

*Progress Towards Building a Healthier St. Louis:
2013 Access to Care Data Book*

*St. Louis Regional Health Commission
Released December 2013*



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Progress Towards Building a Healthier St. Louis: 2013 Access to Care Data Book

St. Louis Regional Health Commission

INTRODUCTION

The St. Louis Regional Health Commission (RHC) is a collaborative effort of St. Louis City, St. Louis County, the state of Missouri, health providers and community members to improve the health of uninsured and underinsured residents in St. Louis City and County. As part of this effort, the RHC produces an annual “*Access to Care*” data book that reviews community-wide progress toward strengthening the primary, specialty and emergency care safety net system in the region. This report is a vital tool for many in our community to understand the local health care system. This year’s data book also reviews utilization volumes and preliminary outcomes from the first complete federal fiscal year of the Gateway to Better Health Pilot Program.

Access to Care Data Book

Access to Care provides a survey of annual operating statistics from primary, specialty, and emergency care safety net health care provider institutions in the region. This year’s analysis focuses primarily on data reported over the past three calendar years (CY2010-2012) and trended over time. Data points for

more recent calendar years, such as hours of operations and appointment availability for regional safety net provider institutions, are included when available.

Gateway to Better Health Pilot Program

Launched on July 1, 2012, and administered by the RHC, the Gateway to Better Health Pilot Program is a Section 1115 Demonstration that provides primary, specialty, and urgent care coverage to uninsured non-Medicaid eligible adults in St. Louis City and County, aged 19-64, through a network of community providers. Funded by the Centers for Medicaid and Medicare Services, Gateway provides up to \$30 million annually to safeguard safety net healthcare services in the region. The goal of the program is to provide a bridge for safety net providers and uninsured patients to coverage options available through federal health care reform.

Many of *Access to Care*’s contributing safety net organizations are members of the Gateway provider network (refer to pg. 4 for a complete listing). While Gateway pays for outpatient health services, it is not an insurance program. As such, the six-months of encounter and individual user volumes occurring among Gateway enrollees in calendar year 2012 are captured in the “uninsured” payor category of the exhibits presented throughout this document. Please note that, through Gateway, up to \$30 million in funds were available to health centers, universities and hospitals for some outpatient services for these uninsured patients in CY2012.

A summary of key outcomes achieved during the most recent federal fiscal year of Gateway operations (October 1, 2012 — September 30, 2013) is provided in this report.

KEY FINDINGS FOR THE ST. LOUIS HEALTH CARE SAFETY NET - 2012

The following narrative reviews key findings concerning access to primary, specialty, emergency, and behavioral health care at safety net provider institutions in St. Louis City and County from 2010 to 2012 (calendar year). Key Gateway utilization and outcome metrics for the most recent federal fiscal year are also highlighted. Additional information about these data trends is included in the subsequent pages of this report.

Composition of the Safety Net Population (See pg. 5 for additional findings)

- There were approximately 154,000 uninsured individuals residing in St. Louis City and County in 2012.
- From 2010-12, the number of individuals who were uninsured or covered by Medicaid in St. Louis City and County remained flat (- < 1%).
- In 2012, approximately 24% of all St. Louis City and County residents were uninsured or covered by Medicaid.

Primary Care (See pg. 6 for additional findings)

- St. Louis primary care safety net institutions provided more than 560,000 uninsured and Medicaid visits in 2012, representing 80% of total primary care encounters.
- The total number of primary care visits remained flat from 2010-2012 (+01%).

- Dental encounters at primary care sites increased 8% from 2010-12.
 - In 2012, pediatric dental visits comprised approximately 38% of total dental encounters.

Specialty Care (See pg. 16 for additional findings)

- Medicaid and uninsured specialty care visits remained stable from 2010-12 (+2%)
- Three institutions – Washington University, SLUCare, and St. Louis ConnectCare – provided approximately 84% of all adult specialty care encounters to the uninsured in 2012.

Emergency Care (See pg. 23 for additional findings)

- Emergency care encounters increased by more than 52,000 visits (or 8%) from 2010-12, driven largely by increases among uninsured (+14%) and Medicaid (+10%) payors.
- In 2012, approximately 22% (158,817) of all emergency care encounters were categorized as non-emergent; this is comparable to rates observed in 2011 (21%).
 - From 2010-12, non-emergent encounters among the uninsured increased by 9%.
- Left without being seen rates at St. Louis hospital emergency departments remained stable (+ < 1%) from 2010-12.

Behavioral Health Care

(See pg. 30 for additional findings)

- Mental health and substance use disorder encounters at primary care organizations increased 46% from 2010-12 (+ 14,000 visits).
- In 2012, 22% of all emergency room visits occurred among patients with a mental health or substance use disorder diagnosis.
- The number of mental health and substance related emergency room encounters increased 31% from 2010-12. Increases among this diagnostic category outpaced overall growth in emergency room encounters during the same period.

Gateway to Better Health- Year 1 Outcomes

(See pg. 33 for additional findings)

- In its first complete federal fiscal year of operations (October 1, 2012 – September 30, 2013), Gateway to Better Health provided health coverage to approximately 28,000 otherwise uninsured St. Louis area residents.
 - In addition, mandatory Medicaid screening for Gateway applications resulted in more than 25,000 individuals enrolled in MOHealthNet programs during this time.
- Preliminary findings suggest that, among individuals enrolled during the first complete federal fiscal year of Gateway operations, approximately 65% utilized services within the previous six months (April 1-September 30, 2013).

- From October 1, 2012 to September 30, 2013, Gateway provided nearly 51,000 primary and dental care office visits and more than 29,000 specialty and diagnostic care office visits.
- Less than 5% of Gateway patients used hospital emergency departments for non-emergent reasons during the first complete federal fiscal year of program operations.
- Preliminary program findings suggest that Gateway coverage is helping patients to better control their chronic conditions, such as hypertension and diabetes.

Gateway Provider Network (as of September 2013)

Primary Care Sites:

Betty Jean Kerr People's Health Centers
Family Care Health Centers
Grace Hill Neighborhood Health Centers
Myrtle Hilliard Davis Comprehensive Health Centers
St. Louis County Department of Health

Specialty Care Sites:

Washington University School of Medicine
SLUCare
St. Louis ConnectCare*

**St. Louis ConnectCare ceased to provide specialty care services effective October 1, 2013.*

ST. LOUIS SAFETY NET PATIENT POPULATION

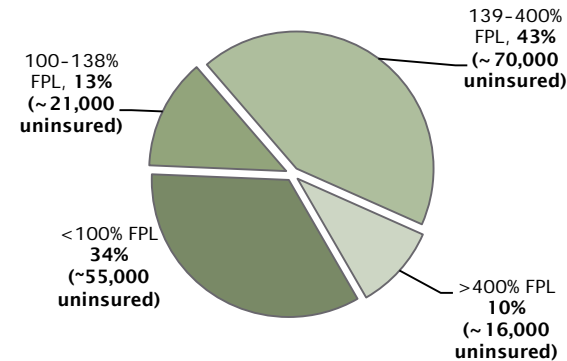
Information provided below reviews detailed statistics of the status of the safety net population in St. Louis City and County from 2010-12. For the purposes of this report, the safety net population is comprised of individuals who are uninsured or who receive health insurance via the state Medicaid program.

Table 1. Estimated St. Louis Safety Net Population, 2010-12

	2010	2011	2012	Percent Change, 2010-12
Uninsured	155,000	169,000	154,000	-<1%
Medicaid	158,000	161,000	157,500	-<1%
Total Safety Net Population	313,000	330,000	311,500	-<1%
Total St. Louis City and County Population	1,318,000	1,317,000	1,319,000	+<1%
Safety Net Population as a % of Total City and County Population	24%	25%	24%	-

- Overall trends in the size of the uninsured and Medicaid population in St. Louis City and County remained stable from 2010-12 (-<1%).
- In 2012, individuals who were uninsured or covered by Medicaid accounted for approximately 24% of the total St. Louis City and County population.

Exhibit 1. Estimated Distribution of Uninsured Individuals Under 65 Years by Percent Federal Poverty Level, 2011 (St. Louis City and County combined)



- In 2011, an estimated 47% of uninsured St. Louis City and County residents <65 years of age, or 76,000 individuals, lived at or below 138% of the federal poverty level (FPL). For a family of four in Missouri, this equates to an annual income of approximately \$32,000.
- Starting January 1, 2014, City and County residents living at or over 100% FPL (or an estimated 107,000 individuals <65 years) will have access to health insurance via the Health Insurance Marketplace, a provision of the Affordable Care Act. Individuals between 100 to 400% FPL may be eligible for premium tax credits to offset the cost of purchasing coverage through the marketplace. Individuals under 100% FPL are eligible for Gateway through 2014.

Notes:

Uninsured estimates sourced from the 2010, 2011 and 2012 Current Population Survey (US Census Bureau). Medicaid data from 2010-12 was provided directly by MOHealthNet. St. Louis population totals from 2010-12 were estimated using data from the US Census Bureau. %FPL estimates among the uninsured provided by the Missouri Hospital Association.

PRIMARY CARE ANALYSIS

Information provided below reviews detailed operating statistics of reporting primary care safety net institutions in the St. Louis City and County area. These institutions include community health centers, hospital-based clinics, and other free-standing primary care clinics.

