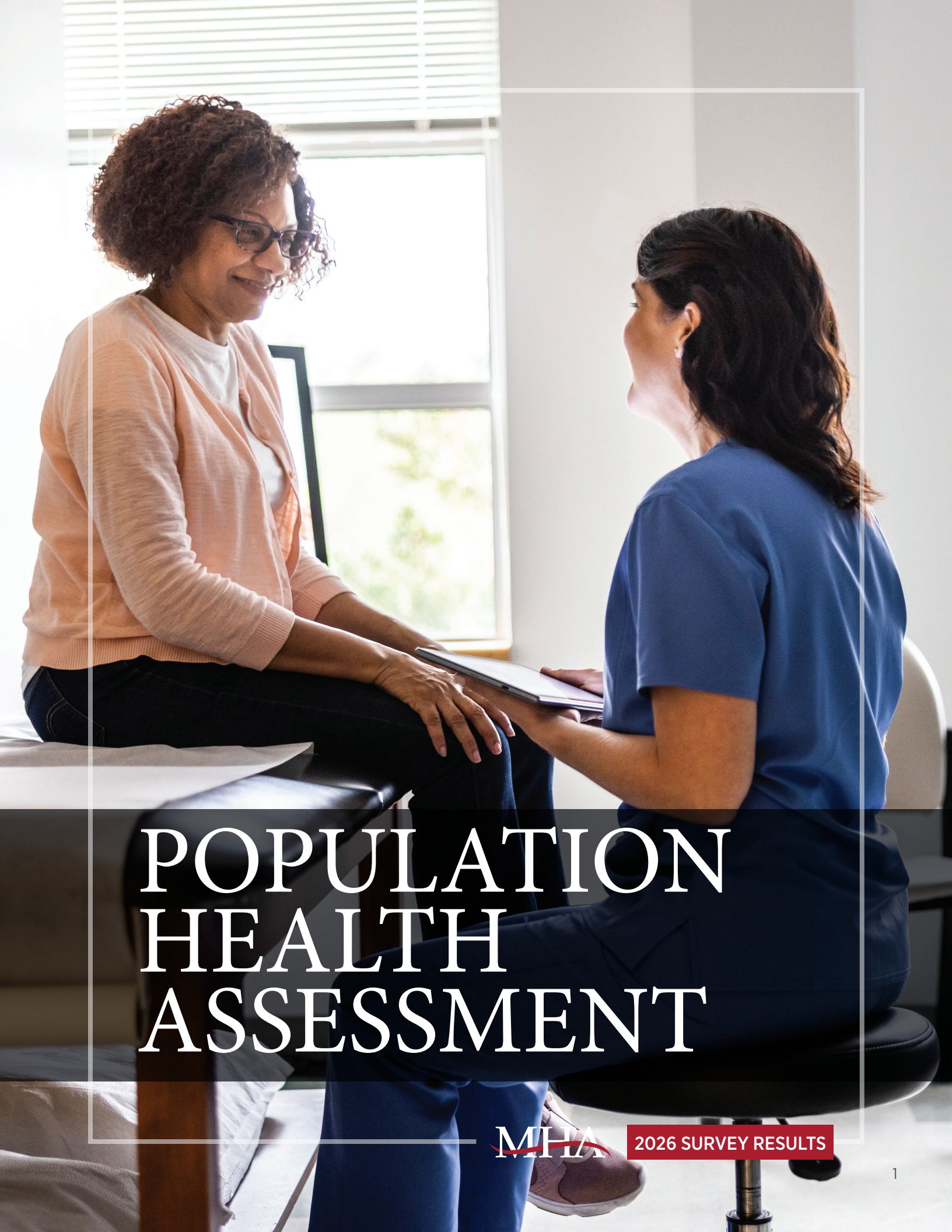


POPULATION HEALTH ASSESSMENT

MHA 2026 SURVEY RESULTS





Executive Summary

The 2026 Triennial Population Health Assessment Survey was conducted to better understand hospitals' population health capabilities, challenges and opportunities in this rapidly changing health care environment. The statewide findings provide a comprehensive view of trends, strengths, gaps, and emerging opportunities across Missouri hospitals, informing strategic priorities, policy development, resource allocation, and technical assistance efforts. At the same time, hospital-specific reports provide actionable insights that enable organizations to identify local opportunities, strengthen population health infrastructure, align improvement efforts with community needs and better position themselves for success in value-based care.

Missouri hospital responses to the 2026 survey demonstrate strong statewide engagement and continued advancement in hospital population health maturity, with 81 hospitals and health systems representing 120 hospitals completing the survey, an 88.9% completion rate among MHA-member hospitals. Participation has grown substantially since 2017, increasing by 39 hospitals since the inaugural assessment. The assessment framework was structured around nine core domains: Leadership, Patients/Community, Workforce, Finance, Data/Technology, Operations, Legal/Regulatory, Outcomes and Policy/Advocacy. Together, these domains offered a comprehensive assessment of the organizational infrastructure, resources, processes, and strategic capabilities required to support population health improvement efforts and address health disparities.

This report highlights meaningful progress in community engagement, financial investment, and data infrastructure, including a 200% increase in Finance mean scores from 2017 to 2026 and a 40% increase in Data/Technology scores. The matched cohort analysis further shows strong gains from 2023 to 2026 in Patients/Community (+15%), Finance (+43%), Data/Technology (+25%), Legal/Regulatory (+100%) and Policy/Advocacy (+50%), while Workforce declined by 6%, signaling a persistent statewide capacity challenge. Overall, Missouri hospitals have built a strong foundation for value-based care, care coordination, reducing health disparities, and population health improvement, but future progress will depend on strengthening workforce capacity, formalizing governance, improving interoperability and closed-loop referrals, expanding financial readiness for value-based models, and converting assessment findings into measurable community health outcomes.

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Introduction

Health care is undergoing a fundamental transformation as payment and delivery models continue to shift from volume to value. Hospitals and health systems across Missouri, regardless of size or geography, are increasingly accountable for improving quality, reducing health disparities, enhancing patient experience and managing the total cost of care. **While rural hospitals often face challenges related to workforce shortages, access to services, and financial sustainability, urban hospitals are navigating growing demands associated with rising chronic disease prevalence, behavioral health needs, health disparities, care coordination complexities, and increasing utilization. Across all settings, the Centers for Medicare & Medicaid Services, Center for Medicare and Medicaid Innovation, and other payers continue to accelerate the transition to value-based care models that reward improved health outcomes, prevention, care coordination and the integration of nonclinical factors that affect an individual's health.** Missouri's Rural Health Transformation Program, operationalized as Transformation of Rural Community Health Care and referred to as ToRCH Care, further reinforce this evolution by supporting hospitals as community health improvement partners that integrate clinical, behavioral, and social services to improve population health and create more sustainable health care delivery systems.

The 2026 Triennial Population Health Assessment Survey was conducted to better understand hospitals' population health capabilities, challenges and opportunities in this rapidly changing health care environment. The statewide findings provide a comprehensive view of trends, strengths, gaps, and emerging opportunities across Missouri hospitals, informing strategic priorities, policy development, resource allocation, and technical assistance efforts. At the same time, hospital-specific reports provide actionable insights that enable organizations to identify local opportunities, strengthen population health infrastructure, align improvement efforts with community needs and better position themselves for success in value-based care.

Together, the statewide and organization-specific findings offer a road map for advancing population health across Missouri. By helping hospitals identify opportunities to strengthen care coordination, address health-related social needs, expand community partnerships, and enhance data-driven decision-making, the survey supports efforts to improve health outcomes, reduce disparities, enhance quality, and control health care costs. As health care transformation continues, these insights can help Missouri hospitals build healthier communities, improve the health of the populations they serve and create more sustainable systems of care for the future.

