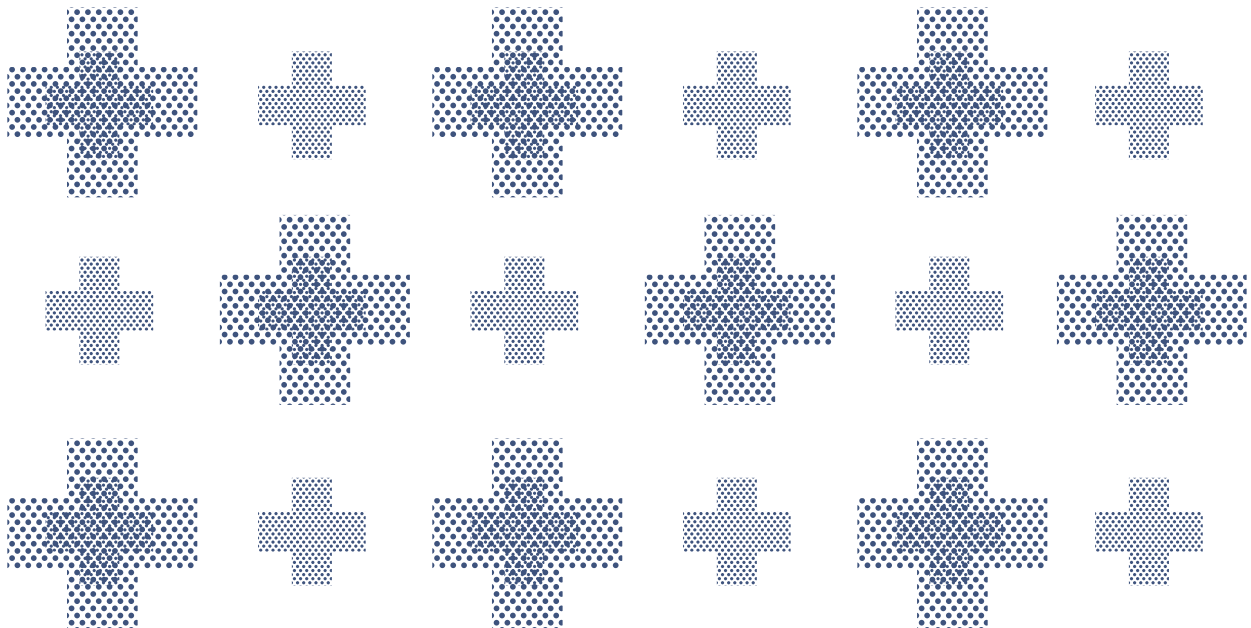
The history of health system consolidation when it comes to cost, quality, and access is uncertain at best. **We believe that Rhode Island can and must chart a different path so that the merged system — if approved — and the broader IAHS is the cornerstone of a more inclusive, equitable, accessible, affordable, resilient, and high-quality health care system.** We also believe that following this transformational path will take significant and sustained effort from a range of stakeholders, and, critically, will require **thoughtful consideration and sustained integration of community priorities from the outset of the process.**

The discussion around the IAHS comes at an important moment in time: First, there is growing momentum for broader payment reform to change how our current healthcare is financed and system delivers care. Second, there is increasing awareness in the need for greater investment of the Social Determinants of Health that underlie Rhode Island's existing health disparities. Focusing "upstream" on root causes of these health disparities is core to a number of ongoing statewide initiatives, including the Rhode Island Foundation-supported long term health plan—Health in Rhode Island. Third, the ongoing COVID-19 pandemic has reinforced the need for strategic, longer-term planning that can create a stronger and more equitable health system.

The potential impacts of this merger are not limited to only the health sector. While the IAHS would provide care for a significant percentage of Rhode Islanders, it would also be one of the largest employers in the state and an expanded “anchor” in Providence and throughout Rhode Island’s communities. The affiliation with Brown University only increases this prospective footprint—and increases the opportunity to harness that footprint to support inclusive, strong, and healthier communities.

The IAHS is currently undergoing robust review by both federal and state regulators. At the state-level, this process will include opportunities for a broad range of community stakeholders to be heard around the important question of whether the merger should be approved. At the same time, there is a vital need to ensure *that in order* for the merger to move forward, it does so in a way that creates lasting, positive impact for Rhode Islanders. The time to identify priorities and strategies that can create that positive impact is now.

In response to this need, and at the request of Lifespan and Care New England, beginning in June 2021, the Rhode Island Foundation led a five-month, independent effort to gather, synthesize, and communicate community priorities regarding the proposed IAHS. The Foundation convened a committee of 25 members with a broad range of experience and expertise, to develop a set of clear recommendations for the Department of Health, Office of the Attorney General, elected officials, Lifespan, Care New England, Brown University, and the broader community. The list of committee members is included on [Page 2](#).



This work was informed by four guiding principles:

1. Equity

The committee's recommendations take into account the need to address the root causes and conditions of systemic inequalities based on race, ethnicity, gender, sexual orientation, disability, and economic status, which have created barriers to healthcare access and led to health inequalities for historically marginalized or oppressed communities in Rhode Island.

2. Independence

The committee did not include any members affiliated with Lifespan, Care New England, or Brown University. Committee members informed recommendations with their experience and insight, as well as sharing the perspective of the communities they work with and represent.

3. Impact

The committee focused on short- and long-term recommendations, with an overarching goal towards systemic change that can both help improve the IAHS and Rhode Island's overall healthcare delivery system.

4. Sustainability

The committee's work reflected the need to ensure processes are created and sustained that allow for the implementation of the recommendations, so as to deliver solutions that enhance the impact of the proposed IAHS.

This committee includes members of the Rhode Island Foundation-led Long Term Health Planning Committee, which has developed the [Health in Rhode Island](#) plan. Health in Rhode Island sets a 10-year vision where Rhode Island is the healthiest state in the nation, and where all Rhode Islanders have the opportunity to be in optimal health, to live, work and play in healthy communities, and to have access to high quality and affordable healthcare. The committee's work has been endorsed in an Executive Order issued by former Governor Raimondo, and by both the Rhode Island House of Representatives and Rhode Island State Senate. Connecting these two aligned efforts provides the opportunity to work collaboratively in ensuring that, wherever possible, the design and implementation of the IAHS, if approved, is informed by, and aligns with, the priorities of the Health in Rhode Island plan.

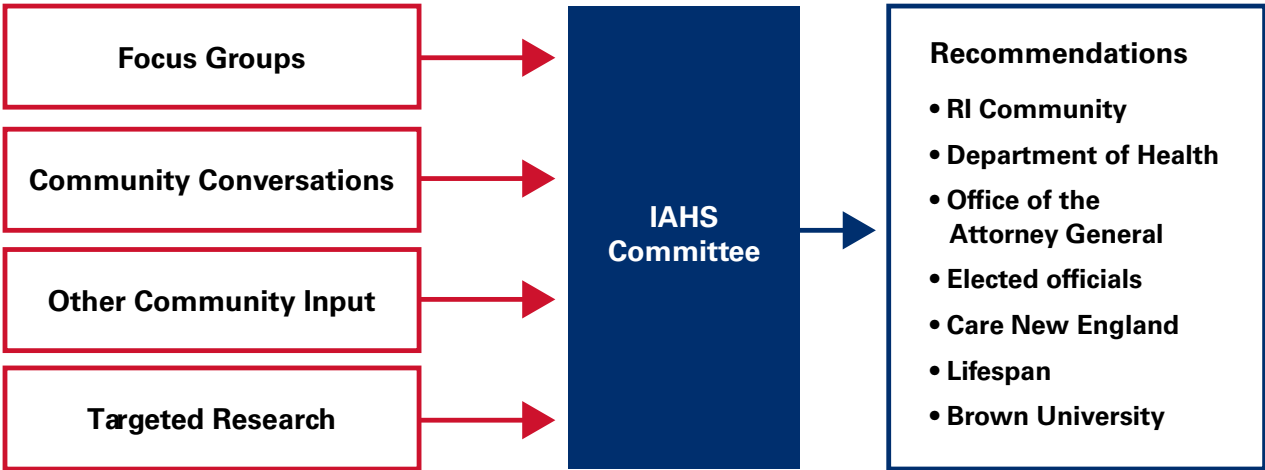
Process

The committee met eight times between June and November, and the final recommendations include input from all committee members. The group generally operated by consensus, though not necessarily unanimity. In addition to the experience, expertise, and perspective of the committee members, this work was informed by multiple community outreach efforts that were conducted over the past five months.

In late July and early August, online focus groups were conducted with Rhode Island residents. The first subset of groups were based on geography, with specific goals in mind regarding the inclusion of voices from the Asian American and Indigenous/American Indian communities. The geographic regions targeted were Northern Rhode Island, Warwick, Providence, and Newport. The second subset of groups were conducted with Black Rhode Islanders and Latino Rhode Islanders (the latter conducted in Spanish). The purpose of these focus groups was to gain better understanding of community perceptions of the proposed IAHS, community priorities for Rhode Island's healthcare system, and how to ensure that these priorities are achieved. A summary of the focus groups is provided in the [Appendix](#).

Process Overview

In late September and early October, a series of community conversations was facilitated by committee members and the organizations and coalitions they represent. The Foundation partnered with [Cortico/Local Voices Network](#) to support this work, and used Cortico/LVN’s conversation process, data capture, and analysis to support a deeper community input process on the merger. Conversation facilitators asked questions regarding the following topics: (1) personal experience connected to healthcare, (2) hopes and concerns for the upcoming merger in RI, (3) vision for a successful merger, and (4) questions and takeaways for health care system administrators and other state decision-makers. A summary of the community conversations is provided in the [Appendix](#).



Throughout the summer and fall, the Foundation and committee members also had the opportunity to have additional conversations with a broad range of stakeholders, feedback from which was incorporated by the committee.

Finally, in October, targeted research into best practices related to specific recommendations was also conducted. Dr. Joshua Sharfstein of the Johns Hopkins Bloomberg School of Public Health reviewed and shared a new report, [Measuring Hospital Contributions to Community Health with a Focus on Equity](#), from which examples included below are drawn. Katherine Gudiksen, a Senior Health Policy Researcher at The Source on Healthcare Price and Competition at U.C. Hastings College of Law and a national expert on health care markets and state oversight, also lent her insight and expertise.