Reporting primary care organizations in 2012:

- ▶ Barnes-Jewish Hospital OB/GYN Clinic
- ▶ Barnes-Jewish Hospital Medicine Clinic
- ▶ Betty Jean Kerr People's Health Centers*
- ▶ CHIPS (Community Health in Partnership Services)
- ▶ Family Care Health Centers*
- ▶ Grace Hill Neighborhood Health Centers*
- ▶ Health and Dental Care for Kids
- ▶ Myrtle Hilliard Davis Comprehensive Health Centers*
- ▶ Mercy JFK Clinic
- ▶ St. Louis County Department of Health*
- ▶ St. Louis County Department of Corrections
- ▶ St. Luke's Pediatric Clinic
- ▶ SSM Clinics:
 - ▶ St. Mary's Health Center
 - ▶ Cardinal Glennon Children's Medical Center
- ▶ SLUCare
- ▶ The SPOT (Supporting Positive Opportunities with Teens)

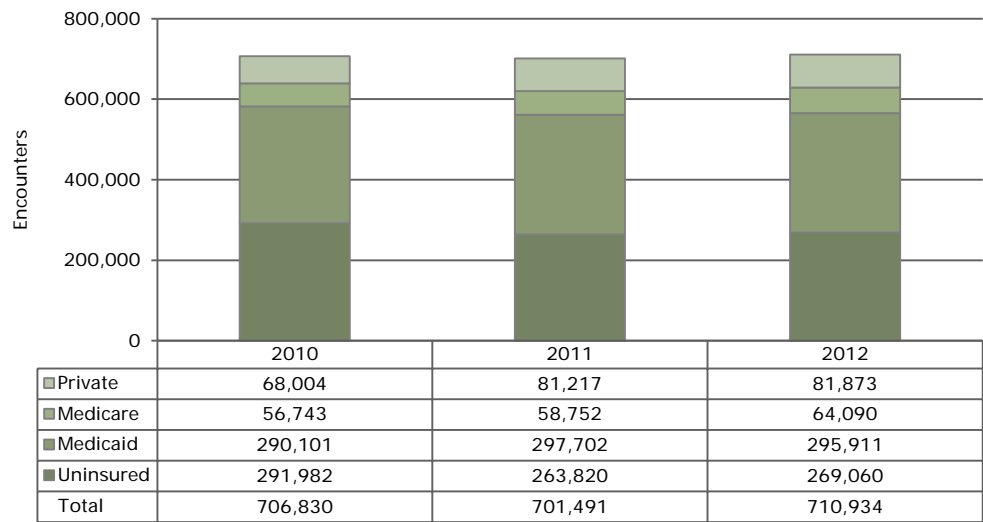
Notes:

*Five organizations comprise the Gateway to Better Health primary care network (as of September 30, 2013). Gateway was in operation for six months of CY2012 (July 1 – December 31). 2012 Gateway primary care encounters for participating organization are included in the "uninsured" payor category in the exhibits presented throughout this report section. Please note, the Gateway program is a temporary coverage model for outpatient services only and should not be considered an insurance program.

PRIMARY CARE ANALYSIS – 3 YEAR TREND

Primary care volumes at safety net sites have seen nominal change from 2010- 12

Exhibit 2. Primary care encounters by payor category, 2010-12



- After experiencing the first annual decline in RHC reporting history from 2010-11, primary care encounters increased slightly (+1%) from 2011-12.
- From 2010-12, primary care encounters increased across all payor categories except among the uninsured, which declined by 8% (or approximately 23,000 visits).

Notes:

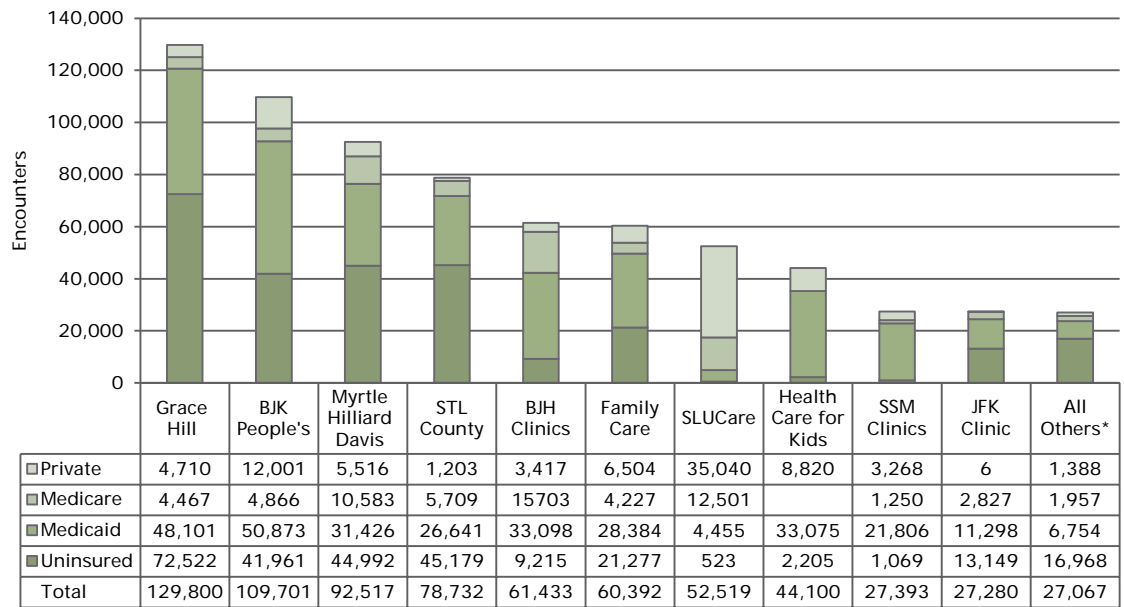
St. Louis County's John C. Murphy site was closed through August of 2012 for construction.

In CY2012, Gateway encounters comprised an estimated 20% of total uninsured encounters reported at Gateway primary care network organizations (refer to pg. 4 for a complete list of network providers).

PRIMARY CARE ANALYSIS - 2012

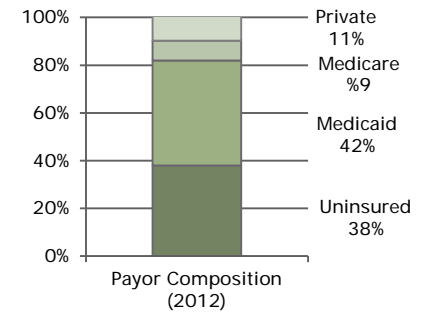
38% of all primary care encounters reported at St. Louis safety net institutions occurred among the uninsured

Exhibit 3. Primary care encounters by payor category and provider institution, 2012



- Of the more than 710,000 total primary care encounters reported in 2012, approximately 38% occurred among the uninsured, 42% among the Medicaid population, 9% among the Medicare population, and 11% among privately insured individuals.
- This payor composition has remained stable from the previous year (2011).

Exhibit 4. Percent of primary care encounters by payor category, 2012



Notes:

*The category "All Others" includes primary care sites reporting less than 15,000 total encounters per year. 2012 metrics for each of these sites is as follows: CHIPS (3,000); St. Louis County Corrections (10,367); St. Luke's (6,930); and The SPOT (6,770).

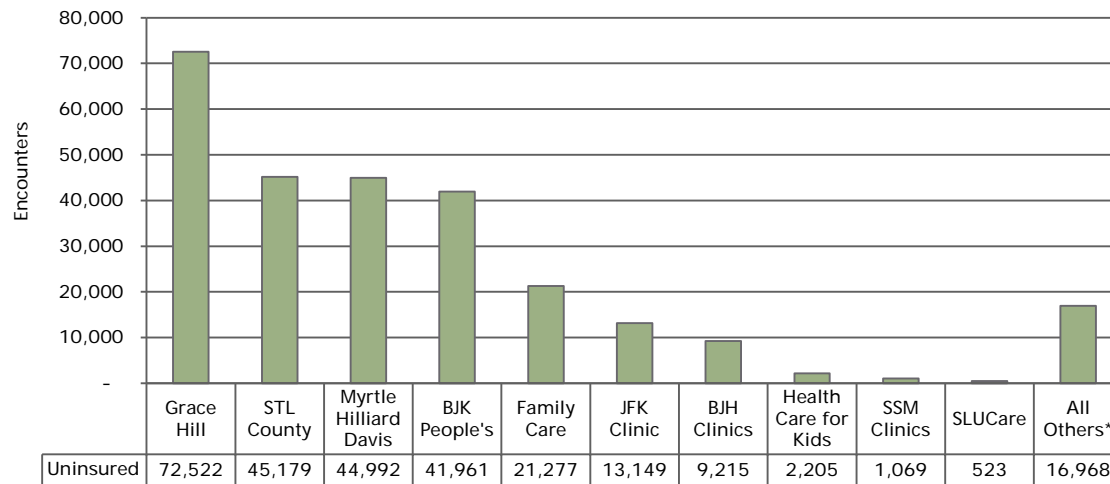
St. Louis County's John C. Murphy site was closed through August of 2012 for construction.

In CY2012, Gateway encounters comprised an estimated 20% of total uninsured encounters reported at Gateway primary care network organizations (refer to pg. 4 for a complete list of network providers).

PRIMARY CARE ANALYSIS – 2012

Five community health centers saw 84% of all uninsured patients receiving primary care in the region

Exhibit 5. Uninsured primary care encounters by provider institution, 2012



- In 2012, five community health centers – Grace Hill, St. Louis County, Myrtle Hilliard Davis, BJK People’s, and Family Care – saw more than 225,000 uninsured patients, or 84% of all uninsured primary care encounters among St. Louis safety net organizations.

Notes:

*The category “All Others” includes primary care sites reporting less than 15,000 total encounters per year. 2012 uninsured volumes for each of these sites are as follows: CHIPS (391); St. Louis County Corrections (10,002); St. Luke’s (435); and The SPOT (6,140).

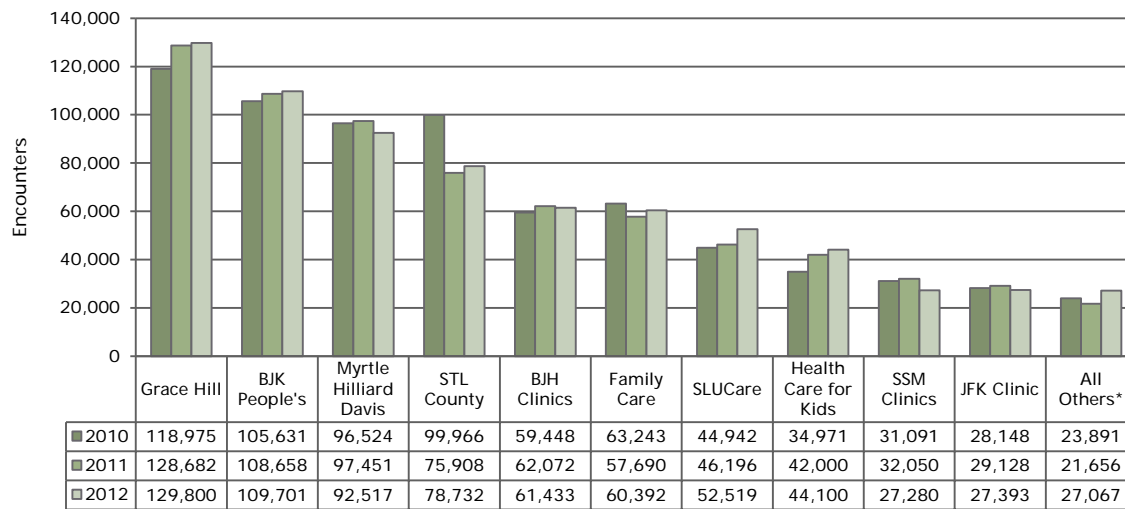
St. Louis County’s John C. Murphy site was closed through August of 2012 for construction.

