



RHC Priority Activities: 2017

Background: October 2003 through December 2011 activities

Access to Care

In October 2003, the St. Louis Regional Health Commission (RHC) unanimously approved a Strategic Plan entitled "Recommendations for Improving the Delivery of Safety Net Primary and Specialty Care Services in St. Louis City and County," which was subsequently approved by the Centers for Medicare and Medicaid (CMS) as part of the State's Section 1115 Waiver Amendment for St. Louis. From 2003 through 2010, the RHC worked to implement priority recommendations from this Strategic Plan as determined by the Commission annually, and has made substantial progress to date in such efforts, as documented in annual "Progress Toward Building a Healthier St. Louis" reports.

In September 2011, RHC celebrated the completion of its implementation efforts of this plan with a community-wide event and release of a 10th anniversary report and a "Report Card to the Community" that finalized and documented the results of these efforts.

Behavioral Health

In December 2006, and again in January 2010, the RHC approved detailed recommendations concerning the transformation of the behavioral health system in the Eastern Region, and worked to implement these recommendations through the "Eastern Region Behavioral Health Initiative." In June 2010, RHC celebrated the completion of its implementation efforts with a community-wide event and release of a final report to the community of these behavioral health activities. As of June 2010, implementation activities for this initiative had been completed or transferred to community partners in the region, particularly the Behavioral Health Network of Greater St. Louis and the St. Louis Psychiatric Stabilization Center (PSC), which were both formed at the recommendation of the RHC in 2010.

Community Health/Health Literacy

In January 2006, the RHC unanimously approved recommendations for improving community health services and health literacy efforts in the St. Louis region, and celebrated the completion of its implementation efforts with a community-wide "Health Literacy Summit" and a final report to the community in July 2006. Activities for implementing community health and health literacy efforts have been transferred to community partners in the region, most notably Health Literacy Missouri.

Background: "Gateway to Better Health" Demonstration activities – 2011-2016

In July 2010, CMS approved a Section 1115 "Gateway to Better Health" Demonstration Project (Gateway) for the State of Missouri (the "State") intended to transition the St. Louis safety net to a coverage model in anticipation of expanded Medicaid eligibility under Federal health care reform. This Demonstration built upon previous agreements for St. Louis safety net financing in place through the RHC and its partners from 2002-2010.

In this Demonstration, the RHC was charged by the State and CMS with completing several important activities in a compressed timeframe, including acting as the fiscal agent under this Demonstration. Originally set to expire in 2013, the State and RHC have received extensions of Gateway in light of Missouri's lack of expansion of Medicaid eligibility to date and Gateway's significant successes to date. Currently, Gateway is set to expire on December 31, 2017. The State of MO has submitted a request for an additional one-year extension for 2018, in light of potential changes to federal law currently being considered by Congress.

In July 2010, December 2012, January 2013-2016, Commissioners unanimously agreed that "assisting the State in successfully meeting the planning benchmarks and conditions of the 'Gateway to Better Health' Demonstration (Gateway) is the top priority of the RHC, and its prime mission." This project has been a focus of RHC activities over the past seven years. In addition, the RHC has continued its extensive community engagement activities, released important reports concerning health access and outcomes to the community, and invested and monitored more than \$10 million in funding to improve access to health care services during this timeframe.

Background: Alive & Well STL 2014-2016

After extensive community input in 2013/2014, and at the request of its Advisory Boards, in August 2014 the RHC unanimously approved a community engagement strategy that focuses on the importance of mental wellness on a person's physical health, and works with key regional partners to accelerate efforts regarding St. Louis becoming a "Trauma-Informed Community".

In May 2015, the RHC unanimously approved dedicating approximately \$1.2 million from its reserves to accelerate this initiative, and approved a partnership with KSDK Channel 5 (St. Louis' NBC affiliate) to launch a comprehensive broadcast/social media campaign.

In March 2016, the RHC unanimously approved a request from the Missouri Foundation for Health (MFH) to invest \$1 million of MFH funding to support Alive & Well STL activities through December 2017. The RHC also approved funding support from the Mental Health Board of the City of St. Louis for trauma-informed training activities. Currently, RHC is contractually committed with these funders to managing the Alive & Well STL initiative for the region through December 2017.

Proposed RHC Activities – January 2017 through December 2017

The RHC agrees that it will complete the following activities over the next 12 months, in priority order:

1. Meet all benchmarks of the “Gateway to Better Health” Federal Demonstration Project, including:
 - a. Manage current Gateway operations for more than 25,000 Gateway members annually
 - b. Evaluate and report Gateway results as required by CMS and State
 - c. Secure approval for Gateway Extension in 2018
 - d. Begin necessary steps to extend Gateway past 2018, as necessary
2. Report on the status of the health care safety net in St. Louis
3. Lead the implementation of the “Alive & Well STL” initiative through December 2017
4. Prepare for a smooth transition or completion of Alive & Well initiative by January 2018
5. Continue community engagement and outreach efforts
6. Continue to partner with key RHC partners to improve health care integration (St. Louis Integrated Health Network/Behavioral Health Network of Greater St. Louis)

