



RHC Priority Activities: 2019

History & Background of Past Strategic Initiatives

Access to Care (2003-2010)

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 made substantial progress in such efforts, as documented in annual "Progress Toward Building a Healthier St. Louis" reports, found at www.stlrhc.org.

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. The implementation of many of these recommendations has transferred to the St. Louis Integrated Health Network, which was established as part of the RHC's 2003 Strategic Plan.

Community Health/Health Literacy (2004-2006)

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 Media.

Behavioral Health (2006-2010)

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 which was formed at the recommendation of the RHC in 2010.

Alive & Well STL (2013-2017)

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

After considerable success of the initiative, and at the request of community members and its Advisory Boards, the RHC formed a new not-for-profit: "Alive & Well Communities". As of January 2018, Alive & Well STL assets held by RHC, as well as responsibility for implementing "Trauma-Informed Community" efforts in St. Louis, have been transferred to the new organization.

Background: "Gateway to Better Health" Demonstration activities – 2010-present

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 coverage 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 received a series of one-year extensions from CMS for 2014, 2015, 2016, and 2017 in light of Gateway's significant successes to date.

In 2017, the State of Missouri applied for and was granted a five-year extension of Gateway by CMS, through December 2022, and the RHC was asked to serve as the fiscal agent for the Demonstration during this time-frame.

In July 2010, December 2012, January 2013-2018, 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 the main focus of RHC activities over the past nine 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.

Proposed RHC Activities – January 2019 through December 2019

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 approximately 25,000 Gateway members annually
 - b. Evaluate and report Gateway results as required by CMS and State
 - c. Secure non-Federal match funding for Gateway in 2019
 - d. Monitor Gateway enrollment and implement remaining strategies from enrollment action plan
 - e. Manage the implementation of a new substance use benefit (CMS approval pending)
2. Report on the status of the health care safety net in St. Louis
 - a. Lead community conversations to develop solution-based strategies for improving access in the St. Louis region
3. Assess Federal and State policy changes and lead community planning efforts in the event of significant impacts on Access to Care
4. Lead the implementation of a new regional health focus on Chronic Pain, as approved by the RHC in November 2017
5. Lead a community-wide planning process for the development of a new “Assessment and Triage Center,” pending further discussions on alignment with the BHN visioning work
6. Continue community engagement and outreach efforts
7. Continue to partner with key RHC partners to improve health care integration (St. Louis Integrated Health Network/Behavioral Health Network of Greater St. Louis/Alive & Well Communities)

The 2019 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 approximately 25,000 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 Federal DSH payments to the RHC to pay for otherwise uncompensated ambulatory care via a “block-grant” model at specific facilities for the approved Demonstration period.

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, 2022, 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 more than 70,000 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 375,000 outpatient visits being made and more than 1,200,000 prescriptions filled during the life of the program otherwise not available to uninsured individuals in St. Louis.

In 2019, 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 2019. The RHC also commits to coordinating all public notice and community input activities required under the terms of the Gateway Demonstration.

C. Secure non-Federal match funding for Gateway in 2019

The State of MO has received a five-year extension of the Gateway Demonstration, through December 31, 2022, meaning that the State does not need to submit renewal documentation to CMS for the program's ongoing operations until the end of 2021. The RHC also secured local match commitments for Gateway from the City of St. Louis through 2022.

However, non-Federal match from the Missouri Hospital Association (MHA) and the hospital community is still required for the Gateway program. The current agreement is scheduled to expire at the end of 2019. **By approval of this document, Commissioners agree to continue to prioritize the securing of this commitment as a top health priority for the St. Louis region through 2019.**

D. Monitor Gateway enrollment and implement remaining strategies from the enrollment action plan

In an effort to increase enrollment for the Gateway program, the St. Louis Regional Health Commission developed an action plan in July 2018. The primary aims of this plan are to: (1) document the current enrollment process including outreach and engagement activities; (2) identify barriers of enrolling new Gateway members and retaining existing members; and (3) provide and implement recommendations to increase enrollment.

The RHC started to implement strategies from the action plan in August 2018, and has seen a decline in disenrollment. In 2019, the RHC will continue monitoring the enrollment of the program and will complete the implementation of recommendations from the action plan. The remaining recommendations include: assist prospective Gateway members with applications via telephone assistance, and develop a patient advisory group. New recommendations will be developed, as needed.

E. Manage Implementation of new substance use benefit (CMS approval pending)

In May 2018, the St. Louis Regional Health Commission (RHC) was notified of a potential certifiable source, St. Louis County Department of Public Health (County), of local match in the amount of

\$750,000 to cover a substance use benefit for the Gateway population. This local match would “draw down” an additional \$1.4 million in federal funds for this benefit.

After review of extensive actuarial analyses, in June 2018, the RHC’s board unanimously approved a resolution that asked the State of MO to submit an amendment to CMS to add this benefit to the Gateway package. The amendment request was submitted to CMS in August 2018. The funding for the new benefit has been approved by the County, but CMS approval is currently pending.

The RHC will lead trainings at the community health centers in partnership with the State Targeted Response/State Opioid Response (STR/SOR) grant. Once the benefit is approved, the RHC will be available to assist community health centers with implementation.

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 2019:

- St. Louis Access to Care Report - 2019
- Reports per the “Gateway to Better Health” Demonstration evaluation plan and other Gateway requirements per CMS or the State

For the past ten 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 2019. 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.