In CY2012, Gateway encounters comprised an estimated 20% of total uninsured encounters reported at Gateway primary care network organizations (refer to pg. 4 for a complete list of network providers).

PRIMARY CARE ANALYSIS – 3 YEAR TRENDS

Six primary care organizations experienced growth in encounters from 2010-12, while one showed declines greater than 20,000

Exhibit 6. Primary care encounters comparison by provider institution, 2010-12



Notes:

*The category "All Others" includes primary care sites reporting less than 15,000 total encounters per year. 2012 metrics for each of these sites is as follows: CHIPS (3,000); St. Louis County Corrections (10,367); St. Luke's (6,930); and The SPOT (6,770).

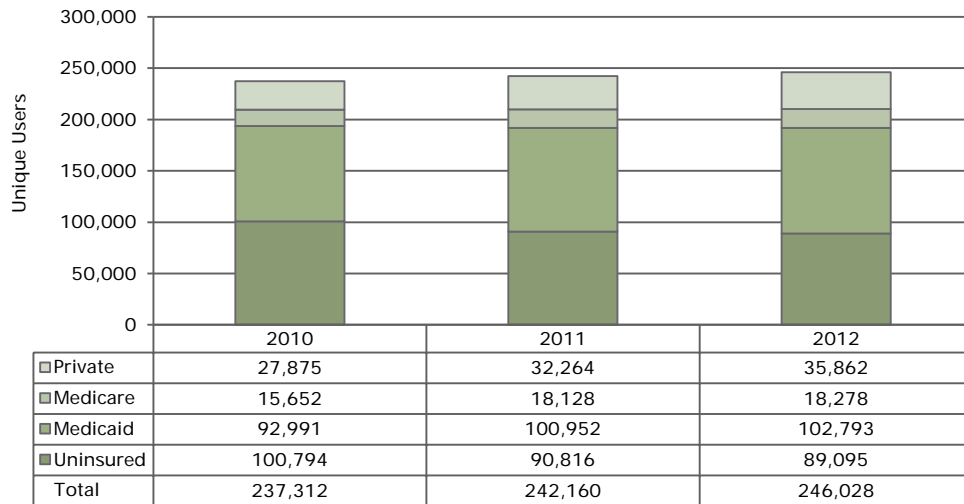
St. Louis County's John C. Murphy site was closed through August of 2012 for construction.

- Primary care encounters remained stable from 2010-12, increasing by 4,104 total visits (+ < 1%).
 - Although six primary care organizations reported growth in encounters from 2010-12, region-wide increases were offset by a 21% reduction in volumes at St. Louis County (-21,234 visits) during this period. St. Louis County's John C. Murphy health center was closed through August of 2012 for construction.

PRIMARY CARE ANALYSIS – 3 YEAR TRENDS

The number of unique individuals utilizing primary care services at St. Louis health care safety net institutions increased slightly (+ 4%) from 2010- 12

Exhibit 7. Primary care users by payor category, 2010-12



Notes:

User information at left is self-reported to RHC by primary care organizations. Duplicate user counts are possible. Please note that user volumes for St. Louis County Corrections, St. Luke’s, the SPOT, and CHIPS were not available for the 2010-12 period.

St. Louis County’s John C. Murphy site was closed through August of 2012 for construction.

In CY2012, Gateway members comprised an estimated 20% of total uninsured users reported at Gateway primary care network organizations (refer to pg. 4 for a complete list of network providers).

PRIMARY CARE ANALYSIS – 2013

Evening and weekend hours of operation remain available at St. Louis community health centers

Table 2. Hours of operation for reporting primary care institutions (as of May 2013)

Organization	Mon	Tues*	Wed*	Thurs*	Fri	Sat	Sun
Barnes-Jewish Clinics	8am-4:30pm	8am-4:30pm	8am-4:30pm	8am-4:30pm	8am-4:30pm	Closed	Closed
BJK People's Sites	8am-5:30pm	8am-8:30pm	8am-8:30pm	8am-8pm	8am-5:30pm	Closed	Closed
CHIPS	Closed	9-5pm	9-5pm	9-5	9-5	Closed	Closed
SSM Cardinal Glennon**	8:30am-4:30pm	8:30am-4:30pm	8:30am-4:30pm	8:30am-4:30pm	8:30am-4:30pm	Closed	Closed
Glennon Care-DePaul**	8:30am-6pm	8:30am-6pm	8:30am-6pm	8:30am-6pm	8:30am-5pm	Closed	Closed
Family Care Sites	8am-5pm	8am-8pm	8am-5pm	8am-8pm	8am-5pm	9am-1pm	Closed
Grace Hill Sites	8:30am-5:30pm	8:30am-5:30pm	8:30am-7pm	8:30am-5:30pm	8:30am-5:30pm	9am-1pm	Closed
Health Care for Kids**†	9am-5pm (PC); 3-7pm (UC)	9am-5pm (PC); 3-7pm (UC)	9am-5pm (PC); 3-7pm (UC)	9am-5pm (PC); 3-7pm (UC)	9am-5pm (PC); 3-7pm (UC)	10am-4pm (UC)	10am-4pm (UC)
Mercy JFK Clinic	8am-4:30pm	8am-4:30pm	8am-4:30pm	8am-4:30pm	8am-4:30pm	Closed	Closed
Myrtle Hilliard Davis Sites	8am-5pm	8am-5pm	8am-8pm	8am-8pm	8am-5pm	Closed	Closed
SLUCare	8am-4:30pm	8am-4:30pm	8am-4:30pm	8am-4:30pm	8am-4:30pm	Closed	Closed
St. Luke's Pediatric Care Center**	8am-5:30pm	8am-5:30pm	8am-5:30pm	8am-4:30pm	8am-4:30pm	Closed	Closed
St. Louis County Department of Health Sites	8am-5pm	8am-5pm	8am-6pm	8am-6pm	8am-5pm	Closed	Closed
SSM St. Mary's Health Center	8am-5pm	8am-5pm	8am-5pm	8am-5pm	8am-12pm	Closed	Closed
The SPOT	9am-12pm; 1-5pm	9am-12pm; 1-5pm	1-5pm	1-5pm	1-5pm	Closed	Closed

- Many community health centers operate telephonic exchange services for urgent after-hour patient needs.

Notes:

*Days of the week when after-hours care is available for both children and adults.

**Organization provides pediatric services only.

†Health Care for Kids provides primary care (PC) services from 9am-5pm M-F, and urgent care (UC) services from 3-7pm M-F and 10am-4pm on the weekends.

PRIMARY CARE ANALYSIS - 2013

Appointment availability has declined for new patients across all services except for dental, and has remained stable for return patients

Exhibit 8. Primary care appointment availability within 14 days of request for new patients, 2012-13

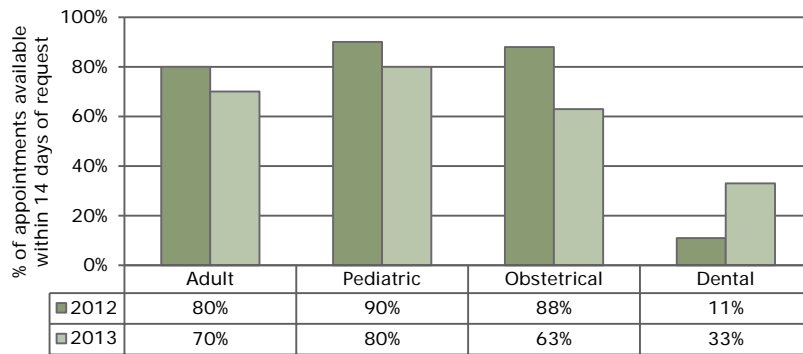
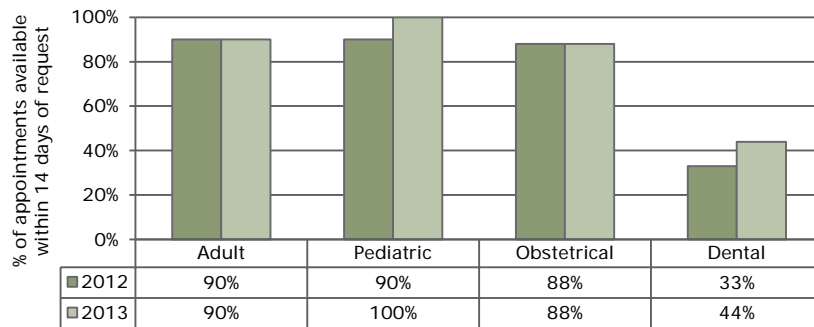


Exhibit 9. Primary care appointment availability within 14 days of request for return patients, 2012-13



Notes:

Primary care appointment availability was self-reported by participating institutions as of May 2013. Information is reported at the organization level and is not available for individual provider sites. As reviewed below, the total number of organizations that reported appointment availability remained stable from 2012-13:

Total number of reporting organizations, 2012-13

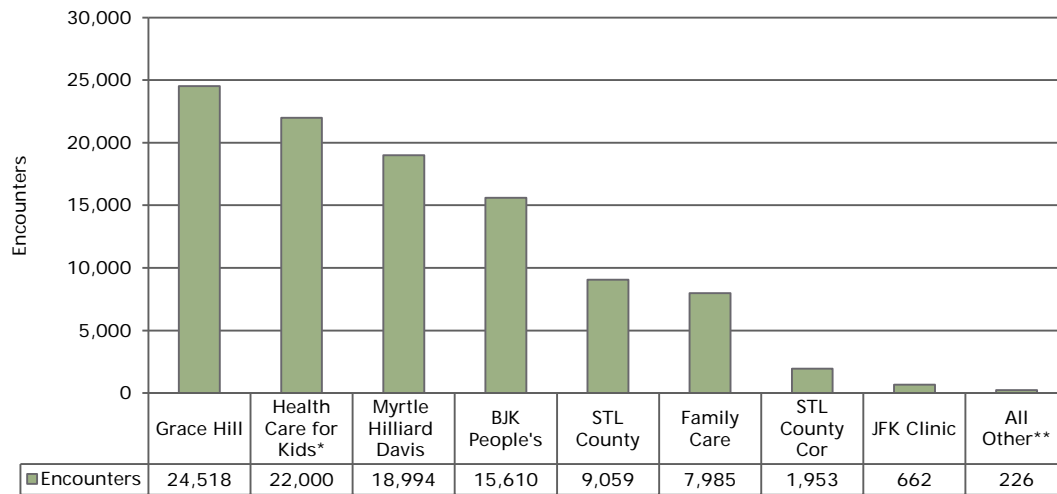
Service Type	2012	2013
Adult	10	10
Pediatric	10	10
Obstetrical	8	8
Dental	9	9

Please note that appointment availability information was not available for CHIPS and St. Louis County Corrections.