The 2017 planning and implementation activities of the RHC are discussed in detail as follows:

1. Meet all benchmarks of the “Gateway to Better Health” Federal Demonstration Project

A. Manage current Gateway operations for more than 30,000 Gateway members

In July 2010, CMS approved the State’s “Gateway to Better Health” Demonstration. This approval was a continuation of the “St. Louis model” created in 2001 after the closure of the region’s last public hospital to provide outpatient health services for low-income residents. For the first two years of the Demonstration, the State diverted \$25 million in Federal DSH payments to the RHC to pay for otherwise uncompensated ambulatory care at specific facilities for the approved Demonstration period. These entities included:

- St. Louis ConnectCare
- Grace Hill Health Centers
- Myrtle Hilliard Davis Health Centers

On July 1, 2012, the State implemented a pilot program to utilize these funds to provide coverage to uninsured individuals with family income at or below a defined percent of the Federal poverty level (FPL). The goal of the pilot program is to provide a source of funding for uninsured individuals served by safety net providers in St. Louis, and the providers themselves, to provide a smooth transition to coverage options that may become available at a later date. This program was extended through December 31, 2017, for those under 100% of FPL due to the lack of coverage options currently available in Missouri. In the Demonstration’s Terms and Conditions, the RHC was designated as the fiscal agent and lead operational entity for this Demonstration.

By approval of this document, Commissioners continue to acknowledge that meeting all Gateway milestones and benchmarks as outlined in this document continues to be the top priority and prime mission of the Commission.

The Gateway “coverage model” pilot successfully launched on July 1, 2012, with nearly 60,000 unique individuals enrolled at some point during the life of the program to date. The RHC has served as the fiscal agent, and lead planning and implementation body, for the Gateway initiative. All milestones have been met on-time and within budget, with more than 300,000 outpatient visits being made and nearly 1,000,000 prescriptions filled during the life of the program otherwise not available to uninsured individuals in St. Louis.

In 2017, RHC commits to fulfilling its role as fiscal agent and implementation entity for Gateway, continuing to manage funds flow, member services, medical referrals, utilization management, call center operations, incentive payment monitoring and management, and other critical day-to-day services for its members.

B. Evaluate and report Gateway results as required by CMS and State

The State of MO and RHC has submitted to CMS detailed evaluation designs for Gateway. The RHC commits to assisting the State in the completion of these Gateway evaluation milestones. In addition, the RHC will continue to assist the State in the completion of all quarterly and annual reporting requirements of Gateway. Commissioners acknowledge that these reporting and evaluation requirements are extensive, and will be prioritized by RHC staff throughout 2017.

C. Secure approval for Gateway Extension 2018

The State of MO has officially requested a one-year extension of the Gateway Demonstration in the event other coverage options are not available in 2018 to the population currently served by Gateway.

Through approval of this document, RHC commits to partnering with the State in all activities required to extend Gateway into 2018 as requested. These activities may include, but are not necessarily limited to:

- coordinating additional actuarial modeling given Gateway experience to date;
- assessing and determining key planning parameters such as provider networks, rate structures, benefits package design, and eligibility requirements, given previous Gateway experience, potential new budgetary requirements, and Federal and State input;
- informing key Federal, State, and local partners of the Gateway extension process and progress;
- coordinating regional community engagement and notification processes regarding the Gateway extension.

D. Plan for Gateway Extension submission to CMS for 2019

In the event options for health care coverage and access are not available to individuals living in poverty by the end of 2018, steps will need to begin in 2017 in the event the State chooses to request a Gateway extension post-2018. The RHC commits to assist the State in these activities, as requested, which include, but are not limited to:

- Preparing extensive documentation for the 2019 extension request for submission to CMS by 12/31/17;
- Coordinating all public notice and community input activities required prior to submitting the extension request to CMS;
- Securing non-Federal match required for Gateway program, including renewing agreements with Missouri Hospital Association (MHA) and MO hospital community, which currently are set to expire at the end of 2018, and renewing funding agreements with the City of St. Louis; and
- Creating and executing communications plans re: Gateway's results and importance to St. Louis community in the event other coverage options are not available by 2018.

2. Report on the status of the health care safety net in St. Louis

As part of its ongoing role as an "authoritative source of health care information in the St. Louis region," (RHC Corporate Purpose), RHC agrees to create and release the following reports in 2017:

- Issue briefs based on data from RHC's 2016 Access to Care report (topics TBD pending data analysis and community input)
- St. Louis Access to Care Report - 2017
- Reports per the "Gateway to Better Health" Demonstration evaluation plan and other Gateway requirements per CMS or the State

For the past nine years, RHC has released its "Access to Care" report, an important tool for policy makers and the community to understand the status of outpatient health care in the region. RHC commits to releasing this report again in 2017. In addition, RHC staff will explore additional reporting options and venues to enhance transparency and fact-based decision making in the health care sector, especially in light of potential changes in federal and/or state policy projected in the near future.

