

Progress Toward Building a Healthier St. Louis

Access to Care Data Book 2015



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 citizens 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.

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 St. Louis City and County. This year’s analysis focuses primarily on data reported over the past five years (2010-2014). Data for more recent calendar years, such as hours of operation and appointment availability for regional safety net provider institutions, is included when available. This year’s data book includes utilization volumes and outcomes from the 2014 calendar year of the Gateway to Better Health Pilot Program, as well as an analysis of access to behavioral health services in the State of Missouri’s “Eastern Region”.

Introduction

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 (CMS), 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. The Gateway to Better Health Pilot Program is renewed annually. While Gateway pays for outpatient health services, it is not an insurance product. For the purpose of this report, Gateway members are considered uninsured and reported as such throughout this report.

Access to Behavioral Health

Beginning with the 2015 Access to Care Report, a new section has been added on access to behavioral health services, in partnership with the Behavioral Health Network of Greater St. Louis (BHN). Data for this report was collected from major publicly funded behavioral health providers in the Eastern Region of Missouri. Eastern Region community-based behavioral health providers have not been surveyed since the 2005 Access to Behavioral Health Assessment completed by the RHC. As such, comparative data in this report is available using 2005 data, where appropriate. It is anticipated that future reports will include annual trending data. Please see pages 48 and 62 for further discussion regarding behavioral health.

Introduction

Information below provides detailed statistics of the safety net population in St. Louis City and County from 2010-2014. For the purpose of this report, the “safety net” population is comprised of individuals who are uninsured or have coverage under the state of Missouri’s Medicaid program. There has been much evidence that these groups would face additional barriers to medical care in St. Louis if not for the safety net providers included in this report.

	2010	2011	2012	2013	2014	Percent Change, 2010-2014	Percent Change, 2013-2014
Uninsured	155,000	168,500	154,000	151,000	131,700	-15%	-13%
Medicaid	158,000	161,000	157,500	150,000	153,000	-3%	+2%
Total Safety Net Population	313,000	329,500	311,500	301,000	284,700	-9%	-5%
Total St. Louis City and County Population	1,301,000	1,300,200	1,301,800	1,302,700	1,302,600	+<1%	-<1%
Uninsured as a % of Total Population	11.9%	12.9%	11.8%	11.6%	10.1%	-	-
Safety Net Population as % of Total Population	24.1%	25.3%	23.9%	23.1%	21.9%	-	-

- The number of individuals without health insurance coverage in St. Louis City and County decreased by 13% over the past year and by 15% over the past five years.
- The safety net population in St. Louis City and County decreased by 5% over the past year and by 9% since 2010.
- In 2014, individuals who were either uninsured or covered by Medicaid accounted for over 21% of St. Louis City and County population.

Note: Uninsured estimates based upon county level data are from the American Community Survey, released September 2015. Medicaid data from 2010-2014 was provided directly by MOHealthNet. Total population for St. Louis City and County from 2010-2014 was sourced from the US Census Bureau.

Access to Care 2015

Summary of Key Findings

Key Findings

Primary Care

- Uninsured primary care encounters at safety net organizations have increased by 12% over the past year (2013-2014), while other payor classes have declined (pages 11 and 13).
- More than half of all reporting primary care organizations experienced an increase in uninsured primary care encounters over the past year (page 15).
- Medicaid primary care encounters have decreased by 9% over the past year and by 12% since 2010 (page 16).
- Dental encounters at safety net primary care organizations increased by nearly 8% from 2010-2013, but declined by 7% over the past year (page 18).
- Medicare, private and uninsured users increased by 88%, 78% and 13% respectively over the past year, while Medicaid users decreased by 7% (page 12).

Specialty Care

- Total specialty care encounters and users at St. Louis safety net organizations have remained relatively stable over the past year (page 28).
- Of the approximately 896,000 adult outpatient specialty care encounters reported, 5% occurred among the uninsured (page 30).
- Uninsured specialty care encounters and users decreased by 13% from 2013 to 2014, while Medicaid encounters and users have remained stable (pages 29, 31 and 33).
- Private and Medicare specialty care encounters have increased by 5% and 22% respectively since 2010. Medicaid specialty care encounters have remained relatively stable, while uninsured specialty care encounters have decreased by 5% since 2010 (page 28).

Key Findings

Emergency Care

- Total emergency department encounters have decreased slightly over the past two years (page 39).
- Uninsured emergency department encounters at St. Louis area hospitals decreased by 5% in 2014 (page 42).
- More than 40% of all uninsured emergency department encounters in 2014 were provided by Christian and Barnes-Jewish Hospital (page 43).
- Non-emergent emergency department encounters decreased by more than 6% over the past year and by nearly 8% since 2010 (page 45).
- Left without being seen volumes in the St. Louis region have increased by 25% over the past year (page 44).

Behavioral Health

- Behavioral health encounters at safety net primary care providers in St. Louis City and County increased by 38% over the past year and by 43% since 2010 (page 20).
- The total number of behavioral health users served in 2014 increased by 120% (more than 16,000 additional clients in 2014) as compared to 2005 (page 50).
- Despite this increase in volume, the number of new users admitted into community mental health services decreased by 6% in 2014, as compared to 2005, indicating potential system capacity constraints limiting the ability to accept new users (page 51).
- Four state-funded substance use treatment providers with the widest array of services for the general population within the Eastern Region served more than 10,000 users in 2014, despite limited capacity, particularly for residential and detoxification services (page 55).
- Inpatient behavioral health safety net hospital staffed bed capacity decreased by 5% in 2014, as compared to 2007 (page 57).
- Behavioral health encounters at emergency departments in St. Louis City and County have increased by more than 22% over the past year and account for 31% of total emergency department encounters in 2014 (page 46).

Access to Care 2015

Primary Care Analysis

Primary Care: Introduction

This year's primary care section reviews changes in primary care over the past year and analyzes primary care metrics over a 5-year trend (2010-2014). Thirteen organizations comprise the primary care safety net in the St. Louis City and County area (see Appendix A for a list of 2014 reporting primary care organizations). These organizations include community health centers, hospital-based clinics and other free-standing primary care clinics. The safety net organizations self-report primary care operating statistics, providing data utilized for the annual Access to Care Data book.

The total number of primary care encounters per reporting organizations includes medical, dental, mental health, substance abuse and other clinical (i.e. podiatry and optometry) visits. Encounters for enabling services have been excluded from the data. Enabling services are services that are not provided by a licensed clinical provider (i.e. transportation). In 2014, there were approximately 57,600 enabling encounters provided at primary care organizations in the region.

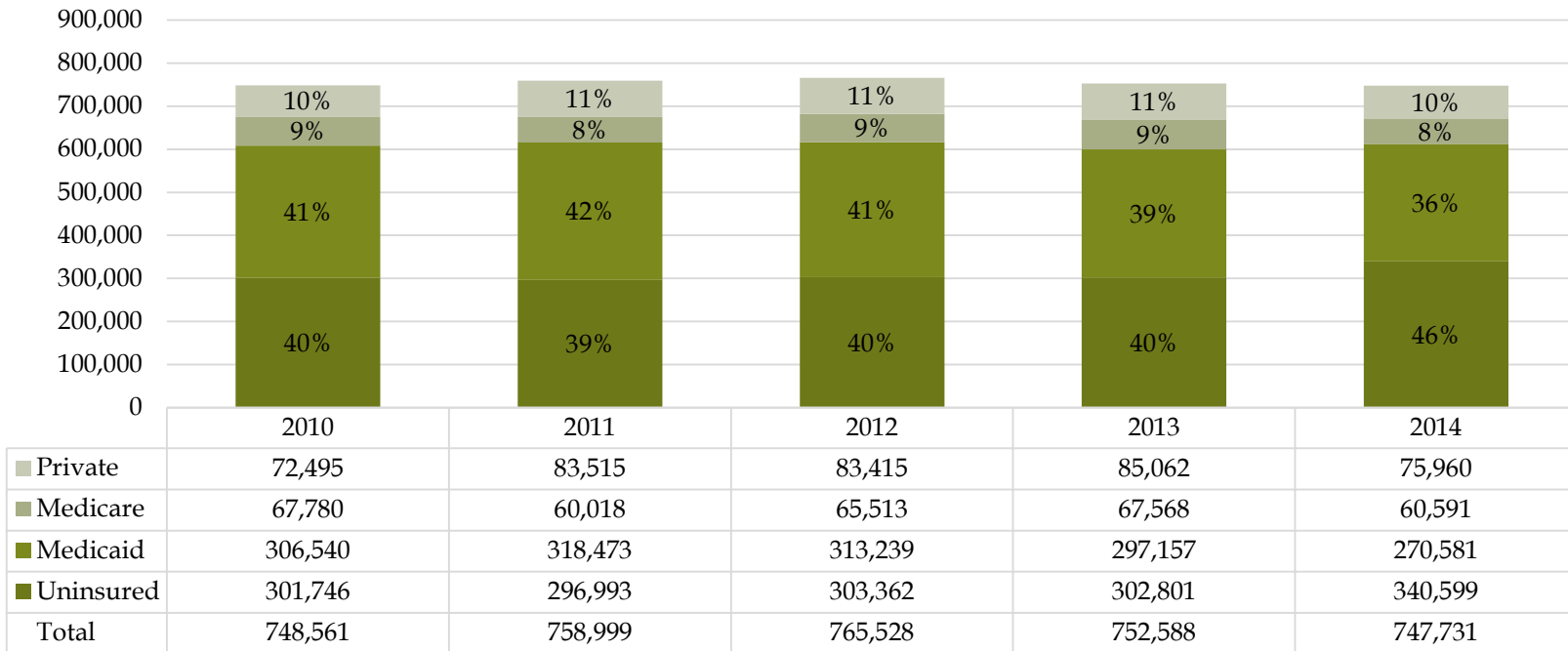
Five of *Access to Care's* contributing primary care safety net organizations are members of the Gateway provider network. While Gateway pays for outpatient health services, it is not an insurance program. As such, encounters and individual user volumes occurring among Gateway enrollees in calendar year 2014 are captured in the "uninsured" payor category of the figures presented. A summary of Gateway's key primary care outcomes achieved during calendar year 2014 is provided on page 24. Gateway quarterly reports are available on the St. Louis Regional Health Commission's website (www.stlrhc.org).

Primary Care: Key Findings

- Uninsured primary care encounters at safety net organizations have increased by 12% over the past year (2013-2014), while other payor classes have declined (pages 11 and 13).
- More than half of all reporting primary care organizations experienced an increase in uninsured primary care encounters over the past year (page 15).
- Medicaid primary care encounters have decreased by 9% over the past year and by 12% since 2010 (page 16).
- Dental encounters at safety net primary care organizations increased by nearly 8% from 2010-2013, but declined by 7% over the past year (page 18).
- Medicare, private and uninsured users increased by 88%, 78% and 13% respectively over the past year, while Medicaid users decreased by 7% (page 12).

Primary care encounters at safety net organizations in St. Louis have remained relatively stable over the past five years.

Primary Care Encounters by Payor Category, 2010 - 2014



Of the more than 747,700 primary care encounters reported in 2014, approximately 46% were among the uninsured, 36% were among the Medicaid population, 10% were among those privately insured and 8% were among the Medicare population.

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured.

The number of individuals utilizing primary care services at safety net organizations in St. Louis has increased by 15% over the past year.

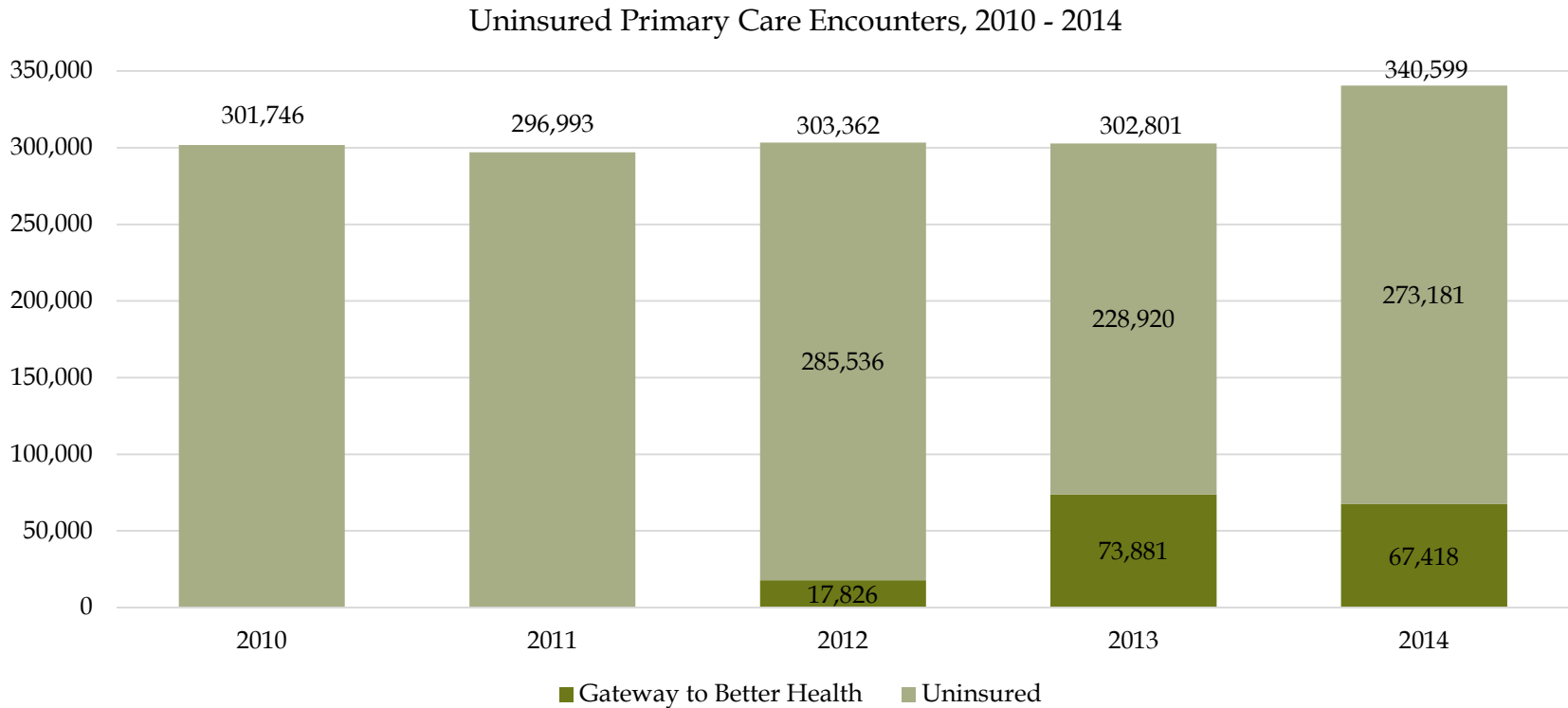
Primary Care Users by Payor Category, 2010 - 2014



- Of the more than 252,000 primary care users reported in 2014, approximately 41% were uninsured, 36% were insured through the Medicaid program, 13% were privately insured and 10% were insured through the Medicare program.
- Medicare, private and uninsured users increased by 88%, 78% and 13% respectively over the past year, while Medicaid users decreased by 7%.