DENTAL CARE ANALYSIS - 2012

Six institutions provided more than 95% of all dental visits reported at health care safety net sites

Exhibit 10. Dental encounters by provider institution, 2012



- In 2012, six organizations – Grace Hill, Health Care for Kids, Myrtle Hilliard Davis, BJK People’s, STL County, and Family Care – provided nearly 100,000 dental encounters, or more than 95% of total reported dental visits at primary care safety net sites.

Notes:

*Health Care for Kids provides pediatric dental services only.

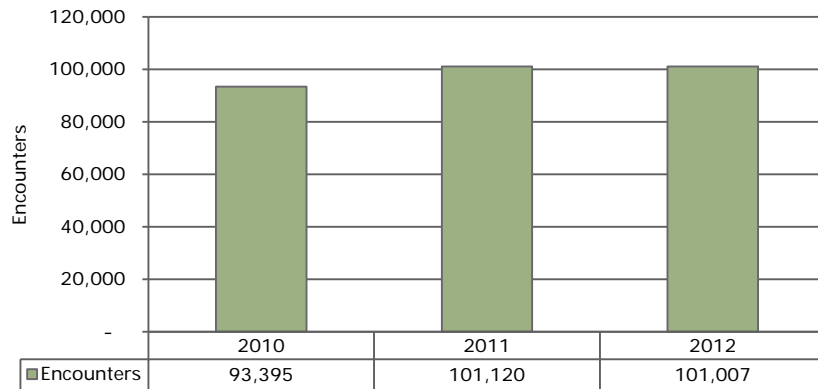
**The category “All Others” includes primary care sites reporting less than 500 total dental encounters per year. 2012 metrics for each of these sites is as follows: CHIPS (150) and The SPOT (76).

Preventative dental care is a primary care benefit of the Gateway program. In CY2012, Gateway encounters comprised an estimated 7% of total dental encounters reported at Gateway primary care network organizations (refer to pg. 4 for a complete list of network providers).

DENTAL CARE – 3 YEAR TREND

After steady increases in dental care encounters over the past few years, dental visits at safety net organizations remained stable from 2011- 12

Exhibit 11. Dental care encounters, 2010-12



- Dental encounters at safety net institutions increased by over 7,000 visits (+8%) from 2010-12, but remained stable from 2011-12.
- In 2011, the RHC began collecting dental encounter information for pediatric patients receiving dental services. Pediatric dental care visits comprised an average of 38% of total dental encounters from 2011-12.

Notes:

Preventative dental care is a primary care benefit of the Gateway program. In CY2012, Gateway encounters comprised an estimated 7% of total dental encounters reported at Gateway primary care network organizations (refer to pg. 4 for a complete list of network providers).

SPECIALTY CARE ANALYSIS

Information provided below reviews detailed operating statistics of reporting specialty care safety net institutions in the St. Louis City and County area. These institutions include hospital-based clinics and physician groups and other free-standing specialty care clinics.

Reporting specialty care organizations in 2012:

- Barnes-Jewish Hospital Clinics
- Cardinal Glennon Children's Medical Center
- SLUCare*
- St. Louis ConnectCare* †
- Mercy JFK Clinic
- Washington University School of Medicine*

Notes:

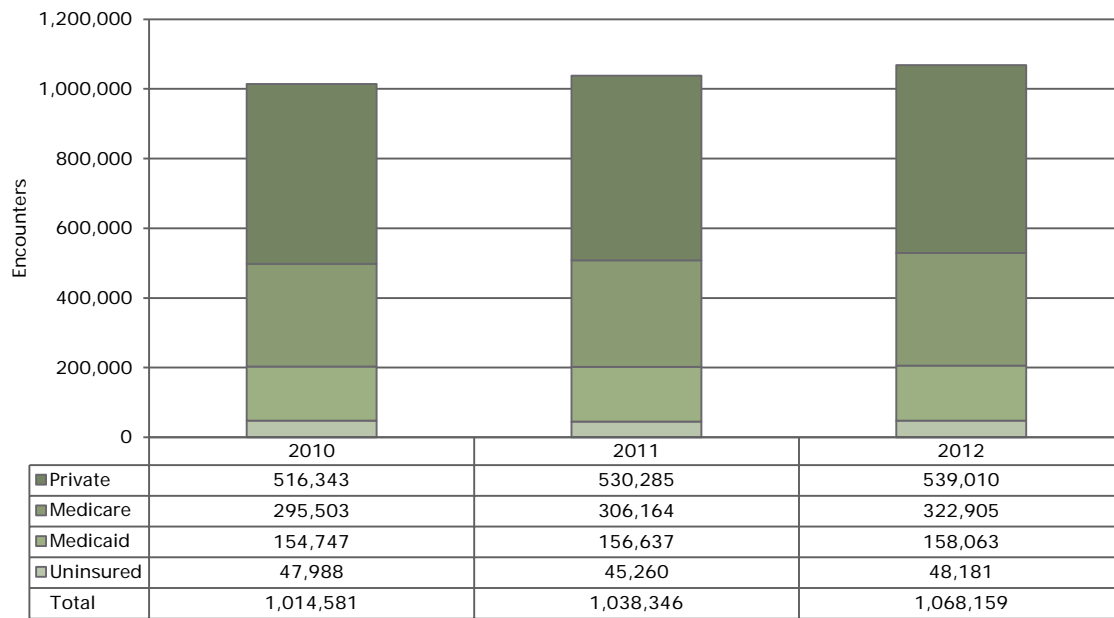
*Three organizations comprise the Gateway to Better Health specialty care network (as of September 30, 2013). Gateway was in operation for six months of CY2012 (July 1 – December 31). 2012 Gateway specialty care encounters for participating organization are included in the “uninsured” payor category in the exhibits presented throughout this report section. Please note, the Gateway program is a temporary coverage model for outpatient services only and should not be considered an insurance program.

†ConnectCare ceased to provide specialty care services effective October 1, 2013. The RHC and regional specialty care organizations have identified capacity at alternative community providers to transfer patient care in the immediate term.

SPECIALTY CARE ANALYSIS - 3 YEAR TREND

Specialty care volumes at safety net sites saw nominal change from 2010- 12

Exhibit 12. Specialty care encounters by payor, 2010-12



- Overall trends in specialty care encounters remained stable from 2010-12. Encounters among Medicaid and uninsured patients increased slightly during this time.

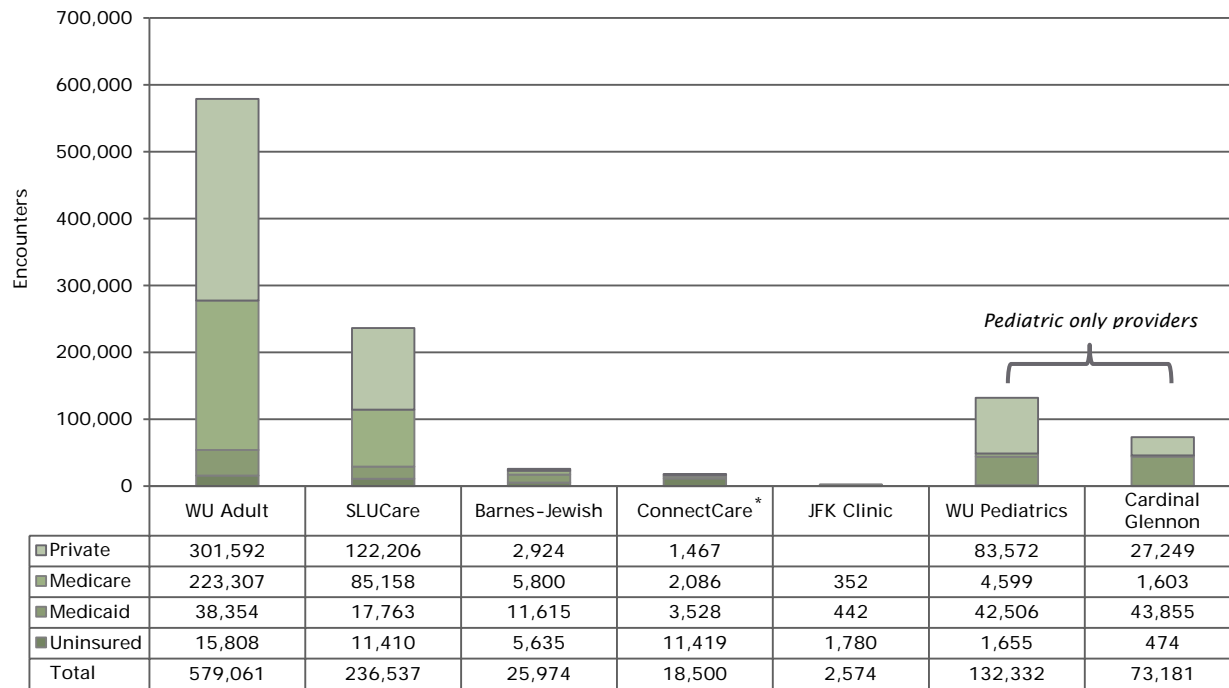
Notes:

In CY2012, Gateway encounters comprised an estimated 20% of total adult uninsured encounters reported at Gateway specialty care network organizations (refer to pg. 4 for a complete list of network providers).