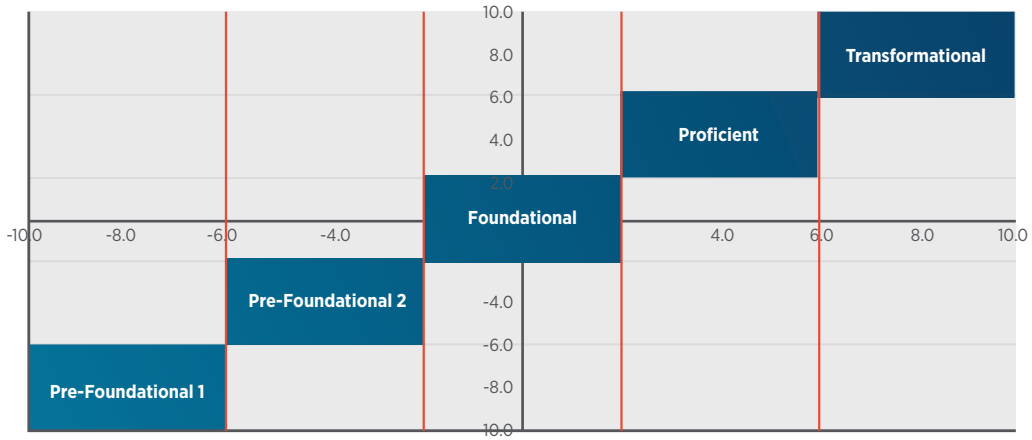
Statistical Methodology

The assessment framework is structured around nine core domains: Leadership, Patients/Community, Workforce, Finance, Data/Technology, Operations, Legal/Regulatory, Outcomes and Policy/Advocacy. Together, these domains offer a comprehensive assessment of the organizational infrastructure, resources, processes, and strategic capabilities required to support population health improvement efforts and address health disparities.

Each domain is evaluated using a five-point bipolar Likert scale, a psychometric measurement tool designed to assess respondents' perceptions of their organization's current level of maturity and capability. **Based on survey responses, hospitals were categorized along a five-level maturity continuum consisting of Pre-Foundational 1, Pre-Foundational 2, Foundational, Proficient and Transformational** (Figure 1). **This maturity model provide hospitals with a structured methodology for evaluating their performance across each domain, identifying organizational strengths and areas for improvement, and prioritizing strategies to enhance capacity and effectiveness.** Additionally, the framework support ongoing monitoring of progress over time and serve as a road map for continuous improvement efforts focused on advancing health outcomes and reducing health disparities.

FIGURE 1

Population Health Assessment Maturity Scale



To ensure the integrity and accuracy of the survey, Pearson's correlation was observed among the scales and subscales producing positive values, confirming the measurement of maturity as a single domain. Item-scale analysis for each variable was completed using summary statistics, such as mean, standard deviation, sum, minimum and maximum. To measure internal consistency of the items within each of the nine domains, Cronbach's alpha was employed, revealing moderate to high agreement for each of the nine domains measured. This confirmed that all were closely related, thus confirming the validity of the assessment tool from both a scientific and statistical standpoint. Once results were gathered from the survey, each hospital's score was recorded, organized and analyzed. A Z-transformation was conducted to normalize each of the nine domain scores, as well as the overall score for each individual hospital.



Organizational Characteristics

A total of 81 hospitals and health systems completed the 2026 Population Health Assessment. Together, these organizations represent 120 hospitals across Missouri, ensuring comprehensive statewide representation of population health capacity, infrastructure and strategic priorities.

It reflects a highly diverse group of hospitals and health systems, representing both small rural organizations and large integrated delivery systems. **Forty-three percent of respondents serve populations greater than 80,000, while 32% serve populations of 20,000 or fewer. This broad range highlights the need for population health strategies that account for significant differences in scale, resources, provider capacity and community needs.**

Nearly three-quarters (73%) own primary care clinics, collectively reporting 952 primary care sites. Primary care ownership provides a critical foundation for prevention, chronic disease management, care coordination, social needs screening and population health interventions. Specialty care ownership also is common, with 62% owning specialty clinics and 57% owning both primary and specialty care services. Together, these organizations reported 910 specialty clinics, although a relatively small number of large systems account for much of this capacity.

Rural health infrastructure plays an important role across the assessment. Approximately 45 organizations reported involvement with Rural Health Clinics, while 15 reported Patient-Centered Medical Home recognition and four reported Federally Qualified Health Center involvement. These findings suggest that many respondents are operating in environments characterized by



provider shortages, transportation barriers, geographic isolation, and other nonclinical factors of health that influence access and outcomes. Despite strong outpatient footprints, formal provider integration remains less prevalent. **Forty-one percent of organizations participate in an Accountable Care Organization and 28% participate in a Clinically Integrated Network.** While 52% participate in at least one of these arrangements, nearly half participate in neither. **This gap suggests that many organizations possess the clinical assets needed to improve population health but may lack formal structures for provider alignment, shared accountability, data exchange and coordinated care management.**

Service ownership across the broader continuum of care varies considerably. Physical therapy and cardiac rehabilitation are the most owned services, each reported by 67% of organizations, followed by inpatient rehabilitation services at 51%. In contrast, only 23% own home health services and 15% own skilled nursing facilities. **As a result, many respondents depend on external post-acute providers, increasing the need for strong partnerships, effective care transitions, shared care plans, and closed-loop referral processes to reduce avoidable readmissions, emergency department utilization, and improve outcomes.**

Provider capacity also differs substantially among hospitals/health systems because they reported approximately 3,732 primary care providers and 9,469 specialists. However, median staffing levels of 12 primary care providers and 7.5 specialists per organization reveal that these totals are heavily influenced by several large health systems. This variation reinforces the importance of evaluating performance relative to population served, provider capacity and organizational size.

Organizational approaches to population health governance are equally diverse as reported by hospitals/health systems. Population health functions are most housed within Administration (41%),





while only 30% maintain a dedicated Population Health department. Executive oversight varies across CEOs, COOs, chief medical officers, chief nursing officers, quality leaders, and population health executives, reflecting both the multidisciplinary nature of population health and the absence of a standardized governance model. **Organizations with clear executive sponsorship and operational accountability may be better positioned to align clinical, financial, data and community strategies.**

Technology infrastructure presents another challenge. Hospitals and health systems reported using a wide range of electronic health record platforms, including Epic, Oracle, Meditech, Athena, Wellsky, ChatPad and TruBridge. Many organizations reported operating multiple systems or transitioning between vendors, reflecting the complexity of today's health care technology environment. This fragmented landscape can create challenges for interoperability, risk stratification, referral management, care-gap identification, and performance measurement unless supported by strong data governance, data-sharing frameworks, and advanced analytics capabilities. As organizations continue to expand population health initiatives, the ability to integrate and effectively leverage data across disparate systems will remain a critical success factor.

Overall, hospitals/health systems possess a strong foundation for advancing population health through extensive primary care, specialty care, rehabilitation and community-based services. However, the assessment suggests that organizational capacity often exceeds organizational integration. Future success will depend less on acquiring new clinical assets and more on strengthening governance, aligning providers, integrating data systems, improving care transitions, leveraging community partnerships, and creating sustainable structures for accountability and population health management. **Given the wide variation in size, resources, and service delivery models, improvement strategies should be tailored to each organization's unique operating environment and community needs.**

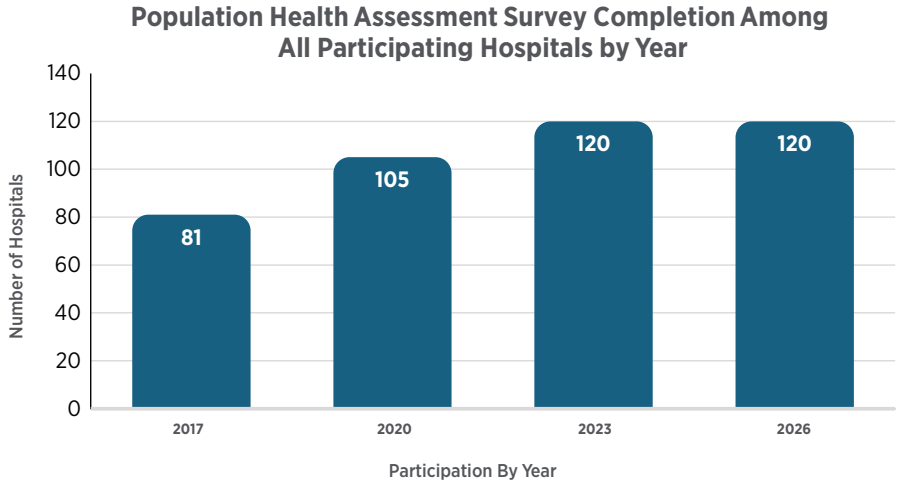


Survey Participation and Performance

Chart 1: Survey participation trends highlight sustained growth in hospital engagement with the Population Health Assessment over time. Completed assessments increased from 81 hospitals in 2017 to 105 in 2020 and reached 120 hospitals in both 2023 and 2026, reflecting expanded participation and strong statewide representation. In 2023, 120 of 140 hospitals completed the survey, yielding an 85.7% completion rate, while in 2026, 120 of 135 eligible hospitals participated, resulting in an 88.9% completion rate. Overall, survey completions increased by
39 hospitals, or 48.1%, between 2017 and 2026, demonstrating sustained and growing engagement in the assessment process.