3. Lead the implementation of the "Alive & Well STL" initiative through December 2017

In 2017, the RHC will fulfill its contractual obligations to MFH and the City of St. Louis Board of Mental Health re: Alive & Well, which include:

- Conduct trauma-informed trainings, both for general community members and for staffs of requesting organizations in St. Louis City and County, with at least 40 trainings and 1400 people trained with MFH funding;
- Lead and complete two learning collaborative pilots for the school and health care sector;
- Complete media campaign with KDSK Channel 5, Radio One, and St. Louis American, with at least an additional 28 million impressions generated with MFH funding;
- Implement "Seeking Safety" trauma intervention pilot for Gateway members at community health centers;
- Continue support of Alive & Well Ambassador program (currently totaling 200 Ambassadors) through December 2017;
- Execute evaluation plan as required by MFH.

Also, the RHC will co-host a signature event in March 2017 with St. Louis University re: trauma-informed best practices in the medical environment.

4. Prepare for a smooth transition or completion of Alive & Well initiative by January 2018

In December 2017, current funding for Alive & Well will be expended. In early 2017, the RHC will seek feedback from its Advisory Boards, the Alive & Well Executive Committee, Alive & Well Ambassadors, and key stakeholders regarding the future of the initiative. Pending feedback, the RHC will either (1) design and implement a transition plan that allows for the successful continuation of the project outside of the RHC's management, or (2) execute its smooth discontinuation. Key activities may include, not are not limited to: (1) completing legal transition of assets (brand, website, social media platform) to non-RHC entity, if initiative is to be on-going; (2) communicating future plans to all key stakeholders; (3) determining long-term role for current Alive & Well Ambassadors; (4) successfully "off-boarding" current Alive & Well team members.

5. Continue community engagement and outreach efforts

Since 2002, extensive community engagement activities have provided the RHC with a means to create and maintain an ongoing dialogue with the larger St. Louis community. In addition, the RHC's community engagement activities provide the RHC with opportunities to learn of community priorities and sensitivities, which have become essential elements of the RHC's overall strategic planning objectives.

Written into the RHC's by-laws as standing committees, the RHC's Provider Services Advisory Board and Community Advisory Board allow the RHC access to a broad range of expertise and knowledge about the region's healthcare safety net and the experiences and concerns of community members, and will continue to be actively supported by the RHC in 2017.

In 2017, the RHC will continue to pursue opportunities and initiate activities that inform the community of RHC priorities and activities, while also participating in community events/activities and media outreach activities that provide the RHC with opportunities to disseminate information and receive input from the community.

Through approval of this document, RHC authorizes its CEO to actively engage with media outlets, both local and national as warranted, to inform the public of important issues regarding health and health care in the St. Louis region.

The RHC will also actively maintain its website (www.stlrhc.org) with events, current work, reports to the community, and other resources in order to fulfill its values of transparency and openness to the public. The RHC will also actively engage with the community via social media platforms including Facebook and Twitter.

In 2017, the RHC also commits to hosting Gateway to Better Health Public Input Sessions regarding the Demonstration as required by CMS.

6. Continue to support efforts of key RHC partners to improve health care integration (St. Louis Integrated Health Network/Behavioral Health Network of Greater St. Louis)

St. Louis Integrated Health Network

The St. Louis Integrated Health Network (IHN) formed in November 2003 in response to an RHC recommendation that "current safety net providers form a permanent regional Network or umbrella organization to coordinate and integrate the delivery of primary and specialty health services to the uninsured and underinsured population in St Louis County and the City of St. Louis." The RHC had a central role in the financing, staffing and leading the IHN's daily activities during the IHN's start-up phase.

One of the roles of the IHN is to plan and implement activities to support the integration of safety net health care services in order to increase access, enhance efficiency and achieve higher performance and value. As approved by the Commission and the IHN in 2003 and again in 2005, the IHN has assumed the implementation responsibility for many of the RHC "Access to Care" recommendations.

Along with the Missouri Primary Care Association (MPCA), the RHC formally serves as a non-voting "technical advisor" to the IHN board. In this role, the RHC CEO attends IHN board meetings, and RHC has paid annual dues to the IHN.

Given the strategic importance of the success of the IHN to meeting the RHC's mission of improved access and reduced health disparities, the RHC commits to continuing to support IHN in 2017 with time and resources if and as requested by the IHN, and as mutually beneficial to both parties, upon approval of RHC CEO.

Behavioral Health Network of Greater St. Louis

In 2006, local mental health and substance abuse service providers and community advocates partnered with the Regional Health Commission to begin an "Eastern Region Behavioral Health Initiative". Over the course of five years, the initiative improved access to behavioral health services in the Eastern Region, and served as a foundation for the Behavioral Health Network of Greater St. Louis (BHN).

With the end of the initiative in 2010, the BHN made a commitment to continue and expand this important effort. A comprehensive system of care was created to meet the behavioral health needs of people of all ages throughout the region, with a focus on those with the greatest need and the fewest resources. The RHC pays annual dues to the BHN, the RHC's CEO serves as a BHN board member, and the organizations collaborate on priority behavioral health initiatives as community needs dictate and as mutually beneficial to both parties.

With approval of this document, RHC agrees to continue its key strategic partnerships with IHN and BHN as outlined above in 2017.