

State of Missouri
Gateway to Better Health Demonstration 11-W-00250/7
Section 1115 Quarterly Report

Demonstration Year: 6 (October 1, 2014 – September 30, 2015)
Federal Fiscal Quarter: 1/2015 (October 1 – December 31, 2014)

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. The Centers for Medicare and Medicaid Services (CMS) approved an extension of the Demonstration on September 27, 2013. 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:

- 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);
- Connect the uninsured and Medicaid populations to a primary care home which will enhance coordination, quality, and efficiency of health care through patient and provider involvement;
- Maintain and enhance quality service delivery strategies to reduce health disparities;
- Have the affiliation partners provide health care services to an additional 2 percent of uninsured individuals over the current service levels by July 1, 2012; and
- Transition the affiliation partner community to a coverage model, as opposed to a direct payment model, by July 1, 2012.

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, Grace Hill Health Centers, and Myrtle Hilliard Davis Comprehensive Health Centers. The program transitioned to a coverage model pilot on July 1, 2012. The goal of the Gateway to Better Health Pilot Program is to provide a bridge for safety net providers and their uninsured patients in St. Louis City and St. Louis County to coverage options available through federal health care reform.

From July 1, 2012, to December 31, 2013, the Pilot Program provided primary, urgent, and specialty care coverage to uninsured 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, 2013, when the covered patients were expected to be able to enroll in Medicaid or other coverage available through health care reform.

The Missouri legislature did not expand Medicaid eligibility during its 2013 or 2014 legislative session. On September 27, 2013, and again in July 2014, CMS approved a one-year extension of the Gateway Demonstration program for patients up to 100% FPL until December 31, 2015, or until Missouri's Medicaid eligibility is expanded to include the waiver population. At the end of this reporting period, the State submitted to CMS an application to extend the Demonstration until December 31, 2016, in the event Missouri does not elect to expand Medicaid eligibility before then.

Under the Demonstration, the State has authority to claim as administrative costs limited amounts incurred for the functions related to the design and implementation of the Demonstration pursuant to a Memorandum of Understanding (MOU) with the St. Louis Regional Health Commission (SLRHC). The SLRHC, formed in 2001, is a non-profit, non-governmental organization whose mission is to increase access to health care for people who are medically uninsured and underinsured; reduce health disparities among populations in St. Louis City and County; and improve health outcomes among populations in St. Louis City and County, especially among those most at risk.

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 CMS review and approval, 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 Attachment I). The MO HealthNet Division of the Missouri Department of Social Services is 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 below details Pilot Program process outcomes and key developments for the first quarter of Demonstration Year 6 (October 1 – December 31, 2014).

Enrollment Information:

As of December 31, 2014, 21,259 unique individuals were enrolled in Gateway to Better Health. There were no program wait lists during this quarter of the Pilot Program.

Table 1. Gateway to Better Health Pilot Program Enrollment by Health Center*

Health Center (Tier 1 and Tier 2)	Unique Individuals Enrolled as of December 31, 2014	Enrollment Days October - December, 2014
BJK People's Health Centers	3,328	303,375
Family Care Health Centers	1,519	140,436
Grace Hill Health Centers	9,750	903,324
Myrtle Hilliard Davis Comprehensive Health Centers	3,625	336,713
St. Louis County Department of Health	3,037	285,891
Total for All Health Centers	21,259	1,969,739

*Enrollment numbers are based on Mo HealthNet enrollment data as of January 1, 2015.

The Gateway enrollment cap remains at 22,600, leaving room for approximately 1,341 new members under 100% FPL as of December 31, 2014.

Outreach/Innovation Activities:

Each month the SLRHC shares information and gathers input about the Demonstration from its 18-member board, and its 30-member Community and Provider Services 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 these advisory boards in addition to the Pilot Program Planning Team and the committees that report to this team; these committees include Medical/Referral, Outreach 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 at: <http://www.stlrhc.org/work/gateway-better-health-demonstration-project/planning-teams-key-documents/> .

The SLRHC regularly uses the infrastructure of its public advisory board and Gateway team meetings to gather input about the Demonstration.

Public meetings held during the fourth quarter are listed below:

Gateway Pilot Program Planning Team	October 6, 2014
Provider Services Advisory Board	October 7, 2014
Regional Health Commission Board	October 15, 2014
Community Advisory Board	October 21, 2014
Provider Services Advisory Board	November 4, 2014
Gateway Outreach Team	November 6, 2014
Gateway Pilot Program Planning Team	November 13, 2014
Gateway Finance Team	November 18, 2014
Community Advisory Board	November 18, 2014
Regional Health Commission Board	November 19, 2014
Provider Services Advisory Board*	December 2, 2014
Gateway Pilot Program Planning, Outreach, Finance and Medical Referral Teams	December 3, 2014
Community Meeting Re: Extension of Gateway	December 3, 2014

Community Advisory Board

December 16, 2014

Regional Health Commission Board

December 17, 2014

*This meeting also served as a public meeting regarding the extension application for Gateway.

In addition, screening for Gateway eligibility over the life of the Pilot Program has resulted in the enrollment of more than 30,000 individuals in MO HealthNet programs, including:

- 16,544 children (18 years or under) approved for MO HealthNet for Families or MO HealthNet for Kids;
- 9,217 adults approved for Uninsured Women’s Health Services;
- 2,798 adults approved for MO HealthNet for the Aged, Blind, or Disabled; and
- 2,639 adults approved for MO HealthNet for Families.

Through ongoing outreach initiatives by the community health centers to enroll patients into coverage, the Gateway program continues to accept approximately 1,100 applications a month.

With the implementation of the eligibility review process for Gateway members, the SLRHC and community health centers are conducting significant outreach to ensure members retain their benefits. This outreach includes multiple attempts to reach patients by phone, by mail and when receiving services from their health home. During the first four months of the implementation of the review process, the program experienced a net loss of 630 members.

Operational/Policy Development/Issues:

No operational or policy issues to report for this quarter.

Financial/Budget Neutrality Development/Issues:

The State continues to monitor budget neutrality for this quarter as claims are processed. The program is projected to be budget neutral for the federal fiscal year.

Consumer Issues:

Individuals enrolled in the Gateway to Better Health Pilot Program have access to a call center, available Monday through Friday, 8:00AM to 5:00PM central standard time. When the call center is not open, callers may leave messages that are returned the next business day.

From October - December 2014, the call center answered 4,803 calls, averaging approximately 52 calls per day. Of calls answered during this time, 28 (<1%) resulted in a consumer complaint. The 28 consumer issues were resolved directly with the patient and associated provider(s). The most common source of complaints for this quarter was related to patient access to care, including prescription medication and transportation. The type and number of complaints received during this period of time are outlined below:

Table 2. Summary of Consumer Complaints, October—December 2014*

Type of	Number of	Nature of Complaints/Resolution
---------	-----------	---------------------------------