The survey performance sections that follow highlight important changes over time; however, findings should be interpreted with caution when comparing overall mean domain scores across survey years. Because the hospitals participating in each survey cycle were not identical, differences in mean scores may reflect changes in respondent composition as well as actual changes in performance.

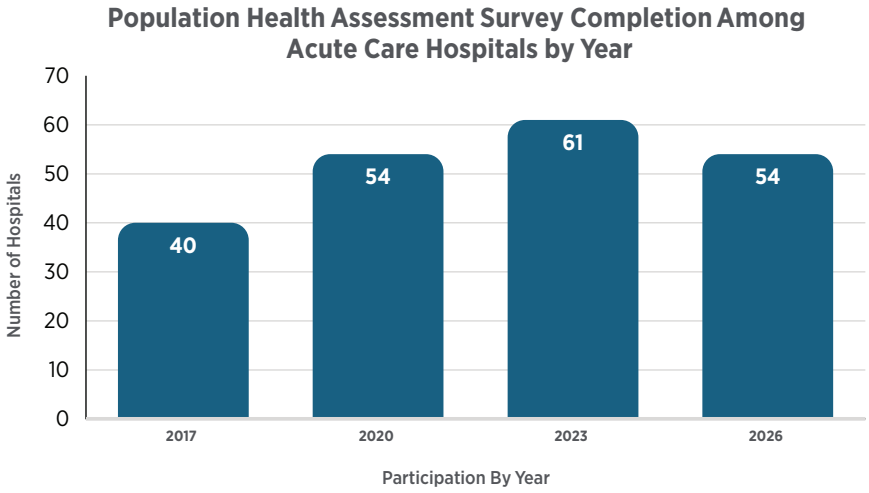
CHART 1



Source: MHA - Population Health Assessment Survey 2017/2020/2023/2026

Chart 2: Acute care hospital participation trends show that completed assessments increased from 40 hospitals in 2017 to 54 in 2020, peaked at 61 in 2023 and declined to 54 in 2026. In 2026, 54 of 61 eligible acute care hospitals completed the survey, representing an 88.5% completion rate. The results demonstrate strong and sustained engagement among acute care hospitals.

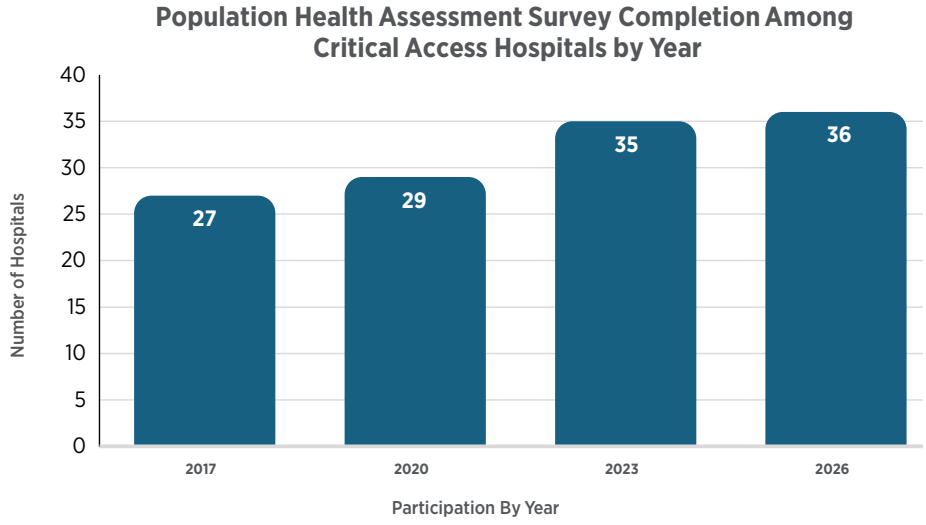
CHART 2



Source: MHA - Population Health Assessment Survey 2017/2020/2023/2026

Chart 3: Critical access hospital participation trends highlight continued growth in survey participation, increasing from 27 hospitals in 2017 to 29 hospitals in 2020, reflecting expanding engagement in population health assessment efforts. Participation then rose more significantly to 35 hospitals in 2023 and reached 36 hospitals in 2026. Overall, survey completion increased by nine hospitals between 2017 and 2026, representing a 33% growth in participation. **This upward trend suggests strengthening engagement among critical access hospitals in assessing population health needs and demonstrates a growing commitment to using data-driven approaches to support community health improvement efforts.**

CHART 3



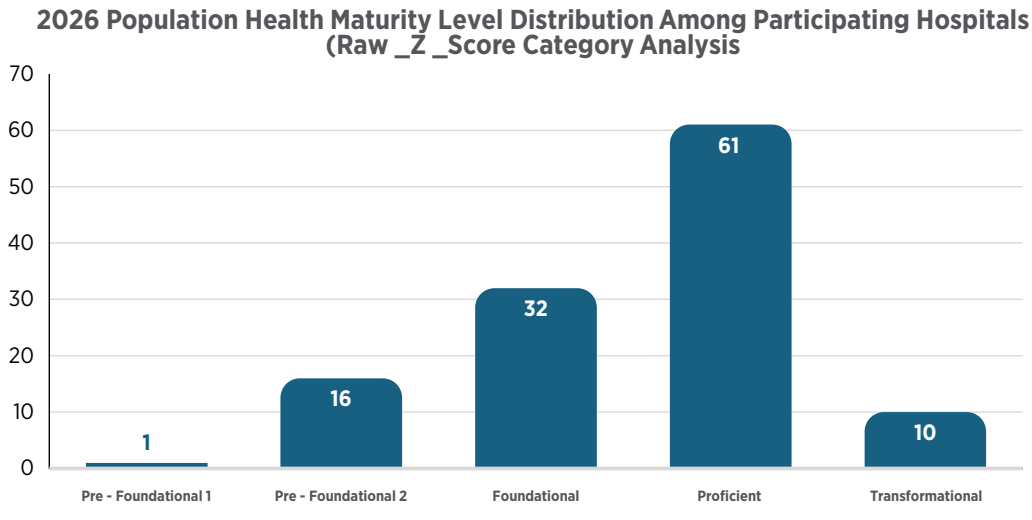
Source: MHA - Population Health Assessment Survey 2017/2020/2023/2026

Benchmarking Using Raw and Weighted Z Score Category Analysis

To provide a comprehensive view of population health maturity, this report includes both Raw Z Score Category Analysis and Weighted Z Score Category Analysis. **The Raw Z Score Analysis evaluates performance across all assessed domains equally, offering a balanced view of each hospital's overall maturity relative to its peers. In contrast, the Weighted Z Score Analysis assigns greater emphasis to domains considered most critical to population health success, providing additional insight into performance in strategically important areas.** Together, these complementary analyses allow organizations to understand both their overall population health maturity and their standing when key capabilities are prioritized, offering a more complete perspective on current performance and opportunities for future advancement.