The committee included two types of recommendations. Some recommendations relate directly to conditions of approval for the merged health system, while others are for the broader IAHS, including Brown University. The committee does not prescribe specific implementation approaches for each recommendation. However, where appropriate, we have provided additional detail on how the recommendation could be effected. Additionally, in some instances, the committee has pointed to specific examples of potential models in other communities.

Recommendations with an * appear in multiple priorities.

Priorities and Recommendations

The committee identified eight priority areas. Recommendations for each of these priorities are included below. These priority areas are:

- 1. Equity**
- 2. Oversight**
- 3. Access**
- 4. Cost**
- 5. Quality**
- 6. Workforce**
- 7. Community Responsibility**
- 8. Governance**

Priority 1: Equity

Equity is one of the Guiding Principles of the committee's overall work, and there are important equity-related considerations for each of the priority areas. Yet, while equity should not be restricted to its own priority, there are important issues and opportunities that need focused attention—equity needs to be on equal footing with cost, quality, access, and other priorities.

The central goal of the IAHS must be to reduce and eliminate disparities in health care and health among its patients. Achieving this goal will necessitate the IAHS focusing on what happens both within its walls and in the community. Through both the focus groups and community conversations, personal stories were shared of interactions with the existing healthcare system in Rhode Island (not limited to the Care New England and Lifespan systems) that were impacted by implicit bias, a lack of cultural sensitivity and awareness, and the overall need for a more diverse healthcare workforce. Significant health disparities have existed for far too long in Rhode Island, and the consolidation has the potential to have unintended consequences on historically marginalized communities, which could exacerbate these disparities. Our community input process highlighted the underlying distrust of academic health systems, particularly among communities of color.

There is a need to ensure true and sustained connection and partnership with community-based organizations and residents in the communities the IAHS will serve. A healthcare system that isn't connected to, or reflective of, the community will be unable to address biases—unconscious and conscious—and create a system that provides equitable, culturally appropriate care, while also addressing the Social Determinants of Health.

Embedding a stronger focus on equity into the state's healthcare system is already underway, led by many community-based organizations. For example, SISTA Fire's ongoing work to address maternal health disparities by pushing for greater accountability, as well as changes to policy and practice by Women & Infants Hospital. The proposed merger, and the related attention and resources, provide an opportunity to “lift up” and directly support those others doing work to create a more equitable system.

Recommendations for approval of the merged health system

- The merged system will immediately commit to achieving specific benchmarks for nationally accepted measures that address health disparities within five years of the merger, with specific focus on historically marginalized communities.
- The merged system will significantly expand access to care for communities of color within five years of the merger. This approach must focus on both physical and digital accessibility.
- The merged system will make specific commitments for increasing diversity and inclusion within its workforce, including the necessary supports to develop sustainable career paths and enhance representation across the continuum of the workforce.*
 - › This work must include a focus on increasing diversity at senior leadership levels.
 - › This work must include details on how academic partners, including but not limited to Brown University, will help create a workforce pipeline for the merged system that better reflects the Rhode Island community.
- The merged system will work with community partners to develop and implement an achievable strategy to direct institutional purchasing (both products and services) toward local businesses, with a goal of creating and sustaining contracting and procurement opportunities for Minority Business Enterprises (MBEs) and Women Owned Business Enterprises (WBEs).*

[The University of Pittsburgh Medical Center](#), the [Mayo Clinic](#), and [Johns Hopkins Hospital](#) provide examples of health systems with MBE procurement policies and goals. Requirements that suppliers provide certification that they have diverse ownership are also becoming more common, including at the [Kaiser Hospital System](#).

- The merged system will identify specific strategies for how it will improve access to culturally and linguistically appropriate services, exceeding Joint Commission requirements, as well as ensure sufficient levels of translation and interpretation services are available.*

Recommendations for the IAHS, including Brown University

- In concert with community partners, the IAHS will provide a plan on how it will build trust among communities that have been historically marginalized by the existing healthcare delivery system.*
 - › This plan must identify and communicate a clear strategy on how the IAHS will work to alleviate the distrust of academic health systems among Rhode Island's communities of color.
 - › This plan must also include specific strategies for improving cultural competence for employees across the system.

Priority 2: Oversight

There are two key components to oversight as it relates to the IAHS. First, any conditions applied to the IAHS as part of an approval process, including the broad array of goals discussed in this committee's recommendations, will require oversight. It is important to note that the specific pathway for approval of the IAHS will significantly impact how that oversight will need to be structured.

Second, a merged system of this scale necessitates a new approach to regulation and oversight—the currently existing State oversight entities do not have the legal authority or capacity to oversee a system of this size. This necessary regulatory structure would oversee not just the merged system but Rhode Island's broader healthcare system, and can help catalyze broader payment reform that shifts away from our largely current fee-for-service system and ensure that the right incentives are in place to help deliver high-quality and affordable health care for all Rhode Islanders.

All this work must be accomplished with transparency, as well as with sufficient accountability mechanisms established in the event that the conditions of approval of the IAHS are not met. There is a need for openness to feedback from, and responsiveness to, community members both during and after the approval process.

Recommendations for approval of the merged health system

- To help monitor commitments made by the merged system as part of the approval process, the Office of the Attorney General will oversee specific conditions of approval for five years after the merger.
 - › A core component of this oversight role must be the identification of specific metrics that can help the merged system, state regulators, and the broader community understand the outcomes of the conditions of approval.
 - › There must an option included to continue or renew conditions on a rolling five year basis if a permanent regulatory structure, as described below, is not in place at the end of the first five year period.

The need to include a mechanism for continued oversight in the absence of a sustainable regulatory structure is illustrated from the example of [Mission Health](#) in North Carolina. In that instance initial oversight of that merger of two health systems was implemented through a Certificate of Public Advantage (COPA), which encompassed a number of conditions similar to those included in this report. Eventually the COPA was repealed, and Mission Health became an unregulated monopoly that was purchased by a national for-profit health system, with significant cost and access implications.

- During the review process, state regulators and elected officials must develop a permanent regulatory entity, which would have appropriate authority over healthcare providers with a focus broadly in line with achieving the [Triple Aim](#), improving quality of care, improving population health, and lowering per capita cost. The entity will focus on healthcare costs, quality, access, population health, and health equity, among other areas.
 - › This could be a new regulatory entity, expansion of authority of an existing state agency, such as the Office of the Health Insurance Commissioner, or the state could consider contracting directly with an existing entity for specific analytic capacity.
 - › Regardless of the pathway taken (e.g., new versus existing entity), funding will be required from the merged system.

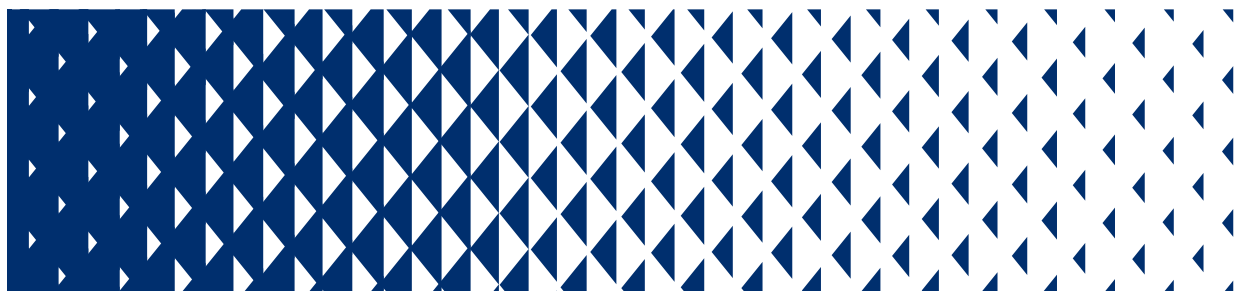
There are several examples in other states or entities with broad remit and capacity that may provide, at least partial, models for Rhode Island. These include the [Massachusetts Health Policy Commission](#), the [Vermont Green Mountain Care Board](#), and the [Maryland Health Services Cost Review Commission](#).

Priority 3: Access

There were three broad areas of concern related to access raised by community members in the focus groups and community conversations. First, there were concerns around how this merger will impact entry into and access through the health care system. Community members are worried that they will get “lost in the shuffle” and are concerned about continued access to their current providers. This is particularly true within historically marginalized communities, where there are already existing disparities in access. These concerns were not just about changes to entry and access, but were also interrelated to questions around how changes to the healthcare system would impact the affordability of care. Financial, digital, and physical accessibility must be a top priority for the IAHS. The IAHS must also demonstrate how it will address the accessibility components of coverage, timeliness, workforce, and services.

Second, there is an interest in having the IAHS support and collaborate with community-based organizations as part of broader efforts to increase services. To achieve improved access, careful consideration will be required around how to not just improve access to the system’s hospitals, clinics, and offices, but also how the system will support access to services in the community, ensuring that the community-clinical linkages that lead to improved health equity are strong and sustainable.

Third, patients and providers who are outside of the system worry about what the proposed merger means for them, especially when they must interact with the new system.



Recommendations for approval of the merged health system

- The merged system will provide a plan for how it will improve access to both primary care and behavioral health services within the first five years post-merger. This plan must include specific steps for how to improve access for historically marginalized communities.
 - › The merged system must commit to increasing physical points of access to primary care and behavioral health care, ensuring that at least 90% of patients served can access appropriate care in a reasonable amount of time within five years of the merger.
- The merged system will be transparent in how it will assess duplication of services, with particular focus on the potential implications for primary care, behavioral health, and specialty services.

“My question for the merger is if it will increase the number of providers who are available for clients? I spent an hour and a half just to find if a provider will take a client and because of COVID no one's taking any new patients.”

-Community conversation participant

- The merged system will conduct early and sustained outreach to explain how the merger will impact patients' existing provider relationships and broader access to the system.
 - › The merged system must commit to ensuring, wherever possible, provider continuity for patients, as well as sufficient patient navigation.
- The merged system will commit to a collaborative approach with providers outside of the system, an approach grounded in the best interests of patients and the community.
- The merged system will identify specific strategies for how it will improve access to culturally and linguistically appropriate services, exceeding Joint Commission requirements, as well as ensure sufficient levels of translation and interpretation services are available.*

- The merged system will support improved digital accessibility, including improved electronic health record integration, patient digital access, and increased telehealth capacity.
- The merged system will provide a plan with milestones for how it will improve coordination between providers within the system so as to ensure improved access and reduce care silos.
 - › The merged system must identify specific strategies it will implement to mitigate any negative impacts of the merger on cross-provider policy and credentialing.

