MISSOURI
RURAL HEALTH TRANSFORMATION

Digital Readiness Survey Assessment Report

June 22nd, 2026

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Digital Readiness Survey
Background and Purpose

Rural Health Transformation Program (RHTP) Overview

RHTP will stand up a set of five strategic initiatives under the Transformation of Rural Community Health Care (ToRCH Care) program

1. Regional Coordinating Networks and Hub Activation
Create local and regional groups that help providers coordinate care and focus on critical needs, spanning 104 counties

2. Alternative Payment Models
Use new payment approaches that reward teamwork and better health outcomes

3. Digital Backbone
Build shared technology systems so providers can communicate and share information easily

4. Rural Health Workforce Programs
Train, recruit, and keep health care workers in rural areas

5. Provider Transformation
Help rural hospitals and clinics modernize how they operate, including strategic renovations

Rural Health Transformation Program (RHTP) Overview

RHTP Background

The State of Missouri was awarded federal funding through the **Rural Health Transformation Program (RHTP),** a multi-year initiative administered by the Centers for Medicare & Medicaid Services (CMS) to strengthen rural healthcare access, quality, and sustainability. The program is administered through the Missouri Department of Social Services.

The **Digital Readiness Survey** was designed to help the State **strategically allocate digital backbone investments and technical support** to rural health facilities over the 5-year grant period.

~$216M

Missouri's first-year RHTP award

Learn more about the program here

From federal funding to targeted investments

RHTP funding awarded
Federal funds allocated to MO via CMS

Digital readiness assessment conducted
Statewide baseline of digital capability

Targeted investments & technical assistance
Category-based support to rural facilities

MO Digital Backbone Initiative is a core RHTP priority

Missouri's RHTP initiatives

- Regional Networks and Hub Activation
- Alternative Payment Models
- **Digital Backbone**
- Rural Health Workforce Programs
- Provider Transformation

EHR Modernization & Interoperability

Funding Electronic Health Record (EHR) deployments and interoperability modernization so rural providers can exchange clinical data more effectively

HIE / QHIN Connectivity

Scaling Missouri's Rural Health Data Collaborative, onboarding rural facilities to Health Information Exchanges and Qualified Health Information Networks for statewide real-time data exchange

Social Care Referral & CIE Platform

Procuring a statewide Community Information Exchange (CIE) platform to enable closed-loop social referrals across clinical and community partners

MISSOURI INTEGRATED HEALTH DATA FABRIC

One source of truth across clinical, claims, social & public health data. Including (but not limited to) the elements below:

- **Unified Citizen Portal**
- **Data Lakehouse**
- **Master Patient Index**
- **Analytics & AI Reporting**

Cloud & Hybrid Architecture

Standing up a hybrid-cloud Data Lakehouse providing secure, scalable analytics and shared infrastructure for rural providers

Advanced Technologies

Funding Ambient Artificial Intelligence (AI) licensing, Remote Patient Monitoring (RPM) deployment, and telehealth expansion to improve provider and patient experience

Data Governance, Security & AI Policy

Establishing a Digital Governance Board setting data and responsible AI standards across rural providers

ENABLES THE KEY RHTP OBJECTIVES

- Expanded access to care
- Improved health outcomes
- Strengthened provider sustainability
- Increased interoperability

The Digital Readiness Survey establishes a baseline of the digital landscape, capability gaps, and funding opportunities across rural facilities to guide where investments are directed.

MISSOURI RURAL HEALTH TRANSFORMATION

What the Digital Readiness Survey Assessed

The survey collected baseline technology and readiness data across nine domains spanning interoperability, cybersecurity, data governance, and care delivery.

Facility Information

The survey reached **929 rural facilities** across **12** facility types.

EHR & Interoperability

92.4% of facilities have an EHR;

31% have working FHIR R4* endpoints (a key enabler for interoperability)

Infrastructure & Broadband

71.8% of facilities have 100+ Mbps broadband.

Cybersecurity & Privacy

~48% adhere to a recognized cybersecurity framework.

Financial Sustainability

Half allocate **5% or less** of budget to health Information Technology (IT)

Digital Workforce Capacity

60% report IT staff trained in cyber/EHR;

1 in 4 rate digital workforce capacity as low.

Data Governance & Reporting

39.3% have a published data governance policy and 29.9% a formal governance structure.

Patient-Facing Technology

Telehealth reaches **44.9%** of facilities and RPM reaches **16.2%.**

AI Adoption

38% have piloted or deployed AI;

~25% have AI governance processes in place.

* Fast Healthcare Interoperability Resources (FHIR) Release 4 (R4) endpoints

How Survey Results Will Inform Planning & Investment

Purpose of the survey

The survey was designed to help the State of Missouri understand the digital readiness of facilities participating in the Rural Health Transformation Program across areas including digital infrastructure, interoperability, cybersecurity, data reporting, and workforce capacity. Survey responses will directly inform how the State prioritizes digital backbone investments and technical support across rural providers.

Objectives of the survey

- Measure current digital readiness and identify key capability gaps across rural providers
- Establish baseline technology metrics tied to grant funding
- Support Year 1 and subsequent investment planning

Rural facility types included

- Hospitals
- Federally Qualified Health Centers (FQHCs)
- Rural Health Clinics (RHCs)
- Local Public Health Agencies (LPHAs)
- Certified Community Behavioral Health Clinics (CCBHCs)
- Community Mental Health Centers (CMHCs)
- Substance Use Disorder Treatment (SUD Tx)
- Emergency Medical Services (EMS)
- Pharmacies
- Multi-facility & EMS Multi-Facility respondents[1]
- Other (e.g., I/DD, residential, behavioral health support)

Administered Annually

The Digital Readiness Survey will be administered annually to capture YoY progress, enable facilities to correct inaccurate information, and capture new information from facilities that were unable to complete the prior survey.

How results inform planning & investment decisions

Category placement → facilities are categorized into RHTP support categories based on readiness, guiding which investments they are eligible for
Statewide gaps → survey findings inform funding priorities to close digital readiness gaps (e.g., EHR adoption, FHIR interoperability, HIE connection)
Advanced readiness → findings identify facilities positioned for advanced technologies (AI, telehealth, RPM) and inform prioritization

[1] **Multi-facility & EMS Multi-Facility respondents:** Respondents who selected more than one facility type on the survey (e.g., a health system operating as Hospital + FQHC, or a behavioral health organization operating as CCBHC + CMHC). EMS Multi-Facility respondents are EMS agencies that also operate other facility types (e.g., EMS + MIH-CP + Fire).

Survey Response Rates & Key Metrics

Key Takeaways

01 Strong rural participation across the state

Rural facilities responded at **70.3%** excluding pharmacies (234 / 333) and **55.7%** including pharmacies (929 / 1,669).

02 Engagement varied widely by rural facility type

CCBHCs, SUD Tx providers, FQHCs, and hospitals all responded at **70%+,** while **27.1%** of EMS organizations responded. LPHAs landed in the middle at **62.6%**.

03 EHR adoption is near-universal, but interoperability readiness is lower

92.4% of facilities have an EHR or clinical documentation system, **31%** have confirmed FHIR R4 endpoints, and **33.8%** are connected to an HIE — strong EHR adoption means substantial investment will be able to focus on interoperability upgrades.

04 Formal data governance frameworks are limited

39.3% of rural facilities have a published data governance policy and **29.9%** have a formal governance council or structure, pointing to data governance policy and structure support as a priority investment.

05 Cybersecurity practices are mixed

71.8% of facilities report a structured cybersecurity patching process, and **49.6%** meet HHS Cybersecurity Performance Goals or follow a recognized cybersecurity framework.

06 Advanced tech adoption is uneven; social-care connectivity is the biggest gap

Telehealth (**44.9%**) and AI (**38%**) have broader adoption than RPM at **16.2%**. The single largest gap across all metrics is connection to a Social Care Referral / CIE platform at **15.8%** (fewer than 1 in 6 rural facilities), highlighting CIE/social-care as a key need.

Survey Response Rates by Rural Facility Type – Excluding Pharmacy

70.3%
Response Rate
234 / 333 rural facilities

11
Rural Facility Types Represented
CCBHC, SUD Tx, FQHC, Hospital, LPHA, CMHC, EMS, Other, Multiple, EMS Multiple, RHC

234
Rural facilities responded across all non-pharmacy facility types

Rural Facility Type	In Scope	Rural Responded	Response Rate
Certified Community Behavioral Health Clinic (CCBHC)	12	12	**100.0%**
Substance Use Disorder Treatment (SUD Tx)	3	3	**100.0%**
Federally Qualified Health Center (FQHC)	20	19	**95.0%**
Hospital	75	55	**73.3%**
Local Public Health Agency (LPHA)	99	62	**62.6%**
Community Mental Health Center (CMHC)	2	1	**50.0%**
Emergency Medical Services (EMS)	122	33	**27.1%**
Other[1]	N/A	30	**N/A**
Multiple[2]	N/A	9	**N/A**
EMS Multiple[3]	N/A	4	**N/A**
Rural Health Clinic (RHC)	N/A	6	**N/A**
TOTAL	333	**234**	**70.3%**

1: ”Other” respondents: Residential & Community Living (13), I/DD & Developmental Disability Services (8), Other Community Services (6), Behavioral Health Support (3).
2: “Multiple” respondents selected more than one facility type on the survey (e.g., Hospital + FQHC, or FQHC + CCBHC + CMHC + SUD Tx)
3: “EMS Multiple” respondents are EMS agencies that also operate other facility types (e.g., EMS + MIH-CP + Fire)

** N/A = In scope facility list not received for this facility type*

Takeaways

- The survey saw high engagement from CCBHCs, SUD treatment providers, FQHCs, and hospitals — all exceeding **70%** response rates
- Local Public Health Agencies (LPHAs) also demonstrated strong engagement, with well over half responding **(62.6%)**
- Emergency Medical Services (EMS) had a survey response rate at **27.1%**

Survey Response Rates by Rural Facility Type – Including Pharmacy

55.7%

Response Rate

929 / 1667 rural facilities

12

Rural Facility Types Represented

CCBHC, SUD Tx, FQHC, Hospital, LPHA, Pharmacy, CMHC, EMS, Other, Multiple, EMS Multiple, RHC

929

Rural facilities responded in total, including pharmacies

Rural Facility Type	In Scope	Rural Responded	Response Rate
Certified Community Behavioral Health Clinic (CCBHC)	12	12	**100.0%**
Substance Use Disorder Treatment (SUD Tx)	3	3	**100.0%**
Federally Qualified Health Center (FQHC)	20	19	**95.0%**
Hospital	75	55	**73.3%**
Local Public Health Agency (LPHA)	99	62	**62.6%**
Pharmacy	1334	695	**52.1%**
Community Mental Health Center (CMHC)	2	1	**50.0%**
Emergency Medical Services (EMS)	122	33	**27.1%**
Other[1]	N/A	30	**N/A**
Multiple	N/A	9	**N/A**
EMS Multiple	N/A	4	**N/A**
Rural Health Clinic (RHC)	N/A	6	**N/A**
TOTAL	1667	**929**	**55.7%**

1: ”Other” respondents: Residential & Community Living (13), I/DD & Developmental Disability Services (8), Other Community Services (6), Behavioral Health Support (3).

2: “Multiple” respondents selected more than one facility type on the survey (e.g., Hospital + FQHC, or FQHC + CCBHC + CMHC + SUD Tx)

3: “EMS Multiple” respondents are EMS agencies that also operate other facility types (e.g., EMS + MIH-CP + Fire)

** N/A = In scope facility list not received for this facility type*

Takeaways

- Pharmacies accounted for 695 responses, over **70%** of all survey respondents, making them the single largest contributor to overall participation
- The inclusion of pharmacies reduced the response rate from **70.3%** to **55.7%,** reflecting the much larger pharmacy outreach population

Key Statewide Readiness Metrics — Overview

Interoperability

92.4% **EHR / Clinical Doc System** 858 / 929 rural	**35.0%** **FHIR-Enabled** 325 / 929 rural	**31.0%** **Confirmed R4 Endpoints** 288 / 929 rural	**34.6%** **USCDI v3+ Certified** 81 / 234 rural*	**33.8%** **HIE Connected** 314 / 929 rural	**15.8%** **Connected to SCR / CIE** 37 / 234 rural*

Cybersecurity

56.0% **RBAC Enabled** 131 / 234 rural*	**71.8%** **Cyber Patch Process** 168 / 234 rural*	**49.6%** **HHS Goals OR Framework** 461 / 929 rural

Data Governance

29.9% **DG Council / Structure** 70 / 234 rural*	**63.7%** **Shared Data Governance** 592 / 929 rural	**39.3%** **DG Policy Published** 92 / 234 rural*

Advanced Readiness

38.0% **AI Piloted or Deployed** 89 / 234 rural*	**44.9%** **Telehealth in Use** 105 / 234 rural*	**16.2%** **RPM in Use** 38 / 234 rural*

*** Metrics marked with an asterisk use n = 234 (rural excl. pharmacy); pharmacies were not asked these items. All other metrics use n = 929 (incl. pharmacy).**

Key Statewide Readiness Metrics — Interoperability

n = 929 (incl. pharmacy where applicable)

Interoperability metrics measure how well systems can share patient information between providers, pharmacies, hospitals, and community partners.

EHR / Clinical Doc System Adoption

92.4% 858 / 929 rural

What it is: The facility has some kind of electronic record system in place to store patient information.

Why it matters: Without an electronic record, there's no way to share information digitally.

Takeaway: *858 of 929 rural facilities (92.4%) have an EHR or clinical documentation system; 71 reported no electronic record.*

FHIR-Enabled

35.0% 325 / 929 rural

What it is: The facility's system speaks FHIR, a common digital language for sharing health information across different software.

Why it matters: If two systems both speak FHIR, they can pass patient info to each other without manual re-entry.

Takeaway: *325 of 929 rural facilities (35.0%) are FHIR-enabled.*

Confirmed R4 Endpoints

31.0% 288 / 929 rural

What it is: The facility has confirmed that FHIR R4 end points are configured and enabled.

Why it matters: Even if FHIR is supported, data won't flow until the connection is set up and verified.

Takeaway: *288 of 929 rural facilities (31.0%) have validated, working R4 endpoints.*

USCDI v3+ Standard

34.6% 81 / 234 rural excl. pharmacy

What it is: The system captures a standard set of patient information fields (like medications, allergies, vitals) the same way every other certified system does, following the United States Core Data for Interoperability (USCDI) standard

Why it matters: When everyone uses the same fields, data moves cleanly between systems, improving interoperability.

Takeaway: *81 of 234 rural facilities (34.6%) are certified; many respondents were not sure of their status.*

HIE Connected

33.8% 314 / 929 rural

What it is: The facility participates in a regional Health Information Exchange (HIE) for health data interoperability.

Why it matters: Facilities connected to an HIE can exchange health data for care coordination and population health.

Takeaway: *314 of 929 rural facilities (33.8%) are HIE-connected; SPHERE is the most common pharmacy HIE.*

Connected to SCR / CIE

15.8% 37 / 234 rural excl. pharmacy

What it is: The facility connects to a Social Care Referral (SCR) / Community Information Exchange (CIE) platform that links clinical care to social needs like housing, food, and transportation.

Why it matters: Patient health often depends on factors outside the clinic — these tools close the loop between care and community services.

Takeaway: *37 of 234 rural facilities (15.8%) are connected to a Social Care Referral / CIE platform.*

Note on pharmacy: Pharmacies were not asked whether USCDI v3+ standard has been adopted or CIE/SCR connectivity

Key Statewide Readiness Metrics — Cybersecurity

n = 234 rural (excl. pharmacy) for Role-Based Access Control (RBAC) & Patch; n = 929 for Framework

Cybersecurity metrics measure how well facilities protect patient data from breaches, ransomware, and unauthorized access.

RBAC Enabled

56.0% 131 / 234 rural excl. pharmacy

What it is: RBAC means that staff only see the patient information they need for their job — a nurse sees different things than a billing clerk.

Why it matters: Limiting access reduces what an attacker can steal if they break into one staff account.

Takeaway: *131 of 234 rural facilities (56.0%) have Role-Based Access Control (RBAC) enabled.*

Cybersecurity Patch Process

71.8% 168 / 234 rural excl. pharmacy

What it is: The facility has a routine for keeping software up to date when security fixes come out.

Why it matters: Most ransomware gets in through software that wasn't patched — a regular update process is the cheapest defense.

Takeaway: *168 of 234 rural facilities (71.8%) have a structured patch process.*

Meets HHS Cyber Goals OR Has a Framework

49.6% 461 / 929 rural (incl. pharmacy)

What it is: The facility either meets the federal HHS cybersecurity benchmarks or follows a recognized standard like NIST, HITRUST, SOC 2, or ISO/IEC 27001.

Why it matters: Adopting a recognized framework signals an organized security program — not just one-off controls.

Takeaway: *461 of 929 rural facilities (49.6%) meet the HHS benchmark or follow a recognized framework.*

Note on pharmacy: Pharmacies were not asked about RBAC or patching specifically; they were asked about security certifications, which inform the framework metric.

Key Statewide Readiness Metrics — Data Governance

n = 234 rural (excl. pharmacy) for Council & Policy;
n = 929 for Shared Data Governance (DG)

Data governance metrics measure whether facilities have clear rules and accountability for how patient data is collected, used, and shared.

Data Governance Council / Structure

29.9% 70 / 234 rural excl. pharmacy

What it is: The facility has a named group or committee responsible for data decisions — who can access what, how data quality is checked, etc.

Why it matters: Without someone accountable for the data, decisions get made one-off and inconsistencies build up.

Takeaway: *70 of 234 rural facilities (29.9%) have a formal data governance council or structure.*

Shared Data Governance

63.7% 592 / 929 rural (incl. pharmacy)

What it is: The facility shares data governance practices with other organizations — common policies, shared audit processes, joint consent rules.

Why it matters: When partners govern data the same way, sharing patient information across organizations is far easier and safer.

Takeaway: *592 of 929 rural facilities (63.7%) participate in a shared data governance model; pharmacy chains account for a large share.*

Data Governance Policy Published

39.3% 92 / 234 rural excl. pharmacy

What it is: The facility has a written, published policy that explains who owns the data, who can access it, and how quality is maintained.

Why it matters: A written policy is the difference between data being managed and data being managed by chance.

Takeaway: *92 of 234 rural facilities (39.3%) have a written, published data governance policy.*

Note on pharmacy: Pharmacies were not asked about Data Governance Policy or Data Governance Council/Structure — only whether they had a shared data governance model.

Key Statewide Readiness Metrics — Advanced Readiness

n = 234 rural respondents (excl. pharmacy)

Advanced readiness metrics measure adoption of newer technologies that improve access and reduce provider burden — AI, telehealth, and remote monitoring.

AI Piloted or Deployed

38.0% 89 / 234 rural excl. pharmacy

What it is: The facility is testing or actively using AI tools — most commonly ambient AI.

Why it matters: AI tools can save providers hours of documentation time each day, easing burnout and freeing up time for patients.

Takeaway: *89 of 234 rural facilities (38.0%) have piloted or deployed AI.*

Telehealth in Use

44.9% 105 / 234 rural excl. pharmacy

What it is: The facility delivers care via video visits or virtual specialty consults.

Why it matters: Telehealth lets rural patients see a specialist without driving hours — and lets facilities stretch limited staff.

Takeaway: *105 of 234 rural facilities (44.9%) have telehealth in use.*

RPM in Use

16.2% 38 / 234 rural excl. pharmacy

What it is: Remote Patient Monitoring — devices at home (blood pressure cuffs, glucose monitors, etc.) send vitals back to the care team automatically.

Why it matters: RPM catches problems early in patients with chronic conditions and prevents avoidable ER visits and hospital stays.

Takeaway: *38 of 234 rural facilities (16.2%) use Remote Patient Monitoring (RPM).*

Note on pharmacy: Pharmacies were not asked about AI, Telehealth, or RPM.

Facility Snapshots

Hospitals

n = 55 rural respondents

Rural Response Rate

75	55	73.3%
In Scope	Responded	Response rate

Key Metrics

INTEROPERABILITY	
EHR / Clinical Doc System	100%
FHIR-Enabled	95%
Confirmed R4 Endpoints	78%
USCDI v3+ Certified	82%
HIE Connected	91%
Connected to SCR / CIE	47%
CYBERSECURITY	
RBAC Enabled	95%
Cyber Patch Process	100%
HHS Cyber Goals OR Framework	85%
DATA GOVERNANCE	
DG Policy Published	65%
DG Council / Structure	65%
Shared Data Governance	67%
ADVANCED	
AI Piloted or Deployed	75%
Telehealth in Use	87%
RPM in Use	33%

Key Takeaways

1. **EHR & Interoperability**
   All 55 hospitals have an EHR and 52 of 55 (95%) are connected to an HIE or have R4 endpoints, meeting baseline readiness criteria for advanced technologies.

2. **Cybersecurity & Privacy**
   All hospitals have a structured patch process and 95% (52 of 55) have Role-Based Access Control enabled.

3. **EHR & Interoperability**
   26 of 55 hospitals (47%) are connected to a CIE platform; expanding this would support closed-loop social-care referrals.

4. **Patient-Facing Tech**
   48 of 55 hospitals (87%) use telehealth, while 18 of 55 (33%) use remote patient monitoring.

Local Public Health Agencies (LPHAs)

n = 62 rural respondents

Rural Response Rate

99	62	62.6%
In Scope	Responded	Response rate

Key Metrics

INTEROPERABILITY	
EHR / Clinical Doc System	63%
FHIR-Enabled	31%
Confirmed R4 Endpoints	15%
USCDI v3+ Certified	10%
HIE Connected	8%
Connected to SCR / CIE	2%
CYBERSECURITY	
RBAC Enabled	37%
Cyber Patch Process	48%
HHS Cyber Goals OR Framework	21%
DATA GOVERNANCE	
DG Policy Published	16%
DG Council / Structure	5%
Shared Data Governance	10%
ADVANCED	
AI Piloted or Deployed	0%
Telehealth in Use	6%
RPM in Use	6%

Key Takeaways

1. **EHR & Interoperability**
   39 of 62 LPHAs (63%) have an EHR, and 23 of 62 report no electronic record system. EHR deployment will help LPHAs strengthen data-sharing capabilities.

2. **EHR & Interoperability**
   5 of 62 LPHAs (8%) are connected to an HIE; onboarding more would help improve statewide real-time data exchange.

3. **Data Governance**
   10 of 62 LPHAs (16%) have a published data governance policy and 3 of 62 (5%) have a formal governance structure.

4. **Digital Workforce**
   32 of 62 LPHAs (52%) rate their digital workforce capacity as low or very low.

Emergency Medical Services (EMS)

n = 33 rural respondents

Rural Response Rate

122	33	27.1%
In Scope	Responded	Response rate

Key Metrics

INTEROPERABILITY	
EHR / Clinical Doc System	94%
FHIR-Enabled	21%
Confirmed R4 Endpoints	3%
USCDI v3+ Certified	15%
HIE Connected	36%
Connected to SCR / CIE	3%
CYBERSECURITY	
RBAC Enabled	34%
Cyber Patch Process	76%
HHS Cyber Goals OR Framework	21%
DATA GOVERNANCE	
DG Policy Published	30%
DG Council / Structure	9%
Shared Data Governance	3%
ADVANCED	
AI Piloted or Deployed	9%
Telehealth in Use	6%
RPM in Use	0%

Key Takeaways

1. **EHR & Interoperability**
   31 of 33 EMS agencies (94%) have an EHR, while 1 of 33 (3%) has a confirmed FHIR R4 endpoint; expanding R4 would let organizations exchange clinical data more effectively.

2. **Cybersecurity & Privacy**
   7 of 33 EMS agencies (21%) meet the HHS benchmark or follow a recognized cybersecurity framework.

3. **Patient-Facing Tech**
   2 of 33 EMS agencies (6%) use telehealth and none use remote patient monitoring.

4. **Infrastructure & Broadband**
   17 of 33 EMS agencies (52%) have 100+ Mbps broadband and 14 of 33 (42%) maintain a disaster-recovery plan.

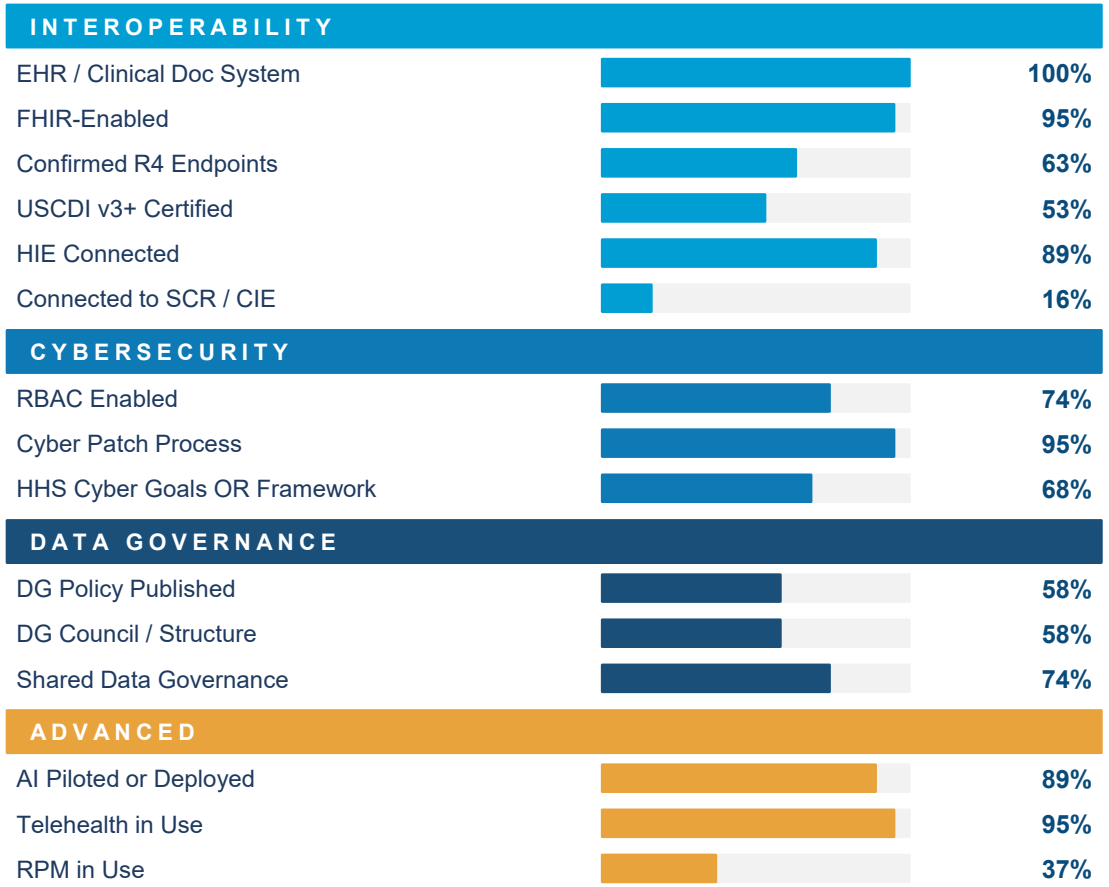
Federally Qualified Health Centers (FQHCs)

n = 19 rural respondents

Rural Response Rate

20	19	95.0%
In Scope	Responded	Response rate

Key Metrics



Key Takeaways

1 — EHR & Interoperability

19 of 19 FQHCs (100%) have an EHR and 18 of 19 (95%) are FHIR-enabled, indicating an interoperability base for advanced technologies support.

2 — EHR & Interoperability

12 of 19 FQHCs (63%) have a confirmed R4 endpoint and 17 of 19 (89%) are connected to an HIE.

3 — EHR & Interoperability

3 of 19 FQHCs (16%) are connected to a CIE platform; broader connection would support closed-loop social-care referrals.

4 — AI Adoption

17 of 19 FQHCs (89%) have piloted or deployed AI and 18 of 19 (95%) use telehealth.

Certified Community Behavioral Health Clinics (CCBHCs)

n = 12 rural respondents

Rural Response Rate

12	12	100.0%
In Scope	Responded	Response rate

Key Metrics

INTEROPERABILITY	
EHR / Clinical Doc System	100%
FHIR-Enabled	83%
Confirmed R4 Endpoints	75%
USCDI v3+ Certified	58%
HIE Connected	50%
Connected to SCR / CIE	8%
CYBERSECURITY	
RBAC Enabled	100%
Cyber Patch Process	100%
HHS Cyber Goals OR Framework	92%
DATA GOVERNANCE	
DG Policy Published	58%
DG Council / Structure	58%
Shared Data Governance	58%
ADVANCED	
AI Piloted or Deployed	83%
Telehealth in Use	100%
RPM in Use	8%

Key Takeaways

1. **EHR & Interoperability**
   12 of 12 CCBHCs (100%) have an EHR and 9 of 12 (75%) have a confirmed R4 endpoint, indicating readiness for advanced technology investments.

2. **Cybersecurity & Privacy**
   12 of 12 CCBHCs (100%) have Role-Based Access Control and a structured patch process, and 11 of 12 (92%) meet the HHS benchmark or a recognized framework.

3. **Patient-Facing Tech**
   6 of 12 CCBHCs (50%) are connected to an HIE; expanding connectivity would improve data sharing and care coordination

4. **Financial Sustainability**
   12 of 12 CCBHCs (100%) use telehealth and 6 of 12 (50%) report pursuing outside digital-health funding.

Substance Use Disorder Treatment Centers (SUD Tx)

n = 3 rural respondents

Rural Response Rate

3	3	100.0%
In Scope	Responded	Response rate

Key Metrics

INTEROPERABILITY	
EHR / Clinical Doc System	100%
FHIR-Enabled	33%
Confirmed R4 Endpoints	0%
USCDI v3+ Certified	0%
HIE Connected	0%
Connected to SCR / CIE	0%
CYBERSECURITY	
RBAC Enabled	67%
Cyber Patch Process	100%
HHS Cyber Goals OR Framework	33%
DATA GOVERNANCE	
DG Policy Published	33%
DG Council / Structure	33%
Shared Data Governance	67%
ADVANCED	
AI Piloted or Deployed	100%
Telehealth in Use	100%
RPM in Use	0%

Key Takeaways

1. **EHR & Interoperability**
   3 of 3 SUD Tx respondents (100%) have an EHR, while none have a confirmed R4 endpoint or HIE connection.

2. **AI Adoption**
   3 of 3 SUD Tx respondents (100%) use telehealth and all have piloted or deployed AI.

3. **Cybersecurity & Privacy**
   3 of 3 SUD Tx respondents (100%) report a structured patch process, while 1 of 3 (33%) meets the HHS benchmark or a recognized framework.

Community Mental Health Centers (CMHCs)

n = 1 rural respondents

Rural Response Rate

2	1	50.0%
In Scope	Responded	Response rate

Key Metrics

INTEROPERABILITY	
EHR / Clinical Doc System	100%
FHIR-Enabled	100%
Confirmed R4 Endpoints	100%
USCDI v3+ Certified	0%
HIE Connected	0%
Connected to SCR / CIE	0%
CYBERSECURITY	
RBAC Enabled	100%
Cyber Patch Process	100%
HHS Cyber Goals OR Framework	100%
DATA GOVERNANCE	
DG Policy Published	0%
DG Council / Structure	0%
Shared Data Governance	0%
ADVANCED	
AI Piloted or Deployed	0%
Telehealth in Use	100%
RPM in Use	0%

Key Takeaways

1. **EHR & Interoperability**
   The 1 CMHC respondent has an EHR, is FHIR-enabled, and has a confirmed R4 endpoint.

2. **EHR & Interoperability**
   The CMHC is not connected to an HIE or a CIE platform; onboarding to an HIE would help improve care coordination and data sharing.

3. **Data Governance**
   The CMHC uses telehealth and reports Role-Based Access Control, a structured patch process, and a recognized cybersecurity framework.

Rural Health Clinics (RHCs)

n = 6 rural respondents

Rural Response Rate

N/A*	6	N/A
In Scope	Responded	Response rate

Key Metrics

INTEROPERABILITY	
EHR / Clinical Doc System	100%
FHIR-Enabled	33%
Confirmed R4 Endpoints	33%
USCDI v3+ Certified	33%
HIE Connected	67%
Connected to SCR / CIE	0%
CYBERSECURITY	
RBAC Enabled	33%
Cyber Patch Process	83%
HHS Cyber Goals OR Framework	50%
DATA GOVERNANCE	
DG Policy Published	33%
DG Council / Structure	0%
Shared Data Governance	17%
ADVANCED	
AI Piloted or Deployed	67%
Telehealth in Use	67%
RPM in Use	17%

Key Takeaways

1. **EHR & Interoperability**
   6 of 6 RHCs (100%) have an EHR and 2 of 6 (33%) have a confirmed FHIR R4 endpoint; expanding R4 would let them exchange clinical data more effectively.

2. **EHR & Interoperability**
   4 of 6 RHCs (67%) are connected to an HIE, while none are connected to a CIE platform.

3. **Cybersecurity & Privacy**
   5 of 6 RHCs (83%) have a structured patch process and 2 of 6 (33%) have Role-Based Access Control enabled.

** N/A = In scope facility list not received for this facility type*

Pharmacies

n = 695 rural respondents

Rural Response Rate

1,334	695	52.1%
In Scope	Responded	Response rate

Key Metrics

	ALL PHARMACIES (n = 695)	LARGE CHAINS (n = 382)
INTEROPERABILITY		
EHR / Clinical Doc System	97%	99%
FHIR-Enabled	30%	51%
Confirmed R4 Endpoints	30%	51%
USCDI v3+ Certified	*Not surveyed*	*Not surveyed*
HIE Connected	30%	1%
Connected to SCR / CIE	*Not surveyed*	*Not surveyed*
CYBERSECURITY		
RBAC Enabled	*Not surveyed*	*Not surveyed*
Cyber Patch Process	*Not surveyed*	*Not surveyed*
HHS Cyber Goals OR Framework	51%	87%
DATA GOVERNANCE		
DG Policy Published	*Not surveyed*	*Not surveyed*
DG Council / Structure	*Not surveyed*	*Not surveyed*
Shared Data Governance	74%	96%
ADVANCED		
AI Piloted or Deployed	*Not surveyed*	*Not surveyed*
Telehealth in Use	*Not surveyed*	*Not surveyed*
RPM in Use	*Not surveyed*	*Not surveyed*

Key Takeaways

1 **EHR & Interoperability**

Large chains report higher rates than rural pharmacies overall on FHIR R4 (51% vs. 30%) and shared data governance (96% vs. 74%).

2 **EHR & Interoperability**

1% of large chains are connected to a Missouri HIE, compared with 30% of rural pharmacies overall; onboarding them would help improve statewide real-time data exchange.

Note: Large pharmacy chains often submitted a single response on behalf of multiple facilities; facility counts reflect all represented locations.

MISSOURI RURAL HEALTH TRANSFORMATION

Other Rural Facility Types

n = 30 rural respondents

Rural Response Rate

N/A*	30	N/A
In Scope	Responded	Response rate

Key Metrics

INTEROPERABILITY	
EHR / Clinical Doc System	30%
FHIR-Enabled	0%
Confirmed R4 Endpoints	0%
USCDI v3+ Certified	0%
HIE Connected	7%
Connected to SCR / CIE	3%
CYBERSECURITY	
RBAC Enabled	13%
Cyber Patch Process	27%
HHS Cyber Goals OR Framework	13%
DATA GOVERNANCE	
DG Policy Published	27%
DG Council / Structure	7%
Shared Data Governance	17%
ADVANCED	
AI Piloted or Deployed	20%
Telehealth in Use	13%
RPM in Use	13%

Key Takeaways

1. **EHR & Interoperability** — 9 of 30 facilities (30%) have an electronic record system and 21 of 30 (70%) report none.
2. **EHR & Interoperability** — None report FHIR or R4 capability, indicating a need for interoperability investments.
3. **Cybersecurity & Privacy** — 4 of 30 facilities (13%) meet the HHS benchmark or a recognized framework and 8 of 30 (27%) have a published data governance policy.
4. **EHR & Interoperability** — 6 of 30 facilities (20%) have piloted or deployed AI and 4 of 30 (13%) use telehealth.

** N/A = In scope facility list not received for this facility type*

Footnote: "Other" facility types include: Residential & Community Living (13), I/DD & Developmental Disability Services (8), Other Community Services (6), Behavioral Health Support (3).

Multiple Rural Facility Types

n = 9 rural respondents

Rural Response Rate

N/A*	9	N/A
In Scope	Responded	Response rate

Key Metrics

INTEROPERABILITY	
EHR / Clinical Doc System	89%
FHIR-Enabled	78%
Confirmed R4 Endpoints	56%
USCDI v3+ Certified	44%
HIE Connected	78%
Connected to SCR / CIE	33%
CYBERSECURITY	
RBAC Enabled	78%
Cyber Patch Process	78%
HHS Cyber Goals OR Framework	67%
DATA GOVERNANCE	
DG Policy Published	56%
DG Council / Structure	56%
Shared Data Governance	44%
ADVANCED	
AI Piloted or Deployed	56%
Telehealth in Use	88%
RPM in Use	33%

Key Takeaways

1. **EHR & Interoperability**
   8 of 9 multi-facility respondents (89%) have an EHR and 7 of 9 (78%) are connected to an HIE.

2. **Cybersecurity & Privacy**
   7 of 9 multi-facility respondents (78%) have Role-Based Access Control and 6 of 9 (67%) meet the HHS benchmark or a recognized framework.

3. **Patient-Facing Tech**
   8 of 9 multi-facility respondents (88%) use telehealth and 3 of 9 (33%) use remote patient monitoring.

** N/A = In scope facility list not received for this facility type*

Footnote: "Multiple Facility Types" (n=9 rural) — facilities that selected more than one facility type. Common combinations include Hospital + RHC; FQHC + CCBHC + CMHC + SUD Tx

EMS Multiple Facilities

n = 4 rural respondents

Rural Response Rate

N/A*	4	N/A
In Scope	Responded	Response rate

Key Metrics

INTEROPERABILITY	
EHR / Clinical Doc System	100%
FHIR-Enabled	75%
Confirmed R4 Endpoints	25%
USCDI v3+ Certified	50%
HIE Connected	25%
Connected to SCR / CIE	25%
CYBERSECURITY	
RBAC Enabled	75%
Cyber Patch Process	100%
HHS Cyber Goals OR Framework	25%
DATA GOVERNANCE	
DG Policy Published	50%
DG Council / Structure	50%
Shared Data Governance	50%
ADVANCED	
AI Piloted or Deployed	0%
Telehealth in Use	25%
RPM in Use	0%

Key Takeaways

1. **EHR & Interoperability**
   4 of 4 EMS Multiple respondents (100%) have an EHR and 3 of 4 (75%) are FHIR-enabled, while 1 of 4 (25%) has a confirmed R4 endpoint.

2. **Cybersecurity & Privacy**
   4 of 4 EMS Multiple respondents (100%) have a structured patch process and 3 of 4 (75%) have Role-Based Access Control enabled.

3. **EHR & Interoperability**
   1 of 4 EMS Multiple respondents (25%) is connected to an HIE; onboarding more would help improve statewide real-time data exchange.

** N/A = In scope facility list not received for this facility type*

Footnote: "EMS Multiple" (n=4 rural) — EMS agencies operating multiple facilities, primarily reporting EMS + Mobile Integrated Health-Community Paramedicine (MIH-CP).

Digital Maturity Framework

Framework Categories, Modules & Support Areas

Informed by Digital Readiness Survey responses, facilities are slotted into categories that align with their current digital maturity standing. This helps ensure facilities get the support they based on where they are today.

Each Category is made up of Modules; within each Module, facilities are eligible for various Support Areas that address needs identified in the Digital Readiness Survey.

CATEGORY 1

Foundational

MODULE

EHR Connection

SUPPORT AREAS: Shared EHR Deployment

CATEGORY 2

Modernization

MODULE

Required Interoperability

SUPPORT AREAS: FHIR R4 Endpoint Configuration, HIE Connection

Additional Interoperability

SUPPORT AREAS: USCDI v3 Upgrade, CIE Connection

Cybersecurity

SUPPORT AREAS: Cyber Framework Certification, RBAC Enablement, Cybersecurity Patches/Updates

Data & AI Governance

SUPPORT AREAS: Data Governance & AI Policy, Data & AI Governance Structure

CATEGORY 3

Advanced

MODULE

Advanced Technologies

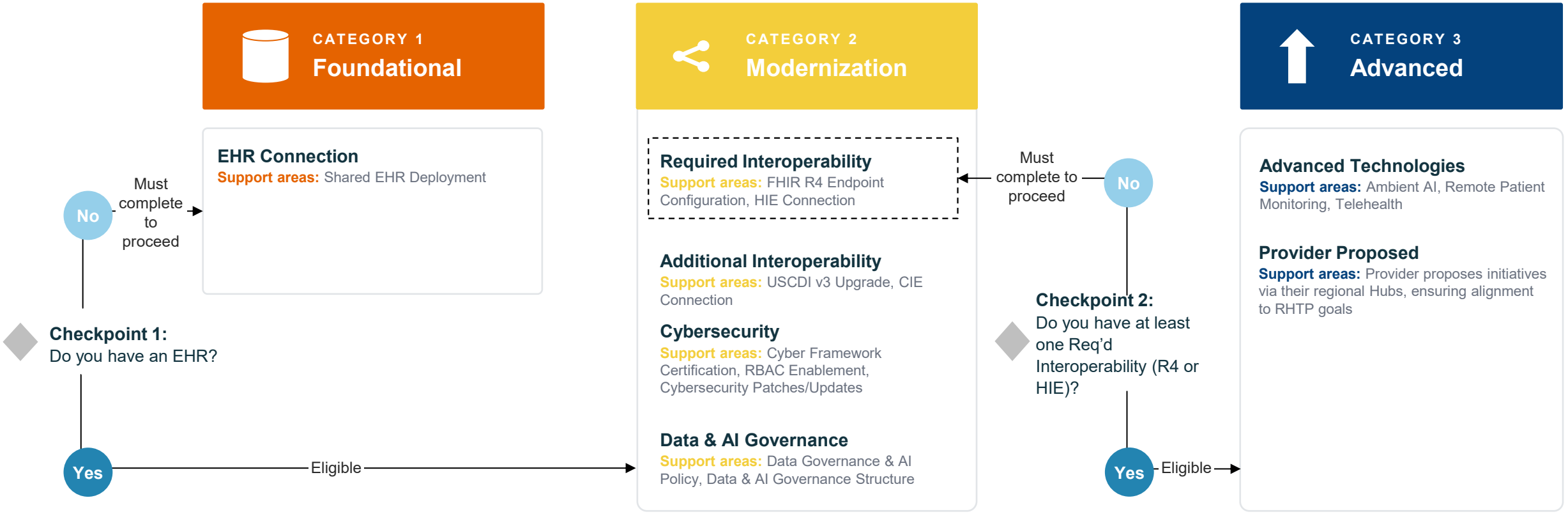
SUPPORT AREAS: Ambient AI, Remote Patient Monitoring, Telehealth

Provider Proposed

SUPPORT AREAS: Regional Hubs solicit input and proposed initiatives from participating providers and submit ideas, ensuring alignment with RHTP goals

How Survey Responses Map to Support

Each facility's responses to the Digital Readiness Survey determine what specific Support Area investments they are eligible for.



Note: Each facility may be eligible for multiple Support Areas.

How Rural Facilities Flow Through the Categories — Three Scenarios

Scenario 1: No EHR — held at Category 1

Rural Facility
Completes survey

Checkpoint 1
EHR in place?

Category 1 — Foundational
No EHR in place — Facility is held at Category 1

Checkpoint 2
R4 or HIE?

Category 2 — Modernization
Needs support across all Modernization modules, but foundational EHR adoption comes first

Category 3 — Advanced
Not eligible until Checkpoint 1 and Checkpoint 2 are cleared

OUTCOME (Y1 FUNDING)
Eligible for EHR Connection funding (Category 1)

Scenario 2: Has EHR, no R4 or HIE — held at Category 2

Rural Facility
Completes survey

Checkpoint 1
EHR in place?

Category 1 — Foundational
EHR in place — Facility does not need EHR connection funding

Checkpoint 2
R4 or HIE?

Category 2 — Modernization
No R4 or HIE; also needs Addtl. Interoperability, Cyber and Data & AI Governance support

Category 3 — Advanced
Checkpoint 2 not cleared — not yet eligible for advanced investments

OUTCOME (Y1 FUNDING)
Eligible for Category 2 (Modernization) funding

Scenario 3: Has EHR and R4 — reaches Category 3 (Advanced)

Rural Facility
Completes survey

Checkpoint 1
EHR in place?

Category 1 — Foundational
EHR in place — Facility does not need EHR connection funding

Checkpoint 2
R4 or HIE?

Category 2 — Modernization
R4 endpoint configured — eligible for Modernization support *and* Category 3

Category 3 — Advanced
Eligible for advanced investments and provider-proposed needs

OUTCOME (Y1 FUNDING)
Eligible for Modernization support in conjunction with advanced areas (Category 3)

KEY — CATEGORY LOGIC

Category 1 — Foundational
EHR adoption is required before any advancement. Clearing Checkpoint 1 (an EHR in place) unlocks Category 2 (Modernization) support.

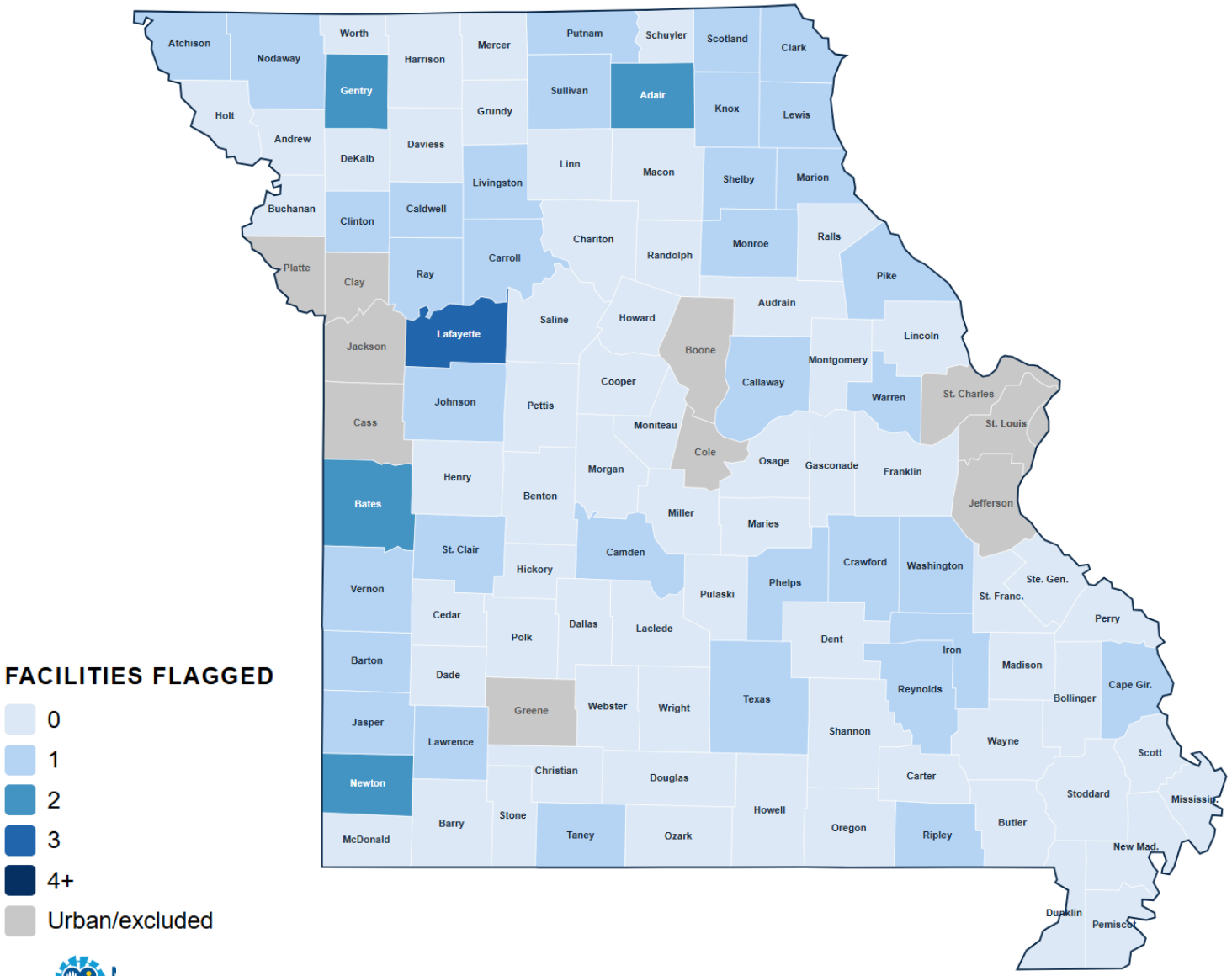
Category 2 — Checkpoint 2 (Required Interoperability)
An R4 endpoint and/or HIE connection unlocks Category 3 (Advanced). Without R4 or a HIE connection a facility can still receive support area investments across multiple Modernization modules but is blocked from Category 3.

Category 3 — Advanced (Eligible)
Once a facility has an R4 endpoint and/or HIE connection, it is eligible for advanced investments and provider-proposed needs — and remains eligible for Category 2 (Modernization) support if still needed.

MISSOURI RURAL HEALTH TRANSFORMATION

Note: The Digital Readiness Survey will be administered annually. Providers are not permanently assigned to a category and may move between categories based on evolving digital maturity.

Category 1 – Foundational Module



FACILITIES FLAGGED

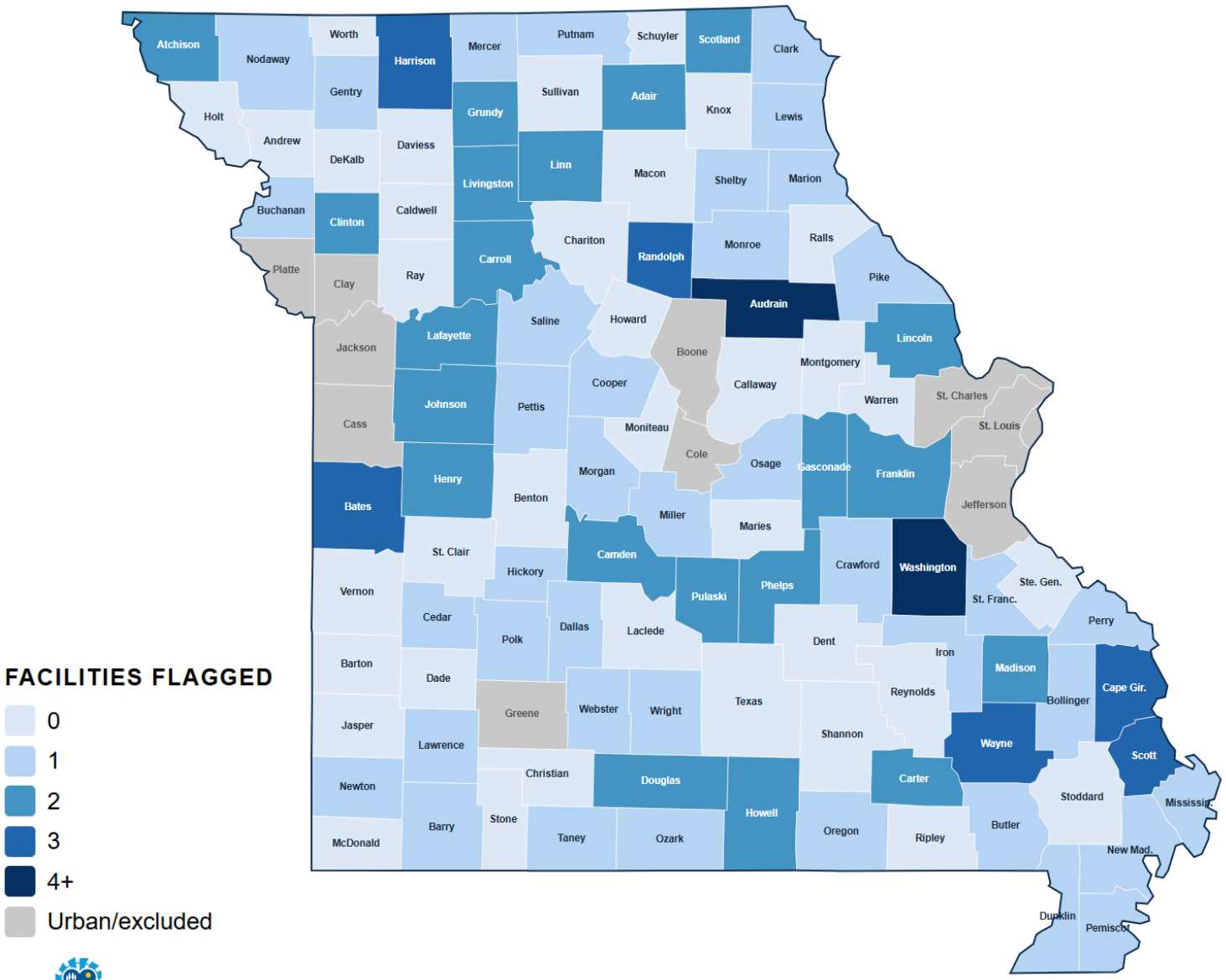
- 0
- 1
- 2
- 3
- 4+
- Urban/excluded

Key Insights

Total flagged rural facilities	47 across 40 counties
Rural facility type breakdown	LPHA (23, 49%), Other (21, 45%), EMS (2, 4%)
Most impacted county	Lafayette (3), Newton / Adair / Bates / Gentry (2 each)
Support area	EHR — 47 of 47 flagged facilities require it (100%)

LPHAs account for nearly half of all Category 1 flags. Hospitals are absent from this category entirely, they have universally cleared the foundational EHR bar. The single support area need tells a clear story: these 47 facilities have no EHR in place, meaning no higher-category capability is within reach until this gap is closed.

Category 2 – Required Interoperability Module



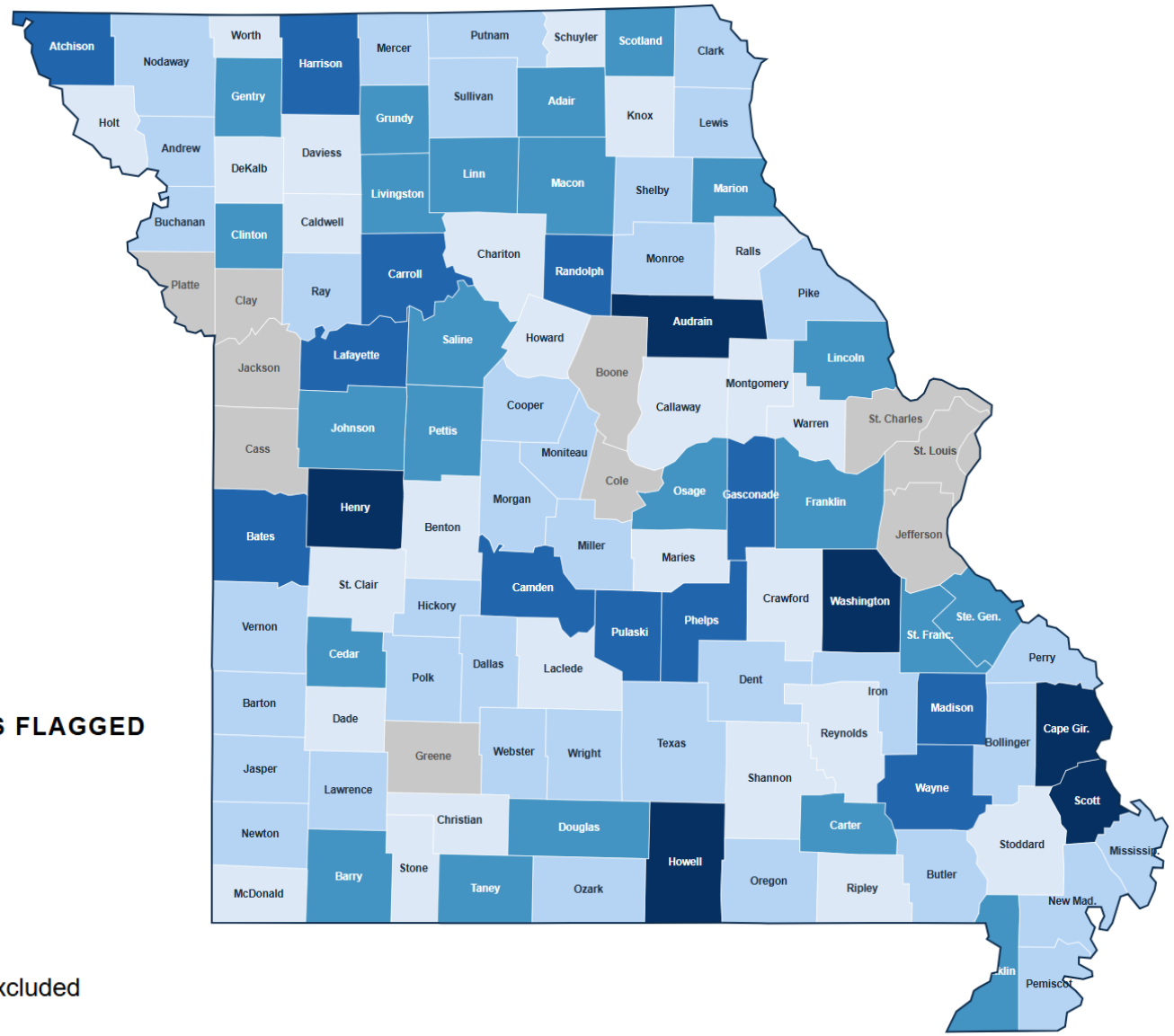
Key Insights

Total flagged rural facilities	116 across 73 counties
Rural facility type breakdown	LPHA (34, 29%), EMS (30, 26%), Hospital (14, 12%), Other (9, 8%), FQHC (8, 7%)
Most impacted county	Audrain (5), Washington (4), Harrison / Bates / Randolph / Wayne (3 each)
Support areas	R4 — 104 of 116 (90%), HIE Connection — 83 of 116 (72%)

With 116 flagged rural facilities across 73 counties, Category 2 (Required Interoperability) has one of the widest geographic footprints in the program. LPHAs (29%) and EMS (26%) together account for more than half of all flags in this Category.

RURAL HEALTH TRANSFORMATION

Category 2 – Additional Interoperability Module



FACILITIES FLAGGED

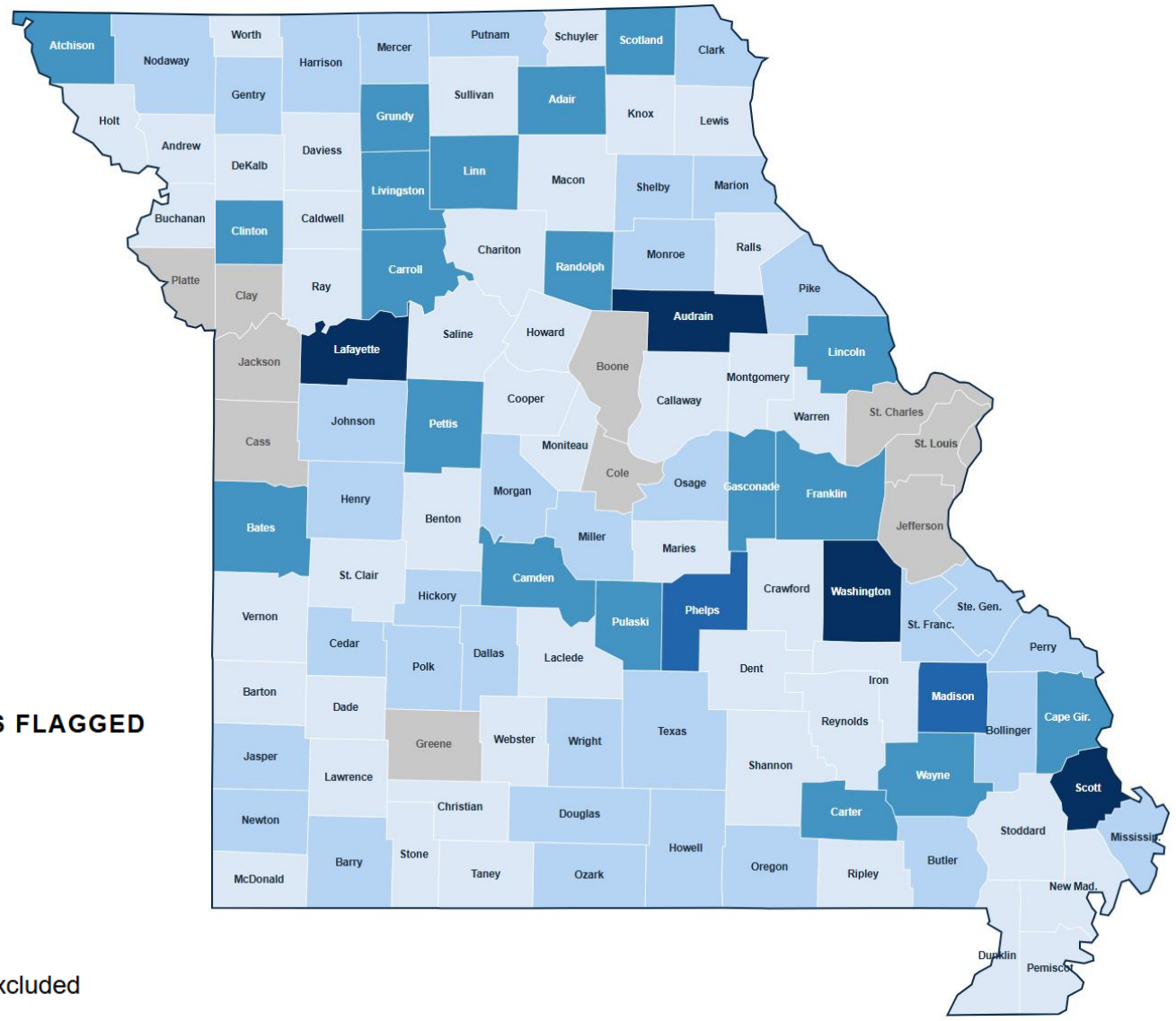
- 0
- 1
- 2
- 3
- 4+
- Urban/excluded

Key Insights

Total flagged rural facilities	157 across 84 counties (highest facility count and broadest county footprint of any category)
Rural facility type breakdown	LPHA (39, 25%), Hospital (32, 20%), EMS (31, 20%), FQHC (17, 11%), CCBHC (11, 7%)
Most impacted county	Henry / Audrain (5 each), Washington / Cape Girardeau / Howell / Scott (4 each)
Support areas	CIE Integration — 151 of 157 (96%), USCDI V3 — 106 of 157 (68%), HIE Enhancement — 106 of 157 (68%)

Category 2 (Additional Interoperability) has the highest number of eligible facilities (157) and geographic reach (84 counties). CIE Integration is needed by 96% of flagged facilities. USCDI V3 and HIE Enhancement are each needed by 68%, meaning most facilities need all three support areas simultaneously. The top three facility types, LPHAs (25%), hospitals (20%), and EMS (20%), are more evenly distributed here than in any other category, indicating this gap cuts broadly across the rural care ecosystem rather than concentrating in one provider type.

Category 2 – Cybersecurity Module



FACILITIES FLAGGED

- 0
- 1
- 2
- 3
- 4+
- Urban/excluded

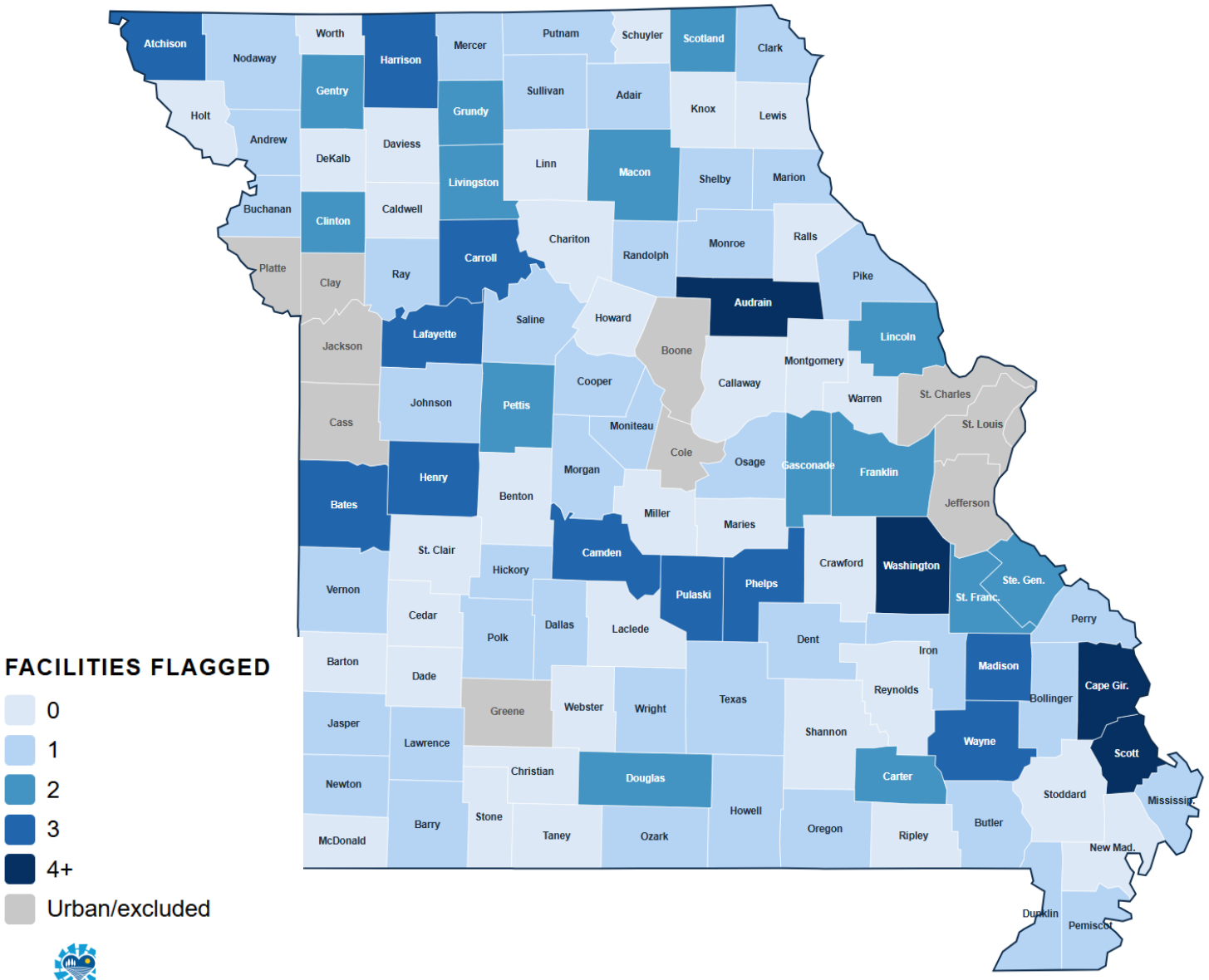
Key Insights

Total flagged rural facilities	101 across 63 counties
Rural facility type breakdown	EMS (29, 29%), LPHA (28, 28%), Hospital (12, 12%), FQHC (10, 10%), Other (7, 7%)
Most impacted county	Washington / Audrain / Scott / Lafayette (4 each), Madison / Phelps (3 each)
Support areas	Framework Certification Support — 97 of 101 (96%), RBAC Enablement — 56 of 101 (55%), Cyber Patches/Updates — 21 of 101 (21%)

Framework Certification Support is needed by 96% of flagged facilities, the single most concentrated support area need across all categorys. EMS (29%) and LPHAs (28%) are essentially tied at the top, together accounting for 57% of all Category 2 (Cybersecurity) flags.

MISSOURI RURAL HEALTH TRANSFORMATION

Category 2 – Data & AI Governance Module



FACILITIES FLAGGED

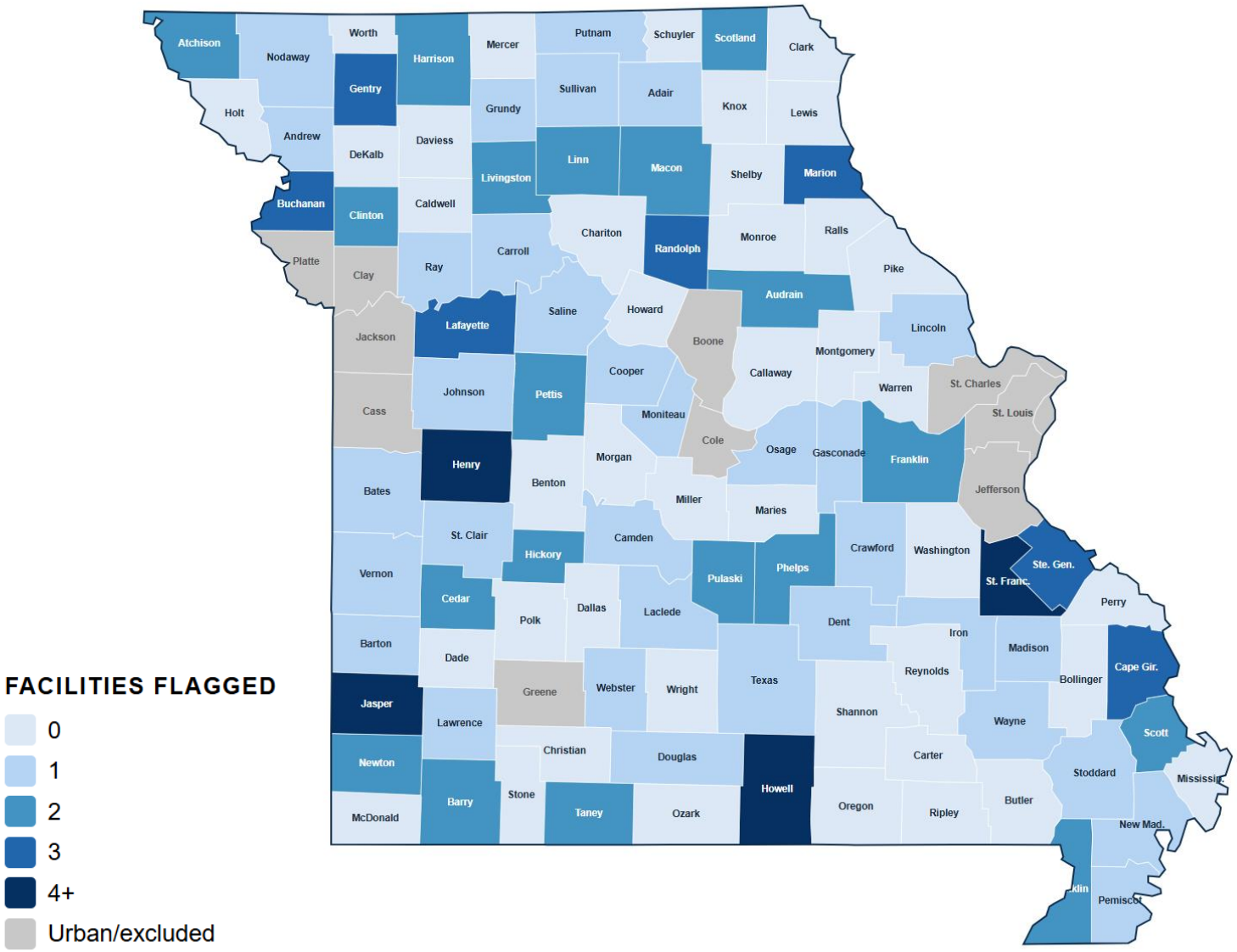
- 0
- 1
- 2
- 3
- 4+
- Urban/excluded

Key Insights

Total flagged rural facilities	128 across 74 counties
Rural facility type breakdown	LPHA (37, 29%), EMS (28, 22%), Hospital (23, 18%), FQHC (10, 8%), Other (9, 7%)
Most impacted county	Audrain (5), Washington / Cape Girardeau / Scott (4 each), Henry / Harrison (3 each)
Support areas	Governance Structure Support — 119 of 128 (93%), Data Governance Policy Support — 102 of 128 (80%)

At 128 facilities across 74 counties, Category 2 (Data & AI Governance) has the second-highest facility count and second-widest county footprint of any category. Governance Structure Support and Data Governance Policy Support almost always appear together, pointing to a systemic absence of data governance frameworks rather than isolated policy gaps. Hospitals represent 18% of flags in this category, a higher share than in most other categorys, suggesting data governance gaps are not limited to smaller or lower-resourced providers.

Category 3 – Advanced Technologies Module



Key Insights

Total flagged rural facilities	116 across 66 counties
Rural facility type breakdown	Hospital (52, 45%), FQHC (18, 16%), EMS (12, 10%), LPHA (9, 8%), CCBHC (9, 8%)
Most impacted county	Jasper (5), Henry / St. Francois / Howell (4 each), Cape Girardeau / Ste. Genevieve (3 each)
Support areas	Ambient AI, RPM Deployment Support, Telehealth Services

Hospitals make up the largest proportion (45%) of flagged facilities in this category. This category represents facilities that have cleared foundational adoption (Category 1) and have the required interoperability (Category 2 – Required Interoperability) in place positioning themselves to be more advanced.

MISSOURI RURAL HEALTH TRANSFORMATION

Additional Detailed Data

EHR / Clinical Documentation System Vendor Distribution

n = 929

Named EHR / Clinical Documentation System Vendors (counts of 5 or more)

EHR / Clinical Documentation System Vendor	Count	% of Rural	Segment
Proprietary / Chain-specific pharmacy system	331	35.6%	Pharmacy
PioneerRx	147	15.8%	Pharmacy
Multiple EHRs	113	12.2%	Mixed
None / no EHR	66	7.1%	N/A
EnterpriseRx	42	4.5%	Pharmacy
Epic Systems Corporation	24	2.6%	Hospital/FQHC
CureMD	22	2.4%	LPHA
Liberty	18	1.9%	Pharmacy
FrameworkLTC	17	1.8%	Pharmacy
Meditech	14	1.5%	Hospital, FQHC, CCBHC
ComputerRx	12	1.3%	Pharmacy
ESO	9	1.0%	EMS
Epic Willow (pharmacy module)	9	1.0%	Pharmacy
Patagonia Health	9	1.0%	LPHA
TruBridge	8	0.9%	Hospital
Qualifacts/CareLogic	8	0.9%	CCBHC/SUD
ImageTrend	7	0.8%	EMS
NextGen	7	0.8%	FQHC/RHC
Oracle Cerner	6	0.6%	Hospital
Therap	6	0.6%	Other (I/DD)
eClinicalWorks	5	0.5%	FQHC
Athenahealth	5	0.5%	Hospital, FQHC
Multiple EHRs (write-in)	5	0.5%	Mixed

Note: Vendors reported by fewer than 5 rural facilities are not listed individually. Percentages are of all 929 rural respondents.

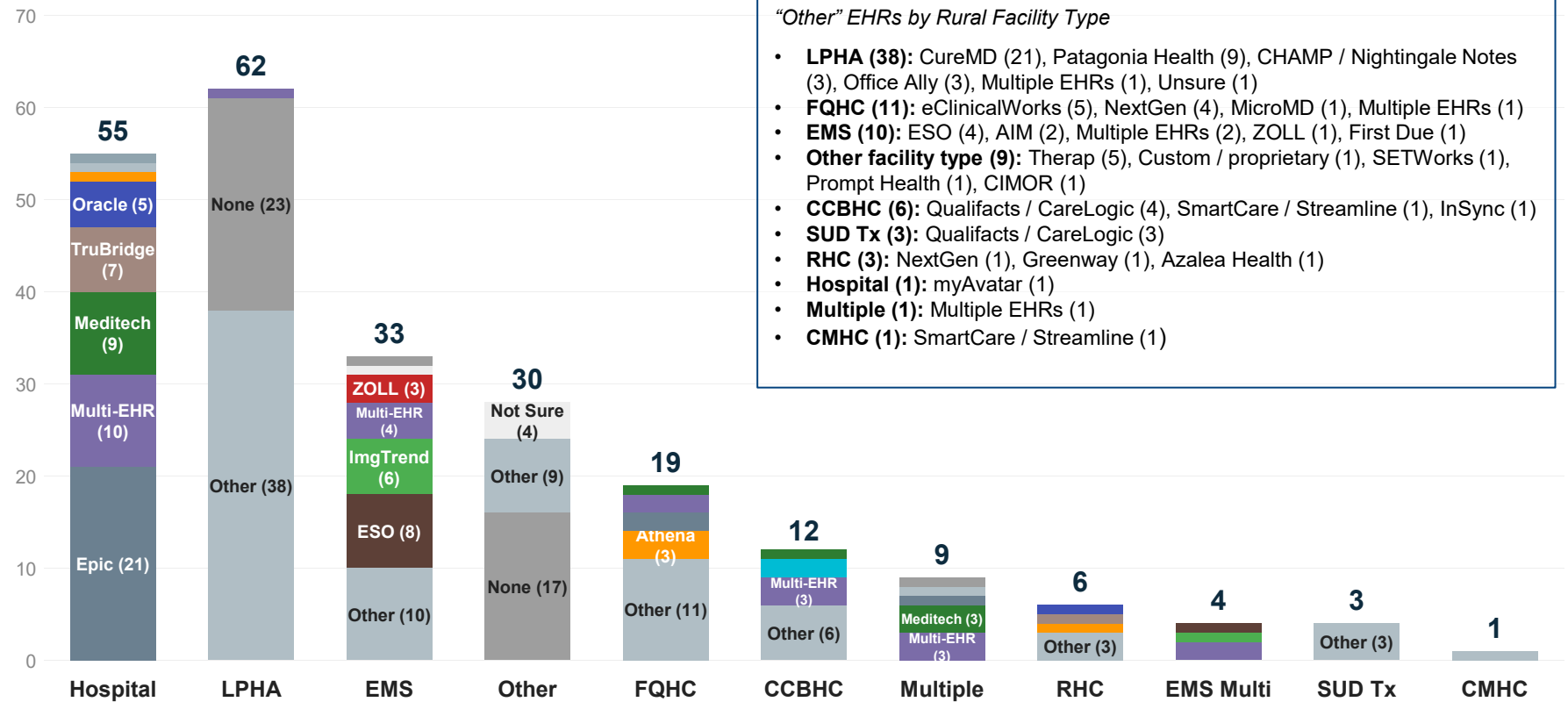
EHR Vendor Distribution by Rural Facility Type

n = 929 rural · facilities may use multiple systems

Pharmacy · n = 695 · shown separately due to scale

Smaller stacks: EnterpriseRx (42), None / no EHR (24), Liberty (18), FrameworkLTC (17), ComputerRx (12), Epic Willow (9), DRX (3), QS/1 (2), Rx30 (2)

All other facility types · n = 234 (rural excl. pharmacy)



"Other" EHRs by Rural Facility Type

- **LPHA (38):** CureMD (21), Patagonia Health (9), CHAMP / Nightingale Notes (3), Office Ally (3), Multiple EHRs (1), Unsure (1)
- **FQHC (11):** eClinicalWorks (5), NextGen (4), MicroMD (1), Multiple EHRs (1)
- **EMS (10):** ESO (4), AIM (2), Multiple EHRs (2), ZOLL (1), First Due (1)
- **Other facility type (9):** Therap (5), Custom / proprietary (1), SETWorks (1), Prompt Health (1), CIMOR (1)
- **CCBHC (6):** Qualifacts / CareLogic (4), SmartCare / Streamline (1), InSync (1)
- **SUD Tx (3):** Qualifacts / CareLogic (3)
- **RHC (3):** NextGen (1), Greenway (1), Azalea Health (1)
- **Hospital (1):** myAvatar (1)
- **Multiple (1):** Multiple EHRs (1)
- **CMHC (1):** SmartCare / Streamline (1)

Legend · Vendor (rural total)

- Proprietary/Chain (331)
- PioneerRx (147)
- Multiple EHRs (113)
- Other (write-in) (83)
- None / no EHR (66)
- EnterpriseRx (42)
- Epic (24)
- Liberty (18)
- FrameworkLTC (17)
- Meditech (14)
- ComputerRx (12)
- ESO (9)
- Epic Willow (9)
- TruBridge (8)
- ImageTrend (7)
- Oracle Cerner (6)
- Athenahealth (5)
- Not Sure (5)
- ZOLL (3)
- DRX (3)
- Netsmart (2)
- Rx30 (2)
- QS/1 (2)
- Altera (1)

HIE Connectivity, Networks & Exchange

n = 929

33.8%
HIE Connected
314 / 929 rural

29.0%
Bidirectional Exch.
91 / 314 connected

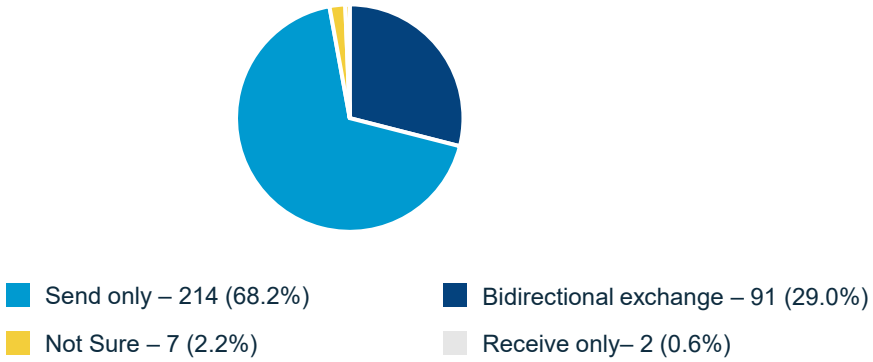
92.6%
24hrs or less
291 / 314 connected

34.2%
No HIE
318 / 929 rural

Most common HIE Networks & Vendors (sorted descending from top)

Vendor / Network	Count	% of HIE-Connected
SPHERE	193	61.5%
Multiple HIEs	32	10.2%
Tiger Institute (incl. Tiger / Tiger Connect / Tiger Institute)	21	6.7%
Velatura (incl. Velatura HIE / Veltura)	10	3.2%
LACIE / Lewis And Clark Information Exchange (incl. LACIE / Lacie / Lacey)	8	2.5%
Carequality (incl. CAREQUALITY / Care Quality / carequality)	6	1.9%
CommonWell (incl. Commonwell / Common Well)	6	1.9%
ESO (incl. ESO / ESO EHR)	3	1.0%
Meditech Traverse (incl. TEFCA)	3	1.0%
Show Me Vax	2	0.6%
Cerner / Oracle	2	0.6%
Pulsara (incl. XchangeER Pulsara)	2	0.6%
Other	2	0.6%
SureScripts	2	0.6%

HIE Exchange Level (of 314 connected)



HIE Data Timeliness (of 314 connected)

Timeliness	Count	%
Less than 12 hours	206	65.6%
Near real-time (within minutes)	78	24.8%
Not Sure	19	6.1%
12-24 hours	7	2.2%
>24 hours	4	1.3%

CIE / Social Care Connectivity

n = 234

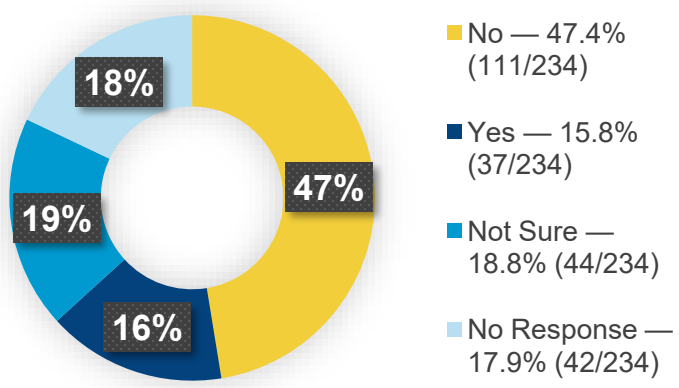
15.8%
CIE Connected
37 / 234 rural

47.4%
No CIE Platform
111 / 234 rural

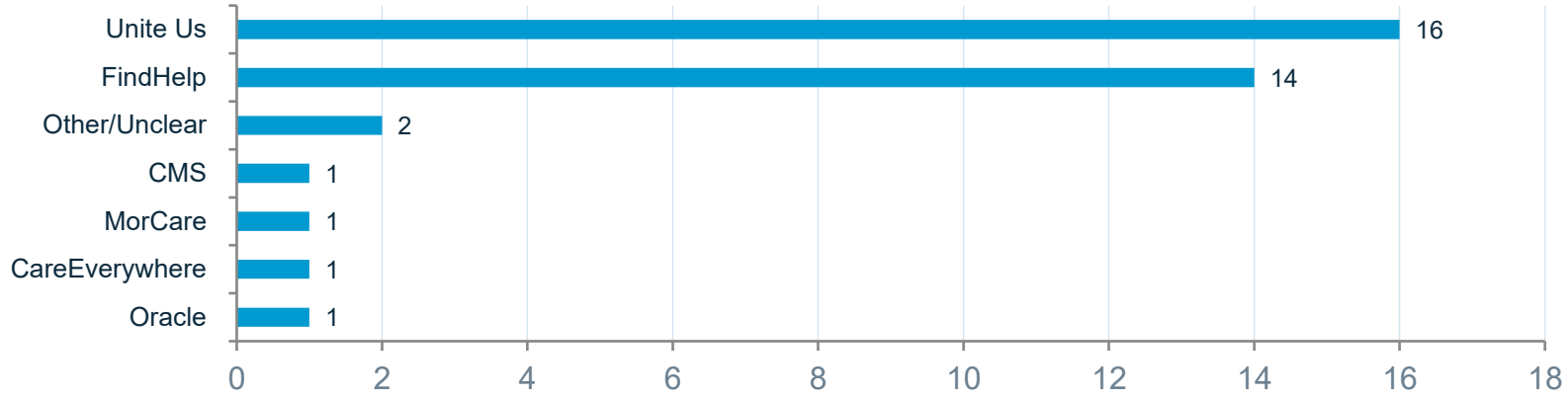
18.8%
Not Sure
44 / 234 rural

51.4%
CIE Satisfied
19 / 37 connected

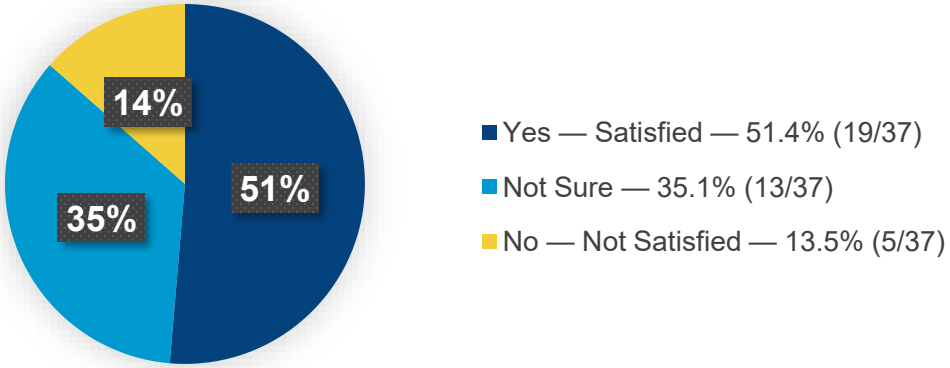
CIE Connectivity Status (n=234 excl. pharmacy)



CIE Platforms (of 37 connected · multi-select · sorted descending from top)



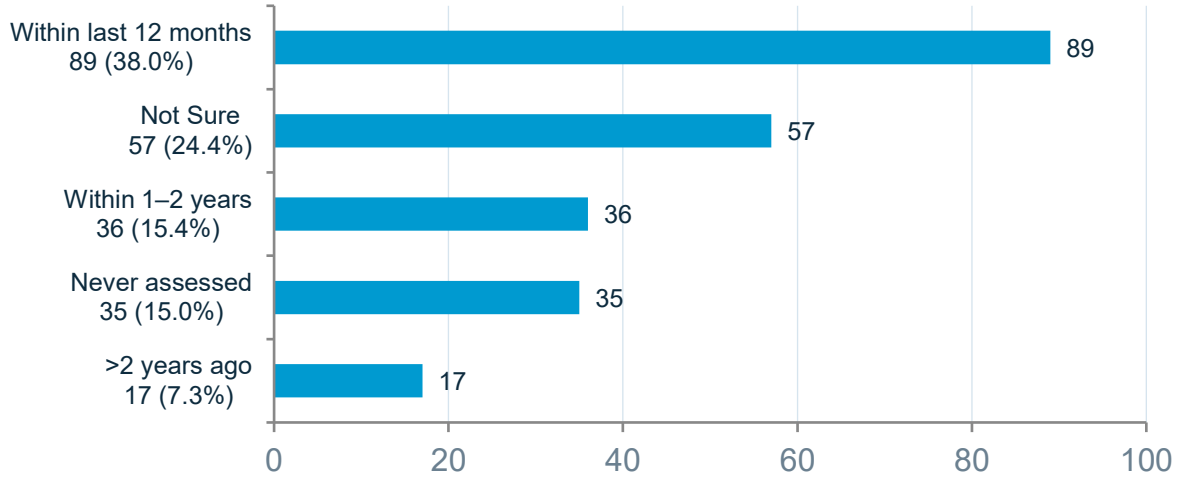
CIE Platform Satisfaction (of 37 connected)



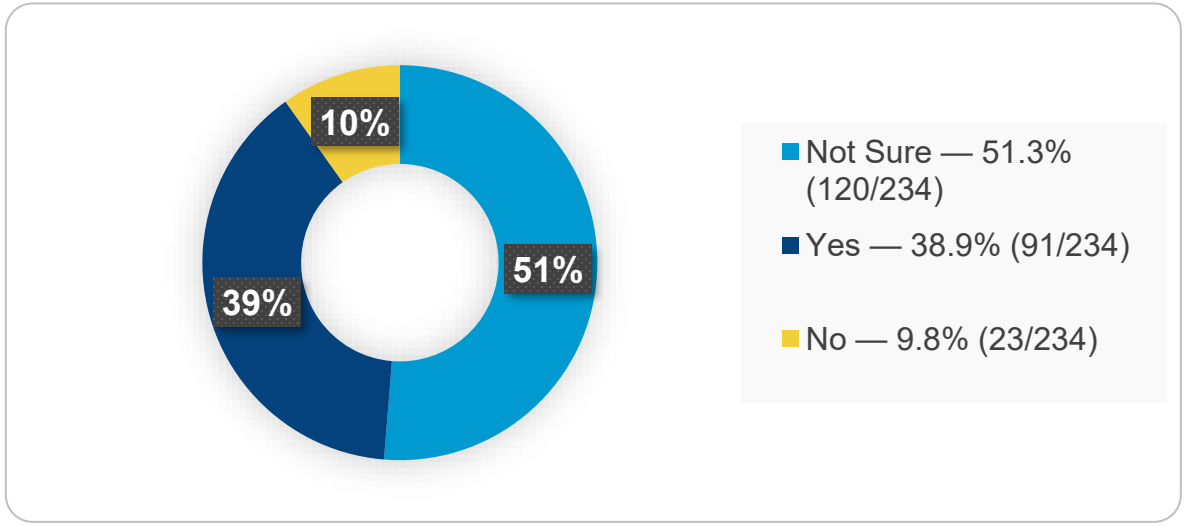
Cybersecurity Assessments & HHS Goals

n = 234 or 929 (when incl. pharmacies)

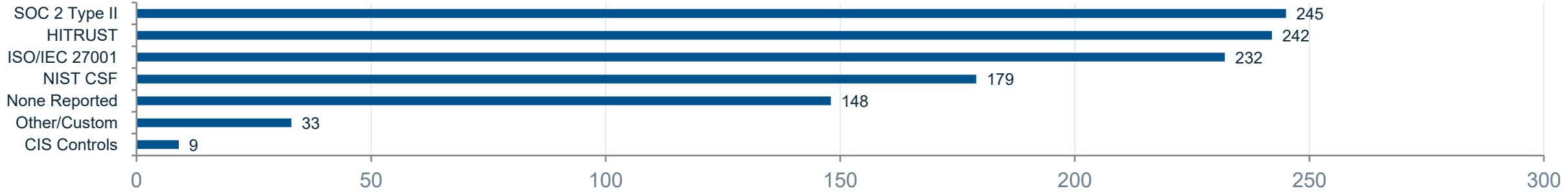
Last 3rd-Party Cyber Assessment (n=234 excl. pharmacy · sorted descending from top)



Meets HHS Cybersecurity Performance Goals (n=234 excl. pharmacy)



Cyber Frameworks & Certifications (multi-select · including pharmacies · sorted descending from top)



Cyber Framework Links:

SOC 2: https://soc2.co.uk/
HITRUST: https://hitrustalliance.net/hitrust-framework
ISO/IEC 27001: https://www.iso.org/standard/27001
NIST CSF: https://www.nist.gov/cyberframework
CIS Controls: https://www.cisecurity.org/controls

