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**To:** Interested Parties  
**From:** United States of Care  
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## **Contents**

### ★ **Overview**

### ★ **AHEAD Model Background**

- *Considerations for Future Model Implementation*

### ★ **Rhode Island: A Case Study**

- *Existing Rhode Island Policies to Lower the Cost of Care*

### ★ **Learning from Rhode Island: Lessons for Other States**

- *Lessons for Educating Stakeholders*
- *Lessons for Coordinating Stakeholders*
- *Lessons for Identifying Key Messengers*
- *Lessons for Supporting Message Deployment*

### ★ **Looking Forward**

### ★ **Additional USofCare Resources**

### ★ **Acknowledgements**

## OVERVIEW

Recent [in-depth research and listening work](#) completed by United States of Care (USofCare) found that people desire targeted improvements to create a health care system focused on *quality* of care over *quantity* of care that better prioritizes and centers their needs. [Patient-first care models](#), such as the [States Achieving Health Care Efficiency Through Accountable Design \(AHEAD\) Model](#)<sup>1</sup>, provide states the opportunity to promote provider accountability, reduce health care disparities, and create a health care system that prioritizes affordable, comprehensive, and understandable care, regardless of patients' background or health status.

Over the past year, USofCare has worked with state and national partners to provide strategic and tactical support to implement the AHEAD Model. In Rhode Island, where USofCare supported the advocacy community through education, stakeholder engagement, strategic communications, and messaging resources, the Model is garnering attention from state policymakers, who recently approved funding for the initiative in the 2026 budget.

Our work in Rhode Island offers insights into lessons learned for stakeholder engagement tactics, winning messages, and ongoing opportunities for policymakers in all participating states aiming to successfully advance implementation of the AHEAD Model. This information may also be leveraged outside of the AHEAD Model for states looking to implement individual components of the Model, such as hospital global budgets.

## AHEAD MODEL BACKGROUND

The Centers for Medicare & Medicaid Services Innovation Center (CMMI) selected six states – Connecticut, Hawaii, Maryland, Rhode Island, Vermont, and a portion of New York – to participate in the [States Achieving Health Care Efficiency Through Accountable Design \(AHEAD\) Model](#) (“the Model”) in 2024. This program, running through 2034, provides investment for state-led payment and care delivery reforms. The Model aims to address the [total cost of care \(TCOC\)](#) by bringing together payers, hospitals, primary care providers, and patients to create a more financially stable and responsive health system with lower costs, improved health outcomes, and increased care coordination.

AHEAD includes several key provisions designed to address the specific needs of people, providers, and the health care system more generally, including:

- ★ **Cost growth and primary care spending targets** to control the cost of care and increase investment in primary care;
- ★ **Hospital global budgets** to allow participating hospitals greater financial stability through an alternative payment model with predetermined, monthly payments; and
- ★ **Primary Care AHEAD** to strengthen advanced primary care delivery by promoting team-based, coordinated care.

The AHEAD Model presents participating states – all of which are currently in the pre-implementation phase – with a unique opportunity to improve the way in which care is paid for and delivered.

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<sup>1</sup> Formerly known as the States Advancing All-Payer Health Equity Approaches and Development Model

Unlike other federal models that are more prescriptive or service-specific, the Model recognizes the need for a flexible, state-driven approach, while at the same time also allowing for federal financial and technical assistance. The Model's all-payer approach emphasizes alignment across payers and empowers participating states, in collaboration with CMMI, to improve and stabilize their health care system over the next ten years. Notably, we expect states participating in the AHEAD Model to realize better population health outcomes and cost savings well after the Model is scheduled to sunset in 2034.

Non-participating states also stand to benefit from specific policy components of the Model. While the ability for non-AHEAD states to replicate the Model in its entirety are limited without federal approval, opportunities exist to implement certain policies found in it, such as hospital global budgets, to state-regulated plans outside of the Model's official policy framework. Policies such as Rhode Island's Affordability Standards provide the beginnings of a roadmap for states to successfully pursue solutions to lower the cost of care, improve health outcomes, and support providers and other stakeholders.

### **Considerations for Future Model Implementation**

While several patient-first care models developed and supported by previous administrations are now ending early, CMMI has continued its support for the AHEAD Model given its alignment with agency priorities. Even with ongoing federal support, specific components of the Model may be adjusted to better align with CMMI's recently announced strategy to "[Make America Healthy Again](#)" (MAHA). While much of the Model aligns with the MAHA framework, including its strong focus on prevention and chronic disease management, CMS [has indicated](#) to states a desire to add additional programmatic and policy requirements to the Model in the coming months.

Participating states should be mindful of CMS' evolving approach to AHEAD Model design as they consider the recommendations included in this memo to support implementation. While specific requirements may be renegotiated, **significant CMS financial and technical support for states participating in the Model will continue, and it remains a worthwhile investment for states looking to guarantee greater access to affordable, patient-first care for less.**

## **RHODE ISLAND: A CASE STUDY**

Selected AHEAD Model states possess unique strengths that will allow them to benefit from the Model's policy components. At the same time, they all share similarities that make them well-positioned to build off of - and learn from - one another, and inform non-AHEAD states considering similar policies. Rhode Island, a participating state, is positioned to leverage the Model to enhance existing affordability solutions for health care consumers and providers.