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. There may also be duplication of users across various reporting agencies. The decrease in Medicaid users may be impacted by the delay in Medicaid application processing MO HealthNet experienced in 2014, during the implementation of the Marketplace. In addition, changes in policies for temporary Medicaid may have contributed to the decrease in Medicaid encounters in 2014.

Uninsured primary care encounters have increased by 12% over the past year, while other payor classes have declined.

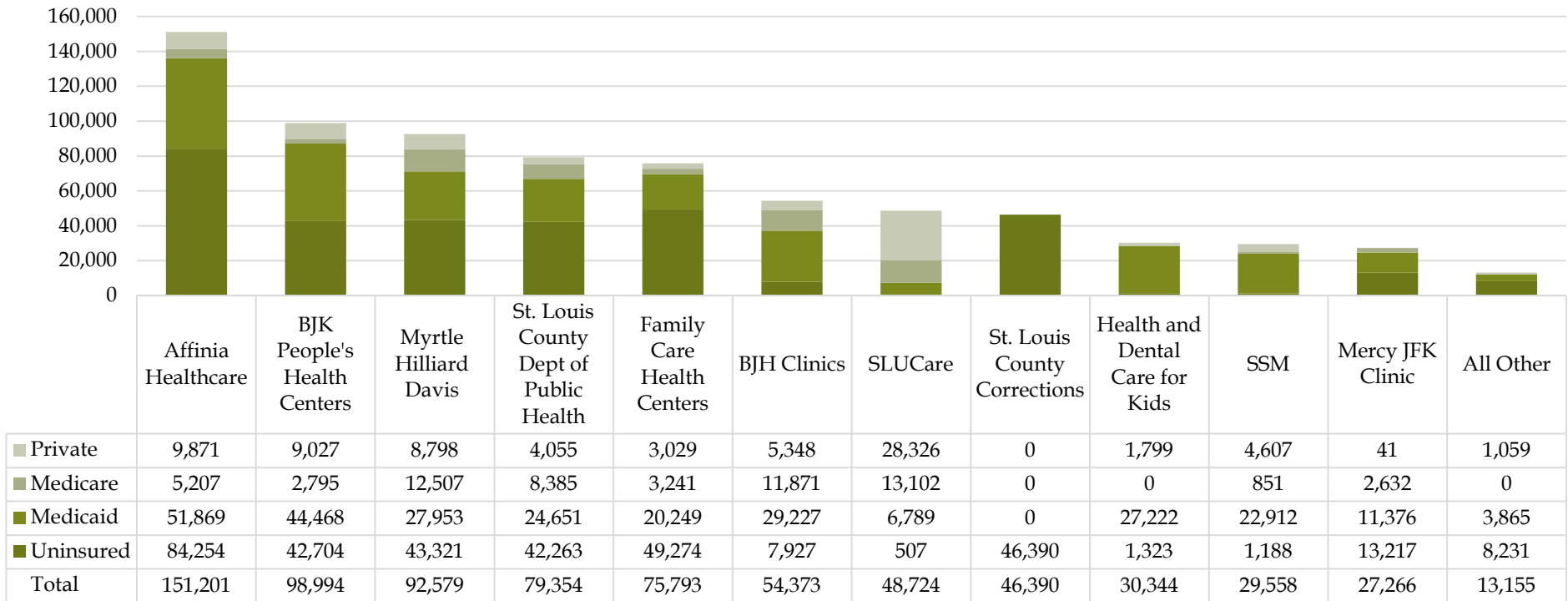


Uninsured primary care encounters remained relatively stable from 2010-2013 before increasing by 12% in 2014.

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. The Gateway to Better Health program began in July 2012. As a result, reported encounters in 2012 only reflect encounters during a six month period. Beginning January 1, 2014, income eligibility for the Gateway to Better Health program was reduced to 100% of the federal poverty line (FPL). This change in eligibility likely impacted the decline in Gateway encounters found in 2014 as compared to previous years.

There are significant differences in the proportion of uninsured patients served among safety net primary care providers.

Primary Care Encounters by Organization and Payor Category, 2014

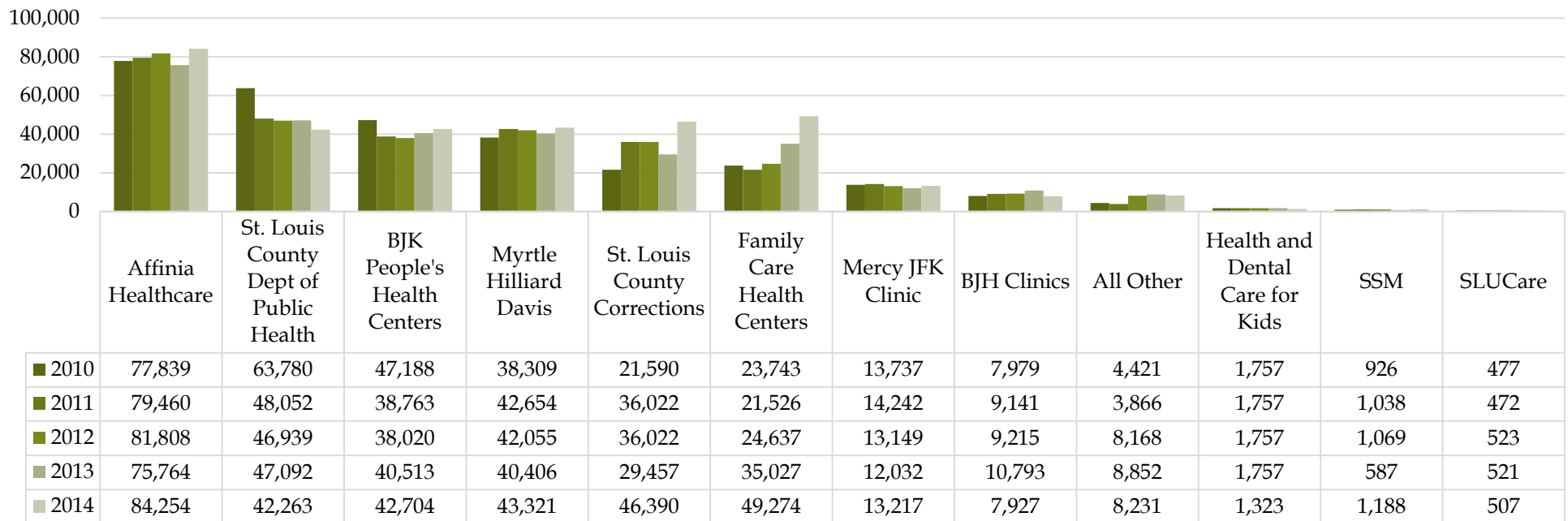


- Five primary care organizations (Affinia Healthcare, Family Care, St. Louis County DOPH, St. Louis County Corrections and the SPOT) have payor mixes with more than 50% uninsured encounters.
- Five primary care organizations (SLUCare, SSM, BJH, Health and Dental Care for Kids and St. Luke's Pediatric Center) have payor mixes with less than 20% uninsured encounters.

Note: "All Other" category includes the SPOT and St. Luke's Pediatric Center. Health and Dental Care for Kids did not report data for 2012 and 2013, therefore figures from 2011 were used to estimate data for those years. In 2014, Affinia Healthcare and Myrtle Hilliard Davis added urgent care services; these services have been included in their 2014 encounters.

Uninsured primary care encounters have increased at seven safety net primary care organizations over the past year.

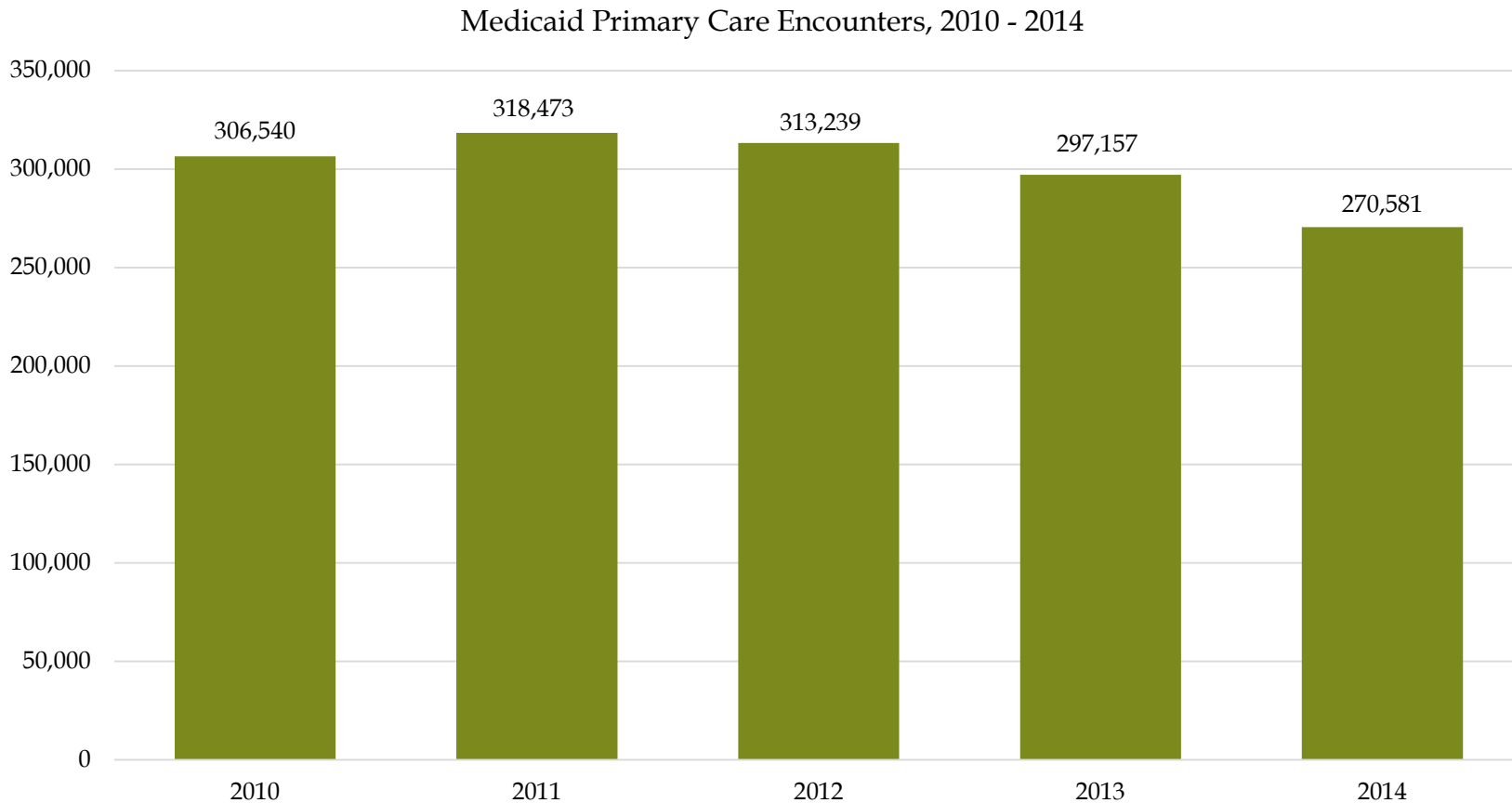
Uninsured Primary Care Encounters by Organization, 2010 - 2014



- The seven primary care organizations with increased uninsured encounters over the past year include: Affinia Healthcare (11%), BJK People’s (5%), Family Care (41%), Mercy JFK Clinic (10%), SSM (102%), Myrtle Hilliard Davis (7%) and St. Louis County Corrections (57%).
- Uninsured encounters at BJH Clinics decreased by 27% over the past year.
- Uninsured encounters at St. Louis County DOPH have decreased by 10% over the past year and 34% since 2010.

