

**Missouri Gateway to Better Health Demonstration
Number 11-W-00250/7
Section 1115 Draft Annual Report**

Demonstration Year: 7 (10/01/2015 – 09/30/2016)

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I. Introduction

On July 28, 2010, CMS approved the State of Missouri’s “Gateway to Better Health” Demonstration, which preserved access to ambulatory care for low-income, uninsured individuals in St. Louis City and County. The Demonstration was amended in June 2012 to enable the Safety Net Pilot Program to be implemented by July 1, 2012. The July 1, 2012, implementation of the Pilot Program ensured patients of the St. Louis safety net maintained access to primary care and specialty care. CMS approved a one-year extension of the Demonstration on September 27, 2013, July 16, 2014, December 11, 2015, and again on June 16, 2016. The State has been authorized to spend up to \$30 million (total computable) annually to preserve and improve primary care and specialty care in St. Louis in lieu of spending that amount of statutorily authorized funding on payments to disproportionate share hospitals (DSHs). The Demonstration includes the following main objectives:

- I. Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act (ACA);
- II. Connect the uninsured to a primary care home which will enhance coordination, quality, and efficiency of health care through patient and provider involvement; and
- III. Maintain and enhance quality service delivery strategies to reduce health disparities.

For the first two years of the Demonstration, through June 30, 2012, certain providers referred to as Affiliation Partners were paid directly for uncompensated care. These providers included St. Louis ConnectCare, Affinia Healthcare (formerly known as Grace Hill Health Centers), and Myrtle Hilliard Davis Comprehensive Health Centers.

The program transitioned to a coverage model pilot on July 1, 2012.

From July 1, 2012, to December 31, 2013, the Pilot Program provided primary, urgent, and specialty care coverage to uninsured¹ adults in St. Louis City and St. Louis County, aged 19-64, who were below 133% of the Federal Poverty Level (FPL). The Demonstration was scheduled to expire December 31, 2014.

On September 27, 2013, July 16, 2014, December 11, 2015, and again on June 16, 2016, CMS approved a one-year extension of the Gateway Demonstration program for patients up to 100% FPL.

The State also had authority through December 31, 2013, to claim as administrative costs limited amounts incurred by the SLRHC pursuant to an MOU for functions related to emergency room diversion efforts through the Community Referral Coordinator program.

In order to meet the requirements for the Demonstration project, the State of Missouri Department of Social Services asked the SLRHC to lead planning efforts to determine the Pilot Program design – subject to the review and approval of the Centers for Medicare and Medicaid Services (CMS) – and to incorporate community input into the planning process. Accordingly, on July 21, 2010, the SLRHC approved the creation of a “Pilot Program Planning Team.” (A full roster of the Pilot Program Planning Team can be found in Appendix I). The MO HealthNet Division of the Missouri Department of Social Services is

¹ To be considered to be “uninsured” applicants must not be eligible for coverage through the Medicaid State Plan. Screening for Medicaid eligibility is the first step of the Gateway to Better Health eligibility determination.

represented on the Planning Team to ensure the SLRHC and MO HealthNet are working closely to develop the deliverables and to fulfill the milestones of the Demonstration project.

The information provided in this annual report details Pilot Program process outcomes and key developments for Demonstration Year 7 (October 1, 2015 – September 30, 2016).

Extension of the Gateway Demonstration

At this time, a request to extend the Gateway Demonstration is under review with CMS. If the extension is not granted, beginning January 1, 2018, Gateway patients will no longer have access to coverage. The providers serving the Gateway population will also experience a significant reduction in revenue, preventing them from maintaining their current staffing or service levels.

Without the Gateway Demonstration, the Gateway population will have limited options for accessing outpatient health care services. As of September 30, 2016, the Gateway program provides outpatient coverage for nearly 17,500 individuals, which is nearly 40 percent of all uninsured residents under 100 percent of the federal poverty level in St. Louis City and County. Previous studies have indicated that the care provided through this Demonstration prevents more than 50,000 emergency department visits per year.

To enable the uninsured population to continue to access preventative and other ambulatory health care services beyond 2017, the State of Missouri proposed that the Gateway Demonstration be extended for a period up to one year. This extension request was officially submitted to CMS on November 9, 2016, requesting that the State maintain its authority to provide limited benefits to the covered population.

II. Accomplishments and Project Status

Through the Gateway to Better Health Demonstration, the State of Missouri and the St. Louis region have transitioned patients and providers to an environment where otherwise uninsured individuals are able to access outpatient health care services with coverage. Eligible individuals are enrolled in the Demonstration and can access primary care services available at a limited network of safety net providers, including Affinia Healthcare (formerly known as Grace Hill Health Centers), Myrtle Hilliard Davis Comprehensive Health Centers, BJK People’s Health Centers, Family Care Health Centers, and the health centers of the St. Louis County Department of Public Health. Beneficiaries may be referred by their primary care physician for specialty care services at participating hospitals, medical schools, and in-network community specialist practices.

In Demonstration Year 7 (October 1, 2015 – September 30, 2016), Gateway to Better Health distributed more than \$21 million² to primary and specialty care safety net organizations to provide health coverage to otherwise uninsured St. Louis area residents, ensuring these individuals access to basic medical services.

The information below provides a summary of key Gateway to Better Health outcomes achieved from October 1, 2015 – September 30, 2016:

² Final amounts are subject to change due to claims runout.

- ***Gateway has maintained access to primary and specialty care for uninsured individuals living in poverty in St. Louis City and St. Louis County***
 - Approximately 17,800 individuals are enrolled in Gateway to Better Health, which is approximately 40 percent of those uninsured and living below the federal poverty level in St. Louis City and County.
 - During Demonstration Year 7, Gateway covered more than 23,700 unique members, including more than 7,400 new members during this period.

- ***Gateway provided nearly 40,000 primary care and dental office visits.***
 - Gateway primary care physicians see about 2,600 patients in their offices each month, providing everything from routine medical care to managing complicated chronic conditions.
 - Gateway dentists at community health centers see about 680 patients in their offices each month, providing basic preventive care, giving patients the opportunity to achieve better overall health.
 - About 40% of all Gateway patients are living with at least once chronic condition. These patients now have greater access to outpatient care and medications as well as care coordination and management programs that will keep them healthier and reduce preventable ED visits and hospitalizations.

- ***Gateway provided more than 217,500 medications to manage chronic conditions and other diseases.***
 - Access to affordable prescription drugs is an important factor in the proper management of chronic conditions as well as other acute diseases. All participating community health centers in the Gateway network have either on-site pharmacies or contracts with local pharmacies to provide easy access to Gateway members as they manage their health needs.
 - Effective January 1, 2016, Gateway began providing coverage for brand name insulin and inhalers, as there are no generic alternatives to these medications at this time. This additional benefit has enabled patients to manage their chronic conditions, specifically asthma and diabetes.

- ***Gateway provided nearly more than 46,500 specialty care visits, including diagnostic and outpatient surgical procedures.***
 - For those Gateway patients with more advanced medical needs, primary care physicians are able to refer their patients for diagnostic and specialty care services as well as outpatient surgeries. Providers made more than 1,900 of these referrals for advanced care each month.

- ***Providers are consistently earning their incentive payments by meeting quality metrics, including ensuring access to those with chronic conditions and helping them to manage their disease better.***
 - Eighty-seven percent of newly enrolled or newly diagnosed diabetic patients had their HgbA1c tested within six months during the most recent incentive period, compared to 66% at the beginning of the Demonstration.
 - Sixty-nine percent of patients with diabetes had an HgbA1c of less than 9% within six months of diagnosis or enrollment during the most recent incentive period, compared to 54% at the beginning of the program.
 - Eighty-eight percent of newly enrolled individuals with chronic diseases or newly diagnosed patients received two office visits within six months, compared to 74% at the beginning of the Demonstration.
 - Preventative health and screening services (such as cervical screening, adult weight following up, flu shots, breast cancer screening, etc.) improved on average by 8% from year one (7/1/12-6/30/13) to year three (7/1/14-6/30/15), with more patients utilizing these services.
 - Management of hypertension and diabetes remained relatively stable from year one (7/1/12-6/30/13) as compared to year three (7/1/14-6/30/15).

- ***Patients enrolled in Gateway are highly satisfied with Gateway's services and provider network.***
 - Gateway hosts member orientations to educate new members on how to use their benefits and navigate the safety net system. To date, more than 750 members have attended member orientation sessions.
 - As a result of attending member orientations, 84% of attendees felt very confident or somewhat confident that they understood how to use their benefits. Eighty-four percent felt very confident or somewhat confident that they can navigate receiving health care services at their health center. Ninety-four percent felt very confident or somewhat confident that they can navigate receiving health care service at their health center.
 - In a survey of 1,200 Gateway enrollees, conducted by Princeton Survey Research Associates International (PSRAI), 90% of respondents are satisfied with the healthcare services they receive through Gateway. In addition, 77% of Gateway patients would recommend their primary care home to a friend or family member.

- ***Providers are working to improve patient care and health outcomes by becoming trauma informed organizations.***
 - In June 2016, Gateway to Better Health collaborated with Alive and Well STL to launch a trauma-informed learning collaborative for healthcare providers in the St. Louis region.
 - All of the Gateway primary care providers are participating in an 18-month opportunity where they learn about trauma-informed care.
 - Four of the five primary care providers have trained all staff on the impact of trauma on long-term health outcomes, and many have started implementing trauma-informed practices in their organizations.

III. Quantitative and Case Study Findings

Preliminary quantitative and case study findings for Demonstration Year 7 are available in three areas detailed below: (1) health status and health disparities, (2) quality assurance/monitoring, and (3) consumer issues. In addition, Appendix II provides interim evaluation findings that detail this information over the lifetime of the Demonstration.

Health Status and Health Disparities

The continuation of the funding for the St. Louis safety net of health care providers through this Demonstration helps ensure access to health care for those living in traditionally underserved communities. 73% of all members of the pilot coverage model are African-American, 19% are Caucasian, less than 1% are members of other races, and 8% did not report their race.

As measured through pay-for-performance metrics, African Americans enrolled in the Pilot Program perform well when compared to their Whites counterparts enrolled in the program:

- Of those newly enrolled patients, 71% of African Americans had at least one office visit within 1 year of enrollment date, as compared to 75% of Whites.
- Eighty-six percent of African Americans with chronic conditions had at least two office visits within 1 year, as compared to 90% of Whites.
- Eighty-four percent of African Americans with diabetes had at least one HgbA1c test within 6 months, as compared to 88% of Whites.
- Of all patients with diabetes, 61% of African Americans and 77% of Whites had HgbA1c levels less than or equal to 9% on their most recent test.

Quality of care, as measured by the program's pay-for-performance measures, continues to improve. Providers are consistently earning their incentive payments by meeting quality metrics, including ensuring access to those with chronic conditions and helping them to manage their disease better.

- Eighty-seven percent of newly enrolled or newly diagnosed diabetic patients had their HgbA1c tested within six months during the most recent incentive period, compared to 66% at the beginning of the Demonstration.
- Sixty-nine percent of patients with diabetes had an HgbA1c of less than 9% within six months of diagnosis or enrollment during the most recent incentive period, compared to 54% at the beginning of the program.
- Eighty-eight percent of newly enrolled individuals with chronic diseases or newly diagnosed patients received two office visits within six months, compared to 74% at the beginning of the Demonstration.

Gateway primary care providers are consistently performing comparatively to their peers across the State of Missouri as measured by UDS quality measures. A review of standard quality measures in UDS reports indicates that Gateway health centers on average perform on par (+1%) with their peers across the state.

Quality Measure	2015		Difference
	Gateway CHCs*	State	
Tobacco Use Assessment & Cessation Intervention Percentage of patients age 18 and older assessed for tobacco use and, if identified as a tobacco user, received cessation counseling and/or pharmacotherapy	81%	81%	-
Hypertension: Controlling High Blood Pressure Proportion of patients aged 18 to 85 years of age with diagnosed hypertension (HTN) whose blood pressure (BP) was less than 140/90 (adequate control) at the time of the last reading	57%	60%	-3%
Cervical Cancer Screening Percentage of women 24-64 years of age who received one or more Pap tests to screen for cervical cancer	58%	53%	+5%
Diabetes: HbA1c Control Proportion of adult patients 18 to 75 years of age with a diagnosis of Type I or Type II diabetes whose hemoglobin A1c (HbA1c) was less than 9% at the time of the last reading in the measurement year. Results are reported in four categories: less than 7%; greater than or equal to 7% and less than 8%; greater than or equal to 8% and less than or equal to 9%; and greater than 9%	71%	70%	+1%
Adult Weight Screening and Follow-Up Percentage of patients aged 18 and over who had documentation of a calculated BMI during the most recent visit or within the 6 months prior to that visit	52%	61%	-9%

*Data is sourced from UDS report for 2015, as provided by HRSA and does not included data from St. Louis County Department of Public Health. St. Louis County Department of Public Health is not a Federally Qualified Health Center and does not report data to HRSA.

Quality Assurance/Monitoring

The State and SLRHC are continually monitoring the performance of the Pilot Program to ensure it is providing access to quality health care for the populations it serves.

The SLRHC conducts satisfaction surveys with referring physicians (including support staff) and Gateway to Better Health enrollees on a regular basis. In addition, the State and SLRHC also continually monitor access to specialty care, wait times for medical appointments, and call center performance. Most recently available outcomes for these measures in Demonstration Year 7 are detailed in the sections below:

Patient Satisfaction Survey

Patient satisfaction surveys have been conducted eight times from July 2012 –August 2016 with Gateway to Better Health patients. The most recent evaluation of patient satisfaction was conducted by Princeton Survey Research Associate (PSRAI) between July and August 2016, where a total of 1,200 patients participated.

From this evaluation, findings show that overall Gateway enrollees believe their physical health has improved since enrolling in Gateway and that the program is having a positive impact on their health. Majorities report they are satisfied with the quality of the care they have received (94%) and would recommend Gateway to friends or family members (77%). Additionally, many respondents do not feel they would be able to maintain the same level of health if the Gateway program was no longer available. Other key patient satisfaction findings are provided in Appendix II. The full report for the recent PSRAI evaluation of Gateway patients can be found in Appendix III.

Provider Satisfaction Survey Results

Representatives from the provider organizations meet monthly to evaluate clinical issues, consumer issues and financial issues related to the program. SLRHC is monitoring appointment wait times and conducting satisfaction surveys with physician participants on a regular basis. In addition, provider satisfaction surveys were distributed to the five primary care health centers in the Gateway provider network to assess providers' experience with the referral process for the program. Provider satisfaction surveys have been conducted nine times from July 2012 –August 2017 with Gateway to Better Health providers. The most recent evaluation of provider satisfaction was conducted by Princeton Survey Research Associates (PSRAI) between July and August 2016, where a total of 115 providers participated.

From this evaluation, findings show that overall providers and staff are extremely positive about the impact Gateway to Better Health has on the health of their patients, and a majority of respondents said their own job satisfaction has improved since the implementation of Gateway. Additional key findings are provided below.

Providers Rated Impact on Enrollees Highly

- A majority of providers and staff (73%) say that the quality of medical care uninsured patients receive has improved since the implementation of Gateway, an increase of 9% from 2014.
- Eighty-six percent of providers and staff say the Gateway program is having a big impact on helping enrollees lead healthier lives, an increase of 9% from 2014.
- Majorities (more than half) say the Gateway program does an excellent or very good job at addressing current health needs, reducing patient costs for healthcare services and medications, facilitating care coordination and helping prevent future illnesses of patients.
- Ninety-one percent of providers believe that Gateway has helped improve the patient-provider relationship and 90% believe Gateway enables them to deliver quality care to their patients.

Providers Rated Impact on their Job Success and Job Satisfaction Highly

- Large majorities (more than 85%) of providers and staff see many positive aspects of the Gateway program, such as helping them deal effectively with patients’ problems, providing adequate resources for patients, improving patient care coordination and decreasing the stress of dealing with uninsured patients.
- If Gateway were to close, 62% say their job satisfaction would decrease. In addition, providers are not confident that their patients would be able to access healthcare services without the program.

The full report for the recent PSRAI evaluation of Gateway providers can be found in Appendix IV.

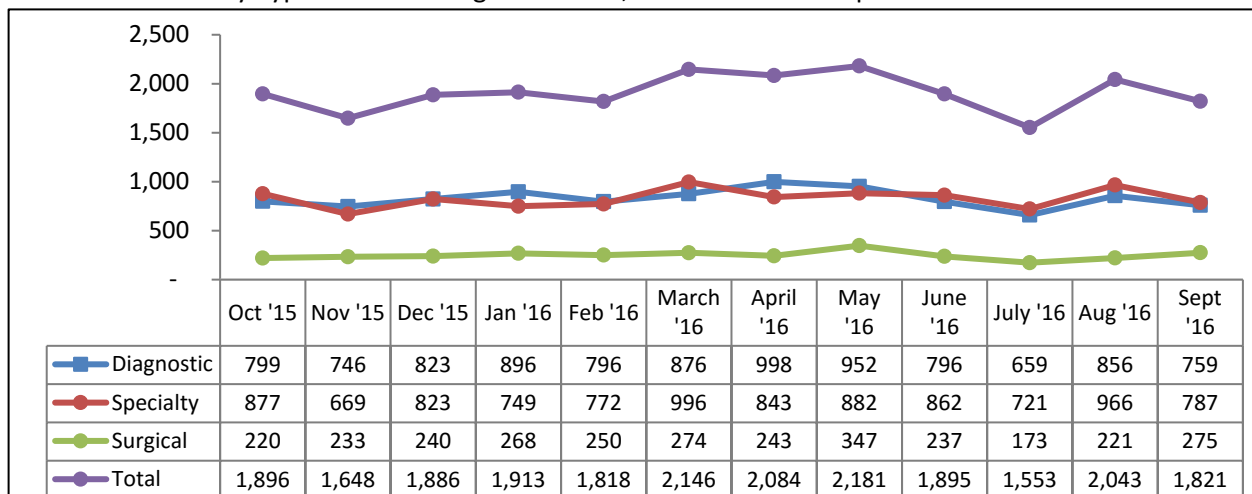
Access to Specialty Care

*Specialty and Diagnostic Care Medical Referrals, October 1, 2015 – September 30, 2016**

Month	Referrals to Specialty Care Providers
October 2015	1,896
November 2015	1,648
December 2015	1,886
January 2016	1,913
February 2016	1,818
March 2016	2,146
April 2016	2,084
May 2016	2,181
June 2016	1,895
July 2016	1,553
August 2016	2,043
September 2016	1,821

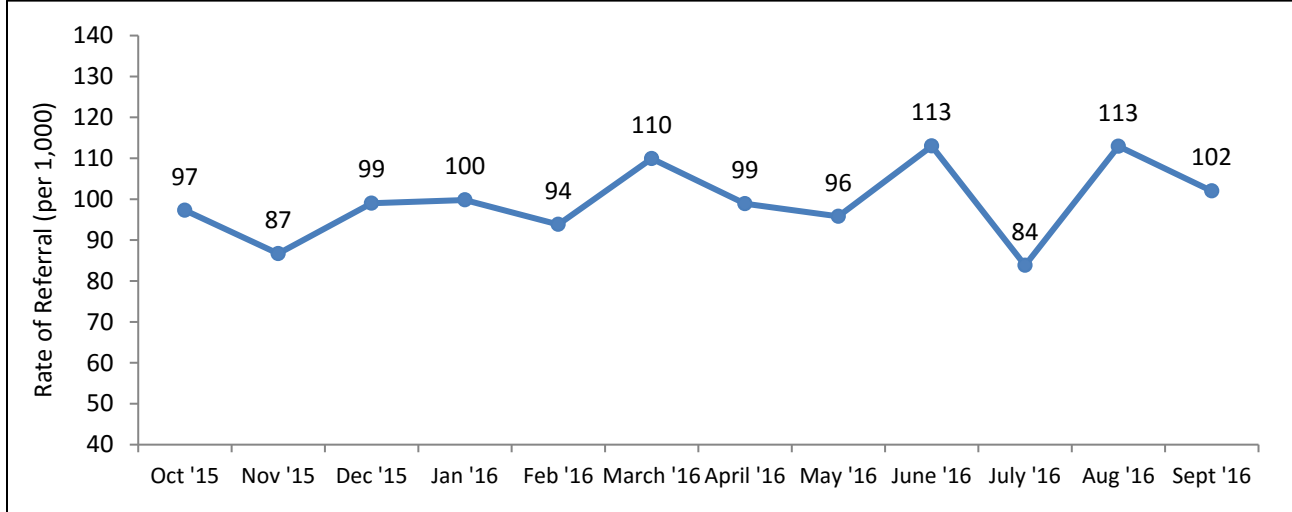
**Reported medical referrals are based on Automated Health Systems data as of October 4, 2016.*

*Medical Referrals by Type and Pilot Program Month, October 2015 – September 2016**



**Reported medical referrals are based on Automated Health Systems data as of October 4, 2016.*

Rate of Referrals to Specialist by Pilot Program Month (per 1,000 Members Enrolled), October 2015 – September 2016*

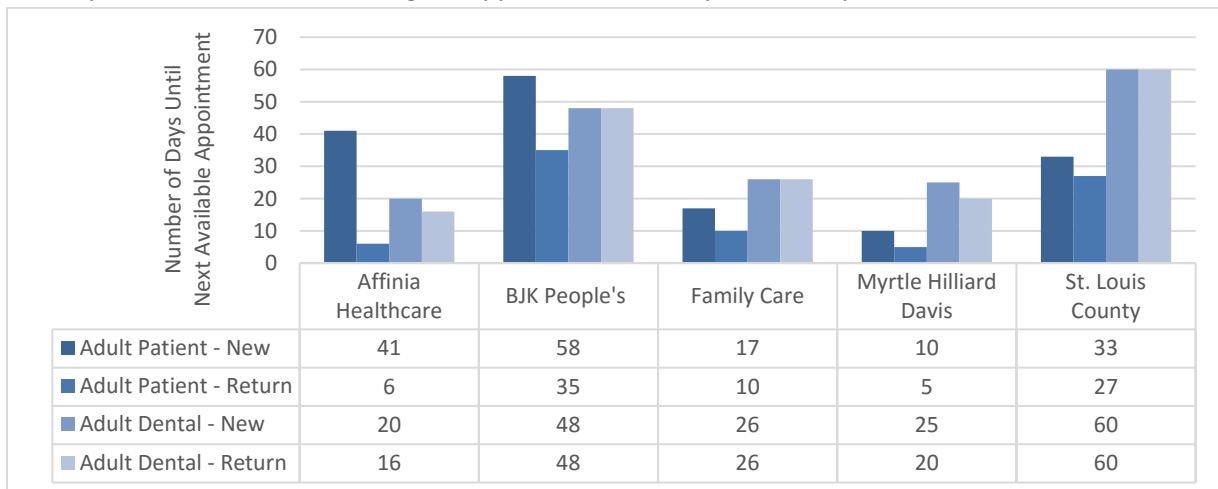


*Reported rates of medical referrals are based on Automated Health Systems data as of October 4, 2016. Rate of referral is determined by using the total referrals divided by the average monthly enrollment.

Primary Care Appointment Wait Times

Gateway primary care appointment wait times as of the end of Demonstration Year 7 (September 30, 2016) are provided below. Most primary care providers were able to see returning patients within four weeks.

Primary Care Wait Times (Non-Urgent Appointments in Days), as of September 30, 2016*



*Wait times self-reported by individual health center as of September 30, 2016, and are calculated for Gateway patients only.

Specialty Care Appointment Wait Times

Specialty care appointment wait times at specialty care providers as of December 2015 are provided below. Wait times varied greatly by specialty.

*Adult Wait Times by Specialty**

Appointment Type	# of Days Until the Next Available Appointment	
	New Patient	Return Patient
Cardiology	16.8	25.6
Dermatology	23.8	18.3
Endocrinology	69.8	27.3
ENT/Otolaryngology	14.5	10.3
Gastroenterology (GI)	54	50
Gynecology	19.2	13.2
Hematology	15.7	8.3
Hepatology	71	50
Infectious Disease	38.2	43.4
Mental/Behavioral Health	13.2	9.7
Nephrology	25.2	31.8
Neurology	34.7	19.8
Neurosurgery	10.7	10.4
Obstetrics/Prenatal Care	9.5	3
Oncology	6.2	8.3
Ophthalmology/Eye Care	21.3	13.6
Orthopedics	16.8	21.7
Pain Management	10	-
Physical Therapy	16	-
Podiatry	20	10
Pulmonology	35.4	30
Rheumatology	83.2	73
Surgery -- General	12.2	6.4
Urology	47.5	74

* Wait times listed are the averages for self-reporting organizations (Barnes-Jewish Hospital, SLUCare, Mercy JFK Clinic, and Washington University in St. Louis School of Medicine – Adult).

Call Center Performance

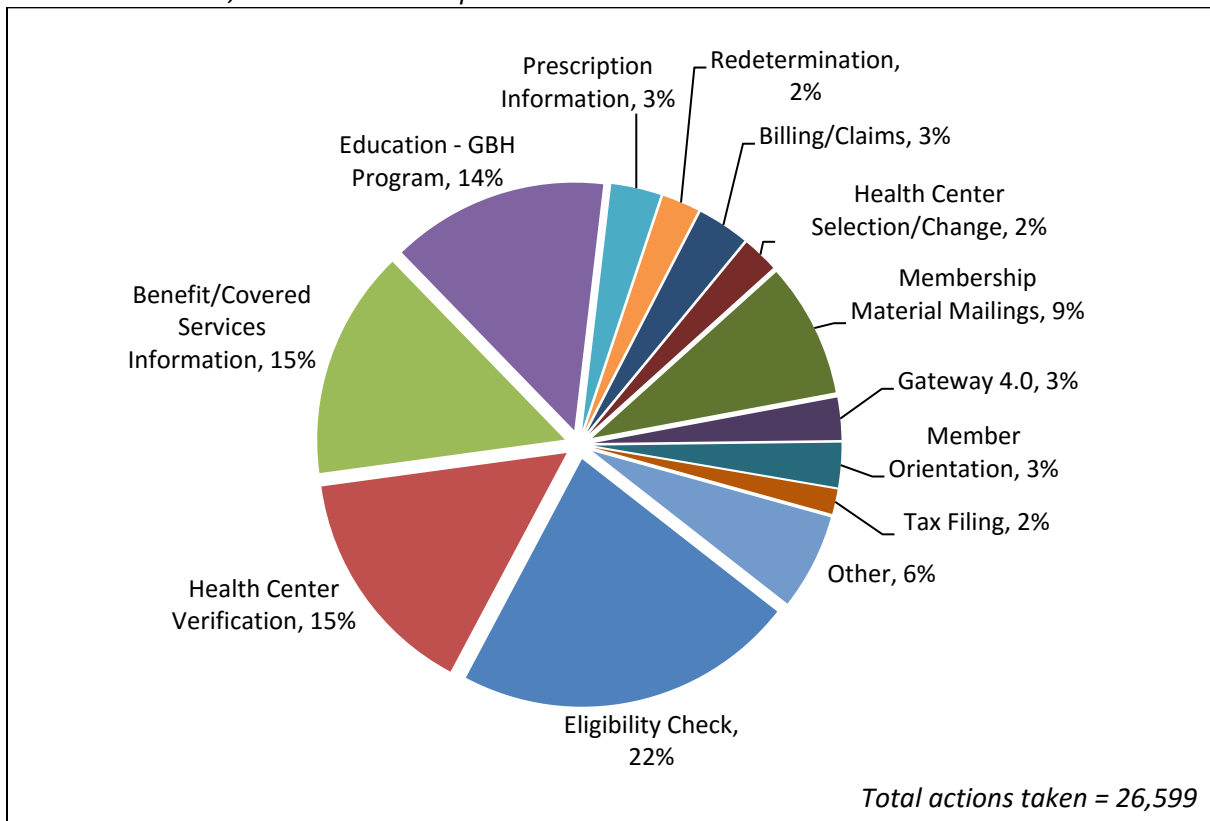
Individuals enrolled in the Gateway to Better Health Pilot Program have access to a call center, available Monday through Friday, 8:00 a.m. to 5:00 p.m. central standard time. When the call center is not open, callers may leave messages that are returned the next business day. Data on call center performance during Demonstration Year 7 are provided below:

Call Center Performance, October 2015 - September 2016

Performance Measure	Outcome
Calls received	17,072
Calls answered	16,438
Abandonment rate	3.7%
Average answer speed (<i>seconds</i>)	26
Average length of time per call (<i>minutes: seconds</i>)	3:46

**Call center performance metrics are based on Automated Health Systems data as of October 4, 2016.*

*Call Center Actions, October 2015 – September 2016**



**Reported call center actions are based on Automated Health Systems data as of October 4, 2016.*

Consumer Issues

During Demonstration Year 7, the call center answered 17,072 calls, averaging approximately 67 calls per day. Of calls answered during this time, 70 (less than one percent) resulted in a consumer complaint. All consumer issues were resolved directly with the patient and associated provider(s). The most common source of complaint for this Demonstration Year was related “Access to Care”, which includes a range of issues including the patients’ ability to get a timely appointment, get a prescription filled, get a referral to see a specialist, as well as coordinating specialty care with primary care homes.

IV. Outreach and Engagement

SLRHC conducts outreach and engagement efforts for patients, providers and community members regarding the Gateway Demonstration on an ongoing basis. Outreach efforts in Demonstration Year 7 are summarized below.

Engagement of SLRHC Advisory Boards and Teams

Each month the SLRHC shares information and gathers input about the Demonstration from its 18-member board and its advisory boards. Full rosters of these boards may be found at www.stlrhc.org.

The SLRHC shares monthly financial, enrollment, and customer service reports about the Pilot Program with its advisory boards in addition to the Pilot Program Planning Team and the committees that report to this team. These committees include the Operations and Finance workgroups. Members of the community, health center leadership, health center medical staff, and representatives from other medical providers in the St. Louis region are represented on these committees. Full rosters can be found in Attachment I of this report.

Enrollment Outreach

During Demonstration Year 7, the State provided training to community health centers to assist patients with the Gateway enrollment application process. Gateway primary care providers work with all of their uninsured patients, including young adult patients aging out of Medicaid, to assess their eligibility for Gateway and other programs, and enroll them in the Pilot Program, as applicable. In Demonstration Year 7, more than 7,400 new patients were enrolled in the Gateway program. As of September 30, 2016, 2.2% of Gateway enrollees were between the ages of 19 and 20; 49.9% between the ages of 21 and 44; and 47.9% between the ages of 45 and 64.

In addition, screening for Gateway eligibility over the life of the Pilot Program has resulted in the enrollment of more than 32,700 individuals in MO HealthNet programs, including but not limited to:

- 3,556 adults approved for MO HealthNet for the Aged, Blind, or Disabled
- 3,656 adults approved for MO HealthNet for Families

Member Orientations

The Gateway to Better Health program enrolls 600 to 1600 new members each month. In an effort to educate these new members about program and health center processes, the Pilot Program hosts orientation sessions for those members enrolled in the program for less than six months on a quarterly basis. Topics discussed during the sessions include program background, application process, member handbook and ID card, covered and non-covered benefits, transportation scheduling, redetermination and disenrollment, as well as health center specific policies. Member orientations were conducted at various sites for all Gateway primary care organizations: Betty Jean Kerr People's Health Center, Myrtle-Hilliard Davis Comprehensive Health Centers, Family Care Health Centers, Affinia Healthcare, and St. Louis County Department of Public Health. More than 750 members have attended member orientation sessions. Participants were asked to evaluate the effectiveness of each orientation session at its conclusion. Those results are summarized below:

- 84% of members felt very confident or somewhat confident that they understood how to use their benefits
- 84% of members felt very confident or somewhat confident that they can navigate receiving health care service at their health center
- 94% of members felt the orientation sessions was very helpful or somewhat helpful

Community Meetings and Patient/Provider Communications

The RHC hosted public community meetings to inform stakeholders about the Gateway program throughout the Demonstration Year. These meetings provided information on Gateway enrollment, how to access safety net health care services, and any changes to the Gateway network.

On June 21, 2016, a Post-Award Public Input session was held to inform the public on the progress of the Gateway demonstration. This meeting was held as part of the regularly scheduled Community Advisory Board of the St. Louis Regional Health Commission. Attendees received information on the number of people served and the number of services and visits provided by Gateway each year. The current membership of the program, including the distribution of chronic conditions and a demographic profile of Gateway members was also presented. An overview of patient and provider satisfaction feedback, as well as results from quality metrics, were reviewed. The audience was given an opportunity to provide feedback on the program's success to date. Attendees expressed their satisfaction with the progress of the Demonstration to date and their support for the continue work of the Demonstration, including the implementation of trauma informed practices within the health centers.

Additionally, on June 16, 2016, CMS approved a one-year extension of the Gateway Demonstration program for patients up to 100% FPL until December 31, 2017. Patients and providers were notified of the extension approval via mailed communications, print and digital media, phone blasts targeted to members, as well as announcements on both the Gateway to Better Health and the St. Louis Regional Health Commission webpages.

Local Media Coverage

The Gateway program continues to be covered by local print, television, and radio media as a regional success story. Links to recent coverage are available at www.stlrhc.org.

V. Enrollment, Waiting List and Disenrollment

Enrollment

The coverage model provides primary, urgent and specialty care coverage to uninsured adults in St. Louis City and St. Louis County with incomes up to 100% FPL. As of September 30, 2016, 17,854 unique individuals were enrolled in the Gateway to Better Health. Pilot Program enrollment by health center is also provided below:

*Pilot Program Enrollment by Population**

Demonstration Populations	Unique Individuals Enrolled as of September 30, 2016	Enrollment Months October 2015 – September 2016
Population 1: Uninsured individuals receiving both Primary and Specialty Care through the Demonstration	17,854	227,064
Population 2. Uninsured individuals receiving only Specialty Care through the Demonstration (<133% of FPL)	N/A	N/A
Population 3. Uninsured individuals receiving only Specialty Care through the Demonstration (134-200% of FPL)	N/A	N/A
Total for All Populations	17,854	227,064

**Enrollment numbers are based on MO HealthNet enrollment data as of September 30, 2016.*

*Gateway to Better Health Enrollment by Health Center**

Health Center	Unique Individuals Enrolled as of September 30, 2016	Member Months October 2015 - September 2016
BJK People's Health Centers	2,984	39,893
Family Care Health Centers	1,314	16,267
Affinia Healthcare	7,566	95,796
Myrtle Hilliard Davis Comp. Health Centers	3,493	42,959
St. Louis County Dept. of Health	2,497	32,149
Total	17,854	227,064

**Enrollment numbers are based on MO HealthNet enrollment data as of September 30, 2016.*

Waiting Lists

There were no waiting lists during Demonstration Year 7, as enrollment did not reach the enrollment cap of 21,423.

Disenrollment

During Demonstration Year 7, a total of 10,343 members were disenrolled from Gateway, averaging 862 members each month. The table below provides Gateway disenrollment by month in Demonstration Year 7:

*Gateway Member Disenrollment by Month, October 2015 – September 2016**

Month	Beginning Enrollment	New Enrollment	Disenrollment	Net Change	End of Month Enrollment
Oct '15	19,780	516	807	-291	19,489
Nov '15	19,489	434	911	-477	19,012
Dec '15	19,012	655	618	37	19,049
Jan '16	19,049	619	500	119	19,168
Feb '16	19,168	740	532	208	19,376
March '16	19,376	777	628	149	19,525
April '16	19,525	708	889	-181	19,344
May '16	19,344	476	842	-366	18,978
June '16	18,978	726	710	16	18,994
July '16	18,994	600	1,066	-466	18,528
Aug '16	18,528	576	1,013	-437	18,091
Sept '16	18,091	590	1,827	-237	17,854
Total	N/A	7,417	10,343	-1,926	N/A

**Data based on MO HealthNet enrollment data as of September 30, 2016.*

Based on preliminary analysis, the most common reasons for member disenrollment include: moving outside of St. Louis City and County, the program catchment area; meeting eligibility requirements for MO Medicaid; and a change in income status. While approximately 10,300 total patients disenrolled from Gateway in Demonstration Year 7, more than 7,400 new patients joined the program during this time.

VI. Utilization Trends

Outlined below are key findings regarding the Gateway program service utilization for Demonstration Year 7 (October 1, 2015 – September 30, 2016). Information presented is based primarily on an initial review of Gateway claims and service referral data.

Primary and Dental Care

Gateway provided more than 39,000 total primary care and dental visits during Demonstration Year 7. Gateway primary care physicians saw about 2,600 patients in their offices each month. Gateway dentists at community health centers saw about 680 patients in their offices each month. The table below reviews the annual distribution of primary and dental care office visits by provider.

*Primary Care and Dental Office Visits by Rendering Provider, October 1, 2015 – September 30, 2016**

Provider	Primary Care Office Visits	Dental Office Visits	Total Visits
BJK People’s Health Centers	5,121	1,474	6,595
Family Care Health Centers	3,345	571	3,916
Affinia Healthcare (formerly known as Grace Hill)	11,421	3,140	14,561
Myrtle Hilliard Davis Comp. Health Centers	5,376	1,124	6,500
St. Louis County Dept. of Health	5,801	1,895	7,696
All Providers	31,064	8,204	39,268

**Reported utilization based on Gateway claims data as of November 18, 2016.*

Chronic Conditions

About 40% of all Gateway visits were for patients live with at least one chronic condition.