Complaint	Complaints	
Access to Care	14	<p>Patients (6) reported difficulty in obtaining prescription medication; for three patients, the health center worked with the patient to approve a refill; for one patient, the member chose to fill the prescription at an out-of-network pharmacy; for one patient, an appointment was scheduled to re-evaluate the patient's prescription needs; and for one patient, the member opted to switch health centers, and the patient's medical records were sent to compliance for a quality review.</p> <p>Patients (7) reported difficulty scheduling a timely appointment; for three patients requiring a dental appointment, and three patients requiring primary care appointments, the health centers followed-up with patients to schedule appointments within the Gateway appointment wait time guidelines. For one patient requiring a specialty care appointment, the patient was advised of the appointment delay reason.</p> <p>Patient (1) was dis-enrolled by their health center. The patient was contacted by RHC staff and enrolled in a new health center of their choice; the health center provided prescription benefits until the transition was complete.</p>
Transportation	4	<p>Patients (3) reported difficulty with securing transportation pick-up; for two patients, Logisticare apologized for missing pick-up and RHC and health center staff assisted patients with rescheduling missed appointments. In all instances, Logisticare advised that complaints regarding contracted service standards were being addressed.</p> <p>Provider (1) reported difficulty scheduling a patient's transportation. Logisticare contacted the health center and worked with staff to schedule the patient's transportation.</p>
Co-Payment	2	<p>Patients (2) reported being asked to pay a co-pay above the Gateway standard. In both cases, the health center arranged a refund and educated their staff on appropriate Gateway co-pays.</p>
Care Coordination	5	<p>Patients (5) reported difficulty coordinating care; for one patient, the health center coordinated the patient's specialty care referral, and the patient's</p>

		associated procedure was completed; for one patient, the health center scheduled the patient for a specialty care appointment and refilled needed prescriptions; for one patient, the health center explained the patient's referral history and assisted in completing necessary forms; and for one patient, the primary care physician contacted the patient to discuss surgical clearance delays and scheduled the patient for a follow-up appointment. One patient was unable to be reached for resolution.
Quality of Care	2	Patients (2) reported dissatisfaction with care they received from a provider. In both cases, the patient was scheduled to see a different provider of their choice.
Other	1	Patient (1) reported a sliding fee scale issue prior to being approved for Gateway and assigned to the health center. The health center worked with the patient to complete sliding fee scale paperwork and coordinate payment.

**Reported consumer complaints are based on Automated Health Systems data as of January 7, 2015*

Action Plans for Addressing Any Policy, Administration, or Budget Issues Identified:

There are no action plans at this time due to no existing policy, administration, or budget issues.

Quality Assurance/Monitoring Activity:

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. Representatives from the provider organizations meet regularly to evaluate clinical, consumer and financial issues related to the program.

The SLRHC conducts satisfaction surveys with referring physicians (including support staff) and Gateway to Better Health enrollees on a regular basis. In 2014, the SLRHC contracted with Princeton Survey Research Associates International (PSRAI) to evaluate patients' experience and satisfaction with the program. Full reports are provided as Attachments II and III to this report.

In addition, the State and SLRHC also continually monitor call center performance, access to medical referrals (including referrals for diagnostic care, specialty care and surgical procedures), and wait times for medical appointments. Most recently available outcomes for these measures are detailed in the sections below:

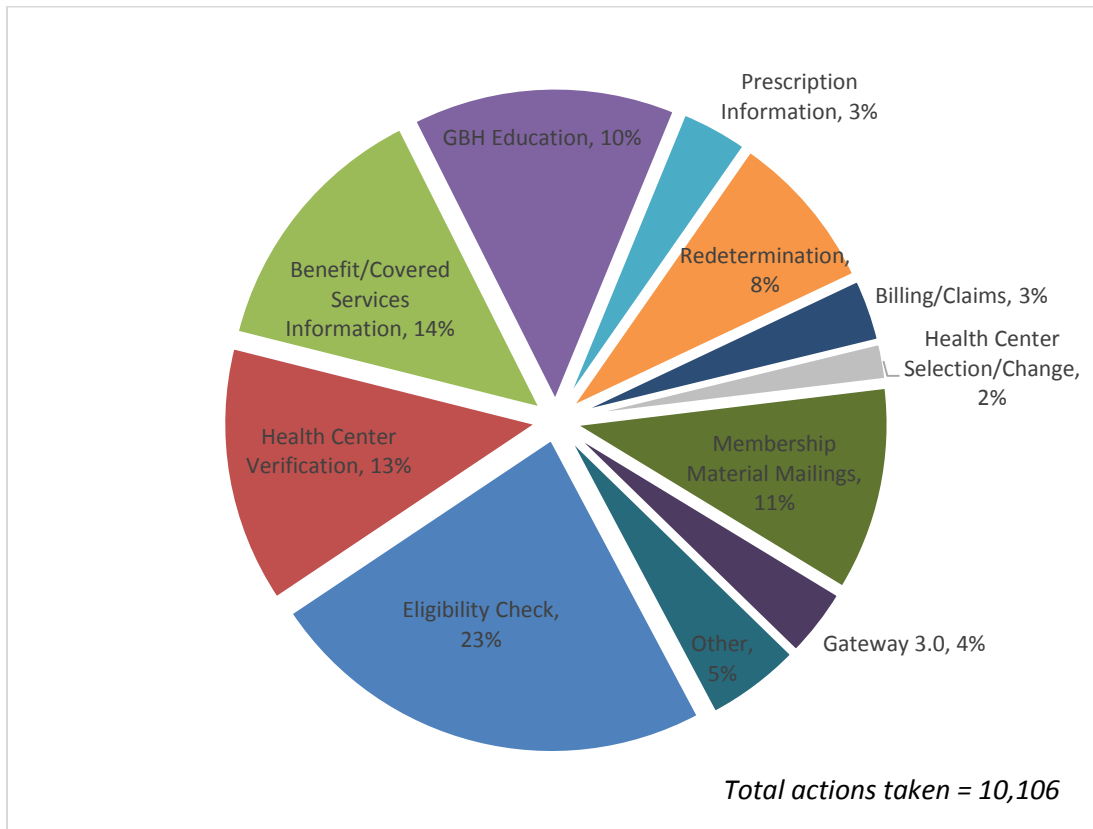
Call Center Performance

Table 3. Call Center Performance, October– December 2014*

Performance Measure	Outcome
Calls received	4,803
Calls answered	4,607
Abandonment rate	3.9%
Average answer speed (<i>seconds</i>)	25
Average length of time per call (<i>minutes: seconds</i>)	3:30

*Call center performance metrics are based on Automated Health Systems data as of January 7, 2015

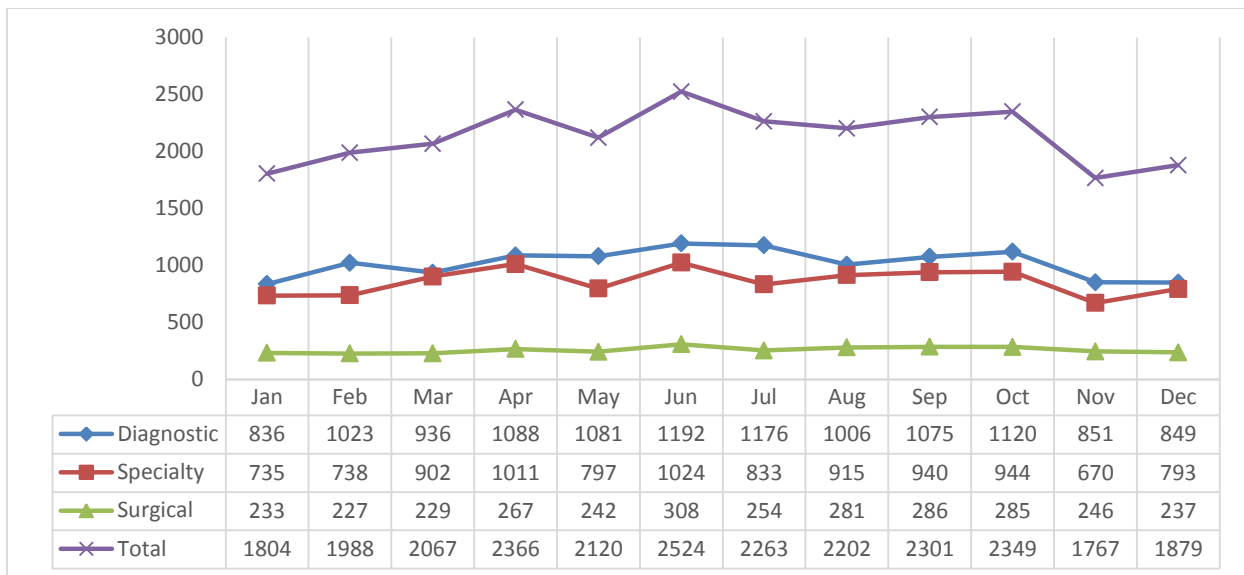
Figure 1. Call Center Actions, October – December 2014*