Recommendations for the IAHS, including Brown University

- The IAHS will identify strategies for how it can support its physicians in delivering improved care for the older adult population, through building geriatric capacity, improved community referrals, and care coordination.
- In concert with community partners, the IAHS will provide a plan on how it will build trust among communities that have been historically marginalized by the existing healthcare delivery system.*
 - › This plan must identify and communicate a clear strategy on how the IAHS will work to alleviate the distrust of academic health systems among Rhode Island's communities of color.
 - › This plan must also include specific strategies for improving cultural competence for employees across the system.

Priority 4: Cost

Many of these priorities are interlinked—perhaps most centrally that achieving goals related to equity, access, and quality is simply not possible without addressing the high—and increasing—cost of healthcare. Participants in both the focus groups and community conversations were significantly concerned about the current high-cost of healthcare, and the potential that this merger would lead to increased cost. Community members repeatedly stressed that affordability is a key consideration in the overall quality of care and outcomes.

While limiting cost growth and implementing broader payment reform is an issue larger than just the proposed IAHS, given its market power, and given the track record of other

health system consolidations, it is imperative that all stakeholders come together to explore tools and models that can help address rising healthcare costs in Rhode Island. Such an approach would have Rhode Island leading the way nationally, at the forefront of the shift to value-based care models, for example global budget payments, which can help reduce the per capita cost of health care.

Broader payment reform, and the shift away from fee-for-service would be a central focus of the permanent oversight structure discussed in the Oversight priority. The expectation is that the IAHS will work collaboratively in support of this transition. Additionally, there are specific areas of focus for the IAHS that can help lower overall costs, including appropriate utilization of services and lowering administrative costs.

Recommendations for approval of the merged health system

- Working with payers and other stakeholders, the merged system will target 80% of its patient population be in value based payment models within five years of the merger.
- The merged system must work collaboratively with payers to ensure premiums, co-pays and other out-of-pocket-costs are minimized, in particular for low-income Rhode Islanders.
- The merged system must commit to reducing overhead, including administrative services and duplicative services in order to reduce per capita health care costs. This work must be carried out with a high-level of transparency.

“I think the concept is there. It seems to answer what a lot of us have been asking for: coordination and specialization and better community services. I think where it falls down is, you know the idea of mergers and consolidations, bureaucracies, is going to take five more years, another five-year plan. And it never seems quite to get there and you end up with more management, more overhead than you had in the first place”

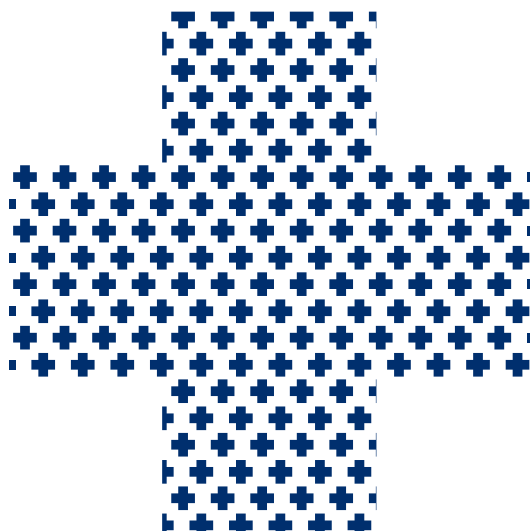
-Focus group participant

Priorities and Recommendations

- State regulators will outline limitations for additional expansion by the merged system.
- The merged system will agree to support meaningful payment reform, and should commit to continued participation in cost containment processes, such as the Rhode Island Health Care Cost Trends project.
 - › The merged system will commit to and support the hospital cost cap set through OHIC's rate review authority.
 - › The merged system must ensure that costs stay below the growth target set by the Rhode Island Health Care Cost Trends project.

Recommendations for the IAHS, including Brown University

- The IAHS and other stakeholders will explore opportunities to develop improved system-level cost data collection and analysis, which can help support more effective and innovative cost growth containment models.



Priority 5: Quality

Focus group participants raised potential benefits of the merger related to quality, including through better communication and coordinated care among providers and hospitals. At the same time, both the focus groups and community conversations highlighted overall concerns that any focus on quality improvements by the IAHS might be secondary to other objectives.

Improvements in the quality of care need to be measurable and a primary focus of the IAHS. As of now, the Lifespan and Care New England systems have patient experience scores that are average or slightly below average national levels. Lifting quality performance is vital to creating a better healthcare system and will also encourage more Rhode Islanders to seek care with the IAHS.

There are important equity issues that must be addressed. As part of the broader approach to improving quality there needs to be a concerted focus on reducing disparities in patient experience and other quality measures. Particularly for historically marginalized communities, customer service, compassion, and empathy were emphasized as what was currently missing in the overall health care system. Multiple community conversation participants felt that, when accessing the health care system, a person received better care when they shared an ethnic or cultural identity with their providers.

Recommendations for approval of the merged health system

- The merged system will commit to ensuring patient experience scores are in the top 10% of hospitals in New England within five years of the merger, as well as meeting nationally recognized quality benchmarks that focus on both outcomes and achievement.
- The merged system and state government will provide sufficient resources to allow for a more active focus on quality within the broader oversight entity.
- The merged system will identify key quality gaps with important equity implications (e.g., disparities in maternal and child health outcomes, disparities in access to behavioral health services) and identify specific action plans to address those gaps, as well as a process to identify and address future gaps.
 - › The plan must also include how the merged system will build transparency (both internally and externally) around quality improvement work, ensuring that there is accountability moving forward.

- The merged system, working with partners, will identify opportunities for “collaborative competition”, e.g., how the system can partner with other parts of the overall healthcare system to target statewide quality improvement such as integration of healthcare information and other central administrative functions.

Priority 6: Workforce

At the top of people’s minds in the community conversations were concerns over potential job losses related to the merger and how this might stress a workforce that is already struggling with high turnover. Given that, in the near term, there is a need for transparency from IAHS on potential job losses and the need to help mitigate these workforce-related impacts.

As one of the largest employers in the state, the IAHS must commit to recruiting, retaining, and developing a strong, culturally and linguistically diverse workforce that meets the needs of its patients, while also playing a leadership role by helping catalyze broader workforce development supports for the next generation of Rhode Island’s healthcare workforce.

Equity and cultural competence must be a focus within any discussion of workforce. Not just for the IAHS, but across the state’s health care system, there is a need to have a workforce that is representative of the communities it serves. Over the longer term, the IAHS and the state can work closely to help understand and identify workforce needs, decisions that must rely on robust data collection.

Recommendations for approval of the merged health system

- The merged system will detail how it will make decisions around workforce impacts related to the merger.
 - › They must detail the size and location of any job reductions, none of which should be in healthcare delivery areas.
 - › They must also detail possible supports for employees who lose their jobs during the merger, including plans for retraining impacted employees.
- The merged system will set up and support a senior team focused on the full breadth of workforce development activities within the system.
 - › This team must report directly to executive leadership.

“I'm pretty confident I can't walk into any healthcare facility and run into somebody who looks like me and who understands my cultural experience. I think there's still work to do in that area”

-Community conversation participant

- The merged system will make specific commitments for increasing diversity and inclusion within its workforce, including the necessary supports to develop sustainable career paths and enhance representation across the continuum of its workforce.*
 - › This work must include a focus on increasing diversity at senior leadership levels.
 - › This work must include details on how academic partners, including but not limited to Brown University, will help create a workforce pipeline for the merged system that better reflects the Rhode Island community.

The [Robert Wood Johnson University Hospital](#) system has created a comprehensive workforce development approach. This includes programs to support hiring and retention of underrepresented minorities in leadership positions; and collection and review of diversity statistics, mentorship and pipeline programs, and supportive working groups.

- To help meet future workforce needs, the merged system must maintain relationships with other medical schools in addition to the Warren Alpert School of Medicine, as well as other institutions serving allied health professions.
- The merged system will explore how they can work in partnership with other stakeholders, including Rhode Island College, the University of Rhode Island, and the Community College of Rhode Island, to identify areas where targeted investment can help strengthen the pipeline and retention of nurses.

Recommendations for the IAHS, including Brown University

- The IAHS will work with the Department of Health to undertake an expanded assessment of the healthcare workforce to help drive workforce development strategies for the IAHS and the broader sector.
- The IAHS will collaborate with Department of Health and other stakeholders to explore how to strengthen existing healthcare professional attraction and retention programs.
- Given the need to align workforce with a shift to value-based care and focus on population health, the IAHS, and specifically the Warren Alpert School of Medicine, will prioritize growing the number of primary care, behavioral health, and family medicine providers, including ensuring those physicians reflect the broader Rhode Island community.

“There's also a huge shortage in providers of mental health care in Rhode Island. The people who are available get over utilized, and then they don't have capacity to continue to take care of people in that way...In my work, we connect people who speak Spanish with providers, and we try to find Spanish speakers who do mental health support, and there just aren't enough people”

-Focus group participant

Priority 7: Community Responsibility

If approved, the IAHS would be integral to the local social and economic fabric of the communities it serves and is located. Focus group and community conversation participants repeatedly noted that there is an opportunity and obligation for the IAHS to work more closely and more collaboratively with a range of stakeholders, including community health centers, community mental health centers, others community-based organizations, and residents, to make more direct investments in addressing the Social Determinants of Health. While the merged system has proposed direct community investment of \$10 million over three years, with a focus on addressing Social Determinants of Health, the committee felt that additional direct investment was needed.

There is also a level of civic accountability and responsibility associated with the leadership role related to an entity of this size, which will be a true “anchor” in Rhode Island and, particularly, in Providence. There are opportunities for shared value, where, through true partnership and collaboration, the system and broader community can create benefits for all. While community members acknowledged the potential economic impact through Brown’s role as part of the IAHS, they wanted more information on how increased “innovation” could impact Rhode Islanders more directly.

Recommendations for approval of the merged health system

- The merged system will increase its proposed direct investment. Additionally, Brown University will also commit to direct community investment.
 - › The committee's recommendation is for \$50 million: \$10 million per year for five years (inclusive of both the merged system at \$5 million and Brown University at \$5 million annually), with funds and a grant process that could be independently managed by the Rhode Island Foundation along with community advisory board input. This investment would remain focused on addressing the Social Determinants of Health.
 - › The merged system and Brown University must commit to ensuring that this community investment is in addition to existing Payments In Lieu of Taxes (PILOT).