*Percentage of Patients with Chronic Conditions**

Medical Condition	Percentage of Visits
Hypertension	32.3%
Diabetes (Type 1 & 2)	12.2%
Asthma/COPD	10.2%
CVD, CHF, Heart Disease	3.5%
Total (unduplicated)	39.8%

Medications

Gateway provided more than 217,500 medications to manage chronic conditions and other diseases in Demonstration Year 7, including more than 10,600 prescriptions for brand name insulin and inhalers.

Advanced Care

Providers made nearly 2,000 referrals for advanced care each month. Of the more than 22,800 referrals made in Demonstration Year 7, approximately 10,000 were for diagnostic services and approximately 3,000 were for surgical procedures. Gateway provided more than 6,300 specialty office visits in Demonstration Year 7. The table below reviews the annual distribution of specialty care office visits by provider.

*Specialty Care Office Visits by Rendering Provider, October 1, 2015 –September 30, 2016**

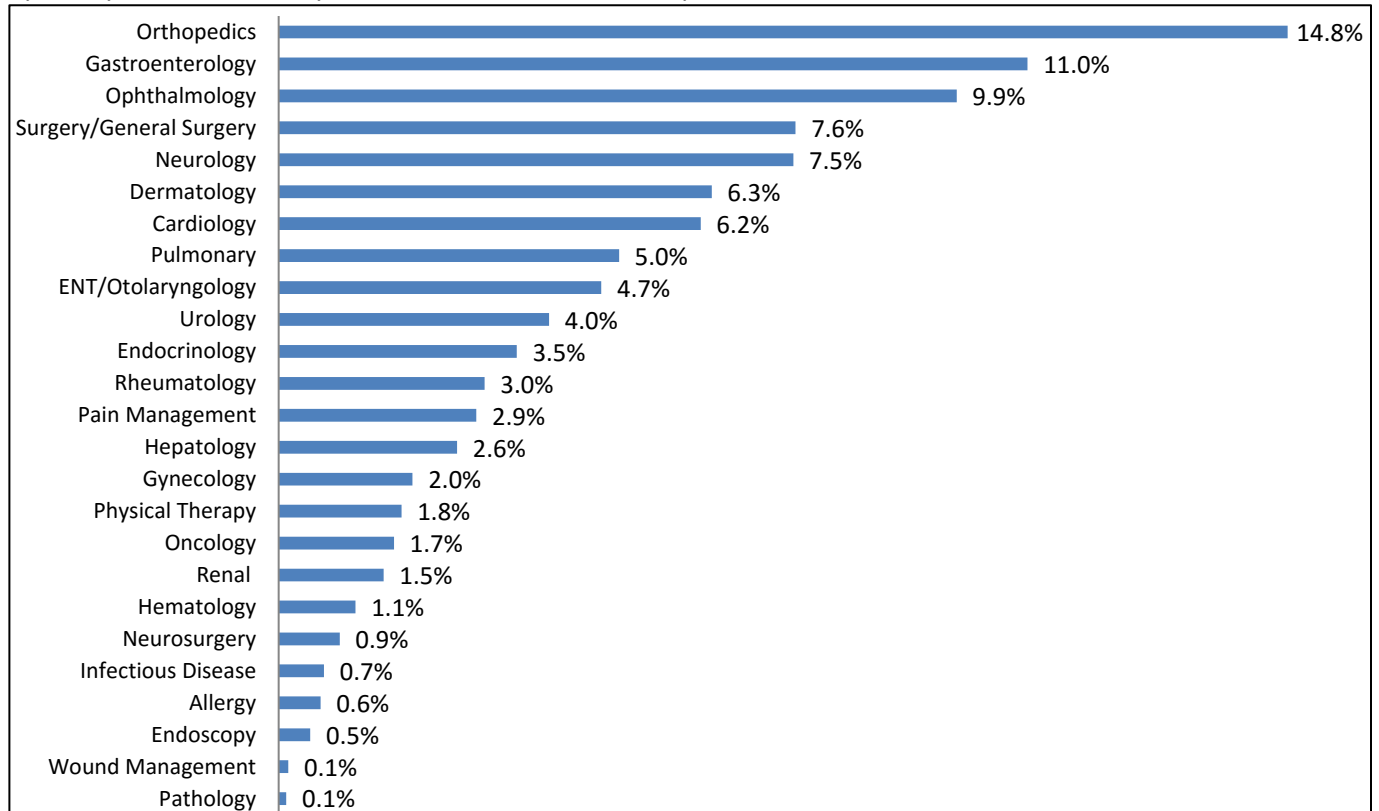
Provider	Specialty Care Visits
SLUCare	3,199
Washington University School of Medicine	2,513
All Other Providers**	601
Total	6,313

**Reported utilization based on Gateway claims data as of November 18, 2016.*

*** Other providers include the following: Eye Associates Limited; Bone and Joint Institute, Inc.; Nephrology and Hypertension Specialists, LLC; St. Alexius Hospital; Mercy; BJC Medical Group; SSM Medical Group; and Dr. Theodore Otti.*

In Demonstration Year 7, orthopedics, gastroenterology, general surgery and ophthalmology were the leading specialty care services to which Gateway patients were referred. The percent of specialty care referrals by service for Demonstration Year 7 is further detailed below:

Specialty Care Referrals by Service, October 1, 2015 – September 30, 2016



Urgent Care

Gateway provided more than 4,000 urgent care visits in Demonstration Year 7. Between October 1, 2015 and September 30, 2016, there were approximately 346 urgent care visits each month.

Table 5. Urgent Care Office Visits by Rendering Provider, October 1, 2015 – September 30, 2016*

Provider	Urgent Care Visits
Affinia Healthcare	3,107
Myrtle Hilliard Davis Comp. Health Centers	601
SSM Urgent Care**	447
All Providers	4,155

*Reported utilization based on Gateway claims data as of November 18, 2016.

**SSM Urgent Care provides urgent care services for BJK People's Health Centers, Family Care Health Centers and St. Louis County Department of Health Gateway members.

VII. Policy and Administrative Difficulties and Solutions

There are no other operational or policy issues to report for Demonstration Year 7.

VIII. Updates on the Financial Sustainability of the Affiliation Partners and the St. Louis Regional Health Commission

Planning for financial sustainability of the Affiliation Partners and SLRHC has been underway throughout the Demonstration period. Updates are provided below:

Grace Hill and Myrtle Hilliard Davis Sustainability

The primary care Affiliation Partner organizations, Affinia Healthcare (formerly known as Grace Hill) and Myrtle Hilliard Davis, continue to work towards the benchmarks outlined in their respective sustainability plans, submitted in June 2011, as part of the Pilot Plan. Long-term sustainability for the Affiliation Partners is dependent on coverage options being available for their patients at the end of the Demonstration.

The move to a coverage model has required the providers supported by the Demonstration to understand underlying costs structures and streamline operations in preparation for the post-Demonstration environment.

St. Louis Regional Health Commission Sustainability

At the current time, SLRHC's major priority is the successful management of the Gateway program,. Once thi duty has been successfully discharged, the SLRHC will reassess its priorities. The SLRHC continues to sustain its non-Gateway operations through contributions from St. Louis City and County and grants.

IX. Provider Payments

On July 1, 2012, the Demonstration transitioned to a coverage model, as opposed to a direct payment or block grant model. Uncompensated care costs under the direct payment model are documented in reports for previous Demonstration years.

Key Findings from Gateway Program Fiscal Year End Results

The table below documents Gateway Pilot Program expenses in Demonstration Year 7 as compared to the operating budget. An explanation of key variances by provider type is also provided.

Gateway Actual to Operating Budget, October 1, 2015 - September 30, 2016*

Provider Type	Actual	Operating Budget	Percent Variance
Primary Care Providers	\$12,468,637	\$13,426,620	-7%
Specialty Care Providers	\$8,334,370	\$8,636,889	-4%
Transportation	\$296,716	\$320,268	-7%
Gateway Administration	\$3,523,613	\$3,950,078	-11%
Total Allowable Gateway Program Expenses	\$24,623,337	\$26,333,855	-6%

*Reported information based on data as of January 6, 2017. Additional allowable expenses may be incurred for the federal fiscal year.

Primary Care:

Gateway primary care providers earned approximately \$12.5 million from October 1, 2015 to September 30, 2016 (FFY16), or 7% less than the operating budget for the fiscal year. Redeterminations and income limitations played a critical role during the fiscal year in reducing membership rolls for Gateway. Additionally, many of the Gateway members became eligible for Medicaid. Both of these factors contributed to the decline in revenue for the primary care providers, which are paid on a per-member-per-month basis.

Specialty Care:

Although Gateway members accessed specialty care services at higher rates, specialty care providers earned approximately \$8.3 million, or 4% less than the operating budget for the fiscal year as of January 6, 2017. This variance is primarily due to claims lag and members qualifying for Medicaid or no longer qualifying for the program due to income limitations.

Other Program Expenses:

Gateway administrative expenses to date have been 11% less than the operating budget for FFY16. This variance is expected to decrease when the expenses for the eligibility workers for the period of January - September 2016 are claimed.

Cost of Specialty Care Services

The table below reviews specialty care costs in Demonstration Year 7 for Gateway providers based on claims data. Beginning January 1, 2014, providers were reimbursed at rate equivalent to 100% of

Medicare. Claims are still being submitted for the 4th quarter of Demonstration Year 7. It is anticipated that claims amount for the period may increase as additional claims are filed.

Cost of Specialty Care Services, October 1, 2015 – September 30, 2016*

Provider Name	Provider Payments
BJC Healthcare	\$1,737,533
Mercy & Affiliates	\$210,822
SLUCare	\$1,921,025
SSM Managed Care	\$1,698,987
Washington University School of Medicine	\$2,552,514
All Other	\$213,489
Total	\$8,334,370

*Reported information based on data as of January 6, 2017. Additional allowable expenses may be incurred for the federal fiscal year.

Provider Incentive Payments

The Incentive Payment Protocol requires seven percent of provider funding to be withheld from Gateway primary care providers. The seven percent withhold is tracked and managed on a monthly basis. The SLRHC is responsible for monitoring the health centers’ performance against the pay-for-performance metrics in the Incentive Payment Protocol. Withholds for Gateway providers during Demonstration Year 7 are outlined below:

Summary of Provider Payments and Withholds, October 1, 2015 - September 30, 2016*

Providers	Provider Payments**	Provider Payments Withheld
BJK People’s Health Centers	\$2,168,387	\$152,019
Family Care Health Centers	\$902,284	\$62,000
Affinia Healthcare (formerly known as Grace Hill)	\$5,256,815	\$365,010
Myrtle Hilliard Davis Comprehensive Health Centers	\$2,364,415	\$163,870
St. Louis County Department of Health	\$1,776,736	\$122,462
Total	\$12,468,637	\$865,362

Payments in the table above are subject to change as patient enrollment/eligibility changes.

*Reported provider payments and withholds are based on data as of January 6, 2017.

**Amount represents actual earnings including incentive payments.

Pay-for-performance incentive payments are paid out at six-month intervals of the Pilot Program based on performance during the following reporting periods:

- 1) July 1, 2012 – December 31, 2012
- 2) January 1, 2013 – June 30, 2013
- 3) July 1, 2013 – December 31, 2013
- 4) January 1, 2014 – June 30, 2014
- 5) July 1, 2014 – December 31, 2014
- 6) January 1, 2015 – June 30, 2015

- 7) July 1, 2015 – December 31, 2015
- 8) January 1, 2016 – June 30, 2016
- 9) July 1, 2016 – December 31, 2016

The eighth pay-for-performance reporting period ended on June 30, 2016. The complete results are provided in Appendix IV. In general, the providers continued to build off gains from the first reporting period and have made great strides in attaining the clinical quality measures. It is expected that the participating providers will continue to improve results as the program continues.

In the eighth reporting period, individually, all primary care providers achieved at least four of the six clinical quality measures. St. Louis County Department of Public Health and Family Care Health Centers achieved all quality metrics. Across all primary care providers, 72% of patients enrolled for six months had a primary care visit during that time, with a threshold of 80%. Eighty-eight percent of patients with chronic conditions enrolled six months had two primary care visits during that time, with a threshold of 80%. In addition, 69% of the patients with diabetes had HgbA1c measures <9%, with a threshold of 60%. Of all diabetic patients, 87% had their HgbA1c drawn within six months. Also, 88% of hospitalized patients received follow-up within 7 days of discharge, with a threshold of 50%.

In the eighth pay-for-performance period, all primary care providers successfully attained the measure related to rate of referrals to specialists (threshold of 680/1000). Tracking these measures has enabled the providers to address operational and clinical improvements to help them achieve better outcomes over the life of the program.

Pay-for-performance incentive outcomes for the time period of July 1, 2016 – December 31, 2016, are not yet available but will be shared in future reports.

Incentive Protocol

Beginning July 1, 2012, with the implementation of the pilot program, the project team instituted new provider incentives and activities. The Incentive Payment Protocol (provided as Appendix III) was submitted to CMS on August 16, 2012, and subsequently amended on April 24, 2014, and August 11, 2014.

The Incentive Payment Protocol requires 7% of provider funding to be withheld from the Gateway providers. The 7% withheld is tracked on a monthly basis. The St. Louis Regional Health Commission is responsible for monitoring the primary care organizations' performance against the pay-for-performance metrics in the Incentive Payment Protocol. Effective January 1, 2014, the Incentive Payment Protocol is only applicable to primary care organizations.

Provider Infrastructure Payments

No provider infrastructure payments were made during Federal Fiscal Year 7.

APPENDIX I: Gateway Team Rosters

Pilot Program Planning Team

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Chief Operating Officer, Myrtle Hilliard Davis
Comprehensive Health Centers

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APPENDIX II: Interim Evaluation Findings

This section provides a narrative summary of the evaluation design, status (including evaluation activities and findings to date), and plans for evaluation activities during the extension period (ending December 31, 2016). The section reports on hypotheses being tested and preliminary evaluation results.

Evaluation Design Summary

The Gateway to Better Health Demonstration Project includes the following main objectives:

- I. Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act (ACA);
- II. Connect the uninsured to a primary care home which will enhance coordination, quality, and efficiency of health care through patient and provider involvement;
- III. Maintain and enhance quality service delivery strategies to reduce health disparities;

From July 1, 2012, when the pilot coverage model went into effect, through December 31, 2013, the Demonstration: (1) provided primary, urgent, and specialty care coverage to uninsured³ adults in St. Louis City and St. Louis County, aged 19-64, who are below 133% of the Federal Poverty Level (FPL) through a coverage model known as Gateway to Better Health Blue; and (2) provided individuals otherwise meeting the same requirements but with income up to 200% of the FPL with urgent and specialty care services, excluding the primary care benefit, through a coverage model known as Gateway to Better Health Silver.

On September 27, 2013, CMS approved a one-year extension of the Gateway Demonstration program until December 31, 2014. As of January 1, 2014, the coverage model provides primary, urgent and specialty care coverage to one population: uninsured adults, aged 19-64, in St. Louis City and St. Louis County with incomes up to 100% FPL. Individuals with incomes between 100% and 200% FPL were not eligible for Gateway coverage as of January 1, 2014. On July 16, 2014, December 11, 2015 and again on June 16, 2016, CMS approved an additional one-year extension of the Gateway Demonstration program for individuals up to 100% FPL until December, 31, 2017.

Determination of Evaluator

In 2010, with cooperation from MO HealthNet staff, the St. Louis Regional Health Commission selected Mercer Government Human Services Consulting to perform the final evaluation of the Gateway to Better Health Demonstration Project. As the program continues, additional evaluation efforts for interim evaluation results may utilize other resources, as needed.

³ To be considered to be “uninsured” applicants must not be eligible for coverage through the Medicaid State Plan. Screening for Medicaid eligibility is the first step of the Gateway to Better Health eligibility determination.

Populations Evaluated

The demonstration project is designed to maintain and increase access to primary and specialty care for the uninsured in St. Louis City and County. As a result, the evaluation will focus on uninsured patients who are served by the health care safety net in St. Louis. For the extension period, the evaluation will examine clinical activities for uninsured adults, aged 19-64, in St. Louis City and St. Louis County, as defined by the STCs issued in December 2015.

The St. Louis health care safety net is comprised of the five St. Louis area community health centers, including Betty Jean Kerr People's Health Centers, Family Care Health Centers, Affinia Healthcare (formerly known as Grace Hill), Myrtle Hilliard Davis Comprehensive Health Centers and St. Louis County Department of Public Health. The St. Louis safety net also includes area academic medical institutions (Washington University School of Medicine and St. Louis University School of Medicine). These organizations are members of the St. Louis Integrated Health Network (IHN). The IHN is a 501(c)(3) comprised of primary and specialty medical care providers in the St. Louis region. The goal of the IHN is to ensure access to health care for the uninsured and underinsured through increased integration and coordination of a safety net of health care providers.

Over the last decade, the work of the safety net providers in the St. Louis region has focused on helping patients establish a medical home in one of the community health centers in an effort to reduce health disparities and increase the effective utilization of the community's health care resources. The Demonstration Project is intended to continue these efforts while preparing patients and safety net provider organizations for an effective transition to coverage that will be available under health care reform, upon expansion of Medicaid eligibility in Missouri.

Isolation of Outcomes

Because the program serves uninsured patients of a select provider network within St. Louis City and St. Louis County, the program will be able to track outcomes for safety net delivery systems, provider organizations and patients. The patients targeted by this program have very little access to health care services beyond those available from the provider organizations who are members of the St. Louis Integrated Health Network. This fact makes it easier to isolate the outcomes of this program. Furthermore, the "coverage model" provides utilization data and quality metrics for the population enrolled in the Pilot Program, enabling the project team to isolate outcomes to the targeted population. Performance and health indicator outcomes will be compared with averages of other community health centers in the State.

Approach to Demonstration Project Evaluation

The Gateway to Better Health Demonstration Project outlines three specific objectives:

- I. Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act (ACA);
- II. Connect the uninsured to a primary care home which will enhance coordination, quality and efficiency of health care through patient and provider involvement;
- III. Maintain and enhance quality service delivery strategies to reduce health disparities.

Through these objectives, the Gateway to Better Health Pilot Program expects to evaluate the following hypotheses:

- I. By preserving health care services at safety net providers, services will be maintained in the urban core where the greatest health disparities exist, enabling low-income patients to receive preventive, specialty and primary care under the coverage model.
- II. Patients who have access to affordable coverage will demonstrate quality outcomes comparable to other insured populations within community health centers.
- III. For those patients aging out of Medicaid who need a coverage option, the pilot project provides a transition to coverage available under the Affordable Care Act, providing an effective bridge for these patients.

Described below is the recommended approach to evaluating and analyzing outcomes against the three main objectives of the program.

- I. Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act (ACA).

The funding provided by the Gateway to Better Health Demonstration Project is critical to maintaining access to primary and specialty care services for the uninsured in the St. Louis region, particularly for those who live in the urban core where few options exist for health care services. Without the Pilot Program, much of the region's safety net would not be financially sustainable. As such, maintaining funds from the Demonstration project leads to the overall stability of the safety net and ensures access for those uninsured and underinsured patients. The evaluation will highlight pay-for-performance payments as well as total revenue for the community health centers, which serve as primary care homes for Gateway patients.

Ensuring that services remain available and accessible to patients in these communities will be important in evaluating the success of the demonstration project. To measure this, the project team will report on any change in health center locations and significant changes in hours of operation during the period of the demonstration. The rationale for tracking health

center locations is to consider whether geographically dispersed access points were maintained throughout the community. The rationale for measuring hours of operation is to consider whether health centers maintained hours of operation that offered sufficient access to patients, including weekend and evening hours.

It is also important to track utilization of these services on an annual basis by payor and by service line at each provider. The rationale for measuring encounters is to analyze changes in the amount and types of services provided to different patient payor groups (particularly the uninsured) at each Gateway provider throughout the Demonstration. This data will assist evaluators in assessing changes in access to services during the Demonstration.

In addition, patients rely on health centers for a range of services from annual exams, tests and diagnostics to nutrition education and mental health. During each year of the Demonstration, the service offerings available at each provider organization will be documented in order to provide analysis of any changes in service availability.

- II. Connect the uninsured to a primary care home which will enhance coordination, quality and efficiency of health care through patient and provider involvement.

The Gateway to Better Health Demonstration Project is a medical home initiative. Enrolled patients are assigned a primary care medical home that provides comprehensive primary care services; continuous preventive, chronic care and medication management; self-care support and community resources; and care coordination for tests, referrals and transitions of care; along with a payor source that covers the cost of outpatient health care services. The Gateway providers are committed to using performance data for continuous quality improvement. Appendix III provides the pay-for-performance incentive measures upon which a set percentage of Demonstration payments are based. Appendix II provides health indicator baselines and goals for quality measurement. In addition, the Gateway primary care providers participate in the State of Missouri's medical home initiative and are working with the Missouri Primary Care Association (MPCA) to achieve official recognition from the NCQA as Patient-Centered Medical Homes.

The Demonstration project regularly assesses patient and provider satisfaction of the Pilot Program. Satisfaction is measured through surveys and focus groups performed by either the SLRHC and the community health centers or through a contracted vendor. From this evaluation, feedback and input is gathered to improve program experience for both providers and patients. Results from these surveys will be included in the overall evaluation of the Gateway to Better Health Demonstration project.

- III. Maintain and enhance quality service delivery strategies to reduce health disparities.

The region's Federally Qualified Health Centers and health departments are continually focused on reducing the health disparities that exist in the St. Louis region. The St. Louis Regional Health Commission studied this issue in depth in 2003, when it released *Building a*

Healthier St. Louis. This report served as the foundation for the ongoing collaborative work of the members of the RHC to improve the health care safety net in St. Louis.

For the Demonstration Project, the participating Gateway primary care provider organizations will track those health disparity measures reported annually in UDS reports. The project team will use the Missouri Primary Care Association (MPCA) data warehouse to report health disparity measures. Tobacco use and cessation, cervical cancer screening, adult weight screening and follow up, blood pressure and diabetes control have been selected as health disparity measures. The project team will compare these measures of Gateway providers with the average of community health centers in the State of Missouri. It is anticipated that the participating organizations will perform at or above the average performance of all FQHCs in the State. In addition, the evaluation metrics will be reported by age, gender and race/ethnicity for each of the proposed health indicators in Appendix II, as available. All Gateway patients are residents of St. Louis City and St. Louis County. The State does not anticipate reporting health disparity measures by geography.

The St. Louis Regional Health Commission also leads the Alive and Well STL initiative, which focuses on the impact of trauma and toxic stress on physical and emotional health. During the evaluation period, the SLRHC seeks to intersect the Gateway to Better Health program and Alive and Well STL through collaborative learning sessions where Gateway providers and organizations can become trained in providing trauma informed care to their patients, including those Gateway to Better Health patients. The impact of this training will be measured through ongoing assessments of each provider organization's adoption of trauma informed practices. Providers will determine which quality or process measures they seek to improve on within their organizations through this work. Results from these evaluations will be reported in the evaluation for the demonstration project.

The Pilot Program Planning team and its subcommittees (comprised of representatives from participating provider organizations) monitor utilization and quality outcomes of the Gateway to Better Health program. The teams meet regularly to discuss solutions and innovative techniques to improve quality and consumer issues related to the program. Participating providers work together to implement new strategies aimed at improving care coordination and quality.

The following table summarizes the key questions and areas of analysis by Demonstration objectives. Interim evaluation findings are provided later in this report section.

Demonstration Questions and Areas of Analysis by Objective

Demonstration Objective	Key Questions	Key Measures/Data Sources	Analysis
<p>I. Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act (ACA).</p>	<p>Were primary health care services maintained in the neighborhoods where they existed at the beginning of the demonstration project (July 2010)?</p> <p>Did St. Louis City and St. Louis County uninsured individuals maintain access to specialty care services at a level provided at the beginning of the demonstration project?</p> <p>Did the types of services available (i.e. nutrition education, lab tests, radiology) in July 2010 remain available until December 31, 2016?</p>	<p>Health center locations and hours of operation.</p> <p>Primary care encounters by payor and by service line at safety net primary care organizations on an annual basis.</p> <p>Urgent care encounters at Gateway urgent care sites on an annual basis.</p> <p>Specialty care encounters and diagnostic services provided by safety net specialty care providers on an annual basis.</p> <p>Services available at Gateway provider organizations on an annual basis.</p> <p>Provider revenue data by federal fiscal year.</p>	<p>Description of changes in service and impact of changes on the patient community.</p>
<p>II. Connect the uninsured to a primary care home which will enhance coordination, quality and efficiency of health care through patient and provider involvement.</p>	<p>How many uninsured patients had a medical home at Gateway primary care organizations each year of the Demonstration project?</p> <p>How did Gateway patients and providers rate overall coordination, quality and delivery of healthcare services?</p>	<p>Number of primary care patients seen by Gateway providers who are uninsured on an annual basis.</p> <p>Pay for performance quality results by reporting period.</p> <p>Number of new enrollees in the program on an annual basis.</p> <p>Number of enrollees in the program by primary care home, zip code, age, gender, race/ethnicity.</p> <p>Results from patient and provider satisfaction surveys.</p>	<p>Description of trends in connecting uninsured to a primary care home and the impact of having a primary care home on the uninsured.</p>

Demonstration Objective	Key Questions	Key Measures/Data Sources	Analysis
III. Maintain and enhance quality service delivery strategies to reduce health disparities.	<p>By race and ethnicity, what percentage of patients met health disparities metrics (tobacco use and cessation, cervical cancer screening, adult weight screening and follow up, blood pressure and diabetes control)?</p> <p>Did providers implement new programs with the aim to maintain and enhance quality as well as reduce health disparities?</p>	<p>UDS quality measures for each year of the demonstration project from participating organizations.</p> <p>Number of participating primary and specialty care provider organizations that are actively implementing trauma informed practices and/or other quality initiatives implemented.</p> <p>Wait times at safety net primary and specialty care providers.</p>	<p>Description of trends presented in UDS data, including how that data compares to state and national averages for other community health centers.</p> <p>Description of how trauma informed care has improved quality of care and/or reduced disparities.</p>

In addition to the stated objectives of the demonstration project, CMS’ special terms and conditions specify that the draft evaluation design shall address the evaluation questions and topics listed below. Interim evaluation findings for these questions and topics are provided later in this report section.

I. How has access to care improved for low-income individuals?

As addressed in the description of Objective I, the following information will be tracked throughout the demonstration:

- Health center locations and hours of operation;
 - Primary care encounters by payor and by service line at safety net primary care organizations on an annual basis;
 - Urgent care encounters provided by Gateway urgent care sites;
- Specialty care encounters and diagnostic services by payor and by service line at medical schools, hospitals and community specialist providers on an annual basis on;

This information will provide insight on where and what services have been maintained or enhanced throughout the Demonstration Project.

II. How successful is the Demonstration in expanding coverage to the region’s uninsured by 2% each year?

The following information will be tracked throughout the Demonstration:

- Primary care (including urgent care) encounters among the uninsured and the Medicaid population at community health centers;

- Number of uninsured individuals in St. Louis and County on an annual basis;
- Number of individuals covered by Medicaid in St. Louis and County on an annual basis.

The annual number of uninsured encounters and patients will be tracked for each of the primary care provider organizations that receive funding throughout the Demonstration.

Coinciding with the time period of the Demonstration, community health centers led organization-wide outreach efforts to enroll eligible patients into available coverage, including Gateway to Better Health, Medicaid programs and private insurance available through the federal exchange. Trends in enrollment into coverage programs, such as coverage through the Marketplace, will be monitored and reported in the evaluation of the demonstration program.

With enrollment efforts among safety net providers in the St. Louis region, the number of encounters and unique patients served among these populations will also be an important factor in determining the success of expanding coverage to the region's uninsured. As a result, utilization trends within safety net providers among those covered through Gateway, Medicaid and private insurance will be monitored and reported in evaluation efforts for the demonstration project.

III. To what extent has the Demonstration improved the health status of the population served in the Demonstration?

Health status of the population will be tracked through the annual analysis of certain measures, which are reported on annual UDS reports or are HITECH Meaningful Use measures. In addition, the Incentive Payment Protocol (originally submitted to CMS on August 16, 2012, and subsequently amended on April 24, 2014, and August 11, 2014, and discussed in item IV below) aligns health status measures with the provider payment methodologies to provide further incentives for the delivery of quality healthcare services for the duration of the pilot program. For a complete list of proposed quality measures, see Appendix II.

IV. Describe provider incentives and activities.

Beginning July 1, 2012, with the implementation of the pilot program, the project team instituted new provider incentives and activities. The Incentive Payment Protocol (provided as Appendix III) was originally submitted to CMS on August 16, 2012, and subsequently amended on April 24, 2014, and August 11, 2014.

The Incentive Payment Protocol requires 7% of provider funding to be withheld from the Gateway providers. The 7% withheld is tracked on a monthly basis. The St. Louis Regional Health Commission is responsible for monitoring the participating organizations' performance against the pay-for-performance metrics in the Incentive Payment Protocol. Effective January 1, 2014, the Incentive Payment Protocol was only applicable to primary care organizations.

The evaluation will provide an analysis of provider performance against the performance incentive criteria and discuss provider payment. The evaluation will also compare outcomes with data from health centers statewide as described in Item V below.

- V. Include comparable FQHC population/providers to compare effectiveness of provider payment incentives.

As described in item IV above, the St. Louis Regional Health Commission is responsible for monitoring the health centers' performance against the pay-for-performance metrics in the Incentive Payment Protocol. The Incentive Payment Protocol is provided in Appendix III.

The evaluation will also provide an analysis of provider performance outcomes as compared to statewide health center performance data for the following UDS measures:

- Percentage of adults age 18 and older assessed for tobacco use and, if identified as a tobacco user, received cessation counseling and/or pharmacotherapy at least once within 24 months;
- Proportion of patients 18 to 85 years of age with diagnosed hypertension (HTN) whose blood pressure (BP) was less than 140/90 (adequate control) at the time of the last reading;
- Percentage of women 24 to 64 years of age who received one or more Pap tests to screen for cervical cancer during the measurement year or during the 2 calendar years prior to the measurement year or for women who were 30 years of age or older at the time of the test who choose to also have an HPV test performed simultaneously, during the measurement year or during the 4 calendar years prior to the measurement year;
- Proportion of adult patients 18 to 75 years of age with a diagnosis of Type I or Type II diabetes whose hemoglobin A1c (HbA1c) was less than 9% at the time of the last reading in the measurement year;
- Percentage of patients aged 18 and over who had documentation of a calculated BMI during the most recent visit or within the 6 months prior to that visit and if the most recent BMI is outside parameters, a follow-up plan is documented.

- VI. What effect does providing access to brand name insulin and inhalers when there is no generic alternative have on beneficiaries?

Under the STCs issued in December 2015, the pilot program is to begin providing coverage for brand name insulin and inhalers, as there are no generic alternatives to these medications at this time. To measure the success of this new benefit on beneficiaries, the STLRHC will track the number of these prescriptions provided to patients.

To measure the effect of providing coverage for brand name insulin and inhalers, the pilot program already tracks a number of quality indicators relevant to patients who may utilize this

new benefit through incentives payments and UDS reporting. Changes in the quality measures specific to patients utilizing this benefit are listed below and will be reported in the evaluation:

- Number of patients with chronic diseases with at least two office visits within one year as measured through the Incentive Payment Protocol in six-month reporting periods;
- Number of patients with diabetes with one HgbA1c test within six months as measured through the Incentive Payment Protocol in six-month reporting periods;
- Number of patients with diabetes with a HgbA1c less than or equal to 9% as measured through both the Incentive Payment Protocol in six-month reporting periods as well as through annual UDS health status reporting.

Interim Evaluation Findings for Demonstration Objectives

Based on data gathered to date, all Demonstration objectives have been met or significant progress can be demonstrated. Provided below are interim evaluation findings for each Demonstration objective. Unless otherwise noted, findings are based on reported data through calendar year 2015.

The Demonstration objectives are as follows:

- I. Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act (ACA).
- II. Connect the uninsured to primary care homes which will enhance coordination, quality, and efficiency of health care through patient and provider involvement.
- III. Maintain and enhance quality service delivery strategies to reduce health disparities.

Objective I: Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act (ACA)

Key questions for this demonstration objective include:

- Were primary health care services maintained in the neighborhoods where they existed at the beginning of the Demonstration project (July 2010)?
- Did St. Louis City and St. Louis County uninsured individuals maintain access to specialty care services at a level provided at the beginning of the demonstration project?
- Did the types of services available (i.e., nutrition education, lab tests, radiology) in July 2010 remain available until December 31, 2014?

Findings to Date

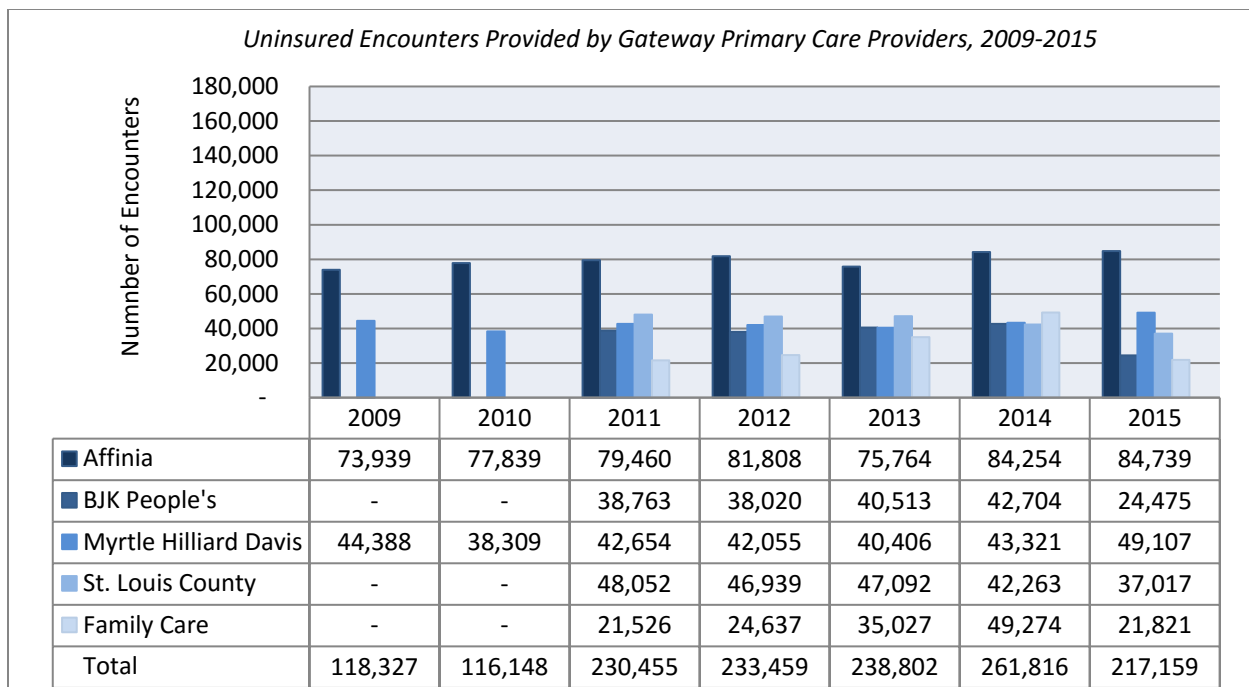
The Demonstration has met Objective I, as evidenced by:

- A. Safety net primary care homes funded by Gateway provided more than 215,000 primary care encounters to uninsured patients in 2015.
- B. Primary care health centers have maintained hours of operation and locations throughout the demonstration.
- C. Primary care services levels at St. Louis area safety net organizations were maintained through 2015.
- D. Access to specialty care has been maintained throughout the demonstration.
- E. Urgent care continues to be accessible for Gateway to Better Health patients.
- F. Gateway to Better Health continues to be a major source of funding for safety net providers in the region.