*Reported call center actions are based on Automated Health Systems data as of January 7, 2015

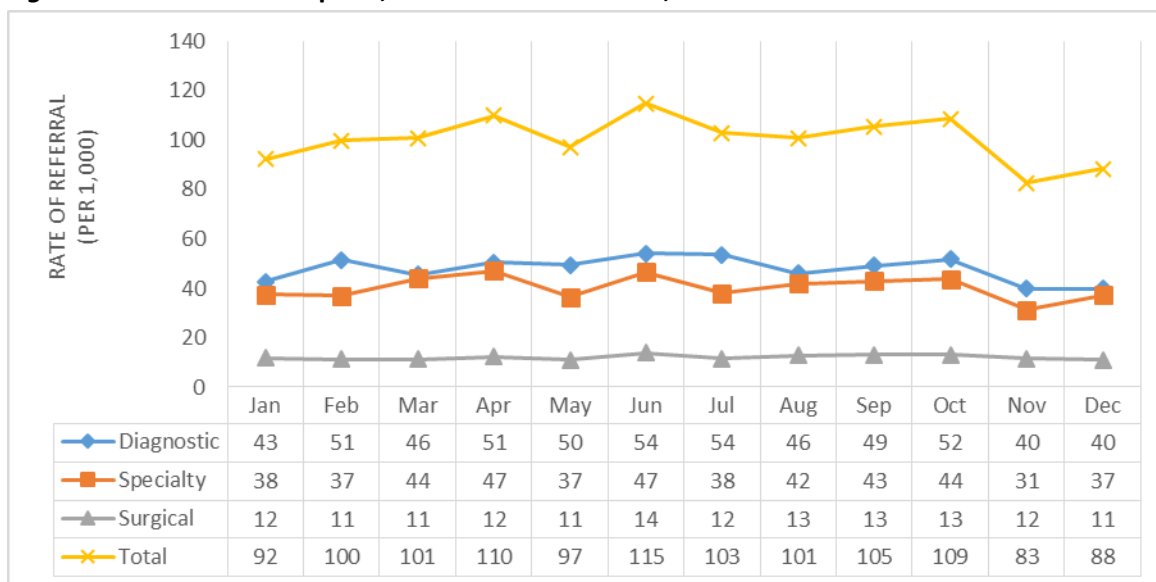
Access to Medical Referrals

Figure 2. Medical Referrals by Month by Type, 2014



*Reported medical referrals are based on Automated Health Systems data as of December 31, 2014.

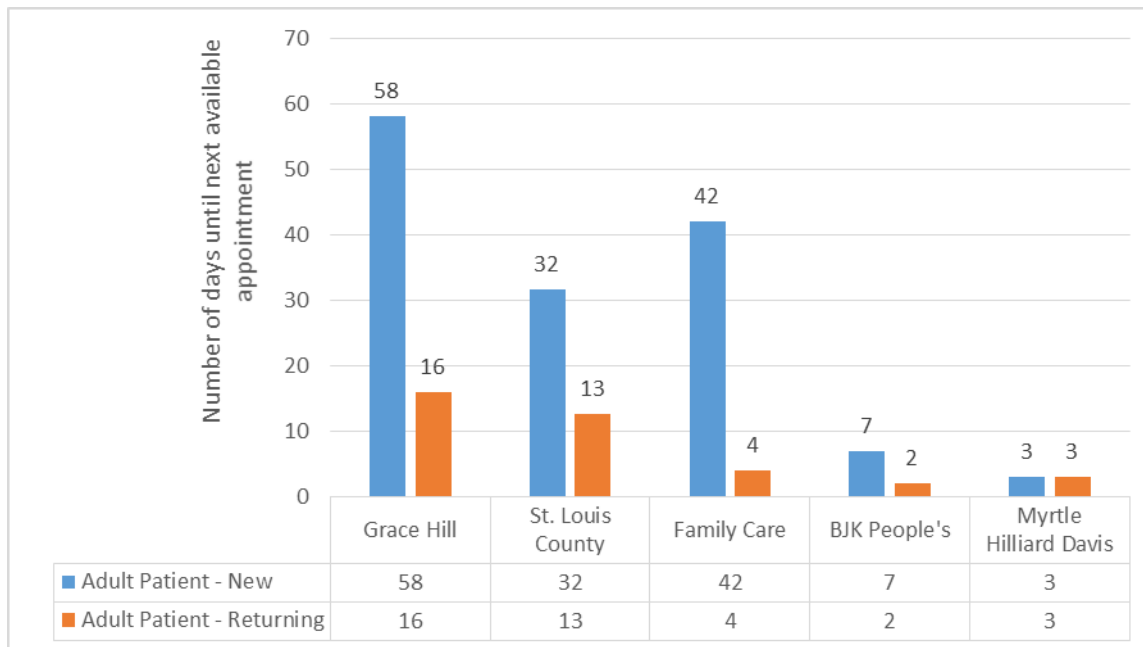
Figure 3. Rate of Referral per 1,000 Members Enrolled, 2014*



*Reported rates of medical referrals are based on Automated Health Systems data as of December 31, 2014.

Primary Care Appointment Wait Times

Figure 4. Primary Care Wait Times (Non-Urgent Appointments in Days), as of December 31, 2014*



*Wait times self-reported by individual health center as of December 31, 2014, and are calculated for Gateway patients only.

Updates on Provider Incentive Payments:

Table 4. Summary of Provider Payments and Withholds, October – December 2014*

Providers	Provider Payments Withheld	Provider Payments Earned**
BJK People’s Health Centers	\$38,016	\$504,995
Family Care Health Centers	\$17,681	\$234,898
Grace Hill Health Centers	\$112,880	\$1,569,244
Myrtle Hilliard Davis Comprehensive Health Centers	\$42,041	\$584,459
St. Louis County Department of Health	\$55,697	\$ 481,875
Voucher Providers	-	\$2,241,409
Total for All Providers	\$266,316	\$5,616,879

*Payments in the table above are subject to change as additional claims are submitted by providers. Reported provider payments and withholds are based on data as of January 6, 2015.

**Amount represents gross earnings net of incentive withholds.

As documented in previous quarterly reports, the Incentive Payment Protocol requires 7% of provider funding to be withheld from Gateway providers. The 7% 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.

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

- July 1, 2012 – December 31, 2012
- January 1, 2013 – June 30, 2013
- July 1, 2013 – December 31, 2013
- January 1, 2014 – June 30, 2014
- July 1, 2014 – December 31, 2014

Pay-for-performance incentive outcomes for the time period of July 1, 2014 – December 31, 2014 are not yet available but will be shared in future reports.

Updates on Infrastructure Payments:

All specialty care services at ConnectCare were discontinued effective October 1, 2013. As a result, ConnectCare did not receive infrastructure payments during the October – December 2014 reporting period.

Updates on Budget Neutrality Worksheets:

Please see attached worksheets (Attachment I).

Evaluation Activities and Interim Findings:

The SLRHC and the State of Missouri continues to track program outcomes, which will be reported in the annual report for the current demonstration year. An updated Evaluation Design was submitted during this reporting period to reflect the extension of the Demonstration through 2015.

During 2014, SLRHC contracted with Princeton Survey Research Associates International (PSRAI) to evaluate patient and provider experience and satisfaction with the program. PSRAI completed 1,202 telephone interviews with Gateway enrollees. Eighty-two percent of respondents were uninsured prior to being enrolled in Gateway, and many were not getting regular medical care. About two-thirds of respondents (68%) have a chronic health condition such as high blood pressure, diabetes or heart disease.

Overall, Gateway enrollees believe their physical health has improved since enrolling in Gateway, and the program is having a positive impact on their health. Majorities report they are satisfied with the quality of the care they have received and would recommend Gateway to friends or family members. Respondents do not feel they would be able to maintain the same level of health if the Gateway program was no longer available. Some of the key findings have been provided below. The full patient satisfaction survey report has been provided in Attachments II and III.