Chart 4: Raw Z Score Category Analysis shows that most participating hospitals are classified at the Proficient (61 hospitals) or Foundational (32 hospitals) level, reflecting strong statewide advancement in population health maturity. These results indicate that many hospitals have established the core capabilities needed to support effective population health efforts and are continuing to build on that foundation. A smaller number of hospitals remain in the Pre-Foundational categories (17 hospitals total), highlighting opportunities to further develop key infrastructure, processes and resources. At the highest level, 10 hospitals achieved Transformational status, reflecting advanced population health capabilities and leadership in the field. **Overall, the findings suggest that hospitals across the state are making meaningful progress in population health, with most organizations demonstrating established capabilities and a growing number reaching advanced levels of maturity.**

CHART 4

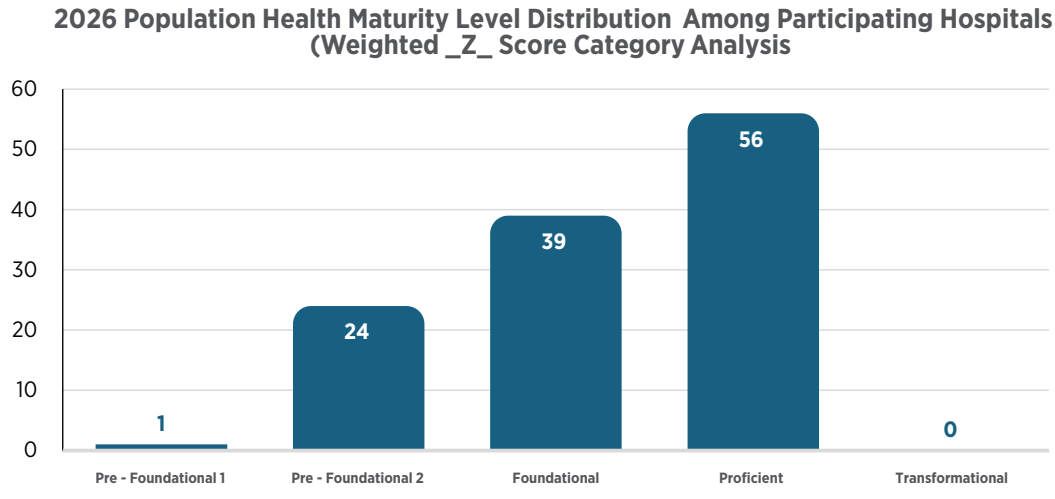


Source: MHA - Population Health Assessment Survey 2017/2020/2023/2026



Chart 5: Weighted Z Score Category Analysis highlights that most participating hospitals are classified in the Proficient (56 hospitals) and Foundational (39 hospitals) categories, reflecting significant advancement in the population health capabilities most important for sustained success. An additional 25 hospitals are in the Pre-Foundational categories, indicating opportunities to further strengthen key priority areas. **Unlike the Raw Z Score Analysis, no hospitals achieved the Transformational category under the weighted methodology. This suggests that while hospitals have made significant progress overall, there is still room for growth in the highest-priority capabilities that drive population health outcomes. Overall, the results reflect a strong statewide foundation in population health, with most hospitals demonstrating established capabilities and opportunities remaining to advance toward transformational performance.**

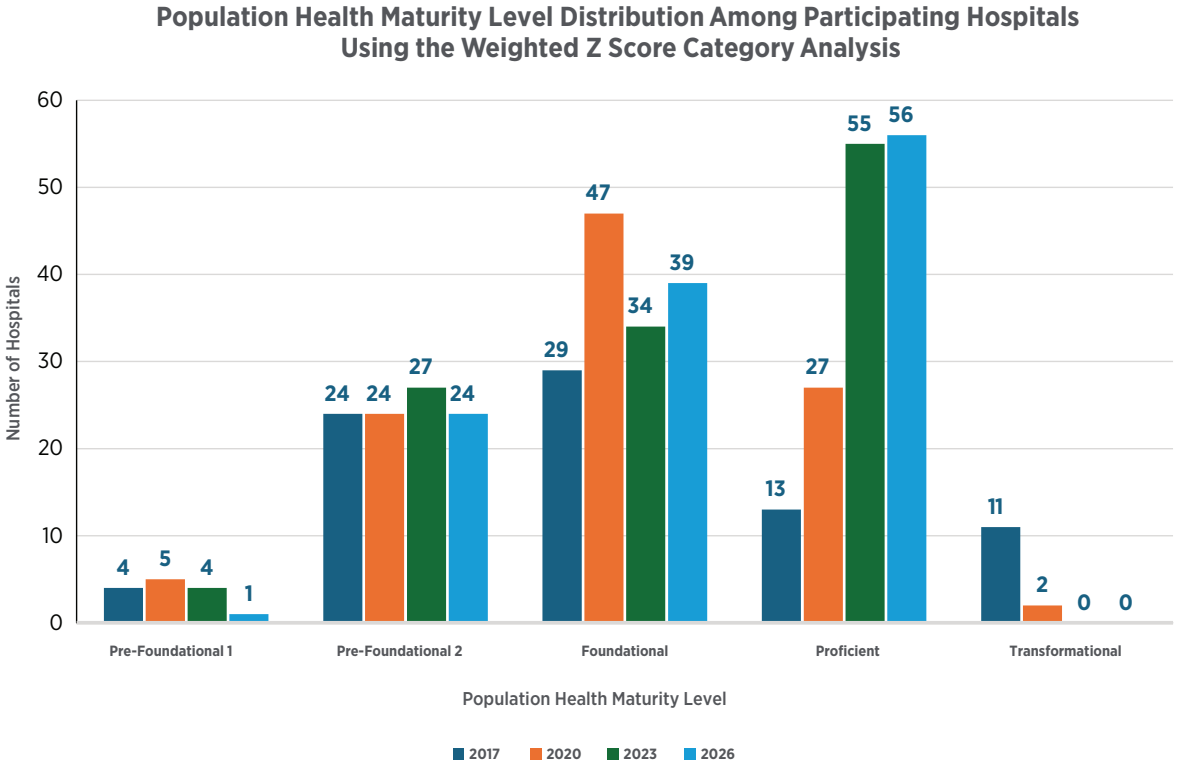
CHART 5



Source: MHA - Population Health Assessment Survey 2017/2020/2023/2026

Chart 6: This graph demonstrates a substantial shift in hospital population health capabilities between 2017 and 2026, with participating hospitals progressively moving from lower maturity categories into higher levels of performance. The proportion of hospitals categorized as Pre-Foundational 1 remained very small throughout the study period, declining from four hospitals in 2017 to just one hospital in 2026, while Pre-Foundational 2 remained relatively stable, ranging from 24 to 27 hospitals. The most notable transition occurred in the Foundational and Proficient categories. Foundational hospitals increased from 29 in 2017 to a peak of 47 in 2020 before decreasing to 39 in 2026, suggesting that many organizations progressed beyond foundational capacity into more advanced stages. This advancement is reflected in the dramatic growth of the Proficient category, which more than quadrupled from 13 hospitals in 2017 to 56 hospitals in 2026, making it the dominant maturity level among participating hospitals. Additionally, the Transformational category declined from 11 hospitals in 2017 to zero by 2023 and 2026, indicating that the weighted Z-score methodology may have reclassified organizations into more clearly defined maturity groupings or that performance became concentrated within the Proficient category rather than the highest tier. **Overall, the findings suggest a marked strengthening of population health infrastructure, strategy, and implementation capacity across participating hospitals over time, with evidence of broad-based movement away from lower maturity levels and toward sustained proficiency in population health practices.** This trend reflects increasing organizational commitment to data-driven decision-making, cross-sector collaboration and the integration of population health principles into hospital operations.