Note: “All Other” category includes the SPOT and St. Luke’s Pediatric Center. Health and Dental Care for Kids did not report data for 2012 and 2013, therefore figures from 2011 were used to estimate data for those years. St. Louis County DOPH’s John C. Murphy site in Berkley, MO, closed in 2010, reopened in August 2012 and resumed all primary care services in 2014. Family Care, in partnership with SLUCare, opened a Family Medicine residency clinic, which increased uninsured capacity at Family Care’s health center sites. St. Louis County Corrections implemented program and process improvement in 2014 that lead to better data collection of medical services. In 2014, Affinia Healthcare and Myrtle Hilliard Davis added urgent care services; these services have been included in their 2014 encounters.

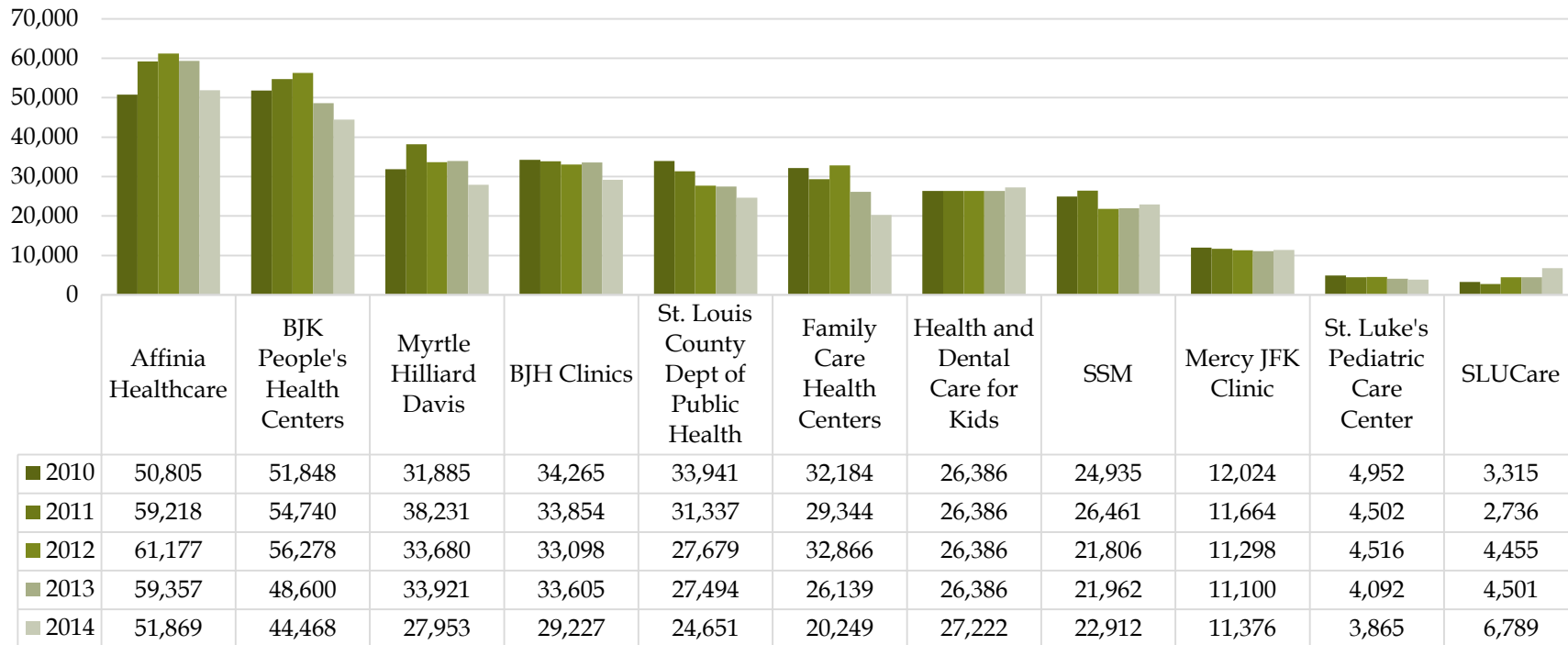
Medicaid primary care encounters have decreased by 9% over the past year and by 12% since 2010.



Note: The decrease in Medicaid encounters may be impacted by the delay in Medicaid application processing MO HealthNet experienced in 2014, during implementation of the Marketplace. In addition, changes in policies for temporary Medicaid may have contributed to the decrease in Medicaid encounters in 2014.

Medicaid primary care encounters decreased by 5% or more at seven safety net primary care organizations over the past year.

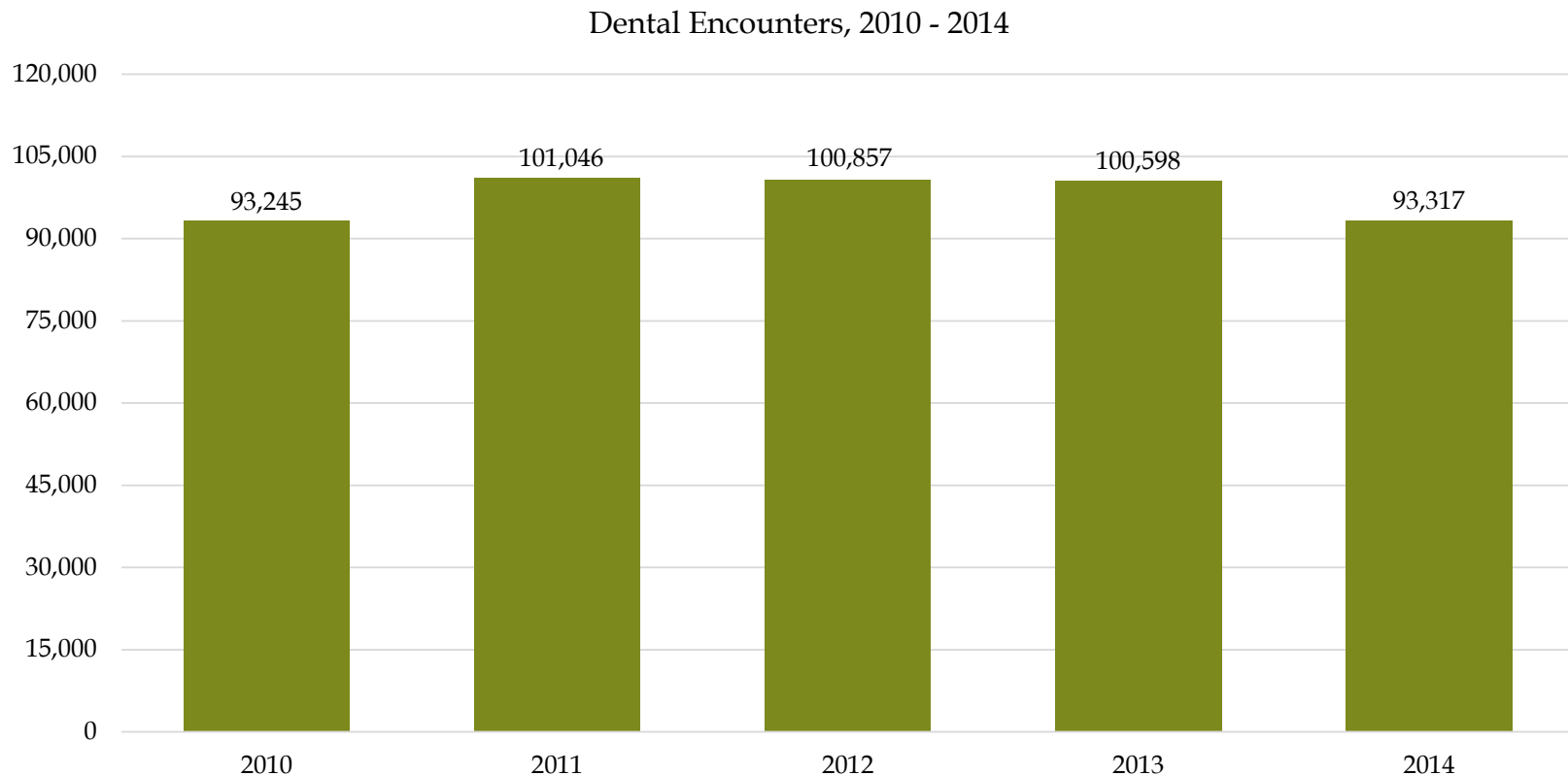
Medicaid Primary Care Encounters by Organization, 2010 - 2014



- The seven primary care organizations with at least a 5% decrease in Medicaid primary care encounters over the past year include: Affinia Healthcare (13%), BJK People's (9%), Family Care (23%), Myrtle Hilliard Davis (18%), St. Louis County DOPH (10%), BJH Clinics (13%) and St. Luke's Pediatric Center (6%).
- Medicaid primary care encounters at St. Louis DOPH and Family Care have decreased by 27% and 37% respectively since 2010.
- Medicaid primary care encounters at SLUCare have increased by 51% over the past year and by 105% since 2010.

Note: Health and Dental Care for Kids did not report data for 2012 and 2013, therefore figures from 2011 were used to estimate data for those years. St. Louis County DOPH's John C. Murphy site in Berkley, MO, closed in 2010, reopened in August 2012 and resumed all primary care services in 2014.

Dental encounters at safety net primary care organizations increased by nearly 8% from 2010-2013, but declined by 7% over the past year.

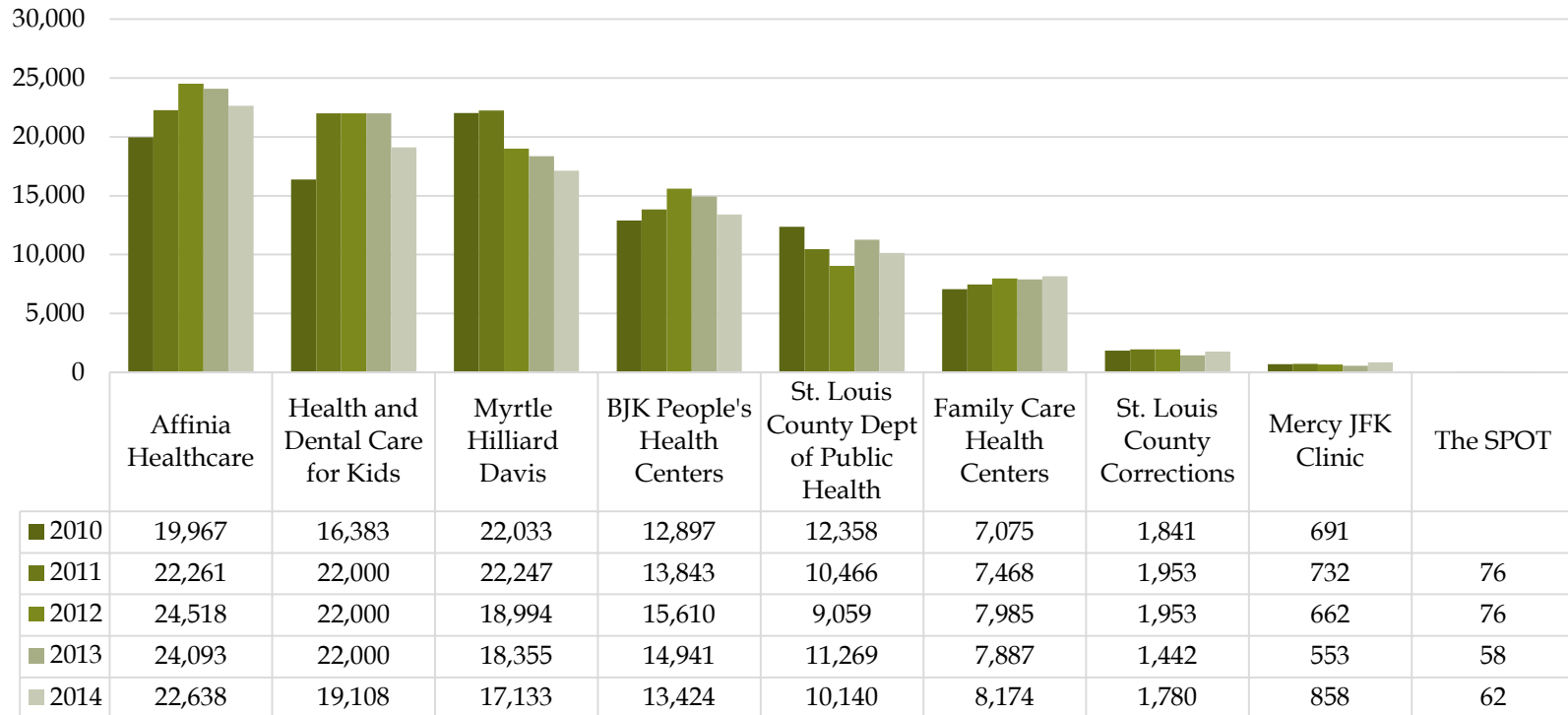


- Dental encounters remained relatively stable from 2011-2013.
- Pediatric dental encounters comprise 41% (nearly 38,000 encounters) of all dental encounters reported in 2014.

Note: Health and Dental Care for Kids did not report data for 2012 and 2013, therefore figures from 2011 were used to estimate data for those years. The decrease in dental encounters in 2014 as compared to previous years is largely due to reduced capacity and fewer dental providers across safety net organizations in the St. Louis region.