*Health care spending in Rhode Island has consistently grown faster than the state's economy. Increased spending is largely driven by hospital expenses, making up [40%](#) of all health care spending, and has stretched Rhode Islanders' budgets as premiums and out-of-pocket costs [continue to rise](#). [Two-thirds](#) of state residents report delaying or skipping health care due to cost as they're forced to choose between medical care, groceries, or child care. In response, Rhode Islanders [are looking](#) to policymakers to lower costs and increase access by addressing the state's broken hospital payment system and primary care shortage.*

## Existing Rhode Island Policies to Lower the Cost of Care

Rhode Island is a small, primarily urban state dominated by two major nonprofit health systems, which collectively account for [more than three-quarters](#) of hospital discharges. The state's 16 hospitals, nearly all nonprofit, have faced [low operating margins](#).

Rhode Island's healthcare landscape is dominated by two large nonprofit systems, accounting for over 75% of hospital discharges. The state's 16 hospitals, nearly all nonprofit, have faced [low operating margins](#). Independent and safety-net providers are also struggling, with increasing [consolidation](#) or [closures](#), citing rising costs and low reimbursement rates. The state also faces a primary care provider shortage, as many doctors retire or close practices, and [efforts](#) to recruit and retain newly trained providers so far have [come up short](#).

Rhode Island's AHEAD Model implementation is overseen by two key healthcare agencies. The Office of the [Office of the Health Insurance Commissioner \(OHIC\)](#) regulates insurers and promotes access and affordability. [The Executive Office of Health and Human Services \(EOHHS\)](#) oversees the state's health and social services agencies. Both agencies collaborate on delivery system reform efforts, including the AHEAD Model, to improve health outcomes and reduce costs.

While the AHEAD Model is new, Rhode Island has long-been a national leader in health care innovation efforts, many aligning with the Model's goals. They have achieved [significant savings](#) and improved health outcomes through the [Affordability Standards](#) program, which limits cost growth on hospital services. The state has also fostered [primary care transformation](#), including increased primary care investment targets and mandated insurer participation in [alternative payment models](#).

## **LEARNING FROM RHODE ISLAND: LESSONS FOR OTHER STATES**

Through USofCare's work supporting implementation of the AHEAD Model in Rhode Island, we have identified key opportunities for states to facilitate implementation and Model support: **stakeholder engagement, education, and messaging tactics**. Effective implementation of the AHEAD Model requires participation from primary care practices and hospitals and the support and leadership of policymakers. Targeted tactics for engaging these audiences by advocates and championing policymakers, as outlined below, can drive Model success.

### Lessons for Educating Stakeholders

The AHEAD Model's interconnected components, like hospital global budgets and primary care investments, create an education gap that hinders stakeholders from fully grasping and articulating its benefits, or recognizing it as a needed reform. Personalizing education by connecting the Model's impact to specific communities, groups, and organizations can bridge this gap and foster understanding and support. Lessons for educating stakeholders include:

- ★ When identifying key policymakers, we recommend thinking broadly about the state agency staff, legislative leaders, and rank-and-file members whose support will be critical to advancing the AHEAD Model based on their relationships and areas of influence.
  - Unlike other models, the AHEAD Model requires state legislative action to grant states the administrative authority and funding necessary to implement its total cost of care components.

- ★ AHEAD Model champions and supporters should assess the current knowledge base among key decision makers in their states, including hospitals, providers, and policymakers.
- ★ Based on this, champions and allied stakeholders should **craft simple, clear, targeted educational materials** on the Model's positive impacts, such as lowering patient healthcare prices, increasing hospital budget predictability, and boosting preventive primary care.

*In Rhode Island, stakeholders underscored the importance of increasing Model visibility across target audiences, including hospitals, providers, policymakers, and the general public, through additional education and communications activities.*

- ★ Educational activities should be focused on deeply engaging with key stakeholders and decision makers, and can include (but are not limited to) activities like one-on-one meetings, webinars for targeted audiences, opportunities for Q&A sessions with experts, and development of explainer documents to use as leave-behinds.

*In Rhode Island, AHEAD Model supporters have conducted one-on-one educational meetings with key legislators and their staff to brief them on how the Model will secure more stable hospital budgets and address the state's primary care challenges. **These meetings have leveraged different representatives of allied stakeholder groups to most effectively speak to the interests of specific legislators.***

- ★ State agencies and stakeholders should estimate the Model's potential state savings when communicating with policymakers, or emphasizing how the Model and hospital global budgets offer consistent, predictable hospital funding.

### **Lessons for Coordinating Stakeholders**

Given the diverse group of stakeholders integral to the AHEAD Model's success, the development of a space where supporters can coordinate the strategy and tactics they leverage to support implementation is vital. As such,

- ★ Allied stakeholders should develop a standing coalition or "table" where stakeholders can regularly coordinate activities to support implementation. This should include representatives from the business community, primary care providers and associations, health centers, hospitals, hospital associations, hospital lobbyists, advocates, and other impacted stakeholders.

