
Center for Rural
Health Innovation
A BioSTL Initiative
Rural Health
Innovation Summit
October 7-8
2026



Center for Rural Health Innovation

A BioSTL Initiative

Our Mission

- Build a healthcare system that works for rural residents and communities
- Reimagine and strengthen the mission and business model of rural hospitals and providers
- Become a vital resource for State RHTP programs to leverage

Welcome to the RHTP-Focused Rural Health Innovation Summit

Organized by BioSTL's Center for Rural Health Innovation, the Summit brings together rural health stakeholders, RHTP program leaders, rural-centric innovators, and changemakers from across the world. The goal of the Summit is to inform and accelerate State Rural Health Transformation Programs (RHTP) by showcasing proven rural-centric technologies and case studies.

Founded in 2021, the Center was borne out of the recognition that rural health largely mirrors an urban model, requiring rural residents to drive often long distances to access care. A new model for rural health was needed, bringing 24/7-care to rural communities and residents where they live and work.

In addition to outdated business models, rural health also faces workforce shortages, higher chronic disease burden and limited technology infrastructure. The Center's mission is to address these challenges while improving the health and economic vitality of rural communities and residents through proven innovation and novel collaboration.

CMS's RHTP is a timely investment to build a rural-centric model that improves chronic care and population health as well as reimagine and strengthen the acute care system. A key lever for a rural-centric model is the effective integration of AI and consumer-facing, remote care technologies that make rural healthcare accessible, affordable, convenient, and high quality and rural health providers financially sustainable.

Rural providers face shared barriers to adopting remote care and AI technologies, including a lack of expertise, financial and technical resources, up-to-date best practices and rapidly changing technologies. Building the capabilities, performing the due diligence and adopting these technologies is too expensive and difficult for each of them to accomplish by themselves.

We have designed the Summit to provide rural stakeholders with a rich toolbox of curated and proven rural-centric technologies, solutions and case studies. They are ready for you to take back to your communities, so you can invest your RHTP funding to improve rural health on your terms while achieving your State's RHTP goals. In addition, the Center is here for you beyond the Summit to support you throughout the year with counsel and resources.

On behalf of the BioSTL board of trustees, leadership and staff, we thank you for joining us at this year's Summit. We are deeply grateful to our sponsors, whose support makes this event possible. Going forward, we look forward to holding this Summit on a yearly basis to continue our mission as a national platform that builds a health and care system for and with rural residents and communities.



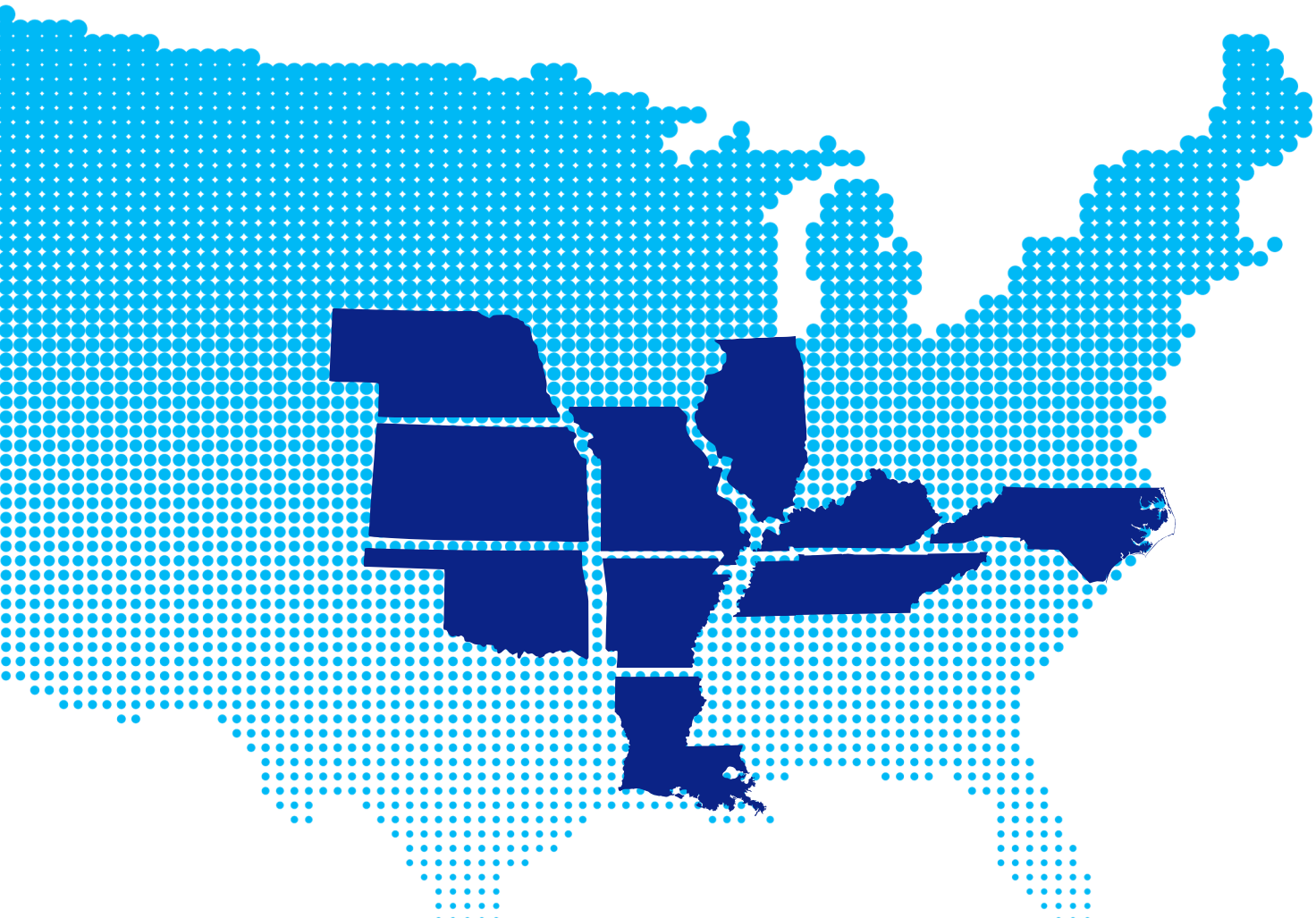
Vijay Chauhan
BioSTL Global Lead
Founder, Center for Rural Health Innovation

