2026 Population Health Assessment Survey

INTRODUCTION

PURPOSE

To ensure alignment with members' needs, the Missouri Hospital Association is conducting the fourth population health assessment survey to assess the progress that has been made since the initial baseline survey that was conducted in the fall of 2017. The information gathered will provide hospitals with their readiness and maturity on value-based care models. To assist in completing the survey, hospitals may request a copy of their 2023 survey from MHA staff (if applicable).

The survey covers nine categories: leadership, patients/community, workforce, finance, data and technology, operations, legal/regulatory, outcomes and policy/advocacy. Once the relevant information is gathered from respective parties, it is estimated the survey will take approximately 15-20 minutes to complete.

Please complete the survey by Friday, May 15.

DIRECTIONS

One point of contact should complete and submit the survey, although input from colleagues may be required. Each individual hospital within a health system is asked to complete this survey. Only fully completed surveys will receive comprehensive data analysis. The survey must be submitted using the online Survey Monkey platform.

Respondents have the ability to complete a portion of the survey and return later by clicking the survey link. To reduce the risk of losing entered information, we recommend you print the completed survey before submitting.

QUESTIONS/TECHNICAL ASSISTANCE

The commitment of your time and expertise to complete and submit this survey is greatly appreciated. The results of the survey will ensure interventions and targeted support will meet members' needs. Survey results will be tabulated and shared with individual hospitals in December 2026.

Thank you for your participation.

Please contact Stephen Njenga at snjenga@mohospitals.org or 573-893-3700, ext. 1325, if you have questions or need additional assistance.

MISSOURI HOSPITAL ASSOCIATION

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DEMOGRAPHIC INFORMATION

* 1. Demographic information for the person completing this survey:

Name:

Title:

Hospital:

Address:

City/Town:

Email Address:

* 2. Are you answering on behalf of a system? If Yes, please enter the names of each hospital in your system which you are completing this for.

* 3. Is your hospital part of an Accountable Care Organization (ACO)?

- Yes
- No

* 4. Does your hospital own any primary care clinics?

- Yes
- No

* 5. Is your hospital part of a Clinically Integrated Network (CIN)?

- Yes
- No

* 6. Please identify how many organizations are part of your organization's CIN.

How many primary care clinics?

Are any of these federally qualified health centers? (yes/no)

Are any of these rural health clinics? (yes/no)

Are any of the above patient-centered medical home recognized? (yes/no)

* 7. Does your hospital own any urgent care centers?

- Yes
- No

* 8. How many urgent care centers does your hospital own?

* 9. Does your hospital own any specialty clinics?

- Yes
- No

* 10. How many specialty clinics does your hospital own?

* 11. Number of employed providers (include NPs and PAs).

Primary Care:

Specialists:

* 12. Does your hospital own any of the following?

	Yes	No
Skilled Nursing Facilities	◯	◯
Home Health Services	◯	◯
Physical Therapy Services	◯	◯
Cardiac Therapy Services	◯	◯
Inpatient Rehab Unit/Hospital Services	◯	◯
Retail Pharmacies	◯	◯

* 13. Population size served in primary service area.

- ◯ 1 - 20,000
- ◯ 20,001 - 40,000
- ◯ 40,001 - 60,000
- ◯ 60,001 - 80,000
- ◯ 80,000+

* 14. Name of Electronic Health Record system(s)

* 15. Which of the following departments best describes where population health is administratively based in your hospital/health care system?

- ◯ Administration
- ◯ Business Development
- ◯ Community Outreach
- ◯ Other (please specify)
- ◯ Community Health Education
- ◯ Population Health

* 16. Which of the following positions oversee all population health efforts within your hospital/health care system?

- ◯ Chief Executive Officer
- ◯ Chief Financial Officer
- ◯ Chief Operating Officer
- ◯ Chief Medical Officer
- ◯ Chief Quality Officer
- ◯ Chief Nursing Officer
- ◯ Other (please specify)

* 17. Does your hospital have a dedicated staff for population health?

- ◯ Yes
- ◯ No

* 18. Does your hospital have community health workers?

- ☐ Yes
- ☐ No

* 19. How many community health workers?