Dental encounters have decreased at five of the nine safety net primary care organizations providing dental services.

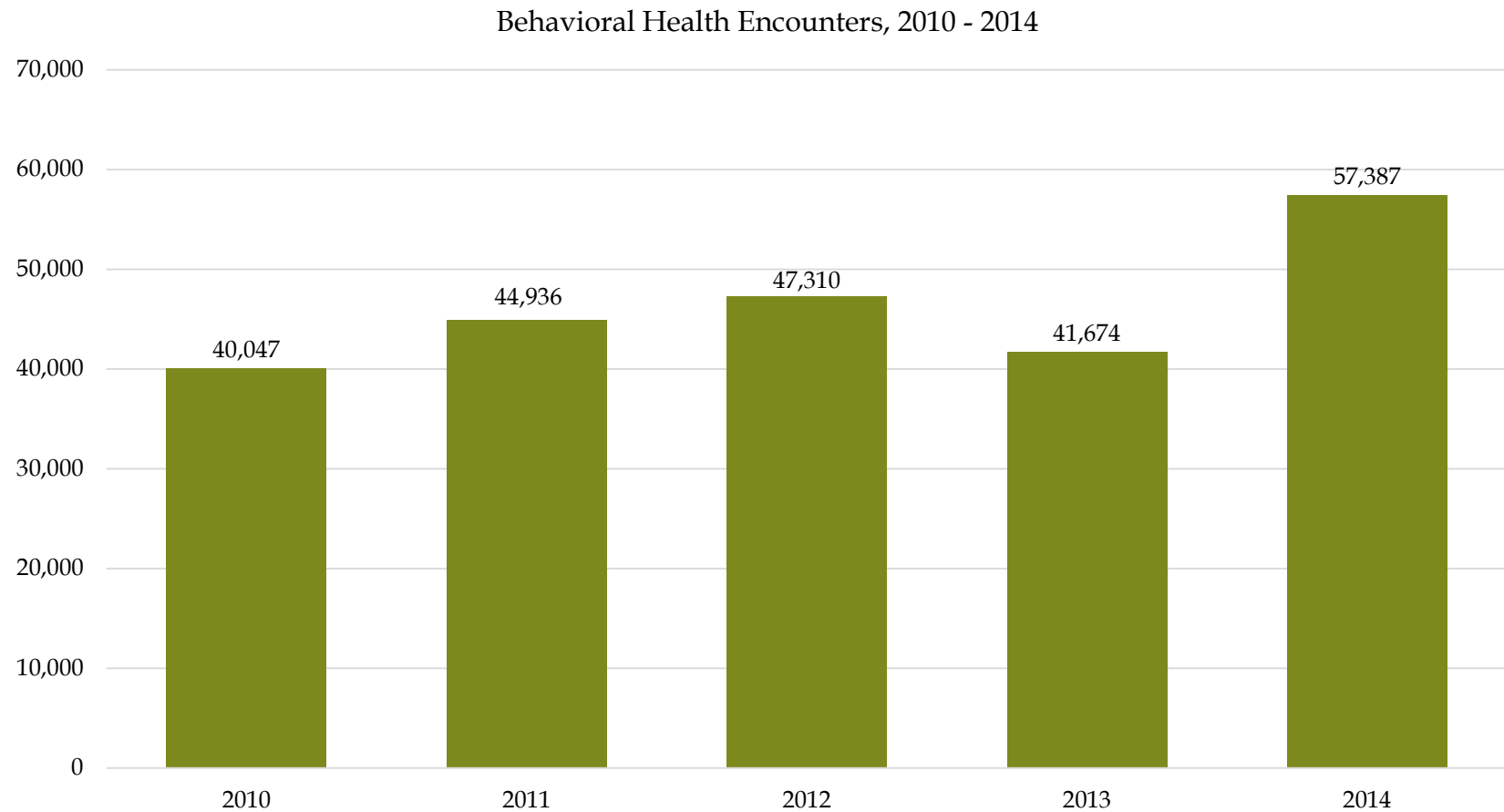
Dental Encounters by Organization, 2010 - 2014



- The five primary care organizations with decreased dental encounters over the past year include: Affinia Healthcare (6%), BJK People's (10%), Myrtle Hilliard (7%), St. Louis County DOPH (10%) and Health and Dental Care for Kids (13%).
- Four primary care organizations reported increases in dental encounters over the past year: Family Care (4%), St. Louis County Corrections (23%), Mercy JFK Clinic (55%) and the SPOT (7%).

Note Health and Dental Care for Kids did not report data for 2012 and 2013, therefore figures from 2011 were used to estimate data for those years. St. Louis County DOPH's John C. Murphy site in Berkley, MO, closed in 2010, reopened in August 2012 and resumed all primary care services in 2014.

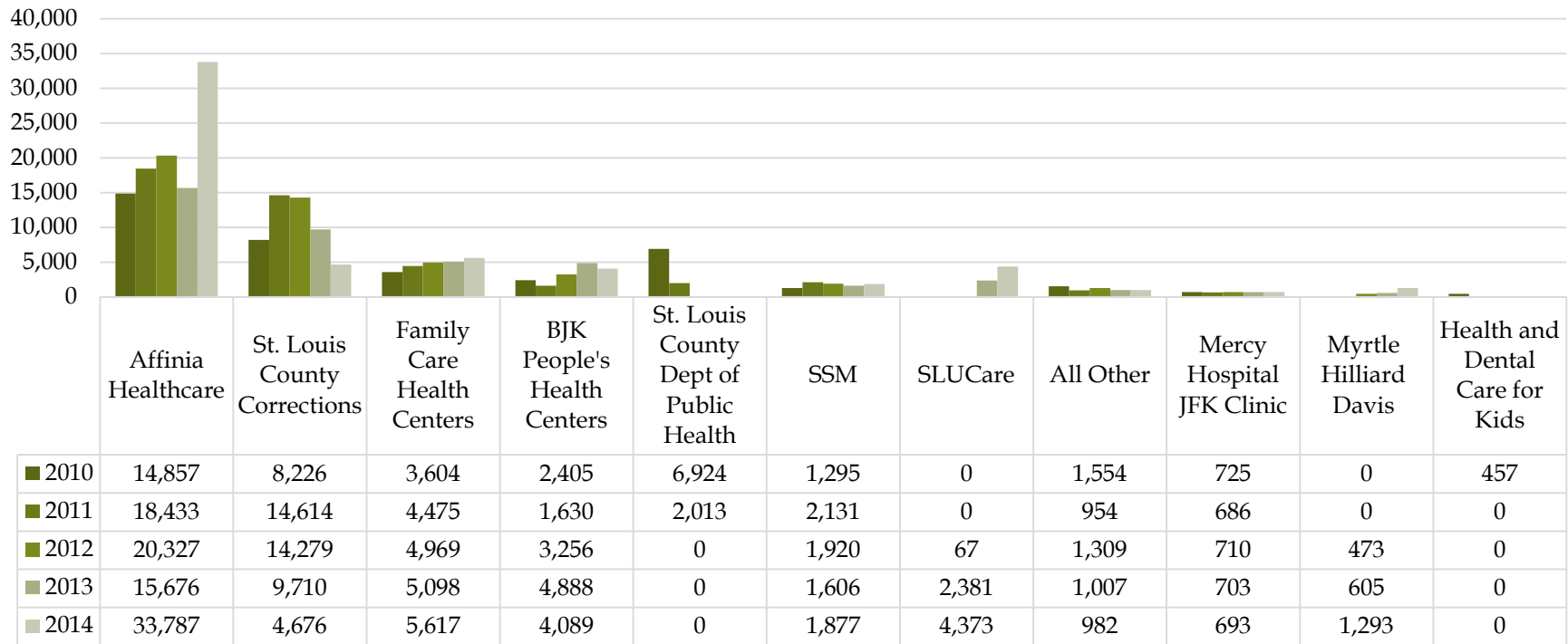
Behavioral health encounters at safety net primary care providers have increased by 38% over the past year and by 43% since 2010.



Behavioral health encounters increased by more than 15,700 encounters from 2013-2014.

Behavioral health encounters have increased at five safety net primary care organizations providing behavioral health services.

Behavioral Health Encounters by Organization, 2010 - 2014



- The five primary care organizations with increased behavioral health encounters over the past year include: Affinia Healthcare (116%), Family Care (10%), SSM (17%), SLUCare (84%) and Myrtle Hilliard (114%).
- Behavioral health encounters at St. Louis County Corrections and BJK People’s decreased by 52% and 16% respectively over the past year.

Note: “All Other” category includes the SPOT and St. Luke’s Pediatric Care Center. STL County DOPH contracts with Family Mental Health Collaborative to provide behavioral health services. Those encounters are not captured in the data presented above. Affinia contracts with the Salvation Army to provide substance abuse services. In 2014, their model changed to provide more group sessions which in turn increased capacity for behavioral health services. Myrtle Hilliard Davis increased capacity for behavioral health services in 2014 by hiring licensed clinical social workers.

Evening and weekend hours remain available at St. Louis primary care safety net sites.

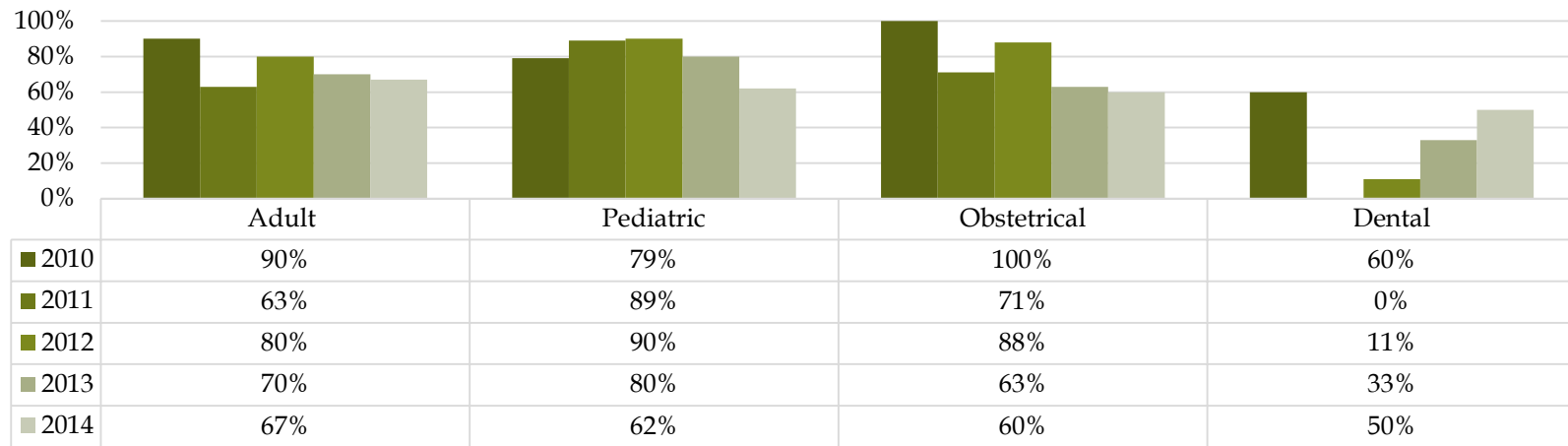
Organization	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Affinia Healthcare Sites*	8:30am-7:00pm	8:30am-7:00pm	8:30am-7:00pm	8:30am-7:00pm	8:30am-7:00pm	9:00am-5:00pm	9:00am-1:00pm
BJH Clinics	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	Closed	Closed
Family Care Sites*	8:00am-5:00pm	8:00am-8:00pm	8:00am-5:00pm	8:00am-8:00pm	8:00am-5:00pm	8:00am-1:00pm	Closed
Glennon Care at DePaul (Pediatric only)	7:30am-4:30pm	7:30am-4:30pm	7:30am-4:30pm	7:30am-4:30pm	7:30am-4:30pm	Closed	Closed
Mercy JFK Clinic	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	Closed	Closed
Myrtle Hilliard Davis Sites*	8:00am-7:00pm	8:00am-7:00pm	8:00am-7:00pm	8:00am-7:00pm	8:00am-7:00pm	9:00am-1:00pm	1:00am-5:00pm
SLUCare	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	Closed	Closed
SSM Cardinal Glennon (Pediatric only)	7:30am-4:30pm	7:30am-4:30pm	7:30am-4:30pm	7:30am-4:30pm	7:30am-4:30pm	Closed	Closed
SSM St. Mary's Health Center	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	Closed	Closed
St. Louis County Department of Public Health Sites	8:00am-5:00pm	8:00am-5:00pm	8:00am-5:00pm	8:00am-5:00pm	8:00am-5:00pm	Closed	Closed
St. Luke's Pediatric Care Center (Pediatric only)	8:00am-5:30pm	8:00am-4:30pm	8:00am-5:30pm	8:00am-4:30pm	8:00am-4:30pm	Closed	Closed
The SPOT	1:00pm-5:00pm	1:00pm-5:00pm	1:00pm-5:00pm	1:00pm-5:00pm	1:00pm-5:00pm	Closed	Closed
BJK People's Health Center Sites*	8:00am-5:30pm	8:00am-8:30pm	8:00am-8:30pm	8:00am-8:30pm	8:00am-5:30pm	9:00am-1:30pm	Closed
Health Care for Kids* (Pediatric only)	9:00am-7:00pm	9:00am-7:00pm	9:00am-7:00pm	9:00am-7:00pm	9:00am-5:00pm	10:00am-4:00pm	Closed

Myrtle Hilliard Davis Health Centers and Affinia Healthcare added urgent care services after ConnectCare's closure in 2013.