SPECIALTY CARE ANALYSIS - 2012

Of the over 850,000 adult outpatient specialty care encounters reported at St. Louis safety net institutions, 5% occurred among the uninsured

Exhibit 13. Specialty care encounters by payor category and provider institution, 2012



Notes:

*ConnectCare ceased to provide specialty care services effective October 1, 2013. The RHC and regional specialty care organizations have identified capacity at alternative community providers to transfer patient care in the immediate term.

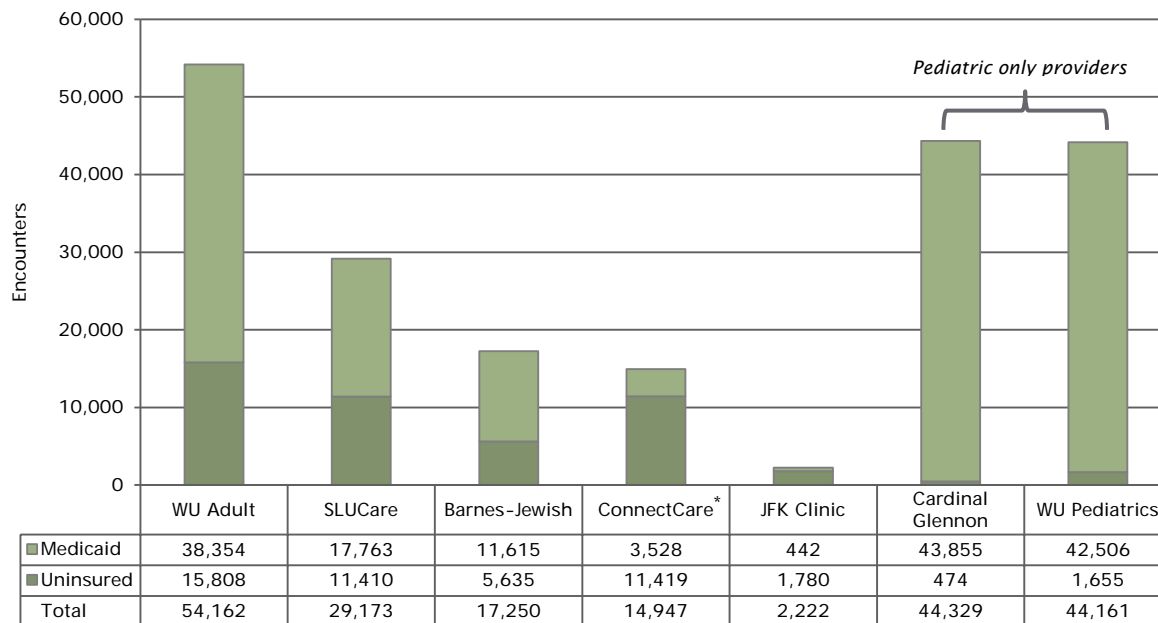
In CY2012, Gateway encounters comprised an estimated 20% of total adult uninsured encounters reported at Gateway specialty care network organizations (refer to pg. 4 for a complete list of network providers).

- Of the more than one million total specialty care encounters reported in 2012, approximately 5% occurred among the uninsured, 15% among the Medicaid population, 30% among the Medicare population, and 50% among privately insured individuals.

SPECIALTY CARE ANALYSIS - 2012

Three institutions provided more than 10,000 uninsured specialty care encounters

Exhibit 14. Medicaid and uninsured encounters by provider institution, 2012



Notes:

*ConnectCare ceased to provide specialty care services effective October 1, 2013. The RHC and regional specialty care organizations have identified capacity at alternative community providers to transfer patient care in the immediate term.

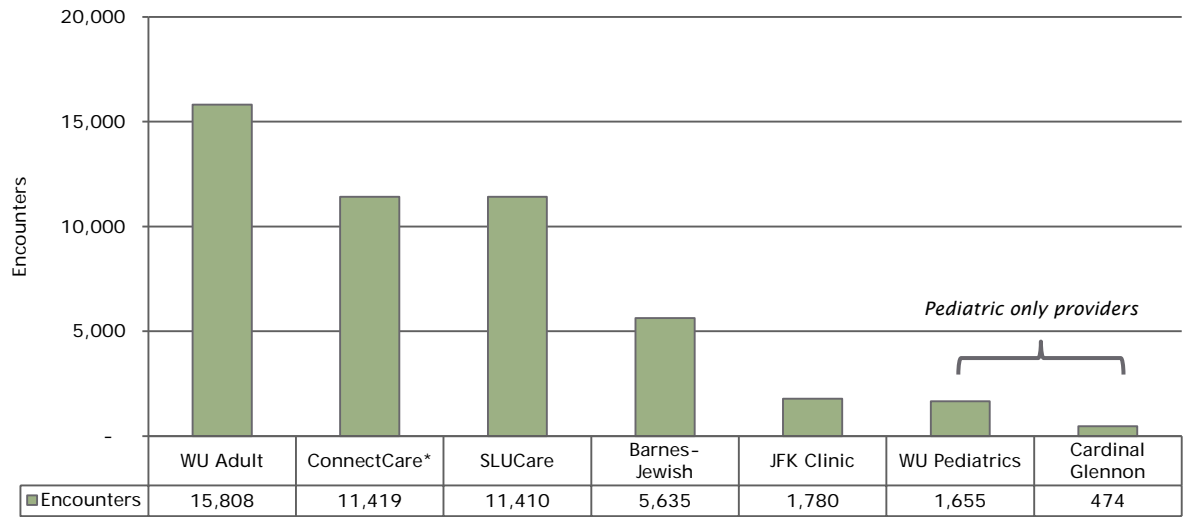
In CY2012, Gateway encounters comprised an estimated 20% of total adult uninsured encounters reported at Gateway specialty care network organizations (refer to pg. 4 for a complete list of network providers).

- In 2012, more than 206,000 uninsured and Medicaid specialty care encounters occurred at reporting institutions – this represents 19% of total specialty care encounters across all payor categories.
- Of the total uninsured and Medicaid specialty care encounters reported in 2012, approximately 57% occurred among adult patients.

SPECIALTY CARE - 2012

Three organizations - Washington University, ConnectCare, and SLUCare - provided 80% of all specialty care encounters among total uninsured and 84% among uninsured adults

Exhibit 15. Uninsured specialty care encounters, 2012



Notes:

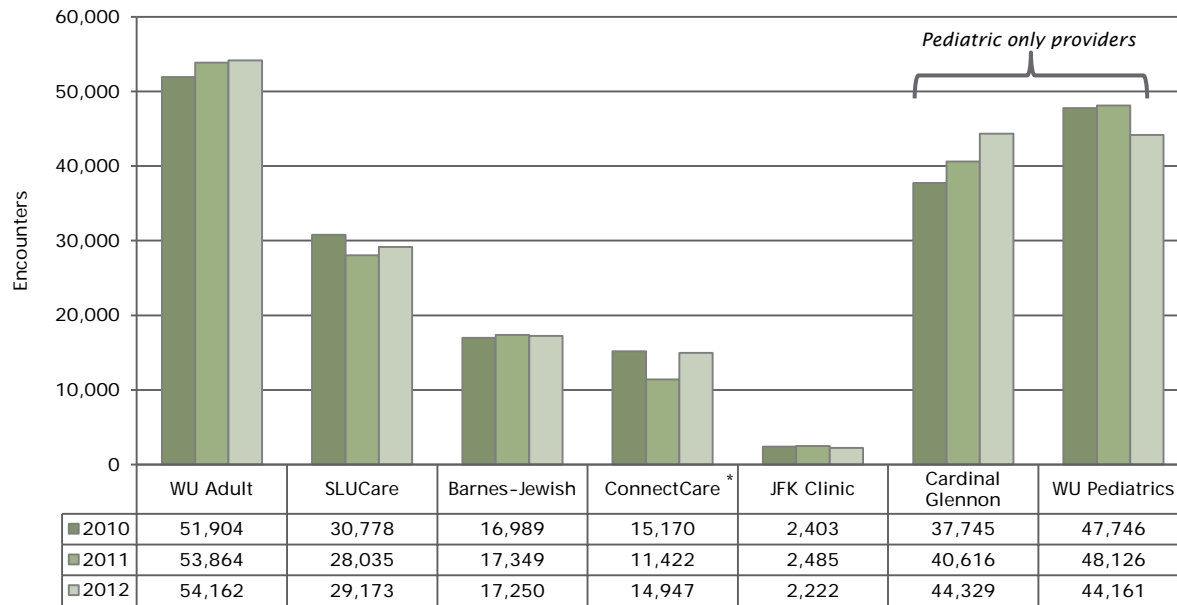
*ConnectCare ceased to provide specialty care services effective October 1, 2013. The RHC and regional specialty care organizations have identified capacity at alternative community providers to transfer patient care in the immediate term.

In CY2012, Gateway encounters comprised an estimated 20% of total adult uninsured encounters reported at Gateway specialty care network organizations (refer to pg. 4 for a complete list of network providers).

SPECIALTY CARE ANALYSIS – 3 YEAR TREND

Trends in Medicaid and uninsured specialty care encounters were variable across institutions from 2010- 12

Exhibit 16. Medicaid and uninsured specialty care encounters by provider institution, 2010-12



Notes:

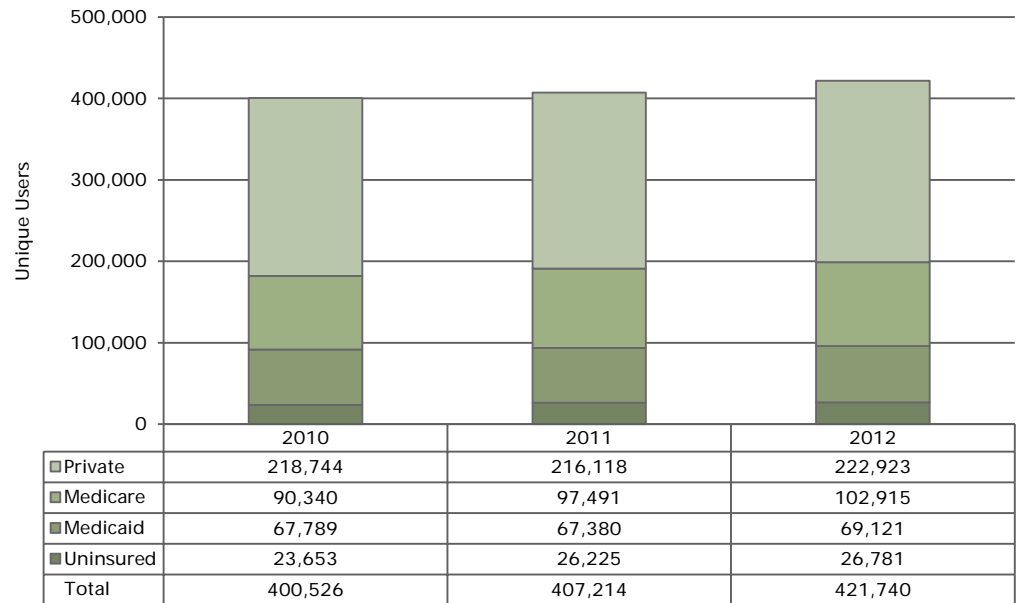
*ConnectCare ceased to provide specialty care services effective October 1, 2013. The RHC and regional specialty care organizations have identified capacity at alternative community providers to transfer patient care in the immediate term.