CHART 6



Source: MHA - Population Health Assessment Survey 2017/2020/2023/2026

Table 1: Overall Mean Domain Scores show that hospitals achieved their highest average performance in Patients/Community, Finance, Data/Technology, and Operations domains, reflecting growing capability to support population health initiatives through stronger community partnerships, enhanced infrastructure, and greater organizational alignment. Patients/Community remained the highest-scoring domain, increasing from 56 in 2017 to 63 in 2023 and 2026 (+13%), while Operations improved from 31 to 35 (+13%), reflecting greater incorporation of population health into routine hospital practices. Notably, Finance tripled from 3 to 9 (+200%), and Data/Technology increased from 10 to 14 (+40%), suggesting substantial investment in population health resources and analytics capabilities. Leadership also improved from 19 to 21 (+11%), although scores peaked at 22 in 2023. In contrast, Workforce declined from 32 to 30 (-6%), highlighting ongoing challenges related to staffing and workforce development. Outcomes improved modestly from 33 to 35 (+6%), while Policy/Advocacy remained unchanged at 3 across all years, indicating limited progress in policy engagement. **Collectively, these findings suggest that hospitals have strengthened many of the structural and operational components of population health, with the greatest advances occurring in community engagement, financial commitment and data-driven decision-making.** Interpretation of changes in overall mean domain scores across survey years should be made with caution, as the hospitals participating in each assessment cycle were not identical. Because some hospitals that completed the 2023 survey did not participate in the 2026 survey, observed differences in mean scores may reflect both true changes in population health capacity and variation attributable to changes in the composition of respondents. Consequently, a portion of the year-to-year differences may represent unexplained variation associated with differential hospital participation rather than solely changes in organizational performance.

Table 1

Overall Mean Scores for All Hospitals Completing the Survey by Year				
Domain	2017 Mean Score	2020 Mean Score	2023 Mean Score	2026 Mean Score
Leadership	19	20	22	21
Patients/Community	56	53	63	63
Workforce	32	34	32	30
Finance	3	8	9	9
Data/Technology	10	12	13	14
Operations	31	33	36	35
Legal/Regulatory	2	3	2	4
Outcomes	33	35	35	35
Policy/Advocacy	3	3	3	3

Source: MHA - Population Health Assessment Survey 2017/2020/2023/2026



Table 2: Matched Cohort Analysis shows significant improvement across most population health domains from 2023 to 2026, demonstrating sustained progress among hospitals that completed the assessment in both years. The largest gain occurred in Patients/Community, which increased from 59 to 68 (+15%), reinforcing the growing emphasis on community engagement and population health partnerships. Significant improvements also were observed in Legal/Regulatory (2 to 4, +100%), Finance (7 to 10, +43%), and Data/Technology (12 to 15, +25%), suggesting strengthened infrastructure, investment, and data-driven capabilities. Operations increased from 33 to 36 (+9%), while Leadership improved from 20 to 21 (+5%), reflecting continued organizational commitment to population health initiatives. Outcomes remained stable at 34, indicating maintenance of performance levels despite ongoing organizational changes. The only domain to decline was Workforce, which decreased from 32 to 30 (-6%), highlighting persistent workforce capacity and staffing challenges. Although Policy/Advocacy remained among the lowest scoring domains, it increased from 2 to 3 (+50%), suggesting modest gains in policy engagement. **Overall, the matched cohort findings indicate that hospitals are continuing to strengthen core population health capabilities, with the most notable progress occurring in community engagement, financial capacity, technology infrastructure and operational integration.**

Table 2

Matched Cohort Mean Scores by Year			
Domain	**2023 Mean Score**	**2026 Mean Score**	**Current Status**
Leadership	20	21	Increased
Patients/Community	59	68	Increased
Workforce	32	30	Decreased
Finance	7	10	Increased
Data/Technology	12	15	Increased
Operations	33	36	Increased
Legal/Regulatory	2	4	Increased
Outcomes	34	34	Maintained
Policy/Advocacy	2	3	Increased

Source: MHA - Population Health Assessment Survey 2023/2026



Table 3: A comparison of health systems versus independent hospitals reveals substantially higher population health maturity scores among hospitals affiliated with health systems across every domain in 2026. The largest differences were observed in **Patients/Community**, where health systems scored 86 compared to 56 for independent hospitals (54% higher) and **Finance**, where health systems scored 20 versus 7 (186% higher). Health systems also demonstrated stronger performance in Operations (50 vs. 31; +61%), Data/Technology (20 vs. 13; +54%), and Workforce (38 vs. 29; +31%), suggesting greater organizational capacity, infrastructure, and resources to support population health initiatives. More modest differences were observed in Leadership (23 vs. 21; +10%), Outcomes (38 vs. 34; +12%), Legal/Regulatory (5 vs. 3; +67%) and Policy/Advocacy (4 vs. 3; +33%). **Overall, these results indicate that health system affiliation may provide advantages in financial investment, operational integration, workforce development and community engagement, enabling hospitals to achieve higher levels of population health maturity compared with independent hospitals.**

Table 3

Health Systems Versus Independent Hospitals Mean Scores by Domains		
Domain	**Health Systems 2026 Mean Score**	**Independent Hospitals 2026 Mean Score**
Leadership	23	21
Patients/Community	86	56
Workforce	38	29
Finance	20	7
Data/Technology	20	13
Operations	50	31
Legal/Regulatory	5	3
Outcomes	38	34
Policy/Advocacy	4	3

Source: MHA - Population Health Assessment Survey 2026



Table 4: Critical access hospitals showed mixed performance across population health domains from 2017 to 2026. Patients/Community remained the strongest domain, increasing from 58 to 67 despite a decline from its 2023 peak. Data/Technology and Finance showed notable long-term improvement, reflecting growing investment in analytics, infrastructure and financial support for population health. Operations declined in 2020 but largely recovered by 2026, while Outcomes remained relatively stable. Leadership ended at its 2017 level, suggesting limited sustained progress. **Workforce declined to its lowest point in 2026, highlighting continued staffing and capacity challenges.** Legal/Regulatory and Policy/Advocacy remained low throughout the period, indicating ongoing opportunities to strengthen regulatory readiness and advocacy engagement.

Table 4

Mean Score of Critical Access Hospitals Over Time				
Domain	2017 Mean Score	2020 Mean Score	2023 Mean Score	2026 Mean Score
Leadership	20	18	22	20
Patients/Community	58	47	70	67
Workforce	24	23	30	22
Finance	1	-4	12	7
Data/Technology	10	9	15	16
Operations	36	25	30	35
Legal/Regulatory	2	3	2	4
Outcomes	31	29	33	33
Policy/Advocacy	2	1	3	2

Source: MHA - Population Health Assessment Survey 2017/2020/2023/2026



Table 5: Hospitals with 26-150 staffed beds showed broad improvement from 2017 to 2026, although several domains declined from their 2023 peaks. Patients/Community remained the strongest domain overall, rising from 29 in 2017 to 49 in 2026, despite dropping from 59 in 2023. Workforce, Data/Technology, Outcomes, and Policy/Advocacy all improved over the full period, suggesting stronger staffing capacity, technology use, performance measurement, and advocacy engagement. Operations showed substantial growth through 2023 but returned to its 2020 level by 2026, while Leadership improved overall but also declined slightly after 2023. Finance increased from 1 to 4 but remained relatively low, and Legal/Regulatory showed only modest improvement. **Overall, the results suggest meaningful long-term progress among mid-sized hospitals, with continued opportunities to sustain gains in community engagement, operations, leadership and financial capacity.**

Table 5

Mean Score Comparison for Hospitals With 26-150 Staffed Beds				
Domain	2017 Mean Score	2020 Mean Score	2023 Mean Score	2026 Mean Score
Leadership	10	16	24	21
Patients/Community	29	50	59	49
Workforce	16	30	32	30
Finance	1	5	7	4
Data/Technology	6	10	12	12
Operations	14	28	37	28
Legal/Regulatory	1	3	2	2
Outcomes	17	35	37	35
Policy/Advocacy	1	3	3	4

Source: MHA - Population Health Assessment Survey 2017/2020/2023/2026

Table 6: Hospitals with more than 150 staffed beds generally demonstrated higher population health maturity, with most domains improving from 2017 to 2026 despite declines from 2023 peaks. Patients/Community remained the strongest domain, increasing from 61 to 81, while Operations also improved substantially from 36 to 48. Finance, Data/Technology, Legal/Regulatory, Outcomes, and Policy/Advocacy all showed long-term gains, suggesting stronger infrastructure, resources, and performance capacity among larger hospitals. However, Leadership declined from its 2023 peak, and Workforce decreased from 46 in 2017 to 39 in 2026, indicating ongoing staffing and capacity challenges. **Overall, the results suggest that larger hospitals continue to maintain strong population health capabilities, particularly in community engagement and operations, while workforce stability and sustained leadership advancement remain important areas for improvement.**