A. Lead community conversations to develop solution-based strategies for improving access in the St. Louis region

In recent years of releasing the Access to Care reports, community stakeholders have requested more information on the lived experience of the community and additional interpretation of the findings from the Access to Care reports. To meet the requests of the community, the RHC will explore opportunities to host community conversations on “access” which would include dissemination of the 2018 Access to Care Data Book and solution-based discussions with stakeholders.

3. Assess Federal and State policy changes and lead community planning efforts in the event of significant impacts on Access to Care

As of January 2019, several Federal and/or State actions may (or may not) occur during 2019 that may have a material impact on safety net health care providers and low-income citizens in St. Louis. Throughout 2019, the RHC agrees to prioritize the tracking of such policy changes, the reporting of the impact of such changes on Access to Care to the St. Louis community, and, as necessary, lead planning efforts in the event of significant changes to the St. Louis safety net landscape as a result of such policy actions. The RHC agrees to remain non-partisan and fact-based in fulfilling this role, and continue to serve as a neutral convener for regional assessment and planning purposes.

4. Lead the implementation of a new regional health focus on Chronic Pain

In November 2017, the RHC unanimously agreed to prioritize chronic pain (focusing on musculoskeletal pain of over 3 months' duration) as a key activity in 2018/2019.

Initial deliverables will include:

1. **A policy paper** focused on recommendations that could reduce the impact of and enhance prevention of chronic pain for Gateway to Better Health members and the St. Louis region, as well as the State of Missouri.
2. **A clinical action plan** to support patients and providers in the optimal management of chronic pain. The plan will explore implementing the following:
 - a. Improved referral process for Gateway to Better Health members to access current specialty care services that prevent and treat chronic pain.
 - b. Physical therapy benefit in the Gateway to Better Health program, including a plan for staffing, referral protocol, and financially sustainable coverage of new CPT codes.
 - c. Educational campaign, including a training and guidance document, in collaboration with Alive and Well Communities, for Missouri providers and patients to manage chronic pain as a chronic disease and to recognize the role of trauma and emotional pain.
 - d. An evaluations plan to measure system-wide changes in chronic pain prevention and treatment for the Gateway to Better Health patient population.
3. **A communication plan** to drive the implementation of the policy paper and the clinical action plan and to push the following key messaging:
 - a. Prevent acute pain from becoming chronic pain.
 - b. Treat chronic pain as a chronic disease.
 - c. Address chronic pain through a trauma-informed lens.

Initiative objectives include:

1. **Decrease the progression of acute pain to chronic pain for Gateway members.**
 - a. Improve the Gateway to Better Health referral process to current specialty care services that prevent and treat chronic pain.
2. **Improve the treatment of chronic pain in our region for the Gateway patient population.**
 - a. Increase access to comprehensive, transdisciplinary care at the primary care level to prevent and manage chronic pain in St. Louis.
 - b. Educate Missouri providers and patients to manage chronic pain as a chronic disease and to recognize the role of trauma and emotional pain.

5. Lead a community-wide planning process for the development of a new “Behavioral Health Assessment and Triage Center (BHATC)”

In November 2017, the Missouri Hospital Association requested that the St. Louis Regional Health Commission complete a feasibility study on the development of a new “Behavioral Health Assessment and Triage Center (BHATC)” for the St. Louis region (see Attachment C). The new BHATC would be modeled after the launch of a facility with a similar purpose in Kansas City, MO, within the past two years.

The BHATC Planning Team was convened in April 2018, and the team completed a current state assessment on access to behavioral health services for the St. Louis region in September 2018. After careful consideration of the assessment findings, the Commission noted that an assessment and triage center may not be an effective solution in isolation without significant “back-end” behavioral health system reform. At the October 2018 meeting, the Commission unanimously

approved a motion to dedicate 90 days to understanding what system-wide reform might be possible in the region, before deciding whether to proceed with the “detailed design phase” for an assessment and triage center or engaging consultants to assist with next steps.

The approval of this document gives the RHC authority to continue conversations with the BHN and other key partners on strategies to align efforts.

6. 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 2019.

In 2019, 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.

7. 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/Alive & Well Communities)

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 pays 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 2019 with time and resources if and as requested by the IHN, and as mutually beneficial to both parties.

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.

Given the strategic importance of the success of the BHN to meeting the RHC’s mission of improved access and reduced health disparities, the RHC commits to continuing to support BHN in 2019 with time and resources if and as requested by the BHN, and as mutually beneficial to both parties.

Alive and Well Communities

In 2018, Alive & Well STL assets held by RHC, as well as the responsibility for implementing “Trauma-Informed Community” efforts in St. Louis, were transferred to a new organization, Alive & Well Communities (AWC).

Critical to the success of a healing community is a health care system that recognizes the impact of trauma in its employees and patients, develops new responses based on the science, and resists re-traumatizing patients and employees with practices and policies. Success requires transformation by health care systems.

The RHC remains committed to ensuring the safety-net providers in the St. Louis region become trauma-informed organizations. The RHC has representatives on the AWC’s Board and Steering Committee. Given the strategic importance of the success of the AWC to meeting the RHC’s mission of improved access and reduced health disparities, the RHC commits to continuing to support AWC in 2019 with time and resources if and as requested by the AWC, and as mutually beneficial to both parties.