Center for Rural Health Innovation
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Summit Objectives

- RHTP case studies ready for adoption
- Curated innovations that accelerate year 2 and 3 programs
- Multi-state RHTP updates

10 States Coming Together to Accelerate RHTP Outcomes

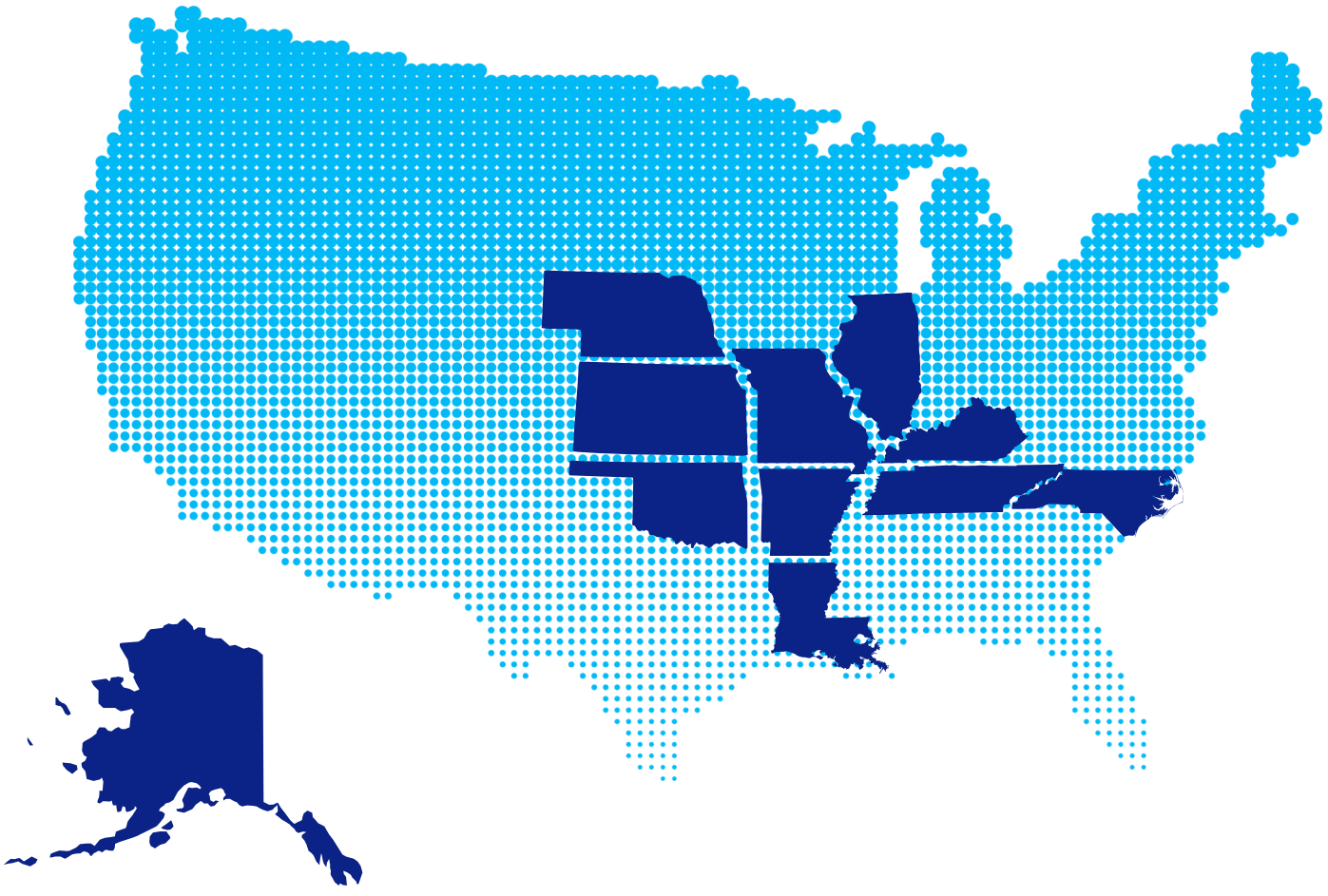


Center for Rural Health Innovation
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Summit Objectives

- RHTP case studies ready for adoption
- Curated innovations that accelerate year 2 and 3 programs
- Multi-state RHTP updates

11 States Coming Together to Accelerate RHTP Outcomes



Relevant Solutions to Real RHTP Pain Points

- Expand Access to Care
- Improve Patient Outcomes
- Advance Health Equity & Quality
- Strengthen Rural health Infrastructure
- Support Sustainable Innovation

RHTP Priorities

Broad, national baseline goals

Rural Health Innovation Summit

Rural Stakeholder Needs

Specific, regional, ground-level pain points

Near Term: Financial & Operational Lift

RCM: Streamline coding, eligibility, & denials

Access: Extend chronic, MFM, & BH care

Burden: Deploy ambient AI & EMR tools

Strengthen Rural health Infrastructure

Primary Care: Workforce activation, expansion

VBC Enablement: Data backbones, interoperability, predictive analytics, & cross-site navigation

Agenda

Wednesday, October 7: Summit

Location: Knight Center

- 2:00-2:45pm — Registration Check-In
- 2:45-3:15pm — Welcome Comments Center for Rural Health Innovation & Summit Intro
- 3:15-4:00pm — RHTP Program Updates – Multiple States
- 4:00-4:45pm — How Kansas' CCA Convened Rural Providers, Improved Quality and Built High-Performing Clinically-Integrated Networks

  Robert Moser, MD; Jodi Schmidt, MBA; and Martie Ross, JD, University of Kansas Health System Care Collaborative
- 4:45-5:15pm — How Oklahoma Improved Outcomes, Provider Revenues and Lowered Costs