Priorities and Recommendations

- The merged system will work with community partners to develop and implement an achievable strategy to direct institutional purchasing (both products and services) toward local businesses, with a goal of creating and sustaining contracting and procurement opportunities for Minority Business Enterprises (MBEs) and Women Owned Business Enterprises (WBEs).*
- The merged system will commit to using an equity lens when considering its underutilized real estate holdings, including but not limited to, opportunities for affordable and workforce housing that, among other populations, can help meet the needs of its own workforce.

Investments in affordable and workforce housing are increasing among health systems, The [Bon Secours](#) Baltimore Health System has invested in affordable housing in the greater Baltimore community; the [Nationwide Children’s Hospital](#) “Healthy Homes” program provides funding for renovation of affordable existing and new housing units; and the New Jersey Housing and Mortgage Finance Agency has a [housing partnership](#) with several local hospitals, including St. Joseph’s Health.

Recommendations for the IAHS, including Brown University

- The IAHS will identify specific strategies for how it will work towards developing a stronger culture of collaboration and partnership with the state’s public health system, community-based organizations, and residents in the communities it serves and is located.
 - › This work must include increasing its advocacy role for public investment focused on core Social Determinants of Health.
 - › This work must also include expanded partnership with the state’s Health Equity Zones.
- The IAHS will commit to a transparent planning process for future Community Benefit Agreements, which must include meaningful resident participation.

**“If we only take care of you when sick, we're not talking about,
‘Do you have safe healthy housing to go home to? Are you going
to have another asthma attack as soon as you get home?’”**

-Community conversation participant

Priority 8: Governance

Achieving the priorities and recommendations of this report will rely on the strength and responsiveness of the governance and leadership of the IAHS, both at the holding company and hospital board level. Bringing in additional community power and voice into existing and new governance structures is an important step towards building accountability. Having leadership who understand the issues and needs of their patients and the broader community will lead to better decisions about how to serve these individuals and groups.

Participants in the community conversations felt strongly that some type of external governing body or board that is representative of the community should provide oversight to ensure that the merged health system is able to effectively serve the needs of all Rhode Islanders.

Given all of this, it is important that the governance structure of the IAHS be representative of the community that it serves. Sufficient support for this broadened leadership is also important so that all members feel welcomed and essential, and are able to play a substantive role.

“I think when you're looking at who sits on the Board of Directors for these kinds of an organization, what's the representation? Is it reflective of many different diverse communities, of many different socioeconomic statuses, of many different areas throughout Rhode Island?”

-Focus group participant

Recommendations for approval of the merged health system

- The new governing body of the IAHS, presumably with representation from the two existing health systems and Brown University, must not appoint its Board of Directors and Board Chair solely out of the existing Boards of Directors, and the new Board and Board Chair appointment must be reconstituted within six months of IAHS approval.
 - › At least 20% percent of the new governing board must include representatives from the community oversight group detailed below.
 - › Best practice governance principles will require that the IAHS Board of Directors commit to conducting an annual assessment of leadership compensation, maintaining competitive compensation aligned with leadership in similarly sized healthcare systems.

Christus Health in Irving, Texas has worked to increase racial, ethnic, gender and age diversity in its leadership. These efforts include making leadership board diversity and inclusion goals in its organizational plan, monitoring diversity of the board, requiring that at least 33% of the candidates in a board member hiring pool are “diverse.”

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- A community oversight group consisting of ~25 members, broadly representative of the communities served by the system and appointed jointly by the Attorney General and Director of the Department of Health, will be created with a clear pathway from that group to the Board of Directors.
 - › The IAHS, in collaboration with community partners, must define and constitute a substantive role for this group that clarifies roles and responsibilities.
 - › Governance language around inclusion and equity must be clear, substantive, and mandated.
 - › There must be quarterly executive leadership meetings with the community advisory group.
 - › The IAHS must commit to financially support necessary staffing and training to ensure members can be successful in their community oversight role.
 - › The IAHS must commit to this structure for the first five years post-merger.
 - The new IAHS governing body will commence a national search as soon as possible to hire a new CEO for the merged system.

“I want to know, what's the plan for continuing to have a voice after it goes through? What does that look like for us? How can we then affect change if we see that this didn't go the way we were hoping it would go? What is our voice, at what level, and what kind of actual power do we have?”

-Focus group participant

Appendix

Focus Group Summary

Integrated Academic Healthcare System Focus Groups Report

30 August 2021

Presented by:

John Della Volpe
Founder and Chief Executive Officer



Overview

The objective of this research exercise was to provide qualitative context on the planned merger of Lifespan and Care New England and its subsequent affiliation with Brown University, with the aim of ensuring that Rhode Islanders' voices and perspectives are an integral part of the planning and implementation of the proposed integrated academic health system. In order to assist the Integrated Academic Healthcare System (IAHS) committee members and Rhode Island Foundation's work on developing a set of clear and actionable recommendations for the merger, we sought to investigate: 1) how Rhode Islanders view the quality of the health care system in the state and what they perceive to contribute to quality health care; 2) what Rhode Islanders view as priorities for, and the necessary responsibilities of, the proposed integrated academic health system; 3) recommendations for the use of proposed community investments and community oversight, improved access to care; and 4) how to promote transparency and increase community understanding and engagement around a new health care system.

We conducted N=6 focus groups (via Zoom) with N=65 active citizens in Rhode Island between July 28 and August 2, with one focus group in four designated geographic regions of the state: Northern Rhode Island (July 28), Warwick (July 28), Providence (Aug. 2) and Newport (Aug. 2). We also conducted one focus group with African Americans (July 29) and one focus group with Latinos/Latinos (July 29) living in cities and towns throughout the state. In each of the sessions, we focused on health care issues related to equity, cost, quality, access and civic leadership; more specifically, we sought to answer the following overarching questions:

- How has COVID-19 affected the health care of individuals, families and communities in Rhode Island? What long-term effects has the pandemic had on the health care system?
- In general, what would need to happen to make Rhode Island meet its fullest potential?
- What attributes or elements would be needed to make Rhode Island's health care system the best in the nation?
- What, if anything, have Rhode Islanders heard about the proposed merger? What are the perceptions and knowledge of each of the proposed merger partners (Lifespan, Care New England, Brown University)?
- What is the role of academic medical centers in general and in the state?
- What are the potential benefits and drawbacks of an integrated academic hospital system, and why?
- Specifically, how could a merger benefit individuals and communities? What do Rhode Islanders want from an integrated academic hospital system?

As the major themes and ten key findings below suggest, Rhode Islanders in our focus groups were seeking a health care system that is equitable, accessible, affordable and transparent. The proposed merger provides the Rhode Island Foundation and IAHS committee with a unique opportunity to cultivate relationships between the hospitals and the communities they serve and empower average citizens to become more active stakeholders in their state's health care system.

Please note that as always, these observations are based on qualitative, not quantitative research and are not necessarily projectible to a wider audience.

Major Themes

Throughout the course of the focus groups, we had conversations reflective of a diversity of perspectives across Rhode Island, with a focus on challenges presented by the current health care system and views toward the proposed merger. What follows is a summary of key findings from the qualitative sessions. Overall, we found these overarching themes:

- The Rhode Islanders in our focus groups were largely satisfied with the current state of their health care, with most participants citing more acute, personal issues like jobs and wages, housing, taxes, and transportation as more top of mind and urgent. Yet many participants said they had traveled to Boston for health care and viewed the Massachusetts hospital system – not Rhode Island – as best-in-class.
- While most participants rated health care in Rhode Island as “above average” or “average,” disparities emerged related to equity and access with many noting that wealthier, white communities enjoyed a more compassionate health care system with shorter waiting periods, better infrastructure (human and physical) and available resources. Many felt that the current health care system is already too complex and difficult to navigate – whether that meant finding a provider, how to get insurance coverage, or what is covered by Medicaid or Medicare – particularly for immigrants not fluent in English.
- Most Rhode Islanders in our focus groups were unaware of the proposed merger and did not know enough about it to be able to explain it to a friend or family member, but after learning about the merger, participants were largely skeptical. The word “monopoly” came up in every group as well as concerns related to lack of choice in providers, insurance coverage and where and how they would receive care. Participants were also concerned about rising prices and job losses. In addition, the fact that a similar merger had been tried and failed in the past exacerbated their skepticism.
- A primary barrier to support for a merger was a lack of confidence in Rhode Island’s leaders, both in the political and business communities. For example, participants’ concerns over the merger leading to increased out-of-pocket costs were not alleviated after learning that the Rhode Island Insurance Commissioner has oversight over proposed rates. They struggled to name any state or local leaders they could trust to advocate or work on their behalf.

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- While many struggled to imagine ways the average citizen could participate in the new health care system or how it would affect them personally, almost every group volunteered the idea of creating a citizen review board – or including citizens on the system’s board of directors – as the most effective way to ensure accountability and build trust with the community. However, the review board would need to meet regularly and be invested with real power to hold stakeholders accountable.
 - Issues related to transparency facilitated building trust and fostered a sense of accountability. Participants were eager to learn more about the merger and even a perceived lack of available information fed their cynicism. Many participants wanted to know what information would be made available to the public and when, and they suggested that holding frequent public briefings similar to those held by the governor during the pandemic would increase trust in the process. In addition, transparency around cost and fees was also a concern.
 - Medical facilities with more diverse providers and staff that are engaged in their communities were viewed as extremely important. This included LGBTQ representation as well as race and gender. Participants noted that better representation among staff and providers would not just make them feel more comfortable, but also that being treated by someone who understood them and their life experiences would improve health outcomes.
 - Despite acknowledging its many benefits to Rhode Island, the involvement of Brown University in the merger was polarizing because many participants strongly opposed Brown’s tax-exempt status and felt that Brown could do more to benefit the community. African Americans also expressed concerns with teaching hospitals. On the other hand, the idea of incentivizing Brown students to remain in Rhode Island after graduation with job opportunities at a new health care system was a major positive to many.
 - Especially after a year dealing with COVID-19, mental health and access to mental health services, including treatment for substance abuse was a priority in all focus groups. Indigenous participants noted that substance abuse issues were particularly acute in their communities. In Providence, participants suggested integrating mental health services into schools and adding mental health providers at community clinics.