- Seven in ten participants reported that the quality of care they receive from Gateway is “excellent” (41%) or “very good” (28%).
- Over 70% of Gateway enrollees believe the program helps them feel more in charge of their health, helps them to make better decisions about their health and wellness, makes it easier for them to coordinate their health care needs and helps them follow treatments recommended by the health provider.
- Fifty-five percent of respondents had visited a specialist doctor:
 - Eight-six percent report that it is easy to get a referral including 60% who describe the process as “very easy.”
 - Eighty percent say that it is easy to schedule an appointment, including 55% who describe the process as “very easy.”
- More than 50% of Gateway enrollees report visiting the emergency room less often since enrolling in the Gateway program. Sixty percent of survey respondents report they have not visited the emergency room since enrolling in Gateway.
- In addition to impacts on health, 30% of respondents say being enrolled in Gateway has a “big impact” on their ability to find or keep a job.

Over 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.

In addition to evaluating patients’ experience and satisfaction with the program, PSRAI also evaluated the providers’ experience and satisfaction with the program. In September 2014, PSRAI conducted an online survey for Gateway providers. A total of 93 Gateway health centers medical providers (n=37) and support staff (n=56) completed the survey.

Overall, providers and staff were extremely positive about the impact Gateway to Better Health has on the health of their patients, and many respondents say their own job satisfaction has increased since the implementation of Gateway. The full provider satisfaction survey report has been provided in Attachment II.

Updates on Plans to Secure Financial Sustainability:

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

The Affiliation Partners successfully transitioned from a direct payment methodology to a coverage model on July 1, 2012. The move to a coverage model has required these providers to understand underlying cost structures and streamline operations in preparation for the post-Demonstration environment. The long-term sustainability of the Affiliation Partners depends on the expansion of Medicaid in the State of Missouri. Gateway has been an important bridge to this expansion. However, as of December 2014, the Missouri legislature has not approved expansion, making the ongoing operations of Gateway to Better Health critical to the lasting financial sustainability of Grace Hill and Myrtle Hilliard Davis.

St. Louis ConnectCare

ConnectCare was not able to demonstrate financial sustainability under a coverage model during the Demonstration period, and closed its operations in late 2013. After its closure, other contracted health

care providers in the Gateway to Better Health network continued to provide services to Gateway patients and have maintained access levels and continuity of care for these patients through a managed transition process. Because of the approval of the Gateway extension, a seamless transition of care through 2014 was possible despite ConnectCare’s closure.

St. Louis Regional Health Commission Sustainability

At the current time, SLRHC’s major priorities are (1) the successful management of the Gateway program, and (2) informing the public about the criticality of Medicaid expansion in Missouri. Once these duties have 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.

Updates on Pilot Program and Implementation Activities:

As documented in previous quarterly reports, the Pilot Program was implemented on July 1, 2012; patients enrolled in Gateway to Better Health began receiving health care services under the coverage model as of that date. First convened in July 2010, the Pilot Program Planning Team serves to monitor the progress of the Pilot Program. Topics monitored include: specialty care referrals, enrollment, call center performance, consumer complaints, evaluation findings and budgets compared to actual expenses. The Planning Team also provides guidance and feedback throughout the operation of the program.

As in previous quarters, the State’s Family Support Division continues to determine eligibility and to enroll individuals into Gateway to Better Health Pilot Program. Similarly, the MO HealthNet Division continues to monitor the progress of the program and implementation of the claims adjudication system.

Updates on Transition Plan:

The state submitted a transition plan on June 25, 2014. When the state determines a long-term solution for covering this population, the transition plan will be updated explaining how the patients will be transitioned into new coverage options.

Updates on any Amendment Requests:

There are no new amendments before CMS for consideration at this time.

Updates on the State’s Success in Meeting the Milestones Outlined in Section XII:

Table 5. Updates on the State’s Success in Meeting Section XII Milestones

Date – Specific	Milestone	STC Reference	Date Submitted
10/01/2010	Submit strategic plan for developing the pilot plan	Section XII (#55a)	09/24/2010
11/25/2010	Submit Draft Evaluation Design	Section XII (#57)	11/19/2010
01/01/2011	Submit draft plan for the pilot program including business plans for the SLRHC, CRC Program, and each of the Affiliation Partners	Section XII (#55b)	12/30/2010

Date – Specific	Milestone	STC Reference	Date Submitted
01/28/2011	Submit draft annual report for DY 1 (July 2010 – September 2010)	Section IX (#38)	1/28/2011
07/01/2011	Submit plan for the pilot program, including any needed amendments to the Demonstration and final business plans for the SLRHC, CRC Program, and each of the Affiliation Partners	Section XII (#55c)	6/30/2011
07/01/2011	Submit financial audit of ConnectCare	Section XII (#55d)	6/30/2011
10/01/2011	Submit draft operational plan for the pilot program	Section XII (#55e)	9/29/2011
01/01/2012	Submit operational plan for the pilot program	Section XII (#55f)	12/30/2011
01/27/2012	Submit draft annual report for DY 2 (October 2010 – September 2011)	Section IX (#38)	01/27/2012
07/01/2012	State must implement the pilot program, contingent on CMS approval	Section XII (#56a)	Implemented 07/1/2012
07/01/2012	Submit draft Transition Plan	Section III (#16)	6/27/2012
08/01/2012	Submit MOU between the State and SLRHC for CMS review	Section XIV	7/30/2012
09/01/2012	Incentive protocol	Section V (#21)	8/16/2012
10/31/2012	Submit revised evaluation design	Section XIII, (#57)	10/31/2012
01/28/2013	Submit draft annual report for DY 3 (October 2011 – September 2012)	Section IX, (#38)	01/28/2013
12/31/2013	ConnectCare, Grace Hill, and Myrtle Davis attain financial sustainability	Section XII (#56b)	See page 11
12/31/2013	SLRHC and CRC must attain financial sustainability	Section XII (#56d)	12/31/2013
01/28/2014	Submit draft annual report for DY 4 (October 2012 – September 2013)	Section IX (#38)	1/28/2014
01/29/2014	Submit revised Evaluation Design	Section XIII (#57)	1/29/2014
06/30/2014	Submit Transition Plan	Section III (#16)	6/25/2014
07/01/2016	Submit Draft Final Report	Section IX (#39)	
Ongoing through 07/01/2012	Ensure that there is a 2 percent increase in the number of uninsured persons receiving services at Affiliation Partners	Section XII (#56e)	Ongoing
Ongoing	Ensure that all individuals who present at the Affiliation Partners are screened for Medicaid and CHIP and assisted in enrolling, if eligible	Section XII (#56f)	Ongoing

Enclosures/Attachments:

Attachment I: Updated Budget Neutrality Worksheets

Attachment II: Providers and Staff Report: A Summary of Key Findings

Attachment III: Patient Report: A Summary of Key Findings

State Contact(s):

Mr. Tony Brite
MO HealthNet Division
P.O. Box 6500
Jefferson City, MO 65102
573/751-1092

Date Submitted to CMS:

February 28th, 2015

Budget Neutrality
Gateway to Better Health (Total Computable)