  William Paiva, PhD, MBA, Founder & Executive Director, Center for Health Systems Implementation at OSU
- 5:15-5:30pm — Transition to Keynote
- 5:30-6:00pm — Keynote Address: Congressman Mark Alford, MO District 4
- 6:00-7:30pm — Reception

Thursday, October 8: Rural Health Program

Location: Knight Center

- 7:30-8:00am — Networking Breakfast
- 8:00-8:30am — Keynote Address: Anthony Polizzi Chief Patient Experience and Innovation Officer, (OHTP)
- 8:30-9:15am — Rural Case Studies:
  - Food as Medicine
  - AI-Driven Neonatal Diagnostics
  - Connecting the Whole Patient Journey: Building a United View Across Care Transitions
- 9:15-10:15am — Transforming Rural Primary Care with AI, Dr. Lisa Fort, VP, Virtual Care Transformation, Ochsner Health
- 10:15-10:45am — Networking Break
- 10:45am-12:00pm — Rural Innovator Pitches – Session 1
- 12:15-1:15pm — Networking Lunch
- 1:30-2:30pm — How Improving Access to Health Related Social Needs Creates Value for Rural Citizens, Communities, Hospitals, and Payers: NC & MO

  Hannah Erickson, Impact Health
  Elizabeth Green, Bothwell Regional Health Center
- 2:30-3:00pm — Networking Break
- 3:00-4:15pm — Rural Innovator Pitches – Session 2
- 4:15-4:30pm — Networking Break
- 4:30-5:00pm — From Summit to RHTP Year 2 Outcomes: CRHI Role Plan and Next Steps

Summit Speakers



Jodi Schmidt, MBA

Executive Director, University of Kansas Health System Care Collaborative

Jodi Schmidt, MBA in Health Administration, serves as Executive Director of the University of Kansas Health System Care Collaborative, a rural clinically integrated network launched more than a decade ago through a Centers for Medicare and Medicaid Healthcare Innovation Award.

With more than three decades of experience in rural hospital and clinic administration, she is a Past President of the National Rural Health Association and representative to the American Hospital Association's Small and Rural Hospital Governing Council; past Chair of the Kansas Hospital Education and Research Foundation and member of the Kansas Hospital Association's Rural Emergency Hospital task force; and Sunflower Health Plan's rural and community advisory boards. Care Collaborative Leadership is now partnering with the State of Kansas in development and implementation of the Rural Health Transformation Plan.



Martie Ross

Operations Director, University of Kansas Health System Care Collaborative

Martie is the Operations Director at the University of Kansas Health System Care Collaborative. In this role, Martie oversees vendors and sub-recipients responsible for implementing programs under the State's Rural Health Transformation Plan. Before assuming this new role in February, Martie was a Consulting Principal at PYA, where she supported the Care Collaborative's operations. She brings this experience, along with a 20-year career as a healthcare transactional and regulatory attorney, to help the State transform rural health.



Robert Moser, MD

Medical Director, University of Kansas Health System's Care Collaborative

Dr. Moser is the medical director for the University of Kansas Health System's Care Collaborative. He is also a clinical associate professor in the Department of Population Health and Family Medicine at the University of Kansas School of Medicine-Kansas City. He serves on the Kansas Hospital Association Board of Director. Dr. Moser practiced family medicine and served as medical chief of staff at Greeley County Health Services in Tribune, Kansas. He previously served four years as Secretary and State Health Officer for the Kansas Department of Health and Environment.

Summit Speakers



William D. Paiva, PhD, MBA

Executive Director, Center for Health Systems Innovation

William D. Paiva, Ph.D., MBA, is a healthcare innovator, academic leader, and venture capitalist who has spent more than 25 years translating promising healthcare technologies into companies and real-world clinical impact.

He serves as Executive Director of the Center for Health Systems Innovation at Oklahoma State University, where he leads interdisciplinary initiatives focused on transforming rural and Native American health through care-delivery redesign, predictive analytics, and technology deployment.

Dr. Paiva currently leads CHSI's role as the technology innovation and deployment clearinghouse for the Oklahoma Rural Health Innovation, Research and Deployment Network. The statewide initiative evaluates, funds, implements, and measures innovative healthcare solutions in rural clinical settings, identifying those capable of producing measurable impact and scaling statewide.

He is also Founder and Managing General Partner of OLSF Ventures, an early-stage healthcare venture capital firm that has seeded and built more than 25 companies.

Dr. Paiva holds a Ph.D. in Molecular Biology from the University of Oklahoma and an MBA from Dartmouth College's Tuck School of Business.



Dr. Lisa Fort

VP, Virtual Care Transformation, Ochsner Health

Dr. Lisa Fort is a practicing emergency physician. She attended the LSU School of Medicine in New Orleans and subsequently completed an Emergency Medicine residency at Columbia St. Luke's Roosevelt in New York, New York. She is also board-certified in Clinical Informatics and holds a Master's in Public Health in Health System Management from Tulane School of Public Health and Tropical Medicine as well as numerous informatics certificates including physician builder. Currently, she is the Associate Chief Medical Informatics Officer at Ochsner Health and the System Director of Quality for Emergency Medicine, and recently assumed the role of System Medical Director of Virtual Care. Her professional interests include the application of predictive modeling, artificial intelligence, machine learning, and clinical decision support to drive better outcomes for patients while promoting ease of use for practitioners. She is married to Daniel, a data scientist at Ochsner. They have two lovely daughters Sophia and Sabrina.

Summit Speakers



Hannah Erickson

Senior Director of Innovation & Business Development, Impact Health

Hannah Erickson is Senior Director of Innovation & Business Development at Impact Health, where she designs and scales strategies connecting healthcare, community systems, and technology to improve whole-person health. She has more than 15 years of experience leading complex social-sector initiatives in the U.S. and East Africa. Her earlier work included leading multi-regional health and education initiatives in Tanzania that informed critical changes to national public health education requirements, developing rural health and WASH models in Malawi, and leading an education initiative in New York City that was subsequently replicated across the city.