Table 6

Mean Score Comparison for Hospitals With More Than 150 Staffed Beds				
Domain	2017 Mean Score	2020 Mean Score	2023 Mean Score	2026 Mean Score
Leadership	22	28	37	26
Patients/Community	61	62	95	81
Workforce	46	45	47	39
Finance	16	19	24	18
Data/Technology	11	16	21	17
Operations	36	46	55	48
Legal/Regulatory	3	4	5	5
Outcomes	33	37	42	38
Policy/Advocacy	4	4	5	4

Source: MHA - Population Health Assessment Survey 2017/2020/2023/2026

Hospital size remains a key driver of population health maturity, with larger hospitals consistently demonstrating stronger capabilities across most domains. While all hospital groups have made meaningful progress since 2017, several areas experienced modest declines from 2023 peak performance levels. Patients/Community remained the strongest domain across all hospital sizes, reflecting a sustained commitment to community engagement and population health partnerships. Hospitals with more than 150 staffed beds achieved the highest 2026 score (81), followed by critical access hospitals (67) and hospitals with 26-150 staffed beds (49). Larger hospitals also outperformed other groups in Operations, Outcomes, Finance, and Data/Technology, highlighting the advantages of scale, infrastructure, and investment in advancing population health strategies. Despite these gains, workforce capacity remains the most significant statewide challenge. Workforce scores declined or plateaued across all hospital size categories between 2023 and 2026, underscoring ongoing staffing and talent constraints that may limit future progress. Legal/Regulatory and Policy/Advocacy continued to be the lowest-performing domains across all hospital groups, suggesting opportunities to strengthen policy engagement, advocacy efforts and regulatory readiness.

The survey findings indicate that hospitals across Missouri continue to advance their population health capabilities, with the greatest maturity observed among larger organizations. **Critical access hospitals demonstrate notable strength in community engagement despite resource constraints, while mid-sized hospitals have shown meaningful improvement but may require additional support to sustain gains and close capability gaps.**

Leadership
DOMAIN

The survey results suggest that hospitals have established a strong leadership foundation for population health and value-based care initiatives. Across all six leadership measures, most respondents selected agree or strongly agree, with positive responses generally accounting for 75% to 90% of responses. Respondents overwhelmingly recognized that population health plays a critical role in pay-for-performance reimbursement models, and most reported that board members, senior leaders, medical staff and managers understand its importance in the transition to value-based care. Approximately 80% to 85% of respondents indicated that population health is embedded within their strategic planning process, while a similar percentage agreed that leadership actively supports initiatives that promote quality improvement, care coordination and patient-centered care models. These findings demonstrate a high level of organizational awareness, commitment, and readiness to adapt to reimbursement structures that emphasize quality, outcomes, and cost efficiency.

A notable strength across hospitals is leadership engagement and support for cultural transformation. Approximately 85% to 90% of respondents agreed that senior leaders are focused on creating a culture that supports population health initiatives, and a similarly high percentage reported executive support for initiatives such as Patient-Centered Medical Home recognition. In addition, most respondents indicated that leadership can effectively communicate the importance of population health and value-based care, although this measure showed slightly greater variation than other leadership indicators. The strong levels of agreement suggest that many hospitals have successfully elevated population health from an operational initiative to a strategic organizational priority.

Despite these strengths, the results indicate opportunities for improvement in communication, engagement and organizational alignment. While leadership commitment is strong, approximately 10% to 20% of respondents selected neutral, disagree, or strongly disagree responses across several measures, particularly those related to communication of the organization's vision and strategies. These findings suggest that some hospitals continue to face challenges in translating executive commitment into consistent front-line understanding and action. In certain organizations, population health goals may not yet be fully integrated into daily operations, physician engagement efforts or performance accountability frameworks.

The survey also highlights opportunities for hospitals to strengthen population health capabilities by building upon existing leadership support. Expanding workforce education, increasing physician engagement and enhancing communication around population health goals can help improve organizational alignment. **Establishing formal governance structures, such as population health steering committees, executive dashboards, and performance scorecards, can further reinforce accountability and strategic oversight.** Additionally, strengthening community partnerships and addressing nonclinical factors that affect an individual's health can help hospitals move from planning and awareness toward measurable population health outcomes.

Overall, the findings indicate that most hospitals are progressing toward advanced levels of population health maturity. The consistently high levels of agreement across leadership, strategic planning and cultural support measures suggest that hospitals have established a strong foundation for success in value-based care. Continued focus on communication, physician alignment, workforce engagement, and operational execution will be essential to fully realizing population health goals and sustaining long-term performance in evolving reimbursement environments.



Patients/Community
DOMAIN

The survey findings indicate that hospitals have established a strong foundation for community engagement, patient-centered care and population health partnerships. Approximately 70% of respondents reported completing community health needs assessments and implementation plans on a regular cycle, demonstrating a consistent commitment to identifying community priorities and addressing population health needs. In addition, more than 80% of respondents agreed or strongly agreed that their CHNA processes effectively identify community strengths, health needs and strategic partners, highlighting the importance of data-informed community planning. Strong collaboration also was evident, with approximately 75% to 85% of hospitals reporting positive partnerships with community organizations and local public health departments, recognizing that improving population health requires coordinated action beyond the walls of the hospital.

The results further demonstrate that many hospitals are addressing nonclinical factors that affect an individual's health through programs focused on socioeconomic and other factors such as housing, poverty, food insecurity and violence. Approximately 70% to 80% of respondents agreed or strongly agreed that their organizations engage in programs addressing social needs and utilize coordinated approaches involving multiple stakeholders to address patients' psychosocial challenges. Similarly, most hospitals reported implementing shared decision-making practices that engage patients and families in care planning. However, responses regarding collaboration with local schools were notably lower and more variable, with only about 50% to 60% of respondents reporting strong engagement, suggesting an opportunity to strengthen partnerships that support community wellness and prevention efforts.



A notable strength identified in the survey is the widespread adoption of patient engagement technologies. More than 80% of respondents reported having electronic communication and patient engagement tools in place, including patient portals, health education campaigns, reminders and secure messaging capabilities. Additionally, approximately 85% to 90% of hospitals reported using patient satisfaction surveys to gather feedback and monitor patient experience, demonstrating a strong commitment to patient-centered care. Online access capabilities also were prevalent, with roughly 70% to 75% of respondents indicating that patients can request appointments online, schedule appointments electronically, and communicate through patient portals, improving convenience and access to care.

Despite these strengths, the survey reveals opportunities for improvement. **While community partnerships and patient feedback mechanisms demonstrated consistently high levels of agreement, responses related to online scheduling, patient communication platforms and collaboration with schools showed greater variation.** Approximately 15% to 25% of respondents reported neutral or negative responses in these areas, suggesting that some hospitals remain in earlier stages of digital engagement and community integration. Likewise, although many organizations reported addressing nonclinical factors that affect an individual's health, the variability in responses indicates differing levels of maturity in implementing and sustaining these programs.

The findings suggest that hospitals have made substantial progress in community engagement, patient-centered care and population health partnerships. Strong performance in CHNA completion, community collaboration, patient engagement technologies and social needs initiatives demonstrates a commitment to improving health outcomes beyond traditional clinical care. **Continued investment in community partnerships, digital access tools, programs for nonclinical factors that affect an individual's health, and patient engagement strategies will help hospitals further strengthen population health efforts and position themselves for long-term success in value-based care environments.**

Workforce
DOMAIN

The survey results indicate that hospitals have made meaningful investments in workforce engagement, employee wellness and provider support initiatives. Approximately 70% to 80% of respondents agreed or strongly agreed that providers and staff are aware of their organization's population health initiatives and that disease-specific educational programs are available to support staff development. Hospitals also reported widespread adoption of Employee Assistance Programs and growing efforts to address provider and staff burnout, demonstrating a strong recognition that workforce well-being is critical to organizational performance and long-term population health success.