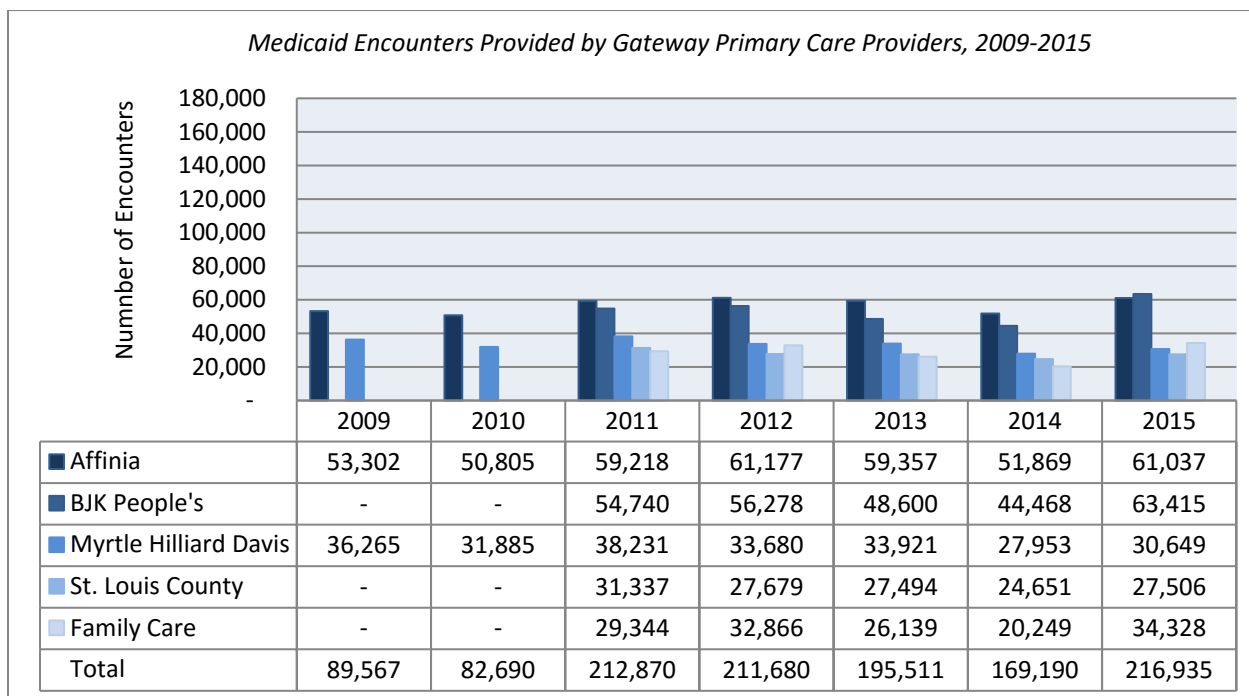
Each of these findings is reviewed in detail below:

A. Safety net primary care homes funded by Gateway provided more than 215,000 primary care encounters to uninsured patients in 2015.

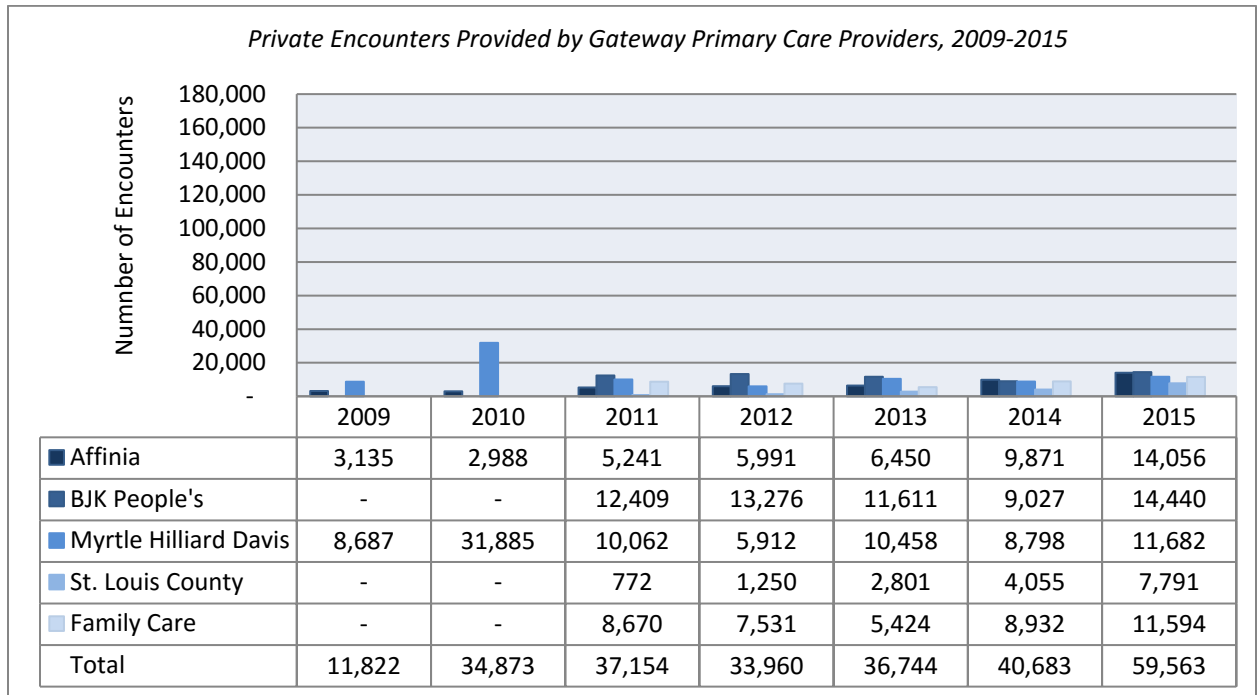
Uninsured primary care encounters at primary care affiliation sites increased (+3.2%) from 118,327 in 2009 (baseline) to 122,114 in 2011 (the year before the coverage model was implemented). Additional safety net providers funded by Gateway were added to the primary care network of the coverage model in 2012. Uninsured encounters at Gateway primary care providers decreased (-5.8%) from 230,455 in 2011 (coverage model baseline) to 217,816 in 2015. This decline in uninsured encounters is likely impacted by the implementation of the Affordable Care Act and the transition of uninsured patients to commercial insurance coverage. Overall, the uninsured rate in the St. Louis region declined by 24% from 2014-2015. In addition, across Gateway primary care providers private encounters increased by 60% from 2011-2015.



Further, Gateway primary care providers enroll patients into MO Healthnet programs, as applicable. Medicaid primary care encounters at primary care affiliation sites increased (+8.8%) from 89,567 in 2009 (baseline) to 97,449 in 2011 (the year before the coverage model was implemented). Additional safety net providers funded by Gateway were added to the primary care network of the coverage model in 2012. Medicaid encounters at Gateway primary care providers increased (+1.9%) from 212,870 in 2011 (coverage model baseline) to 216,935 in 2015.



Private primary care encounters at primary care affiliation sites increased (+29%) from 11,822 in 2009 (baseline) to 15,303 in 2011 (the year before the coverage model was implemented). Additional safety net providers funded by Gateway were added to the primary care network of the coverage model in 2012. Private encounters at Gateway primary care providers increased (+60%) from 37,154 in 2011 (coverage model baseline) to 59,563 in 2015.



B. Primary care health centers have maintained hours of operation and locations throughout the demonstration.

Primary care providers' locations and hours of operation were maintained in the neighborhoods where they were located in from 2009 through 2015. As of February 2014, Affinia's (formerly known as Grace Hill Health Centers) Soulard-Benton site and Myrtle Hilliard Davis Comprehensive Health Centers' Comp I site have expanded their hours to provide urgent care services seven days a week.

Hours of Operation at Gateway Primary Provider Locations

Partner Site	2015	2014	2013	2012	2011	2010	2009
Affinia Healthcare (formerly known as Grace Hill Health Centers)							
Murphy-O'Fallon	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M,T,TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm

Partner Site	2015	2014	2013	2012	2011	2010	2009
Soulard-Benton	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-9am-1pm Urgent Care: M, T, W, TH, F 8am – 7pm; Sa-9a-5pm; Su-9am-1pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-9am-1pm Urgent Care: M, T, W, TH, F 9am – 7pm; Sa-9a-5pm; Su-9am-1pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-9am-1pm Urgent Care: M, T, W, TH, F 9am – 7pm; Sa-9a-5pm; Su-9am-1pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm
Water Tower	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	NA	NA
Affinia Healthcare South	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	NA	NA
BJC Behavioral Health	T-8:30am-4:30pm	T-8:30am-3pm	M-8:30am-4:30pm	M-F-8:30am-5pm	M-F-8:30am-5pm	NA	NA
Myrtle Hilliard Davis Comprehensive Health Centers							
Homer G. Phillips	M, T, W, F-8am-5pm; TH-7am-5pm	M, T, W, TH, F-8am-5pm	M, T, W, TH, F-8am-5pm	M, T, W, F-8am-5pm; Th-8am-8pm	M, T, W, F-8am-5pm; Th-8am-8pm	M, T, W, F-8am-5pm; TH-8am-8pm	M, T, W, F-8:00am-5:00pm; TH-8am-8pm
Florence Hill	T, W, TH, F-8am-5pm; M-7am-5pm	M, T, W, TH, F-8am-5pm	M, T, W, TH, F-8am-5pm	M-8am-8pm; T, W, Th, F-8am-5pm	M-8am-8pm; T, W, Th, F-8am-5pm	M-8am-8pm; T, W, TH, F-8am-5pm	M-8am-8pm, T, W, TH, F-8am-5pm
Comp I	M, T, TH, F-8am-5pm; W-7am-5pm Urgent Care: M, T, W, TH, F-10a-7pm; Sa-9am-5pm; Su-1pm-5pm	M, T, W, TH, F-8am-5pm Urgent Care: M, T, W, TH, F-10a-7pm; Sa-9am-5pm; Su-1pm-5pm	M, T, W, TH, F-8am-5pm; Sa 10am-2pm Urgent Care: M, T, W, TH, F-10a-7pm; Sa-9am-5pm; Su-1pm-5pm	M, T, Th, F-8am-5pm; W-8am-8pm	M, T, TH, F-8am-5pm; W-8am-8pm	M, T, TH, F-8am-5pm; W-8am-8pm	M, T, TH, F-9:30am-5:30pm; W-9:30am-8:30pm
BJK People's Health Centers							
Central	M, T, W, TH-9am-7pm; F-9am-5pm; Sa-10am-4pm	M, W, TH, F-8am-5:30pm; T-8am-8:30pm	M, W, TH, F-8am-5:30pm; T-8am-8:30pm	M-F-8:30am-5:30pm; Sa (When Scheduled)	M-F-8:30am-5:30pm; Sa (When Scheduled)	NA	NA

Partner Site	2015	2014	2013	2012	2011	2010	2009
North	M, T, TH, F-8am-5:30pm; W-8am-8:30pm	M, T, TH, F-8am-5:30pm; W-9am-8:30pm	M, T, TH, F-8am-5:30pm; W-9am-8:30pm	M, T, Th, F-8:30am-5:30pm; W-11:30am-8:30pm; Sa (When Scheduled)	M, T, Th, F-8:30am-5:30pm; W-11:30am-8:30pm; Sa (When Scheduled)	NA	NA
West	M, T, W, F-8am-5:30pm; TH-11:30am-7:30pm	M, T, W, F-8am-5:30pm; TH-11am-8pm	M, T, W, F-8am-5:30pm; TH-11am-8pm	M, T, W, F-8:30am-5:30pm; Th-11:30am-8:30pm; Sa (When Scheduled)	M, T, W, F-8:30am-5:30pm; Th-11:30am-8:30pm; Sa (When Scheduled)	NA	NA
Family Care Health Centers							
Carondelet	M, W, F-8am-5pm; T, TH- 8am-8pm; Sa-8am-1pm	M, W, F-8am-5pm; T, TH- 8am-8pm; Sa-8am-1pm	M, W, F- 8am-5pm; T, TH- 8am-8pm; Sa-8am-1pm	M, W, F-8am-4:30pm; T, Th-8am-8pm; Sa-8am-1pm	M, W, F-8am-4:30pm; T, Th-8am-8pm; Sa-8am-1pm	NA	NA
Forest Park	M, W, TH, F-8:30am-5pm; T-8:30am-7pm; Sa-9am-1pm	M, W, TH, F- 8:30am-5pm; T-8:30am-7pm; Sa-9am-1pm	M, W, TH, F-8:30am-5pm; T- 8:30am-7pm; Sa-9am-1pm	M, W, Th, F-8am-4:30pm; T-8am-7pm; Sa-9am-2pm	M, W, Th, F-8am-4:30pm; T-8am-7pm; Sa-9am-2pm	NA	NA
St. Louis County Department of Public Health Centers							
North Central	M, T, W, TH, F- 8am – 5pm	M, T, Th, F-8am-5pm; W-8am-6pm	-	M, T, F-8am-5pm; W, Th-8am-9pm	M, T, F-8am-5pm; W, Th-8am-9pm	NA	NA
South County	M, T, W, TH, F- 8am – 5pm	M, W, Th, F-8am-5pm; T-8am-6pm	-	M, T-8am-9pm; W, Th, F-8am-5pm	M, T-8am-9pm; W, Th, F-8am-5pm	NA	NA
John C. Murphy	M, T, W, TH, F- 8am – 5pm	M, T, W, F-8am-5pm; Th-8am-6pm	NA	NA	NA	NA	NA

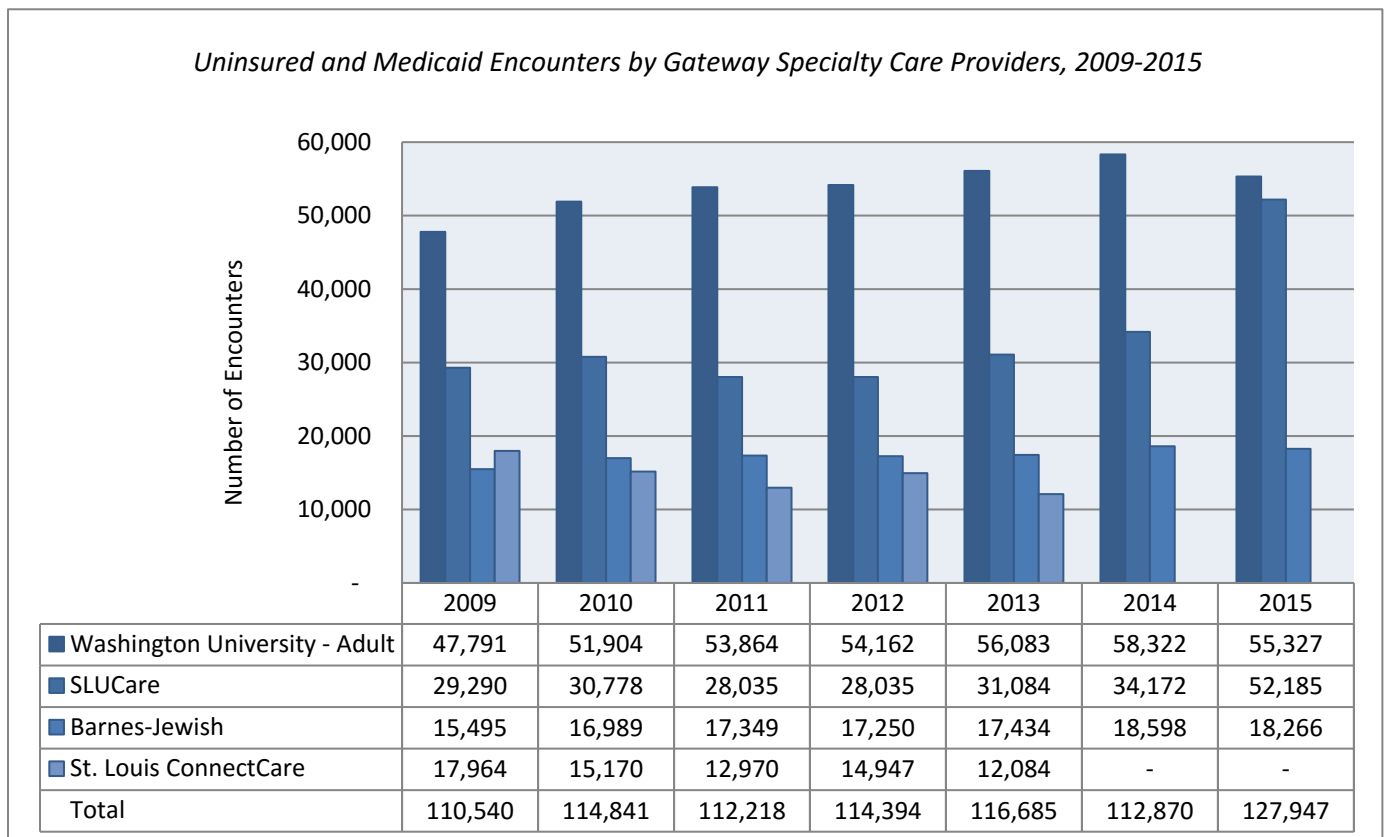
C. Primary care services levels at St. Louis area safety net organizations were maintained through 2015.

Primary care services at the Gateway primary care sites have been maintained or expanded from 2009 to 2015, ensuring patients in areas of highest need maintain access to the breadth of services available from community health centers.

Primary Care Sites	2015	2014	2013	2012	2011	2010	2009
Affinia Healthcare	No change	Added: Urgent Care services	No change	No change	No change	No change	Primary medical care, dental care, mental health services, substance abuse services, podiatry, optometry, nutrition, and enabling services (case management of pregnant women and patient education), children's behavioral Health services, pharmacy, nutrition, Women Infants and Children (WIC), community health homeless services, prenatal classes/centering pregnancy, chronic disease management, referral to specialty care.
Myrtle Hilliard Davis Comprehensive Health Centers	No change	Added: Urgent Care services	Added: health insurance coverage enrollment assistance.	No change	No change	No change	Primary medical care, podiatry, ophthalmology, dental care, nutrition and enabling services (Community outreach services, community and patient health education (diabetes, cardiovascular, asthma and cancer), case management (for pregnant women), social services, referral for specialty services, eligibility assistance services and HIV counseling. Ancillary services include radiology, pharmacy and CLIA certified clinical laboratory services.
Family Care Health Centers	No change	No change	No change	No change	Primary medical care, podiatry, ophthalmology, dental care, behavioral health, nutrition, pharmacy, laboratory services, and enabling services (Community outreach services, community and patient health education), case management (for pregnant women), social services, assistance, referral for specialty services, and HIV counseling and testing.	N/A	N/A
Betty Jean Kerr Peoples Health Centers	No change	No change	No change	No change	Primary medical care, podiatry, ophthalmology, dental care, behavioral health, nutrition, pharmacy, laboratory services, and enabling services (Community outreach services, community and patient health education, WIC services (lactation and nutrition), and HIV/AIDS counseling and testing.)	N/A	N/A

Primary Care Sites	2015	2014	2013	2012	2011	2010	2009
St. Louis County Department of Public Health	No change	No change	No change	No change	Urgent care, specialty care (cardiology, dermatology, endocrinology, general surgery, gastroenterology, urology, nephrology, neurology, gynecology (surgical), orthopedics, otolaryngology, pulmonary, rheumatology), diagnostic services (endoscopy and radiology), and STD clinic services.	N/A	N/A

D. Access to specialty care has been maintained throughout the Demonstration.



The St. Louis safety net providers funded by Gateway were able to increase specialty care encounters for all uninsured and Medicaid patients at their locations by 16% during the Demonstration from 2009-2015. Gateway specialty care providers provided 127,947 specialty care encounters to uninsured and Medicaid patients in 2015, compared to 110,540 in 2009, an increase of 17,407 encounters. Gateway to Better Health’s specialty care provider network, including medical schools, hospitals, and some community specialist providers, has been successful at absorbing ConnectCare’s volume and thus, maintaining access to specialty care for the safety net population in the St. Louis region.

E. Urgent care continues to be accessible for Gateway to Better Health patients.

After the closure of St. Louis ConnectCare (including its urgent care facility) in late 2013, it was decided that primary care providers should provide urgent care services for their Gateway patients to ensure the coordination of care with the primary care provider. As a result, Myrtle Hilliard Davis and Affinia Healthcare (formerly known as Grace Hill Health Centers) started offering urgent care services in 2014, and the other Gateway primary care providers contracted with SSM Urgent Care for their Gateway patients. In 2015, Affinia Healthcare and Myrtle Hilliard Davis provided 4,409 urgent care visits to Gateway patients. An additional 1,068 urgent care visits were provided to Gateway patients by SSM Urgent Care in 2015.

Since the conclusion of the reporting period covered by this annual report, Myrtle Hilliard Davis notified the SLRHC that their urgent care services were no longer financially viable. Affinia Healthcare will provide urgent care services for Affinia’s patients. Additional details about this change will be provided in future reports.

F. Gateway to Better Health continues to be a major source of funding for safety net providers in the region.

The funding provided by the Gateway to Better Health Demonstration Project is critical to maintaining access to primary and specialty care services for the uninsured in the St. Louis region, particularly for those who live in the urban core where few options exist for health care services. Below details payments made by the Gateway to Better Health program to provide medical services to uninsured safety net patients.

*Summary of Medical Payments through the Demonstration (July 2012 - September 2016)**

Payment Type	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016
Primary Care	\$ 2,272,668	\$ 12,242,683	\$ 14,429,758	\$ 13,688,264	\$12,468,637
Specialty Care	\$ 2,373,710	\$ 11,125,966	\$ 8,042,357	\$ 8,347,671	\$8,334,370
Transportation	\$ -	\$ -	\$ 333,550	\$ 326,415	\$296,716
Total	\$ 4,646,378	\$ 23,368,649	\$ 22,805,666	\$ 22,362,350	\$21,099,723

*The data above is as of 1/5/16 and is subject to change as additional claims are submitted and recoupments occur.

Objective II: Connect the uninsured to a primary care home which will enhance coordination, quality, and efficiency of health care through patient and provider involvement.

Key questions for this objective include:

- How many uninsured patients had a medical home at Gateway primary care organizations each year of the Demonstration project?
- How did Gateway patients and providers rate overall coordination, quality, and delivery of healthcare services?

Findings to Date:

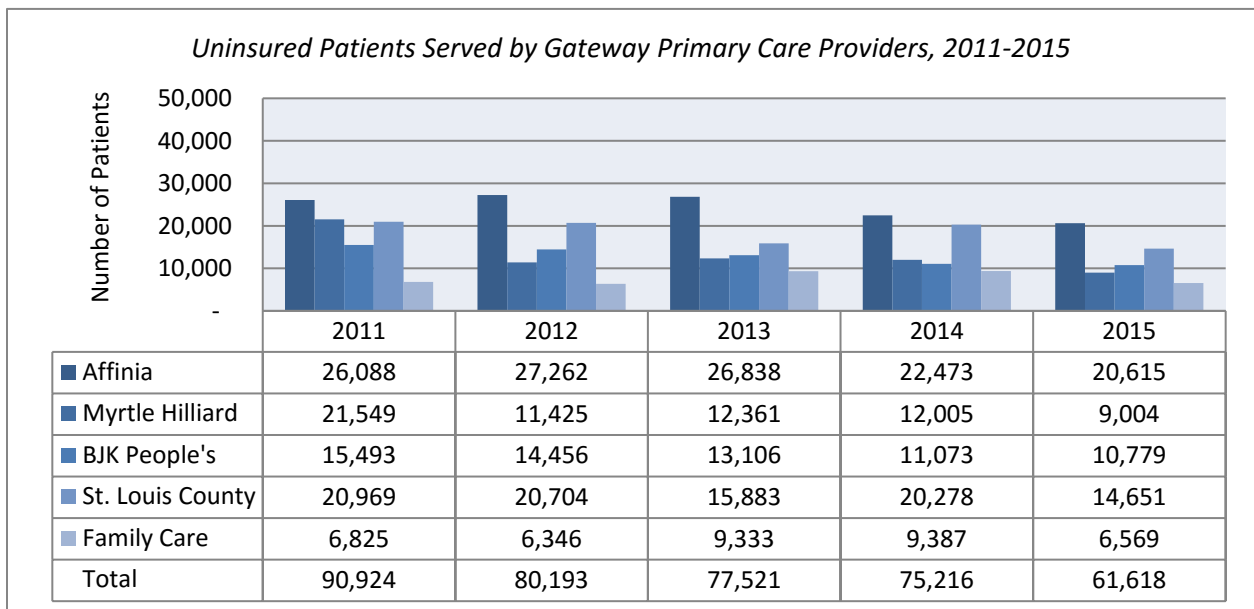
The Demonstration has met Objective II, evidenced by:

- A. Primary care providers funded by the Gateway Demonstration served as medical homes for more than 126,000 uninsured patients.
- B. Quality of care is improving as measured by the program’s pay-for-performance measures.
- C. The population of patients covered by Gateway to Better Health expands across the geographic area of St. Louis City and County and is diverse, consisting of all genders, eligible age groups and race/ethnicity groups.
- D. In addition to showing positive health outcomes, Gateway patients report high satisfaction with the program.

Each of these findings is reviewed in detail below:

A. Primary care providers funded by the Gateway Demonstration served as medical homes for more than 60,000 uninsured patients.

Through the ongoing efforts of the Gateway providers, participating organizations have reached the uninsured population to enroll them in a primary care home. Gateway primary care providers served as a medical home to 61,618 uninsured patients in 2015, as follows:



In addition, more than 58,100 unique individuals have been enrolled into Gateway since the implementation of the pilot program in July 2012. The Gateway primary care sites have also successfully enrolled more than 32,700 individuals in MO HealthNet programs, including but not limited to:

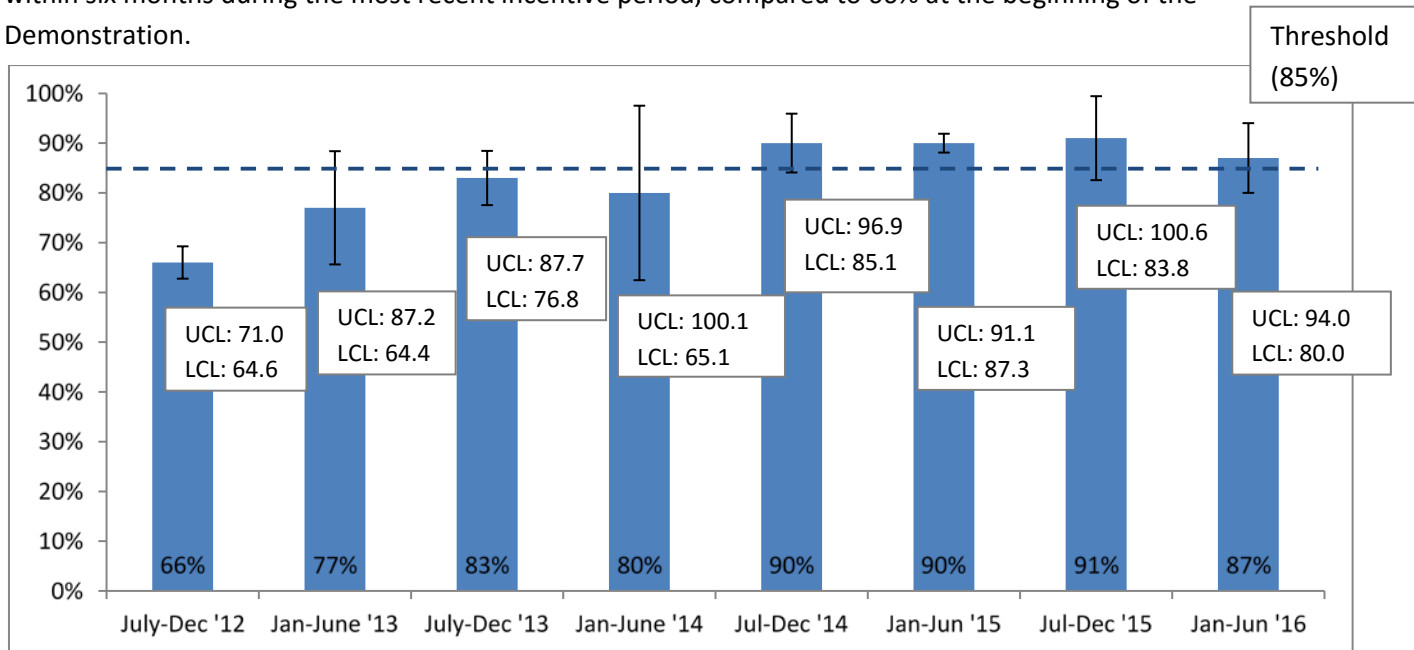
- 3,556 adults approved for MO HealthNet for the Aged, Blind, or Disabled
- 3,656 adults approved for MO HealthNet for Families

B. Increasing quality of care as measured by the program’s pay-for-performance measures.

Quality of care as measured by the program’s pay-for-performance measures continues to improve. Providers are consistently earning their incentive payments by meeting quality metrics, including ensuring access to those with chronic conditions have access to healthcare services and helping them to manage their disease better.

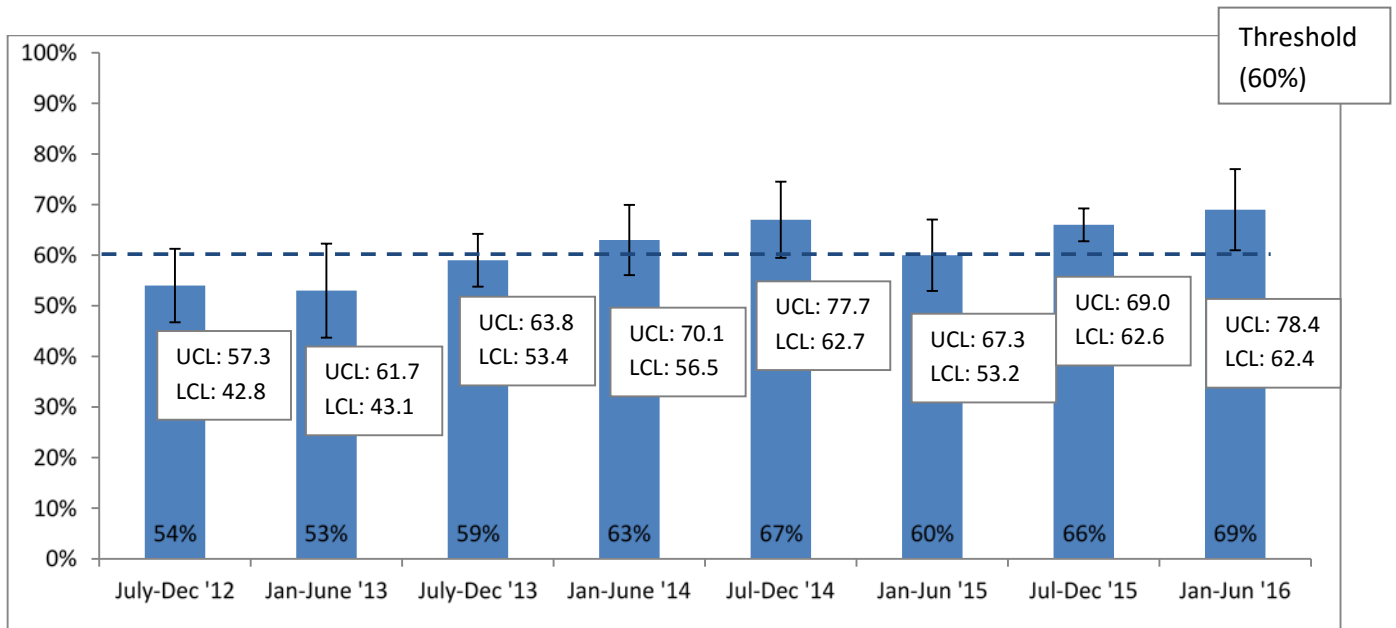
Patients with Diabetes HgbA1c: HgbA1c testing performed within the first 6 months following the latter of either: a) initial enrollment, or b) initial diagnosis

Eighty-seven percent of newly enrolled or newly diagnosed diabetic patients had their HgbA1c tested within six months during the most recent incentive period, compared to 66% at the beginning of the Demonstration.



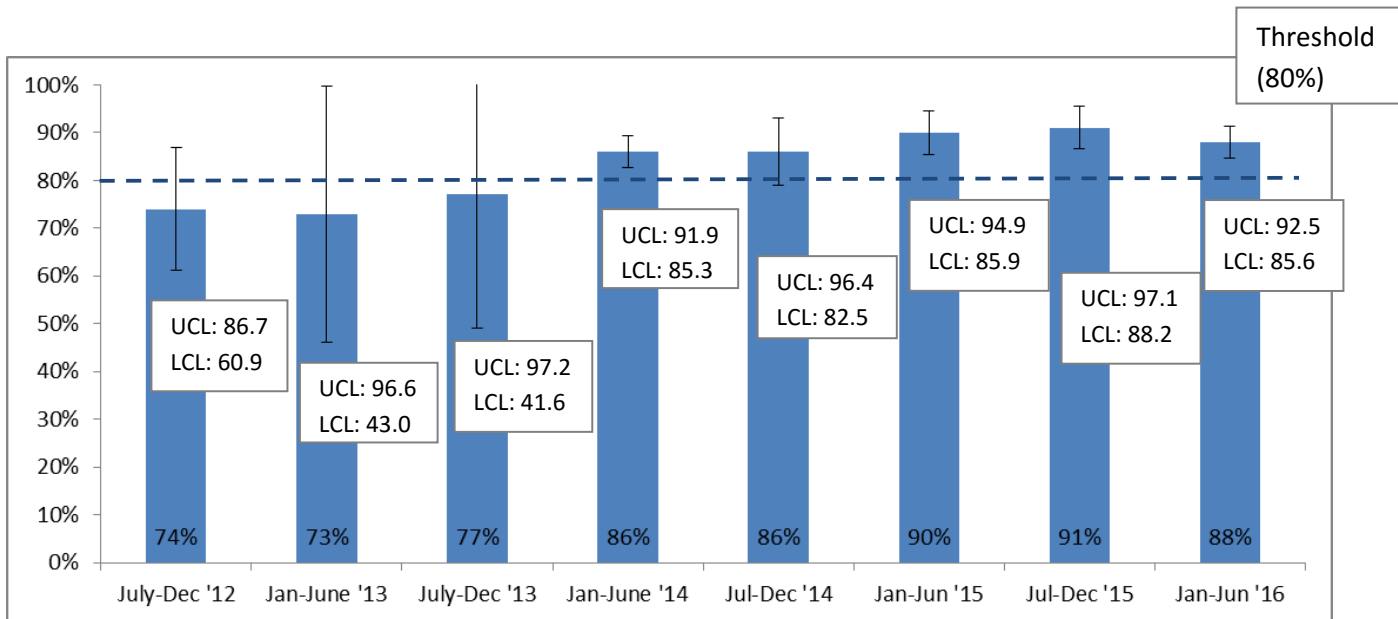
Patients with Diabetes HgbA1c <9%: percentage of diabetics who have a HgbA1c <9% within six months following the latter of either: a) initial enrollment, or b) initial diagnosis

Sixty-nine percent of patients with diabetes had an HgbA1c of less than 9% within six months of diagnosis or enrollment during the most recent incentive period, compared to 54% at the beginning of the program.



Patients with Chronic Disease (2 visit): 2 office visits within the first 6 months following the latter of either: a) initial enrollment, or b) initial diagnosis

Eighty-eight percent of newly enrolled individuals with chronic diseases or newly diagnosed patients received two office visits within six months, compared to 74% at the beginning of the Demonstration.



C. The population of patients covered by Gateway to Better Health expands across the geographic area of St. Louis City and County and is diverse, consisting of all genders, eligible age groups and race/ethnicity groups.

The charts below represent the demographics of those covered by the Gateway to Better Health program, as of September 30 2016.

Gateway to Better Health “Blue Plan” Enrollment by Health Center, as of September 30, 2016

Health Center	Unique Individuals Enrolled as of September 30, 2016	Member Months October 2015 - September 2016
BJK People’s Health Centers	2,984	39,893
Family Care Health Centers	1,314	16,267
Affinia Healthcare	7,566	95,796
Myrtle Hilliard Davis Comp. Health Centers	3,493	42,959
St. Louis County Dept. of Health	2,497	32,149
Total	17,854	227,064

**Enrollment numbers are based on MO HealthNet enrollment data as of September 30, 2016.*

Gateway to Better Health Enrollment by Gender, as of September 30, 2016

Gender	Count	Percentage
Female	8,915	49.9%
Male	8,953	50.1%
Total	17,868	100.0%

*Top 15 Zip Codes by Member Count as of September 30, 2016**

ZIP	Member Count	City or County
63136	1,393	St. Louis County (Jennings, MO)
63115	1,075	St. Louis City
63118	1,008	St. Louis City
63113	931	St. Louis City
63116	918	St. Louis City
63107	697	St. Louis City
63106	665	St. Louis City
63111	656	St. Louis City
63112	649	St. Louis City
63121	639	St. Louis City
63103	599	St. Louis City
63104	507	St. Louis City
63120	498	St. Louis City
63033	473	St. Louis City
63137	463	St. Louis County (Bellefontaine Neighbors, MO)

All Others	6,697	St. Louis City and St. Louis County
Total	17,868	-

**These 15 zip codes account for 62.5% of the total Gateway population*

Members by Age Group as of September 30, 2016

Age Groups	Members	% of Total
19-20	398	2.2%
21-44	8,915	49.9%
45-64	8,555	47.9%
Total	17,868	100.0%

Members by Race as of September 30, 2016

Race	Members	% of Total
African American	12,991	72.7%
Caucasian	3,389	19.0%
Other	20	<1%
Unknown	1,468	8.2%
Total	17,869	100.0%

D. In addition to showing positive health outcomes, Gateway patients report high satisfaction with the program.

The St. Louis Regional Health Commission (RHC) contracted with Princeton Survey Research Associates International (PSRAI) in July 2016 to evaluate Gateway to Better Health patient and provider experience and satisfaction. Overall, Gateway enrollees believe their physical health has improved since enrolling in Gateway and that the program is having a positive impact on their health. Majorities report they are satisfied with the quality of the care they have received (94%) and would recommend Gateway to friends or family members (77%). In addition, respondents do not feel they would be able to maintain the same level of health if the Gateway program was no longer available. Other key findings from this evaluation are provided below. The full report from PSRAI detailing findings from the patient satisfaction evaluation is provided in Appendix III.

Enrollees Report Positive Impact on Health Since Enrollment

- Nearly seven in ten participants reported that the quality of care they receive from Gateway is “excellent” (40%) or “very good” (28%).
- More than 70% of Gateway enrollees believe the program helps them lead a healthier life, helps them to make better decisions about their health and wellness, makes it easier for them to coordinate their healthcare needs and helps them follow the treatments recommended by their healthcare provider. More than 50% of Gateway enrollees believe the program helps them improve their emotional wellbeing and helps them find ways to deal with stress in their lives.

Enrollees Are Highly Satisfied with Primary and Specialty Care

- Of those who visited a specialty care provider through Gateway, 88% report that it is easy to get a referral and 82% say that it is easy to schedule an appointment

- Eighty-one percent believe the time they must wait for a primary care appointment is reasonable, according to their medical need. Fifty-five percent believe the wait time for specialty care appointments is reasonable.
- Of those who have visited a specialist, approximately 50% report that they received help from someone at their health center coordinating their care, and of those, 80% report being “very satisfied” with the help they received. Respondents who reported that they received help coordinating care are more likely to report that their health has improved throughout the demonstration, are more likely to report ease in obtaining a visit with a specialist and consistently rate specialist staff more positively.
- Of those who have called the call center for assistance with Gateway, 88% say call center staff were helpful in addressing their questions.

Enrollees Concerned about their Health Care Access if Gateway were Closed

- Nearly 80% of Gateway participants believe they would not be able to afford to see their doctor or to fill their prescriptions if the Gateway program ended. More than 60% are not confident that their overall health would stay the same or that they would be able to find quality medical care.

Objective III: Maintain and enhance quality service delivery strategies to reduce health disparities.

Key questions for this objective include:

- By race and ethnicity, what percentage of patients met health disparities metrics (tobacco use and cessation, cervical cancer screening, adult weight screening and follow up, blood pressure and diabetes control)?
- Did providers implement new programs with the aim to maintain and enhance quality as well as reduce health disparities?

Findings to date:

The demonstration has met objective III, as evidenced by:

- A. When evaluating quality outcomes among Gateway patients, in most cases, health outcomes among African Americans are comparable to health outcomes among Whites.
- B. Providers within Gateway’s primary care network are learning about trauma informed practices and actively incorporating them into their patient care.
- C. Gateway to Better Health patients are able to access primary care services on average within four weeks and specialty care services, across all specialty areas, within five weeks.

Each of these findings is reviewed in detail below:

A. When evaluating quality outcomes among Gateway patients, in most cases, health outcomes among African Americans are comparable to health outcomes among Whites.

The Demonstration helps to ensure access to health care for those who are typically underrepresented or living in traditionally underserved communities. The chart below identifies a number of preventative and chronic disease metrics for Gateway patients, including data for 2015 by race.

Quality Measure	Non-Hispanic/Latino		Hispanic/Latino
	African Americans	Whites	
Tobacco Use Assessment & Cessation Intervention Percentage of patients age 18 and older assessed for tobacco use and, if identified as a tobacco user, received cessation counseling and/or pharmacotherapy	73%	80%	73%
Hypertension: Controlling High Blood Pressure Proportion of patients aged 18 to 85 years of age with diagnosed hypertension (HTN) whose blood pressure (BP) was less than 140/90 (adequate control) at the time of the last reading	51%	62%	55%
Cervical Cancer Screening Percentage of women 24-64 years of age who received one or more Pap tests to screen for cervical cancer	58%	55%	57%
Diabetes: HbA1c Control Proportion of adult patients 18 to 75 years of age with a diagnosis of Type I or Type II diabetes whose hemoglobin A1c (HbA1c) was less than 9% at the time of the last reading in the measurement year. Results are reported in four categories: less than 7%; greater than or equal to 7% and less than 8%; greater than or equal to 8% and less than or equal to 9%; and greater than 9%	60%	61%	30%
Adult Weight Screening and Follow-Up Percentage of patients aged 18 and over who had documentation of a calculated BMI during the most recent visit or within the 6 months prior to that visit	41%	44%	36%

Data included in this chart is sourced from Missouri Primary Care Association, as of June 30, 2015.

B. Providers within Gateway’s primary care network are learning about trauma informed practices and actively incorporating them into their patient care.

The St. Louis Regional Health Commission also leads the Alive and Well STL initiative, which focuses on the impact of trauma and toxic stress on physical and emotional health. In June 2016, Gateway to Better Health partnered with Alive and Well STL to launch a trauma-informed learning collaborative for healthcare providers. The collaborative began with three intensive days of training for a core trauma team from each organization. Upon completing the training, each organization left with a 30-day action plan to begin immediately affecting change within their organizations.

To date, four of the five community health centers within the collaborative have completed introductory training on the impact of trauma on long-term health outcomes for all staff members. In addition, health learning collaborative members participate in monthly webinars and quarterly meetings. To date, these webinars and quarterly events have been focused on developing outcome measures for the implementation of trauma-informed practices and developing trauma-informed “no-show” policies and procedures. After training and discussions, health centers have noticed that their “no-show” polices are

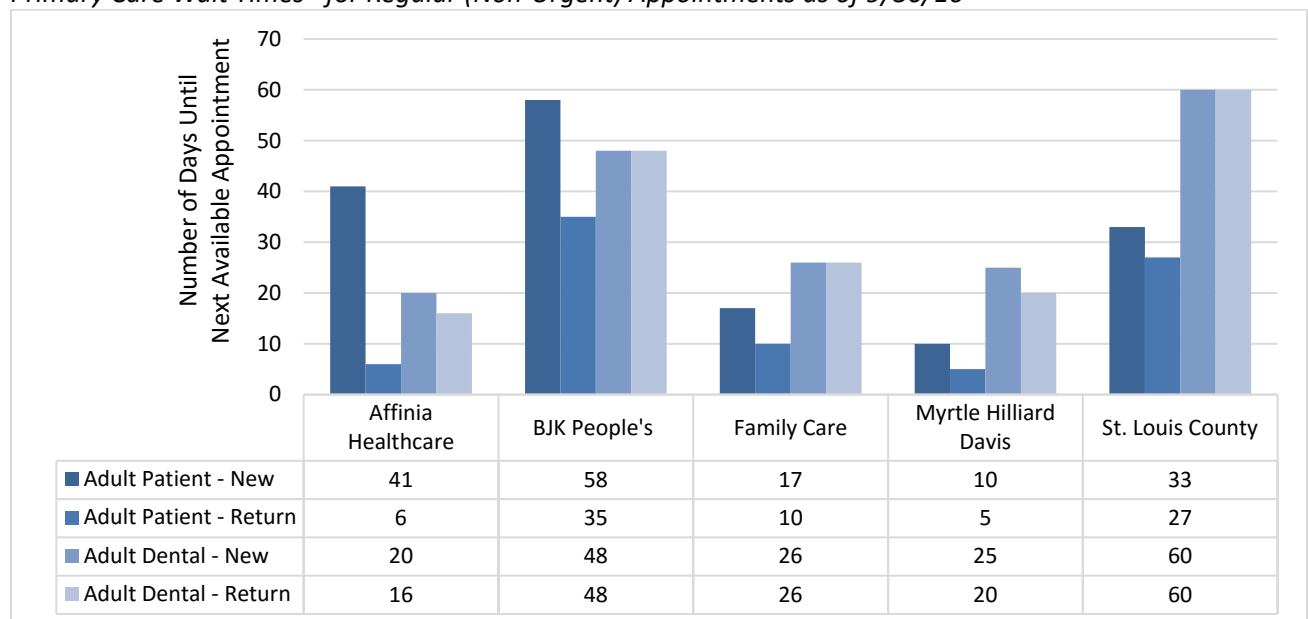
punitive for patients and do not fully recognize the stress and trauma individuals may be encountering. Using the six principles of trauma-informed care, from the Substance Abuse and Mental Health Service Administration, participants are learning how to revise “no-show” policies with a trauma-informed view. Other accomplishments of note include:

- Imbedding trauma-informed care training into new staff orientations and all job descriptions
- Assessing physical plants and making improvements to ensure the physical environment of the health centers are not traumatizing patients
- Assessing Adverse Childhood Experiences among staff and changing staff policies and procedures to make them more trauma informed
- Developing capacity within health centers to provide ongoing training to staff
- Implementing a trauma-informed intervention, Seeking Safety, for patients in 2017 (funded by the Missouri Foundation for Health).

Additional details about the impact of this work will be provided in future reports. The Missouri Institute of Mental Health has been contracted to conduct an evaluation of the work.

C. Gateway to Better Health patients are able to access primary care services on average within four weeks and specialty care services, across all specialty areas, within five weeks.

Primary Care Wait Times for Regular (Non-Urgent) Appointments as of 9/30/16*



*Wait times self-reported by individual health center as of September 30, 2016 and are calculated for Gateway patients only.

*Adult Wait Times by Specialty**

Appointment Type	# of Days Until the Next Available Appointment	
	New Patient	Return Patient
Cardiology	16.8	25.6
Dermatology	23.8	18.3
Endocrinology	69.8	27.3
ENT/Otolaryngology	14.5	10.3
Gastroenterology (GI)	54	50
Gynecology	19.2	13.2
Hematology	15.7	8.3
Hepatology	71	50
Infectious Disease	38.2	43.4
Mental/Behavioral Health	13.2	9.7
Nephrology	25.2	31.8
Neurology	34.7	19.8
Neurosurgery	10.7	10.4
Obstetrics/Prenatal Care	9.5	3
Oncology	6.2	8.3
Ophthalmology/Eye Care	21.3	13.6
Orthopedics	16.8	21.7
Pain Management	10	-
Physical Therapy	16	-
Podiatry	20	10
Pulmonology	35.4	30
Rheumatology	83.2	73
Surgery -- General	12.2	6.4
Urology	47.5	74

*Wait times listed are the averages for self-reporting organizations (Barnes-Jewish Hospital, SLUCare, Mercy JFK Clinic, and Washington University in St. Louis School of Medicine – Adult).

Additional Demonstration Evaluation Questions and Topics

In addition to the stated objectives of the Demonstration project, CMS’ special terms and conditions specify that the evaluation shall address the evaluation questions and topics as listed below. Interim evaluation findings for these topics are provided.

I. How has access to care improved for low-income individuals?

The Gateway to Better Health Demonstration has improved access to care for low-income individuals. In addition to the findings for Objective I, other key findings to date include the following:

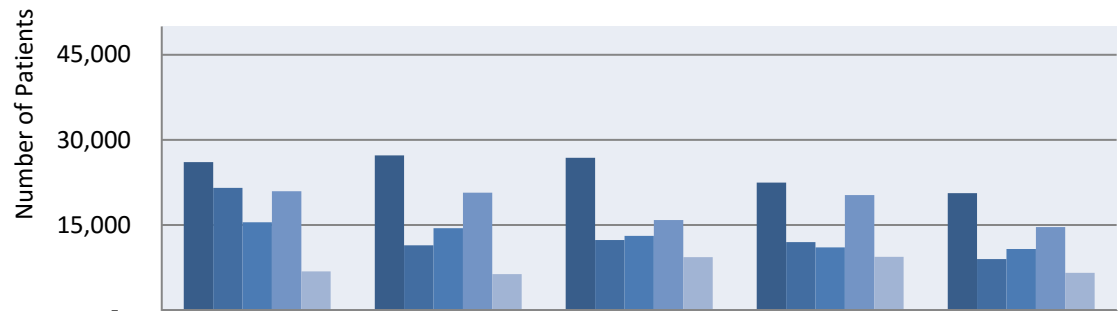
- Approximately 17,800 individuals are enrolled in Gateway to Better Health, which is approximately 40 percent of those uninsured and living below 100% of the federal poverty level in St. Louis City and County.-Over the life of the program, approximately 58,100 unique individuals have received services from the program.
- More than 90,000 medical visits (primary care, urgent care, dental, specialty care, diagnostic services and outpatient hospital services) and more than 217,500 prescriptions were funded in Demonstration Year 7 through Gateway to Better Health. Previous studies have indicated that the care provided through this Demonstration prevents more than 50,000 emergency department visits per year.
- Safety net primary care homes funded by Gateway provided more than 215,000 primary care encounters to uninsured patients in 2015.

II. How successful is the Demonstration in expanding coverage to the region’s uninsured by 2 percent each year?

In addition to the findings for Objective II, other key findings to date include the following:

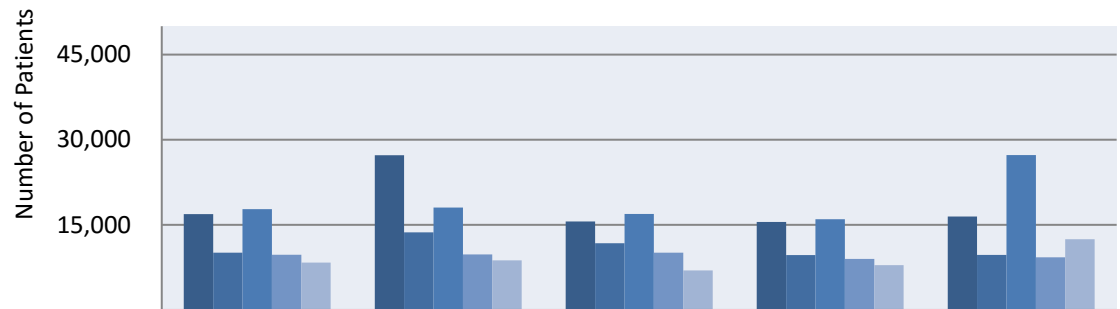
The Gateway to Better Health Demonstration has expanded coverage for the safety net population, including assisting in transitioning uninsured patients into commercial health insurance coverage through the Affordable Care Act and transitioning eligible individuals into MO Healthnet programs. Overall, the uninsured rate in the St. Louis region declined by 24% from 2014-2015. Since 2011, the number of uninsured patients served by Gateway providers has declined by 32%, while the number of Medicaid and private patients served by these providers has increased by 20% and 109%, respectively. The Affordable Care Act likely impacts the decline in uninsured patients as well as the increase in Medicaid and private patients served by Gateway primary care providers.

Uninsured Patients Served by Gateway Primary Care Providers, 2011-2015

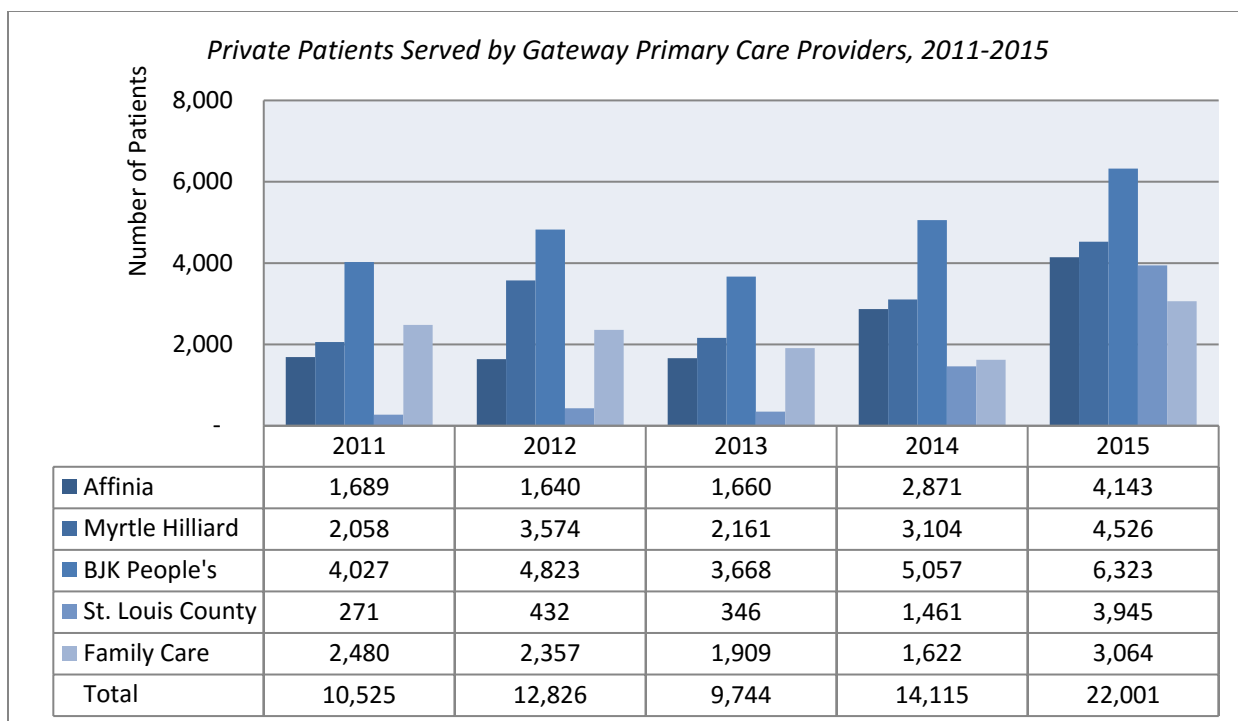


	2011	2012	2013	2014	2015
■ Affinia	26,088	27,262	26,838	22,473	20,615
■ Myrtle Hilliard	21,549	11,425	12,361	12,005	9,004
■ BJK People's	15,493	14,456	13,106	11,073	10,779
■ St. Louis County	20,969	20,704	15,883	20,278	14,651
■ Family Care	6,825	6,346	9,333	9,387	6,569
Total	90,924	80,193	77,521	75,216	61,618

Medicaid Patients Served by Gateway Primary Care Providers, 2011-2015



	2011	2012	2013	2014	2015
■ Affinia	16,885	27,262	15,591	15,524	16,471
■ Myrtle Hilliard	10,109	13,669	11,772	9,679	9,713
■ BJK People's	17,765	18,036	16,907	15,992	27,308
■ St. Louis County	9,732	9,782	10,096	8,995	9,286
■ Family Care	8,342	8,732	6,971	7,901	12,474
Total	62,833	77,481	61,337	58,091	75,252



From 2011-2014, the number of uninsured individuals in St. Louis City and Count declined by 40%, according to recently available data as sourced from the census.

*Uninsured Individuals in the St. Louis Region, 2011-2015**

2011	2012	2013	2014	2015
168,500	154,000	151,000	131,700	100,000

*Counts provided are rounded to the nearest 100th.

III. To what extent has the Demonstration improved the health status of the population served in the Demonstration?

Quality of care as measured by the program's pay-for-performance measures, continues to improve. As discussed in the findings for Objectives II and III, providers are consistently earning their incentive payments by meeting quality metrics, including ensuring access to those with chronic conditions and helping them to manage their disease better.

- Eight-seven percent of newly enrolled or newly diagnosed diabetic patients had their HgbA1c tested within six months during the most recent incentive period, compared to 66% at the beginning of the Demonstration.
- Sixty-nine percent of patients with diabetes had an HgbA1c of less than 9% within six months of diagnosis or enrollment during the most recent incentive period, compared to 54% at the beginning of the program.

- Eighty-eight percent of newly enrolled individuals with chronic diseases or newly diagnosed patients received two office visits within six months, compared to 74% at the beginning of the Demonstration.

Progress has been seen in key health indicators since the start of the Pilot Program, as measured using data sourced from the Missouri Primary Care Association and Gateway safety net provider electronic health records.

- Preventative health and screening services (such as cervical screening, adult weight following up, flu shots, breast cancer screening, etc.) improved on average by 8% from year one (7/1/12-6/30/13) to year three (7/1/14-6/30/15), with more patients utilizing these services.
- Management of hypertension and diabetes remained relatively stable from year one (7/1/12-6/30/13) as compared to year three (7/1/14-6/30/15).

IV. Describe provider incentives and activities.

The primary care organizations are working to achieve quality metrics developed by the SLRHC's community planning committee for the Demonstration – the Pilot Program Planning Team. Seven percent of provider payments are withheld and are paid out semi-annually based on the attainment of six performance metrics.

The eighth pay-for-performance reporting period ended on June 30, 2016. The complete results are provided in Appendix IV. In general, the providers continued to build off gains from the first reporting period and have made great strides in attaining the clinical quality measures. It is expected that the participating providers will continue to improve results as the program continues.

In the eighth reporting period, individually, all primary care providers achieved at least four of the six clinical quality measures. St. Louis County Department of Public Health and Family Care Health Centers achieved all quality metrics. Across all primary care providers, 72% of patients enrolled for six months had a primary care visit during that time, with a threshold of 80%. Eighty-eight percent of patients with chronic conditions enrolled six months had two primary care visits during that time, with a threshold of 80%. In addition, 69% of the patients with diabetes had HgbA1c measures <9%, with a threshold of 60%. Of all diabetic patients, 87% had their HgbA1c drawn within six months. Also, 88% of hospitalized patients received follow-up within 7 days of discharge, with a threshold of 50%.

In the eighth pay-for-performance period, all primary care providers successfully attained the measure related to rate of referrals to specialists (threshold of 680/1000). Tracking these measures has enabled the providers to address operational and clinical improvements to help them achieve better outcomes over the life of the program.

V. Include comparable FQHC population/providers to compare effectiveness of provider payment incentives.

As discussed in Objective II and in item IV above, the Pilot Program evaluates the impact of performance incentives on population metrics. In addition to pay for performance measures, outcomes isolated to the Gateway population, using data sourced from Missouri Primary Care Association, are provided below:

- **Tobacco Use Assessment & Cessation Intervention**: the percentage of patients aged 18 and over who were queried about tobacco use and, if identified as a tobacco user, received cessation counseling and/or pharmacotherapy improved at health centers participating in the Gateway Pilot Program from 72% in 2014 to 78% in 2015. This measure improved across the state from 77% in 2014 to 81% in 2015.
- **Controlling High Blood Pressure**: the proportion of hypertension patients whose blood pressure (BP) was less than 140/90 (adequate control) at the time of the last reading remained relatively stable at health centers participating in the Gateway Pilot Program (55% in 2014 vs. 53% in 2015). This measure remained relatively stable across the state (59% in 2014 vs. 60% in 2015).
- **Cervical Cancer Screening**: the proportion of women 24 to 64 years of age who received one or more Pap tests to screen for cervical cancer during the measurement year or during the 2 calendar years prior to the measurement year or for women who were 30 years of age or older at the time of the test who choose to also have an HPV test performed simultaneously, during the measurement year or during the 4 calendar years prior to the measurement year declined at health centers participating in the Gateway Pilot Program from 66% in 2014 vs. 59% in 2015). This measure improved across the state from 47% in 2014 to 53% in 2015.
- **Diabetes HbA1c Control (<9%)**: the proportion of adult patients with a diagnosis of Type I or Type II diabetes whose hemoglobin A1c (HbA1c) was less than 9% at the time of the last reading in the measurement year declined at health centers participating in the Gateway Pilot Program from 69% in 2014 to 64% in 2014. This measure remained stable across the state (72% in 2014 and 2015).
- **Adult Weight Screening and Follow-Up**: the proportion of patients aged 18 and over who had documentation of a calculated BMI during the most recent visit or within the 6 months prior to that visit and if the most recent BMI is outside parameters, a follow-up plan is documented improved at health centers participating in the Gateway Pilot Program from 46% in 2014 to 58% in 2015. This measure improved across the state from 55% in 2014 to 61% in 2015.

VI. What effect does providing brand name insulin and inhalers when there is no generic alternative have on beneficiaries?

Effective January 1, 2016, Gateway began providing coverage for brand name insulin and inhalers, as there are no generic alternatives to these medications at this time. To measure the success of this new benefit on beneficiaries, the STLRHC tracks the number of these prescriptions provided to patients. Data from Demonstration Year 7 is provided below:

Table 5. Number of Insulin and Inhalers Prescriptions Filled by Health Center, Jan – August 2016*

Providers	Brand Name Insulin Filled	Brand Name Inhalers Filled	Total Brand Name Drugs Filled
BJK People’s Health Centers	868	1,059	1,927
Family Care Health Centers	348	410	758
Affinia Healthcare (formerly known as Grace Hill)	2,059	2,567	4,626
Myrtle Hilliard Davis Comprehensive Health Centers	1,330	788	2,118
St. Louis County Department of Public Health	278	933	1,211
Total for All Providers	4,883	5,757	10,640

*Prescription information for September 2016 not yet available. Data based on actuarial analysis from Wakely Consulting Group as of August 30, 2016.

The pilot program also tracks a number of quality indicators relevant to patients utilizing this new benefit to measure its effect on their health outcomes. The measures below are collected in six-month reporting periods through the Incentive Payment Protocol:

- Number of patients with chronic diseases with at least two office visits within one year;
- Number of patients with diabetes with one HgbA1c test within six months; and
- Number of patients with diabetes with an HgbA1c less than or equal to 9%.

Below is baseline data for the reporting period prior to the addition of brand name insulin and inhaler coverage to the benefits package (July – December 2015), as well as data for the first reporting period including this new benefit (January – June 2016). Pay for performance results for the July – December 2016 reporting period are pending at this time and will be provided in future reports.

Table 6. Percentage of Patients who met Insulin and Inhalers Metrics, July – December 2015 vs. January – June 2016*

Providers	July – December 2015	January – June 2016
Patients with Chronic Disease with 2 Office Visits within 1	91%	88%
Diabetics with HgbA1c test within 6 months	91%	87%
Diabetics with HgbA1c less than or equal to 9%	66%	69%

*Based on Pay-for-Performance data as of August 30, 2016. All percentages are within Gateway to Better Health thresholds for each metric.

APPENDIX III: Patient Satisfaction Results

St. Louis Regional Health Commission Gateway to Better Health Demonstration Project Patient Report

A Summary of Key Findings

August 24, 2016

Prepared for:

St. Louis Regional Health Commission

Prepared by:

Princeton Survey Research Associates International

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Executive Summary

The St. Louis Regional Health Commission (STLRHC) sponsored the Gateway to Better Health Demonstration Project – 2016 Patients Survey. This is the second survey conducted, the first survey was conducted in the Fall of 2014.

In partnership with the State of Missouri, STLRHC operates the Gateway to Better Health Demonstration, which is an 1115 waiver granted by the Centers for Medicare and Medicaid Services (CMS) that authorizes a pilot coverage model. Enrollees select a primary care home from five community health centers that coordinate additional outpatient care with covered specialists.

For the current survey, a representative sample of Gateway enrollees (1,200) completed the surveys via a telephone interview, representing a 28% response rate from those contacted. Survey respondents utilize all five community health centers servicing Gateway to Better Health program participants.

- Betty Jean Kerr People’s Health Centers
- Family Care Health Centers
- Affinia Healthcare
- Myrtle Hilliard Davis Comprehensive Health Centers
- St. Louis County Department of Public Health

Enrollees Report Positive Impact on Health since Enrollment

Gateway to Better Health program enrollees believe the program is having a positive impact on their health. Two-thirds rate quality of the care they have received in the Gateway program as excellent or very good. A majority (55%) report their physical health is better since their enrollment. One-third say that their mental or emotional health is better, while the majority (59%) say it has stayed the same. Additionally, large majorities agree that the Gateway program assists with specific aspects of their health care. Fully, nine in ten respondents agree that the Gateway program helps them lead a healthier life, helps them make better decision about their health and wellness, and helps them follow the treatments their health provider recommends.

Enrollees Concerned about their Health Care Access if Gateway were Closed

Many participants delayed seeking health care prior to their enrollment in Gateway due to cost, and they are “not confident” that they would be able to access health care if they were without Gateway again. Eight in ten enrollees say they are “not confident” that they could afford prescription medicines (79%) or to see a doctor (79%). Four in ten report that if Gateway were to close they would seek care at hospital emergency rooms.

Enrollees Highly Satisfied with Health Centers and Specialist Care

Enrollees chose from one of five health centers as their primary medical home, 94% of enrollees are satisfied with their selected health center. Three-quarters report they would be very likely to recommend the health center to a friend or family member.

Respondents are satisfied with appointment setting and care coordination as well. Seven in ten enrollees say it’s easy to get a timely appointment, and eight in ten say the time they must wait for the appointment is reasonable according to their need. About one-half of enrollees has had help from their health center coordinating their care among specialists, 80% of these enrollees report they are very satisfied with this coordination of their health care.

At the individual health centers, the relationship between patient and provider is strong. Eight in ten enrollees report the medical staff at their health center explains thing in a way they understand, shows respect for what they say, and listens carefully to them.

Three in five enrollees have been referred to a specialist doctor, since their enrollment in Gateway began. As with the individual health centers, a majority of those who have gone to a specialist agree that it's easy to get the appointment scheduled and the time they must wait is appropriate given their medical need. As was the case with the specific health centers, majorities of those who have visited a specialist are pleased with the patient-provider relationship.

Emergency Room and Hospital Visits

One-half of enrollees have gone to the emergency room at least once since enrollment to get care for themselves. A majority of those who had to go to ER say that just a few or none of those visits could have been treated at the Gateway health center.

Since enrolling in Gateway, one-quarter have been a patient in the hospital overnight or longer. Majorities of these respondents' report that coordinating aspects of their care after hospitalization, such as receiving prescription medicines and getting follow-up appointments was easy.

Enrollees Taking Action to Reduce Stress

Gateway enrollees are actively engaging in positive strategies to alleviate some of the stress they encounter in their daily lives. Eight in ten report they talk with a friend or family member, eat healthy foods, exercise, or pray in efforts to reduce their stress. Additionally, ninety-one percent of enrollees agree that they feel comfortable talking to a health professional about the stress they are experiencing or have experienced.

Few Enrollees Familiar with Alive and Well STL

Roughly, one in five enrollees is familiar with the Alive and Well STL program. A majority of those who report seeing or hearing information about Alive and Well STL say it was from Gateway to Better Health (67%) or television, radio, or newspaper (58%).

About the Survey

These are among the findings of a survey sponsored by the St. Louis Regional Health Commission. The survey included telephone interviews with a representative sample of 1,200 Gateway to Better Health program enrollees. The survey, conducted by Princeton Survey Research Associates International, asked questions about the respondent's use of Gateway program benefits, their opinion and attitudes towards

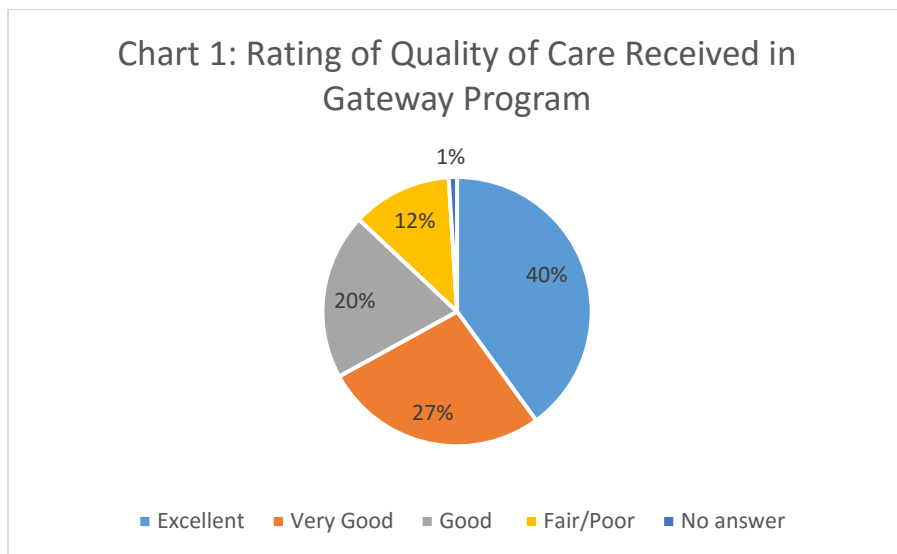
the program, as well as the impact the program is having on their health. Interviews were conducted from July 18-August 8, 2016.

The margin of sampling error for results based on total sample at the 95 percent level of confidence is plus or minus three percentage points. Question wording and the practical difficulties in conducting surveys can also introduce error in survey estimates. A description of the survey methodology and a questionnaire annotated with the survey results are included in the appendix that follows the detailed findings.

Enrollees Rate Quality of Care Highly

Survey respondents rate the health care they receive through Gateway with high marks. Two-thirds say the quality of health care they receive through Gateway is excellent or very good (see Chart 1).

Additionally, one in five enrollees say the quality of care is good. Just 12% say the quality of care is either fair or poor. These overall results are similar to those in 2014, when 69% gave a quality of care rating of excellent or good.



Overall rating of quality of health care is related to one's perception of the impact the Gateway program has had on their physical and mental health.

- Eight in ten Gateway enrollees who report improved physical health since enrolling in Gateway rate the program’s quality of care as excellent or very good, compared with one-half of those who say their physical health has stayed the same or declined.
- A similar pattern is observed for mental health (83% with improved mental health v. 60% of others).

Perception of the overall quality of care received in Gateway is strongly tied to satisfaction with the health center one uses most often.

- Eight in ten of those who are satisfied with the health center give the quality of care an excellent or very good rating compared with four in ten of those less satisfied (see Table 1).

Table 1: Health Center Ratings Strongly Tied to Perception of Overall Quality of Care	
Very satisfied with Health Center	81%*
Less satisfied with Health Center	41%
Very likely to recommend Health Center	78%*
Less likely to recommend Health Center	38%
Easy to get appointment at Health Center	78%*
Hard to get appointment at Health Center	46%
Received help coordinating care	73%*
Not received help coordinating care	62%

Ratings across the five different health centers are high, while not statistically significant, there is some variation.

- Seventy-two percent of patients at St. Louis County Department of Health give ratings of excellent or very good on the quality of health care they have received in the Gateway program, and 70% of patients at Affinia Healthcare give a similar rating. Slightly fewer give equally positive rating at the other centers 66% of patients at Betty Jean Kerr

People's Health Centers, and 64% of patients at Myrtle Hilliard Davis Health Centers, and 63% of patients at Family Care Health Center.

Many Report Health Benefits of Gateway Program

A majority of survey respondents (55%) report better physical health since enrolling in Gateway. While four-in-ten say their physical health has stayed the same, just 5% say their health is worse. These results are similar to 2014 responses.

Similar to the 2014 findings, one-third of enrollees report improved mental health, with most reporting their mental or emotional health has stayed the same (60%). Few (4%) report a decline in mental or emotional health since becoming Gateway participants.

- Those who have received care coordination are more likely to report improvements in both their mental health (40% v. 29%) and their physical health (61% v. 50%) than those who have not received care coordination.
- Those who report delaying medical care prior to enrollment in Gateway are more likely to say their physical health has improved than those who did not delay care.
- Four in ten enrollees who report they are currently being treated for depression, anxiety, or another emotional health condition report their mental or emotional health is improved, while 47% say it's the same. One in ten report that it has worsened.
- Those age 40 and older are more likely to report their mental or emotional health has improved since enrollment in Gateway (37% v. 28%).

Respondents' Current Health Status

Asked to rate their current physical health, 32% of respondents describe their health as excellent or very good, another 32% say their health is good, and 37% describe their health as fair or poor. In 2016, there are a larger share of enrollees describing their health as fair or poor (37% v. 29% in 2014).

Self-ratings of mental and emotional health are more positive than ratings of physical health, with 46% describing their current mental health as excellent or very good, 31% saying good, and 23% saying just

fair or poor. Fewer respondents report their mental health as excellent or very good in 2016 than said so in 2014 (46% v. 51%).

- Self-ratings of both physical health and mental health decline with the age of enrollee. The largest share of respondents reporting excellent or very good health is aged 18 to 29, and the smallest share is aged 40 and older.

Three in four respondents report they have at least one chronic health condition asked about in the survey, including a new item in 2016 gauging the prevalence of depression, anxiety or other emotional health conditions among enrollees.

- Again, prevalence of a chronic condition increases dramatically by age group. From just 37% of those age 18-29 rising to 86% of those age 50 and older. This pattern holds true for all individual conditions, with the exception of asthma, COPD, and emphysema.

Nearly one-half of enrollees report they are currently being treated for high blood pressure or hypertension. And increase from 2014 when 43% reported this condition. The second most frequented condition being treated is emotional or mental health. One-quarter report being treated for depression, anxiety or another emotional health condition. Roughly, one in five report being treated for diabetes or arthritis. A larger share of enrollees say they are being treated for diabetes than said so in 2014 (22% v. 16%).

Six in ten respondents report they currently take or need prescription medication to manage a long-term or chronic condition. Similar to results in 2014.

- Once again, larger shares of older enrollees report needing prescription medicines.