Hannah was one of Impact Health's early hires for North Carolina's Healthy Opportunities Pilot, where she helped develop the operational infrastructure needed to support a network of more than 60 community organizations participating in the state's groundbreaking Medicaid initiative. Her work grew from building human-centered compliance systems into leadership across operations, data infrastructure, quality, finance, technology, and network performance. As those operational needs became clear, Impact Health contracted the development of Vircho, a purpose-built software designed to manage the complexity of large-scale HRSN programs. Hannah served as a lead operational subject-matter expert, supporting the team that translated real-world implementation needs into software capabilities. Vircho was recently acquired by Unite Us.

Today, Hannah leads Impact Health's innovation and national dissemination work, applying lessons from large-scale implementation to rural health transformation, Food is Medicine, community information exchange, technology, training and technical assistance, and the National Coalition for Whole-Person Health. She holds an M.A. from Columbia University and a B.A. from Wichita State University.

Summit Speakers



Amit M. Mathur MBBS, MD, MRCP – UK

Director, Neonatology | SSM Health Cardinal Glennon Children's Hospital
Division Director, Neonatal-Perinatal Medicine | Saint Louis University School of Medicine

Amit M. Mathur MBBS, MD, MRCP (UK) Bio: Dr. Mathur is a board certified Neonatal-Perinatal Medicine specialist with extensive experience in clinical and translational research. He graduated from medical school from Delhi University and following a post graduate training in pediatrics in India was awarded a membership of the Royal College of Physicians in Edinburgh, UK. He subsequently completed his residency in Pediatrics and fellowship in Neonatal-Perinatal Medicine at Washington University School of Medicine and St. Louis Children's Hospital where he was a Professor of Pediatrics and Medical Director of the neonatal intensive care unit for 12 years. He is currently the Director of the Division of Neonatal-Perinatal Medicine at Saint Louis University School of Medicine and the Medical Director of the NICU at SSM Health Cardinal Glennon Children's Hospital. He holds the William J Keenan Chair in Neonatal-Perinatal Medicine in the Department of Pediatrics at the Saint Louis University School of Medicine. Dr. Mathur's clinical and research interests are focused on improving neuro-developmental outcomes in premature and full-term neonates. He has led several clinical trials in neonatal neuroprotection. His research is funded by the NIH, and the Thrasher and Gerber foundations. He has over 125 peer reviewed publications and book chapters.

Neonatal-Perinatal services at SSM Health: Neonatology services are centered at the AAP-designated Level IV 65-bed NICU at SSM Health Cardinal Glennon Children's Hospital. SSM Health St. Mary's Hospital - St. Louis also has an additional 42-bed Level III NICU, which remains the high-risk delivery center. Neonatology services are also provided at SSM Health DePaul Hospital, SSM Health St. Joseph's Hospital - Lake St. Louis, and SSM Health St. Clare Hospital - Fenton. SSM Health Cardinal Glennon Children's Hospital serves as a tertiary referral center for several community hospitals in MO and IL including Hannibal Regional, Phelps County, Rolla, St. Francis Hospital in Cape Girardeau along with several SSM Health and affiliated HSHS hospitals in IL. Support for staff and pediatricians in the community is provided through nursing educators and faculty who provide a Tele-NICU services and are available 24/7 for consults and to accept transfers. The NICU at SSM Health Cardinal Glennon Children's Hospital's is comprised of 19 SLUCare academic neonatologists. SSM Health prides themselves in the quality of care they provide to babies and families, and are excited to move into the new Center for Maternal and Neonatal Specialty Care located in the new SSM Health Cardinal Glennon Children's Hospital opening in 2027.

Keynote Speaker



Mark Alford

CMS & Congressman

Mark Alford is a husband, father, former small business owner and former TV news anchor, and proudly represents Missouri's 4th District in Congress. Alford spent 25 years anchoring Kansas City's #1 morning news show prior to his time in Congress.

His time covering Missouri's top news stories connected him to thousands of Missourian families of all walks of life, providing insight into the issues most important to Missouri families, and the struggles most common to them. It also offered the opportunity to hone his God-given talents as a professional communicator, enhancing his voice to inform, influence, and inspire millions of people across Missouri.

Alford's experience behind the news desk gave him a front row view to the constant attacks against our nation's founding principles from an increasingly liberal, progressive ideology that threatens to undermine our country's values of faith, family, hard work, and individual liberty.

Alford's serves as a megaphone to each and every Missourian in the 4th district, magnifying their voices and their values in Washington, D.C.

Over the years, Alford's voice helped raise millions of dollars for charities both locally and nationally, and served dozens of boards, foundations, churches, civic organizations, families, and strangers. Alford and his wife Leslie have been married 33 years and share three grown children.

After being sworn into the 118th Congress as a freshman member, Alford was selected to the House Armed Services Committee, House Agriculture committee, and House Small Business committee.

For the 119th Congress, Congressman Alford was selected to sit on the powerful House Appropriations Committee, where he serves as Missouri's voice on critical issues like agriculture, national defense, and small business development. Alford also continues his service on the Small Business Committee this Congress, where he chairs its Oversight and Investigations Subcommittee.

Summit Moderator



Vijay Chauhan

Founder, Center for Rural Health Innovation (CRHI), Global Lead, BioSTL

Vijay Chauhan is an experienced Corporate Business Development Executive and a startup CEO of multiple companies in the Healthcare and Ag-Food space. He leads BioSTL Global, to elevate St. Louis' global reputation as a leading US healthcare and Ag-Food industry hub. St. Louis is home to one of the largest concentrations of healthcare delivery corporations and health systems in the USA.

BioSTL Global runs an annual Health Innovation Summit focused on convening and connecting St. Louis and regional healthcare organizations to top global innovation to address their urgent priorities.

BioSTL Global operates a Healthcare Innovation Advisory to help global innovators prepare and successfully scale the USA's large and complex healthcare market.

BioSTL Global launched and runs the first Center for Rural Health Innovation in the USA to build a rural-centric health system that connects top global innovation to rural health systems and communities to improve health outcomes.

Prior to this role, Vijay was an Entrepreneur in Residence (EIR) at BioGenerator, BioSTL's investment and venture development organization for Life Science, healthcare and Ag-Food startups. As an EIR, Vijay was the founding CEO of Regenerative Ag company and a Liquid Biopsy Cancer Diagnostics company.