In CY2012, Gateway encounters comprised an estimated 20% of total adult uninsured encounters reported at Gateway specialty care network organizations (refer to pg. 4 for a complete list of network providers).

SPECIALTY CARE ANALYSIS – 3 YEAR TREND

Similar to trends seen in specialty care encounters, the number of unique users receiving services at safety net specialty care institutions fluctuated little from 2010- 12

Exhibit 17. Specialty care users by payor category, 2012



- While overall trends in specialty care users remained stable from 2010-12, the number of unique Medicare patients increased 14% during this time.

Notes:

User information at left is self-reported to RHC by specialty care organizations. Duplicate user counts are possible.

In CY2012, Gateway members comprised an estimated 30% of total adult uninsured users reported at Gateway specialty care network organizations (refer to pg. 4 for a complete list of network providers).

EMERGENCY CARE ANALYSIS

Information provided below reviews detailed operating statistics of reporting emergency care safety net institutions in the St. Louis City and County area. These institutions include hospital emergency departments.

Reporting emergency care organizations in 2012:

- ▶ Barnes-Jewish Hospital
- ▶ Christian Hospital and Northwest Healthcare
- ▶ Cardinal Glennon Children's Medical Center
- ▶ DePaul Health Center
- ▶ Mercy Hospital St. Louis
- ▶ Missouri Baptist Medical Center
- ▶ St. Louis Children's Hospital
- ▶ St. Alexius Hospital
- ▶ St. Anthony's Medical Center
- ▶ St. Clare's Health Center
- ▶ St. Louis University Hospital
- ▶ St. Luke's Hospital
- ▶ St. Mary's Health Center

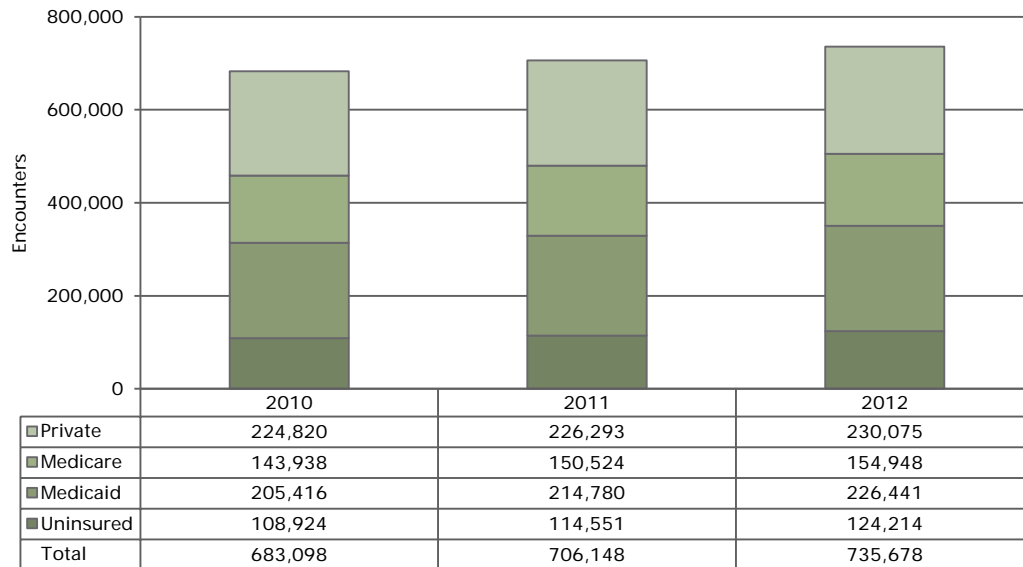
EMERGENCY CARE ANALYSIS – 3 YEAR TREND

Emergency care encounters grew by more than 52,000 visits (+8%) from 2010-12, driven by increases among Medicare, Medicaid, and uninsured payors

Notes:

As Christian Hospital and Northwest Healthcare report combined totals, metrics from these two organizations are reported as a combined total under the category “Christian.”

Exhibit 18. Emergency care encounters by payor category, 2010-12

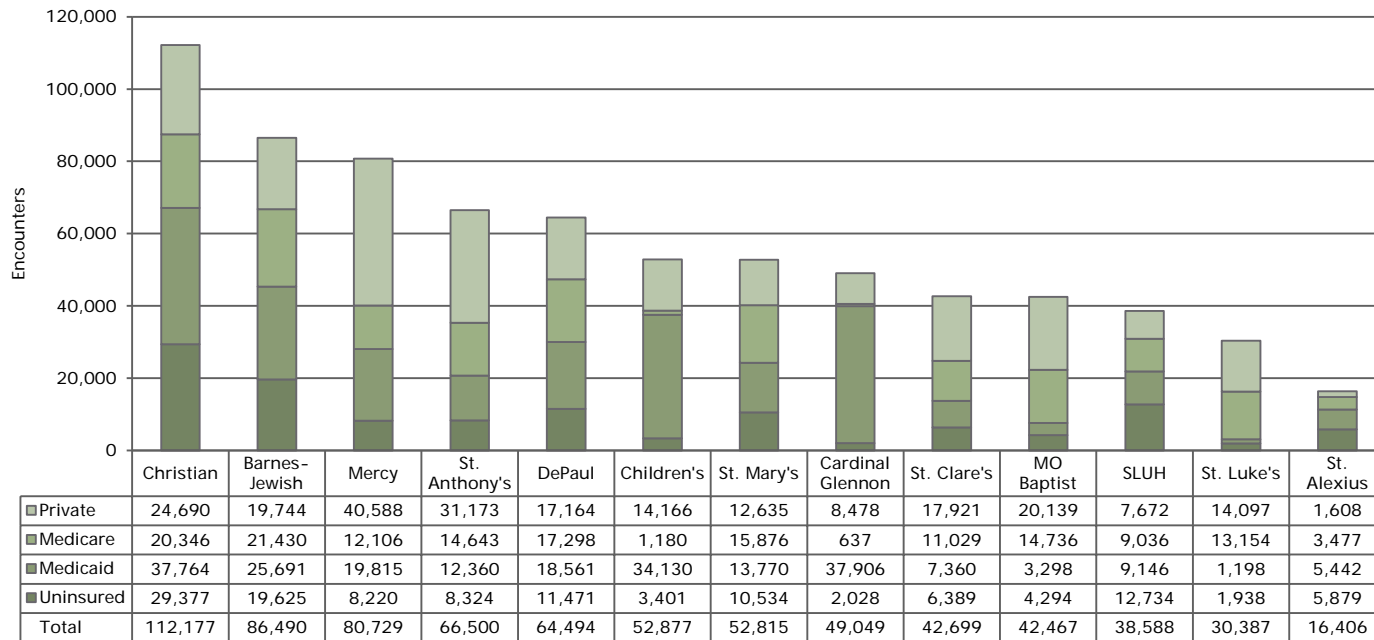


- From 2010-12, emergency room visits increased among the uninsured (+14%), Medicaid (+10%) and Medicare (+8%), and remained stable among the privately insured (+2%).

EMERGENCY CARE ANALYSIS – 2012

Emergency care encounters among the uninsured and Medicaid population varied greatly by hospital emergency department

Exhibit 19. Emergency care encounters by payor category and provider institution, 2012



Notes:

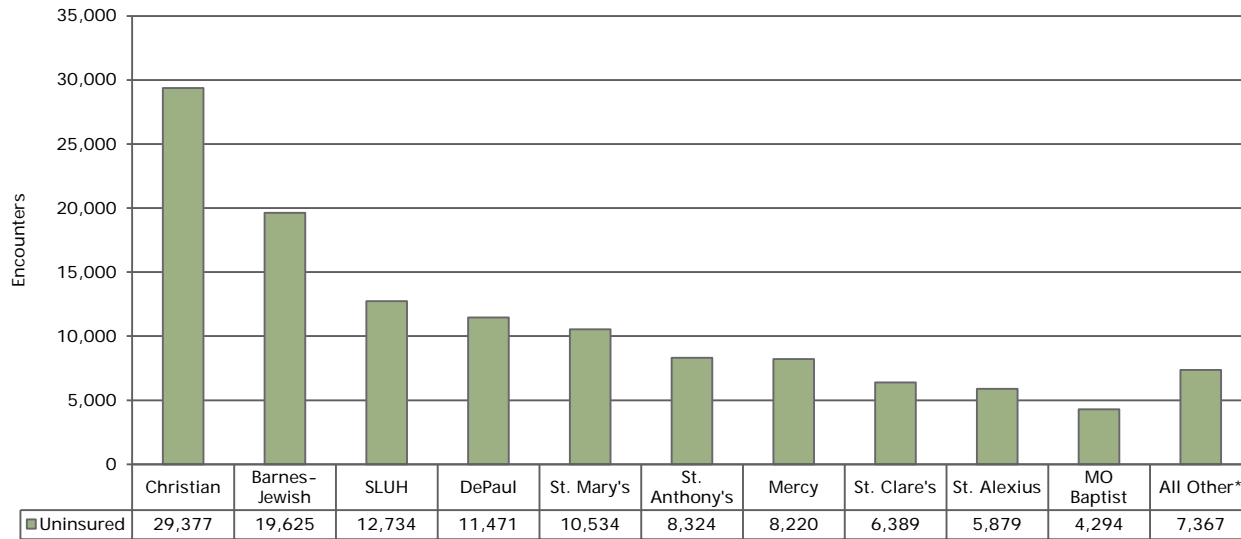
As Christian Hospital and Northwest Healthcare report combined totals, metrics from these two organizations are reported as a combined total under the category "Christian."