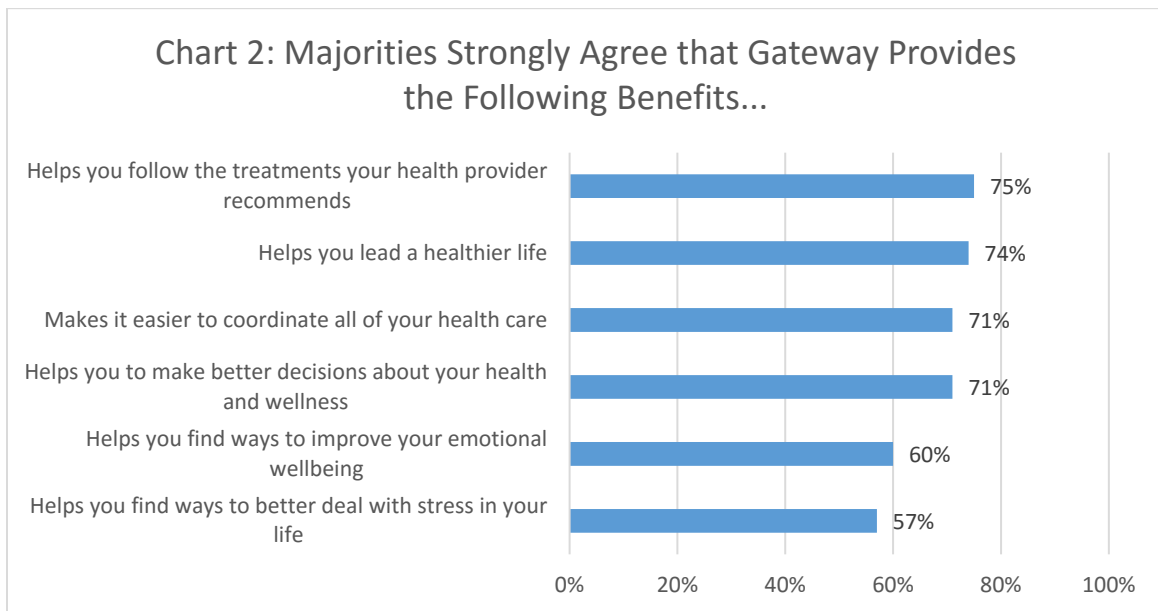
In addition, two in five (41%) have a physical or medical condition that seriously interferes with their ability to work, attend school, or manage their day-to-day activities. This is a slight increase from 2014, when 37% reported the same.

Specific Health Benefits of the Gateway Program Rated Highly

Respondents were asked if they had experienced any of six specific health benefits as a result of being enrolled in Gateway (see Chart 2). As in 2014, three-quarters of enrollees strongly agree that the

Gateway program helps them follow recommended treatments and helps them lead a healthier life. Other results remain the same as well.

Two new items in 2016 focusing on stress and emotional wellbeing resulted in about three in five who strongly agree that Gateway helps in these areas.



- While agreement among all subgroups is high, some groups stand out. Those are 40 and older are more likely to say they strongly agree that Gateway has helped them make better decisions about their health (74% v. 64%), find ways to improve emotional wellness (62% v. 55%), and find better ways to deal with stress (61% v. 47%).
- Additionally, those who have received care coordination from health center staff, who give the quality of care they receive in the Gateway program an excellent rating or who report their mental or physical health has improved since Gateway enrollment are more likely to strongly agree that the program has helped them in each area (see Table 2).

Table 2: Some Groups Are More Likely to Report Specific Benefits of Gateway						
	Helps you follow recommended treatments	Helps you lead a healthier life	Makes it easier to coordinate your health care	Helps you make better health decisions	Helps you find ways to improve your emotional wellbeing	Helps you find ways to better deal with stress
Received help coordinating care	82%*	81%*	76%*	77%*	66%*	65%*
Not received help coordinating care	66%	66%	65%	64%	53%	49%
Overall Gateway rating excellent	89%*	88%*	89%*	85%*	79%*	75%*
Overall Gateway rating very good	78%	79%	74%	75%	57%	56%
Overall Gateway rating good, fair, or poor	53%	63%	47%	51%	40%	35%
Physical health better since enrolling	85%*	86%*	82%*	84%*	70%*	68%*
Physical health same or worse	62%	59%	58%	55%	47%	43%
Mental health better since enrolling	87%*	86%*	84%*	83%*	78%*	78%*
Mental health same or worse	68%	68%	65%	65%	51%	46%

Enrollees Focus on Health Care Access and Cost

Gateway enrollees were asked to describe what access to health care means. Two-thirds of respondents made a comment that can be summarized as the ability to get necessary health care. Additionally, three in ten had comments focused on the cost and affordability of health care. And as you'll see from the quotes below, there's an intersection between necessity and cost. Here's just a sampling of Gateway enrollees quotes:

"IT MEANS BEING ABLE TO GO TO THE DOCTOR WITHOUT WORRY OR BE ABLE TO AFFORD MEDICINE."

"IT MEANS THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO HAVE HEALTH CARE THAT I CAN AFFORD. "

"I MEAN THAT I AM ABLE TO GET THE SAME KIND OF CARE AS ANYBODY ELSE. THEY TREAT ME LIKE THEY CARE ABOUT ME. THAT IS WHAT IT MEANS TO ME. I JUST WANT TO SAY THEY HAVE SOME GREAT PERSONNEL THERE, AND I APPRECIATE THEM."

"BECAUSE I HAVE BEEN UNEMPLOYED FOR 5 YEARS IT WOULD HAVE BEEN IMPOSSIBLE TO GET MEDICAL TREATMENTS WHEN I NEEDED THEM. AND THIS PROGRAM HELPED ME TO MAINTAIN MY HEALTH CONDITION AND NOT LET IT DETERIORATE. THEY RESPECT AND LISTEN TO WHAT I HAVE TO SAY WHICH IS IMPORTANT TO HAVING ACCESS TO BETTER HEALTH."

"I DON'T HAVE TO BE CONCERNED WITH HOW I WILL GET MEDICATION AND HOW I WILL GET MEDICAL SERVICES WHEN I NEED THEM. IT'S A RELIEF THAT I HAVE COVERAGE IN A MEDICAL SITUATION. "

"BEING ABLE TO GET CARE SO THAT NOTHING WORSE HAPPENS TO YOU. I'M JUST VERY I'M HAPPY I HAVE IT BECAUSE I AM ABLE TO AFFORD MY PRESCRIPTIONS AND IT TAKES A LOT OF WORRY OFF ME."

Some respondents expressed the emotional benefits of decreasing worry over how to obtain necessary health care services.

"HOPE, I HAVE DEPRESSION, DIABETES, HIGH BLOOD PRESSURE AND CHOLESTEROL AND I WOULDN'T BE ABLE TO GO TO THE DOCTOR WITHOUT IT."

"IT MEANS A LOT. I WOULDN'T GET MY DIABETES MEDS AND MENTAL HEALTH MEDS. IT MEANS A WHOLE LOT TO ME AND I HONESTLY DON'T KNOW WHAT I WOULD DO WITHOUT IT."

"A BETTER QUALITY OF LIFE."

"IT KEEPS ME ALIVE, VERY IMPORTANT, EXTREMELY IMPORTANT, NUMBER ONE THING IN MY LIFE."

A BETTER HEALTHIER LIFESTYLE AND LESS STRESS, HAVING DOCTORS I CAN TRUST AND CARE ABOUT MY HEALTH

Delays in Care Prior to Gateway Enrollment Widespread

Respondents emphasis on the ability to get the needed medical care and cost is understandable, considering that prior to enrolling in the Gateway to Better Health program, many respondents did not get health care because of cost. Fully three-quarters (77%) report not getting routine dental care prior to enrolling in the program. Additionally, large majorities of respondents' report that prior to enrolling in Gateway, there were times they did not see a doctor when they were sick (74%), did not fill a prescription for medicine (74%), or skipped a medical test, treatment or follow-up recommended by a doctor (70%). These results are similar to the 2014 results.

- Those who report their current physical health is fair or poor are more likely to report they did not fill a prescription for medicine prior to Gateway enrollment (78% v. 71%). A similar pattern emerges for self-reported mental or emotional health (80% v. 72%).
- Those who say their physical health is improved since enrollment in Gateway are more likely to report not getting each of the types of care asked about (see Table 5).

	Physical Health Since Gateway	
	Better	Same/Worse
Did not get routine dental care	80%*	73%
Did not go see a doctor when you were sick	80%*	67%
Did not fill a prescription medicine	76%*	71%
Skipped a medical test, treatment or follow-up recommended by a doctor	73%*	65%

Few View the Cost of Gateway Services as a Financial Strain

For many, enrollment in Gateway alleviates the concerns about the cost of healthcare. Just one-third of Gateway enrollees say at least one of the fees associated with healthcare is a major strain. Most frequently mentioned as a major financial strain are the fees associated with emergency care (24%), and routine dental care (20%). Fewer say fees for other services are a major financial strain:

- Medical tests, treatments, or follow-ups (15%)
- Prescription medicines (14%)

- Doctor’s visits (14%)
- Mental health care (12%)

Those who are more likely to utilize more health care services are more likely to say it’s financially burdensome. That is, those in worse physical or mental health, those who feel their health has not improved since enrolling in Gateway, those who have a chronic condition, and those who take prescription medicines (see Table 4).

Table 4: Health Status Related to Views of Gateway Fees	
	Major Strain
Total	35%
Physical health is fair or poor	44%*
Physical health is excellent, very good, or good	30%
Physical health same or worse since enrolling	43%*
Physical health better	29%
Mental health is fair or poor	47%*
Mental health is excellent, very good, or good	31%
Mental health same or worse since enrolling	38%*
Mental health better	29%
Have any chronic health condition	38%*
No chronic health condition	28%
Take prescription medicine	38%*
Do not take prescription medicine	31%

High Levels of Concern about Finding and Accessing Care if Gateway Ended

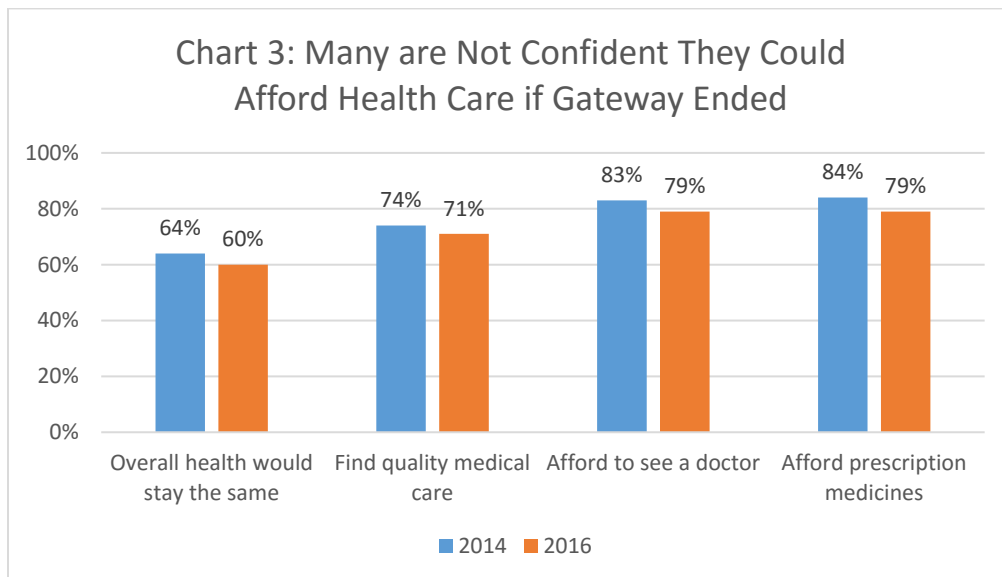
Respondents were asked where they would go for primary medical care if they did not have coverage through Gateway or any other health insurance. Four in ten said they would go to the emergency room

in a hospital. About one in five (18%) reported they would go to urgent care. While 15% said health clinics operating in retail stores or pharmacies, and 10% said health centers.

- Men are more likely than women to report they'd use the emergency room (45% v. 36%).
- Those who say they in fair or poor health and those who report a health condition interferes with their daily life are more likely than their healthier counterparts to say they would go to an emergency room at a hospital for their primary medical care.

Gateway enrollees are not optimistic about the outcomes if the program ended. Survey respondents were asked how confident they would be able to access and afford various aspects of healthcare if the Gateway program were to end. As the table below indicates, majorities report that if the Gateway program ended, they would NOT be confident they could afford prescription drugs, afford to see a doctor, find quality medical care, or that their overall health would stay the same (see Chart 3).

In comparison with 2014, slightly fewer enrollees report they are not confident they could afford to see a doctor or afford prescription medicines.



- Those who are not employed are more likely to say they are not confident that they could afford prescription medicine or to see a doctor.
- While concerns about losing the Gateway program are high across virtually all survey respondents, there are some subgroups that are particularly concerned about what would happen if the program ended (see Table 5).

Table 5: Many are Not Confident about Health Care Access and Effects if the Gateway Program Ended				
	Afford prescription medicine	Afford to see a doctor	Find quality medical care	Overall health would stay the same
Have any chronic health condition	81%	81%*	73%*	65%*
No chronic health condition	75%	72%	65%	49%
Physical health better since enrolling	83%*	82%*	75%*	65%*
Physical health same or worse	76%	75%	66%	56%
Physical or medical condition interferes with daily life	84%*	83%*	77%*	69%*
No condition interferes with daily life	76%	76%	67%	54%

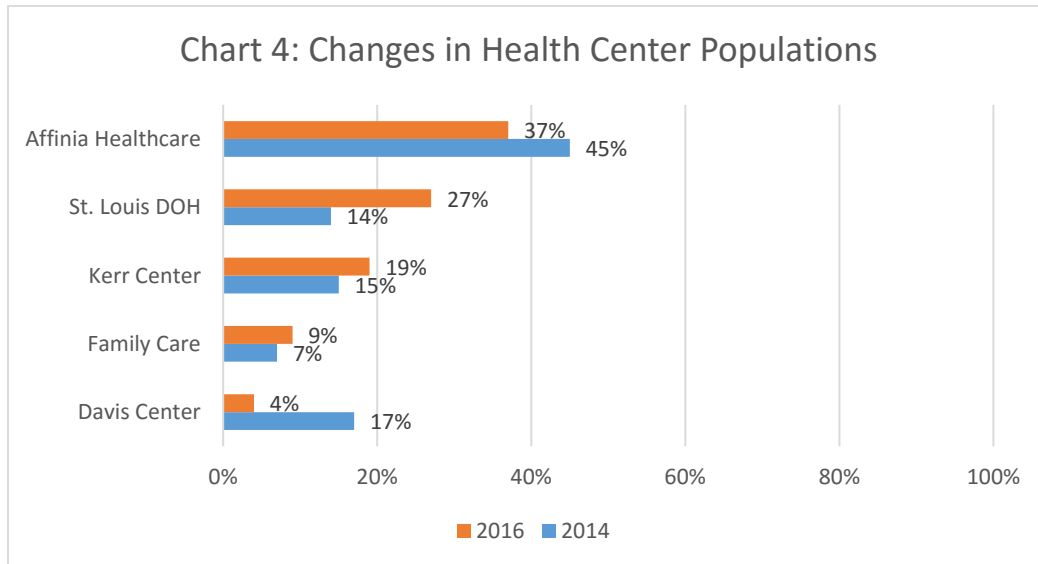
Enrollees Have Positive Perceptions of the Gateway Health Centers

Gateway enrollees rate their own health centers very positively. Nine in ten say they are satisfied with the care they received at the particular health center they use most often, with the 70% saying they are very satisfied. Few (5%) report they are not satisfied. In addition, three-quarters say they are very likely to recommend their health center to a friend or family member.

- Certain subgroups are more likely to say they are very satisfied with their health center and they are very likely to recommend their health center. Among these groups are those whose health has improved since enrollment, those in better health, and those who have received care coordination (see Table 6).

Table 6: Health Status Related to Perceptions of Gateway Health Centers		
	Very Satisfied	Very likely
Total	70%	77%
Received help coordinating care	76%*	84%*
Not received help coordinating care	63%	70%
Physical health is excellent, very good, or good	76%*	81%*
Physical health is fair or poor	60%	71%
Physical health better since enrolling	82%*	86%*
Physical health same or worse	55%	66%
Mental health is excellent, very good, or good	75%*	80%*
Mental health is fair or poor	53%	67%
Mental health better since enrolling	82%*	86%*
Mental health same or worse	64%	73%

The pattern of health centers that Gateway enrollees report using most often mirrors the sample distribution. Changes in the distribution have been observed between 2014 and 2016. Overall, Affinia Healthcare, formerly Grace Hill Health Centers still represents the largest share of patients, but St. Louis County Department of Health now has double the number they did in 2014 (see Chart 4).



- Looking at specific health centers, a majority of Gateway enrollees from each center report they are very satisfied with the care they receive and very likely to recommend their center to others. Although not statistically significant, three health centers: Family Care, Affinia, and St. Louis County receive a slightly larger share of enrollees saying they are very satisfied and very likely to recommend than those at Kerr Center and the Davis Center.

Table 7: Who Visited a Health Center Within Past Three Months	
Total	69%
Physical health is fair or poor	74%*
Physical health is excellent or very good	62%
Have any chronic health condition(s)	74%*
No chronic health condition(s)	56%
Take prescription medicine	75%*
Do not take prescription medicine	60%

Seven in ten (69%) of survey respondents who use one of the health centers report that their most recent visit was within the three months prior to the survey, and another 18% report visiting from four to six months prior. These results are similar to 2014 when 72% reported using the health center in the past three months.

- As might be expected, those who report poor physical health, chronic illness, and prescription medicine use are particularly likely to have visited their health center more recently (see Table 7).
- Those who report their mental or physical health is better since enrollment in Gateway are more likely to report a visit in the past three months.
- Seventy-three percent of those age 40 and older have visited the health center in the past three months, compared with 60% of younger enrollees.

Majorities Say it is Easy to Get an Appointment

Seven in ten respondents who use a health center say getting an appointment at their health center is very (35%) or somewhat easy (37%). One quarter of respondents describe the process of getting an appointment as somewhat or very hard. These findings are similar to 2014 results when 70% said getting an appointment was easy.

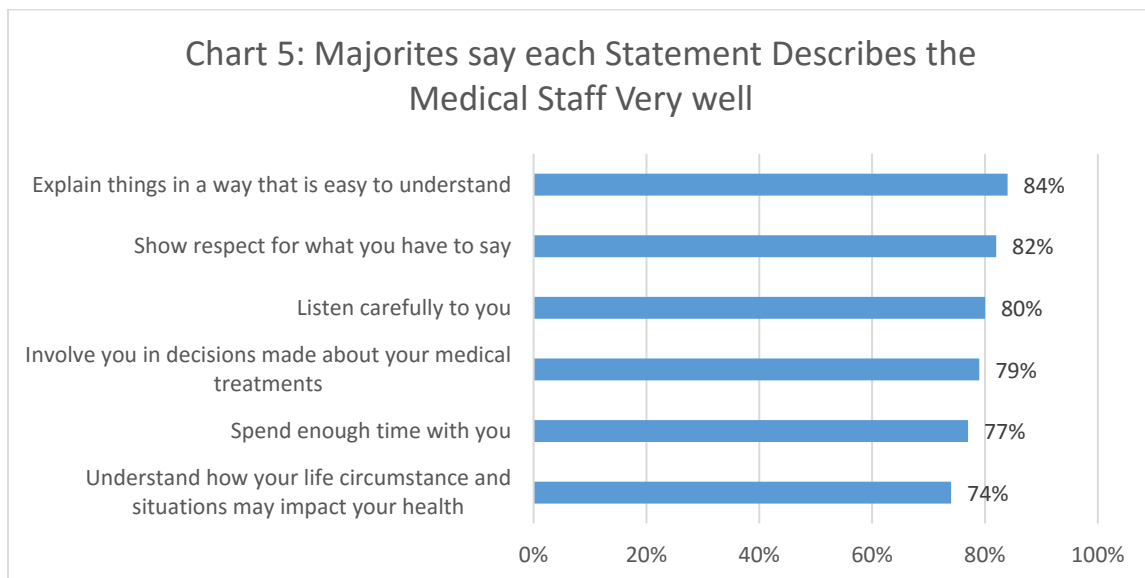
- While a majority of patients at all health centers rate the appointment process positively, those most likely to say it is very easy to get an appointment use Family Care Health Centers (45%), Myrtle Hilliard Davis Comprehensive Health Centers (42%), or St. Louis County Department of Health Centers (40%). In contrast, one-third or fewer describe the getting an appointment as “very easy” use Affinia Health Centers (33%) or Betty Jean Kerr People’s Health Centers (27%).

Eighty-one percent of enrollees say the time they must wait to get the appointment with a primary care doctor at their health center is reasonable according to their medical need. While 18% say it is not reasonable.

- Four in ten respondents who do not report being very satisfied with their health center say the time they must wait for an appointment is not reasonable.
- Fully one-half of those who say getting an appointment is hard say the time they must wait is not reasonable.

Enrollees Rate Medical Staff Highly

At the health center, the patient-provider relationship is strong. Medical staff receive high ratings from majorities of Gateway enrollees on six key aspects of the patient-provider relationship (see Chart 5). In 2014, enrollees gave equally high ratings.



- Across all six spectrums of the patient-provider relationship, Gateway enrollees who report better physical or mental health since entering the program are more likely than their counterparts to say that each of these statements describe medical staff at their health center very well.
- Additionally, larger shares of those who report their overall physical or mental health is at least good are more likely to say each item describes the medical staff very well.

Enrollees Satisfied with Coordination of Care

About half (51%) of survey respondents report that someone from their health center helped coordinate their care among specialists or other health providers. Among this group, 80% say they are very satisfied with the help they received, and another 17% report being somewhat satisfied. Just 2% say they are not too or not at all satisfied with the help they received coordinating their care. These findings are similar to 2014.

Patients presumably requiring the most care are also the most likely to report receiving help coordinating their care from someone at their health center. Among these are:

- Those who have seen a specialist (68% have received help with coordinated care)
- Those taking prescription medicines (57%)

- Enrollees ages 40 and older (55%)
- Those with a chronic condition (54%)

Specialist Care Viewed Positively

Sixty percent of Gateway program participants have EVER been referred to a specialist doctor since their enrollment began. Unsurprising, given the time reference is one’s entire enrollment period, the share of respondents reporting a referral to a specialist has risen from 55% in 2014.

- Older enrollees are more likely to report being referred to a specialist, as are those who had delayed care prior to entering the Gateway program, report fair or poor physical health, have a chronic illness, or need prescription medicine (see Table 8).

Table 8: Referred to a Specialist Since Enrolling in Gateway	
Total	60%
Ages 40 and older	66%*
Ages 30-39	53%*
Ages 18-29	36%
Physical health is fair or poor	71%*
Physical health is good	59%*
Physical health is excellent or very good	48%
Mental health is fair or poor	68%*
Mental health is good	64%
Mental health is excellent or very good	54%
Have chronic health condition(s)	66%*
No chronic health condition(s)	44%
Take prescription medicine	70%*
Do not take prescription medicine	46%
Physical or medical condition interferes with daily life	74%*
No condition interferes with daily life	50%

- Respondents whose main health center is Family Care Health Center or St. Louis County Department of Health are more likely than those using other health centers to report being referred to a specialist. About three-quarters of survey respondents from Family Care Health Centers (74%) and two-thirds of St. Louis County Department of Health (67%) report being referred to a specialist, compared with fewer of those who use Affinia Health Care (58%), Myrtle Hilliard Davis Comprehensive Health Centers (56%), or Betty Jean Kerr People's Health Centers (54%).

Roughly seven in ten survey respondents who have been referred to a specialist since enrolling in Gateway say their most recent specialist visit was within past 12 months. Thirty-nine percent say it was within the past three months, 20% say it was four to six months ago, while 9% say it was seven to 11 months ago. Twenty percent report the visit was a year ago or more. These findings are consistent with the 2014 result.

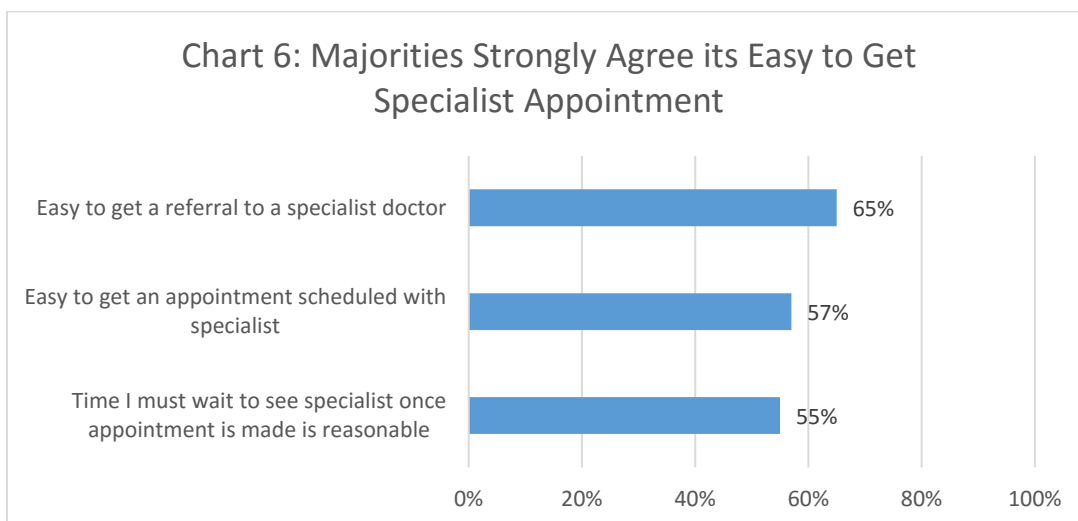
About one in ten had not yet had their specialist appointment at the time of the survey. Among that group, 93% report that they intend to keep the appointment, while 6% report they do not plan to keep the appointment with specialist.

Those who had already scheduled and attended a specialist visit were asked where their most recent appointment took place. The most common response was SLUCare (26%) followed by Barnes-Jewish Hospital Resident Clinic (19%)

[Ease of Getting a Specialist Referral and Scheduling an Appointment](#)

Overall, the majority of respondents seem satisfied with the process of getting referrals to specialists and appointment setting. Two-thirds of those who have been referred to a specialist say they strongly agree that it's easy to get a referral, and majorities say getting the appointment and the interim period they must wait prior to appointment is acceptable (see Chart 6).

Chart 6: Majorities Strongly Agree its Easy to Get Specialist Appointment



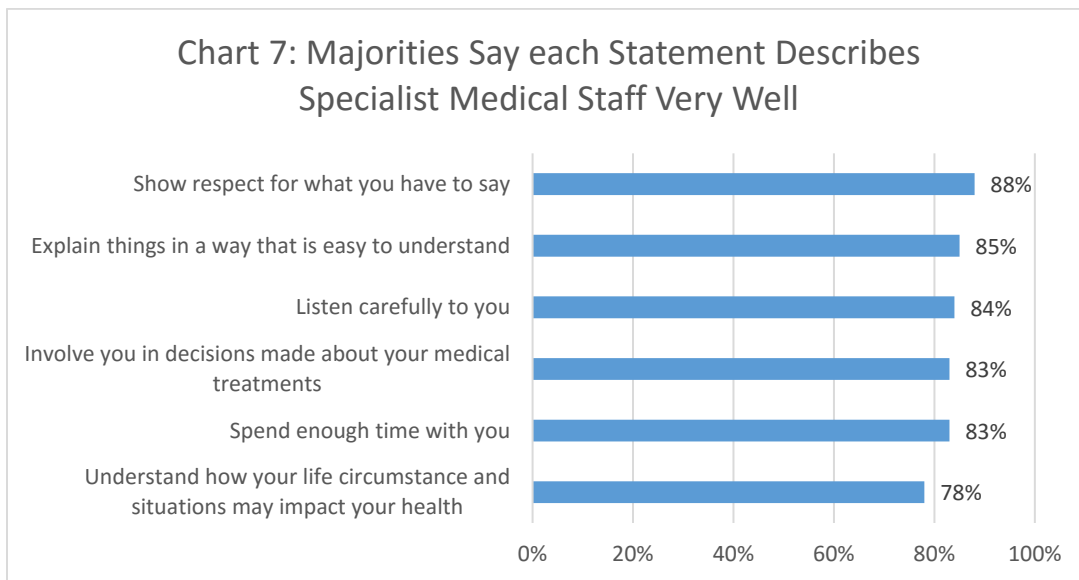
- Enrollees who utilize the St. Louis County Department of Health are the most satisfied with each of these aspects of specialist care in comparison to those who go to the other health centers.
- Those who have received care coordination, and those who say their health has improved since enrolling in Gateway are most likely to strongly agree these aspects of specialist care are easy (see Table 9).

Table 9: Health Status Related to Views on Ease of Getting Specialist Care

	Easy to get referral to specialist	Easy to get appointment scheduled	Time I wait once appointment is made is reasonable
Received help coordinating care	70%*	61%*	60%*
Not received help coordinating care	55%	47%	43%
Physical health better since enrolling	74%*	65%*	63%*
Physical health stayed the same or worse	53%	44%	45%
Mental health better since enrolling	75%*	68%*	70%*
Mental health stayed the same or worse	59%	50%	47%

Relationship with Specialist Medical Staff Viewed Positively

Survey respondents who attended an appointment with a specialist doctor were asked to rate the medical staff from their most recent specialist experience. As is the case with their ratings of their health center medical staff, enrollees have very positive feelings about the way specialist staff relate to them (see Chart 7).



- Overall, ratings of staff by specialist organization visited are positive. Ratings do vary somewhat by organization visited. A larger share of those who visited Washington University School of Medicine have positive perceptions of the staff, in comparison with other organizations.

Slim Majority Report an Emergency Room Visit

One-half of respondents report they have gone to the emergency room for care at least once since they have been enrolled in the Gateway program. This is an increase from two years ago, when 40% reported an ER visit for care. Given this question measures the entire time period since enrollment an increase would be expected.

- Subgroups particularly likely to have visited an emergency room since enrolling in Gateway include those who rate their physical health or mental as fair or poor, those with a chronic health condition, and those with a disability (see Table 10).

Table 10: Health Status Related to ER Visit	
	At least one visit
Physical health is fair or poor	58%*
Physical health is excellent, very good, or good	46%
Mental health is fair or poor	59%*
Mental health is excellent, very good, or good	48%
Have any chronic health condition	53%*
No chronic health condition	43%
Physical or medical condition interferes with daily life	58%*
No condition interferes with daily life	45%

Gateway enrollees who have visited an emergency room since entering the program are divided on whether their ER visits could have been treated by their health center. Roughly half (49%) of all respondents who have visited an ER say none of their visits could have been treated. While, an equal share says all of their ER visits could have been treated at their health center (20%) or at least a few (27%) could have been handled at the health center. These findings are similar to 2014.

Few have had Hospital Stays

Since enrolling in Gateway, 23% of survey respondents have been a patient in a hospital overnight or longer, this is an increase from 2014 when 16% reported an overnight stay.

- As would be expected, the incidence of hospitalization among Gateway enrollees is slightly higher for older adults. One-quarter of enrollees age 40 and older (26%) say they have been an overnight patient at the hospital, compared with 16% of younger enrollees.

- Enrollees in poor health and who take prescription medicines are more likely to say they've been a patient since their enrollment in Gateway (see Table 11).

Table 11: Health Status Related to Hospital Stays	
Total	23%
Physical health is fair or poor	31%*
Physical health is excellent, very good, or good	19%
Mental health is fair or poor	29%*
Mental health is excellent, very good, or good	21%
Have seen a specialist	29%*
Haven't seen a specialist	14%
Have any chronic health condition	26%*
No chronic health condition	15%
Take prescription medicine	28%*
Don't take prescription medicine	16%
Physical or medical condition interferes with daily life	32%*
No condition interferes with daily life	17%

Respondents who have been hospitalized since enrolling in Gateway were asked how easy or hard it was for them to coordinate various aspects of their care after their release. Majorities found follow up after a hospital stay to be easy. Eighty-five percent of those who have been hospitalized say that getting an appointment to see their primary doctor for follow-up is very easy or somewhat easy. Large shares of those who have been hospitalized say each of the following is easy:

- Getting the medicines that the hospital doctor has prescribed (79%)
- Getting an appointment to see a specialist (72%)

Enrollees Rate Call in Center Highly

Respondents who have contacted the Gateway to Better Health Call Center are satisfied. One-third of Gateway enrollees have called, while 65% report they have not called.

Those who say it is difficult to get an appointment at their health center are more likely than those who says it is easy to have called (40% v. 31%).

Large majorities of those who have called report the call center was helpful in addressing their questions (88%) and that the staff was friendly (95%).

Few Familiar with Alive and Well STL

At this stage, few respondents are aware of the Alive and Well STL program, roughly one in five enrollees report they are very familiar (5%) or somewhat familiar (13%) with the Alive and Well STL program. The majority report they are not too familiar (12%) or not at all familiar (70%).

- One quarter of those who report their mental or emotional health is improved since enrolling in Gateway say they are familiar with Alive and Well STL, compared with 14% of those who report their emotional health is unchanged or has declined.

Among those who are familiar with Alive and Well STL, they have seen or heard about the program from a variety of sources; the most frequently mentioned being Gateway to Better Health, followed by traditional media outlets, such as television, radio or newspapers (see Table 12).

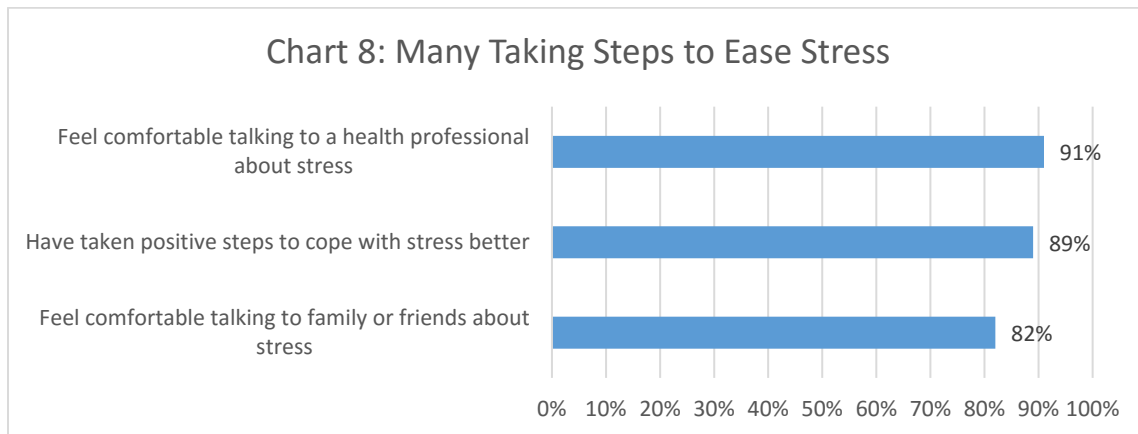
Sixteen percent of those familiar with Alive and Well STL report they have talked with someone about the program and its resources.

Gateway to Better Health	67%
Television, Radio, or Newspaper	58%
Health professionals or healthcare organizations	46%
Family and friends	43%
Faith communities, such as church	29%
Social media, such as Facebook or Twitter	29%

Many Enrollees Taking Steps to Alleviate Stress

Along with awareness of the specific Alive and Well STL program, enrollees were asked more generally about their attitudes toward and the strategies they use to cope with stress. Strong majorities report

they feel comfortable talking about stress with a health professional or family and friends, and are making efforts to better cope with stress (see Chart 8)



- Those who report they are familiar with the Alive and Well STL program are more likely to say they have taken positive steps to cope with stress (74% v. 63%) as well as feel comfortable talking to family and friends (65% v. 57%).

Enrollees are utilizing a variety of self-care strategies to reduce their stress. Roughly, eight in ten enrollees report they talk with friends or family, exercise, eat healthfully, or pray or meditate in efforts to reduce stress (see Table 13).

- Those who say their mental health has improved since enrolling in Gateway are more likely to engage in each of these stress reducing self-care strategies.

Talking with friends or family	83%
Exercising, including walking	82%
Eating health foods	82%
Praying or meditating	80%
Spending time on a hobby or personal interest	77%
Getting a full night's sleep	68%

The majority of respondents are doing three or more of the activities asked about in the survey.

- Those familiar with the Alive and Well STL program are more likely to engage in 5 or more activities than those unaware of the program (74% v. 65%).

Appendix A: Methodology

Sample Design

Sample for the survey was proportionately stratified and selected from the pool of approximately 21,000 Gateway program participants. Independent simple random samples were drawn within each of the five health centers.

Questionnaire Design and Testing

The questionnaire was developed by Princeton Survey Research Associates International (PSRAI) and the St. Louis Regional Health Commission. The survey consists of primarily closed-ended questions. A few open-ended questions are included. These open ended questions were coded by PSRAI.

In order to improve the quality of the data, the questionnaire was pretested with a small number of respondents (n=20) using a sample of Gateway program participants. Pretest interviews were monitored by the research staff. Pre-test interviews were conducted using experienced interviewers who could best judge the quality of the answers given and the degree to which respondents understood the questions. Some final changes were made to the questionnaire based on the monitored pretest interviews. Interviews were conducted using a fully-programmed CATI instrument. A copy of the annotated questionnaire can be found in the Appendix.

Data Collection Procedures

Upon initial hiring, each interviewer completes a course on general interviewing skills and training in the use of CATI system. This training includes lectures, role playing, and conducting practice studies on the CATI system. The training introduces interviewers to telephone survey research, shows them examples of the types of survey questions and recording conventions, teaches basic ways to obtain accurate data through active listening and probing, and stresses methods for gaining respondent cooperation.