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These essential partners are advancing health equity, innovation, and better care across Missouri and Kansas—combining statewide reach with local expertise to transform rural health.

Healthier Communities Together

MHA
MISSOURI HOSPITAL ASSOCIATION

- Statewide collaborative health initiative focused on integrating clinical care and community-based health home resources.
- Connects healthcare organizations, social service agencies, and care coordinators to improve population health outcomes.
- Focuses on health equity, chronic disease management, and expanding access to health home care teams across local communities.

Lumeris™

- Lumeris is a physician-first healthcare transformation company with over fifteen years of proven results helping health systems and physician groups strengthen primary care.
- That track record now powers Tom, an AI-enabled care team member delivered as Primary Care as a Service.
- Tom extends the care team at scale, engaging patients between visits, closing care gaps, and connecting rural residents to a local source of care, while scaling the analytic reach of the teams it supports.

MBHC MISSOURI BEHAVIORAL HEALTH COUNCIL

- Statewide advocacy and professional organization representing community behavioral health centers across Missouri.
- Promotes access to comprehensive mental health services, substance use disorder treatment, and crisis intervention programs.
- Partners with state departments and healthcare institutions to shape public policy and advance integrated behavioral healthcare.

dss
Missouri Department of
Social Services

- Missouri cabinet-level state agency responsible for managing public assistance programs, child welfare, and MO HealthNet (Medicaid).
- Coordinates statewide healthcare coverage, social safety net programs, and family support services for vulnerable residents.
- Drives multi-agency partnerships to improve social determinants of health and healthcare delivery integration across Missouri.

MHA
MISSOURI HOSPITAL ASSOCIATION

- Not-for-profit trade association representing more than 140 Missouri hospitals and health systems.
- Provides healthcare advocacy, operational research, quality improvement initiatives, and health data analytics across the state.
- Supports member health systems in expanding rural health access, emergency preparedness, and clinical quality advancement.

MPCA
MISSOURI PRIMARY CARE ASSOCIATION

- Statewide association representing Missouri's Community Health Centers (FQHCs) providing primary care to underserved populations.
- Supports community health centers with clinical workforce development, health center operations, and policy advocacy.
- Advances comprehensive primary care access including dental, behavioral health, and preventative care services state-wide.

STIFEL

- Full-service wealth management and investment banking firm headquartered in St. Louis, Missouri.
- Provides capital markets advisory, public finance, underwriting, and strategic consulting services to institutional and municipal clients.
- Delivers specialized financing and advisory solutions supporting healthcare institutions, municipal infrastructure, and corporate growth.

UNITE US

- Leading software company building coordinated care networks connecting healthcare providers, government entities, and community organizations.
- Enables electronic cross-sector referrals to track and address social determinants of health (SDOH) such as housing, food, and transportation.
- Partners with rural health systems, health plans, and state health departments to improve health outcomes and track social care ROI.

THE UNIVERSITY OF KANSAS HEALTH SYSTEM
Care Collaborative Association

- Regional healthcare alliance established by The University of Kansas Health System to enhance rural healthcare delivery across Kansas.
- Provides rural hospitals and clinics with evidence-based clinical protocols, care coordination models, and population health resources.
- Drives quality improvement and clinical outcomes by connecting community healthcare providers with academic health center resources.

RHTP-Aligned Case Studies

See how RHTP partners are solving challenges in rural health in their states.

	Expand Access to Care	Improve Patient Outcomes	Strengthen Rural Health Infrastructure	Support Sustainable, State-Driven Innovation	Enhance Quality of Care
How Kansas' CCA convened rural providers, improved quality and built a high performing CIN Robert Moser, MD; Jodi Schmidt, MBA; and Martie Ross, JD, University of Kansas Health System Care Collaborative	✓		✓		✓
How Oklahoma improved outcomes, provider revenues and lowered costs William Paiva, Founder & Executive Director, Center for Health Systems Implementation at OSU		✓		✓	✓
Food as Medicine, Case Studies from North Carolina and Kansas	✓	✓			
AI-Driven Neonatal Diagnostics: Bringing state of the art to the community Amit M. Mathur MBBS, MD, MRCP (UK), William J. Keenan Professor and Director, Division of Neonatal-Perinatal Medicine at Saint Louis University School of Medicine and the Medical Director of the NICU at SSM-Health Cardinal Glennon Children's Hospital.	✓	✓			✓
Connecting the Whole Patient Journey: Building a United View Across Care Transitions Dulcye Rodriguez, Azara Healthcare and Compass Health Network	✓	✓	✓		✓
Transforming Rural Primary Care with AI Dr. Lisa Fort, VP, Virtual Care Transformation, Ochsner Health	✓	✓		✓	✓
How Improving Access to Health Related Social Needs Creates Value for Rural Citizens, Communities, Hospitals, and Payers: NC & MO Hannah Erickson, Impact Health Elizabeth Green, Bothwell Regional Health Center	✓	✓	✓		

Integrating Behavioral Health into Population Health Analytics to Drive Comprehensive Care Strategy.

Compass Health Network | Contact: [Name], [Title], [Email]

Problem Statement:
Integrating behavioral health (BH) into population health analytics was historically blocked by disparate electronic health record (EHR) systems, non-standardized workflows, and separate reporting requirements. Additionally, BH clinicians lacked dedicated population health analytics tools, making it challenging to track cross-specialty clinical quality measures, bridge care gaps, and maintain a unified view of patients across multiple care sites.

Solution Implemented (planned):
Compass Health Network unified data across multiple EHR systems into a centralized data warehouse and Enterprise Master Patient Index (EMPI). This infrastructure integrates the BH EHR into the DRVS analytics platform, giving BH teams access to Pre-Visit Planning (PVP) and Care Management Passport (CMP) tools. The platform enables automated tracking of CCBHC and UDS clinical quality measures, streamlines controlled substance monitoring workflows, and identifies physical health care gaps—such as missing cancer screenings or primary care visits—directly within BH care settings.