	DY 1	DY 2	DY 3	DY 4	DY 5	DY 6	DY 7	Total - 5.5 year demonstration
	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	
	07/28/2010 - 09/30/2010	10/01/2010 - 09/30/2011	10/01/2011- 9/30/2012	10/01/2012- 09/30/2013	10/01/2013- 9/30/2014	10/01/2014- 09/30/15	10/01/2015- 12/31/2015	07/28/2010 to 12/31/2015
No. of months in DY	3 months	12 months	12 months	12 months	12 months	12 months	3 months	
No. of months of direct payments to facilities	3 months	12 months	9 months	0 months	0 months	0 months	0 months	
No. of months of Pilot Program (will be implemented on 07/01/2012)	0 months	0 months	3 months	12 months	12 months	12 months	3 months	
Without Waiver Projections								
Estimated DSH Allotment**	\$189,681,265	\$748,599,611	\$764,632,976	\$764,632,976	\$764,632,976	\$764,632,976	\$181,600,332	\$4,178,413,112
Without Waiver Total	\$189,681,265	\$748,599,611	\$764,632,976	\$764,632,976	\$764,632,976	\$764,632,976	\$181,600,332	\$4,178,413,112
With Waiver Projections								
Residual DSH	\$175,037,571	\$679,083,062	\$738,644,994	\$735,638,937	\$738,258,382	\$736,088,949	\$175,080,931	\$3,977,832,825
St. Louis ConnectCare	\$4,850,000	\$18,150,000	\$14,879,909	\$3,148,648	\$118,489	\$0	\$0	\$41,147,045
Grace Hill Neighborhood Health Centers	\$1,462,500	\$5,850,000	\$5,071,706	\$5,016,507	\$6,073,656	\$6,412,107	\$1,604,605	\$31,491,081
Myrtle Davis Comprehensive Health Centers	\$937,500	\$3,750,000	\$3,097,841	\$2,108,161	\$1,838,040	\$2,410,506	\$593,006	\$14,735,054
Contingency Provider Network	\$0	\$0	\$379,372	\$4,254,902	\$5,469,199	\$5,514,790	\$1,374,246	\$16,992,510
Voucher	\$0	\$0	\$0	\$4,541,262	\$6,358,786	\$7,652,573	\$1,997,273	\$20,549,895
Infrastructure	\$0	\$0	\$975,000	\$1,925,000	\$0	\$0	\$0	\$2,900,000
SLRHC Administrative Costs	\$75,000	\$300,000	\$300,000	\$300,000	\$75,000	\$0	\$0	\$1,050,000
SLRHC Administrative Costs Coverage Model			\$584,155	\$4,328,950	\$3,692,463	\$4,024,400	\$950,271	\$13,580,240
CRC Program Administrative Costs	\$91,684	\$700,000	\$700,000	\$700,000	\$175,000	\$0	\$0	\$2,366,684
Actual expenditures for DY3 DOS				\$2,670,607	\$33,308	\$0	\$0	\$2,703,915
Projected expenditures for DY4 DOS*				\$0	\$0	\$0	\$0	\$0
Actual expenditures for DY4 DOS				\$0	\$2,540,653	-\$10,716	\$0	\$2,529,937
Projected expenditures for DY5 DOS*						\$51,741	\$0	\$51,741
Actual expenditures for DY5 DOS						\$2,488,625	\$0	\$2,488,625
Total With Waiver Expenditures	\$182,454,255	\$707,833,062	\$764,632,976	\$764,632,976	\$764,632,976	\$764,632,976	\$181,600,332	\$4,127,879,187
Amount under (over) the annual waiver cap	\$7,227,010	\$40,766,549	\$0	\$0	\$0	\$0	\$0	\$50,533,925
Annual expenditure by DY Payment Date as reported on CMS 64s (Demo expenses NOT including residual DSH)			\$25,987,982	\$28,994,039	\$26,374,594	\$28,544,027	\$6,519,401	
Annual expenditure authority cap by DY DOS (Demo expenses NOT including residual DSH)	\$7,416,684	\$28,750,000	\$28,691,897	\$28,853,370	\$26,340,999	\$26,014,376	\$6,519,401	

Amount under (over) the annual waiver cap								
	\$7,227,010	\$40,766,549	\$0	\$0	\$0	\$0	\$0	\$50,533,925

Annual expenditure by DY Payment Date as reported on CMS 64s (Demo expenses NOT including residual DSH)			\$25,987,982	\$28,994,039	\$26,374,594	\$28,544,027	\$6,519,401	
Annual expenditure authority cap by DY DOS (Demo expenses NOT including residual DSH)	\$7,416,684	\$28,750,000	\$28,691,897	\$28,853,370	\$26,340,999	\$26,014,376	\$6,519,401	

*Amount anticipated to be reported in Demonstration Years that should apply to a previous demonstration period.

**FFY 2012 through FY 2014 DSH allotments have not been finalized. Therefore, the regular FFY 2011 allotment was used as a proxy for FFY 2012 through FFY 2014. DSH allotment is shown as (total computable) above. For reference, DSH allotment in Federal share is shown below:

FFY 2010	
FFY 2010 Allotment (Federal share)	\$465,868,922
FFY 2010 Increased Allotment (Federal share)	\$23,584,614
Total Allotment (Federal share)	\$489,453,536

Note: FFY 2010 FMAP for MO = 64.51%; FFY 2011 FMAP for MO = 63.29%; FFY 2013 FMAP = 61.37%. FFY 2014 FMAP = 62.03; FFY 2015 FMAP = 63.45

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

A Summary of Key Findings

November 11, 2014

Prepared for:

St. Louis Regional Health Commission

Prepared by:

Princeton Survey Research Associates International

Contents

Executive Summary.....	3
Section I: Characteristics of Providers and Staff	5
Awareness of Gateway Services	5
Section II: Gateway’s Impact on Patients	6
Quality of Care and Health of Patients	6
What if the Gateway Program Ended?	8
Section III: Gateway’s Impact on Providers	9
Appendix A: Methodology	14
Summary	14
Sample Design and Contact Procedures	14
Response Rate.....	15
Appendix B: E-mails	16
Appendix C: Topline Results.....	18

I. Executive Summary

The St. Louis Regional Health Commission (STLRHC) sponsored the Gateway to Better Health Demonstration Project – Providers and Staff Survey. 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 survey, a representative sample of providers and staff (93) at the community health centers, representing a 22% response rate, completed online surveys.

Providers and staff are extremely positive about the impact the Gateway to Better Health Program has on the health of their patients. They believe the Gateway program is of tremendous benefit to its enrollees but suggest that greater benefit could be achieved by an expansion of services offered. In addition, many respondents say their own job satisfaction has been increased since the implementation of Gateway.

A few key highlights from the survey:

- A majority of providers and staff (62%) say that the quality of medical care uninsured patients receive has improved since the implementation of Gateway.
- Nearly nine in ten say the overall health of their patients would worsen if Gateway were to close or not be available.
- Three-quarters of providers and staff say the Gateway program is having a big impact on helping enrollees lead healthier lives. An additional 18% say it is having a small impact.
- Majorities say the Gateway program does an excellent or very good job at addressing current health needs and helping prevent future illnesses of patients.
- 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.
- About one-half of the providers and staff say their job satisfaction has increased since the implementation of Gateway, while 33% report it has stayed the same.
- If Gateway were to close, 68% say their job satisfaction would decrease, while 27% say it would stay about the same.

- Large majorities of providers and staff see many positive aspects of the Gateway program, such as helping them deal effectively with patients' problems, improving patient care coordination, and decreasing the stress of dealing with uninsured patients.

The survey is based on online interviews with a total sample of 93 Gateway Health Center medical providers (n=37) and support staff (n=56). The survey was conducted by Princeton Survey Research Associates International (PSRAI). The interviews were administered online from October 7 – October 20, 2014. Details on the design, execution and analysis of the survey are discussed in the Methodology.

II. Section I: Characteristics of Providers and Staff

There is a wide range of provider and staff experience. Roughly three in ten (29%) have worked 2 years or less in a community health center, 35% three to nine years, and 33% ten years or more. Roughly 40% of those who answered were medical providers. About one-half of providers are MD's, and one in five are nurse practitioners.

A. Awareness of Gateway Services

Providers and staff exhibit high levels of familiarity with most of the Gateway provided services that were asked about in the survey (see Table 1). Eight in ten are very familiar with primary care services, and about six in ten are very familiar with generic prescription and gynecological care. In contrast, just 20% report they are very familiar with physical therapy (after orthopedic surgery only).

With the exception of generic prescriptions and gynecologic care, a larger share of support staff reports they are very familiar with all other services asked about in the survey, compared with providers who report this high level of familiarity.