- Of the more than 700,000 emergency care encounters reported in 2012, 17% occurred among the uninsured.

EMERGENCY CARE ANALYSIS – 2012

Two hospital emergency departments provided approximately 40% of total emergency department encounters among the uninsured

Exhibit 20. Uninsured emergency department encounters by provider institution, 2012



- In 2012, two institutions – Christian and Barnes-Jewish hospitals – provided approximately 40% of the more than 124,000 ED visits occurring among the uninsured.

Notes:

*The category “All Other” includes emergency care sites reporting less than 4,000 uninsured encounters per year. 2012 metrics for each of these sites is as follows: Children’s (3,401); Cardinal Glennon (2,028); and St. Luke’s (1,938).

As Christian Hospital and Northwest Healthcare report combined totals, metrics from these two organizations are reported as a combined total under the category “Christian.”

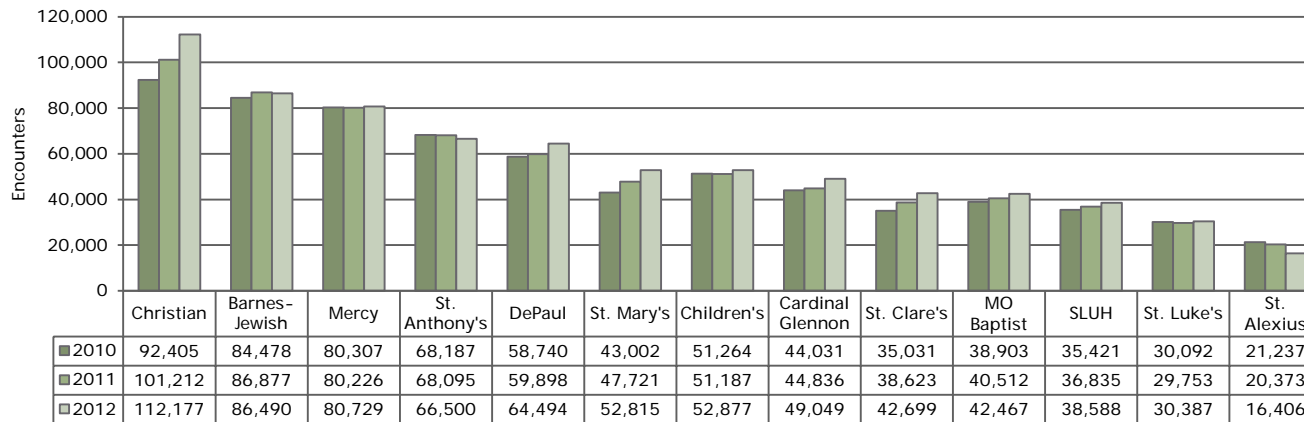
EMERGENCY CARE ANALYSIS – 3 YEAR TREND

Emergency care encounters remained stable or grew at all but one hospital emergency department from 2010- 12

Notes:

As Christian Hospital and Northwest Healthcare report combined totals, metrics from these two organizations are reported as a combined total under the category “Christian.”

Exhibit 21. Emergency care encounters by provider institution, 2010-12



- Total encounters grew by 8% (+52,580 visits) from 2010-12.
- Volumes at five hospital emergency departments — Christian, DePaul, St. Mary's, Cardinal Glennon and St. Clare's — increased by 10% or more during this period.

EMERGENCY CARE ANALYSIS - 2012

Left without being seen rates remained stable at the majority of St. Louis hospitals from 2010- 12

- In 2012 across the St. Louis region, approximately 19,000 patients left hospital emergency departments without being seen – a 7% increase in the left without being seen (LWBS) rate as compared to 2011, and a <1% increase compared to 2010.
- The 19,000 patients who left without being seen in 2012 represent approximately 3% of all patients seeking emergency care services at St. Louis safety net sites.
- In 2012, 85% of reporting emergency departments reported LWBS rates below 5%:
 - Two hospitals reported LWBS rates above 5%, including: Barnes-Jewish Hospital (8.2%) and St. Alexius Hospital (13.0%)
 - Eleven hospitals reported LWBS rates below 5%, including: Cardinal Glennon Children’s Medical Center (<1%); Mercy Hospital St. Louis (<1%); Missouri Baptist Hospital (<1%); St. Luke’s Hospital (<1%); St. Mary’s Health Center (<1%); DePaul Health Center (1%); St. Anthony’s Hospital (1.1%); Christian NE/Northwest Healthcare (1.6%); St. Louis Children’s Hospital (1.6%); St. Clare’s Health Center (2.9%); and St. Louis University Hospital (3.4%).

Notes:

Left without being seen (LWBS) estimates are self-reported to RHC by area hospitals. Different methodologies may be used to identify LWBS encounters at hospital emergency departments across the region.

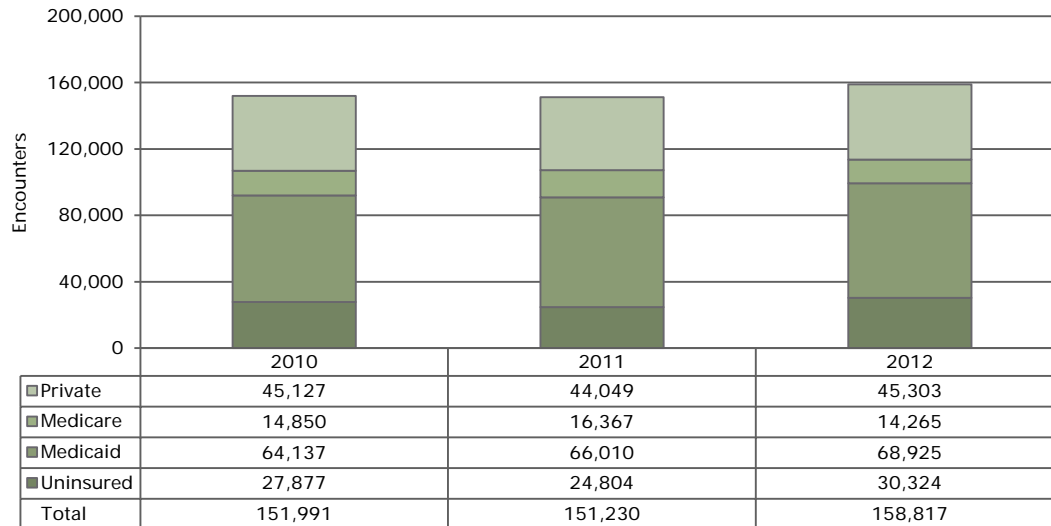
EMERGENCY CARE ANALYSIS – 3 YEAR TREND

Gains in non-emergent emergency care encounters from 2010-12 were driven largely by a combined 8% increase among the uninsured and Medicaid population

Notes:

Non-emergent estimates are self-reported to RHC by area hospitals. Different methodologies may be used to identify non-emergent encounters at hospital emergency departments across the region.

Exhibit 22. Non-emergent emergency department encounters by payor category, 2010-12



- Non-emergent emergency department encounters increased by nearly 7,000 visits (+4%) from 2010-12.
 - Encounters among the uninsured and Medicaid population increased 9% and 7%, respectively, during this time.

BEHAVIORAL HEALTH CARE ANALYSIS

Information provided below reviews detailed operating statistics from primary care and hospital emergency departments in the St. Louis City and County area reporting behavioral health metrics. Behavioral health is broadly defined to include mental health disorders, including substance use and health behaviors. Reporting primary care institutions include community health centers, hospital-based clinics, and other free-standing primary care clinics; reporting emergency care institutions include hospital emergency departments. Past efforts by the RHC to survey access at community mental health providers have been unsuccessful. This issue warrants further study by the RHC and its partners in the future.

Reporting Primary Care Organizations in 2012:

- Betty Jean Kerr People's Health Centers
- Family Care Health Centers
- Grace Hill Neighborhood Health Centers
- Health and Dental Care for Kids
- Myrtle Hilliard Davis Comprehensive Health Centers
- Mercy JFK Clinic
- St. Louis County Department of Health
- St. Louis County Department of Corrections
- St. Mary's Health Center
- The SPOT

Reporting Emergency Care Organizations in 2012:

- Barnes-Jewish Hospital
- Cardinal Glennon Children's Medical Center

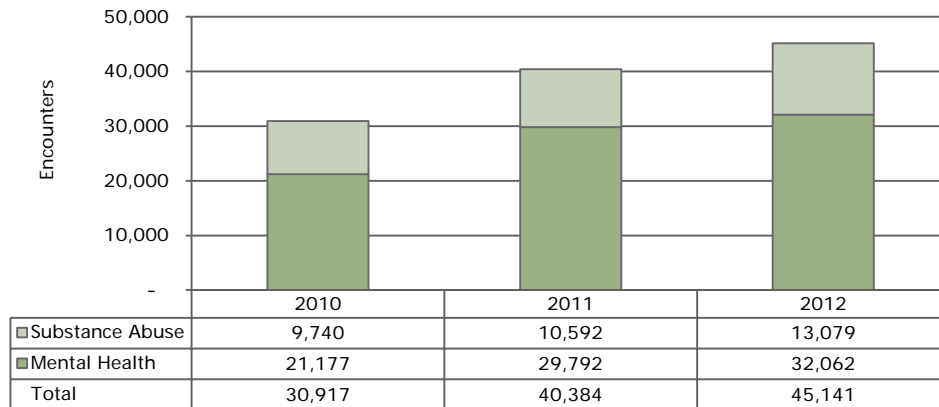
Emergency care organizations (continued):

- Christian Hospital and Northwest Healthcare
- DePaul Health Center
- Missouri Baptist Medical Center
- St. Anthony's Medical Center
- St. Clare's Health Center
- Mercy Hospital St. Louis
- St. Louis Children's Hospital
- St. Louis University Hospital
- St. Luke's Hospital
- St. Mary's Health Center

BEHAVIORAL HEALTH ANALYSIS (PRIMARY CARE SETTING) - 3 YEAR TREND

The number of reported behavioral health encounters at primary care safety net organizations increased steadily from 2010- 12

Exhibit 23. Mental health and substance use disorder encounters at primary care safety net sites, 2010-12



Notes:

