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 and 2018 for two events that included speakers, panelists and discussion groups. Participants were asked to prioritize challenges and identify actionable solutions regarding healthcare in Missouri. The action ideas presented below reflect the outcomes of the group discussions at the meetings and do not reflect the institutional viewpoint of Washington University.

## TOP CONCERNS RAISED

### Behavioral Health: Mental Health, Depression & Anxiety

**Concern:** Lack of access to Community Mental Health (CMH) services across Missouri

**Action Ideas:**
- Tax credits for mental health
- New funding allocations for mental health services / Medicaid expansion
- Cultural competence
  - Trauma-informed care via peer support
  - Create a consumer bureau to advise the Department of Mental Health
- Consumer Bureau better resourced to shape service design/implementation of DMH
- Early intervention – a key barrier in MH is the imbalance of kids and adults in MO
  - This results in leaving a 70% federal match on the table
- Shift entry away from law enforcement to community based mental health workers
  - Adjust qualifications for organization to participate that include a wide scope of services
  - Expand Center for Information Technology (CIT)
- Enforce non-discrimination housing laws

### Community Health Workers (CHWs)

**Concern:** CHWs are not able to provide needed services to address healthcare workforce shortages

**Action Ideas:**
- Integration of CHWs into the health system
  - Build a strategy to encourage for-profit institutions to invest in or support some up-front costs
  - Ensure that there is capacity within the social service sector for referrals and high quality services
- Rural and urban representation
- Creation of a workforce pipeline via regulatory changes
- Hold institutions accountable for validating the CHW profession and paying for their services accordingly

### Opioids

**Concern:** Substance abuse, particularly opioids, continues to be a significant issue and cause of premature death across MO

**Action Ideas:**
- Statewide PDMP – Statewide expansion of the current St. Louis County PDMP
- Require the mandatory reporting of non-fatal opioid overdoses to allow this information to be used in data sharing between providers.

### Delivery of Services

### Medicaid Access

**Concern:** Lack of Medicaid expansion in Missouri

**Action Ideas:**
- Application for a 1115 Medicaid Demonstration Waiver to give Missouri additional flexibility to design, improve, demonstrate and evaluate state-specific policy approaches to better serve Medicaid populations
- Reconsider Income limits for Medicaid Buy-In Program for Adults with Disabilities
- Focus on providing social services for better health outcomes
- Expand billable Medicaid services (e.g. behavioral health, vaccinations, physical therapy, nutritionists, preventable services, dentistry)

### Medicaid Access

**Concern:** Systematic Medicaid enrollment issues

**Action Ideas:**
- Call center improvement
  - Increase state monitoring and oversight
- Improve the technology used for enrollment
- Bridge the gap between local offices and different policies at these offices
## Behavioral Health: Mental Health, Depression & Anxiety

**Concern:** Lack of continuous pre- and postpartum insurance and lack of obstetricians that accept Medicaid out of health clinics

**Action Ideas:**
- Expectant Mother and Baby Safety Net to alleviate the lack of continuous insurance coverage and workforce challenges
- Medicaid coverage expansion for expectant mothers and babies
- Fund prevention services
- Provider trade of funding needs to be facilitated
- Consumer choice of provider
- Prioritize early intervention via funding
- Organization in care and case management for the uninsured and Medicaid beneficiaries

## Community Health Workers

**Concern:** Lack of reimbursement for services provided by community health workers

**Action Ideas:**
- Reimbursement for full scope of CHW work including addressing social needs
- Adopt a state plan amendment
- Additional coverage options for gaps in state plan amendment

## Opioids

**Concern:** Lack of physical therapies/complementary therapies to treat pain and for post-surgery recovery resulting in overprescribing of opioids

**Action Ideas:**
- Implement coverage for therapy services for Medicaid patients with back pain and trauma and build on this to make these services available to all Medicaid beneficiaries
- This would expand physicians’ treatment options for these patients and in turn reduce the reliance on opioids as the primary line of treatment for pain
- Determine a payment plan/model for Medicaid. The Kaiser and Veteran Affairs models of integration could be useful examples.
- Integrate physical therapies/complementary therapies into the medical system and health homes

## Maternal Health & Infant Mortality

**Concern:** Lack of continuous pre- and postpartum insurance and lack of obstetricians that accept Medicaid out of health clinics

**Action Ideas:**
- Expectant Mother and Baby Safety Net to alleviate the lack of continuous insurance coverage and workforce challenges
- Medicaid coverage expansion for expectant mothers and babies
- Fund prevention services
- Provider trade of funding needs to be facilitated
- Consumer choice of provider
- Prioritize early intervention via funding
- Organization in care and case management for the uninsured and Medicaid beneficiaries

## Redesigning Payment

**Concern:** Inefficiencies and Sustainability in the Medicaid Payment System

**Action Ideas:**
- Consider of a demonstration of Medicaid site-neutral payment for common low acuity conditions
- Triage fee
- Connect to non-emergent visits
- Connect to insurer Medicaid site-neutral-payment
- Remove pharmacy carve-out
- Possibly use a tiered formulary
- Addressing the sustainability of long-term care in Missouri Medicaid

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