Respondents were asked what other services Gateway should offer. An array of

Service	Percent
Primary Care	81%
Generic Prescription	65%
Gynecologic Care (excluding OB)	61%
Urgent Care Visits	56%
Specialist Visits	54%
Dental Care	54%
Laboratory Services	52%
Radiology and other Diagnostic Testing	52%
Podiatry	49%
Eye Care	47%
Transportation	39%
Physical Therapy (after Orthopedic Surgery only)	20%

services were suggested, including expanded dental and optometry services, as well as weight loss counseling or nutrition programs. The most frequently suggested medical services were:

- Mental and Behavior Health Services (20%)
- Physical therapy (13%)

III. Section II: Gateway's Impact on Patients

A. Quality of Care and Health of Patients

Health center providers and staff are overwhelmingly positive about the impact Gateway is having on its enrollees' lives. Three in five respondents (62%) believe the quality of medical care that uninsured patients receive has improved since Gateway implementation. Twenty percent say it has stayed about the same, while just 5% say the quality of care has worsened.

Providers and staff were asked to put into their own words the impact that the Gateway program makes in their patients' lives. Here's just a sampling of the responses:

"I am so thankful that Gateway was implemented. Prior to having Gateway, we struggled with finding medication funds for our patients. Patient compliance has increased among those patients that didn't have medical coverage. I look forward to Gateway staying around until our community has better access to employment opportunities and families can afford to pay for health care coverage. I believe this will decrease the number of communicable diseases and improve untreated mental health cases in MO."

"I would need to write a book for the impact on so many lives of this make-shift program. It is not insurance so cannot provide everything but it is better than nothing and many patients have had huge boost in their quality of living by addressing their health issues."

"We provide them a place to go to be served. The people that I have called have been very gratefully for having a person in charge of making them aware of the steps they need to do according to their specific cases. That is an incentive for me to call the next person and do the same or more! This is a great program."

"In general I feel that GBH has been an answer to many people's prayers. There are not enough programs offered to adults with little or no income. Many people work but can't afford the employer offered insurance. I feel whole-heartedly that these people need coverage more than anyone. I just cannot tell you how many patients we see for the first time that say, "I haven't seen a doctor since I was a kid!" As a nurse I am so glad to see them seeking care and using this wonderful resource."

Three-quarters of respondents (77%) believe the Gateway program is having a big impact on helping enrollees lead healthier lives. Eighteen percent say it is having a small impact, and just 4% say it is having no impact.

Nearly nine in ten respondents (88%) who believe the quality of care for the uninsured has improved since Gateway implementation say the program is having a big impact, compared with 60% of their counterparts. In addition, those who report their job satisfaction has increased since the implementation of the Gateway program are more likely to say the program is having a big impact on enrollees (87% v. 68%).

When asked what the biggest change they have seen in Gateway enrollees’ overall health, respondents cited an array of benefits that included overall improvement in health, patients’ ability to receive health care, including specialist care, and patient empowerment.

“They are getting their preventive care and many are taking meds for their chronic condition thereby having stability in their disease course, less visits to urgent care and emergency rooms, more regular visits – they are healthier overall”

“Health maintenance improved & preventative appointments kept”

“People are taking charge of their health”

“Persons are coming to the doctor’s office to take care of their physical health. Before enrolling in Gateway, many did not have any means for an office visit and many are ill and need a doctor’s care and/or medication”

In addition, several other providers cited adherence to medication protocols and the patients’ ability to get their prescription medication as a benefits of the program.

“Access to meds and specialist”

“Increased Medication Adherence”

Majorities say that Gateway does an excellent or very good job at addressing enrollees’ current health care needs (64%) and at helping enrollees prevent future illnesses (57%). Those who believe the Gateway program has a big impact and those who say the program has improved the quality of care for the uninsured are more likely to give Gateway positive marks in addressing current health issues and preventing future ones (see Table 2).

Table 2: Percent who Rate ‘Excellent or Very Good Job’ on Each					
		Quality of Care has...		Gateway has...	
	Total	Improved	Other	Big Impact	Other
Addressing the current health care needs of its enrollees	64%	76%*	43%	78%*	14%
Helping enrollees prevent future illness and disease	57%	69%*	37%	69%*	14%

*Throughout the report, the asterisk identifies groups that represent a statistically significant difference in response at the 95% level of confidence.

Most say the Gateway program has made several aspects of addressing health care needs easier for enrollees, such as seeing a primary care doctor and getting prescription medicines (See Table 3).

Table 3: Percent ‘Easier’ for Current Gateway Enrollees to...	
Fill a prescription for medicine	86%

Get recommended medical tests, treatments, or follow-ups	86%
See a primary care provider	82%
See a specialist	76%
Get routine dental care	71%

Once again, those who say the quality of care has improved for the uninsured since Gateway began and those who say the program is having a big impact on patients' health are more likely than others to say it is easier for Gateway enrollees to get these services.

Many believe without Gateway, patients' health would be negatively impacted if Gateway were no longer available. Nearly nine in ten (86%) say patients' overall health would "worsen" if Gateway were to close or not be available. One in ten respondents say it would "stay the same".

Those who believe Gateway is having a big impact on the health of patients are more likely than those who say it is having a small or no impact to report patients' health would worsen if Gateway were no longer available (93% v. 62%).

B. What if the Gateway Program Ended?

When asked what would happen to enrollees health and healthcare if the Gateway program were to end, respondents are not optimistic about the outcomes. Large majorities of respondents believe Gateway members would have a difficult time keeping up with regular doctor visits and other necessary health services. Strong majorities say they are not confident that members would be able to maintain their overall health, or see a doctor (see Table 4).

Table 4: Percent 'Not Confident' Current Gateway Enrollees	
Could afford a specialist doctor	91%
Could afford prescription medicines	86%
Could keep their overall health the same	85%
Could find quality medical care	76%
Could afford to see a primary care provider	76%

Cost of medical services is on the minds of Gateway enrollees. A majority of provider and staff report that Gateway enrollees always or sometimes ask about the cost of recommended treatments or tests (63%). In addition, 59% say that they at least sometimes tell Gateway enrollees about the low cost for services. 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. Six in ten respondents believe that the low

cost of services increases the likelihood a lot that the patient will follow through, with an additional 28% say it contributes some.

IV. Section III: Gateway's Impact on Providers

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. Providers and staff were positive about the personal outcomes of the Gateway program.

"It definitely makes me feel more effective as I have treatment options to care for my patients. As I stated earlier, I worked in other states with no such program and became very frustrated as there was nothing I could do for patients with serious conditions. These patients could not afford care and thus the emergency rooms were overly burdened. Thus, this program can prevent provider burnout and improve retaining good providers."

About one-half of respondents (49%) say the implementation of Gateway has increased their overall job satisfaction, while about one-third say their job satisfaction has stayed about the same. Two-thirds of those who say the quality of care has improved for the uninsured since Gateway implementation report their job satisfaction has increased, compared to 23% of those who think care has not improved or has stayed the same. Those who report the Gateway program is having a big impact on the health of enrollees are more likely than their counterparts to report their job satisfaction has risen.

Respondents were asked to describe what it is about the Gateway program that has led to an increase in their job satisfaction. Many respondents cited the ability to offer services to those who had previously been underserved, and the decreased stress of having to deal with uninsured patients.

"We are better able to provide health services to the patients that did not have medical, medications and specialty coverage. Job satisfaction increases when you can help improve the quality of a patient's life."

"Being able to have a resource to offer patients instead of feeling hands are tied."

"Gateway has increased my overall job satisfaction by allowing me to dispense life-saving medications to patients who previously were unable to afford them."

"Knowing that a patient that have no access to affordable healthcare can enroll in gateway to receive those prevention services and other needed services. Which will allow more healthy community."

"My satisfaction is seeing patients take responsibility of their own health because of the fact that they have health coverage."