Key strengths include the availability of employee wellness programs, wellness tracking activities, and support services designed to promote employee health, resilience, and retention. Approximately 75% of respondents reported having Employee Assistance Programs in place, while a majority indicated their organizations provide support for burnout-related challenges. Responses regarding wellness incentives and employee wellness monitoring were generally positive, suggesting that many hospitals are actively investing in workforce well-being through structured programs and engagement strategies.

However, the findings reveal variation in the maturity and consistency of employee wellness efforts across organizations. Responses related to self-funded health insurance programs, annual health risk assessments, wellness incentives and formal wellness tracking showed greater variability, with approximately 25% to 35% of respondents reporting neutral or negative responses. These findings suggest that while many hospitals have established employee health and wellness initiatives, the scope, level of investment and program effectiveness differ considerably among organizations.

The results suggest that hospitals recognize the strong connection between workforce well-being, employee engagement and successful population health outcomes. **While most organizations have implemented foundational wellness and support programs, opportunities remain to strengthen participation, expand burnout prevention resources, enhance employee health measurement and ensure wellness strategies are consistently integrated across the organization. Continued investment in workforce engagement and resiliency will be essential to maintaining a healthy workforce and supporting long-term value-based care objectives.**

Finance
DOMAIN

The survey results reveal that hospitals are at varying stages of participation in value-based reimbursement arrangements and financial alignment strategies. **While many organizations have begun adopting shared savings, shared risk and bundled payment models, responses were more mixed than in other survey domains, indicating that financial transformation remains an evolving area for many hospitals.** Approximately 55% to 65% of respondents reported agreement or strong agreement that their hospitals participate in shared savings or shared risk arrangements with CMS or other payers, demonstrating meaningful engagement in value-based reimbursement models. Participation in bundled payment programs appeared somewhat lower, with an estimated 45% to 55% of respondents indicating active involvement, suggesting that implementation of episode-based payment models is less widespread. Similarly, direct contracting with employers showed the greatest variability, with a substantial number of neutral and negative responses, indicating that this strategy has not yet been broadly adopted across hospitals.

A notable strength is that many organizations are investing financial resources to support population health initiatives. Approximately 60% to 70% of respondents agreed or strongly agreed that their hospitals budget specifically for population health activities, reflecting recognition that long-term success in value-based care requires dedicated infrastructure, workforce and program investments. In addition, about 60% to 70% of respondents reported that provider compensation and incentive programs are aligned with quality metrics, demonstrating movement toward rewarding quality, outcomes and value rather than volume alone. Despite these positive trends, the survey findings show considerable variation in financial readiness. Across several measures, approximately 30% to 40% of respondents selected neutral, disagree, or strongly disagree, suggesting that many organizations are still developing the contractual, operational, and financial capabilities necessary to fully participate in advanced payment models. The high number of neutral responses may indicate uncertainty regarding organizational strategies or varying levels of implementation among hospitals.

The findings reveal that hospitals are making progress in transitioning toward value-based reimbursement and financially supporting population health initiatives; however, adoption remains inconsistent. Stronger participation in shared savings arrangements, expansion of bundled payment programs, greater employer contracting opportunities and broader alignment of provider incentives with quality outcomes represent important opportunities for growth. Continued advancement in these areas will help hospitals strengthen financial sustainability, improve provider alignment and enhance readiness for increasingly value-driven health care reimbursement models.

Data/Technology
DOMAIN

The survey findings indicate that hospitals have made substantial progress in building the infrastructure, processes, and leadership commitment needed to address health disparities and integrate nonclinical factors that affect an individual's health into care delivery. More than 85% of respondents reported collecting demographic and nonclinical factors of health data, documenting this information in certified EHR systems, and screening patients for social needs. Similarly, a large majority of organizations indicated they have established processes to connect patients with community resources, demonstrating a growing commitment to addressing factors that influence health outcomes beyond traditional clinical care.

A key strength identified across hospitals is the integration of health disparities initiatives into organizational operations and strategic planning. Approximately 70% to 80% of respondents reported stratifying quality and utilization data by demographic or social factors to identify disparities, while a similar proportion indicated participation in quality improvement initiatives focused on reducing disparities. Many organizations also reported having designated staff responsible for coordinating health disparities efforts, leadership oversight of strategic goals, and staff education related to population health and EHR capabilities. In addition, nearly 90% of respondents reported having processes in place to screen patients for nonmedical social needs, and most organizations have established referral pathways to connect patients with appropriate community resources.

Despite these strengths, the findings highlight opportunities to improve workflow integration, documentation consistency and utilization of supporting technologies. While screening rates were high, only a minority of organizations reported using closed-loop referral platforms, indicating variability in their ability to track whether patients successfully access recommended services. Responses also suggest that documenting Z-codes and data for nonclinical factors that affect an individual's health remains a significant challenge. Common barriers included provider and staff education, competing priorities, manual workflows, EHR limitations, coding complexities and inconsistent documentation practices. Many respondents cited difficulties integrating social risk information into coding, billing, and reporting processes, limiting the ability to fully leverage these data for performance improvement and disparities reduction.

Overall, the results reveal that hospitals have established a strong foundation for addressing health disparities and incorporating nonclinical factors that affect an individual's health into population health strategies. High levels of participation in screening for nonclinical factors that affect an individual's health, demographic data collection, referral processes and disparities-focused quality improvement initiatives demonstrate substantial organizational commitment. Continued investment in staff education, EHR optimization, closed-loop referral systems, automated documentation processes, and standardized reporting practices will help hospitals improve data quality, strengthen health disparities measurement, and advance more effective, data-driven population health management.



Operations
DOMAIN

Survey results indicate that hospitals have made significant progress in establishing care coordination and population health management capabilities. Across the core care coordination measures, approximately 75% to 85% of respondents selected agree or strongly agree, indicating that most hospitals have documented processes for health information exchange, chronic care management, medication reconciliation and coordinated transitions of care. These findings reflect a strong organizational commitment to continuity of care, reducing fragmentation and improving patient outcomes across health care settings.

Hospitals also reported actively monitoring outcomes for key chronic conditions, including diabetes, congestive heart failure, chronic obstructive pulmonary disease, asthma and cancer. However, tracking practices varied considerably across organizations. While many hospitals reported monitoring outcomes for these conditions, approximately 40% to 60% of respondents indicated they were not consistently tracking outcomes across all chronic disease categories, suggesting opportunities to standardize performance measurement and expand disease management programs. Encouragingly, approximately 70% to 80% of respondents reported having risk assessment and risk stratification processes in place, demonstrating growing use of population health strategies to identify high-risk patients and target interventions more effectively.

While the foundational care management infrastructure appears strong, participation in value-based reimbursement programs was more variable. Approximately 55% to 65% of hospitals reported billing for Transitional Care Management and Chronic Care Management services, while participation in the Merit-based Incentive Payment System was generally higher than participation in Advanced Alternative Payment Models. Responses suggest that roughly half of hospitals participate in MIPS, whereas participation in APMs remains more limited. These findings indicate that organizations are at different stages of value-based care maturity and may have opportunities to expand reimbursement strategies that support population health management and coordinated care delivery.

Overall, the results suggest that hospitals have developed a strong foundation in care coordination, chronic disease management and patient risk identification. High levels of agreement regarding care transitions, chronic care management and information sharing demonstrate substantial progress toward population health readiness. Future opportunities include expanding chronic disease outcome tracking, increasing utilization of TCM and CCM services, and growing participation in advanced value-based payment models to further improve quality outcomes, financial performance, and long-term population health impact.



Legal/Regulatory
DOMAIN

The survey results suggest that many hospitals have established legal and organizational structures to receive and distribute payments to participating providers, an important capability for supporting value-based care and alternative payment models. Overall, responses leaned positively, with approximately 65% to 70% of respondents selecting agree or strongly agree, indicating that many organizations have foundational financial arrangements in place to support provider participation in shared payment and reimbursement programs. This level of agreement suggests that many hospitals have begun developing the governance, contractual, and financial infrastructure necessary to support collaborative care networks and value-based reimbursement strategies.