Training also includes both landline and cell phone training – each of which have different introduction and different issues associated with gaining respondent cooperation. Supervisors monitor the role playing and practice studies to determine if an interviewer is ready to go live on the phones. Spanish language interviewers are trained in the same way, with additional tests to determine their fluency in Spanish.

Interviewers are given specific training on utilizing the CATI system. The training reviews procedures for conducting interviews using CATI. The session instructs interviewers on the uses of the PCs, all the CATI recording functions, and any special CATI commands. Interviewers review this information in a group setting while various CATI screens/questions are displayed on a screen for all to see. After this training, interviewers are able to review what they have learned by directly accessing a PC and doing test interviews using the CATI system.

Interviewers assigned to this study complete formal project-specific training. After a thorough review of the project's objectives and review of the questionnaire, interviewers practice by doing mock interviews on one another prior to making live calls. Supervisors monitor these practice interviews prior to placing an interviewer on the project.

Data collector performance is evaluated through examination of cooperation rate reports and monitoring of live interviewing for the skills needed for effective interviewing. Team leaders monitor interviewers on a rotating basis. Each monitoring session was conducted using a system offering the remote, silent listening of a data collector and respondent while viewing the interviewers CATI screen. Interviewers who did not meet requirements were retrained as needed.

Survey interviews were conducted from July 18-August 8, 2016. Gateway program participants were first sent an advance letter (see Appendix B for content) alerting them that they have been selected to participate in the survey. This advance letter offered a toll free call in number that respondents could call to complete the interview at a time that was convenient for them. Twenty percent of the completes came from respondents who called in.

As many as seven call attempts were made to contact every telephone number. Sample was released for interviewing in replicates, which are representative subsamples of the larger sample. Using replicates to control the release of sample ensures that complete call procedures are followed for the entire sample. Calls were staggered over times of day and days of the week to maximize the chance of making contact with potential respondents. Each telephone number was called at least one time during the day in an attempt to complete an interview.

Interviewers asked to speak with the contact person named in the sample. If this person is not available to complete the interview, interviewers attempted to schedule a callback time.

Each respondent who qualified for and completed the survey was offered a \$10 Subway gift card as an incentive. This incentive is mailed to all qualified respondents after completion of the survey.

Data Preparation and Weighting

Throughout data collection, the data was examined by Princeton Survey Research Associates International data staff to be sure that the CATI programs are functioning properly. This task was accomplished by creating syntax in SPSS that checks that the skip patterns are being followed and that the respondents are being asked the correct questions depending on answers to the root question.

A post-stratification weighting adjustment was made to match the final sample distribution of sex by health center to the sample frame distribution.

Response Rates

The response rate estimates the fraction of all eligible respondents in the sample that are ultimately interviewed. At PSRAI it is calculated by taking the product of three component rates:⁴ The response rate for this project is 28%.

- Contact rate – the proportion of working numbers where a request for interview was made⁵
- Cooperation rate – the proportion of contacted numbers where a consent for interview was at least initially obtained, versus those refused
- Completion rate – the proportion of initially cooperating and eligible interviews that were completed

⁴ PSRAI's disposition codes and reporting are consistent with the American Association for Public Opinion Research standards.

⁵ PSRAI assumes that 75 percent of cases that result in a constant disposition of "No answer" or "Busy" are actually not working numbers.

Table A1. Sample Disposition

89	Non-residential/Business
266	No such person
355	OF = Out of Frame
1,263	NWC = Not working/computer
531	No answer all attempts
55	No answer/busy all attempts
586	UHUO _{NC} = Non-contact, unknown if household/unknown other
1,861	UO _{NC} = Non-contact, unknown eligibility (Voice mail)
235	Refusals
397	Callbacks (INCLUDE Spanish CBs)
632	UO _R = Refusal, unknown if eligible
58	O = Other (language)
0	SO = Screen out
170	R = Refusal, known eligible (breakoffs and qualified CBs)
1,200	I = Completed interviews
6,125	T = Total numbers sampled

70.8% $e1 = (I+R+SO+O+UO_R+UO_{NC}) / (I+R+SO+O+UO_R+UO_{NC}+OF+NWC)$ - Est. frame eligibility of non-contacts

100.0% $e2 = (I+R) / (I+R+SO)$ - Est. screening eligibility of unscreened contacts

47.5% $CON = [I + R + (e2*[O + UO_R])] / [I + R + (e2*[O + UO_R + UO_{NC}]) + (e1*e2*UHUO_{NC})]$

58.3% $COOP = I / [I + R + (e2*[O + UO_R])]$

41.7% $REF = [R + (e2*[O + UO_R])] / [I + R + (e2*[O + UO_R])] = 1 - COOP$

27.7% AAPOR RR3 = $I / [I+R+(e2*(UO_R+UO_{NC}+O))+(e1*e2*UHUO_{NC})] = CON*COOP$

Appendix B: Advance and Incentive Letters

July 14, 2016

First Last Name
Address
City, State Zip

Dear [PARTICIPANT NAME],

We need your help. We are writing to ask you to take part in a survey about the Gateway to Better Health Program. By taking part in the survey, you will help us learn more about how Gateway to Better Health impacts the health and well-being of people enrolled in the program. This is your chance to help

You have been chosen as part of a sample of program members. To get accurate results, we need to get answers from you and other people we ask to take part in this survey. Within the next week or so, you will get a phone call from Princeton Survey Research asking you to take part in a phone survey. Most people find it takes about 20 minutes to answer the questions.

If the call comes at a time when you cannot talk, Princeton Survey Research can set an appointment to call back at a better time.

You may also call in to take part in the survey at this toll free number: **1-877-274-1600**.
When you call in, provide your survey ID number: **{PSRAIID}**.

Of course, what you have to say is private. Your answers will be part of a pool of information from others like you. Your answers will be used only for this study. **You may choose to participate in the survey or not. If you choose not to, this will not affect the benefits you receive from the Gateway to Better Health program.**

If you have questions about this letter or the phone survey, call the Gateway to Better Health Call Center at 1-888-513-1417 and someone will be able to assist you. All calls to this number are free. Thank you in advance for your help!

Sincerely,

Gateway to Better Health

P.S. For those that take part in the survey, we will send a \$10 Subway gift card in thanks for your participation.

August 18, 2016

Thank you!

Enclosed please find a \$10 Subway restaurants gift card for your recent participation in a survey about the Gateway to Better Health Program.

By taking part in the survey, you are helping us learn more about how Gateway impacts the health and well-being of people enrolled in the program.

If you have questions about your Gateway benefits, call the Gateway to Better Health Call Center at 1-888-513-1417 and someone will be able to assist you. All calls to this number are free.

Sincerely,

Gateway to Better Health

Appendix C: Topline Results

Gateway Demonstration Project Survey 2016 Patient Survey

Topline Results
August 17, 2016

Number of Interviews: 1,200 participants in Gateway to Better Health Program
Dates of Interviewing: July 18-August 8, 2016
Margin of Error: plus or minus 3 percentage points
Mode: Telephone Survey

*NOTES: An asterisk indicates a percentage less than 1%
Totals may not add to 100% due to rounding*

CONTACT1 Hello, my name is [INSERT NAME]. I'm calling on behalf of the Gateway to Better Health Program. May I please speak with {INSERT FNAME LNAME}?"
[IF R SAYS DRIVING/UNABLE TO TAKE CALL: Thank you. We will try to call another time...]

[IF RESPONDENT DID NOT ANSWER PHONE, REPEAT: Hello, my name is _____, and I am calling on behalf of the Gateway to Better Health Program.

ONCE TARGET RESPONDENT IS ON THE PHONE:

We are conducting a survey of Gateway Program Patients and we would like to include your opinions. Your participation is voluntary, and your individual responses are confidential. Your responses have no impact on your enrollment in the Gateway Program. To begin...

[READ IF NECESSARY: The interview will only take about 20 minutes to complete.]

[READ IF NECESSARY: For those who complete the survey we will be offering a \$10 gift card to Subway restaurants]

CONTACT2. I'd be happy to call back whenever is most convenient for you. When would be a good time?

(SCHEDULE CALLBACK)

CONTACT3. Do you know when would be a good time for us to call back?

Background

Q1. In general, how would you rate your overall physical health? Would you say it is excellent, very good, good, fair, or poor? {VAR NAME: Q1}

	2016	2014
Excellent	9	11
Very Good	23	24
Good	32	35
Fair	27	22
Poor	10	7
(DO NOT READ) Don't know	*	*
(DO NOT READ) Refused	*	*

Q2. In general, how would you rate your overall mental or emotional health? Would you say it is excellent, very good, good, fair, or poor? {Q2}

	2016	2014
Excellent	26	26
Very Good	20	25
Good	31	27
Fair	17	16
Poor	6	5
(DO NOT READ) Don't know	*	*
(DO NOT READ) Refused	0	*

Gateway Specific

READ TO ALL: Now we are going to focus on the Gateway to Better Health program. As you may know, the Gateway program provides access to certain health care services at a low cost.

- Q3. Overall, how would you rate the quality of health care you have received in the Gateway program? Would you say it is excellent, very good, good, fair or poor? {Q4}

	2016	2014
Excellent	40	41
Very Good	27	28
Good	20	20
Fair	8	8
Poor	4	2
(VOL.) Have not received any care	*	1
(VOL.) Neither good nor poor/Mixed/It depends on type of care	*	*
(DO NOT READ) Don't know	0	*
(DO NOT READ) Refused	0	*

- Q4. SINCE you have been enrolled in the Gateway program, do you think your overall physical health is better, worse, or has it stayed about the same? {Q5}

	2016	2014
Better	55	56
Worse	5	3
Stayed the same	39	41
(DO NOT READ) Don't know	1	*
(DO NOT READ) Refused	0	0

- Q5. What about your mental or emotional health? Is it better, worse, or about the same? {Q6}

	2016	2014
Better	34	36
Worse	4	5
Stayed the same	60	59
(DO NOT READ) Don't know	1	*
(DO NOT READ) Refused	0	0

Q5.1. For you personally, what does ACCESS to healthcare mean? **(RECORD OPEN END RESPONSE)**
{Q45}

	2016
NET Able to get health care comments	66
Availability of services/get care when I need it	26
Can go to the doctor/preventative care	29
Having specialists/good doctors	13
Get medication I need	10
NET Affordable coverage comments	30
Affordable health care	16
Coverage for the uninsured	9
Affordable prescriptions	7
NET Good health comments	19
Better health/quality of life	13
Peace of mind/less stress	7
NET Other positive comments	36
It's good/it's a blessing	20
Need it/important	9
Quality health care/equal access	6

Notes: Only percentages 5% or greater are reported. Results mad to more than 100% due to multiple responses.

Q6. If the Gateway program ended, how confident are you that...? (First/Next), **(INSERT. READ AND RANDOMIZE)**

READ FOR FIRST ITEM, THEN AS NECESSARY: Are you very confident, somewhat confident, not too confident, or not at all confident about this? {Q8}

		<u>Very</u>	<u>Somewhat</u>	<u>Not too</u>	<u>Not at all</u>	<u>DK/Ref.</u>
a. Your overall health would stay the same	2016:	15	22	22	38	2
	2014:	13	22	24	40	2
b. You could find quality medical care	2016:	10	18	21	50	2
	2014:	8	15	22	52	3
c. You could afford to see a doctor						

	2016:	8	12	16	62	1
	2014:	5	11	21	62	1
d. You could afford prescription medicines	2016:	8	11	16	63	2
	2014:	5	10	20	64	1

Q7. If you did not have coverage through the Gateway to Better Health program or any other health insurance coverage, where would you go for primary medical care services? **(READ AND ROTATE ANSWER CATEGORIES 1-5, ALWAYS READ 6 LAST)** {Q46}

	2016
Emergency Room at Hospital,	40
Urgent Care,	18
Health clinics in retail stores or pharmacies	15
Health Centers,	11
Private Physicians Office,	3
Or someplace else? (Please specify)	1
(VOL.) Wouldn't go/wouldn't get care	8
(DO NOT READ) Don't know	4
(DO NOT READ) Refused	*

Outcomes

Q8. Next, please tell me how strongly you agree or disagree with each. (First/Next), the Gateway Program ... **(INSERT. READ AND RANDOMIZE).**

READ FOR FIRST ITEM, THEN AS NECESSARY: Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree that the Gateway program has helped with this aspect of your health and health care? {Q10}

		<u>Strongly Agree</u>	<u>Somewhat Agree</u>	<u>Somewhat Disagree</u>	<u>Strongly Disagree</u>	<u>DK/Ref.</u>
a.	Helps you lead a healthier life					
		2016: 74	20	3	3	*
		2014: 74	22	2	1	1
b.	Helps you to make better decisions about your health and wellness					
		2016: 71	22	3	4	*
		2014: 74	20	3	1	1
c.	Makes it easier to coordinate all of your health care					
		2016: 71	21	2	4	1
		2014: 74	19	3	2	1
e.	Helps you to follow the treatments your health provider recommends					
		2016: 75	18	3	4	1
		2014: 74	21	2	1	1
f.	Helps you find ways to improve your emotional wellbeing					
		2016: 60	26	5	6	3
g.	Helps you find ways to better deal with stress in your life					
		2016: 57	28	6	7	2

Q9. Thinking about BEFORE you were enrolled in the Gateway Program...
 Was there EVER a time when you **(INSERT. READ AND RANDOMIZE)** because of cost? {Q11}

		<u>% Yes</u>
a. Did not go see a doctor when you were sick	2016:	74
	2014:	74
b. Did not fill a prescription for medicine	2016:	74
	2014:	74
c. SKIPPED a medical test, treatment or follow-up recommended by a doctor	2016:	70
	2014:	72
d. Did not get routine dental care	2016:	77
	2014:	79

Q10. SINCE you have been enrolled in the Gateway Program...
 How much of a financial strain is it for you to pay the fees associated with each of the following types of health care. (First/Next)....**(INSERT. READ AND RANDOMIZ)?**

READ FOR FIRST ITEM, THEN AS NECESSARY: Would you say paying fees for this type of care is a major financial strain, small strain, or no strain on your finances? {Q47}

		<u>Major</u>	<u>Small</u>	<u>No</u>	<u>DK/Ref.</u>
a. Doctor's visits	2016:	14	19	67	*
b. Prescription medications	2016:	14	20	65	1
c. Medical tests, treatments or follow-up	2016:	15	19	65	1
d. Routine dental care	2016:	20	17	55	7
e. Mental health care	2016:	12	13	65	10
f. Emergency care	2016:	24	14	53	9

Health Center

Q11. Is **(INSERT HEALTH CENTER NAME FROM SAMPLE)** the health center you use MOST OFTEN for primary care – that is for routine care that keeps you healthy or where you go first when sick? {Q14}

Q12. Where do you go MOST OFTEN for routine care or where do you go first when sick? Is it....**(READ NAMES NOT ASKED ABOUT)**. {Q15}

	2016	2014
Betty Jean Kerr People’s Health Centers	19	15
Family Care Health Centers	9	7
Affinia Health Care, formerly known as Grace Hill Health Centers ⁶	37	45
Myrtle Hilliard Davis Comprehensive Health Centers	4	17
Saint Louis County Department of Health	27	14
Barnes Jewish Hospital Medicine Clinic	1	*
Casa de Salud	0	0
JFK Mercy Clinic	0	0
Emergency Department	1	na
Urgent Care Center	*	na
(VOL.) Other (Specify)	1	1
(DO NOT READ) Don’t know	2	1
(DO NOT READ) Refused	*	*

Q13. Have you used any other out of network providers in the past year because it was more convenient than your primary care home? {Q48}

Based on those who get care at Barnes Jewish, Casa de Salud, JFK, or elsewhere (n=38)

	2016
Yes	10
No	85
(DO NOT READ) Don’t know	1
(DO NOT READ) Refused	3

⁶ In 2014 item read ‘Grace Hill Health Centers’.

- Q14. Overall, how satisfied are you with the care you receive at **{INSERT NAME OF HEALTH CENTER}**?
Would you say you are..... **(READ 1-4)** {Q17}

Based on those who use one of the five health centers

	2016	2014
Very satisfied	70	68
Somewhat satisfied	24	24
Not too satisfied, OR	3	4
Not at all satisfied	2	2
(VOL.) Have never visited	0	*
(DO NOT READ) Don't know	*	2
(DO NOT READ) Refused	0	0
	(n=1,142)	(n=1,176)

- Q15. How likely are you to recommend **(INSERT NAME OF HEALTH CENTER)** to a friend or family member? Are you... **(READ 1-4)** {Q18}

Based on those who use one of the five health centers

	2016	2014
Very likely	77	76
Somewhat likely	16	18
Not too likely, OR	3	3
Not at all likely	4	2
(VOL.) Have never visited	0	*
(DO NOT READ) Don't know	*	2
(DO NOT READ) Refused	*	0
	(n=1,142)	(n=1,176)

- Q16. SINCE you have been enrolled in Gateway, when was your most recent visit to **(INSERT NAME OF HEALTH CENTER)**? Was it in.... **(READ 1-4)** {Q19}

Based on those who use one of the five health centers

	2016	2014
The last 3 months,	69	72
4 to 6 months ago,	18	18
7 to 11 months ago, OR	5	4
A year ago or more	8	4
(VOL.) Never needed care/Have never visited	*	1

(DO NOT READ) Don't know	*	2
(DO NOT READ) Refused	0	0
	(n=1,142)	(n=1,176)

Q17. Now, please tell me how well each of the following describes the medical staff at **{INSERT NAME OF HEALTH CENTER}**? (First/Next)... **(INSERT. READ AND RANDOMIZE)**.

READ FOR FIRST ITEM, THEN AS NECESSARY: Would you say this describes the medical staff at the health center very well, somewhat well, not too well, or not at all? {Q20}

Based on those who use one of the five health centers

		<u>Very</u>	<u>Somewhat</u>	<u>Not too</u>	<u>Not at all</u>	<u>NA/DK/Ref.</u>	<u>N's</u>
a. They spend enough time with you	2016:	77	16	4	3	*	1142
	2014:	75	17	3	2	3	1176
b. They listen carefully to you	2016:	80	16	3	1	*	1142
	2014:	80	14	2	1	3	1176
c. They explain things in a way that is easy to understand	2016:	84	13	1	1	*	1142
	2014:	82	12	2	1	3	1176
d. They show respect for what you have to say	2016:	82	14	2	2	*	1142
	2014:	81	13	2	2	3	1176
e. They involve you in decisions made about your medical treatments	2016:	79	17	2	2	*	1142
	2014:	78	14	3	2	3	1176
f. They understand how your life circumstances and situations may impact your health	2016:	74	20	3	3	*	1142

Q18. In general, how easy or hard is it to get a *timely* appointment at {INSERT NAME OF HEALTH CENTER} when you need one? Is it...(READ 1-4) {Q21}

Based on those who use one of the five health centers

	2016	2014⁷
Very easy	35	37
Somewhat easy	37	33
Somewhat hard, OR	19	18
Very hard	8	8
(VOL.) Never needed care/Have never visited	*	1
(DO NOT READ) Don't know	*	1
(DO NOT READ) Refused	0	0
	(n=1,142)	(n=1,176)

Q19. In general, do you think the time you must wait to get an appointment with the primary care doctor at {INSERT NAME OF HEALTH CENTER} is reasonable according to your medical need? {Q49}

Based on those who use one of the five health centers (n=1142)

	2016
Yes	81
No	18
(VOL.) Never needed care/Have never visited	0
(DO NOT READ) Don't know	1
(DO NOT READ) Refused	0

⁷ In 2014, question read 'How easy or hard is it to get an appointment at (HEALTH CENTER) when you need one?'

Specialist Visits

Q20. SINCE you have been enrolled in the Gateway program, has your doctor EVER referred you to a specialist doctor?

(READ IF NECESSARY: By specialist we mean doctors like surgeons, heart doctors, skin doctors, and other doctors that specialize in one area of health care.) {Q22}

	2016	2014
Yes	60	55
No	40	45
(DO NOT READ) Don't know	*	*
(DO NOT READ) Refused	0	0

Q21. Now, please tell me how strongly you agree or disagree with each. **(INSERT. READ AND RANDOMIZE).**

READ FOR FIRST ITEM, THEN AS NECESSARY: Would you say you strongly agree, somewhat agree, somewhat DISagree or strongly DISagree? {Q50}

Based on those who have been referred to a specialist (n=716)

		Strongly <u>Agree</u>	Somewhat <u>Agree</u>	Somewhat <u>Disagree</u>	Strongly <u>Disagree</u>	DK/ <u>Ref.</u>
a.	It is easy to get a referral to a specialist doctor					
	2016:	65	23	4	7	1
b.	It is easy to get an appointment scheduled with specialist					
	2016:	57	25	7	11	*
c.	The time I must wait to see the specialist once the appointment is scheduled is reasonable according to my medical need					
	2016:	55	25	8	10	1

Q22. Since you have been enrolled in Gateway, when was your most recent visit to a specialist doctor? Was it in...**(READ 1-5)** {Q23.1}

Based on those who have been referred to a specialist

	2016	2014
The last 3 months,	39	44
4 to 6 months ago,	20	16
7 to 11 months ago,	9	7
A year ago or more, OR	20	20
You have not had this visit YET?	10	10
(VOL.) Did not go to specialist	2	2
(DO NOT READ) Don't know	*	*
(DO NOT READ) Refused	0	0
	(n=716)	(n=666)

Q23. Do you plan to go to the specialist doctor appointment? {Q24}

Based on those who have not had appointment yet

	2016	2014
Yes	93	93
No	6	6
(DO NOT READ) Don't know	1	1
(DO NOT READ) Refused	0	0
	(n=80)	(n=63)

There is no Question #24

Q25. What {was/is} the MAIN reason {you did NOT go/ you do not PLAN to go} to the specialist you were referred to? {Was/Is} it because **(READ AND RANDOMIZE 1-4)** {Q25}

Sample size too small to report

Q26. Thinking about your most recent visit to a specialist doctor, where was this doctor located?
(PRE-CODED OPEN END?) {Q26}

Based on those who went to a specialist

	2016	2014
SLU Care (St. Louis University)	26	19
Barnes-Jewish Hospital Resident Clinic	19	29
Washington University School of Medicine Center for Advanced Medicine	8	9
SSM/St. Mary's Hospital	7	3
BJC Medical Group	5	4
Eye Associates	3	2
St. Louis ConnectCare	2	10
Mercy Clinic	2	*
St. Alexius Hospital	*	1
(VOL.) Other (SPECIFY)	14	13
(DO NOT READ) Don't know	14	9
(DO NOT READ) Refused	0	*
	(n=625)	(n=585)

Q27. Now, please tell me how well each of the following describes the medical staff at this most recent visit to the specialist doctor. (First/Next) ... **(INSERT. READ AND RANDOMIZE).**

READ FOR FIRST ITEM, THEN AS NECESSARY: Would you say this describes the visit to the specialist very well, somewhat well, not too well, or not at all? {Q27}

Based on those who went to a specialist

		<u>Very</u>	<u>Somewhat</u>	<u>Not too</u>	<u>Not at all</u>	<u>NA/DK/ Ref.</u>	N's
a. They spend enough time with you	2016:	83	12	3	2	1	620
	2014:	82	12	2	2	1	585
b. They listen carefully to you	2016:	84	12	2	1	*	620
	2014:	84	11	1	3	1	585
c. They explain things in a way that is easy to understand	2016:	85	11	2	2	*	620
	2014:	86	9	3	2	1	585

d. They show respect for what you have to say	2016:	88	9	1	2	*	620
	2014:	86	10	1	2	1	585
e. They involve you in decisions made about your medical treatments	2016:	83	11	2	3	1	620
	2014:	81	12	3	2	1	585
f. They understand how your life circumstances and situations may impact your health	2016:	78	16	2	2	2	620

Q28. Has anyone from {INSERT NAME OF HEALTH CENTER} helped coordinate your care among specialists or other health providers?

INTERVIEWER READ IF ASKED: Coordination could include helping you get appointments, following-up with you to make sure you get recommended care, and making sure other doctors have important information. {Q28}

	2016	2014
Yes	51	51
No	48	47
(DO NOT READ) Don't know	1	2
(DO NOT READ) Refused	0	*

Q29. Overall, how satisfied are you with the help you received to coordinate your health care? Are you... **(READ 1-4)** {Q29}

Based on those who received help coordinating care

	2016	2014
Very satisfied	80	79
Somewhat satisfied	17	18
Not too satisfied, OR	1	2
Not at all satisfied	1	*
(DO NOT READ) Don't know	*	*
(DO NOT READ) Refused	0	0
	(n=612)	(n=598)

ED visits

Q30. SINCE you have been enrolled in the Gateway program, how many times have you gone to an emergency room to get care for yourself? {Q30}

	2016	2014
0/None	48	60
1-2 times	35	28
3 or more times	16	12
(DO NOT READ) Don't know	1	1
(DO NOT READ) Refused	0	*

Q31. Do you think ALL of these visits to the emergency room, could have been treated at your Gateway health center, SOME of them, just a FEW of them, or NONE of them could have been treated at your Gateway health center? {Q31}

Based on those who went to ER after Gateway enrollment

	2016	2014
All of them	20	20
Some of them	20	20
A few of them	7	8
None of them	49	48
(DO NOT READ) Don't know	4	4
(DO NOT READ) Refused	*	0
	(n=614)	(n=475)

Hospitalization

Q32. SINCE you have been enrolled in Gateway, have you been a patient in a hospital overnight or longer? {Q34}

	2016	2014
Yes	23	16
No	77	84
(DO NOT READ) Don't know	*	*
(DO NOT READ) Refused	0	*0

Q33. When you were released from the hospital, how easy or hard were each of the following? (First/Next) ,... (INSERT. READ AND RANDOMIZE).

READ FOR FIRST ITEM, THEN AS NECESSARY: Was this very easy, somewhat easy, somewhat hard, or very hard after you were released from the hospital? {Q36}

Based on those who have been hospitalized since Gateway enrollment

		Very <u>Easy</u>	Somewhat <u>Easy</u>	Somewhat <u>Hard</u>	Very <u>Hard</u>	DK/ <u>Ref</u>	N's
a. Getting the medicines that the hospital doctor had prescribed for you	2016:	63	16	10	9	2	276
	2014:	54	21	14	7	3	200
b. Getting an appointment to see your primary doctor for a follow-up	2016:	65	20	7	8	1	276
	2014:	63	20	8	5	4	200
c. Getting an appointment to see a specialist doctor	2016:	53	19	8	10	10	276
	2014:	54	18	7	7	14	200

Call Center

Q34. Have you ever contacted the Gateway to Better Health call center? {Q51}

	2016
Yes	34
No	65
(DO NOT READ) Don't know	1
(DO NOT READ) Refused	0

Q35. How helpful was the call center in addressing your questions or issues concerning your Gateway to Better Health coverage? Would you say it was... (READ 1-4)? {Q52}

Based on those who contacted Gateway to Better Health call center (n=395)

	2016
Very helpful	68
Somewhat helpful	20
Not too helpful	4
Not at all helpful	7
(DO NOT READ) Don't know	1
(DO NOT READ) Refused	0

Q36. How friendly were the call center staff when you spoke with them? Would you say the staff was ... (READ 1-4)? {Q53}

Based on those who contacted Gateway to Better Health call center (n=395)

	2016
Very friendly	77
Somewhat friendly	18
Not too friendly	2
Not at all friendly	2
(DO NOT READ) Don't know	1
(DO NOT READ) Refused	0

General Health

Q37. Next, please tell me if you, yourself, are currently being treated or under a doctor's care for each health condition? (First/Next,) what about ... **(INSERT; READ RANDOMIZE)?**

READ FOR FIRST ITEM, THEN AS NECESSARY: Are you currently being treated or under a doctor's care for this condition? {Q42}

		<u>% Yes</u>
a. High blood pressure or hypertension	2016:	48
	2014:	43
b. Diabetes	2016:	22
	2014:	16
c. Heart Disease	2016:	6
	2014:	5
d. Arthritis	2016:	20
	2014:	21
e. Asthma, C-O-P-D, emphysema, or other lung diseases	2016:	17
	2014:	16
f. Depression, anxiety, or another emotional health condition	2016:	25
g. Any other chronic condition?	2016:	3
	2014:	7

Q38. Do you currently need or take medicine prescribed by a doctor to manage any long term or chronic conditions? {Q43}

	2016	2014
Yes	60	59
No	40	41
(DO NOT READ) Don't know	*	*
(DO NOT READ) Refused	*	*

Q39. Do you have a physical or medical condition that seriously interferes with your ability to work, attend school, or manage your day-to-day activities? {Q44}

	2016	2014
Yes	41	37
No	58	62
(DO NOT READ) Don't know	1	1
(DO NOT READ) Refused	*	*

Stress Reduction

Q40. Everyone faces stress in their daily lives. Please tell me how strongly you agree or disagree with each of the following. (First/Next), ... **(INSERT. READ AND RANDOMIZE).**

READ FOR FIRST ITEM, THEN AS NECESSARY: Would you say you strongly agree, somewhat agree, somewhat DISagree or strongly DISagree? {Q54}

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	DK/Ref.
a. You have taken positive steps to help cope with stress better 2016:	65	23	5	5	2
b. You feel comfortable talking to family or friends about the stress in your lives 2016:	58	24	7	10	1
c. You feel comfortable talking to a health professional about stress you are experiencing or have experienced 2016:	69	22	3	3	2

Q41. Do you, yourself, do any of the following to reduce your stress? (First/Next), do you... **(INSERT. READ AND RANDOMIZE)**

READ FOR FIRST ITEM THAN AS NECESSARY: Do you do this to reduce your stress? {Q55}

	% Yes
a. Exercise, including walking 2016:	82

b. Get a full night's sleep	2016:	68
c. Eat healthy foods	2016:	82
d. Talk with friend or family	2016:	83
e. Pray or meditate	2016:	80
f. Spend time on a hobby or personal interest	2016:	77
g. Anything else to reduce stress	2016:	11

Alive and Well STL

READ TO ALL: Switching topics...

Q42. How familiar are you with the Alive and Well S-T-L program? Would you say you are... **(READ 1-4)?** {Q56}

	2016
Very familiar	5
Somewhat familiar	13
Not too familiar	12
Not at all familiar	70
(DO NOT READ) Don't know	*
(DO NOT READ) Refused	*

Q43. Have you seen or heard information about the Alive and Well S-T-L program from any of the following sources? ...(First/Next), have you heard about the program from ... **(INSERT. READ AND ROTATE).** {Q57}

Based on those familiar with Alive and Well STL (n=219)

	<u>% Yes</u>
a. Television, Radio, or Newspaper	2016: 58
b. Family and Friends	2016: 43

c. Gateway to Better Health	2016:	67
d. Health professionals or healthcare organizations	2016:	47
e. Faith communities or institutions, such as church	2016:	29
f. Social media, such as Facebook or Twitter	2016:	29
g. Any place else?	2016:	3

Q44. Have you talked with anyone about the Alive and Well S-T-L program and its resources? {Q58}

Based on those familiar with Alive and Well STL (n=219)

	2016
Yes	16
No	84
(DO NOT READ) Don't know	0
(DO NOT READ) Refused	0

Demographics

READ TO ALL: Now, I have just a few more questions for you. Please keep in mind that your responses have no impact on your enrollment in the Gateway program.

D1. RECORD RESPONDENT'S SEX:

	2016
Male	47
Female	53

AGE. What is your age? (RECORD EXACT AGE AS TWO-DIGIT CODE.)

	2016
18-29	11
30-39	17
40-49	22
50 and older	49
Don't know/Refused	1

PAR. Are you the parent or guardian of any children under 18 years of age?

	2016
Yes	31
No	68
Don't know/Refused	*

MARITAL. Are you currently married, living with a partner, widowed, divorced, separated, or have you never been married?

	2016
Married	11
Living with a partner	9
Widowed	4
Divorced	18
Separated	9
Never been married	47
Don't know/Refused	1

EMPLOY. What best describes your employment situation today? **(READ IN ORDER)**

	2016
Employed full-time	15
Employed part-time	25
Unemployed and currently seeking employment	28
Unemployed and not seeking employment	13
A student	3
Retired	4
On disability and can't work	10
Or, a homemaker or stay at home parent?	1
(DO NOT READ) Don't know/Refused	1

EDUC. What is the highest level of school you have completed or the highest degree you have received? **(DO NOT READ)**

[INTERVIEWER NOTE: Enter code 3-HS grad if R completed training that did NOT count toward a degree]

	2016
Less than high school (Grades 1-8 or no formal schooling/Never attended high school)	2
High school incomplete (Grades 9-11 or Grade 12 with no diploma)	14
High school graduate (Grade 12 with diploma or GED certificate)	41
Some college but no degree (incl. 2 year occupational or vocational programs)	30
College graduate (e.g. BA, AB, BS)	9
Postgraduate (e.g. MA, MS, MEng, Med, MSW, MBA, MD, DDs, PhD, JD, LLB, DVM)	2
Don't know	*
Refused	*

HISP. Are you, yourself, of Hispanic or Latino background, such as Mexican, Puerto Rican, Cuban, or some other Spanish background?

	2016
Yes	2
No	98
Don't know/Refused	1

RACE. What is your race? Are you white, black, Asian or some other race? **(IF RESPONDENT SAYS HISPANIC ASK: Do you consider yourself a white Hispanic or a black Hispanic? CODE AS WHITE (1) OR BLACK (2). IF RESPONDENTS REFUSED TO PICK WHITE OR BLACK HISPANIC, RECORD HISPANIC AS "OTHER," CODE 4)**

	2016
White	25
Black or African-American	69
Asian	2
Other or mixed race	2
Don't know/Refused	3

END OF INTERVIEW: That's all the questions I have. Thanks for your time. If you have any questions, regarding your Gateway Benefits, please feel free to contact the Gateway to Better Health call center at 1-888-513-1417.

Appendix IV: Provider Satisfaction Report

St. Louis Regional Health Commission Gateway to Better Health Demonstration Project Medical Providers and Support Staff Report

A Summary of Key Findings

August 16, 2016

Prepared for:

St. Louis Regional Health Commission

Prepared by:

Princeton Survey Research Associates International

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Executive Summary

The St. Louis Regional Health Commission (STLRHC) sponsored the Gateway to Better Health Demonstration Project – 2016 Medical Providers and Staff Survey. This is the second survey conducted, the first was conducted in October 2014.

In partnership with the State of Missouri, STLRHC operates the Gateway to Better Health Demonstration, which is an 1115 waiver granted by the Centers for Medicare and Medicaid Services (CMS) that authorizes a pilot coverage model. Enrollees select a primary care home from five community health centers that coordinate additional outpatient care with covered specialists.

For the current survey, a total of 115 medical providers and referral staff working at the five community health centers responded. Survey respondents represent all five community health centers servicing Gateway to Better Health program participants.

- Betty Jean Kerr People’s Health Centers
- Family Care Health Centers
- Affinia Healthcare
- Myrtle Hilliard Davis Comprehensive Health Centers
- St. Louis County Department of Public Health

Medical providers surveyed are vastly experienced, nearly one-half of the medical providers (46%) report they have 20 or more years’ experience in the health care field. An additional 32% of providers have worked 10-19 years in health care. Two in five providers are medical doctors, while 28% hold nursing credentials.

Impact on Enrollees

Gateway medical providers and referral staff remain extremely positive about the impact the program has on the health of their patients. Some highlights from the survey results exemplifying respondents’ belief that Gateway is extremely helpful to those it provides care for:

- A majority of providers and staff (73%) say that the quality of medical care uninsured patients receive has improved since the implementation of Gateway. Remaining statistically the same as the 62% who said the same in 2014.
- A large share of providers and staff say the program has a big impact on helping enrollees lead healthier lives (86%).
- Majorities say the Gateway program does an excellent or very good job at addressing current health needs and helping prevent future illnesses of patients. Similar findings were observed in 2014.
- Three-quarters of providers and staff say the program is doing an excellent or very good job in reducing patients costs for healthcare services and medications.
- Nearly nine in ten say the overall health of their patients would worsen if Gateway were to close or not be available, similar to 2014.

Given the providers and staff positive opinion of the Gateway program, it is unsurprising that they are pessimistic about what would happen to enrollees if the program were to close.

- Large majorities of providers and staff are not confident that Gateway enrollees could maintain their overall health or get necessary health care services if the program ended.
 - Larger shares of respondents say they are not confident enrollees' overall health would stay the same (94% v. 85%) or enrollees could find quality medical care (90% v. 76%) than said so in 2014.

Impact on Providers and Staff

The Gateway to Better Health program also has positive effects on the job satisfaction of medical providers and referral staff.

- Similar to 2014, large majorities of providers and staff see many positive aspects of the Gateway program, such as providing adequate resources for patients (88%), helping them

deal effectively with patients' problems (88%), and decreasing the stress of providing care for uninsured patients (87%).

- If Gateway were to close, 62% say their job satisfaction would decrease, similar to the 2014 finding.

Administrative Aspects

Most respondents are satisfied with the administrative aspects of Gateway, such as the online referral system and accessing specialist care.