“Less stress about getting patients access to care and testing especially specialty care.”

Two-thirds (68%) say that if Gateway were no longer available their job satisfaction would decrease, while about 27% say it would stay about the same.

Majorities of respondents state that the Gateway program has several positive outcomes for providers and staff. Two items were asked exclusively of medical providers – improves the patient-provider relationship (89% agree) and allows me to deliver quality care to patients (89% agree). Four other items were asked of all providers and staff with equally positive results (see Table 5).

Helps me deal effectively with patient’s problems	90%
Has improved patient care coordination among providers	88%
Has decreased the stress of providing care for uninsured patients	86%
Provides me with adequate resources for the patients	85%

Compared with their counterparts, a larger share of those who believe that the quality of care for the uninsured has improved since Gateway implementation agree with each of the statements, as are those who state the program is having a big impact.

When asked about specific administrative aspects of Gateway, the referral process, providers and staff gave high ratings to the ease of using the online referral system. Large majorities report they are very or somewhat satisfied with the system. Four in five (81%) say they are very or somewhat satisfied with the ease of obtaining a referral. Seventy-two percent give the same high rating for ease of obtaining a prior authorization.

Providers and staff were asked what aspect(s) of the Gateway program has been most helpful to them personally. Many cited the ability to provide routine care, refer patients to specialists, and prescribe medications.

“Coverage for primary preventative labs/tests/studies.”

“Being able to access specialists, low cost medications and dental services for the patients has been very helpful.”

“I’m glad that I can offer insurance to the uninsured patients, offer them transportation as well, being able to have access to prescription coverage, dental, radiology eye & specialist coverage like most private insurances.”

“Knowing that the public have medical care available to be provide to them and educate them on preventative care makes my world personally more gratifying. Being able to refer patients to entities that’s in the Gateway network makes my job easier because I don’t feel like I’m dropping the ball on the patients or letting their health care needs fall through the cracks. The men have coverage now that would neglect their health care needs due to lack of insurance due to no coverage.”

“Making sure that money is not the barrier to patients keeping appointments, getting the tests they need and getting their medications. Also value the ability to refer for specialty care.”

“Personally, my own satisfaction of feeling that I am changing the life of a person in a good way is the better payment I can ever have. I can imagine me in that situation. I hope at some point in our lives that everyone have the same rights to be seen when needed.”

Respondents were also given the opportunity to share what aspect(s) of the Gateway program needed improvement. Most respondents focused on two areas: the process for determining eligibility and applying, and the need for expanding services that are covered. A sampling of comments from those who focused on administrative aspects of the program:

“The biggest problem that I have is that there are patients who previously could be seen at Connectcare who are not eligible for Gateway - particularly immigrants. The decreased income requirements have also been an issue. Another problem is that patients very frequently don't apply until after they already have a problem. This creates a long delay in care during which time many patients are lost to follow-up.”

“An explanation of the program and its benefits, especially to social workers/counselors.”

“Application and enrollment procedures.”

“Qualification criteria, time frame for approval is too long.”

“The length of time it takes to be approved or denied.”

While other providers and staff focused on expanding, not only what medical services are covered, but also increasing the number of facilities and providers that accept Gateway coverage.

“More coverage by more specialists, especially coverage at the emergency room or admission level, because even though they can see us, patients when they are really sick and need emergency room /in hospital care are avoiding these services as they are not covered and their overall health then suffers.”

“Contraception coverage”

“Dental services, i hear a lot of the enrollees talk about this. Mental health services.”

“Insulin needs to be covered under gateway. The majority of our patients are diabetic.”

“Needs to cover psychiatry, psychiatric medications and social work interventions/counseling.”

Finally, providers and staff were asked what they would say to policy makers and government leaders about the Gateway to Better Health program. Their comments reflected their belief that Gateway is essential to ensuring the health of enrollees and that those enrolled could benefit further if more services were available. In addition, some suggested that the program should provide a larger number of St. Louis residents health coverage.

“Gateway to better health is an essential health care safety net program for local uninsured patients living below poverty which allows them affordable medicines, low cost specialist care, dental care and low cost labs and radiology testing. Loss of this program would lead to more health care problems for poor people and further economic and social stratification of our region.”

“It is the best program ever offered in the state of Missouri. It offers quality care to the uninsured who otherwise probably would not see a provider for medical care without the gateway program (most of the patient do not have the co pay required which start at \$20.00).”

“Keep this program going, because it improves patient health and decreases cost to health care system in the future. Could do much more good if mental health services were offered.”

“Please give a few more services.”

“Please work on extending the Gateway program for all uninsured medical & mental health patients or expand the Medicaid program to include the patient that are covered by GBH. Our overall health care in MO would improve tremendously!”

“The Gateway to Better Health program has helped to improve the health of the underserved. Failing to address the health care needs of the underserved creates a substantial burden on the state.”

“Keep the program going, it only strengthens our ability to provide needed care for the uninsured; and losing this program would not only burden the patients, the providers--it has not only given low cost options to the patients, but has enabled a system that allows for multidisciplinary interactive care, which in the end reduces the cost of care for everyone.”

“First off all, I want to thank them for providing this option for the people who are under 100% of f.p.l. Second of all, we have so many health schools in the U.S. where everyone (meaning the students at the last year of career) can collaborate to help the

government to implement a health system where each state could have at least one or two hospitals to serve the most needed families. Even, retired doctors and teachers can help as well. Foreign health professionals (like me) will be happy to participate.”

“It has been great to bridge the gap between Medicaid expansion but that Medicaid expansion needs to happen.”

“Pass Medicaid expansion or Gateway needs to never leave!”

V. Appendix A: Methodology

A. Summary

The St. Louis Regional Health Commission (STLRHC) sponsored the Gateway to Better Health Demonstration Project – Providers and Staff Survey. 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. Staff and providers lists were supplied from:

- Betty Jean Kerr People’s Health Centers
- Family Care Health Centers
- Grace Hill Health Centers
- Myrtle Hilliard Davis Comprehensive Health Centers
- Saint Louis County Department of Health

Princeton Survey Research Associates International (PSRAI) conducted the survey. The interviews were administered online from October 7 – October 20, 2014. Details on the design, execution and analysis of the survey are discussed below.

Table 1: Sample Sizes	
	Total n’s
Medical Providers	37
Support Staff	56
TOTAL	93

B. Sample Design and Contact Procedures

PSRAI was provided a list of medical providers and referral staff by STLRHC. Lists were culled for duplicate email addresses and duplicates were removed. Data collection involved multiple prompts in an effort to get completed interviews.

The first e-mail was sent to all selected participants (n=459) on Tuesday, October 7, 2014. The second e-mail sent on Tuesday, October 14, 2014 was sent only to those who had not yet responded or explicitly refused. The survey was shut down on Monday, October 20, 2014.

C. 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.¹

The overall response rate for this project was 21.7%.

Table A1: Sample Disposition	
93	I=Completes
5	R=Refusal and breakoff
7	OF=Out of Frame – wrong person/not a Gateway provider
354	NC=Non-contact
93%	$e = (I+R)/(I+R+OF)$
21.7%	AAPOR RR#3 = $I/[I+R+(e*NC)]$

¹<http://www.aapor.org/Content/NavigationMenu/ResourcesforResearchers/StandardDefinitions/StandardDefinitions2009new.pdf>

VI. 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](#).

VII. Appendix C: Topline Results

Gateway Demonstration Project Survey Providers Survey

Final Topline Results
October 29, 2014

N= 93 Medical Providers and Support Staff at Gateway Health Centers
Field Dates: October 8-20, 2014
Interviewing: Online survey in English only

RESPONDENT INTRODUCTION:

We are asking for your participation in a survey of Gateway to Better Health Program medical providers and support 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 Techsupport@psrai.com.

Thank you for participating in our study.