*In Rhode Island, patient advocacy groups, primary care provider groups, and business groups have started coming together to coordinate messages and communications efforts as advocates for the AHEAD Model in the state.*

- ★ AHEAD Model champions should engage other stakeholders not yet supporting it, but who are likely strong allies and messengers. This includes labor groups, health foundations, payers, and academics at health system affiliated universities.
- ★ As implementation progresses, coordination and collaboration are increasingly relevant to ensure success. **While funding of the AHEAD Model isn't expected to change, being responsive to the impact of federal funding cuts on the overall stability of state's health care system more generally will be important.**

## Lessons for Developing Core Messages

Advocates for the Model should build, test, and continually refine a core messaging framework to reach target audiences, including hospitals, providers, and policymakers. While these messages may vary by state, aligning on messaging early within each state can help keep messages consistent, and therefore more powerful.

- ★ States should customize these foundational messages to reflect the unique policy and political landscape in their state and test them with key stakeholder audiences, refining as necessary to ensure they are effective.

*USofCare and consultants partnered with Rhode Island stakeholders to identify target audiences, their challenges, and craft tailored messaging to convince them of the Model as a solution.*

- ★ States should connect each technical aspect of the AHEAD Model, including hospital global budgets and primary care investments, to its goals and intended impacts in order to help build support for the AHEAD Model overall. This is also a good strategy for creating frameworks that support long-term implementation of these reforms, particularly if shifts at the federal level change the Model itself.
  - **For example, emphasizing how hospital global budgets help provide predictability for hospitals' finances can help make the Model more tangible and build support for global budgeting as a policy solution on its own.**
- ★ States should consider the benefits of leveraging the support of out-of-state groups familiar with the Model to participate in message development that can share other states' experiences with Model implementation. This work may look different in different states depending on the capacity and needs of key AHEAD Model champions in each state.

## Lessons for Identifying Key Messengers

Identifying and activating influential messengers early as advocates for the AHEAD Model is important for building effective campaigns that can reach hospitals, providers, and policymakers. This includes working across diverse groups of influential stakeholders to build an echo chamber that articulates the benefits of the Model.

- ★ Supporters should consider which people and organizations will be most effective in influencing the hospitals, providers, and policymakers in their state, such as primary care providers who could be helpful in convincing the hospitals who own their practices.
- ★ States looking to implement the Model can benefit from structured coordination of communications activities across key messengers through regular meetings to discuss key messages, how they are resonating with audiences, and responses to any barriers.
- ★ Some states may need an increased focus on messenger education around the AHEAD Model, depending on the level that key groups are already engaged.
- ★ Advocates should also consider how legislative champions, once cultivated, can help with outreach to increase hospital participation in the Model.

## Lessons for Supporting Message Deployment

Once a core messaging framework is in place and key messengers are identified, developing a strategic communications plan should help deploy those messages most effectively. By leveraging moments and opportunities throughout AHEAD Model pre-implementation and implementation phases, advocates can ensure that stakeholders remain engaged and on-track to deliver on the benefits of the Model.



- ★ In creating a strategic communications plan, which specifies which messages and tactics (earned media, social media, etc.) states and allied stakeholders should use at specific times, AHEAD Model supporters can identify gaps where additional outreach and/or stakeholder cultivation is needed to build a robust coalition of Model validators.
- ★ USofCare also supported the development of a [communications toolkit](#), which states can use to inform their strategic communications planning.

*In Rhode Island, USofCare and consultants developed a strategic communications plan, including op-eds, targeted ads, and media outreach. The tactics aligned with key milestones such as legislation introduction, hospital finance data release, and AHEAD Model implementation deadlines. The plan identified optimal messengers for each piece and specific tactics for each phase.*

## LOOKING TOWARD THE FUTURE

The AHEAD Model presents a unique opportunity for the six participating states to lower health care costs and provide additional certainty for hospitals and other providers, all while expanding access to affordable care for patients and improving health outcomes. To support the successful implementation of the AHEAD Model, states should seize opportunities to:

- ★ **Identify and amplify key messages and messengers** to support provider participation and legislative buy in;
- ★ **Develop a forum** to facilitate AHEAD Model stakeholder coordination; and
- ★ **Educate legislators, providers, and other key decision makers** on the unique benefits of the AHEAD Model's components.

Taken together, participating states can equip themselves with these effective strategies to successfully navigate AHEAD Model implementation – or allow non-participating states to pursue similar look-alike policies – and ultimately set the stage for future patient-first care innovations.

## ADDITIONAL RESOURCES

Find more information about the AHEAD Model and other opportunities to advance patient-first care solutions at the following USofCare resources.

- ★ [AHEAD Model Communications Toolkit](#)
- ★ [AHEAD Model: What State Advocates Should Know](#)
- ★ [USofCare's Patient First Care Hub](#)

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