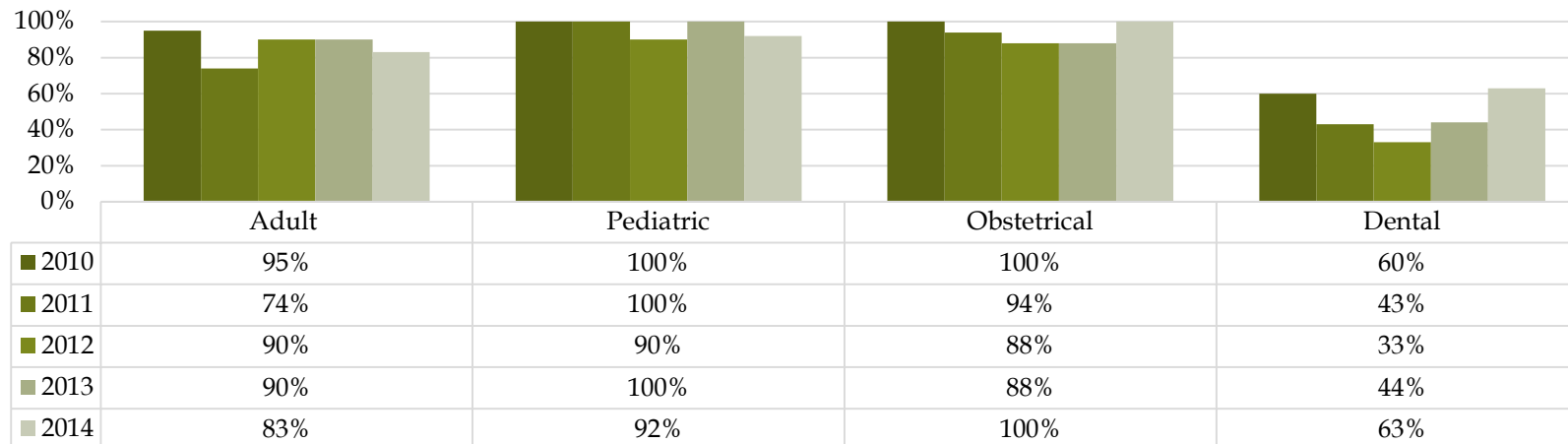
* Denotes organizations providing evening and weekend hours.

Appointment availability has decreased over the last year for new patients for all services except for dental. For returning patients, appointment availability has increased over the last year for obstetrical and dental services.

Primary Care Appointment Availability within 14 Days of Request for New Patients, 2010 - 2014

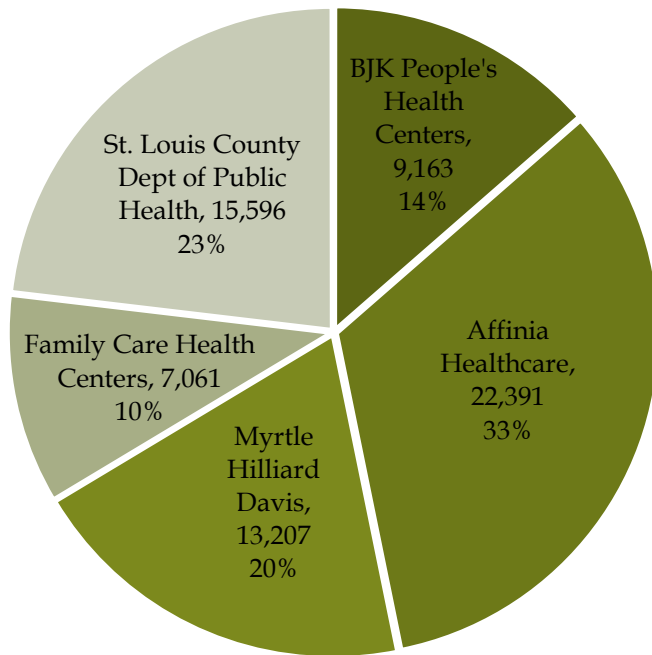


Primary Care Appointment Availability within 14 Days of Request for Return Patients, 2010 - 2014

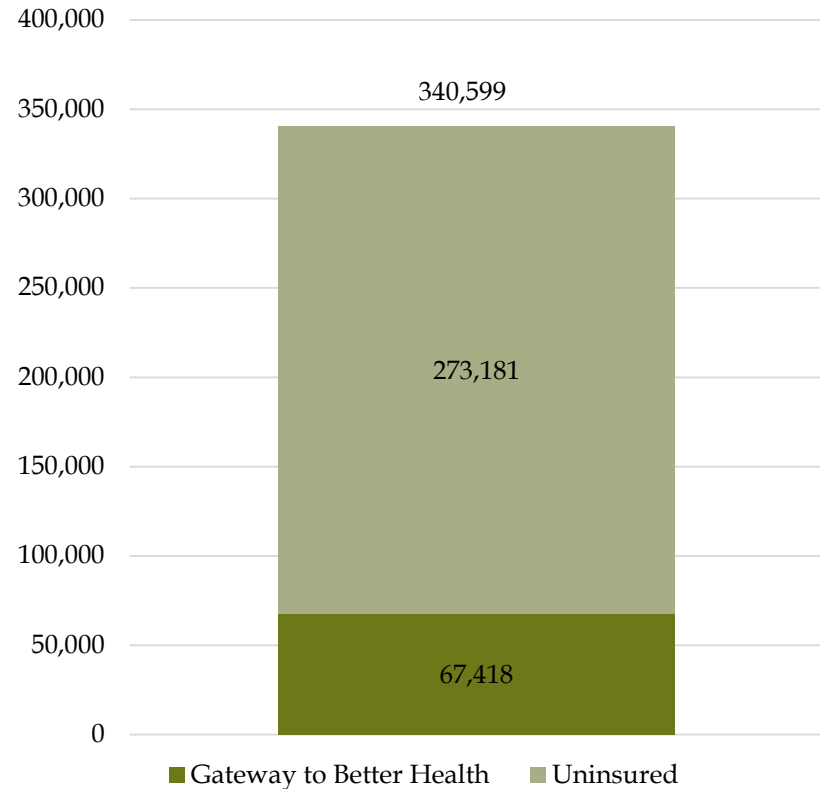


Approximately 67,000 primary care encounters were provided to Gateway to Better Health patients in 2014, comprising 20% of all uninsured primary care safety net encounters.

Gateway to Better Health Primary Care Encounters by Organization, 2014



Uninsured Safety Net Encounters, 2014



Affinia Healthcare saw the highest volume of Gateway to Better Health primary care encounters (33%) in 2014.

Access to Care 2015

Specialty Care Analysis

Specialty Care: Introduction

This year's specialty care analysis reviews detailed operating statistics of reporting specialty care safety net institutions in the St. Louis City and County area (see Appendix B for a list of 2014 reporting specialty care organizations). These institutions include hospital-based clinics and university-sponsored physician groups, which provide the majority of specialty care services to safety net patients in St. Louis City and County.

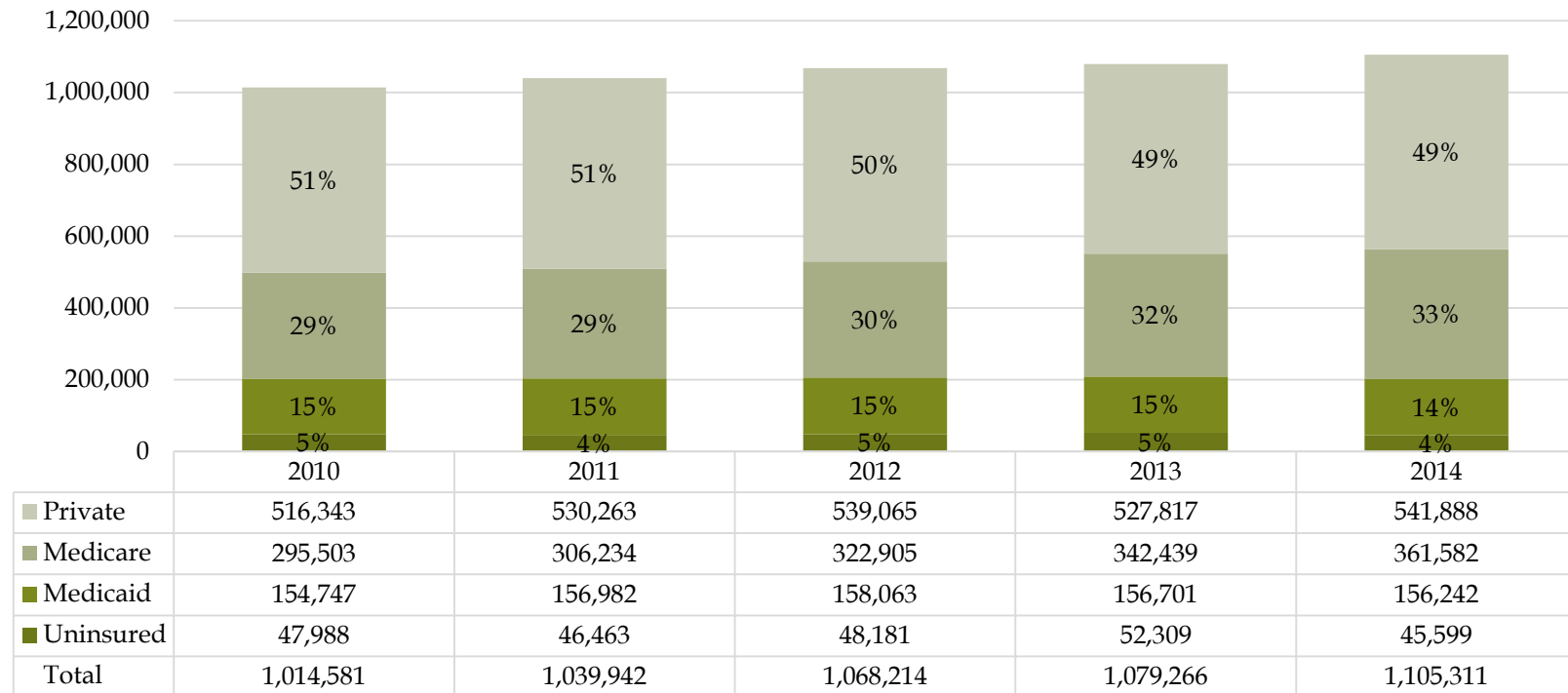
Specialty care encounters and individual user volumes occurring among Gateway enrollees in calendar year 2014 are captured in the "uninsured" payor category of the figures presented. A summary of Gateway's key specialty care outcomes achieved during calendar year 2014 is provided on page 35. Gateway volumes are self reported by Gateway member organizations. Gateway quarterly reports are available on the St. Louis Regional Health Commission's website (www.stlrhc.org).

Specialty Care: Key Findings

- Total specialty care encounters and users at St. Louis safety net organizations have remained relatively stable over the past year (page 28).
- Of the approximately 896,000 adult outpatient specialty care encounters reported, 5% occurred among the uninsured (page 30).
- Uninsured specialty care encounters and users decreased by 13% from 2013 to 2014, while Medicaid encounters and users have remained stable (pages 29, 31 and 33).
- Private and Medicare specialty care encounters have increased by 5% and 22% respectively since 2010. Medicaid specialty care encounters have remained relatively stable, while uninsured specialty care encounters have decreased by 5% since 2010 (page 28).

Specialty care encounters at safety net organizations have increased by more than 2% over the past year and by nearly 9% (over 90,000 encounters) since 2010.