MAIN SURVEY**Background**

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

- 18 Betty Jean Kerr People's Health Centers
- 13 Family Care Health Centers
- 42 Grace Hill Health Centers
- 5 Myrtle Hilliard Davis Comprehensive Health Centers
- 22 Saint Louis County Department of Health
- 1 No answer

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

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

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?

- 62 Improved
- 5 Worse
- 20 Stayed about the same
- 12 Cannot rate/Was not working prior to Gateway
- 0 No answer

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?

- 4 Improve
- 86 Worsen
- 10 Stay about the same
- 0 No answer

Q5 Has your overall job satisfaction increased, decreased, or has it stayed about the same due to the implementation of Gateway?

- 49 Increased
- 5 Decreased
- 33 Stayed about the same
- 12 Cannot rate/Was not working prior to Gateway
- 0 No answer

Q6a What is it about the Gateway program that has increased your overall job satisfaction? (OPEN END)

Based on those whose job satisfaction increased (n=46)

- 46 Patients have access to health care
- 28 Able to provide care
- 28 Affordability/Can provide care regardless of ability to pay
- 28 More people are applying/enrolling
- 24 Patients able to see specialists
- 17 Healthier patients/Community/Better quality of life
- 13 Able to provide medications to those who previously couldn't afford them
- 7 Other
- 7 No answer

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

Q6b What is it about the Gateway program that has decreased your overall job satisfaction? (OPEN END)

Sample Size too Small to Report

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

- 5 Increase
- 68 Decrease
- 27 Stay about the same
- 0 Cannot rate/Was not working prior to Gateway
- 0 No answer

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

Q8 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?

	<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	26	38	27	9	1	0
b. Helping enrollees prevent future illness and disease	31	26	32	6	1	3

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

- 77 Big impact
- 18 Small impact
- 4 No impact
- 0 No answer

Provider Awareness of Gateway Services

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

	<u>Very</u>	<u>Somewhat</u>	<u>Not too</u>	<u>Not at all</u>	<u>No answer</u>
a. Primary care	81	13	3	2	1
b. Gynecologic care (excluding OB)	61	28	6	2	2
c. Transportation	39	22	25	14	1
d. Generic Prescription	65	20	10	3	2
e. Urgent Care Visits	56	19	18	4	2
f. Specialist Visits	54	30	12	3	1
g. Laboratory services	52	23	22	3	1
h. Radiology and other diagnostic testing	52	30	14	3	1
i. Dental Care	54	19	17	9	1
j. Eye Care	47	27	17	8	1
k. Podiatry	49	23	18	10	0
l. Physical Therapy after orthopedic surgery only	20	22	35	22	1

Q11 What other low cost medical services do you think would most help the people Gateway serves? (OPEN END)

- 20 Mental/Behavior Health/Counseling
- 13 Physical therapy
- 6 Dental care, crowns and dentures
- 6 Covers all
- 5 Vision, optometry services
- 5 Weight loss/Counseling
- 17 Other
- 28 No answer

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

Patient Outcomes**Thinking about the Gateway program patients...**

Q12 In your opinion, since the Gateway program started, what has been the biggest change you've seen in Gateway enrollees overall health? (OPEN END)

Based on Medical Providers (n=37)

- 35 Preventative care/Patients taking care of their health
- 24 Medication adherence/Access to medication
- 22 Able to access testing and specialists
- 14 Overall healthier/Improvement in chronic conditions
- 11 Too early for me to determine
- 8 Other
- 22 No answer

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

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

	<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	6	9	33	52	0
b. Could find quality medical care	5	17	35	41	1
c. Could afford to see a primary care provider	6	17	20	56	0
d. Could afford prescription medicines	5	8	27	59	1
e. Could afford to see a specialist doctor	5	3	18	73	0

Q14 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)

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

Q15 How often do Gateway enrollees ask about the cost of recommended treatments or tests?

- 24 Always
- 39 Sometimes
- 29 Rarely
- 9 Never
- 0 No answer

Q16 How often do you tell Gateway enrollees that some medical services, such as specialist visits and diagnostic testing are low cost?

- 34 Always
- 25 Sometimes
- 20 Rarely
- 20 Never
- 0 No answer

Q17 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?

- 61 A lot
- 28 Some
- 10 Not too much
- 1 Not at all
- 0 No answer

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

Q18 What aspect(s) of the Gateway program do you think has been MOST HELPFUL to you personally? (OPEN END)

- 27 Increasing patient access to care
- 23 Low costs/'Coverage' for the uninsured
- 22 Able to see specialists
- 16 Prescription drug coverage
- 9 Diagnostic coverage
- 6 Communication/Relationship with patients, their families and community
- 5 Communication with program administrators
- 10 Other
- 25 No answer

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

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

- 26 More coverage
- 23 Application and enrollment process
- 11 Referral process
- 10 Information/Explanation of what's covered and what is not
- 8 Qualification criteria/Income guidelines
- 3 Outreach/Education
- 6 None
- 11 Other
- 28 No answer

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

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

	<u>Agree</u>		<u>Disagree</u>		<u>No answer</u>
	<u>Strongly</u>	<u>Somewhat</u>	<u>Strongly</u>	<u>Somewhat</u>	
Items A and B asked only of Medical Providers (n=37)					
a. Improves the patient-provider relationship	27	62	11	0	0
b. Allows me to deliver quality care to patients	59	30	11	0	0
c. Provides me with adequate resources for the patients	41	44	8	3	4
d. Helps me deal effectively with patient's problems	39	51	4	2	4
e. Has decreased the stress of providing care for uninsured patients	58	28	9	1	4
f. Has improved patient care coordination among providers	42	46	5	2	4

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

	<u>Very</u>	<u>Somewhat</u>	<u>Not too</u>	<u>Not at all</u>	<u>No answer</u>
	a. Ease of obtaining referral	37	44	5	4
b. Ease of obtaining prior authorization	30	42	11	3	14

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=37)

3 Less than 1 year
 0 1-2 years
 16 3-4 years
 11 5-9 years
 16 10-14 years
 5 15-19 years
 11 20 years or more
 35 No answer

D2 What is your primary specialty?

Based on Medical Providers (n=37)

8 Dentistry
 27 Family Practice
 0 General Practice
 14 General Internal Medicine
 22 Obstetrics and Gynecology
 0 Pediatrics
 11 Other (SPECIFY)
 0 No answer

D3 Please indicate the credentials that you hold. (CHECK ALL THAT APPLY)

Based on Medical Providers (n=37)

14 LCSW
 3 MA
 19 NP/WHNP/FNP/PNP
 5 RN
 3 PA
 49 MD
 8 DDS/DMD
 3 DO
 3 OD
 14 Other (SPECIFY)
 0 No answer

D4 Have you, yourself, ever been enrolled in the Gateway program?

- 1 Yes
- 99 No
- 0 No answer

SEX. Are you...?

- 16 Male
- 84 Female
- 0 No answer

AGE. What is your age?

- 8 18-29
- 27 30-39
- 24 40-49
- 24 50-59
- 12 60 and older
- 6 No answer

D5 Which of the following would be the MOST effective way to update you on Gateway services available to your patients?

- 65 E-mail
- 13 Paper brochures or newsletters
- 1 Conference call
- 5 In person meetings
- 3 A webinar
- 12 Announcements at your regularly scheduled staff or provider meetings
- 1 Other (SPECIFY)
- 0 No answer

COMMENT1 What would you say to policy makers and government leaders about the Gateway to Better Health program? (OPEN END)

- 30 Essential health care safety net for the uninsured
- 20 Thanks/Great program
- 19 Need to continue this program
- 14 Extend the program/More coverage/Cover more people
- 12 If Missouri isn't going to expand Medicaid, we need Gateway
- 13 Other
- 24 No answer

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

COMMENT2 Please write any additional comments you may have about the impact the Gateway program makes in patients' lives, or on your own professional experience. (OPEN END)

- 14 Health care for those who would not otherwise have it
- 9 Thank you/Great program/Keep up the good work
- 11 Other
- 74 No answer

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

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.