At the same time, approximately 30% to 35% of respondents reported neutral, disagree or strongly disagree responses, indicating notable variation in organizational readiness. The relatively high number of neutral responses suggests that some hospitals may still be in the early stages of developing these capabilities or may lack visibility into existing payment distribution structures. Negative responses indicate that a subset of organizations continues to face challenges establishing the legal frameworks, provider agreements, and governance structures necessary to effectively manage shared payments across care partners and provider networks.

Overall, the findings indicate that while many hospitals have implemented the financial infrastructure needed to support collaborative payment arrangements, organizational maturity in this area remains inconsistent. The results suggest opportunities to strengthen provider alignment mechanisms, formalize payment distribution processes and expand participation in value-based reimbursement models. **Continued development of legal, contractual, and financial frameworks will help hospitals improve readiness for shared-risk arrangements and position themselves more effectively in an evolving value-based health care environment.**



Outcomes
DOMAIN

The survey results indicate that hospitals have established strong quality improvement and performance management infrastructures. An overwhelming majority of respondents selected agree or strongly agree across all five measures, with positive responses generally representing more than 80% of survey participants. Most respondents reported that their organizations publicly report quality data, maintain balanced scorecards that track organizational performance and engage in ongoing performance improvement activities. These findings demonstrate a strong commitment to accountability, transparency and data-driven decision-making.

A significant strength identified across hospitals is the use of structured performance management processes that integrate quality, patient satisfaction, workforce, community impact and financial metrics. Approximately 85% to 90% of respondents indicated that their organizations regularly identify improvement opportunities and bring together providers and stakeholders to collaborate on population health initiatives, reflecting a culture focused on continuous learning and organizational improvement. Additionally, annual review of Quality Assurance and Performance Improvement plans appears to be a well-established practice, with more than 90% of respondents reporting agreement or strong agreement, supporting ongoing evaluation and strategic alignment.

While overall performance was highly positive, a small percentage of respondents selected neutral or negative responses. Neutral responses generally accounted for less than 15% of responses, while disagreement was limited to a relatively small number of organizations. These findings suggest opportunities to strengthen consistency in quality reporting, stakeholder engagement and performance improvement activities across all hospitals. Variability in balanced scorecard utilization and public reporting practices may indicate differing levels of organizational maturity and infrastructure.

Overall, the findings show that hospitals have developed robust quality oversight and performance improvement frameworks that support population health goals, operational excellence and value-based care. The high level of agreement across all indicators, particularly in performance improvement, stakeholder collaboration and QAPI oversight, demonstrates that most organizations have established a strong foundation for quality management. Continued emphasis on transparent reporting, multidisciplinary collaboration, and the use of performance data to drive decision-making will further enhance organizational effectiveness and health care outcomes.



Policy/Advocacy
DOMAIN

The survey findings demonstrate a moderate but growing commitment among hospitals to addressing health disparities and advocating for the inclusion of nonclinical factors that affect an individual's health and risk adjustment factors in value-based performance measurement. Most respondents indicated either agree or strongly agree that their organizations support adjustments for social risk factors when evaluating performance outcomes, reflecting recognition that socioeconomic conditions can significantly influence patient outcomes, access to care and health care utilization.

Approximately 55% of respondents reported having a formal policy or organizational strategy to address health disparities, while approximately 45% indicated they do not yet have a formal policy in place. Although support for addressing health disparities appears relatively strong, the gap between advocacy and formal policy development suggests that many organizations are still transitioning from awareness and commitment to structured implementation.

A key strength identified is the widespread acknowledgment that traditional quality and performance measures should account for social, economic and environmental factors that contribute to differences in health outcomes across populations. However, the relatively high number of neutral responses indicates that some organizations may still be developing their approach to identifying, measuring and reducing health disparities within their communities.

Overall, the findings demonstrate that hospitals increasingly recognize the importance of addressing health disparities as part of population health and value-based care strategies. Opportunities exist to formalize organizational policies, establish clear health disparities and reduction goals, strengthen leadership accountability, and integrate disparity-focused measures into quality improvement and strategic planning processes. Continued focus in these areas will help organizations better identify disparities, improve outcomes for vulnerable populations and enhance performance within value-based reimbursement models.

Overall Recommendations

Leadership, Governance and Organizational Alignment

GOAL: Strengthen organizational accountability and strategic direction for population health.

- Establish clear executive sponsorship for population health initiatives.
- Create multidisciplinary population health steering committees.
- Implement routine performance dashboards and reporting structures.
- Align board-level strategy with operational accountability.
- Ensure leadership, clinical teams, finance, quality, data and community partners are working toward shared population health goals.

Community Partnerships and Cross-Sector Collaboration

GOAL: Build stronger community networks to address health needs beyond hospital walls.

- Expand partnerships with public health agencies.
- Formalize collaboration with schools, social service organizations, behavioral health providers and post-acute care partners.
- Improve care transitions across settings.
- Address social needs through coordinated community-based approaches.
- Support collaborative community health improvement initiatives.

Workforce Development and Capacity Building

GOAL: Ensure hospitals have the workforce necessary to support population health efforts.

- Expand staff education and training.
- Strengthen burnout prevention and well-being resources.
- Invest in recruitment and retention strategies.
- Support and expand care management roles.
- Improve staff understanding of how population health priorities connect to daily work.
- Prioritize workforce investments in rural, independent and mid-sized hospitals.

Data, Technology and Analytics Infrastructure

GOAL: Enhance the use of data to identify needs, coordinate care and measure outcomes.

- Standardize screening for nonclinical factors that affect an individual's health.
- Improve Z-code documentation practices.
- Strengthen interoperability across systems.
- Adopt closed-loop referral processes.
- Improve identification and tracking of high-risk patients.
- Monitor referral completion and outcomes.
- Measure disparities and target interventions more effectively.

Value-Based Care and Financial Sustainability

GOAL: Increase readiness for alternative payment models and performance-based reimbursement.

- Expand participation in shared savings and shared risk arrangements.
- Increase involvement in bundled payment programs.
- Utilize Transitional Care Management and Chronic Care Management services.
- Advance participation in Merit-based Incentive Payment System and Advanced Alternative Payment Models.
- Align provider compensation and incentives with quality, outcomes, patient experience and cost-efficiency measures.

Clinical Population Health Management

GOAL: Improve management of high-priority patient populations and chronic conditions.

- Standardize chronic disease tracking processes.
- Strengthen care management programs for diabetes, congestive heart failure, COPD, asthma and cancer.
- Implement consistent risk stratification approaches.
- Improve medication reconciliation processes.
- Standardize transitions-of-care workflows.
- Monitor outcomes to improve quality and reduce preventable utilization.

Reduce Health Disparities Through Policy and Advocacy

GOAL: Address disparities and strengthen population health outcomes through organizational action and policy engagement.

- Formalize organizational strategies to address health disparities.
- Incorporate disparity reduction measures into quality improvement plans.
- Support payment models that account for social risk factors.
- Move from disparity awareness to measurable action.
- Advocate for policies that improve community health outcomes and reduce disparities.

Conclusion

The 2026 Population Health Assessment makes one point clear: **Missouri hospitals are no longer preparing for population health transformation; they are actively engaged in implementation.** Across the state, hospitals have gained momentum in community engagement, care coordination, data use, quality improvement and value-based care readiness. **However, progress remains uneven, and the organizations that move quickly from strategy to disciplined execution will be best positioned to improve outcomes, reduce disparities, stabilize costs and lead in an increasingly accountable health care environment.**

The path forward requires bold leadership, sustained investment and a clear willingness to convert assessment results into action. **Hospitals must strengthen workforce capacity, close data and interoperability gaps, formalize partnerships, align financial incentives, and embed health disparities into daily operations. The call to action is clear: hospital leaders, boards, clinicians, community partners, and policymakers must use these findings now to set priorities, commit resources, and hold themselves accountable for measurable progress.** If Missouri hospitals act with urgency and shared purpose, this assessment can become more than a measurement tool; it can serve as a catalyst for a stronger, more connected, and more resilient health care system that delivers measurable value for patients, communities, and the future of health care in Missouri.



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