Specialty Care Encounters by Payor Category, 2010 - 2014

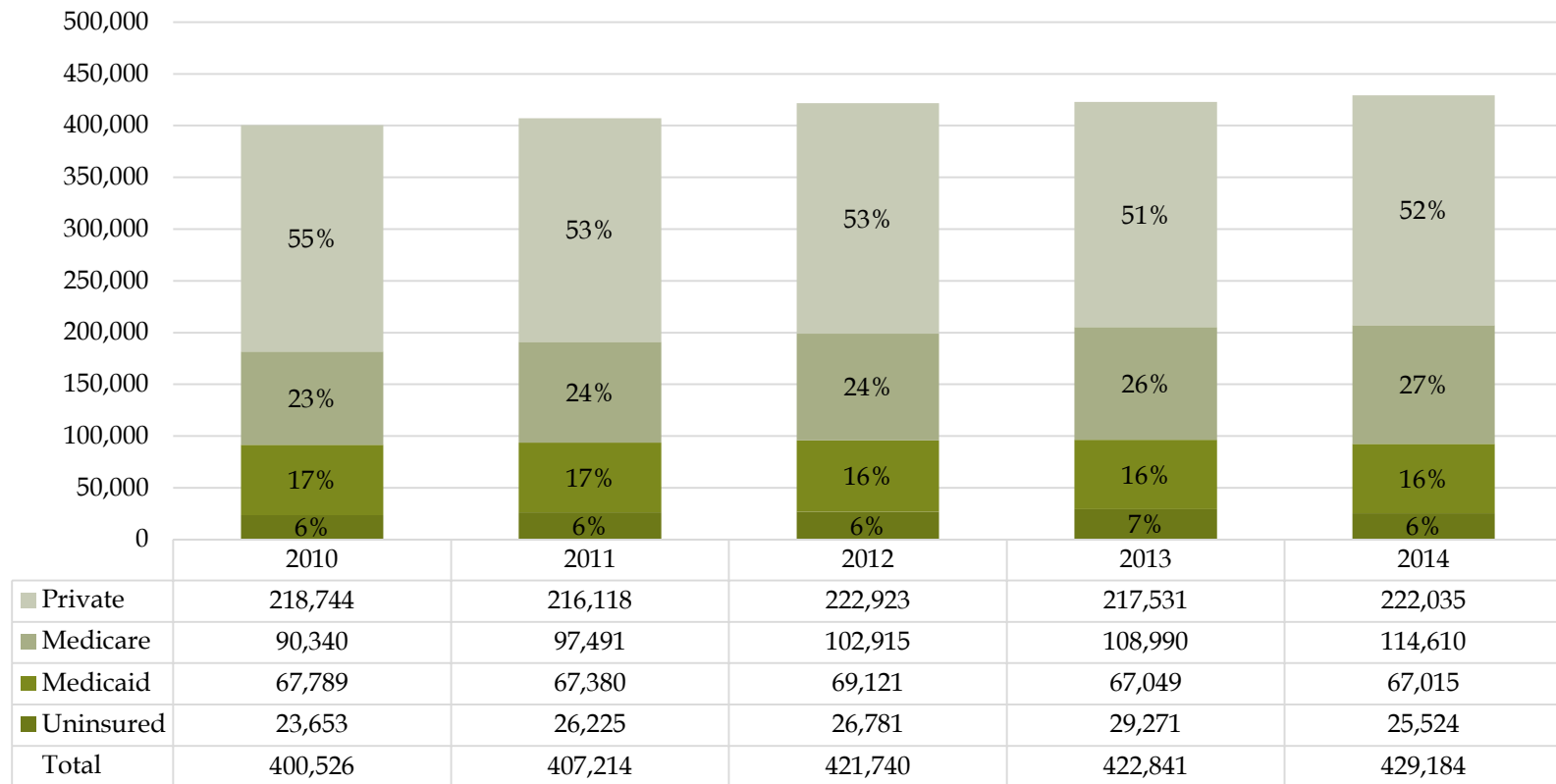


- Of the 1,105,000 total specialty care encounters reported in 2014, 49% occurred among those privately insured, 33% among the Medicare population, 14% among the Medicaid population and 4% among the uninsured.
- Private and Medicare specialty care encounters have increased by 5% and 22% respectively since 2010. Medicaid specialty care encounters have remained relatively stable, while uninsured specialty care encounters have decreased by 5% since 2010.

Note: Diagnostic services are not included in specialty care encounters analysis.

Specialty care safety net users have increased by 7% since 2010.

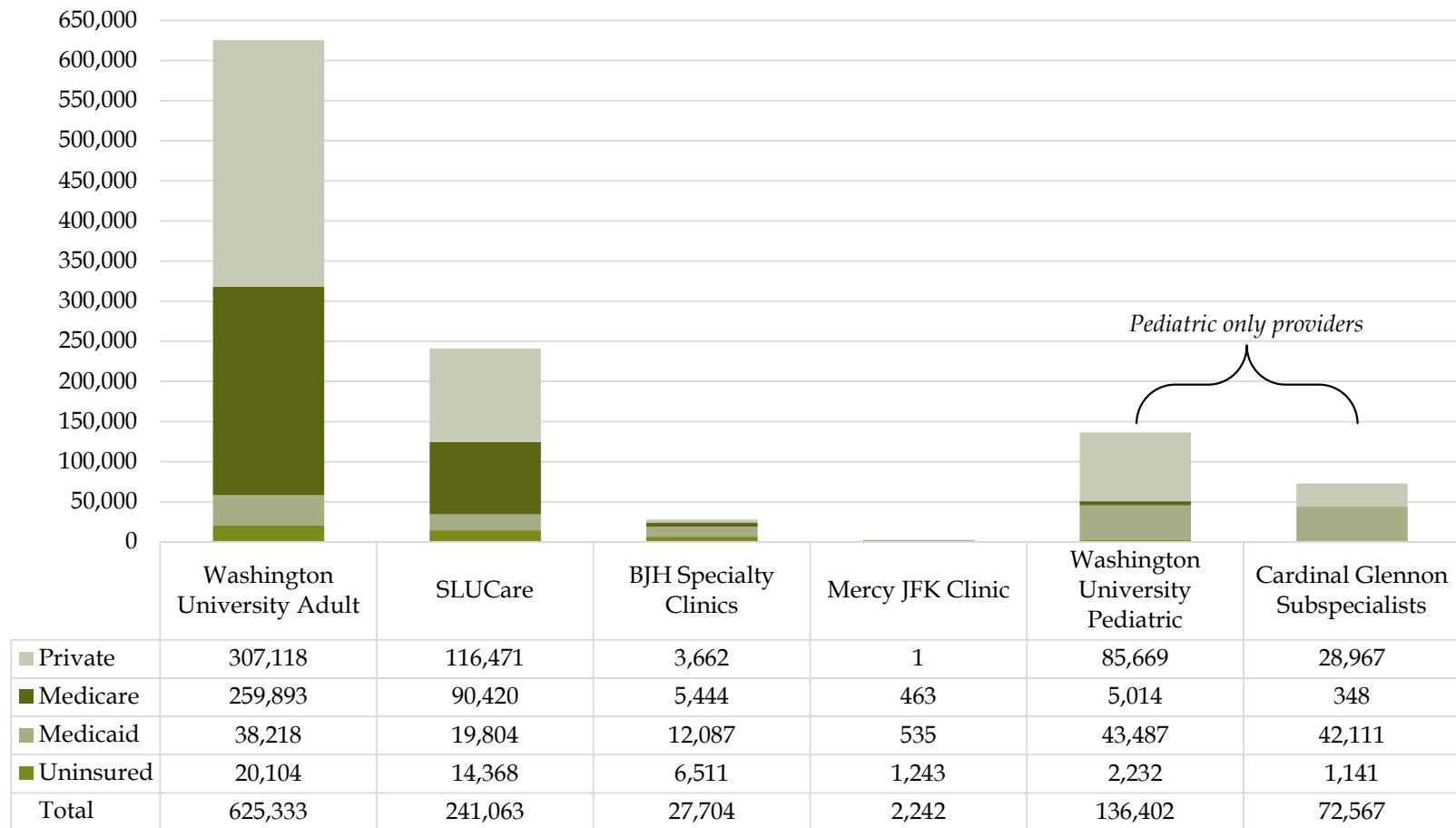
Specialty Care Users by Payor, 2010 - 2014



- Of the more than 429,000 specialty care users reported in 2014, approximately 52% were privately insured, 26% were insured through the Medicare program, 16% were insured through the Medicaid program and 6% were uninsured.
- Uninsured specialty care users decreased by 13% from 2013-2014.

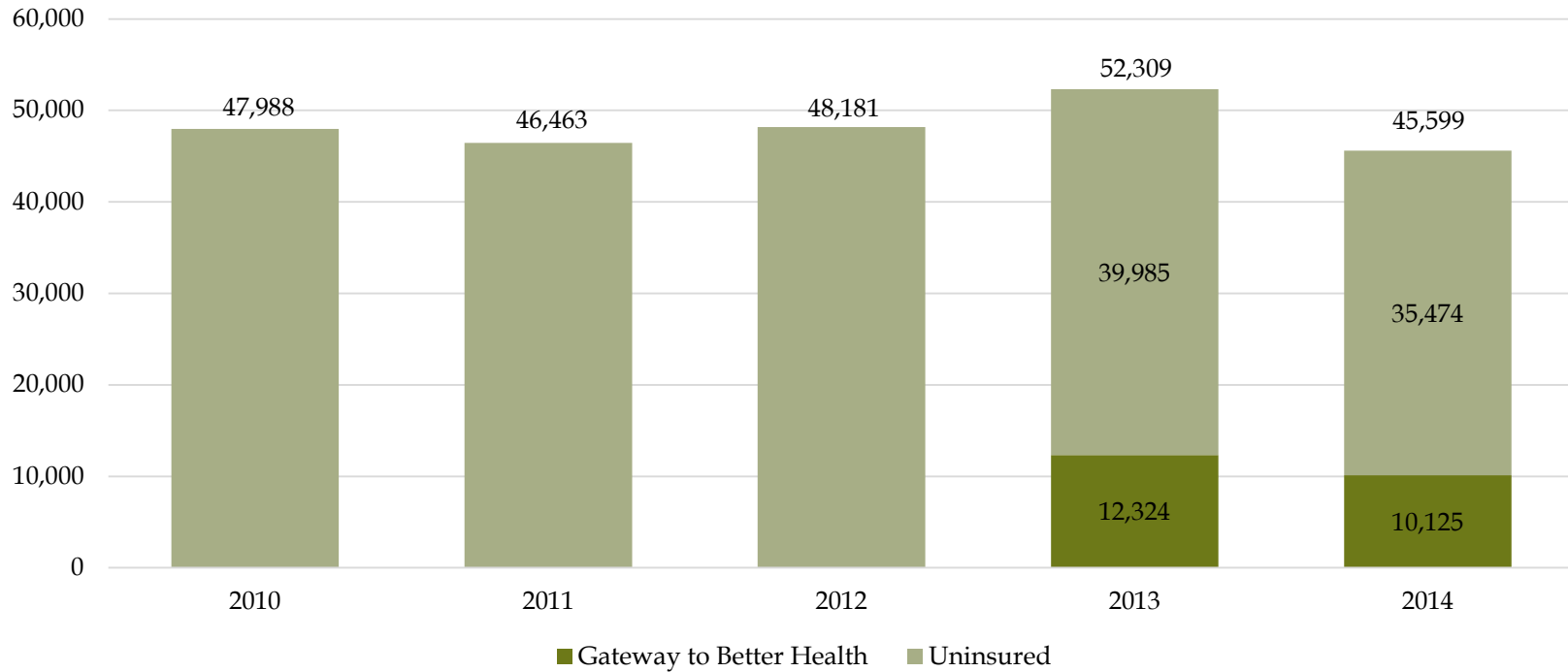
Of the approximately 896,000 adult outpatient specialty care encounters reported, 5% occurred among the uninsured.

Specialty Care Encounters by Payor Category and Organization, 2014



Total uninsured specialty care encounters declined by 13% over the past year and by 5% since 2010.

Uninsured Specialty Care Encounters, 2010 - 2014

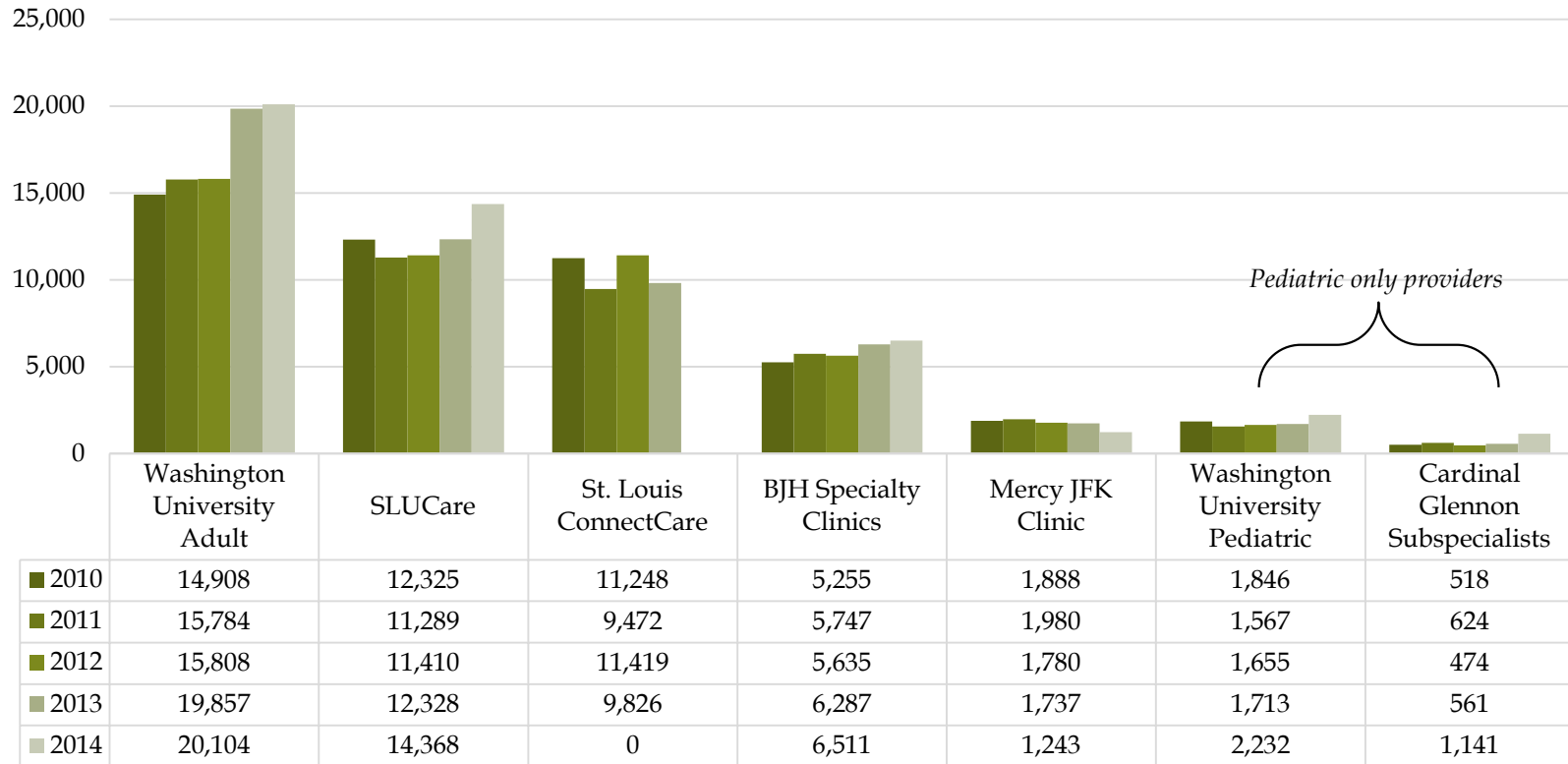


Uninsured specialty care encounters remained relatively stable from 2010-2012 before increasing by nearly 9% in 2013, then declining by 13% in 2014.