Draft Content

Study Methodology:
Data from five merged EHR systems were integrated into DRVS using normalized data warehousing and EMPI mapping. Performance was evaluated by analyzing UDS measure reporting with and without BH service line data to measure integration impact.

Outcomes:
- Unified multiple disjointed EHR systems into a single DRVS analytics view using Enterprise Master Patient Index mapping.
- Expanded clinical visibility for BH staff, enabling real-time tracking of preventative care gaps and chronic condition metrics.
- Increased capture rates for key UDS measures—including depression screening, BMI follow-up, and tobacco cessation—by integrating BH visit data.
- Streamlined clinical workflows, eliminating redundant documentation across primary care and BH environments.

Key Takeaways:
- Connecting BH EHRs to centralized analytics is essential for true whole-person care and comprehensive quality reporting.
- EMPI and data warehousing are critical for establishing a single, accurate patient chart across merged health systems.
- Broadening analytics access empowers BH clinicians to actively drive physical health gap closures during routine visits.
- Aligning CCBHC and UDS measure tracking provides a complete picture of overall organizational performance.

Organization overview and contact Information:
Compass Health Network is a nonprofit healthcare organization operating over 125 locations across Missouri, providing integrated primary care, dental, and behavioral health services as a Federally Qualified Health Center (FQHC) and Certified Community Behavioral Health Clinic (CCBHC).

Compass partners with Azara Healthcare to utilize its DRVS population health analytics platform. By centralizing data from multiple electronic health record (EHR) systems into DRVS, Compass integrates behavioral health data with physical care analytics to track quality measures, close care gaps, and enable comprehensive whole-person care.

RHTP-Focused Innovators

Below is the brief summary of each innovator selected for this summit at the time of print.

The **QR Code on the right links to the Digital Innovator Guide** including case studies, ROI, implementation models, pricing model, EHR compatibility and certs, and fundraising information. The **Digital Innovator Guide** also contains the latest Summit lineup and ability to express interest in any or all of the Summit innovators.

Scan to score innovators

Acarix

Acarix makes the CADScor System, an acoustic diagnostic device that detects coronary artery disease by recording heart sounds, murmurs, and vibrations caused by turbulent blood flow at points of stenosis, then combines that acoustic signal with age, gender, and blood pressure in a proprietary algorithm to generate a CAD-score from 0–99. It applies this across a single core workflow: a 10-minute, non-invasive bedside test that rules out coronary artery disease in low-to-medium-risk patients without radiation, contrast, or a referral to advanced cardiac imaging. A CAD-score at or below 20 lets a clinician rule out CAD on the spot, while a higher score flags patients who need CTCA or invasive angiography, cutting unnecessary downstream testing. The CADScor System is FDA De Novo cleared and CE-marked under EU MDR 2017/745, and has been used in more than 60,000 patient assessments, with recent traction among established users in Germany.

Aidoc

Aidoc is an enterprise clinical AI platform that analyzes medical imaging studies for time-sensitive findings, automatically prioritizes the radiology worklist, and routes actionable alerts to the right care team. Its patented aiOS runs the same AI analysis automatically across all imaged patients rather than requiring a radiologist to request it, supporting radiology triage, quantification, acute-care coordination, and patient follow-up across multiple clinical service lines. It serves hospitals and health systems across the Midwest and nationally.

AliveCor

AliveCor develops AI-powered cardiac monitoring technology built around proprietary, machine learning-based ECG sensors that deliver medical-grade heart data wherever a patient is, rather than only in a hospital, clinic, or cardiologist's office. It applies this across consumer devices (KardiaMobile 6L and Card) and provider-facing hardware and software, including KardiaPro, KardiaStation, and KardiaComplete for remote monitoring and EHR integration. Its Kardia 12L is a portable, FDA-cleared 12-lead ECG system that lets a nurse or medical assistant capture a full 12-lead reading at the bedside or in clinic and get clinician overread in minutes, replacing the need for a dedicated ECG cart, department, or on-site cardiologist. The company has more than 3 million lifetime users across 40+ countries and 200+ clinical publications supporting its technology, with 50+ active paying customers spanning critical access hospitals, rural health systems, FQHCs, and large employers such as AT&T and HP.

Ashmi Health

Ashmi Health is a care-management platform for high-risk Medicaid pregnancies, delivered through the community health workers a clinic already employs rather than requiring new clinical hires. Patients use a voice-first, photo-based app to report glucose readings, blood pressure, symptoms, and daily check-ins, designed to work without reliable internet access. Care teams see the data on a dashboard that flags patients trending toward risk so outreach happens before a complication becomes an emergency visit. Billing is structured around Medicaid's remote monitoring and care management codes (RTM, CCM, MNT), so the program is designed to generate revenue rather than cost. It serves FQHCs and rural safety-net clinics.

Azara Healthcare

Azara Healthcare's DRVS platform aggregates clinical, claims, health plan, and social determinants data from a practice's existing EHRs and payer feeds into a single longitudinal patient record, then surfaces that data back into workflow as care gap alerts, quality measure tracking, and automated patient outreach. The platform is purpose-built for the UDS and HRSA reporting obligations that federally qualified health centers and other safety-net providers carry, automating what is otherwise a manual, spreadsheet-driven reporting burden. It serves more than 1,000 community health centers, primary care associations, and health center controlled networks across all 50 states, reaching more than 25 million patients.

Bluevia

Bluevia Health is building an AI-native operating system for ambulatory surgery centers, starting with perioperative coordination. The product runs the pre-operative workup in the background with a clinician in the loop, chasing clearances, labs, and records from primary care and specialist offices through automated SMS and voice outreach rather than nurse phone calls. Case readiness surfaces to the nursing officer, quality officer, and administrator through a shared dashboard. It serves ASCs and hospital perioperative departments, with critical access hospitals and rural hospital groups of fewer than five facilities named among its target customers. The value proposition is recovered nursing hours and fewer day-of-surgery cancellations.