* 20. Does your hospital have dedicated care managers?

- ◯ Yes
- ◯ No

* 21. How many dedicated care managers does your hospital have?

* 22. Does your hospital utilize telemedicine technology to improve access to care?

- ◯ Yes
- ◯ No

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LEADERSHIP

* 23. Population health plays a critical role in pay-for-performance reimbursement models.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 24. Board members, senior leadership, medical staff and managers understand the critical role of population health in value-based reimbursement.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 25. Population health is embedded in the strategic planning process.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 26. Board members, senior leadership and medical staff can communicate to all staff the organization's vision and strategies for transitioning to population health.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 27. Board members and senior leadership are focused on creating a culture to support population health initiatives.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 28. Board members and senior leadership support initiatives such as patient-centered medical home recognition.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 29. In the implementation of population health management, my hospital has experienced major challenges with (respond to all that apply):

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Alignment with employed providers	◯	◯	◯	◯	◯
Alignment with non-employed/independent providers	◯	◯	◯	◯	◯
Multiple EHRs within the organization	◯	◯	◯	◯	◯
Data aggregation and analysis	◯	◯	◯	◯	◯
Ability to staff population health management	◯	◯	◯	◯	◯
MACRA/QPP	◯	◯	◯	◯	◯
Financial risk assessment	◯	◯	◯	◯	◯
Patient engagement	◯	◯	◯	◯	◯

MISSOURI HOSPITAL ASSOCIATION

2026 Population Health Assessment Survey

PATIENTS/COMMUNITY

* 30. Is your organization a 501(c)(3) not-for profit organization?

- ◯ Yes
- ◯ No

* 31. Does your hospital complete a community health needs assessment (CHNA) and implementation plan on a regular cycle, e.g. every three years?

- ◯ Yes
- ◯ No

* 32. Your CHNA process identified strengths, needs and partners in the community.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 33. My hospital engages in programs to address socioeconomic nonclinical factors of health (e.g., poverty, housing, violence).

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 34. My hospital has strong collaborations with community organizations.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 35. My hospital works closely with the local public health department in aligning priorities.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 36. My hospital works actively with local schools.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 37. There are shared decision-making processes in place to engage patients and families in their care.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 38. There is a coordinated approach with multiple stakeholders to address a patient's underlying psychosocial needs.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 39. Electronic patient communication and patient engagement tools, such as campaigns, health education, reminders, sending messages/email, are in place.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 40. Access to care is monitored through patient surveys and feedback.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 41. Patients have the ability to request appointments online.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 42. Patients have the ability to schedule appointments online.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 43. Patients have the ability to communicate through a patient portal.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 44. My hospital obtains feedback from patient satisfaction surveys for outpatient clinics or other outpatient services.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 45. Investment and return of community dollars is monitored.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

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WORKFORCE

* 46. Providers and staff are aware of my hospital's population health initiatives.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 47. My hospital has disease-specific educational programs for staff.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 48. My hospital has a self-funded health insurance program.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 49. My hospital has a formalized employee health program with annual health risk assessments and wellness programs.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 50. My hospital health program has incentives for staff.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 51. Employee wellness is tracked.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 52. My hospital has an Employee Assistance Program.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 53. My hospital provides specific support to providers and other staff for burnout-related issues.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

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FINANCE

* 54. My hospital participates with CMS or other payors on shared savings or shared risk models for reimbursement.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 55. My hospital participates in bundled payments.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 56. My hospital direct-contracts with employers.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 57. My hospital budgets financial resources for population health initiatives.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 58. Compensation and incentive programs are aligned with quality metrics for providers.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

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DATA & TECHNOLOGY

* 59. My hospital has a clinical data system that integrates patient records across both hospital and outpatient clinics.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 60. When it comes to data collection, my organization is engaged in collecting race, ethnicity and language data as well as nonclinical factors of health.

- ◯ Yes
- ◯ No

* 61. My organization is providing staff training on best practices for collecting demographic and nonclinical factors of health information.

- ◯ Yes
- ◯ No

* 62. My organization is currently entering demographic and nonclinical factors of health information into a certified EHR technology.