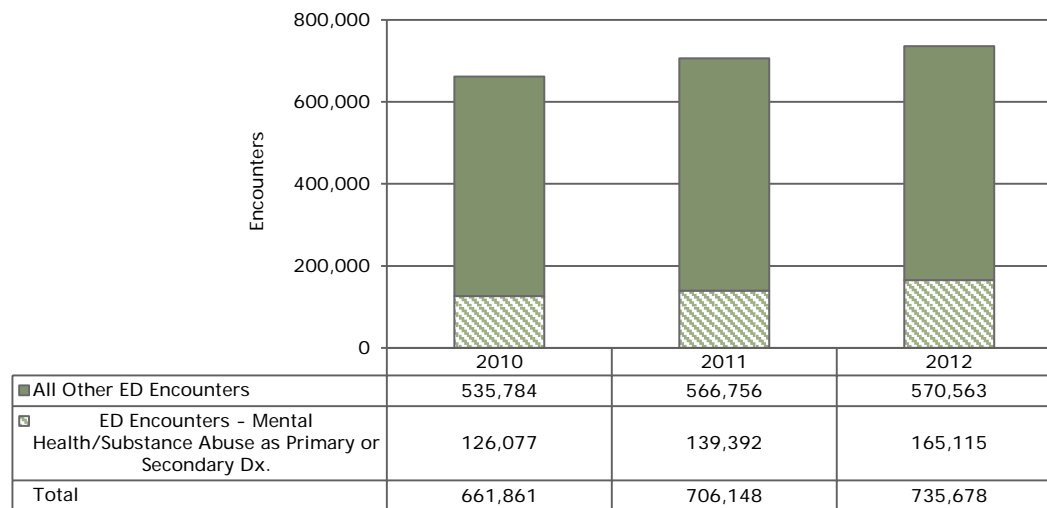
Mental health and substance use disorder encounters include both primary and secondary diagnoses.

- The reported number of mental health and substance use disorder encounters at safety net primary care sites increased 46% (+14,000 visits) from 2010-12.
 - During this time, substance use disorder encounters increased 34% (+3,000 visits) and mental health encounters increased 51% (+11,000 visits).
- Sizable increases in encounter rates during this period may be attributable in part to regional initiatives to improve behavioral health capacity at community health centers.

BEHAVIORAL HEALTH ANALYSIS (EMERGENCY CARE SETTING) -3 YEAR TREND

Emergency room visits with mental health or substance use disorder diagnoses accounted for 22% of all emergency room visits in 2012, with a 31% increase in volumes over the past three years

Exhibit 24. Emergency room encounters with mental health or substance use disorder as primary or secondary diagnosis, 2010-12



- The number of mental health and substance related emergency room encounters increased by approximately 39,000 visits (+31%) from 2010-12. Increases among this diagnostic category outpaced growth in total emergency room encounters by more than three-fold.
- Sizable increases in encounter rates may be attributable to (1) increases in demand for these services due to growing economic pressures in the region and (2) reductions in the number of inpatient psychiatric beds across the St. Louis region over the past decade. Further study by the state’s department of mental health, RHC, and its behavioral health partners is warranted in 2014 concerning these trends.

Notes:

Mental health and substance use disorder emergency department encounters include both primary and secondary diagnoses.

SSM St. Mary’s emergency department reported an increase in the frequency of tobacco use disorder diagnoses (ICD-9 code 305.1) from CY2010-12. Tobacco use disorder diagnoses at this site (reported without any other mental health or substance use disorder diagnosis) increased from 1,296 in 2010 to 9,751 in 2012, accounting for an estimated one-fifth of the total increase in mental health and substance use disorder visits at all reporting ED sites from 2010-12.

GATEWAY TO BETTER HEALTH – YEAR 1 OUTCOMES

The information provided below reviews key utilization and outcomes metrics from Gateway to Better Health’s first complete federal fiscal year of operations (October 1, 2012 – September 30, 2013).

Background

Launched on July 1, 2012, the Gateway to Better Health Pilot Program provides primary, specialty, and urgent care coverage to uninsured¹ adults in St. Louis City and County, aged 19–64, through a network of community providers. Funding up to \$30 million annually to safeguard and improve health care safety net services in the region, the goal of the program is to provide a bridge for safety net providers and uninsured patients to coverage options available through federal health care reform.

In its first complete federal fiscal year of operation (October 1, 2012 – September 30, 2013), Gateway to Better Health provided health coverage to more than **28,000 otherwise uninsured St. Louis area residents**, ensuring these individuals access to basic medical services. Preliminary findings suggest that approximately **65% of currently enrolled individuals have utilized services** within the previous six months (April 1–September 30, 2013).

¹ To be considered “uninsured,” applicants must not be eligible for coverage through the Medicaid State Plan. Screening for Medicaid eligibility is the first step for the Gateway to Better Health eligibility determination.

Gateway Outcomes (October 2012 – September 2013)

Gateway provided nearly 51,000 primary and dental care office visits

- Gateway primary care physicians see about 3,200 patients in their offices each month, providing everything from routine medical care to managing complicated chronic conditions.
- Gateway dentists at community health centers see about 950 patients in their offices each month, providing basic preventive care, giving patients the opportunity to achieve better overall health.
- Approximately 45% of all Gateway patients live with a chronic condition, such as diabetes or hypertension. These patients now have greater access to outpatient care and medications as well as care coordination and management programs that will keep them healthier and reduce preventable ED visits and hospitalizations.

Gateway provided more than 230,000 medications to manage chronic conditions and other diseases

- Access to affordable prescription drugs is an important ingredient in the management of chronic conditions and other diseases. All participating community health centers in the Gateway network either have on-site pharmacies or contracts with local pharmacies to provide easy access to Gateway members as they manage their health needs.

Gateway Outcomes (continued)

Gateway provided more than 29,000 diagnostic and specialty care office visits

- For those Gateway patients with more advanced medical needs, primary care physicians are able to refer their patients for diagnostic and specialty care services as well as outpatient surgeries. Doctors make more than 2,400 of these referrals for advanced care each month.

Less than 5% of Gateway patients used hospital emergency department for non-emergent reasons

- Gateway patients are accessing emergency care appropriately. Less than 5% percent of all Gateway patients who have accessed emergency department (ED) care have done so for low-severity medical concerns. In comparison, St. Louis hospitals reported that 22% of their total ED visits in 2012 were non-emergent.
- Administered by the St. Louis Integrated Health Network and funded in part by Gateway (through December 2013), the Community Referral Coordinator (CRC) Program is a hospital-based intervention that helps to connect thousands of uninsured and underinsured patients each year to their choice of Gateway primary care providers for appropriate follow-up and preventative care. The CRC program makes about 7,000 annual referrals to Gateway providers, with 36% of scheduled appointments kept. In addition, preliminary CRC program findings indicate that when a Gateway-funded referral coordinator engages with patients in an inpatient setting, readmission rates range from 2-15%.

Based on preliminary findings, Gateway coverage is helping patients to better control their chronic conditions

- As Gateway enters its second year, health outcome data from the program are beginning to emerge. For example, in one study conducted at Grace Hill Health Centers, after enrolling in Gateway, 75% of a previously uninsured patient cohort with uncontrolled hypertension now has blood pressure less than 140/90. More extensive medical outcome data will become available as the Gateway Evaluation Plan is executed through 2013/2014.

More than 53,000 otherwise uninsured individuals enrolled to receive health care coverage

- As of September 30, 2013, health center efforts resulted in enrolling over 28,000 individuals in the Pilot Program at some point over the preceding year. Preliminary findings suggest that health centers retained approximately 79% of patients enrolled at the July 1, 2012 program start date.
- Mandatory Medicaid screening for Gateway applications resulted in over 25,000 individuals enrolled in MOHealthNet programs.

Gateway Outcomes (continued)

After enrolling, 92% of Gateway patients said they would recommend their health center to a family member or friend

- From October 1, 2012 – September 30, 2013, satisfaction surveys were conducted on a quarterly basis with patients and providers intersecting with Gateway to Better Health. Overall, both patients and providers tended to have good experiences with Gateway.

REPORT LIMITATIONS

Great care has been taken to ensure the accuracy of the data in this report. All participating health care institutions were given the opportunity to verify their data for accuracy. The RHC has also taken steps to independently validate all data elements to the fullest extent possible. While the RHC cannot attest to the complete accuracy of all presented data, these efforts significantly reduce the potential for data collection and reporting errors.

The data contained in this report replace and update all previously reported RHC data of the same content. Readers are encouraged to contact the RHC with questions concerning methodology or data validity.

CY2012 Gateway Data Considerations

The CY2012 Gateway information presented in the *Primary Care* and *Specialty Care Analysis* “notes” sections of this report represent only six-months of program utilization data and were reported by Gateway network providers at a time when Gateway claims systems and other reporting infrastructure elements were still in development. Caution should be taken when interpreting these estimates.

KEY DEFINITIONS

► **Safety net site:** health provider institutions whose mission is to service all regardless of ability to pay; in the St. Louis region, safety net institutions include community health centers, hospital/university-based clinics, physician groups and other free-standing clinics.

- **Encounter:** documented face-to-face contacts between a patient and a provider who exercises independent professional judgment in the provision of services to the patients.
- **User:** a unique individual who had a least one medical encounter at a participating health care site during the previous year.
- **Adult:** users aged 18 years and above.
- **Pediatric:** users aged 17 and below.
- **Primary care encounter:** adult medical primary, pediatric, obstetrical and dental care encounters.
- **Specialty care encounter:** specialized medical services provided by a physician specialist in a non-primary and non-emergency department setting.
- **Emergency care encounter:** encounters that occur at hospital emergency departments.
- **Behavioral health care encounter:** encounters that occur at primary care organizations and hospital emergency departments that are coded as a mental health or substance use disorder diagnoses (primary or secondary diagnoses).
- **Non-emergent care encounter:** low-acuity non-emergency visits that occur at hospital emergency departments that could be treated in another provider setting, such as a primary care office, urgent care center, or other non-emergency department setting.

ACKNOWLEDGEMENTS

The RHC would like to graciously thank all reporting primary, specialty, emergency, and behavioral health care sites that provided the data displayed in this report.

In addition, many thanks to our Commissioners and Advisory Board members for their thoughtful review of the report format and content. See below for our Commission and Advisory Board rosters (as of November 2013).

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