Clear Health

Clear Health provides an AI-powered revenue cycle platform that automates the administrative work around getting a hospital paid, from pre-registration and insurance eligibility through patient estimates, collections, and denial management. Before a patient arrives, the platform verifies eligibility, generates a combined estimate covering both facility and professional fees, and reaches out digitally to collect paperwork and payment. After the claim is filed, it identifies denials, underpayments, and payer contract variances and recommends the next action, whether that is an appeal, a coding correction, or a contract renegotiation. It runs as a cloud-based SaaS layer on top of a hospital's existing EHR and revenue-cycle workflow. It serves health systems, ambulatory surgery centers, and rural and critical access hospitals.

CPESN

CPESN Missouri is a clinically integrated network of independent community pharmacies that contracts with payers and employers to deliver Local Care Coordination Services, using the pharmacy counter as a site of longitudinal care rather than dispensing alone. Member pharmacies provide pharmacist-led disease coaching, community health worker outreach and home visits, systematic social-determinants screening, monthly proactive health check-ins, and real-time closure of outstanding HEDIS gaps, documented through standardized eCare Plans. It serves Medicaid managed care organizations, commercial plans, Medicare Advantage, ACOs, and self-insured employers across Missouri. The value proposition is a distributed local care team that already exists in communities too small to support other care-management infrastructure.

Dimer Health

Dimer Health provides post-discharge care infrastructure that keeps patients connected from hospital discharge until they are back with their existing care team. Dimer Connect receives or identifies discharged patients, converts static discharge paperwork into a personalized interactive recovery plan, and delivers proactive check-ins alongside AI-guided support through an assistant called AiME. When a concern exceeds what automation should handle, AiME escalates either to the partner organization's own providers or to Dimer's licensed clinicians, who are available around the clock. It serves hospitals, critical access hospitals, FQHCs, physician groups, and health plans, with named customers detailed in Traction.

Health Note

Health Note's Access AI answers a clinic's inbound patient phone calls and completes the request end to end inside the EHR, rather than routing the caller to a human or a generic phone tree. The call forwards from the practice's existing phone system, so no new telephony is required; the AI verifies the patient, understands the request, and reschedules against real scheduling templates, cancels and releases a slot, submits a prescription refill to the right provider's queue, or answers a hours or location question. The resulting work lands in the chart the same way a staff member's work would, with the EHR remaining the system of record. It serves health systems, multi-specialty groups, and community health centers.

Inovalon

Inovalon runs a cloud data and analytics platform that connects to more than 750,000 providers to pull primary-source clinical data roughly ten times faster than manual retrieval. It then applies it across two product lines: Provider Cloud, covering revenue cycle management, workforce management, and value-based care analytics, and Payer Cloud, covering risk adjustment, quality measurement, and member engagement for health plans. Its Claims Management Pro tool reduces denials and accelerates reimbursement using real-time, primary-source claims and remittance data rather than retrospective reporting. The company serves more than 50,000 active licensed customers, including hospitals, rural health clinics, skilled nursing facilities, and billing companies, alongside more than 100 health insurance plans on the payer side.

Iris by TopCon

IRIS (Intelligent Retinal Imaging Systems) runs a cloud-based, camera-agnostic retinal screening platform that plugs into existing EMR systems to capture, enhance, and diagnose diabetic retinopathy without requiring a dedicated ophthalmology visit. It applies this across image capture and enhancement on the front end and remote interpretation by board-certified eye specialists on the back end, giving primary care and community settings a way to run eye screenings they couldn't otherwise offer in-house. Because the software works with whatever retinal camera a site already has and can go live in as little as 90 days, it closes a preventative-care gap that typically depends on patients following through on a separate specialist referral. IRIS serves hospitals and health systems, FQHCs, health insurance plans, pharmacies, labs, and primary care and retail sites, and was recently acquired by Topcon Healthcare to extend connected care across primary and specialty eye care.

Jorie Ai

Jorie's Dynamic Integration Engine connects to payer systems through APIs, EDI, and portals across more than 3,500 payer and API feeds, then autonomously executes claim corrections and resubmissions around the clock rather than queuing them for a biller's business-hours attention. The platform covers eligibility verification, prior authorization, denial management, claims processing, and payment posting, integrates with Epic, Cerner, and athenahealth, and automates up to 90% of revenue cycle workflows. It serves solo practices, small clinics, in-house billing teams, third-party billing companies, government agencies, and large health systems and networks.

LifeScience Technologies

LifeScience Technologies (LST) operates m.Care, a remote patient monitoring platform hosted on Microsoft Azure that connects to more than 160 medical devices and wearables. The patient-facing app collects biometric and engagement data, while a care-management portal lets a health system build monitoring plans for both medical and behavioral health conditions, with client-defined alerts, tasks, and dashboards. The platform integrates with most EMRs and educational-content providers rather than requiring a single fixed system. It serves health systems, physician groups, and self-insured employers, with named customers detailed in Traction.

Nudj Health

Chronic disease care is typically episodic and fragmented, treating obesity, diabetes, cardiovascular disease, and behavioral health as separate problems even though they are deeply interconnected. Nudj's answer is a single clinical operating system that integrates lifestyle medicine, behavioral health, and care management together as one longitudinal program rather than stacking separate point solutions for each condition. That is a structural difference from competitors like Omada, Vida Health, and Virta, each built around a single condition and treating physical and behavioral health separately. Nudj is designed to work in both fee-for-service and value-based arrangements, so the program pays for itself through billable reimbursement rather than depending entirely on a shared-savings contract.

Olusan Platforms

Olusan Platforms runs a governance layer above existing Medicaid systems rather than replacing them, applying outbreak-investigation discipline to procedural coverage loss. On every case the engine detects the member at risk before the deadline and classifies why, assigns a named owner and a running clock, executes through whoever performs the work, verifies the outcome at an authoritative source such as the county rather than a vendor's own report, and records it as one timestamped audit-ready file. ContinuityOS serves health plans; ConvertPE carries presumptive and retroactive eligibility through to confirmed coverage for health systems. It requires no EHR build and no new system for staff to learn.