Data Sharing Methods, Formats & Governance Maturity

n = 234

47.4%

Standardized Reporting Formats

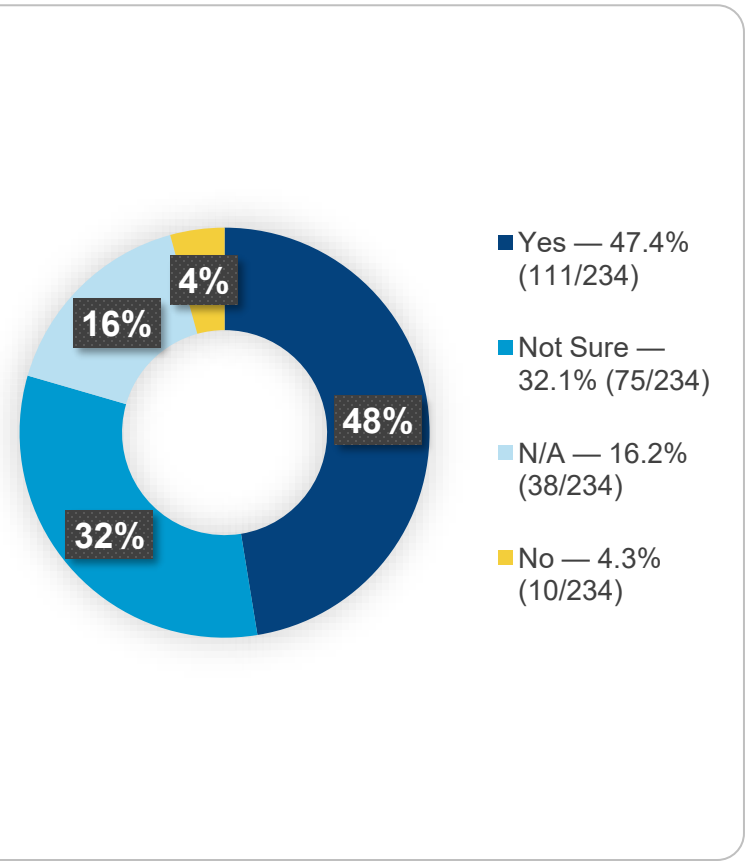
111 / 234 rural excl. pharm

30.8%

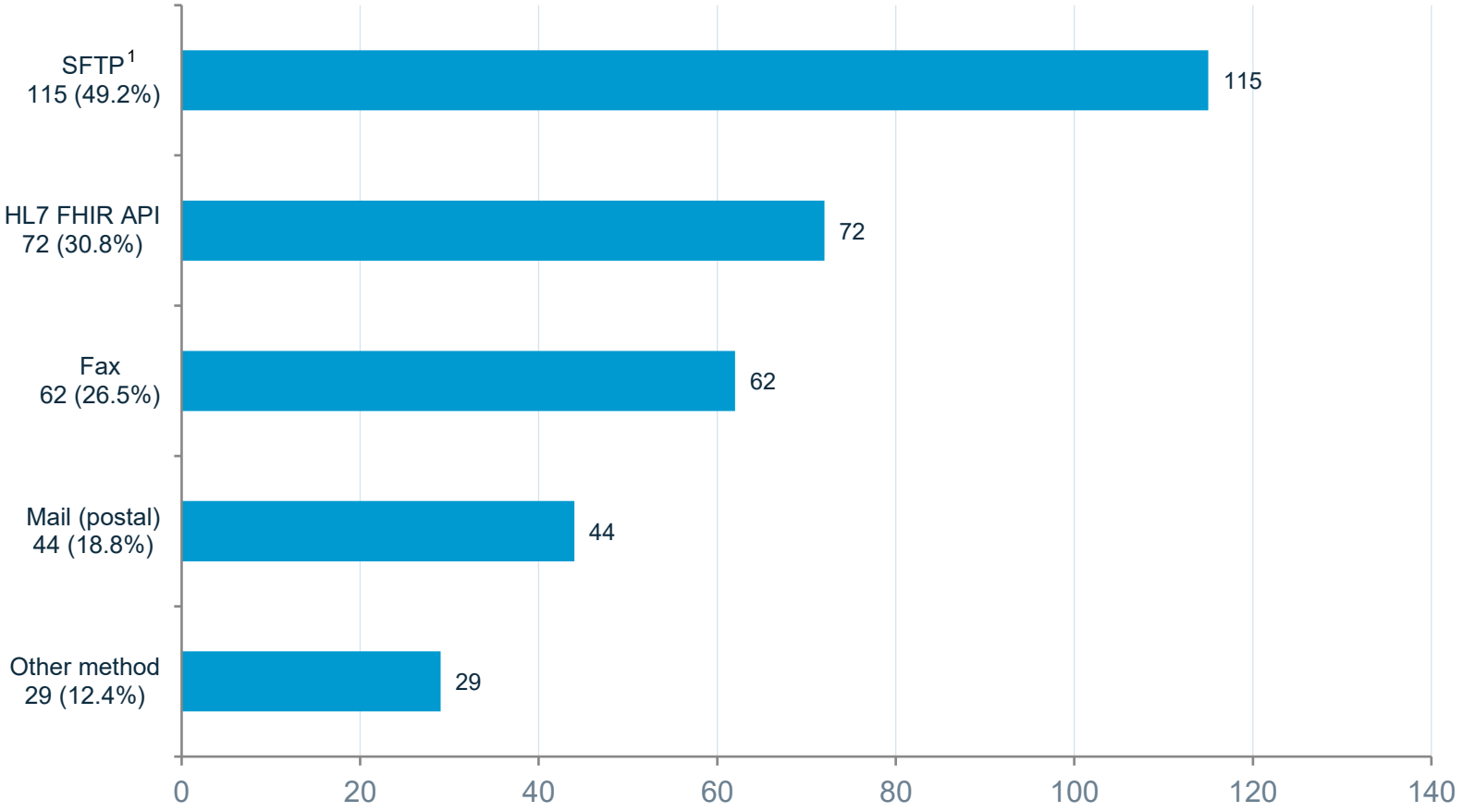
Use of HL7 FHIR APIs For Data Sharing

72 / 234 rural excl. pharm

Standardized Format Use (n=234 excl. pharmacy)



Data Sharing Methods (n=234 excl. pharmacy · multi-select · sorted descending from top)



1. SSH File Transfer Protocol

Ambient AI Adoption & Governance

n = 234

28.2%
Ambient AI Piloted
66 / 234 rural excl. pharm

28.2%
Ambient AI Deployed
66 / 234 rural excl. pharm

25.2%
AI Governance
59 / 234 rural excl. pharm

Ambient AI Vendors — Piloted Most Common (sorted descending from top)

Vendor / Tool	Count	% of piloted ambient AI
Multiple Ambient AI Tools	15	22.7%
Nuance DAX / DAX Copilot	15	22.7%
Suki	6	9.1%
Eleos (incl. Eleos Scribe)	4	6.1%
Sunoh AI	3	4.5%
Bells (incl. Bells for Avatar / Bells Virtual Scribe)	3	4.5%

Ambient AI Vendors — Deployed Most Common (sorted descending from top)

Vendor / Tool	Count	% of deployed ambient AI
Nuance DAX / DAX Copilot	15	22.7%
Multiple Ambient AI Tools	9	13.6%
Suki	6	9.1%
Eleos (incl. Eleos Scribe / Eleos BH)	6	9.1%
Sunoh AI	3	4.5%
Abridge	3	4.5%
Oracle (incl. Oracle CAE)	3	4.5%
Bells (incl. Bells for Avatar / Bells Virtual Scribe)	3	4.5%

AI Governance Processes (n=234 excl. pharmacy)

Response	Count	%
N/A	21	9.0%
No	60	25.6%
Yes	59	25.2%
Not Sure	25	10.7%

AI Staff Awareness & Training (n=234 excl. pharmacy)

Awareness Level	Count	%
All	21	9.0%
Most	29	12.4%
Some	32	13.7%
Few	22	9.4%
None	41	17.5%
No Response	69	29.5%

% Clinical Hours Supported by Ambient AI (of 66 AI-deploying)

Coverage Band	Count	%
>50%	16	24.2%
30–40%	11	16.7%
20–30%	9	13.6%
10–20%	16	24.2%
<10%	11	16.7%

Barriers to Digital Health Adoption

n = 234

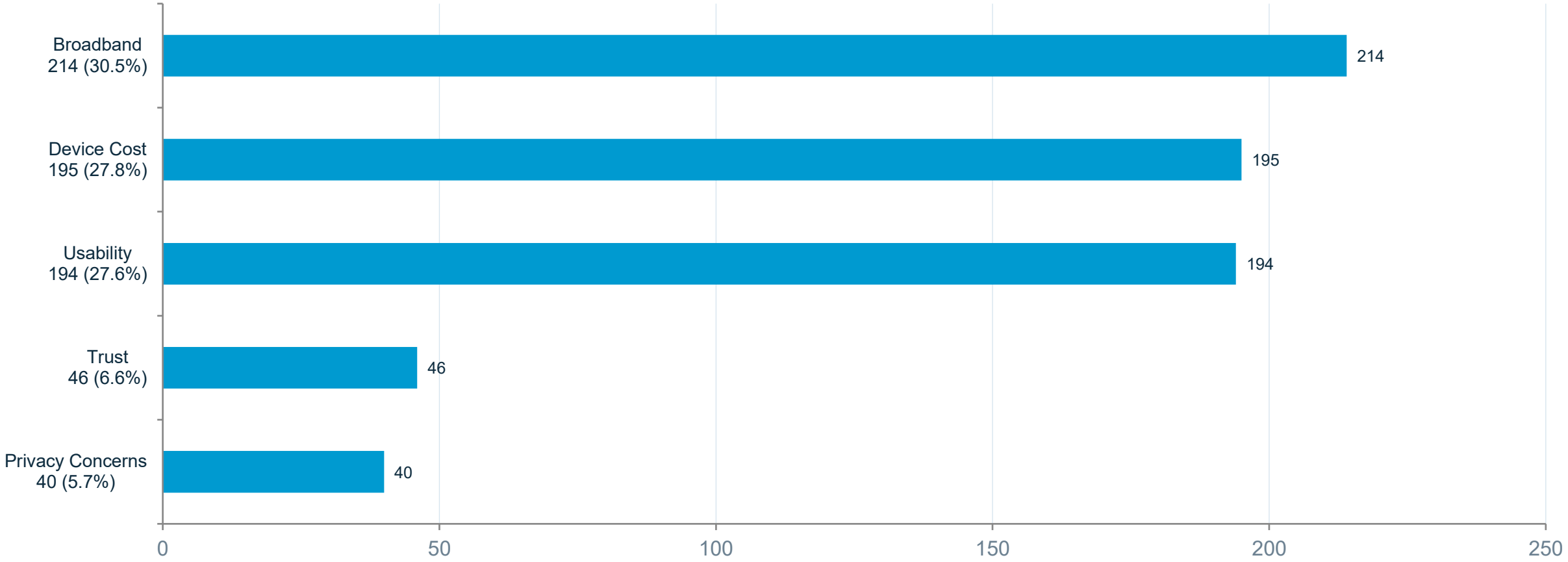
Broadband
#1 Barrier
214 mentions (30.5%)

Device Cost
#2 Barrier
195 mentions (27.8%)

Usability
#3 Barrier
194 mentions (27.6%)

702
Total Mentions
n=234 × up to 3 each

Top Patient Barriers to Consumer Technology Use (Reported by Facilities) (multi-select — up to 3 per facility · sorted descending from top)



Note: Barrier mentions exceed n=234 because facilities selected up to 3 each. Percentages reflect total mentions (n×3 = 702).

Glossary and Survey Design & Methodology

Glossary of Acronyms

PROGRAMS & AGENCIES

RHTP Rural Health Transformation Program
CMS Centers for Medicare & Medicaid Services
HHS U.S. Dept. of Health and Human Services
MO Missouri

SURVEY-SPECIFIC TERMS

Checkpoint 1 Required Category 1 prerequisite (EHR) before any other category
Checkpoint 2 Category 2 (Required Interoperability) prerequisite (FHIR R4 / HIE) to unlock Category 3
Category 1 Foundational (basic EHR / clinical doc)
Category 2 Modernization (required interop, addtl. interop, cybersecurity, data & AI governance)
Category 3 Advanced Technologies (RPM, Ambient AI, Telehealth) and Provider Proposed
Bidirectional Two-way data exchange (send AND receive)
Endpoint A configured, working FHIR connection point

FACILITY TYPES

FQHC Federally Qualified Health Center
RHC Rural Health Clinic
LPHA Local Public Health Agency
CCBHC Certified Community Behavioral Health Clinic
CMHC Community Mental Health Center
SUD Tx Substance Use Disorder Treatment
EMS Emergency Medical Services
CAH Critical Access Hospital
I/DD Intellectual / Developmental Disabilities
MIH-CP Mobile Integrated Health-Community Paramedicine
BH Behavioral Health
ED / ER Emergency Department / Emergency Room

CYBERSECURITY & GOVERNANCE

RBAC Role-Based Access Control
DG Data Governance
NIST National Institute of Standards and Technology
HITRUST Health Information Trust Alliance
SOC 2 Service Organization Control 2 (audit standard)
ISO 27001 Int'l Standard for Information Security Management
HHS CPG HHS Cybersecurity Performance Goals
IT Information Technology

INTEROPERABILITY & STANDARDS

EHR Electronic Health Record
FHIR Fast Healthcare Interoperability Resources
R4 FHIR Release 4 (the current standard version)
HL7 Health Level Seven (data standards body)
USCDI United States Core Data for Interoperability
API Application Programming Interface
HIE Health Information Exchange
HIN Health Information Network
QHIN Qualified Health Information Network
TEFCA Trusted Exchange Framework and Common Agreement
CIE Community Information Exchange
SCR Social Care Referral

ADVANCED TECHNOLOGY

AI Artificial Intelligence
Ambient AI AI scribe tools that document clinical visits passively
RPM Remote Patient Monitoring

Survey Design & Methodology

The Digital Readiness Assessment was administered as a digital survey, distributed in partnership with state agencies and provider associations across Missouri.

Online Survey Platform

- Administered digitally via Qualtrics.
- A Word version of the survey was provided alongside the Qualtrics link to support internal collaboration before final submission.

Two Survey Instruments

- Primary Digital Readiness Survey administered to the general healthcare provider population.
- Separate Pharmacy Digital Readiness Survey developed to reflect distinct pharmacy workflows and technology environments.

Distribution Approach

- Distributed by the Missouri Department of Social Services (DSS) and circulated through provider association partners.
- Association partners listed here conducted outreach to their providers: MHA (hospitals), MO-PCA (FQHCs), MORHA (RHCs), MBHC (behavioral health), DHSS (LPHAs), MOR, and WCADEMS (EMS).

Timeline

- Both surveys followed an approximately 21-day completion window.
- Primary Digital Readiness Survey closed April 17, 2026.
- Pharmacy Digital Readiness Survey closed April 30, 2026.

Scope & Content

- Twelve facility classifications surveyed: Hospitals, FQHCs, RHCs, LPHAs, CCBHCs, CMHCs, SUD Tx, EMS, Pharmacy, Multi-Facility Type, EMS Multi-Facility Type, and Other
- Nine digital health domains assessed, spanning interoperability, security, governance, infrastructure, workforce, financial sustainability, and care delivery technologies.
- Two denominators are used: 929 = full rural base (incl. 695 pharmacies); 234 = rural excl. pharmacy (929 − 695). Pharmacy-exempt metrics use 234; shared metrics use 929.

Pre-Analysis Data Refinement

- Standardized refinement steps were applied prior to analysis to ensure data integrity and accurate facility classification (e.g., duplicate handling, multi-facility response standardization, free-text and naming consolidation)