Key Findings

1. **Most of the Rhode Islanders in our focus groups had not heard about the merger and did not know enough about it to be able to explain it to a friend or family member. The exception to this was the Providence group where some of the participants had heard about a proposed merger but still could not explain it in detail. A few participants could recall that Lifespan and Brown University were involved. However, in all focus groups and across all segments, after watching a short news clip announcing the merger and discussing terms like “merger” and “integrated health system,” the merger was largely viewed with skepticism.**

“Yeah, I was going to say, I think the concept is there. It seems to answer what a lot of us have been asking for: coordination and specialization and better community services.

I think where it falls down is, you know the idea of mergers and consolidations, bureaucracies, is going to take five more years, another five-year plan. And it never seems quite to get there and you end up with more management, more overhead than you had in the first place. And you're trying to de-duplicate services and you end up with six more layers of suits. That's my fear. ... Yeah, the idea of streamlining a system and throwing a university in the middle of it doesn't seem to match up. The universities are not very streamlined and efficient.” – White male, Northern Rhode Island

“The right hand doesn't know what the left hand is doing in Rhode Island. I highly doubt it would work. ... Rhode Island is always five steps behind Massachusetts. I have no faith in Rhode Island one bit.” – African American male, Providence

In particular, corruption was a recurrent theme expressed in each of the focus groups. There was little trust in political and business institutions in Rhode Island to hold the hospitals accountable or to have the best interests of patients in mind. When probed about who in the state they could trust, participants struggled to identify a person or group. And while many had identified Massachusetts' hospital systems as an example of “best in class health care,” they had no confidence that Rhode Island was capable of simulating its neighbor's success by building a similar system. One reason for this was a belief that other programs and institutions in the state were not well run or did not work as designed even when there were good intentions.

“White female, Northern Rhode Island: Like, when I lived in Cumberland, there was a big issue because the mayor, who is now the governor, was allowing his brother to develop anywhere and everywhere and bypassing a lot of what people were not happy about. I have a cousin who lived there and they were cutting trees down that they weren't supposed to cut. And I had another friend that bought in his development and they didn't even pave the street and the town did nothing..

Moderator: So do you think it affects everything, [Participant Name]? Basically from cutting trees down to like, if I'm cutting trees down to like on one thing to...Is there anything that is not affected by corruption in the state?

White female, Northern Rhode Island: I don't know.

Moderator: All right. You haven't figured it out yet?

White female, Northern Rhode Island: Not that I can think of."

"Moderator: [Participant Name] says his own people. [Participant Name], my own self, my own people. Are there any advocates out there that you trust to kind of work on your behalf to kind of, to kind of do some of this work for you?

African American female, Providence: I'm gonna say some non-profit agencies that's focused on what it is that your needs are.

Moderator: I want to name names.

African American male, Providence: They are few and far between in my personal opinion."

"Rhode Island – period – has just a long history of being very, very crooked and Raimondo herself, there's just something a little off ... I guess we'll just keep going to Boston if we get really sick." – White female, Newport

The fact that attempted mergers had failed in the past helped to fuel this cynicism. Many participants honed in on a minor detail in the news video clip mentioning that a merger had been tried and failed in Rhode Island multiple times previously. This led them to believe that a track record of failure in the past would either lead to failures in the future or that the companies involved in the merger were "hiding" something from the public this time around.

"Yeah, I'm still trying to figure out I just don't know the reasoning behind why it failed three times and that's kind of the big thing for me, I think overall, if it's something that benefits patients and Rhode Island as a whole, a hundred percent I'm for it, but it's just kind of interesting to hear why it failed three times." – Asian American male, Northern Rhode Island

“No, I agree. I think somebody, I'm sorry, guys. I don't remember who it was, but I liked the idea that one part about it that I do, like is bringing Brown into it, so Brown with one of those big health care corporations, I would be a 100% on board with that. But these two companies have been trying to merge this entire time. And I think now bringing Brown into it is the piece that feels a little manipulative to me. How are we going to sell this to the Rhode Island people? Oh, I know we're going to bring Brown in. And they're going to think they're going to have all of these fresh young ideas with these Brown medical students. That's how we're going to get them excited. It feels a little manipulative and it feels like these companies finally figured out how to get us on board with something that they had been wanting to do to financially benefit themselves. I don't think the introduction of Brown tells us how it's really benefiting us. I think it's the piece that makes it sound good.” – Multi-racial female, Newport

Another commonly cited concern participants had with the merger was that the new integrated health system would mean a loss of individual choice in health care. The word “monopoly” came up in nearly all of the focus groups. And because most participants were satisfied with their health care, envisioning a new system where providers and insurance could be excluded or the amount of options available were limited was concerning to them. Among other specific concerns mentioned were rising costs due to a lack of competition and potential job cuts.

“Having one entity sort of dominate any field is kind of scary. Not having different options to go to because then you think, well, if they're all merging, are they going to be accepting all kinds of insurance? If you have a doctor that may not be in that system.

What happens? Like what, you know, it's scary when a lot of options, different options disappear.” – White male, Warwick

“Everybody listen to the big picture of the three hospitals, but nobody listen to the junior people, to the people that work over there, because it was only a statement. Nobody interviewed those people to see it's true or no, why those be shocked. They were always going to say, ‘Yes, it's going to be better.’ You know what I mean? But remember, it's going to be a monopoly. They can put all the prices they want by one, nobody can say, ‘No, it's not.’ This is America. We need to have another option. This is America. We don't permit monopoly here. That's the one thing. The second thing, maybe in the long shot, it's going to be more jobs, but in the near shot it's not going to be more jobs. They're going to eliminate jobs. I've seen that all the time. Look at Memorial Hospital what's happening. They cross Memorial Hospital. A lot of people, they're out of a job. We are... You know what I mean? That's what I think.” – Latino male, Providence

“I think that I didn't hear anything in that video about creating jobs. So it just said that they employ over 23,000 people, but we don't know how many people those two hospitals employ now, the two hospitals and the medical schools. So I also didn't like the fact that there was a union representative quoted saying like, ‘We're unsure about this.’ I don't think that health care is something that belongs in the free market at all. I think that health care should be a basic human right. But seeing that, that is probably not going to happen in my lifetime at least. I do not like the idea of having fewer choices when it comes to accessing health care.” – Latino female, Providence

“So these are two companies that are already having financial difficulties, and they are going to merge, and they are going to, as they increase and make everything better now that they are merging, and they are going to attract new doctors and better doctors, that is going to be an increased cost because now you have more expensive doctors coming. I see a lot of expenses rising with that, especially if they're saying they're not trying to get rid of jobs and they're saying, they're not trying, they're going to create more jobs somehow. I'm seeing a lot more expenses with the same amount of revenue, because unless you start raising costs, and if they start raising costs to insurance companies, then insurance companies are going to start raising customer's premiums for them. And so the money's going to come from somebody somehow. And we know insurance companies are not just going to eat that. So at some point, there is a concern that you're going to see increased costs.” – Indigenous female, Newport

- 2. The Rhode Islanders in our focus groups were largely satisfied with the overall state of their health care, with most rating it as “above average” or “average.” The predominant concern across the groups related to health care were rising prices. When asked what would make health care in Rhode Island “best in class,” most responses revolved around affordability and increasing out-of-pocket costs, which participants viewed as driven primarily by insurance companies and corporate greed. However, many participants – especially in Providence – complained about long waiting times at hospitals and urgent care clinics. Others mentioned having problems finding specialists, and the need to travel to Boston when a more serious illness occurs.**

“I just want to say, I have had some excellent health care in Rhode Island, and even when people had sent me up to Boston, they were like, ‘Wow, your doctors and Rhode Island are amazing.’ I think sometimes the opinion of it, because we're right next to Boston, because we're next to one of the central places for health care in the country. If you think average, I think compared to a lot of the country, we are well above average. And just from knowing people who've traveled and moved to other

places say, 'Oh, I missed the doctors and the health care I had in Rhode Island.'" – White female, Northern Rhode Island

"Yeah, and I think there are a lot of teaching schools too, up in the Massachusetts area, like in the Boston area and in other parts of the state. But just to kind of go over, I think one of the challenges in health care, and I think [Participant Name] alluded to it is speed of service, right? So if you have cancer, you can't wait for this cancer to metastasize inside of your body and to a point where you can... So, speed is... I can do without empathy, as long as you're servicing me to keep me healthy. But I do get, you want compassion, you want empathy, but at the same time, more so than anything else I want to survive." – White male, Providence

"I think one other issue that we have, I know a lot of people who deal with state insurance because they're low income. And just being able to get into a doctor is like super hard and takes a very long time because all the community health centers are like overbooked at all times. Sometimes you call and they don't accept new patients so they'll try and send you to another one that's all the way across town. And it's very hard to get referrals to specialists." – Indigenous female, Providence

"Sometimes you have to wait months to see a specialist, and that is so not right, especially if you have something really wrong and you're in pain on a consistent basis." – White female, Warwick

- 3. While most were content with the current state of their personal health care, disparities related to equity and access still exist. Many participants said improvements in human infrastructure and increased staffing at medical facilities would benefit their communities. Specifically, when asked how to best address disparities within the system, ensuring that medical facilities hire more diverse staff and providers that are representative of their communities was viewed as extremely important. Diversity by race as well as having LGBTQ providers was believed to be crucial to receiving compassionate, quality care. For example, one participant in Providence noted that she had to travel to Boston to find an LGBTQ provider, saying "I couldn't find an LGBT doctor in Rhode Island until very recently."**

Moreover, customer service, compassion and empathy were emphasized as currently missing for some people in Rhode Island's health care system. There was an overall sentiment – particularly in the Providence, Newport, Latino and African American groups – that higher income, white neighborhoods received better treatment at hospitals and clinics. Some participants noted that additional barriers exist, including a "divide" between those covered by private insurance versus public programs like Medicare and Medicaid. This point led some to

question who would benefit most from the merger.

