



**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:

PATIENT PERSPECTIVES	CARE COORDINATION	MENTAL HEALTH	OPIOIDS	WORKFORCE CHALLENGES
<ul style="list-style-type: none"> <li>• Patient centered care</li> <li>• Coordination of care</li> <li>• Coordination &amp; utilization of technology</li> <li>• Cultural competency training</li> </ul>	<ul style="list-style-type: none"> <li>• Standardize electronic medical records</li> <li>• Incentivize preventive care</li> <li>• Coverage &amp; access</li> <li>• Workforce training/ professional education &amp; support</li> <li>• Improve transportation for patients</li> </ul>	<ul style="list-style-type: none"> <li>• Access to mental health is hindered by provider shortages</li> <li>• Improve provider communication</li> <li>• Increase mental health training for primary care professionals</li> <li>• Primary care reimbursement for mental health treatment</li> <li>• Improve transitional care</li> </ul>	<ul style="list-style-type: none"> <li>• Remove incentives for doctors to overprescribe</li> <li>• Prevent patients from “doctor shopping”</li> <li>• Increase &amp; improve drug treatment programs</li> <li>• Improve medical professional awareness of epidemic</li> </ul>	<ul style="list-style-type: none"> <li>• Rural healthcare workforce shortage</li> <li>• Scope of practice: NP, DO, PA, SW, Midwives, CHWs, lactation, nutrition</li> <li>• Increase number of medical doctors</li> <li>• Medical track education &amp; inspiration in primary and secondary schools</li> </ul>

### 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.



Center for Health Economics and Policy

INSTITUTE FOR PUBLIC HEALTH AT WASHINGTON UNIVERSITY



Clark-Fox Policy Institute

BROWN SCHOOL AT WASHINGTON UNIVERSITY

## 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.