- ◯ Yes
- ◯ No

* 63. My organization is stratifying data on key performance indicators such as health outcomes, readmissions, ED utilization, by demographic and/or nonclinical factors of health variables to identify disparities.

- ◯ Yes
- ◯ No

* 64. My organization is actively engaged and participating in local, regional, or national quality improvement activities that seek to reduce health disparities.

- ◯ Yes
- ◯ No

* 65. My organization has an established process of informing partners of the status towards addressing health disparities.

- ◯ Yes
- ◯ No

* 66. My organization's leadership team demonstrate their commitment to addressing health disparities by conducting annual review of the strategic plan to ensure that the goals and objectives are being met.

- ◯ Yes
- ◯ No

* 67. Does your organization have a designated staff to coordinate efforts that seek to reduce health disparities?

- ◯ Yes
- ◯ No

* 68. Please provide the name and contact information of this designated staff.

* 69. Staff are educated on EHR capabilities for managing population health.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 70. My organization has a process to screen patients requiring nonmedical social needs.

- ◯ Yes
- ◯ No

* 71. My organization uses a closed loop referral platform.

- ◯ Yes
- ◯ No

* 72. If yes, please specify which one.

* 73. My organization has an established process for connecting patients screening positive for social needs with the needed resources.

- ◯ Yes
- ◯ No

* 74. My organization has a process to document corrective actions when it falls short of reducing the targeted health disparities.

- ◯ Yes
- ◯ No

* 75. My organization is currently utilizing the MHA determinants of health dashboard to comply with the CMS accreditation requirements while improving health for everyone in the communities served.

- ◯ Yes
- ◯ No

* 76. What has been your greatest obstacle for documenting Z Codes within your facility?

* 77. My hospital analyzes data (clinical, patient engagement surveys such as HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems; CGCAHPS - Clinician and Group Consumer Assessment of Healthcare Providers and Systems; EDCAHPS - Emergency Department Consumer Assessment of Healthcare Providers & Systems).

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

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OPERATIONS

* 78. There is a documented process for exchanging health information across care settings.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 79. There are chronic care management processes or programs in place to manage patients with chronic conditions.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 80. Processes are in place for smooth transitions of care across all settings. This includes clear handoffs that are documented and tracked.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 81. Medication reconciliation occurs as part of an established plan of care.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 82. My hospital tracks program-related outcomes for the following chronic conditions:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Asthma	◯	◯	◯	◯	◯
Cancer	◯	◯	◯	◯	◯
Chronic Obstructive Pulmonary Disease	◯	◯	◯	◯	◯
Congestive Heart Failure	◯	◯	◯	◯	◯
Diabetes	◯	◯	◯	◯	◯

* 83. There are processes in place for risk assessment and risk stratification of patient populations.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 84. My hospital codes/bills for transitional care management (TCM) and chronic care management (CCM) codes.

- ◯ Yes
- ◯ No

* 85. My hospital participates in the Merit-based Incentive Payment System (MIPS) track of the Quality Payment Program (QPP).

- ◯ Yes
- ◯ No

* 86. My hospital participates in the Advanced Alternative Payment Models (APMs) track of the Quality Payment Program (QPP).

- ◯ Yes
- ◯ No

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LEGAL/REGULATORY

* 87. Legal structures are in place to receive and distribute payments to participating providers of care.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

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OUTCOMES

* 88. My hospital publicly reports quality data.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

* 89. My hospital has a balanced scorecard that tracks patient satisfaction, workforce metrics, quality measures, community impact and financial metrics.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

* 90. My hospital engages in an ongoing cycle of performance improvement.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

* 91. My hospital identifies opportunities for improvement and brings together providers and stakeholders to collaborate on population health improvement initiatives.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

* 92. My hospital reviews its Quality Assurance & Performance Improvement (QAPI) plan on an annual basis.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

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POLICY/ADVOCACY

* 93. My hospital advocates for adjustments based on social determinants and risk with value-based performance measures.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly Disagree

* 94. Do you have a policy highlighting your organizational strategy for addressing health disparities?

- ◯ Yes
- ◯ No

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COMMENTS

95. Additional comments: