Frequently Asked Questions (FAQs)

What is the St. Louis Integrated Health Network?

The St. Louis Integrated Health Network (IHN) is an organization that collaborates with hospitals, community health centers, and other safety net institutions to increase access to high-quality, affordable healthcare for all residents of Metropolitan St. Louis. The IHN encourages collaboration between health centers toward the common goal of increasing health care access and quality for the medically underserved.

The IHN board members are the eight safety net institutions in St. Louis that together provide primary and specialty care to nearly 200,000 medically vulnerable patients in the region.

IHN Members	# of Locations	Type	Services
Affinia Health Centers (formerly known as Grace Hill Health Centers)	5	CHC, FQHC	Comprehensive primary care
Family Care Health Centers	2	CHC, FQHC	Comprehensive primary care
Betty Jean Kerr People's Health Centers	4	CHC, FQHC	Comprehensive primary care
CareSTL Health (formerly Myrtle Hilliard Davis Comprehensive Health Centers)	4	CHC, FQHC	Comprehensive primary care
Saint Louis County Department of Public Health	3	CHC	Comprehensive primary care
Saint Louis University School of Medicine		Academic	Specialty care
Washington University School of Medicine		Academic	Specialty care
Missouri Primary Care Association			Data Reporting and Visualization System (DRVS) - database of community health center clinic
St. Louis Regional Health Commission			Collaboration of health providers and

			community members.

For additional information about the IHN and member organizations, click here.

Why is the IHN interested in community academic partnerships?

The IHN and its member organizations are committed to promoting affordable, accessible, quality healthcare in the region through comprehensive patient-centered collaboration. We are interested in seizing and creating opportunities for partnership between IHN community health centers and academic institutions to encourage an evidence-based, regional approach to local health care delivery.

What are the priorities in research and program evaluation of the Community Health Centers as a network?

Projects that will have tangible benefits to the communities they serve, particularly in terms improving health care access and delivery to reduce disparities. The four priority areas for St. Louis CHCs are **obesity**, **childhood asthma**, **behavioral health**, and **women's health**. Proposals outside of these areas will be considered on a case-by-case basis

What are the short-, intermediate- and long-term goals of community academic partnerships?

Short-term: Foster increased communication and collaboration between safety net health providers and researchers on the basis of working toward a common goal.

Intermediate: Gather evidence and increase knowledge about ways to improve quality, accessibility, and affordability of healthcare for underserved populations.

Long-term: Implement strategies to measurably and sustainably improve population health.

What are the criteria for these partnerships and the process to develop a community academic partnership with the IHN?

The IHN will consider opportunities to collaborate with academic partners on projects that reflect the mission and programming of the network and have the capacity to engage at least four of the member organizations of the IHN. Academic representatives interested in partnering with the IHN should contact Amanda Stoermer. For more information on NCAP criteria and process click here. For the Written Request for Proposal (WRP) Form, click here.

What are Community Health Centers (CHCs)?

"Community Health Centers" is the preferred umbrella term for all IHN members that provide primary care services to all with fees adjusted based on ability to pay. This includes five Federally Qualified Health Centers (FQHCs) and the St. Louis County Public Health Department health center locations.

What are Federally Qualified Health Centers?

Federally Qualified Health Centers (FQHCs) are CHCs that meet stringent requirements in federal statute and are regulated by the Health Resources and Services Administration (HRSA). FQHCs receive reimbursement for Medicare and Medicaid services at reasonable cost as defined by the Centers for Medicare and Medicaid Services (CMS). These organizations are designated by HRSA as Community Health Centers. Founded under the Public Health Services Act of 1965, CHCs were designed to improve access to healthcare for underserved populations and decrease disparities. They must be located in or serving medically underserved areas, be governed by a patient-majority board and discount services to patients that qualify based on income and family size. For more information on the Community Health Center model, click here. Each site must go through an extensive enrollment process with Medicare and its state Medicaid agency to be approved as an FQHC. For more information, click here for CMS's FQHC fact sheet.

How are health centers of the Saint Louis County Department of Public Health different from an FQHC?

The health centers of the Saint Louis County Department of Public Health offer comprehensive care to St. Louis County residents regardless of the patient's ability to pay. Primary care services are not based on a flat fee-for-service structure, but include a sliding-fee scale for uninsured residents of St. Louis County. Primary care services at a county health center also include a pharmacy benefit plan for residents of St. Louis County. (Although people who are not residents of St. Louis County can visit the county health centers, they are not eligible for the sliding-fee scale or the pharmacy benefit plan.)

As a full-service county health department, the Saint Louis County Department of Public Health also has programs for environmental health, communicable diseases, animal and vector control, and corrections medicine (among many others) that may be able to provide additional resources beyond what would be available at most primary care facilities.

Please be aware that all partnerships with the Saint Louis County Department of Public Health that involve a financial exchange will require legislative approval by the County Council of St. Louis County.

What are the IT capabilities and commonalities in the network?

Electronic Health Records (EHR) programs in use:

- Affinia Health Centers (formerly known as Grace Hill Health Centers): NextGen
- Betty Jean Kerr People's Health Center: NextGen
- Family Care Health Centers: Intergy
- Myrtle Hilliard Davis Health Centers: Intergy
- Saint Louis County Department of Public Health: AllScripts

Most of the St. Louis CHCs have completed Stage 1 of Meaningful Use. (For more information on the Medicare and Medicaid EHR Incentive Program, click here.)

How is the network of Community Health Centers' data collected and reported?

Network data from the FQHCs are collected and reported to HRSA through the Uniform Data System (UDS). UDS data includes patient demographics, staffing, services provided, clinical indications, utilization rates, costs, and revenues. FQHCs capture and report their data to HRSA through the UDS. Data are reported annually. Of the three health centers belonging to the Saint Louis County Department of Health, two of the three report UDS (the John C. Murphy Health Center and the North Central Community Health Center).

In addition to using the UDS, the Saint Louis County Department of Health and the FQHCs also reports its data to the Regional Health Commission annually. For information and aggregated data about the St. Louis safety-net system population, services, access and utilization view reports here.

What kind of data can the Community Health Centers provide as a network?

All IHN member CHCs participate in the Missouri Primary Care Association (MPCA) Data Reporting and Visualization System (DRVS). The data collected by DRVS include all clinical information required by UDS but also goes beyond. Data tracked by DRVS include general patient information, primary diagnosis, selected health outcomes stratified by race/ ethnicity to expose disparities, and most of the documentation necessary to establish and maintain Primary Care Medical Home (PCMH) designation.

What elements must be included in any research design?

Research must have questions seeking outcomes that can be directed related to the community or population of interest, must be sustainable, and should address one or more elements of the Triple Aim: better patient experience, improved community health, and increased efficiency or decreased cost.

What types of research designs or program evaluations are appropriate for community academic partnerships? Are there any research designs that are prohibited?

Community academic partnerships are generally well suited for translational research. For more information and a good definition of translational research, click here. IHN values the principles and practices of Community Based Participatory Research (CBPR). Other study types may be appropriate depending on the proposal specifics.

Randomized Controlled Trials (RCTs) are often difficult given the risks of impeding patient care for the control group. Consider using the standard of care as the control intervention, modifying the timeline to allow for cluster or phased randomization trials, or using crossover designs so that all patients eventually have access to the same therapy. If an RCT is not necessary or logistically feasible, observational studies are often preferable.

What type of leadership structure is suitable for projects?

Health centers may request to have community partners as co-Principal Investigators as an acknowledgement of the equitable nature of the partnership and the community's contribution to the project. Acknowledgment of the contribution of community health professionals may also take the form of faculty appointments at research institutions.

What information should you discuss well in advance of a project's start to maximize a successful community academic partnership with the IHN?

- What will be the role of community partners and academic partners related to specific project activities (e.g. questionnaire development, recruitment, data collection, referral, project meetings, etc.)?
- How can the project gain maximum implementation with the least burden on day-to-day CHC operations?
- Who owns the data and research results?
- How will research results be disseminated?
  - To the community and patient population?
  - To all the partners?

- In professional and academic venues? Which specific partners will be responsible for disseminating results to whom and in what timeframe?
- What financial structures or budget processes must be considered?
- What IRB's are used in research and program evaluation? How are the rights of communities and populations protected? What should community partners expect with regard to IRB approval processes throughout the project?

What would be considered a conflict of interest for a project or partnership?

Health centers must put the needs of their patients above all other priorities. If a protocol is proposed that could compromise the health or medical care of a group of patients (e.g., a control group receiving no intervention), it will likely need to be modified to better align with CHC goals.

How can community academic partners foster collaboration outside of the funding proposal?

Suggestions include setting priorities in advance of funding opportunities, developing a memorandum of understanding that can be applied to the proposal, engaging with partners on a regular basis to follow up on the status of the project, and learning more about the partners' other priorities and projects.

Can individual community health centers engage with academic partners or community organization partners outside of the community academic partnership?

Yes; the IHN encourages interested parties to reach out directly if a relationship with one specific partner is desired.

Information gathered from the IHN, the National Association of Community Health Centers, and the Health Resources and Services Administration.

Additional resources/considerations related of FAQs:

What drives CBPR reviewers crazy? (Adapted from Community-Campus Partnerships for Health)

- When the argument for the study's significance and relevance in a particular community are based on national data
- When a community is described only in terms of its needs and not also its strengths and assets
- When no sound rationale is provided for the composition of the partnership

- When there is not a clear link between community-defined priorities and the proposed focus and approach
- When the study design is so specific and detailed that there is no room for a participatory process
- When no attention is paid to barriers to community participation (e.g., childcare, transportation, interpretation services)
- When attention is paid to the research methods but not the methods of building/sustaining community partnerships and community participation
- When a community board is to be established, but no detail is provided about board member recruitment, composition, role, staff support, etc.
- When there is no evidence of community capacity building (e.g., creating jobs, developing leaders, sustaining programs)
- When it is not easy to discern how funding is being divided among partners (e.g., show what % is going to the community vs. the university)
- When it is not clear who was involved in developing the proposal and how it was developed
- When most of all of the funding is retained by the applicant organization

Research Ethics (From Community-Campus Partnerships for Health)