Override

Override is a tech-enabled clinical service that gives payers an in-network destination for members with persistent pain, delivering pain medicine, pain psychology, physical therapy, and coaching as one virtual interdisciplinary team working from a shared care plan. It contracts as a network provider and bills fee-for-service against existing benefits rather than charging a platform or per-member fee. Payers identify target populations through eligibility and claims data and refer through care management, behavioral health, quality, or provider workflows. Override manages enrollment and care delivery, coordinates with existing providers, and returns progress, outcomes, and documentation. Pain neuroscience education is central to the twelve-week protocol.

Percipio Health

Percipio Health turns a patient's own smartphone into a population-health monitoring tool, using a 30-second camera-based vitals scan, a 40-second voice recording that screens for mental health and neurocognitive status, medication photo journaling, and digital health-risk assessments, with no wearable device or patient training required. The data feeds continuous risk stratification that flags clinical concerns weeks ahead of claims-based methods, routes findings into clinician-approved AI care plans, and automatically closes documentation gaps for billing. For health systems, it supports Medicare's CCM, RPM, and APCM billing codes with an optional EMR integration.

Peregrine3

1health provides the interoperability infrastructure and peregrine3 builds a set of connected applications, called Care Streams, that let hospitals, physician practices, and health plans share a single patient record across a care transition without building custom interfaces between each pair of organizations. Discharge Care Streams gives hospitals real-time visibility into where a discharged patient goes and whether they were seen for follow-up; Primary Care Streams manages the post-discharge workflow for the receiving practice, including CMS Transitional Care Management billing; Transitional Care Streams runs the same workflow for health plan care-management teams. The platform accepts data in whatever format a hospital's EHR already produces, so onboarding does not require a traditional interface build. It is live with hospital systems and national health plans.

Redivus

Redivus Health is a clinical support and resuscitation-management platform used by clinicians on mobile devices, tablets, and workstations during cardiac arrest, rapid response, and other high-risk deterioration events. During an event, it provides real-time step-by-step clinical guidance, timed prompts, medication support, and structured documentation, and supports adult, pediatric, and neonatal workflows, including for staff simulation and readiness training between actual events. After an event, it produces a structured record for debriefing, compliance, and quality review. It serves acute-care hospitals, critical access hospitals, and EMS and training programs, with named customers detailed in Traction.

Sayvant

Sayvant is a documentation-quality platform built by acute-care physicians that works in real time across an emergency department stay, from arrival through discharge, checking the clinician's chart against clinical guidelines and billing standards before it is signed rather than after. It pulls from data already available, ambient audio, dictation, and EHR data, so it fits existing clinician workflow instead of adding a new step. Every note receives a physician-validated per-note score rating completeness, clinical quality, and financial defensibility, the only per-note quality score of its kind in acute care. It is live across more than 100 acute-care sites and over 1 million discharges, with named customers detailed in Traction.

Sifter

Sifter Solutions operates a food-is-medicine platform that combines curated healthy food access, personalized nutrition education, and actionable utilization data in one integrated system. Foods can be prescribed by condition while preserving consumer choice and personalization, which is the mechanism the company credits for sustained behavior change rather than one-time compliance. Partners can run full-service programs on the platform or integrate the technology into their own systems through an API, so the nutrition benefit reaches members inside tools they already use. It serves health plans, PBMs, and providers, with named customers detailed in Traction. Reporting covers engagement, utilization, shopping behavior, and self-reported health insights.

Steer Health

Steer Health provides an AI workforce for healthcare operations built as three connected products sharing one patient context: FastTrackCare, an omnichannel AI front door that converts calls, web, text, and referrals into booked EHR visits; SteerNotes, which prepares the chart before a visit and documents the encounter in the clinician's own style; and RCM AI, which handles eligibility, prior authorization, claims, denials, and patient balances. All three run on Steer Studio, where an organization's scheduling logic, payer rules, and escalation paths are configured at the organization, location, and provider level. It serves health systems, medical groups, and hospitals, with named customers detailed in Traction.

Zoll

ZOLL's Heart Failure Management System is a wearable adhesive patch that measures interstitial lung fluid using radiofrequency radar rather than weight or symptom surveys, producing a Thoracic Fluid Index that rises before a patient becomes symptomatic. Data transmits continuously to ZOLL's Independent Diagnostic Testing Facility, where licensed cardiac technicians monitor around the clock and proprietary algorithms fire alerts when thresholds are exceeded. Alerts route to the clinic's medical assistants, who assess symptoms, medications, diet, and weight, then pass the report to a nurse practitioner through the EHR for intervention. It serves heart failure clinics in hospitals, critical access hospitals, and FQHCs. Typical wear is two months.

The BioSTL Story

For more than 25 years, BioSTL has played a central role in strengthening St. Louis' innovation economy—bringing people, ideas, and institutions together.

Founded to advance innovation across human health and agriculture, BioSTL serves as the region's backbone—aligning research institutions, startups, industry partners, investors, and global collaborators to accelerate progress and build a sustainable innovation ecosystem.

BioSTL's work spans three interconnected areas of impact.

BioSTL Global elevates St. Louis' reputation as a healthcare powerhouse and connects St. Louis to global innovation hubs, innovators, talent and capital. The Center for Rural Health Innovation, founded in 2021, is an extension of our global initiatives. It aims to cater to rural stakeholders across the U.S. and help accelerate their State's RHTP programs by showcasing proven rural-centric technologies and case studies—both national and global.

BioGenerator, BioSTL's startup arm, helps launch and grow high-potential digital health and life science companies. In 2026, TIME named BioGenerator one of America's best incubators and accelerators and ranked it #2 among those with a focus on health and life sciences.

Our Education to Workforce initiatives support the development of a strong, inclusive talent pipeline for regional life science [and healthcare] employers.

Together, this integrated approach has helped establish St. Louis as a center for bioscience innovation. The Rural Health Innovation Summit reflects that work—convening national and global innovators, showcasing regional strengths, and reinforcing BioSTL's role in a globally connected ecosystem.

bioStl 25
25 Years: Growing a Bioscience-driven STL Economy

NOTES



The Center for Rural Health Innovation offers programs throughout the year, including webinars, workshops and a growing library of national and global case studies.

Center for Rural Health Innovation
A BioSTL Initiative

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