- Eight in ten of those who have contacted the call center say it was very helpful in addressing their questions.
- Large shares of referral staff are satisfied with the ease of obtaining prior authorization (87%) and obtaining a referral (87%).
- A majority of referral staff are satisfied with the helpfulness of specialty care staff and the ease of scheduling an appointment.
- Additionally, a majority of providers say they are satisfied with receipt of specialists' consultation notes (70%) and availability of specialists to speak with the provider (60%).

Stress and Trauma

Aligning with the Alive and Well STL program, a new area of questioning about trauma and toxic stress was added to the survey. Providers and staff are aware of the negative impacts of stress on a person's health. Medical providers are regularly offering a variety of strategies to their patients to help cope with stress.

- Ninety-six percent of providers and staff say trauma and toxic stress has a big impact on the patients they serve.
- Nearly nine in ten providers and staff (87%) strongly agree that trauma and stress can have a negative impact on a person's health.
- About one-third of medical providers say the emotional health of their patients is improving. A plurality (49%) report it is staying about the same.

- Providers offer a variety of strategies to their patients to help cope with stress. The most frequently mentioned is talking with a health professional or counselor (81%). Other self-care options, such as exercising, including taking a walk (77%), eating health meals (69%) and talking with a friend or family member (65%) are suggested by a majority of providers.

About the Survey

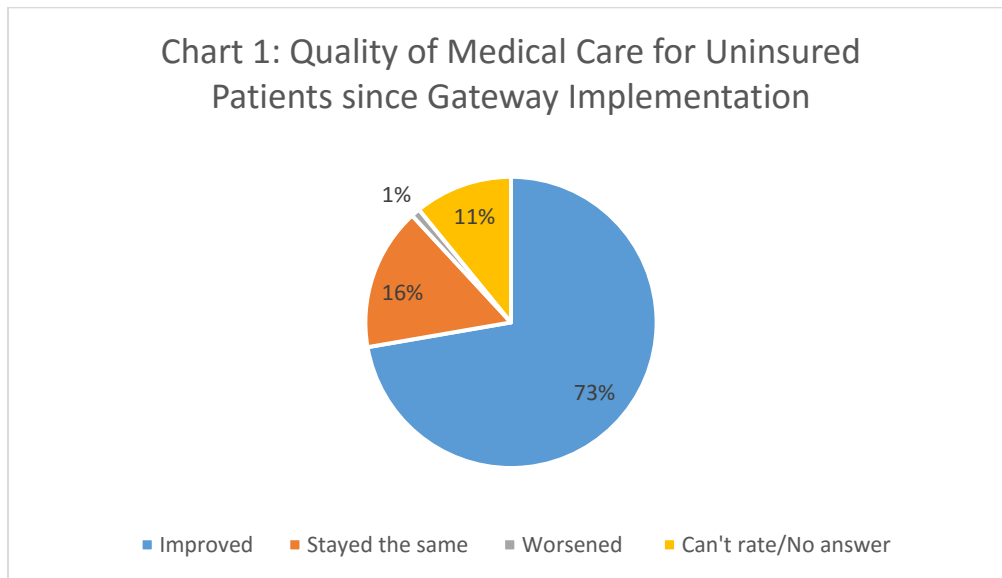
The survey is based on online interviews with a total sample of 115 Gateway Health Center medical providers (n=33) and support staff (n=82). The survey was conducted by Princeton Survey Research Associates International (PSRAI). The interviews were administered online from July 12-27, 2016. A response rate of 24% was calculated. Details on the design, execution and analysis of the survey are discussed in the Methodology.

Section I: Gateway's Impact on Enrollees

Quality of Care

Medical providers and referral staff are overwhelmingly positive about the impact the Gateway to Better Health Program is having on its enrollees' lives. Nearly three-quarters (73%) say the quality of medical care that uninsured patients receive has improved since Gateway implementation (see Chart 1). These findings are similar to 2014 when 62% said quality of care has improved.

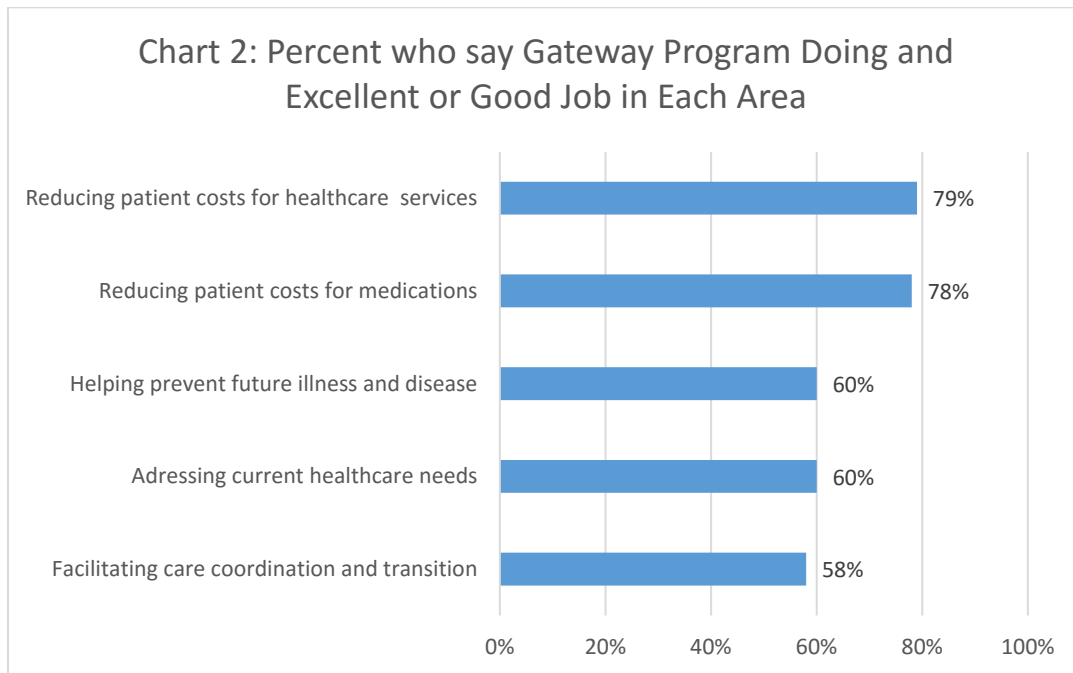
Chart 1: Quality of Medical Care for Uninsured Patients since Gateway Implementation



In 2016, eighty-six percent of providers and staff report the Gateway program is having a big impact on helping enrollees lead healthier lives, while 12% says it is having a small impact. In 2014, a similar share of respondents said Gateway was having a big impact. The perceived overall impact of Gateway is related to respondents' opinions on the effect that the low cost of services offered by Gateway has on patients' adherence to treatments.

Nine in ten of those who say the low cost of services increases the likelihood a lot that patients will follow through on recommended treatment or specialist visit believe the program is having a big impact, compared with 70% of those what say it increases the likelihood less.

Majorities of respondents reply favorably when asked about specific impacts the Gateway program is having on enrollees health and healthcare. Nearly eight in ten say the program is doing an excellent or very good job in reducing patient costs for healthcare services and for medications (see Chart 2). Sixty percent say Gateway is doing at least a good job in helping to prevent future illness and addressing current health care needs, similar to the share who said the same in 2014.



Those aware of a larger number of services that the Gateway program offers to its enrollees are more likely to give positive marks across various areas of patient health and healthcare impact. (see Table 1).

Table 1: Percent who Rate 'Excellent or Very Good Job' in Each Area		
	Familiarity with Gateway Services	
	Average to High	Low
Reducing patient costs for healthcare services	87%*	63%
Reducing patient costs for medications	86%*	60%
Addressing the current health care needs of its enrollees	72%*	35%
Helping enrollees prevent future illness and disease	69%*	41%
Facilitating care coordination and transition	65%*	36%
*Throughout the report, the asterisk identifies groups that represent a statistically significant difference in response at the 95% level of confidence.		

Current Gateway to Better Health Program Services

Similar to the 2014 results, majorities of providers and staff are very familiar with most of the Gateway provided services that were asked about in the survey (see Table 2).

Eight in ten are very familiar with primary care services, and roughly two-thirds are very familiar with generic prescription and gynecological care. Six in ten say they are very familiar with urgent care and specialist visits. While about one-half report familiarity with diagnostic testing, laboratory services, and dental care (see Table 2).

A larger share of referral staff reports they are very familiar with some services asked about in the survey, compared with medical providers who report this level of familiarity.

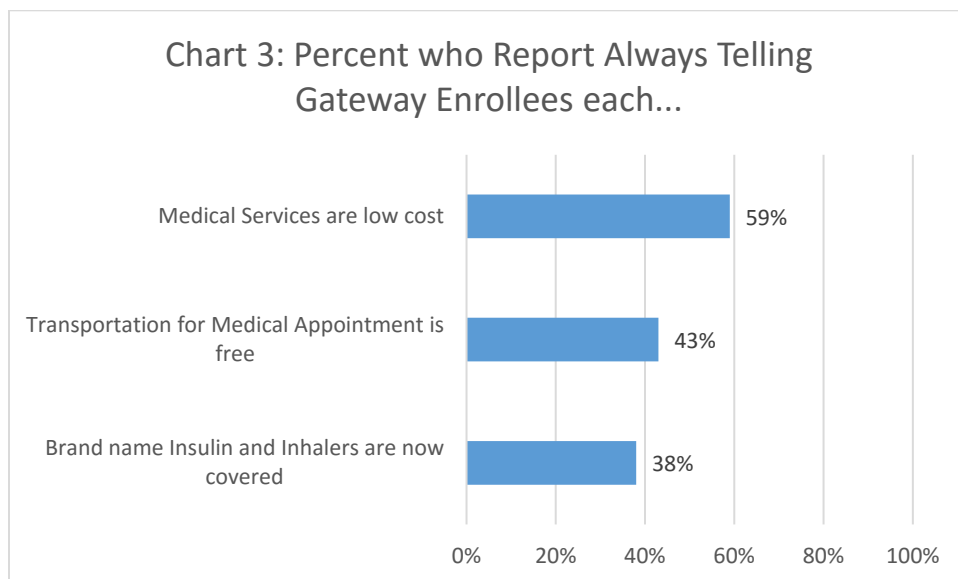
Table 2: Percent who say they are ‘Very Familiar’ with Gateway Program Services		
	2016	2014
Primary Care	80%	81%
Generic Prescription	69%	65%
Gynecologic Care (excluding OB)	67%	61%
Urgent Care Visits	61%	56%
Specialist Visits	61%	54%
Radiology and other Diagnostic Testing	53%	52%
Laboratory Services	52%	52%
Dental Care	51%	54%
Transportation	48%	39%
Podiatry	47%	49%
Brand name Insulin and Inhalers	47%	--
Eye Care	45%	47%
Outpatient Surgery	29%	--
Physical Therapy (after approved Gateway surgery only)	19%	20% ⁸

- Gynecologic care (76% v. 53%)
- Urgent care visits (77% v. 38%)
- Radiology and other diagnostic testing (63% v. 38%)
- Dental care (63% v. 34%)
- Transportation (63% v. 25%)
- Podiatry (68% v. 18%)
- Eye care (60% v. 22%)

⁸ Wording in 2014 read ‘Physical Therapy (after orthopedic surgery)’

- Physical Therapy (after Gateway approved surgery only) (28% v. 5%)

Providers and staff were asked how frequently they tell Gateway enrollees about specific Gateway services. Six in ten report they always tell enrollees that medical services, such as specialists visit and diagnostic testing are low cost. Fewer report always telling enrollees that transportation for medical appointments is available at no cost, or brand name insulin and inhalers are now a covered benefit (see Chart 3).



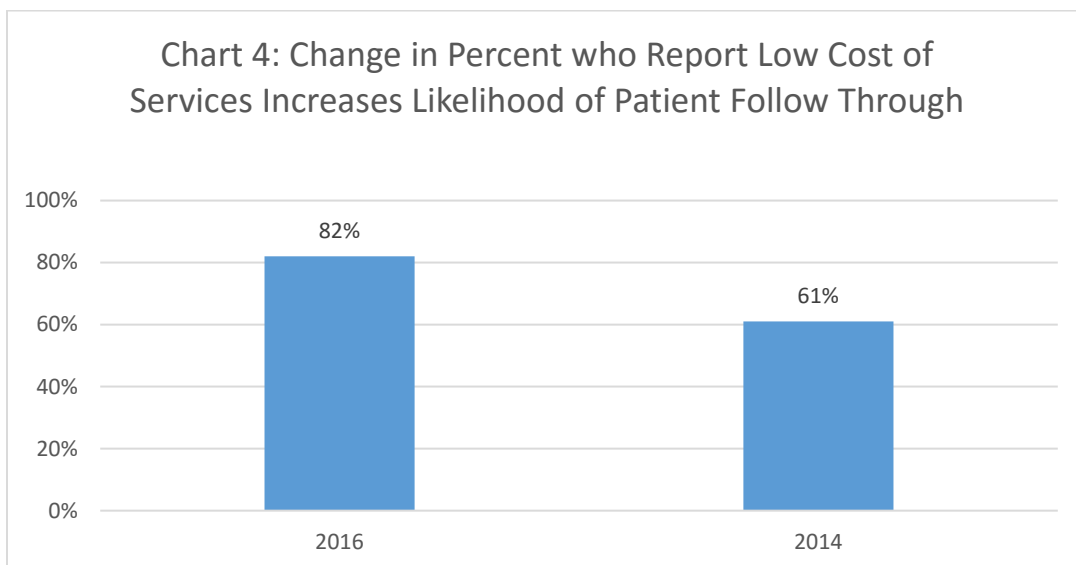
Ease of Getting Care and Follow Through

Large majorities of Gateway medical providers and referral staff say the program has made aspects of receiving health care and following treatments easier for enrollees. Nine in ten respondents report that seeing a primary care doctor, getting recommended tests, treatments, and filling a prescription for medicines is easier for Gateway program patients (See Table 3).

Table 3: Percent who say it is 'Easier' for Current Gateway Enrollees to...		
	2016	2014
See a primary care provider	94%*	82%
Fill a prescription for medicine	89%	86%
Get recommended medical tests, treatments, or follow-ups	89%	86%
See a specialist	83%	76%
Get routine dental care	76%	71%

Overall results remained the same with one exception. A larger share of providers and staff report that seeing a primary care provider is easier than did so in 2014 (94% v. 82%).

A majority of providers and staff believe the low cost of services increases the likelihood that a patient will follow through on treatments or a specialist visit. Eight in ten respondents (82%) say that the low cost of services increases the likelihood a lot that the patient will follow through. This is significantly larger share compared with results in 2014 (see Chart 4).



Expansion of Services

Providers and staff were asked what impact additional medical services could have in helping current Gateway enrollees lead healthier lives. Strong majorities believe each of the following services could have a big impact on enrollees health.

- Mental Health or Group Counseling Service (86% say big impact)
- Physical Therapy (76% say big impact)
- Exercise or weight loss programs (63% say big impact)

When given an opportunity to freely answer the question what aspect(s) of the Gateway program needs to be improved, many respondents focus on expanding the services offered to enrollees. A sampling of responses:

“INCLUDE BEHAVIORAL HEALTH”

“I THINK THAT SOME PHYSICAL THERAPY SHOULD BE COVERED, LIKE THE INITIAL VISIT. I THINK THAT SOME PATIENT’S SHOULD BE ABLE TO VISIT THE THERAPIST AT LEAST ONCE WITH THE CONDITIONS OF 1. TAKE MEDICATION FOR 4 TO 6 WEEKS, 2. HOME EXERCISES AND STRETCHING FOR THE 4 TO 6 WEEKS, AND IF CONDITIONS PERSIST THEN THE INITIAL VISIT, SO THAT THE THERAPIST CAN CONCLUDE ALONG WITH THE PRIMARY CARE PROVIDER WHAT IS THE BEST CLINICAL TREATMENT FOR THE PATIENT.”

“GTBH NEEDS TO COVER GLASSES”

“MENTAL HEALTH NEEDS TO BE UNDER THIS INSURANCE, I BELIEVE THEY SHOULD BE ABLE TO GO TO ANY CLINIC”

“WOMEN’S HEALTH SERVICES AND DENTAL SERVICES”

“THE PROGRAM SHOULD COVER DURABLE MEDICAL SERVICES.”

“WOMEN’S HEALTH CARE - COVERAGE OF BIRTH CONTROL OPTIONS FOR PATIENTS!”

What if the Gateway Program Ended?

Given the positive opinions providers and staff hold of the impact of the Gateway program on enrollees health, it is unsurprising that many believe patients’ health would be negatively impacted if Gateway

were no longer available. Nine in ten (89%) say patients’ overall health would worsen if Gateway were to close or not be available. This is similar to the result from 2014 (86%).

When asked what would happen to specific aspects of enrollees health and healthcare if the Gateway program were to end, respondents are not optimistic about the potential outcomes. Strong majorities say they are not confident that enrollees would be able to maintain their overall health, see either a primary care or specialist provider, or afford their medications (see Table 4).

Table 4: Percent who say they are ‘Not Confident’ Current Gateway Enrollees		
	2016	2014
Could afford a specialist doctor	94%	91%
Could keep their overall health the same	94%*	85%
Could afford prescription medicines	91%	86%
Could find quality medical care	90%*	76%
Could afford to see a primary care provider	87%	76%

In 2016, a larger share of respondents say they are not confident that enrollees could keep their overall health the same (94% v. 85%) and could find quality medical care (90% v. 76%) in comparison to 2014.

Section II: Gateway’s Impact on Providers and Staff

Along with examining health center providers and staff assessments of the impact Gateway is having on its’ enrollees, a secondary purpose of the survey is to gauge the effect it is having on the providers and staff themselves.

Most respondents state that the Gateway program has had positive outcomes for providers and staff. Nine in ten medical providers agree that Gateway has improved the patient-provider relationship (91% agree) and allowed them to deliver quality care to patients (90% agree).

Four other items were asked of all providers and staff with equally positive results. Nearly nine in ten respondents say the Gateway program help them deal effectively with patients’ problem and provides

adequate resources for patients. A large majority also say it has decreased the stress of providing care for the uninsured (see Table 5). These findings are consistent with the 2014 results.

Table 5: Percent who "Agree" with each Statement		
	2016	2014
Helps me deal effectively with patient's problems	88%	90%
Provides me with adequate resources for the patients	88%	85%
Has decreased the stress of providing care for uninsured patients	87%	86%
Has improved patient care coordination among providers	86%	88%

Providers and staff were asked what aspect(s) of the Gateway program has been most helpful to them personally. Many cited increased patient access to health care, including basic medical care, specialist care, and prescription medications.

"THE IMPACT THAT THE GATEWAY PROGRAM HAS ALLOWED THE UNINSURED AND LOW INCOME FAMILIES TO BE ABLE TO RECEIVE MEDICAL AND DENTAL CARE THAT WOULD NOT HAVE BEEN AFFORDABLE BASED ON THEIR INCOME"

"KNOWING A PATIENT WILL RECEIVED MEDICATION NEEDED AND PRESCRIBED BY THE DOCTOR."

"COVERING THE COST OF PROVIDING SPECIALTY SERVICES FOR PATIENTS."

Respondents also cited more personal benefits of making their job easier and even utilizing the Gateway enrollee benefits themselves.

"THE APPLICATION PROCESS IS EASY AND BEING ABLE TO EXPLAIN THE BENEFITS OF THE PROGRAM TO NEW PATIENTS DURING REGISTRATION MAKES THE PATIENT FEEL MORE AT EASE AND OR RELIEVED THAT THERE IS HELP OUT THERE FOR UNINSURED PEOPLE, WHICH MAKES MY JOB EASIER WHEN DEALING WITH A STRESSED OR WORRIED PATIENT."

“THE GATEWAY PROGRAM ALLOWS ME TO ASSIST A LOT MORE PATIENTS. IT ALSO PROVES THAT PATIENTS WILL BE MORE LIKELY TO ATTEND HEALTH CENTER FREQUENTLY OR WHEN NEEDED HENCEFORTH A HEALTHIER COMMUNITY.”

“IN GENERAL GBH HAS BEEN A BLESSING FOR THE PATIENTS WE SERVE AT DPH AND OUR PATIENT(S) BEING ABLE TO RECEIVE CARE IS HELPFUL TO ME PERSONALLY. SADLY, MANY PATIENTS HAVE BEEN DIAGNOSED WITH CANCER, DIABETES, HEART ISSUES ETC. SINCE GETTING COVERAGE. HAD GBH NEVER EXISTED WHO KNOWS WHERE THESE PATIENTS WOULD BE.”

“I THINK PERSONALLY THE GATEWAY PROGRAM IS THE BEST THING THAT COULD HAVE HAPPENED FOR LOW OR NO INCOME INDIVIDUALS OR FAMILIES. SEE I KNOW PERSONALLY ABOUT THIS BACK IN 2011 WHEN I WAS LAID OFF OF MY JOB AT THAT TIME I DID NOT KNOW WHAT I WAS GOING TO DO FOR MEDICAL SERVICE'S BEING THAT I WAS AN INDIVIDUAL WITH NO SMALL KIDS. AND THEN SOMEONE TOLD ME ABOUT GATEWAY TO BETTER HEALTH THAT WAS A GOOD DAY AND MOST HELPFUL TO ME PERSONALLY.”

What effect would the Gateway program ending have on providers and staff? Sixty-two percent say that if Gateway were no longer available their job satisfaction would decrease, while about 28% say it would stay about the same. Similar results were reported in 2014, with 68% saying their job satisfaction would decrease.

[Administrative Aspects of Providing Care](#)

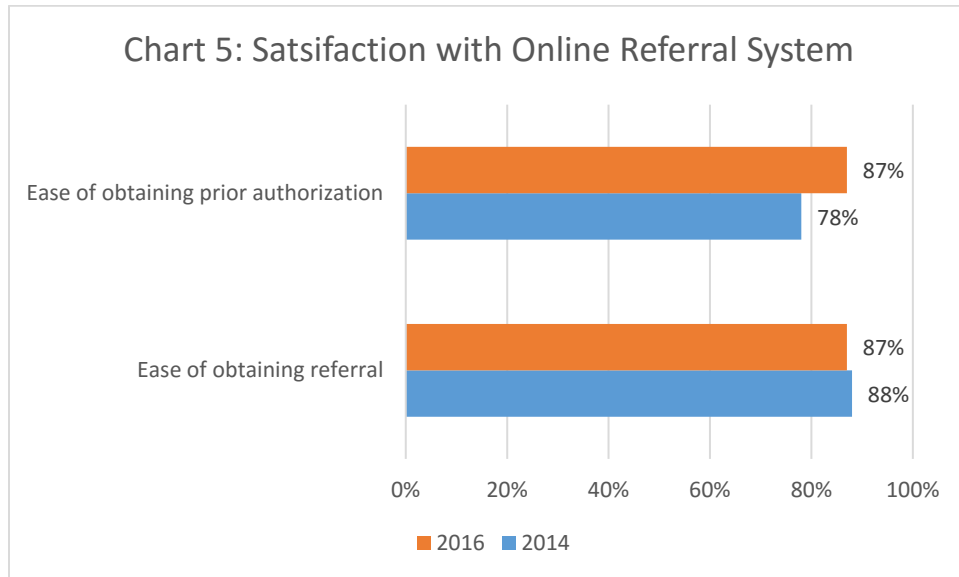
Majorities of referral staff and medical providers report they are satisfied with the Gateway to Better Health call center, the online referral system, and accessing specialist care. Two in five respondents (43%) report they have contacted the Gateway to Better Health call center.

- Referral staff (68%) are far more likely than medical providers (8%) to have called.

Four in five respondents who called report the call center was very helpful (79%) in addressing their questions or issues about the Gateway to Better Health program. Sixteen percent report the call center was not helpful.

When asked about Gateway's online referral system, large majorities of referral staff report they are very or somewhat satisfied with the system. Eighty-seven percent say they are very or somewhat

satisfied with the ease of obtaining a referral and obtaining prior authorization (see Chart 5). Satisfaction with the online referral systems was equally as high in 2014.



In general, providers and staff appear satisfied with the specific aspects of accessing specialty care through the Gateway program. A majority (57%) say they are either very or somewhat satisfied with the timeliness of available appointments.

Referral staff report satisfaction with the helpfulness of specialty care staff when scheduling an appointment (85%) and more generally, the ease of scheduling an appointment (81%).

Medical providers say they are satisfied with the receipt of specialist’s consultation notes (70%) and the availability of the specialist to speak with the provider (61%).

Respondents were asked to provide any recommendations they had for improvements in accessing specialty care through Gateway. For those who provided a response, most were focused on increasing the number of specialist providers and decreasing wait times for specialist appointments. A sampling of recommendations provided:

“MORE PARTICIPATING PROVIDERS ARE NEEDED”

“NEED TO MAKE SURE THE SPECIALISTS ACCEPT GATEWAY.”

“THERE IS A SIGNIFICANT CULTURE OF PUSH BACK FROM SOME SUB-SPECIALTY DEPARTMENTS AT BOTH SLU AND WASH U. GATEWAY PATIENTS WAIT LONGER FOR APPOINTMENTS AND ARE NOT TREATED LIKE THEIR INSURED COUNTERPARTS. I HAVE NO IDEA IF THIS IS 2/2 REIMBURSEMENT RATE, BUT IT IS A SIGNIFICANT PROBLEM. ULTIMATELY PATIENTS ARE SEEN, BUT THEY ARE NOT TREATED WELL.”

“QUICKER APPOINTMENTS. SOMETIMES MY PATIENTS HAVE TO WAIT UP TO 9 MONTHS FOR AN APPOINTMENT.”

“PLEASE GET ANOTHER OPTION BESIDES SLU OR BJC, LIKE SSM FOR REFERRALS AS THOSE 2 FACILITIES ARE BOOKED OUT MONTHS.’

“THE PROCESS BY WHICH SPECIALIST APPOINTMENTS ARE MADE IS A TREMENDOUS BARRIER TO CARE -- SPECIFICALLY THAT THE PATIENT HAS TO WAIT FOR THE SPECIALIST TO CONTACT THEM SIMPLY DOESN'T WORK. THESE PATIENTS ARE EXTREMELY DIFFICULT TO CONTACT AND RELYING ON A MAJOR HEALTH SYSTEM SUCH AS BJC TO FOLLOW THROUGH IS TERRIBLY INEFFECTIVE. WOULD WORK MUCH BETTER IF OUR OFFICE COULD SCHEDULE APPOINTMENTS THE WAY WE DO FOR OTHER INSURANCES. PLEASE FIX THIS IF AT ALL POSSIBLE!! ALSO, PLEASE INVESTIGATE PHYSICAL THERAPY COVERAGE! I WOULD ROUTINELY REFER TO PT FOR MUSCULOSKELETAL COMPLAINTS (WHICH IS CONSIDERED FIRST LINE TREATMENT ANYWAY) INSTEAD OF GOING DIRECTLY TO MUCH MORE EXPENSIVE IMAGING AND SPECIALIST REFERRALS. PT COVERAGE WOULD BE A TREMENDOUS ADDITION TO GATEWAY SERVICES.”

Section III: Attitudes towards Stress and Trauma

With the ongoing Alive and Well STL program, new questions were added to the 2016 survey to assess the role of stress and trauma in patients' lives, as well as provider and staff stress. Respondents understand the potential impact that trauma and stress can have on their patient's health and wellness, and providers regularly offer their patients suggestions to cope with the stress they experience.

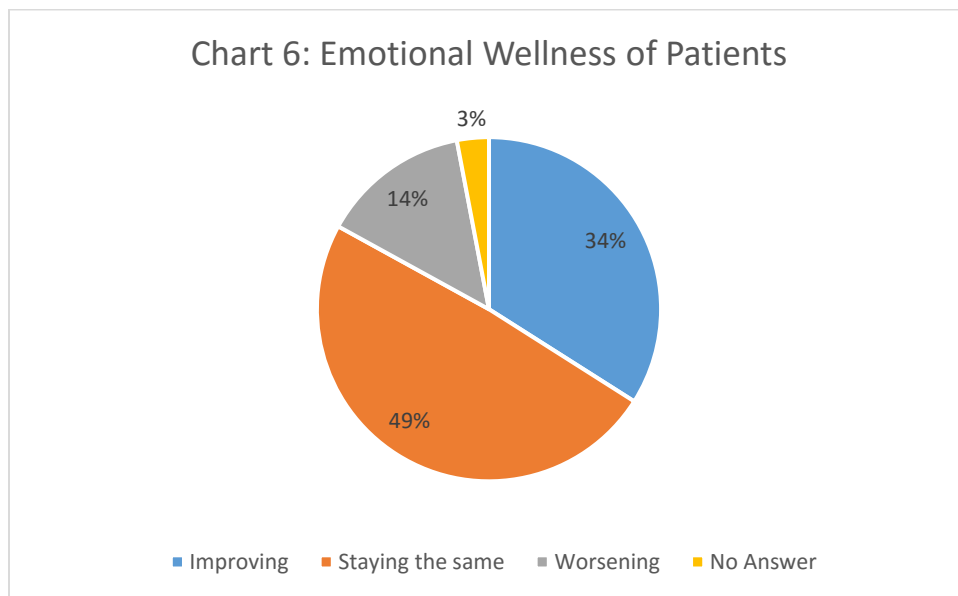
Large majorities of providers and support staff (94%) agree that trauma and stress have a negative impact on a person's health. In addition, 96% say the impact of trauma and toxic stress has a big impact on the health of their patients.

Providers and staff say they feel knowledgeable about strategies to reduce the impact of stress. Medical providers report recommending a variety of strategies to cope with stress and trauma. The most frequently mentioned are talking with a health professional and exercising. Other self-care strategies, such as eating healthfully, talking with friends, and spending time on hobbies are also recommended by majorities of medical providers (see Table 6).

Table 6: Percent who 'Regularly' Recommend Strategy to Cope with Stress and Trauma	
	2016
Talking with a health professional or counselor	81%
Exercising or taking a walk	77%
Eating healthy meals	69%
Talking with a friend or family member	65%
Spending time on personal hobbies or interests	53%
Prayer or meditation	38%

Three-quarters of medical providers (76%) report they are very comfortable recommending additional mental health resources to their patients to help them cope with stress and trauma. This reinforces the finding that many regularly recommend talking with a counselor.

While recognizing the impact of toxic stress and trauma is large, one-third of providers say that the emotional wellness of their patients is improving, with an additional 49% who say it is staying the same (see Chart 6).



Unsurprisingly, given the regular reporting that healthcare workers are among the most stressed, Gateway program medical providers and referral staff are not immune from stress in their own lives. A majority report they have experienced a great deal (34%) or some (53%) stress in the past 12 months. While, 13% say they have experienced not very much.

Respondents had the option to offer additional thoughts about the impact of stress and the Alive and Well STL program. Some focused on the positive impact, however, some were unaware of the program and wanted additional information.

“I THINK THE ORGANIZERS HAVE DONE A WONDERFUL JOB IN INTRODUCING AND RAISING TRAUMA AWARENESS TO THE COMMUNITY. THE NEED FOR QUALITY MENTAL HEALTH CARE WILL ONLY CONTINUE TO RISE, AND WE HAVE TO HAVE THE KNOWLEDGE AND RESOURCES TO MEET THE NEED. I THINK ALIVE AND WELL STL IS TRYING TO INCREASE THE KNOWLEDGE AND RESOURCES RELATED TO MENTAL HEALTH.”

“THE TRAINING ON TOXIC STRESS AND ADVERSE CHILDHOOD EXPERIENCES SHOULD BE MANDATORY TO ALL HEALTH CARE PROFESSIONALS AS IT REALLY HELPED ME WITH SELF CARE AS WELL AS HELPING OUT PATIENTS BY BEING MORE COMPASSIONATE AND EMPATHETIC TO THEIR TRAUMA.”

“WHILE I THINK THE PROGRAM HAS RAISED AWARENESS OF THE IMPACTS OF STRESS, I DO NOT BELIEVE THE PROGRAM ITSELF HAS HELPED REDUCE STRESS IN THE LIVES OF THE PATIENTS OR STAFF WORKING IN THE COMMUNITY HEALTH CENTERS.”

“I AM NOT FAMILIAR WITH THE PROGRAM BUT WOULD WELCOME INFORMATION ON THIS. I'M NOT SURE IF OUR PROVIDERS AND/OR MY NURSES/CO-WORKERS ARE AWARE/FAMILIAR WITH THE PROGRAM.”

“SOME HANDOUTS ABOUT THE PROGRAM WOULD BE NICE TO GIVE TO NEW PATIENTS AS A RESOURCE TO USE IF THEY ARE EXPERIENCING STRESS PRIOR TO SCHEDULED APPOINTMENTS OR BETWEEN APPOINTMENTS WITH THEIR PCP.”

Appendix A: Methodology

Summary

The St. Louis Regional Health Commission (STLRHC) sponsored the Gateway to Better Health Demonstration Project – Providers and Staff Survey. Princeton Survey Research Associates International (PSRAI) conducted the survey. The interviews were administered online from July 12 – 27, 2016. Details on the design, execution and analysis of the survey are discussed below.

Medical providers and referral staff were selected from the five operating Gateway health centers in St. Louis, Missouri. The survey obtained interviews with respondents from lists of each of these five health centers. Medical provider and referral staff contact information was supplied from:

- Betty Jean Kerr People’s Health Centers
- Family Care Health Centers
- Affinia Healthcare, formerly known as Grace Hill Health Centers
- Myrtle Hilliard Davis Comprehensive Health Centers
- Saint Louis County Department of Health

Sample Design and Contact Procedures

Lists were culled for duplicate email addresses, missing information, and other non-standard formats and these cases were removed from the sample. Data collection involved multiple prompts in an effort to get completed interviews.

The first e-mail was sent to all selected participants (n=537) on Tuesday, July 12, 2016. The second e-mail sent on Tuesday, July 19, 2016 was sent only to those who had not yet responded or explicitly refused. The survey was shut down on Wednesday, July 27, 2016.

A total of 115 Interviews were obtained: 33 medical providers and 82 from referral staff.

Weighting Procedures

A post-stratification weighting adjustment was made to match the final sample distribution of health centers to the sample frame distribution.

Response Rate

Table A1 reports the sample disposition. The response rate estimates the fraction of all eligible sample units that were ultimately interviewed. The response rate is computed according to American Association of Public Opinion Research standards.⁹

The overall response rate for this project was 24%

Table A1: Sample Disposition	
115	I=Completes
13	R=Refusal and breakoff
3	OF=Out of Frame – wrong person/not a Gateway provider
410	NC=Non-contact
87%	$e = (I+R)/(I+R+OF)$
24%	AAPOR RR#3 = $I/[I+R+(e*NC)]$

⁹<http://www.aapor.org/Content/NavigationMenu/ResourcesforResearchers/StandardDefinitions/StandardDefinitions2009new.pdf>

Appendix B: E-mails

EMAIL #1

From: mengle@psrai.com

Subject: Gateway Provider Survey

Dear {NAME}:

We are writing to ask for your participation in a study of Gateway to Better Health providers. The study is being sponsored by The St. Louis Regional Health Commission to further evaluate the Gateway to Better Health Program. Your insights into the program offer a valuable perspective. We would greatly appreciate your participation in the survey.

Your answers are completely confidential and will be released only as summaries in which no individual's answers can be identified.

The survey takes only about 10 minutes and can be completed online.

To take the survey: **INDIVIDUAL LINK**

If you have any questions about the survey or the use of the data, feel free to contact Angela Brown at the St. Louis Regional Health Commission at Abrown@stlrhc.org or 314-446-6454, ext. 1011. If you have any questions for the survey firm, please contact Margie Engle-Bauer at 609-751-5511 or mengle@psrai.com.

Thank you for your help in this important study.

Sincerely,

Gateway to Better Health

If the survey link above does not work, paste this link <http://survey.confirmit.com/wix/p3070993961.aspx> into a web browser. And enter your USER ID: _____

To opt out of future emails for this survey, [send Opt-out email here](#).

EMAIL #2

From: mengle@psrai.com

Subject: Gateway Provider Survey

Dear {NAME}:

Hopefully you received an email asking for your participation in a study of Gateway to Better Health providers. To the best of our knowledge, the survey has not yet been completed. We would greatly appreciate your participation in the survey.

The survey will be closing on Tuesday, October 20th at noon Eastern, so it's vital that we hear from you so that the results may accurately reflect the opinions of providers.

The survey takes only about 10 minutes and can be completed online.

To take the survey: **INDIVIDUAL LINK**

The comments of other providers who have already responded have offered insight into the provider experience of the Gateway program. We think the results are going to be very useful to CMS, State representatives, and local stakeholders.

Your answers are completely confidential and will be released only as summaries in which no individual's answers can be identified.

If you have any questions about the survey or the use of the data, feel free to contact Angela Brown at the St. Louis Regional Health Commission at Abrown@stlrhc.org or 314-446-6454, ext. 1011. If you have any questions for the survey firm, please contact Margie Engle-Bauer at mengle@psrai.com or 609-751-5511.

Thank you for your help in this important study.

Sincerely,

Gateway to Better Health

If the survey link above does not work, paste this link <http://survey.confirmit.com/wix/p3070993961.aspx> into a web browser. And enter your USER ID: _____

To opt out of future emails for this survey, [send Opt-out email here](#).