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. The Gateway to Better Health program began in July 2012. Beginning January 1, 2014, income eligibility for the Gateway to Better Health program was reduced to 100% of the federal poverty line (FPL). This reduction in eligibility likely impacted the decline in Gateway encounters found in 2014 as compared to previous years. St. Louis ConnectCare ceased operations in late 2013. The decline in specialty care encounters in 2014 may be attributed to the streamlining of clinical and/or referral protocols post ConnectCare and may not necessarily reflect a decrease in access.

Uninsured specialty care encounters increased by more than 10% over the past year at three safety net organizations.

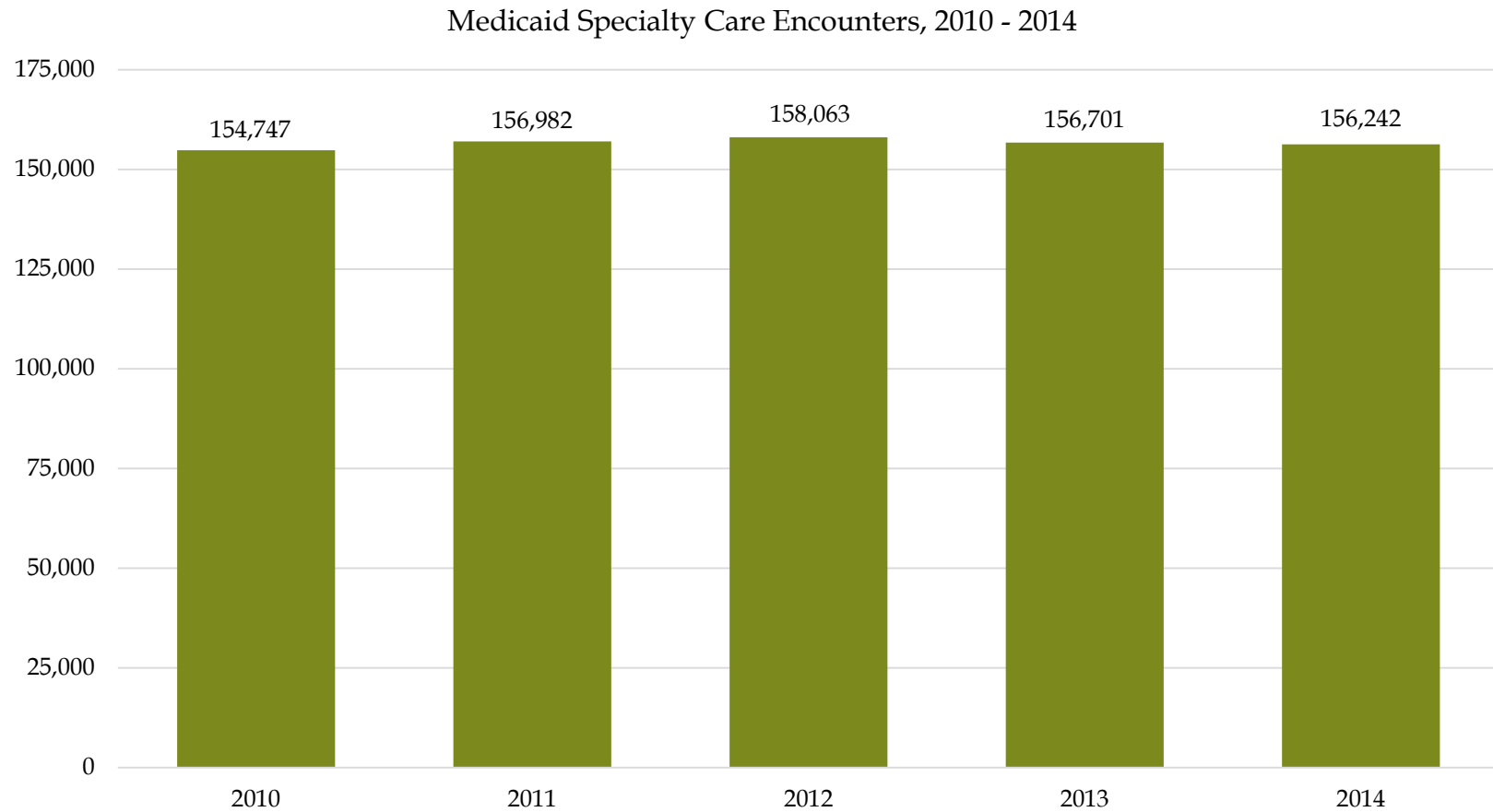
Uninsured Specialty Care Encounters by Organization, 2010 - 2014



- Uninsured specialty care encounters increased at SLUCare by 17% from 2013-2014.
- Total pediatric uninsured specialty care encounters increased by 48% over the past year. Washington University Pediatrics experienced a 30% increase over the past year, while Cardinal Glennon had a 103% increase.

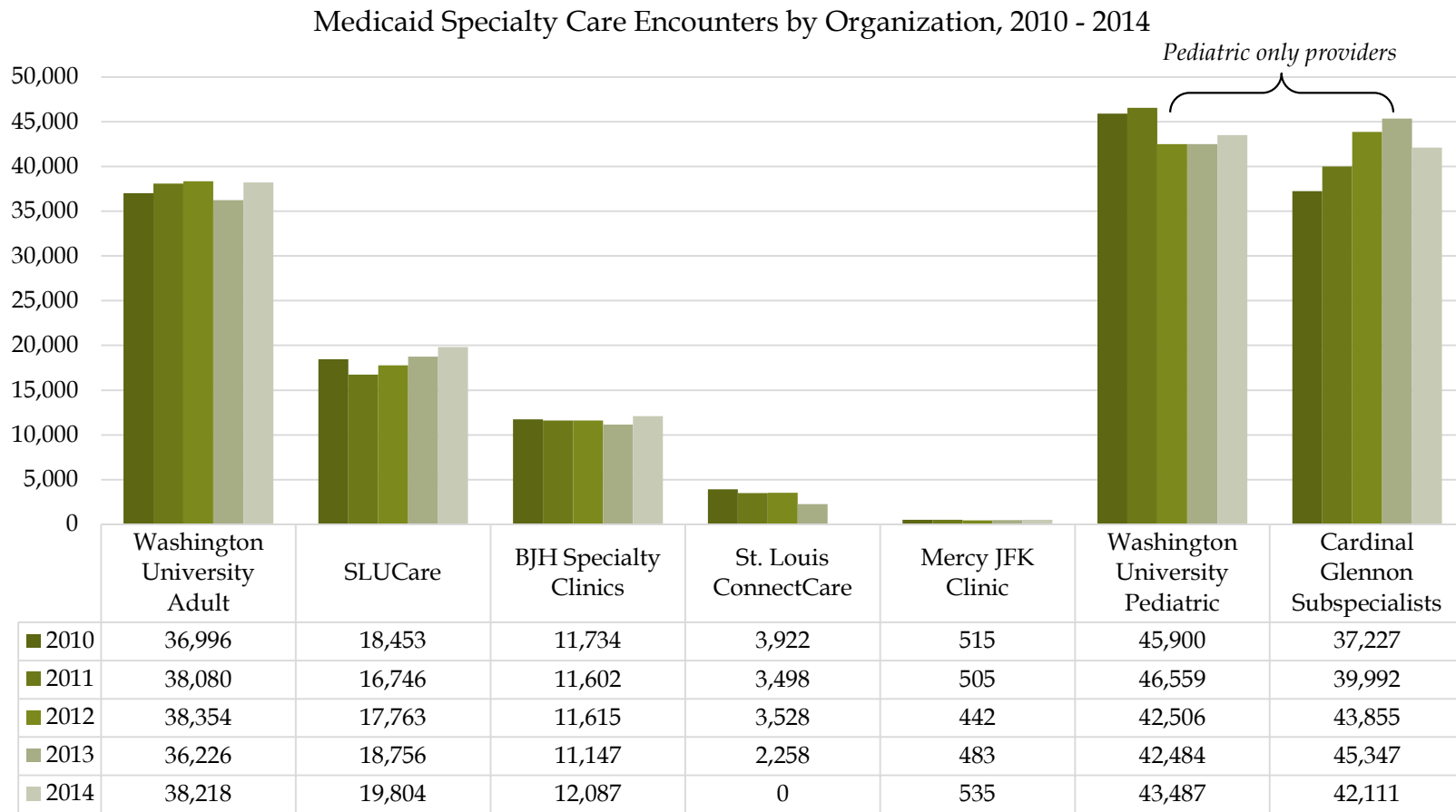
Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. St. Louis ConnectCare ceased operations in late 2013.

Medicaid specialty care encounters have remained relatively stable since 2010.



Medicaid specialty care encounters increased from 2010-2012 by 2%, but then decreased in 2013.

Total Medicaid specialty care encounters remained relatively stable over the past five years (2010-2014).

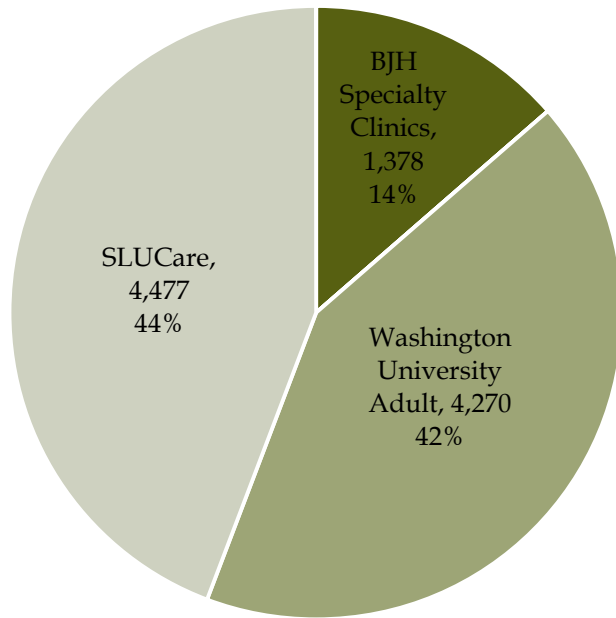


Pediatric providers (Washington University and Cardinal Glennon) accounted for 55% of all Medicaid encounters in 2014.

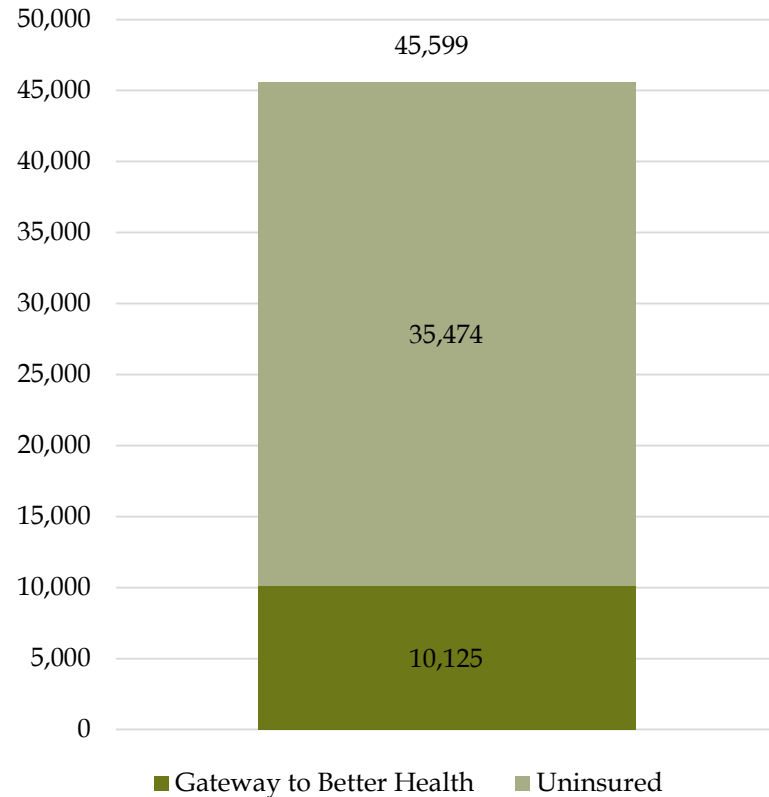
Note: St. Louis ConnectCare ceased operations in late 2013.

