The Center for Health Economics & Policy and the Clark-Fox Policy Institute of Washington University in St. Louis convened healthcare providers, payers, consumers, researchers, economists, advocates, and policymakers in October 2017 for an event that included speakers, a panel of stakeholders, and five working groups. The task was to prioritize challenges and identify actionable solutions.

Top Concerns Raised:

<table>
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<tr>
<th>PATIENT PERSPECTIVES</th>
<th>CARE COORDINATION</th>
<th>MENTAL HEALTH</th>
<th>OPIOIDS</th>
<th>WORKFORCE CHALLENGES</th>
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<tbody>
<tr>
<td>• Patient centered care</td>
<td>• Standardize electronic medical records</td>
<td>• Access to mental health is hindered by provider</td>
<td>• Remove incentives for doctors to overprescribe</td>
<td>• Rural healthcare workforce shortage</td>
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<td>• Coordination of care</td>
<td>• Incentivize preventive care</td>
<td>• Improve provider communication</td>
<td>• Prevent patients from “doctor shopping”</td>
<td>• Scope of practice: NP, DO, PA, SW, Midwives,</td>
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<tr>
<td>• Coordination &amp; utilization of technology</td>
<td>• Coverage &amp; access</td>
<td>• Increase mental health training for primary care</td>
<td>• Increase &amp; improve drug treatment programs</td>
<td>CHWs, lactation, nutrition</td>
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<td>• Cultural competency training</td>
<td>• Workforce training/ professional education &amp; support</td>
<td>• Primary care reimbursement for mental health treatment</td>
<td>• Improve medical professional awareness of epidemic</td>
<td>• Increase number of medical doctors</td>
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<td>Improve transportation for patients</td>
<td>• Improve transitional care</td>
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<td>• Medical track education &amp; inspiration in primary and secondary schools</td>
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Immediately Actionable Solutions:

**SCOPE OF PRACTICE:** Review current licensing procedures for increased marketing of nurse practitioners (NP), physician assistants (PA), midwives, and pharmacists in order for them to provide practical, safe, and effective solutions for Missouri’s loss of qualified personnel.

**PROVIDER LIST:** Create and disseminate a list of providers that accept Medicare, Medicaid, telehealth, & crisis intervention.

**PDMP:** Implement a statewide PDMP for doctors and prescribers to view prior to and subsequent to prescription and distribution.

**CHURN/MEDICAID NOTICES:** Evaluate application and renewal process to prevent cycling in and out of Medicaid. Ensure that termination notices are sent with accurate and complete information.

**THERAPY CODES:** Reinstate coding in Medicaid that allows for reimbursement of physical therapy sessions postorthopedic surgery. Alternatives to therapy include opioids, which may exacerbate the addiction crisis. Some providers decline to perform surgeries if they know physical therapy will be unavailable.
Solutions By Theme:

**Develop the Healthcare Workforce to Meet Various Needs**
- Encourage medical schools to incentivize primary care practice.
- Increase STEM education and its application to career choice, particularly to underrepresented populations.
- Strengthen pipeline programs that identify, nurture, and assist rural junior-high and high school students who pursue medical school and other healthcare training and then return to rural areas.
- Incorporate drug abuse recognition and intervention programs in medical schools.
- Develop licensing and regulation for ancillary (non-clinical) health professionals to increase their role in the health workforce (along with payment options to support them).

**Modernize Payment to Incentivize Health and Innovation**
- Test creative ways to pay for improvements in population health at the community level, using pilot programs to gather data that can be analyzed for cost-effectiveness over time.
- Realign provider incentives to encourage collaboration.
- Fund care in non-traditional settings (telehealth, schools, supermarkets, churches, mobile clinics) and by non-clinicians (community health workers, nutritionists, lactation consultants).
- Create flexible payment options that can address social determinants of health (allow reimbursement for transportation for non-emergency healthcare, for food, housing, etc.)
- Seek input from providers, case managers, and other stakeholders to better understand aspects of payment that could better incentivize value over volume.

**Improve Communication and Coordination**
- Integrate or co-locate mental health providers with primary care clinics.
- Formalize electronic consultation: allow primary care physicians to reach out to specialists electronically.
- Standardize the electronic health records systems and improve meaningful use laws.

**Focus on Prevention and Population Health**
- Increase public health spending in Missouri on evidence-based interventions.
- Encourage care delivery in non-traditional settings (schools, supermarkets, churches, mobile clinics) to better target the population at large.
- Streamline eligibility into mental health services may realize cost savings over time as poor mental health often creates barriers to achieving physical health.
- Require behavioral health content in the curriculum in all public schools.
- Convene ground-level case managers to gain information on barriers to access.
- Ensure that every school has a full-time nurse and a full-time social worker.
- Address social determinants of health that cause and exacerbate health problems (transportation, food, housing, etc.) at the community level.