“I know personally that the hospitals, it happens to be that white people live there, but the richer sections have a way better health system. You get seen quick. They have experts there that talk to you. You get treated luxury. If you go to the ghetto or the hood, it's going to be a 12-hour wait. They're going to send you home unless it's an emergency, unless you got a hole in you. And you're going to get sent home. And they're just going to tell you no, unless you happen to be on Medicare or Medicaid and they can get some money. That's the truth.” – Latino male, Providence

“I would just say compassion in customer service. You shouldn't have to jump through hoops to speak to a representative. If someone's sick, just a perfect example, I fractured my wrist and it took three days for an ortho doctor to call me in, to get me in two days later. And I fractured my wrist in three places. If I was in Mass or probably another state, I wouldn't have to wait five days for care. And that's with insurance. I just feel like, in the state of Rhode Island, a lot of people are overworked and underpaid, so they lack empathy. So they don't care.” – African American female, Providence

“Who can benefit from this the most? ... Is it geared towards the more needy community or is it geared toward the higher money making community? ... I would say like whoever said the comment, it sounds good on paper. It sounds good, but are we going to actually be able to benefit from it? I also need people in my community and a lot of us here didn't even understand what the academic portion of it was. I need that dumbed down a little more for people in my community so they even feel comfortable going to these places.” – African American male, Providence

“Asian American female, Providence: I wanted to add that I think there's a divide between somebody getting covered privately versus those who are getting covered by Medicaid and having to go to these health centers. For example, in my office, I work in a nonprofit, but we have a really good health plan and I'm actually getting really great service. I said average instead of above average because I see what I go through, but then I also see what the clients that I work with go through. Because we see clients that have to go to doctors. So I've actually been receiving really good care for some stuff that I have been going through myself. But I think part of that is mostly because I'm proactively looking, I'm telling what the doctors what I need and my insurance covers a lot. But then there's a lot of people who don't have that luxury, that they are not getting appointments, they are not understanding what they are going through because we work with people who speak second languages and English is not their first language and that's been a problem interpreting services. They're going to doctors and not knowing exactly what they're told. So that's a problem. So there's a big divide, I feel between what certain coverages... And I think also as a consumer, people don't know what they're covered. I had to go and learn. what's my deductible,

what's my co-pay, what's my max, and what's covered, what isn't. But I'm educated enough to find that out ahead of time and imagine all the thousands of people who don't know and then they get bills and then they don't know what to do or what to go from that.

Moderator: ...Who should be responsible for making the health care system more accessible to these communities that you're talking... Are you talking about immigrant communities in particular or the poor generally? I'm just curious.

Asian American female, Providence: I think immigrants and the poor, I think. Who's responsible? ... There are services out there, there are agencies out there can help you through that. But I don't think a lot of people know and people are alone and pandemic made it worse. Because they're isolated."

In the African American focus group, many felt that they sometimes were treated differently than whites at the doctor's office. This sentiment seemed to have been exacerbated by their experience during the pandemic.

"African American male, Providence: I always, always felt like we're being left behind.

Moderator: Okay. What's making you say that [Participant's Name], what's making you say that? How do you know that?

African American male, Providence: Well, this within COVID cases, actually, they were focusing on the white Caucasians. And then when it came to the African Americans, there was not much of a push for them to get the vaccination. They were only focusing on one certain kind of background, ethnicity, nationality, whatever you want to call it. But unfortunately those African Americans, yes, in South Rhode Island, were pretty much left for themselves, to fend for themselves."

- 4. Participants in all of the focus groups struggled to imagine ways that average citizens could have their voices heard as the new merged system makes decisions about their health care. It was also difficult for them to articulate what more they would want from their health care system even when repeatedly asked by the moderator.**

"Moderator: [Participant Name], what questions would you ask? What demands would you have, for you or the people you care about?

African American female, Providence: I mean, I wouldn't really have any demands, but I guess, I've had the same primary care doctor since I was 21 and I'm in my thirties now. So I would want to know if these doctors have contracts that are carrying over, if I'm going to have the same primary care, if they're like, if certain

staple primary care physicians are going to go with this merge as well, or...

Moderator: Basically, could you keep your doctor, right?

African American female, Providence: Yeah.”

“Indigenous female, Newport: I guess my question is, you keep saying that we're being given a voice, that we will have a voice. I want to know, what's the plan for continuing to have a voice after it goes through? What does that look like for us? How can we then affect change if we see that this didn't go the way we were hoping it would go? What is our voice, at what level, and what kind of actual power do we have?

Moderator: What would you like? What would you like your voice to be?

Indigenous female, Newport: Well, I think when you're looking at who sits on the Board of Directors for these kinds of an organization, what's the representation? Is it reflective of many different diverse communities, of many different socioeconomic status, of many different areas throughout Rhode Island? Not just Providence specific, which tends to usually be the case. So are they actually choosing people that are going to be looking to— all of these concerns that we're raising with you, that they agree, those concerns in that they'll stick to those standards, that's the information they're going to get back, and holding them to that. And therefore, what changes in administration at the hospital, if it's not going well, so that it's being run by different people. I mean, what does that mean?”

“Honestly, the thing I was just thinking about, and then I'll probably think about all night is I'm not quite sure where this is going to go. Like we've taken, we gave you this, all this information, I'm not sure who you compile it and where it goes from here. So I think everybody had some really great ideas that could improve some things in the healthcare system. But I just don't know if these are going to kind of go poof in the wind.” – White male, Warwick

“Moderator: Is it possible for folks in Rhode Island, like you, to create a system and hold these companies accountable, do you think?

Multiracial female, Newport: I'd like to believe that there is. I just am of the mindset that the company has the money, and therefore, they have the power. So I'm not sure how much they care about our opinion versus money to be made.

Moderator: Okay, Anything else?

Indigenous female, Newport: I don't think there's a way to hold them accountable because I think once a merger like this goes through you can't undo it. And then

it becomes all about making us accept it somehow. And that is the fear with going forward with something like this, once it's done, it's pretty much a done deal.”

- 5. Culturally relevant community outreach, increased public education, and better access to transportation is needed particularly in underserved neighborhoods and populations. Several participants noted that immigrant communities – especially undocumented immigrants – often faced hurdles within the health care system such as a lack of available translators, intimidation and fear of deportation. Some noted that they knew individuals who got sicker because they may not have seen a doctor or had access to medical treatment when they needed it.**

“I feel like dealing with the beast of insurance and health care, it's like a giant tangled spiderweb. It's easy to get lost in it. It's easy to get confused, especially if nobody has ever taught you how to deal with navigating those certain areas, especially coming from groups like if you're Laos or if you're Cambodian. I don't see it too many people of Laos. I'm Laos. I don't see too many of them working in those kinds of areas. So if you're someone who doesn't really speak English and you're trying to get help at, like a hospital and you can't find an interpreter then it's going to be tough. ... Maybe having more outreach towards the community. At certain events, where we'll have a Laos New Year, we'll celebrate the new year. We can have more people from the leadership to come out and see and learn more about the culture. Just try to build that connection, right?” – Asian American male, Providence

“I don't necessarily think that there's a racial, what's the word I'm looking for, like in favor of certain people. But I do believe that there is a lot of intimidation that comes with, for example, people that I know, family members that I know that are undocumented and have severe illnesses are scared to go to a hospital. Given a lot of the situations that have happened during the last few years, they rather die at home and not seek any type of help because they're intimidated or don't have the resources, or are just simply scared to go get the help that everybody should have, regardless of where you're coming, your status, if you're employed, if you're not employed. So I think it comes down to just really a lot of people just not wanting to, because they can't and they're afraid and they're intimidated ... Because now there's jokes on social media about ICE being called on them. There's been situations that ICE has been waiting in urgent cares and clinics where you wouldn't think they would go. All because people are there and they're undocumented. And they're thinking that they're doing the right thing by getting their help they need so that they can go to work the next day and provide for their kids and their family. ... I think it all comes down to reassurance and just given, regardless of their status, that reassurance that if you go to a hospital, for whatever reason, it could be a fever, a cough, you will get

that attention you'll need. You will be the same respected as anybody else. And your status has nothing to do with it. You are there for the simple reason of what you need at that moment.” – Latino female, Providence

Native Americans were also more likely to raise concerns about access to care and information, and specifically noted the lack of transportation to hospitals and physical infrastructure in their communities.

“I think transportation is a big issue for that even more so than having access to health care. The health side is better than the mental health side, as far as services to Indian Health service, but having access because a lot of your specialists, a lot of your doctors,

where you go for dialysis, all of those things are not close and it's a lot of transportation to get there. And a lot of people just don't have that kind of transportation. And the health center is only able to provide so much. So that's where public transportation would be extremely helpful.” – Indigenous female, Newport

- 6. In all of the focus groups, issues related to transparency and integration facilitated building trust in the health care system and fostered a sense of accountability. A perceived lack of information available to the public about the merger such as who was supporting it, why it was happening at this moment – as one participant said, “the who, what, where, when, why” – caused many participants to become suspicious. While one participant suggested that the state provide frequent updates on the progress of the merger similar to what the Governor did during the pandemic, many others agreed that town halls with stakeholders answering questions from the community would help alleviate concerns.**

“It sounds like the stadium deal. It sounds like 38 studios. It's just, everything is so quiet. Hush, hush. We never get, you got to pass the bill to find out what's in it right around here.” – White female, Newport x

“Yeah, I think one thing would be to have all the records public. I mean, I could look at them, not mean anything, but you could have somebody for Providence Journal can just go there or just some concerned citizen that, that kind of knows how everything works. We'll go in there and say, this is what's on the level, this isn't. And then they could call them out for it.” – White male, Warwick

“Yeah, I was going to say, I think the concept is there. It seems to answer what a lot of us have been asking for: coordination and specialization and better community services. I think where it falls down is– you know the idea of mergers and

Appendix: Focus Group Summary

consolidations, bureaucracies, is going to take five more years, another five-year plan. And it never seems quite to get there and you end up with more management, more overhead than you had in the first place. And you're trying to de-duplicate services and you end up with six more layers of suits. That's my fear." – Latino male, Northern Rhode Island

Participants did acknowledge some potential benefits of an integrated hospital system, including streamlined e-records, improved access to personal health care information, and better communication and coordinated care among providers and hospitals.

"I think it's more of the motivation, right? I think that's kind of the underlying thing of this. Well, what is the motivation? ... Because I think if you hear that they've tried to do this multiple times, was that because they didn't have the right interests of the state of Rhode

Islanders, Rhode Islanders, in mind, because the thing of it is, right? I mean, I think what will help people? Cause I'm still undecided. ... I see the benefits, right? The benefits that I see are better coordination of care, right? You've got better transfer of care. ... Having your health care history, like family history and interactions lead to better decision-making right? On behalf of the providers. But with Brown University, we could be in the forefront of medical research and Rhode Islanders would have the ability to be a part of it. Right? Which would be really cool. You know, we also have doctor shortages, right? So neurologists, and dermatologists, at the end of the day though, unless they're making the right decisions in terms of how they're going to set this up.