Appendix C: Topline Results

Gateway Demonstration Project Survey 2016 Providers Survey

Final Topline Results
August 16, 2016

Number of Interviews: 115 Medical Providers and Referral Staff
Dates of Interviewing: July 12-27, 2016
Mode: Online survey
Response Rate: 24%

Respondent Introduction

We are asking for your participation in a survey of Gateway to Better Health Program medical providers and referral staff. The survey is being conducted by the St. Louis Regional Health Commission. The information you provide in this survey will be used to highlight the importance of programs like Gateway (i.e. Medicaid Expansion) in our region.

This interview is voluntary and confidential. We hope that you will answer each question, because your responses are important. If there is any question you don't feel comfortable answering, simply move on to the next question.

You may go back in the questionnaire using the '<<Back' button. Do not use the back button on your browser.

You may pause the survey and finish it at a later time. Simply re-login to the survey, and you will automatically be taken to the page where you left off.

If you have any questions about the study, you may contact the Regional Health Commission or Margie Engle-Bauer at our research partner Princeton Survey Research Associated International – mengle@psrai.com.

If you are experiencing any technical trouble with this survey, please contact PSRAI by emailing Techreferral@psrai.com.

Thank you for participating in our study.

Background

Q1. Which of the following community health centers do you currently work at? (PLEASE CHECK ALL THAT APPLY) (Q1)

	2016	2014 ¹⁰
Betty Jean Kerr People's Health Centers	7	18
Family Care Health Centers	13	13
Affinia Healthcare, formerly known as Grace Hill Health Centers	37	42
Myrtle Hilliard Davis Comprehensive Health Centers	21	5
Saint Louis County Department of Health	22	22
Other (Specify)	0	0
No answer	0	1

Q2. How many years have you worked in community health centers? (Q2)

	2016	2014
Less than 1 year	10	16
1-2 years	13	13
3-4 years	13	17
5-9 years	28	18
10-14 years	15	12
15-19 years	8	10
20 years or more	14	11
No answer	*	3

General Opinion of Gateway

Thinking specifically about the Gateway to Better Health Program

Q3. Since the implementation of Gateway, do you think the quality of medical care your uninsured patients receive throughout the health care system has improved, has become worse, or has it stayed about the same? (Q3)

	2016	2014
Improved	73	62
Worse	1	5
Stayed about the same	16	20

¹⁰ Trend results from 2014 are based on online survey of providers and referral staff (n=93). Dates of interviewing October 8-20, 2014.

Cannot rate/Was not working prior to Gateway	9	12
No answer	2	0

Q4. Do you think the overall health of your patients would improve, worsen or stay the same if Gateway were to close or not be available? (Q4)

	2016	2014
Improve	4	4
Worsen	89	86
Stay about the same	5	10
No answer	2	0

Q5. If the Gateway program was no longer available to patients, do you think your job satisfaction increase, decrease, or stay about the same? (Q7)

	2016	2014
Increase	1	5
Decrease	62	68
Stay about the same	28	27
Cannot rate/Was not working prior to Gateway	7	0
No answer	3	0

Now, thinking about the impact the Gateway program has on the enrollees...

Q6. Overall, do you think the Gateway to Better Health program does an excellent job, a very good job, good job, fair job, or poor job in each of the following? (Q8)

		<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>No Answer</u>
a. Addressing the current health care needs of its enrollees	2016:	23	37	32	5	1	2
	2014:	26	38	27	9	1	0
b. Helping enrollees prevent future illness and disease	2016:	23	37	34	4	0	2
	2014:	31	26	32	6	1	3
c. Reducing patient costs for health care services	2016:	51	28	18	1	0	2

d. Reducing patient costs for medications	2016:	45	33	14	6	1	2
e. Facilitating care coordination and transition	2016:	19	36	28	14	0	2

Q7. How much of an impact do you think the Gateway program has on helping its' enrollees lead healthier lives? (Q9)

	2016	2014
Big impact	86	77
Small impact	12	18
No impact	0	4
No answer	2	0

Provider Awareness of Gateway Services

Q8. Please indicate how familiar you are with each of the following services that the Gateway program offers? (Q10)

		<u>Very</u>	<u>Somewhat</u>	<u>Not too</u>	<u>Not at all</u>	<u>No answer</u>
a. Primary care	2016:	80	13	7	0	0
	2014:	81	13	3	2	1
b. Gynecologic care (excluding OB)	2016:	67	16	12	3	2
	2014:	61	28	6	2	2
c. Transportation	2016:	48	21	24	7	1
	2014:	39	22	25	14	1
d. Generic Prescriptions	2016:	69	16	14	1	1
	2014:	65	20	10	3	2
e. Brand name Insulin and Inhalers	2016:	47	22	22	6	2
f. Urgent Care Visits	2016:	61	19	15	2	3
	2014:	56	19	18	4	2
g. Specialist Visits						

	2016:	61	21	15	2	1
	2014:	54	30	12	3	1
h. Laboratory services	2016:	52	29	15	2	2
	2014:	52	23	22	3	1
i. Radiology and other diagnostic testing	2016:	53	28	16	*	2
	2014:	52	30	14	3	1
j. Dental Care	2016:	51	15	27	5	2
	2014:	54	19	17	9	1
k. Eye Care	2016:	45	23	23	8	2
	2014:	47	27	17	8	1
l. Podiatry	2016:	47	25	22	4	3
	2014:	49	23	18	10	0
m. Outpatient surgery	2016:	29	37	23	7	4
n. Physical Therapy after Gateway approved surgery only ¹¹	2016:	19	35	30	13	4
	2014:	20	22	35	22	1

Q9. Gateway operates on a fixed budget. If Medicaid expansion passed in Missouri, how much of an impact would these medical services have on helping current Gateway enrollees lead healthier lives? (Q33)

		<u>Big Impact</u>	<u>Small Impact</u>	<u>No Impact</u>	<u>No answer</u>
a. Mental Health or Group Counseling Services	2016:	86	12	1	1
b. Physical Therapy	2016:	76	18	4	2
c. Exercise or weight loss programs	2016:	63	26	7	4

¹¹ Trend read "Physical Therapy after orthopedic surgery only"

There is no Question 10

Patient Outcomes

Thinking about the Gateway program patients...

Q11. If the Gateway program ended, how confident are you that current Gateway enrollees...?
(RANDOMIZE) (Q13)

		<u>Very</u>	<u>Somewhat</u>	<u>Not too</u>	<u>Not at all</u>	<u>No answer</u>
a. Could keep their overall health the same	2016:	4	1	40	54	1
	2014:	6	9	33	52	0
b. Could find quality medical care	2016:	6	4	32	58	0
	2014:	5	17	35	41	1
c. Could afford to see a primary care provider	2016:	4	5	39	48	3
	2014:	6	17	20	56	0
d. Could afford prescription medicines	2016:	4	4	27	64	0
	2014:	5	8	27	59	1
e. Could afford to see a specialist doctor	2016:	4	1	19	75	1
	2014:	5	3	18	73	0

Q12. From what you've seen has the Gateway program made it easier, harder, or had no difference on patients' ability to get each of the following? (RANDOMIZE) (Q14)

		<u>Easier</u>	<u>Harder</u>	<u>No difference</u>	<u>No answer</u>
a. Seeing a primary care provider for care	2016:	94	2	2	2
	2014:	82	2	12	4
b. Filling a prescription for medicine	2016:	89	3	7	2
	2014:	86	1	12	1
c. Getting recommended medical tests, treatments or follow-ups	2016:	89	6	4	2
	2014:	86	2	11	1
d. Seeing a specialist when a primary care provider requests the referral	2016:	83	6	9	2
	2014:	76	3	17	3
e. Getting routine dental care	2016:	76	3	17	4
	2014:	71	1	19	9

Q13. How often do you tell Gateway enrollees that...(RANDOMIZE) (Q34)

		<u>Always</u>	<u>Somewhat</u>	<u>Rarely</u>	<u>Never</u>	<u>No answer</u>
a. Medical services, such as specialist visits and diagnostic testing are low cost	2016:	59	24	7	8	3
b. Brand name insulin and inhalers are now a covered benefit	2016:	38	21	12	24	5
c. Transportation for medical appointments is available at no cost	2016:	43	24	15	14	4

- Q14. How much, if at all, do you think the low cost of services for Gateway enrollees increases the likelihood that the patient will follow through on a recommended treatment, or specialist visit? (Q17)

	2016	2014
A lot	82	61
Some	13	28
Not too much	3	10
Not at all	1	1
No answer	0	0

Provider Outcomes

Thinking about impact the Gateway program has made on your work experience...

- Q15. What aspect(s) of the Gateway program do you think has been MOST HELPFUL to you personally? [OPEN END RESPONSE] ORDER OF QUESTIONS Q.15 AND Q.16 ROTATED (Q18)

	2016	2014
Increasing patient access to care	27	27
Able to see specialists/receive specialty services	25	22
Low costs for patients/'Coverage' for the uninsured	23	23
Communication with program administrators/other providers/Good systems	15	5
Prescription drug coverage	13	16
Personal/Job Satisfaction	13	2
Communication/Relationship with patients, their families, community	10	6
Diagnostic coverage	7	9
Dental Care	6	n/a
Other	16	10
No answer	24	25

Notes: Only percentage 5% and above reported. Results may add to more than 100% due to multiple responses

Q16. What aspect(s) of the Gateway program do you think need(s) to be IMPROVED? [OPEN END RESPONSE] (Q19)

	2016	2014
More coverage/Expanded services/More providers	38	26
Referral process	19	11
Information/Explanation of what's covered and what is not	11	10
Dental Care	9	n/a
Application and enrollment process	7	23
Qualification criteria/Income guidelines	7	8
Outreach/Education	3	3
Other	17	11
None	7	6
No answer	17	28

Notes: Only percentage 3% and above reported. Results may add to more than 100% due to multiple responses

Q17. Please indicate how strongly you agree or disagree with each of the following statements about the Gateway program. (RANDOMIZE C-F) (Q20)

	<u>Agree</u>		<u>Disagree</u>		<u>No answer</u>	<i>N</i> 's	
	<u>Strongly</u>	<u>Somewhat</u>	<u>Somewhat</u>	<u>Strongly</u>			
Items A and B based on medical providers							
a. Improves the patient-provider relationship							
	2016:	53	38	5	0	5	33
	2014:	27	62	11	0	0	37
b. Allows me to deliver quality care to patients							
	2016:	74	16	3	2	5	33
	2014:	59	30	11	0	0	37
Items C-F based on total							
c. Provides me with adequate resources for the patients							
	2016:	41	47	8	2	2	
	2014:	41	44	8	3	4	

d. Helps me deal effectively with patient's problems	2016:	43	45	7	2	3
	2014:	39	51	4	2	4
e. Has decreased the stress of providing care for uninsured patients	2016:	60	27	8	3	3
	2014:	58	28	9	1	4
f. Has improved patient care coordination among providers	2016:	37	49	12	1	2
	2014:	42	46	5	2	4

Q18. Please indicate how satisfied are you with the following aspects of the Gateway online referral system? (Q21)

Based on referral staff¹²:

		<u>Very</u>	<u>Somewhat</u>	<u>Not too</u>	<u>Not at all</u>	<u>No answer</u>	<i>N's</i>
a. Ease of obtaining referral	2016:	52	35	7	1	5	82
	2014:	50	38	4	2	7	56
b. Ease of obtaining prior authorization	2016:	45	42	6	1	6	82
	2014:	39	39	7	2	13	56

¹² In 2014, this question was asked on both medical providers and referral staff. 2014 results reported in this topline have been recalculated based only on referral staff.

Q19. Please indicate how satisfied are you with the following aspects of accessing specialty care through the Gateway program? (Q22)

		<u>Very</u>	<u>Somewhat</u>	<u>Not too</u>	<u>Not at all</u>	<u>No answer</u>
Items A and B based on referral staff (n=82)						
a. Ease of scheduling an appointment	2016:	38	43	15	1	3
b. Helpfulness and courtesy of specialty staff when scheduling an appointment	2016:	48	37	11	*	3
Items C and D based on medical providers (n=33)						
c. Availability of the specialist to speak with you, when needed	2016:	20	41	25	8	7
d. Receipt of specialist's consultation notes	2016:	21	49	16	7	7
Item E based on total						
e. Timeliness of available appointments	2016:	25	32	26	9	8

NO QUESTIONS 20-22

Q23. Please provide any recommendations you have for improvements with accessing specialty care through the Gateway program. [OPEN END RESPONSE] (Q23)

Based on those not satisfied with some aspect of accessing specialist care (n=36)

	2016
Increase network of providers	32
Better scheduling/quicker appointments	21
Other response	19
No answer	48

Notes: Results may add to more than 100% due to multiple responses

Q24. Have you ever contacted the Gateway to Better Health call center? (Q24)

	2016
Yes	43
No	57
No answer	0

Q25. How helpful was the call center in addressing your questions or issues concerning the Gateway to Better Health program? (Q25)

Based on those who contacted the call center (n=55)

	2016
Very helpful	79
Somewhat helpful	6
Not too helpful	14
Not at all helpful	2
No answer	0

Stress

As you may know the St. Louis Regional Health Commission who manages Gateway to Better Health also manages a program called Alive and Well STL, which is a community-wide effort to reduce the impact of stress and trauma. Your answers to the following questions will help the Alive and Well STL program respond to the needs of health care professionals.

Q26. How strongly do you agree or disagree with each of the following? (**RANDOMIZE**). (Q26)

		<u>Agree</u>		<u>Disagree</u>		<u>No answer</u>
		<u>Strongly</u>	<u>Somewhat</u>	<u>Somewhat</u>	<u>Strongly</u>	
a. Trauma and stress have a negative impact on a person's health	2016:	87	7	3	1	1
b. I am knowledgeable about strategies to reduce the impact of stress	2016:	36	48	11	4	2

Q27. How much impact does trauma and toxic stress have on the health of the patients you serve? (Q27)

	2016
Big impact	96
Small impact	2
No impact	0
No answer	2

Q28. How frequently do you recommend to your patients the following strategies to cope with stress and trauma? (Q28)

Based on medical providers (n=33)

		<u>Regularly</u>	<u>Occasionally</u>	<u>Infrequently</u>	<u>No answer</u>
a. Exercising or taking a walk	2016:	77	16	7	0
b. Eating health meals	2016:	69	26	5	0
c. Prayer or mediation	2016:	38	38	24	0
d. Talking with a friend or family member	2016:	65	31	5	0
e. Talking with a health professional or counselor	2016:	81	16	3	0
f. Spending time on their personal hobbies or interests	2016:	53	35	10	2

Q29. Do you make any other recommendations to your patients to help them cope with stress and trauma? (Q29)

Based on medical providers (n=33)

	2016
Yes	41
No/No Answer	59

Q30. In your professional opinion, is the emotional wellness of your patients...(READ) (Q30)

Based on medical providers (n=33)

	2016
Improving	34
Worsening	14
Staying about the same	49
No answer	3

Q31. How comfortable do you feel recommending mental health resources to your patients to help cope with stress and trauma in their lives? (Q31)

Based on medical providers (n=33)

	2016
Very comfortable	76
Somewhat comfortable	15
Not very comfortable	9
Not at all comfortable	0
No answer	0

Q32. In the past 12 months, how much stress would you say you've experienced? (READ) (Q32)

Based on medical providers (n=33)

	2016
A great deal	34
Some	53
Not very much	13
No stress at all	0
No answer	0

Demographics

Now, we have just a few final questions so that we may describe those who participated in the survey.

D1. How long have you worked in the healthcare field?

Based on medical providers (n=33)

	2016	2014
Less than 1 year	2	3
1-2 years	0	0
3-4 years	3	16
5-9 years	14	11
10-14 years	20	16
15-19 years	12	5
20 years or more	46	11
No answer	2	35

D2. What is your primary specialty?

Based on medical providers (n=33)

	2016	2014
Dentistry	12	3
Family Practice	25	27
General Practice	0	0
General Internal Medicine	7	14
Obstetrics and Gynecology	17	22
Pediatrics	4	0
Other (SPECIFY)	36	11
No answer	0	0

D3. Please indicate the credentials that you hold. (CHECK ALL THAT APPLY)

Based on medical providers (n=33)

	2016	2014
LCSW	8	14
MA	5	3
NP/WHNP/FNP/PNP	21	19
RN	7	5

PA	0	3
PhD	9	0
MD	40	49
DDS/DMD	10	8
DO	0	3
DPM	5	0
OD	0	3
Other (SPECIFY)	9	14
No answer	0	0

D4. Have you, yourself, ever been enrolled in the Gateway program?

	2016	2014
Yes	3	1
No	96	99
No answer	1	0

SEX. Are you...?

	2016	2014
Male	12	16
Female	88	84
No answer	1	0

AGE. What is your age?

	2016	2014
18-29	5	8
30-39	16	27
40-49	24	24
50-59	38	24
60 and older	14	12
No answer	3	6

D5. Which of the following would be the MOST effective way to update you on Gateway services available to your patients?

	2016	2014
E-mail	72	65
Paper brochures or newsletters	12	13
Conference call	1	1
In person meetings	3	5
A webinar	2	3
Announcements at your regularly scheduled staff or provider meetings	9	12
Other (SPECIFY)	0	1
No answer	1	0

THANK YOU!

Thank you for taking the time to complete this survey. Your responses are very important to our research.

To ensure that your responses are included in this study, please click the "SUBMIT" button to finish the survey.

Appendix V: Incentive Payment Protocol

Incentive Payments

The state will withhold 7% from payments made to the primary care health centers (PCHC), and the amount withheld will be tracked on a monthly basis. The St. Louis Regional Health Commission (SLRHC) will be responsible for monitoring the PCHC performance against the pay-for-performance metrics outlined below.

Pay-for-performance incentive payments will be paid out at six-month intervals (January – June and July – December) of the Pilot Program based on performance during the reporting period.

SLRHC will calculate the funds due to the providers based on the criteria and methodologies described below and report the results to the state. The state will disburse funds within the first quarter following the end of the reporting period. The PCHC are required to provide self-reported data within 30 days of the end of the reporting period.

Primary Care Health Center Pay-for-Performance Incentive Eligibility

Below are the criteria for the PCHC incentive payments to be paid within the first quarter following the end of the reporting period:

TABLE 1

Pay-for-Performance Incentive Criteria	Threshold	Weighting	Source
All Newly Enrolled Patients - Minimum of at least 1 office visit within 1 year (6 months before/after enrollment date)	80%	20%	EHR Data
Patients with Diabetes, Hypertension, CHF or COPD – Minimum of at least 2 office visits within 1 year (6 months before/after reporting period start date)	80%	20%	EHR Data
Patients with Diabetes - Have one HgbA1c test within 6 months of reporting period start date	85%	20%	EHR Data
Patients with Diabetes – Have a HgbA1c less than or equal to 9% on most recent HgbA1c test within the reporting period	60%	20%	EHR Data

Hospitalized Patients - Among enrollees whose primary care home was notified of their hospitalization by the Gateway Call Center, the percentage of patients who have been contacted (i.e. visit or phone call for status/triage, medical reconciliation, prescription follow up, etc.) by a clinical staff member from the primary care home within 7 days after hospital discharge.	50%	20%	Self-reported by health centers and AHS Call Center Data
TOTAL POSSIBLE SCORE		100%	

Objective measures may be changed for the subsequent reporting period. Any changes or additions will be approved by the Pilot Program Planning Team managed by the SLRHC at least 60 days in advance of going into effect. At no time will changes to the measures go into effect for a reporting period that has already commenced. (Note: the health centers and state are represented on the Pilot Program Planning Team.) Any changes to the measures will be included in an updated protocol and subject to CMS review.

Any remaining funds will be disbursed based on the criteria summarized below and will be paid within the first quarter following the end of the reporting period:

TABLE 2

Pay-for-Performance Incentive Criteria	Threshold	Weighting	Source
Rate of Referral to Specialist among Tier 1/Tier 2 Enrollees	680/1000	100%	Referral data

The primary care providers will be eligible for the remaining funds based on the percentage of patients enrolled at their health centers. For example, if Grace Hill has 60% of the primary care patients and Myrtle Hilliard Davis 40%, they would each qualify up to that percentage of the remaining funds. Funds not distributed will be used to create additional enrollment slots where demand and capacity exist. Payments will not be redirected for administrative or infrastructure payments.

Within the first quarter following the end of the reporting period, the state will issue incentive payments to the health centers. Incentive payments will be calculated based on the data received and the methodology described below.

Primary Care Health Center (PCHC) Calculations

Step 1: Calculate the PCHC Incentive Pool (IP) for each PCHC.

- $IP = PCHC \text{ Payments Earned} \times 7\%$

Step 2: Calculate the Incentive Pool Earned Payment (IPEP) that will be paid to each PCHC.

- Identify which performance metrics were achieved

- Determine the total Incentive Pool Weights (IPW) by adding the weights of each performance metric achieved
- *Example:* If the PCHC achieves 3 of the 5 performance metrics, then: $IPW = 20\% + 20\% + 20\% = 60\%$
- $IPEP = IP \times IPW$

Step 3: Calculate the Remaining Primary Care Incentive Funds (RPCIF) that are available for performance metrics not achieved.

- Add the IP for each PCHC to derive the Total IP
- Add the IPEP for each PCHC to derive the Total IPEP
- $RPCIF = Total\ IP - Total\ IPEP$

Step 4: Calculate member months (MM) per reporting period for each PCHC (CMM) and in total (TMM).

- $CMM = Total\ payments\ earned\ by\ \underline{each}\ PCHC\ during\ the\ reporting\ period / Rate$
- $TMM = Total\ payments\ earned\ by\ \underline{all}\ PCHC\ during\ the\ reporting\ period / Rate$

Step 5: Calculate the Proportionate Share (PS) of the RPCIF that is available to each PCHC.

- $PS = RPCIF \times (CMM/TMM)$

Step 6: Calculate the Remaining Primary Care Incentive Fund Payment (RPCIFP) for each PCHC.

Example: If the PCHC achieves both the emergency room utilization and specialty referral performance metrics, then:

$$IPW = 30\% + 70\% = 100\% \text{ (effective 7/1/12 - 12/31/13)}$$

$$IPW = 100\% \text{ (effective 1/1/14 - 12/31/14)}$$

- $RPCIFP = PS \times IPW$

The following scenarios illustrate the calculations for Step 3 through Step 6 explained above as well as the final amounts withheld and paid to each PCHC based on the assumptions of these scenarios. These scenarios are provided for illustrative purposes only and are not a prediction of what may actually occur.

SCENARIO 1

Key assumptions:

- \$40,000 remains in the primary care incentive pool after the first round of disbursements based on the criteria listed in Table 1.
- Each PCHC met the performance metrics for emergency room and specialty referrals based on the criteria listed in Table 2.

Table 1A - Identifies the remaining incentive funds to be disbursed to PCHC.

STEP 3

	7% Withheld	Earned	Remaining (Unearned)
Grace Hill	\$ 200,000	\$200,000	\$ -
Myrtle Hilliard	\$ 100,000	\$ 75,000	\$ 25,000
Family Care	\$ 20,000	\$ 20,000	\$ -
BJK People's	\$ 50,000	\$ 40,000	\$ 10,000
St. Louis County	\$ 50,000	\$ 45,000	\$ 5,000
Total	\$ 420,000	\$380,000	\$ 40,000

Remaining Primary Care Incentive Funds

Table 1B - Identifies each PCHC proportionate share of the remaining incentive funds.

	STEP 4		STEP 5	
	Gross Earnings	# of Member Months	% of Member Months	PCHC Proportionate Share
Grace Hill	\$ 2,857,143	54,966	48%	\$ 19,200
Myrtle Hilliard	\$ 1,428,571	27,483	24%	\$ 9,600
Family Care	\$ 285,714	5,497	4%	\$ 1,600
BJK People's	\$ 714,286	13,742	12%	\$ 4,800
St. Louis County	\$ 714,286	13,742	12%	\$ 4,800
Total	\$ 6,000,000	115,430	100%	\$ 40,000

Table 1C - Computes the remaining primary care incentive fund payment (RPCIFP) for each PCHC assuming the performance metrics for emergency department utilization and specialty referral metrics are met (Table 2).

Step 6

	PCHC		
	Proportionate Share	IPW**	RPCIFP
Grace Hill	\$ 19,200	100%	\$ 19,200
Myrtle Hilliard	\$ 9,600	100%	\$ 9,600
Family Care	\$ 1,600	100%	\$ 1,600
BJK People's	\$ 4,800	100%	\$ 4,800
St. Louis County	\$ 4,800	100%	\$ 4,800
Total	\$ 40,000		\$ 40,000

** Effective 1/1/14, IPW will either be 100% or 0% due to elimination of emergency department services.

Table 1D - Shows the total withheld, earned and paid for each PCHC.

	7% Withheld	Earned	RPCIFP	Total Paid
Grace Hill	\$ 200,000	\$200,000	\$ 19,200	\$ 219,200
Myrtle Hilliard	\$ 100,000	\$ 75,000	\$ 9,600	\$ 84,600
Family Care	\$ 20,000	\$ 20,000	\$ 1,600	\$ 21,600
BJK People's	\$ 50,000	\$ 40,000	\$ 4,800	\$ 44,800
St. Louis County	\$ 50,000	\$ 45,000	\$ 4,800	\$ 49,800
Total	\$ 420,000	\$380,000	\$ 40,000	\$ 420,000

SCENARIO 2

Key assumptions:

- \$40,000 remains in the primary care incentive pool after the first round of disbursements based on the criteria listed in Table 1.
- Some PCHC do not meet the performance metric for emergency room and specialty referrals based on the criteria listed in Table 2.

Table 2A - Identifies the remaining incentive funds to be disbursed to PCHC.

	7% Withheld	Earned	STEP 3	
			Remaining (Unearned)	
Grace Hill	\$ 200,000	\$200,000	\$ -	
Myrtle Hilliard	\$ 100,000	\$ 75,000	\$ 25,000	
Family Care	\$ 20,000	\$ 20,000	\$ -	
BJK People's	\$ 50,000	\$ 40,000	\$ 10,000	
St. Louis County	\$ 50,000	\$ 45,000	\$ 5,000	
Total	\$ 420,000	\$380,000	\$ 40,000	Remaining Primary Care Incentive Funds

Table 2B - Identifies each PCHC proportionate share of the remaining incentive funds.

	STEP 4		STEP 5	
	Gross Earnings	# of Member Months	% of Member Months	PCHC Proportionate Share
Grace Hill	\$ 2,857,143	54,966	48%	\$ 19,200
Myrtle Hilliard	\$ 1,428,571	27,483	24%	\$ 9,600
Family Care	\$ 285,714	5,497	4%	\$ 1,600
BJK People's	\$ 714,286	13,742	12%	\$ 4,800
St. Louis County	\$ 714,286	13,742	12%	\$ 4,800
Total	\$ 6,000,000	115,430	100%	\$ 40,000

Table 2C - Computes the remaining primary care incentive fund payment (RPCIFP) for each PCHC assuming that some providers did not meet the performance metrics for emergency department utilization and/or specialty referrals.

	Step 6			
	PCHC Proportionate Share	IPW**	RPCIFP	Remaining Unused Funds
Grace Hill	\$ 19,200	100%	\$ 19,200	\$ -
Myrtle Hilliard	\$ 9,600	70%	\$ 6,720	\$ 2,880
Family Care	\$ 1,600	100%	\$ 1,600	\$ -
BJK People's	\$ 4,800	30%	\$ 1,440	\$ 3,360
St. Louis County	\$ 4,800	0%	\$ -	\$ 4,800
Total	\$ 40,000		\$ 28,960	\$ 11,040

** Effective 1/1/14, IPW will either be 100% or 0% due to elimination of emergency department services.

Table 2D - Shows the total withheld, earned and paid for each PCHC.

	7% Withheld	Earned	RPCIFP	Total Paid
Grace Hill	\$ 200,000	\$200,000	\$ 19,200	\$ 219,200
Myrtle Hilliard	\$ 100,000	\$ 75,000	\$ 6,720	\$ 81,720
Family Care	\$ 20,000	\$ 20,000	\$ 1,600	\$ 21,600
BJK People's	\$ 50,000	\$ 40,000	\$ 1,440	\$ 41,440
St. Louis County	\$ 50,000	\$ 45,000	\$ -	\$ 45,000
Total	\$ 420,000	\$380,000	\$ 28,960	\$ 408,960

The state will determine with the SLRHC where the demand exists in the Pilot Program (primary care or specialty care) to determine where to apply the remaining funds. Payments will not be redirected for administrative or infrastructure payments.

APPENDIX VI: Pay-for-Performance Results

GATEWAY TO BETTER HEALTH

Pay-for-Performance Incentive Payment Results

Reporting Period: January – June 2016

Background

The State withholds 7% from payments made to the primary care health centers. The amount withheld is tracked on a monthly basis. Primary care health centers provided self-reported data to SLRHC within 30 days of the end of the reporting period for those patients who were enrolled for the entire reporting period. SLRHC validated the data by taking a random sample of the self-reported data and comparing it to the claims data. SLRHC has calculated the funds due to the providers based on the criteria and methodologies described in the Incentive Protocol, approved by CMS. Results for the sixth reporting period, January – June 2016, are summarized below.

Primary Care Health Center Pay-for-Performance Results

The potential incentive payment amount totaled \$449,428.29 and 100% will be paid to primary care providers. The following table outlines the pay-for-performance thresholds in comparison to the actual results of each metric.

Table 1 Pay-for-Performance Criteria	Threshold	Actual Outcomes Achieved					
		AH	MHD	FC	BJKP	County	Total
1 - All Patients (1 visit)	80%	72%	66%	89%	66%	81%	72%
2 - Patients with Chronic Disease (2 visits)	80%	87%	93%	93%	84%	88%	88%
3 - Patients with Diabetes HgbA1c Tested	85%	90%	92%	94%	74%	85%	87%
4 - Patients with Diabetes HgbA1c < 9%	60%	73%	63%	83%	60%	73%	69%
5 - Hospitalized Patients	50%	95%	93%	75%	77%	62%	88%

The number of metrics met by each health center for the first round of metrics is depicted by the green highlighted fields in Table 1 above. The health centers earned \$362,845.60 of the initial incentive pool leaving a remaining balance of \$86,582.69.

According to the Protocol, each health center is eligible for the remaining funds based on their percentage of patients enrolled provided that the specialist referral rate criteria is met. The outcome for referral rates to specialty care was compared to the thresholds and the results are summarized as follows:

Table 2 Pay-for-Performance Criteria	Threshold	Actual Outcomes Achieved					
		AH	MHD	FC	BJKP	County	Total
Referral Rate to Specialists	680/1000	308	277	506	370	580	366

As noted by the green highlights in Table 2, all health centers met the performance criteria for the second round of metrics related to the rate of referrals to specialty care. The following table summarizes the incentive earnings for each health center based on the metrics that were achieved.

Table 3 - Amount Due to Each Health Center				
Health Center	Incentive Pool	First Round Earnings	Second Round Earnings	Total Due to Providers
AH	\$ 189,558.20	\$ 151,646.56	\$ 36,518.53	\$ 188,165.09
MHD	\$ 84,856.63	\$ 67,885.30	\$ 16,347.69	\$ 84,232.99
FC	\$ 32,130.96	\$ 32,130.96	\$ 6,190.05	\$ 38,321.01
BJKP	\$ 79,249.30	\$ 47,549.58	\$ 15,267.44	\$ 62,817.02
County	\$ 63,633.20	\$ 63,633.20	\$ 12,258.98	\$ 75,892.18
Total	\$ 449,428.29	\$ 362,845.60	\$ 86,582.69	\$ 449,428.29

APPENDIX A: SUMMARY OF CALCULATIONS

The following process was followed to determine the payout for each of the primary care providers.

Step 1: Determine the initial pool amount.

Step 2: Determine which of the following first-tier performance metrics were achieved for each organization:

Pay-for-Performance Incentive Criteria	Threshold	Weighting	Source
All Newly Enrolled Patients - Minimum of at least 1 office visit within 1 year (6 months before/after enrollment date)	80%	20%	EHR Data
Patients with Diabetes, Hypertension, CHF or COPD – Minimum of at least 2 office visits within 1 year (6 months before/after reporting period start date)	80%	20%	EHR Data
Patients with Diabetes - Have one HgbA1c test 6 months after reporting period start date	85%	20%	EHR Data
Patients with Diabetes – Have a HgbA1c less than or equal to 9% on most recent HgbA1c test within the reporting period	60%	20%	EHR Data
Hospitalized Patients - Among enrollees whose primary care home was notified of their hospitalization by the Gateway Call Center, the percentage of patients who have been contacted (i.e. visit or phone call for status/triage, medical reconciliation, prescription follow up, etc.) by a clinical staff member from the primary care home within 7 days after hospital discharge.	50%	20%	Self-reported by health centers and AHS Call Center Data
TOTAL POSSIBLE SCORE		100%	

Step 3: Calculate the earnings for the initial pool based on the number of first-tier metrics achieved.

Step 4: Determine the second pool amount, which is unearned amount from the initial pool.

Step 5: Calculate health center’s share of available earnings based on enrollment.

Step 6: Determine which of the following second-tier performance metrics were achieved:

Pay-for-Performance Incentive Criteria	Threshold	Weighting	Source
Rate of Referral to Specialist among Enrollees	680/1000	100%	Claims data

Step 7: Calculate the earnings for the second pool based on the number of second-tier metrics achieved.

Step 8: Calculate the total payment to the health center by summing the earnings from both pool.

APPENDIX B: PRIMARY CARE TRENDING REPORT

Pay-for-Performance Criteria	Threshold	Affinia								Myrtle								Family Care							
		Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16
TIER 1 OUTCOMES																									
1 - New patients (1 visit)	80%	68%	52%	75%	67%	65%	74%	70%	72%	56%	58%	86%	71%	75%	83%	80%	66%	70%	73%	74%	80%	81%	78%	80%	89%
2 - Patients with chronic diseases (2 visits)	80%	73%	81%	80%	83%	80%	86%	84%	87%	82%	87%	95%	87%	92%	94%	96%	93%	75%	18%	14%	89%	96%	85%	95%	93%
3 - Patients with diabetes HgbA1c tested	85%	62%	91%	88%	87%	91%	92%	95%	90%	67%	78%	72%	48%	91%	86%	100%	92%	68%	70%	81%	100%	100%	89%	100%	94%
4 - Patients with diabetes HgbA1c <9%	60%	61%	60%	61%	60%	61%	60%	70%	73%	50%	48%	50%	58%	77%	47%	63%	63%	54%	53%	64%	75%	71%	68%	68%	83%
5 - Hospitalized Patients	50%	100%	83%	71%	87%	83%	85%	96%	95%	100%	59%	37%	73%	88%	64%	83%	93%	100%	100%	38%	64%	50%	67%	75%	75%
TIER 2 OUTCOMES																									
1 - Emergency Department Utilization	28/1000	34	13	12	N/A	N/A	N/A	N/A	N/A	28	10	27	N/A	N/A	N/A	N/A	N/A	12	11	20	N/A	N/A	N/A	N/A	N/A
2 - Referral Rate to Specialists	680/1000	447	427	315	277	272	280	281	308	454	353	309	345	287	322	272	277	656	647	567	599	518	528	521	506

Pay-for-Performance Criteria	Threshold	BJK People's								St. Louis County								Total							
		Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16
TIER 1 OUTCOMES																									
1 - New patients (1 visit)	80%	75%	61%	80%	72%	80%	58%	60%	66%	69%	75%	77%	87%	88%	89%	95%	81%	65%	62%	79%	72%	74%	74%	74%	72%
2 - Patients with chronic diseases (2 visits)	80%	50%	68%	81%	92%	82%	90%	96%	84%	89%	95%	82%	92%	97%	97%	92%	88%	74%	73%	77%	86%	86%	90%	91%	88%
3 - Patients with diabetes HgbA1c tested	85%	71%	57%	85%	89%	81%	90%	89%	74%	71%	83%	85%	89%	92%	89%	77%	85%	66%	77%	83%	80%	90%	90%	91%	87%
4 - Patients with diabetes HgbA1c <9%	60%	46%	37%	55%	56%	62%	61%	67%	60%	39%	64%	63%	68%	80%	65%	61%	73%	54%	53%	59%	63%	68%	60%	66%	69%
5 - Hospitalized Patients	50%	100%	77%	28%	67%	62%	60%	87%	77%	100%	100%	52%	83%	65%	80%	100%	62%	100%	78%	54%	81%	78%	78%	91%	88%
TIER 2 OUTCOMES																									
1 - Emergency Department Utilization	28/1000	24	16	17	N/A	N/A	N/A	N/A	N/A	9	7	14	N/A	N/A	N/A	N/A	N/A	26	12	12	N/A	N/A	N/A	N/A	N/A
2 - Referral Rate to Specialists	680/1000	598	440	363	425	346	337	348	370	547	510	487	484	506	536	559	580	496	443	365	363	338	351	349	366

Note: The threshold for emergency room (ER) utilization for the July 2012 through June 2013 was 36 per 1000. As of January 1, 2014, Gateway to Better Health no longer funded any portion of ER visits and thus no longer captured data for ER utilization