Right? And they're communicating them properly. I mean, this honestly, anything that I've heard so far tells me nothing about whether or not this will actually be any good. ... And one of the things I think that they really need to communicate is: I don't care so much about this big a monopoly really, but the concern for me is that, well, what's the insurance network situation going to look like?" – White female, Northern Rhode Island

"Portuguese female, Warwick: I think one good thing, and someone also wrote... I wrote good and bad. But somebody else also wrote... Just being able to know a patient's information, health care history, to be able to go to different doctors or different hospitals, and having that information available in their system is, I think, beneficial, especially if there's an accident and the patient goes on there and nobody knows them and nobody's with them. As far as bad, I do feel like it'd be a little bit chaotic, but the good part, I think, is definitely knowing the patient better.

Moderator: Knowing the patient better, integrated information systems that offer records of all sorts of things. Right?

Portuguese female, Warwick: Yeah. I always go into translate for most of my family members when they go to the doctors or hospitals. So, anytime that I see that they... Yesterday, I went with my mother-in-law to a doctor, a specialist. He had the notes from her primary care in his system because they're in the same community of doctors. It was nice that he was able to read all that instead of me having to reiterate it again and again. It made us feel a lot more comfortable that he had the doctor's notes.

Moderator: Okay. That's good. That's good. What do you mean by chaotic, before I go to someone else?

Portuguese female, Warwick: I don't know. I just... Merging always scares me. I think just seeing it done in the business world or with schools. Just the whole word merging to me always sounds a little unorganized and chaotic at first and then hopefully, things get better.”

- 7. The creation of a citizen review board – volunteered by participants in most every group– or inclusion of citizens on the hospital system’s board of directors were viewed as the most effective ways to ensure accountability, build trust with the community and foster transparency around the merger. While particular visions varied, some version of a citizen review board was suggested in every group. Importantly, participants stressed that this type of citizen engagement must occur with regularity, such as monthly meetings, and be entrusted with real influence and oversight of the merger and new system.**

“I think part of it would be to not just have a healthcare commissioner and have a board of citizens as the commission, instead of just an individual appointed by the governor, which is typically what the commissioners are for X amount of years. They're doing a political favor to get that job in most cases anyway. And that's how they get appointed to those positions. So set up a board of citizens, actual people. ... Who better than people that, that are there and work in the community? I don't want an overseer who, who lives somewhere else and doesn't worry about insurance because he's got a great plan from the state overseeing how they're going to administer a plan for the regular people that, that just doesn't work...” – Latino male, Providence

“Indigenous female, Providence: Maybe a better idea than just having one or two people on a board of directors would be establishing sort of a committee of different community members all over the state and the city and the state to try and to be able to be solicited for input and feedback along the way.

Moderator: Like [Participant Name] and [Participant Name] are dealing with some of the underserved and underprivileged and vulnerable communities. I think it's important for them to have their voice. [Participant Name] and [Participant Name], I'm not saying you represent LGBTQ community, but I think you both made

a convincing case that we want to make sure that that particular community is represented, et cetera, et cetera, et cetera. And I guess what I'm saying is, here's an opportunity for anyone who thinks there should be a community input, I'm kind of giving you that now to offer up your ideas for ways to institutionalize community input. So the negatives that you talked about so thoughtfully, potential reduction in jobs, potential increase of prices, less access, a difficult transition period, I'm trying to mitigate against those things. How do we manage that a system so that there's actually some... that is potentially a new organization, has responsibility to report back to the community members. That's what I'm asking.

Asian American female, Providence: ...My input on that is that there definitely needs to be community input. If community members, I think there should be at least one or two because the number of a board of directors for an organization that big should be at least 15 to 20 and wanting two community members is not going to sway votes here or there, but at the least they should do a community outreach meeting or a town hall.

Cause right now we've just seen things from you through the news. And I watched the local news, but I think that they could do a press release, get out into the community and do a town hall meeting and open discussions to see what they should address and what should they should be aware about. And like you said, yes, over 30 years that's been a big, big change and the community that they're serving and so they need to know that they need to see that and the need to include the input of the community members.

Moderator: That's good. So, the town halls, how often should they be held?

Asian American female, Providence: I think at least leading up to the merger or, let's not even say that we're part of the vote, but I want say once a month or every two, every couple of weeks to offer that there would be one but advanced notice of the meetings, letting people know ahead of time.”

“I just want to say the most important thing that [Participant Name] said was that it's an empowered review board. You don't want a bunch of people that are going to sit up there and say, no, this isn't good. They have to have the power to enforce what they need, what they see as necessary. Without that power, it's just lame ducks.” – White female, Warwick

“Asian American female, Providence: My input on that is that there definitely needs to be community input. If community members, I think there should be at least one or two because the number of a board of directors for an organization that big should

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Moderator: So a lot of town halls before the merger. After the merger, what's a reasonable number of town halls to have in a place like Rhode Island? There were 39 cities and towns. It's a small state but does take a long time to go from Westerly to Pawtucket or whatever. How many is a reasonable number of town halls to have?

Asian American female, Providence: Two times a month. I feel like every month, the first year that they do merge, if it does go through, I think that's the least to ask for.”

- 8. Better integrating mental health care and access to mental health services, including treatment for substance abuse, was a priority in all groups. In particular, participants were interested in investments targeted towards hiring more community providers with experience in mental health issues, especially in local schools. More Spanish-speaking mental health providers was mentioned as a priority in two of the groups.**

“I think mental health care and addiction and substance abuse services. That's not just native people, but that's across Rhode Island for all individuals, very limited. Safe houses, dry houses is very limited and there's long waiting lists. And so on top of just needing those services in general, for everybody, for indigenous people, we have an even more difficult time accessing those and having the funding to cover it because even for Indian Health services, those can be really expensive services that Indian Health can not afford to cover all of. So it limits where we can send people and for how long, so not having enough and not having access.” – Indigenous female, Newport

“I think we could use a lot more community providers inside of schools. Parents are busy and there's a lot of mental health issues as well too. Medicine isn't all just about the body. It's also about the mind and providing a lot more.” – White male, Northern Rhode Island

“Can I add one more thing while we're here? Mental health. There is not enough mental health services in our healthcare system. Not professionals, not time, not coverage for... I work at a middle school, so I'm going to tell you for adolescents, for young adults, or even adults. We need more mental health services in this state.” – White female, Warwick

“On this note of mental health... I love the enthusiasm for getting information out there, but there's also a huge shortage in providers of mental health care in Rhode Island. So, it's the people that do get known get over utilized, and then they don't have capacity to continue to take care of people in that way. So, I'm thinking a lot about in my work, we connect people who speak Spanish with providers, and we try to find Spanish speakers who do mental health support. And, there just aren't enough people who are registered in Rhode Island and speak Spanish, because you have to have a counselor who got their degree in Rhode Island, and is qualified in Rhode Island. And, Rhode Island is the smallest, one of the smallest states. Right. And so, all of those providers who we could, theoretically in a virtual world plug into in other parts of the country, we can't. And, I know there is a policy that they're trying to get passed to allow providers to practice in Rhode Island who are from outside of state.” – Indigenous female, Warwick

“I thought that was really interesting that one of the first things you read was addressing health equalities specifically around racial disparities. I am not saying hospitals and health care systems don't have a role in that, but that's typically done on the prevention side and with things like stable housing and addressing mental health. So just would love to know more specifics on how they intend to address health disparities through the merger.” – Latino female, Providence

9. The terms “academic health system” and “teaching hospital” were viewed positively in all groups with the exception of the African American group.

“It would be good because you would be teaching and learning at the same time, new techniques with the technology and the way healthcare is advancing, it would be able to do everything in one environment.” – White female, Warwick

“I think it actually, if we tie back into talking about the better quality of care in Boston, I think that a lot of that has to do with the fact that they are so university and education driven. So they're on top of new techniques and new developments and are teaching what's being done now and then translating it directly into practice. So I think we would benefit from that. I think it would improve overall the quality of care.” White female, Providence

“Well, it's not so much a question as I think there's parts of it that I really like. I really liked the idea of them becoming more of a teaching hospital and more, working with Brown, I think we lose a lot of med students out of the state because we don't have that kind of relationship.” – Indigenous female, Northern Rhode Island

In contrast, half of the African American group said they “wouldn't feel comfortable” going to a teaching hospital either out of fear of being mistreated and taken advantage of because of their race, or due to the inexperience of students working there. Vaccine hesitancy was also acute in this group.

“I will say qualifications, and also the fact that from history, how we've always been tested, the blacks, in different countries, used as the test for certain vaccines and all of these things. It's just one of those uncomfortable things.” – African American female, Providence

“I just think this is not for me. I mean, due to my health issue wise, I just think that it's not going to be, I'm not going to feel comfortable going there. Yeah.” – African American female, Providence

“When it comes to the way it's affecting society in the long term, I saw firsthand what I think is already built into the system. I think it's going to like blow up and become very evident, the injustices that people of color, especially that we're already experiencing. For instance, I was doing COVID testing statewide in Massachusetts for Fallon Ambulance. Sometimes I could volunteer to go to Gillette Stadium to make extra hours, extra money. At one point they were bringing me in with a couple of other people just to sign up poor people, you might as well just say poor people in the Boston area for only the Johnson & Johnson vaccine. And when I noticed that I had first-hand access to the vaccine and it was Moderna, that was a blessing to me. I saw that as being a blessing because of the fact that I was training to become a first responder, they were giving me access to the Moderna vaccine and I jumped right on it. But if I was that blessed to get it, why is it that they're bringing me in here to sign up people who are not even present for only the Johnson & Johnson vaccine? And I made phone calls to my family members, my loved ones and let them know, ‘Okay, why is it that there's nothing but Caucasians coming into this huge stadium, this massive stadium to get vaccine with Moderna, but I'm here to sign up people on the computer for only Johnson & Johnson and they're only residents of metropolitan Boston.’” – African American female, Providence

10. Despite acknowledging its many benefits to Rhode Island, the involvement of Brown in the merger was polarizing. Some participants thought that Brown's participation in the merger brought credibility noting Brown medical school's national reputation, higher standards of quality and focus on research and innovation. For others, mentioning Brown evoked anger around the school's tax exemption, and they felt that Brown was not contributing as much to the community as it could be.

"It's something that sits a little disingenuous with me if they're investing in the community yet they haven't paid taxes or they just started. Didn't Brown just start paying taxes? And they haven't paid taxes for so long. So if they're really invested in the community, why didn't they pay taxes and then help the education system, if that's what they're really interested in doing? The local education system, I'd say." – White male, Northern Rhode Island

"I've done more research into the universities than the hospitals, but, I mean, at least to just take Brown by itself, they're like, is it the second largest employer in the city? The sixth largest employer in the state. There is this idea that they're like, well, we're the poor Ivy and they own half the East Side! And I'm not talking about, like classrooms, I'm talking houses, they own half of Thayer Street and they're not paying the taxes they should on it." – White female, Providence

"I think it actually, if we tie back into talking about the better quality of care in Boston, I think that a lot of that has to do with the fact that they are so university and education driven. So they're on top of new techniques and new developments and are teaching what's being done now and then translating it directly into practice. So I think we would benefit from that. I think it would improve, overall, the quality of care." – Indigenous female, Providence

"I was actually going to say that because five years ago I had a heart attack and a lot of the doctors I worked with were from Brown University and I just thought they were terrific. And so I think that is a positive thing. I think Brown University has a very good medical school." – Asian American male, Newport

A "brain drain" of Brown students leaving Rhode Island after graduation was a common theme and many hoped that a large academic health system with Brown could attract and retain more specialists and talent to Rhode Island. Many also hoped that a merger could provide an incentive for not just medical students to stay, but also graduates in a variety of fields who could be recruited to work in the hospital system. Some participants suggested that specific incentives should be provided for Brown graduates to stay and work in Rhode Island.

“Moderator: Obviously Brown attracts, this is not going to be a focus group on Brown. Okay. But I assume Brown does attract investments and other economic benefits and cultural benefits.

White male, Providence: I'm not entirely sure that it attracts. It attracts students, but when those students graduate, do they stay in Providence? They don't. They leave.

Asian American male, Providence: They don't stay. They leave.”

“I mean, I think it's a good opportunity for a business in Rhode Island to, maybe it creates more jobs to keep these kids that go to Brown in-state with the job after, instead of them leaving, it can be enticing for them to stay if it can create some jobs.”

– White male, Providence

Community Conversations Summary

Rhode Island Foundation: Hospital Merger Conversations Report

Project Summary

In order to gain additional community input and insight on the Lifespan/Care New England Hospital Merger, the Foundation partnered with Health System Merger Community Input Committee members and Cortico/Local Voices Network (LVN) to host facilitated conversations in small groups, discussing the proposed Integrated Academic Health System and generating feedback for the committee to consider. The Foundation used Cortico/LVN's conversation process, data capture, and analysis to support a deeper community input process on the merger.

The forums took place between September 20th - October 11th, beginning with a 2.5 hour facilitator orientation that introduced Committee facilitators to the LVN facilitation process and conversation guide and gave them the experience of participating in a demo conversation that also became a recorded part of the input.

Conversation facilitators asked questions connected to the following topics:

- Personal experience connected to hospitals
- Hopes and concerns for the upcoming merger in RI
- Vision for a successful merger
- Questions and takeaways for hospital administrators and other state decision-makers

Conversation Numbers & Topic Insights:

83 unique community voices

13 community conversations

8 partner conversations included leadership, community members, and other stakeholders from the following organizations:

Eastern Indigenous Research Group (5 conversations)

Center for Southeast Asians (1 conversation)

HousingWorks RI (1 conversation)

Northern RI Chamber of Commerce (1 conversation)

RI Organizing Project (1 conversation)

Protect Our Healthcare Coalition RI (1 conversation)

RI Hispanic Chamber of Commerce (1 conversation)

Cross-partner Facilitators (2 conversations, at orientation)

Thematic Highlight Digest:

Generally, conversation content focused on 8 primary topics: (1) equity, (2) access, (3) cost, (4) quality, (5) workforce, (6) community responsibility, (7) governance, and (8) oversight, each topic including:

Concerns regarding the proposed merger

Questions for those involved in the decision making process

Recommendations for a successful merger

Personal experiences and stories that inform the above

Appendix: Community Conversations Summary

The highlight digest below includes top level cross-conversation takeaways by topic and a sampling of moments that demonstrate these takeaways within conversation context. Topics below are organized with the general frequency in which they were brought up, with most mentions of keywords connected to equity and least connected to governance.

Please note: The Eastern Indigenous Research Group collected five conversations with all other partners collecting one conversation each. Additional conversations across other partner-represented demographics should be collected to more deeply understand how these topics resonate with the broader community. For the below, we took a cross-conversation approach and did not find any significant differences brought up between partner groups.

Equity

Community members across all conversations expressed a need to prioritize equity in the proposed merger. In general, people expressed the need for outreach and education specifically targeted towards underserved communities, a greater emphasis on culturally-informed healthcare, and direct community investment.

Concerns:

- A community member voices concerns about lack of cultural sensitivity towards Native American communities.
- A community member expressed a concern regarding equity as it relates to language barriers and the need for translation services across all healthcare facilities.

Questions:

A community member poses a question about how the merged system intends to provide culturally-informed care for historically underserved communities, specifically Native American communities.

Recommendations:

- A community member recommends an emphasis on community education as a tool for increasing equity in the healthcare system.

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- A community member recommends targeted sensitivity training and staff diversification throughout the system.

Personal Experiences & Stories:

- A community member shared a story about implicit bias in the healthcare system, specifically as it relates to people experiencing homelessness.
- A community member talks about a healthcare experience that illustrates the need for greater cultural awareness among healthcare providers.

Access

The most consistent themes from the community were concerns over changes in access to their preferred providers and the need for additional community healthcare programs to reach communities that currently tend to fall into the gaps.

Concerns:

A community member voices a concern about the lack of community healthcare outreach from professionals for people who are elderly, high-risk, and/or living with a disability.

Questions:

A community member questions whether a merger would increase the number of providers accessible to community members.

Recommendations:

A community member recommends increased community outreach and members of Native American communities.

Personal Experiences & Stories:

A community member tells a story illustrating the need to address healthcare access issues for people in affordable housing with transportation barriers.

Workforce

Community members across several groups voiced concern over potential staff cuts in a state with already high rates of healthcare staff turnover. Members surfaced the need for investment in these job sectors, especially in the field of nursing.

Concerns:

- A community member expresses concern over staff cuts and potential shortages.
- A community member surfaces a concern about staff retention due to negative work environments and the potential for higher earnings elsewhere.
- A community member also mentions high staff turnover due to non-competitive pay in the state.
- A community member talks about people who work multiple positions who will be negatively impacted by the proposed merger.

Recommendations:

- A community member discusses a recommendation for greater investment in careers of healthcare workers.
- A community member recommends a targeted investment in nursing infrastructure.

Personal Experiences & Stories:

A community member echoes concerns about staffing with a personal story of her experience with healthcare in short-staffed facilities.

Cost

The most prevalent themes among community members were existing concerns with high healthcare costs and increased concern over potential increases in those costs after the proposed merger.

Concerns:

- A community member talks about concerns over the rising cost of healthcare specifically in Rhode Island compared to other states.
- A community member expresses concern over the hospital system's increased control over the market and power to inflate prices with insurance companies after a merger.

Questions:

A community member echoes this concern by asking about price-setting under a more centralized hospital structure.

Recommendations:

A community member recommends a price model based on healthy outcomes to drive down cost and promote better community health.

Personal Experiences & Stories:

A community member talks about a personal experience with a drastic price increase in inhalers and relates it to concerns about price control under a merged system.

Quality

The most common theme arising in discussions of quality of healthcare services is growing concern over whether quality will be sacrificed in favor of increased profits or power. Community members also discussed the correlation between quality of care and personal income.

Concerns:

A community member inquires whether the consolidation of the systems will negatively impact the quality of care offered to the community.

Appendix: Community Conversations Summary

Questions:

- A community member asks whether the proposed merger prioritizes increased profits or increased quality of care.
- In a different conversation, a community member poses a similar question about quality vs. profit.

Personal Experiences & Stories:

A community member and a community member discuss how socioeconomic status affects the quality of healthcare a patient receives.

Oversight

It is a clear priority among community members to establish a proper oversight mechanism for the proposed merger. This stems from an expressed need to ensure the system is held accountable to the public.

Concerns:

- A community member talks about concerns regarding the lack of transparency and the need for community oversight and accountability.
- A community member raises concerns over the state's ability to hold the merged system accountable in the face of its increased political power under the centralized system.

Questions:

- A community member asks about the potential cost of oversight initiatives and whether that burden will fall on the community in order for the merged system to maximize profit.
- A community member questioned what oversight would look like to mitigate the merged system's potential power to increase prices.

Recommendations:

- A community member emphasizes the need for accountability to the public and stronger oversight than currently exists.
- A community member echoes the need for a robust oversight mechanism to protect and empower the community.

Community Responsibility

Community members frequently urged the merged system to commit to working closely with community-based organizations, both in the realm of healthcare and also throughout other social sectors like affordable housing and small business.

Concerns:

A community member expresses concern that the larger systems do not work cooperatively with lesser-funded community resources.

Questions:

A community member asks about potential tax benefits funneling back into the community.

Recommendations:

- A community member suggests that the merged system play a direct role in funding affordable housing initiatives for marginalized communities.
- A community member echoes the recommendation for the system to fund affordable housing and other social determinants of health.
- A community member recommends the merged system create avenues for community organizations to be part of the supply chain, creating economic opportunity for local companies.

Governance

Across the board, community members express a desire for more involvement in governance via direct participation in the board or community-focused subcommittees working alongside the board.

Concerns:

A community member expressed the need for a board to manage staff changes and ensure fair treatment of employees.

Recommendations:

- A community member recommends higher community involvement in the board including more direct involvement and representation of Native communities.
- A community member recommends creating a committee representative of marginalized groups (specifically Indigenous communities) to work cooperatively with the board.

Personal Experiences & Stories:

A community member echoes this recommendation by sharing the positive impact of their involvement in a similar community board.

Project Team

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