Approximately 10,000 specialty care encounters were provided to Gateway to Better Health patients in 2014, comprising 22% of all uninsured specialty care safety net encounters.

Gateway to Better Health Specialty Care Encounters by Organization, 2014



Specialty Care Safety Net Encounters, 2014



Washington University and SLUCare continue to be the main specialty care providers for Gateway to Better Health patients, reporting 42% and 44% of all Gateway specialty care encounters respectively.

Note: An additional 12,000+ diagnostic and other outpatient services were provided to Gateway to Better Health patients in 2014, which are not included in the charts above.

Access to Care 2015

Emergency Care Analysis

Emergency Care: Introduction

Emergency Care reviews detailed operating statistics of reporting emergency care safety net institutions in the St. Louis City and County area (see Appendix C for a list of 2014 reporting emergency care organizations). All of the reporting organizations are hospital emergency departments. Organizations report total encounters and users, as well as non-emergent encounters, left without being seen rates and behavioral health emergency care encounters.

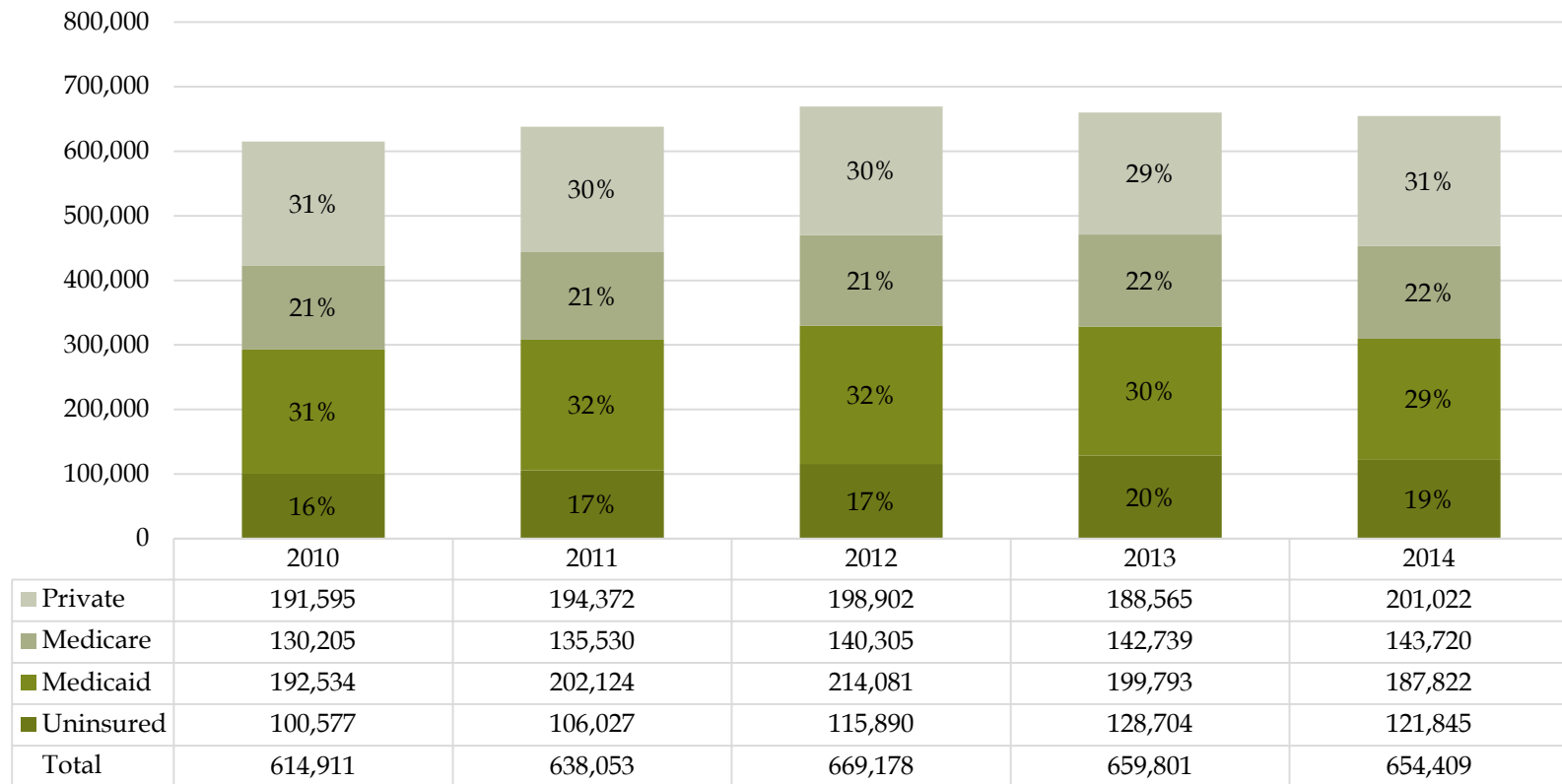
Gateway to Better Health is a limited coverage model that does not include reimbursement for emergency care services. Therefore, emergency department encounters and user volumes occurring among Gateway enrollees in calendar year 2014 are captured in the “uninsured” payor category of figures presented.

Emergency Care: Key Findings

- Total emergency department encounters have decreased slightly over the past two years (page 39).
- Uninsured emergency department encounters at St. Louis area hospitals decreased by 5% in 2014 (page 42).
- More than 40% of all uninsured emergency department encounters in 2014 were provided by two hospitals: Christian and Barnes-Jewish Hospital (page 43).
- Non-emergent emergency department encounters decreased by more than 6% over the past year and by nearly 8% since 2010 (page 45).
- Left without being seen volumes in the St. Louis region have increased by 25% over the past year (page 44).

Emergency care encounters have decreased by 2% over the past two years.

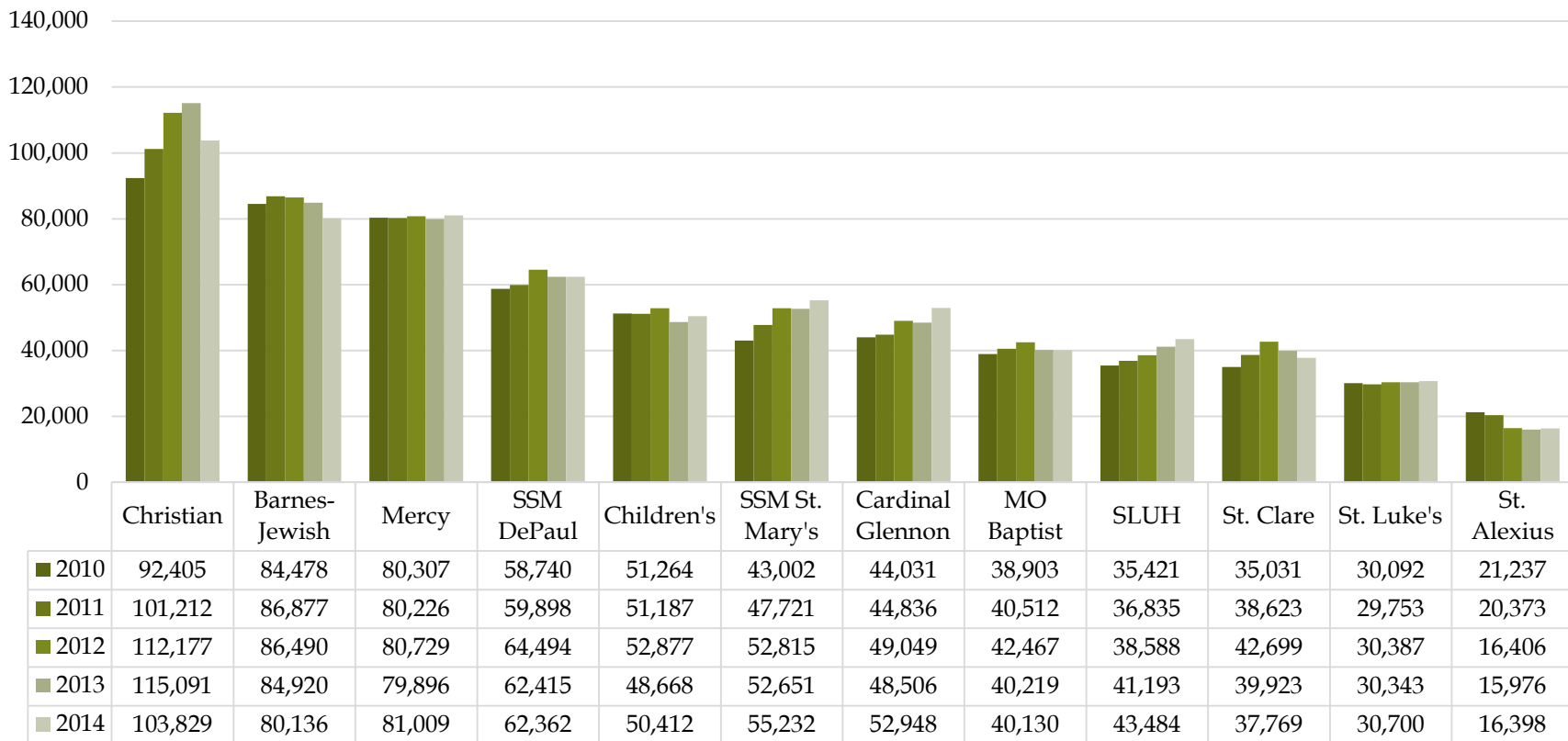
Emergency Department Encounters by Payor Category, 2010 - 2014



- Emergency care encounters at safety net hospitals have increased by over 6% (nearly 40,000 encounters) since 2010.
- Of the 654,000 emergency care encounters reported in 2014, 31% were among those privately insured, 29% were among the Medicaid population, 22% were among the Medicare population and 19% were among the uninsured.

Total emergency department encounters remained relatively stable at all but six hospitals.

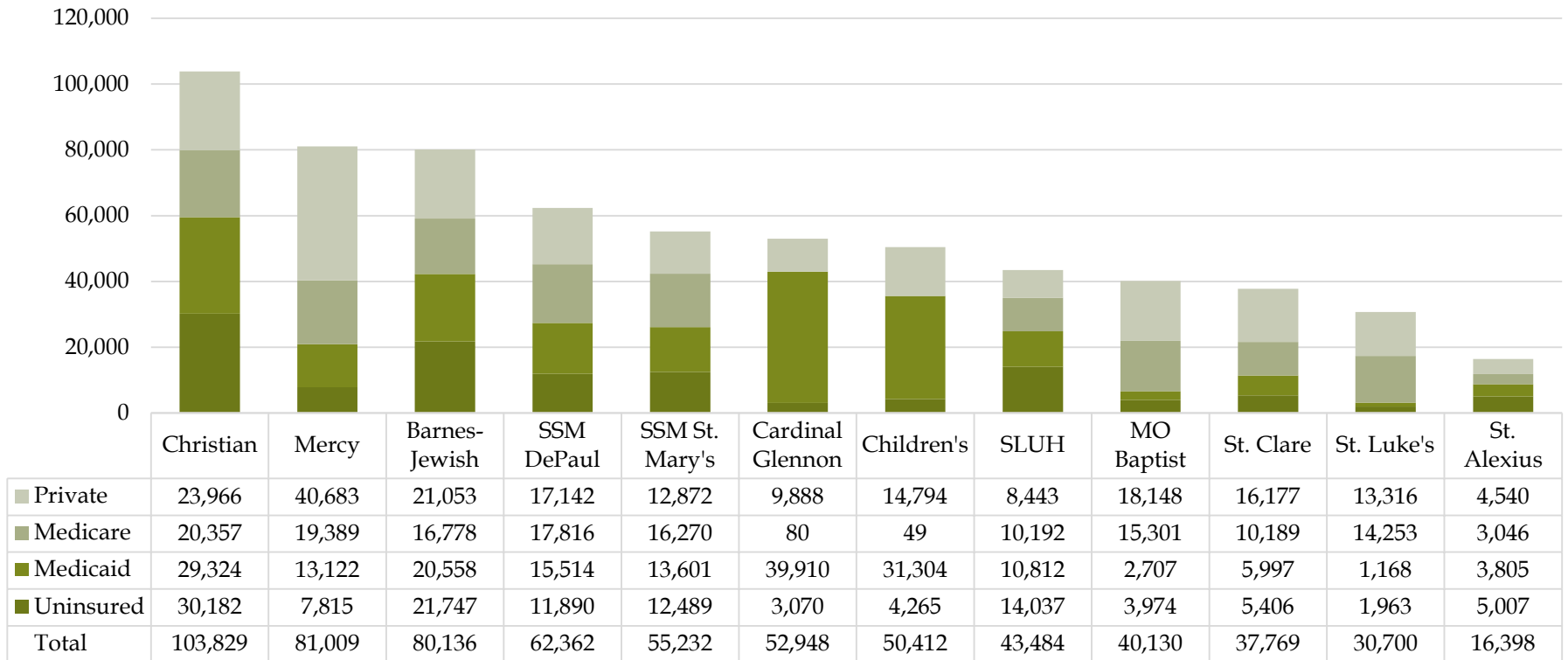
Total Emergency Department Encounters by Organization, 2010 - 2014



- Emergency department encounters have decreased by more than 5% over the past year at three hospitals: Christian (10%), Barnes-Jewish (6%) and St. Clare (5%).
- Emergency department encounters have increased by more than 5% at three hospitals: Cardinal Glennon (9%), St. Mary's (5%) and St. Louis University (6%) from 2013-2014.

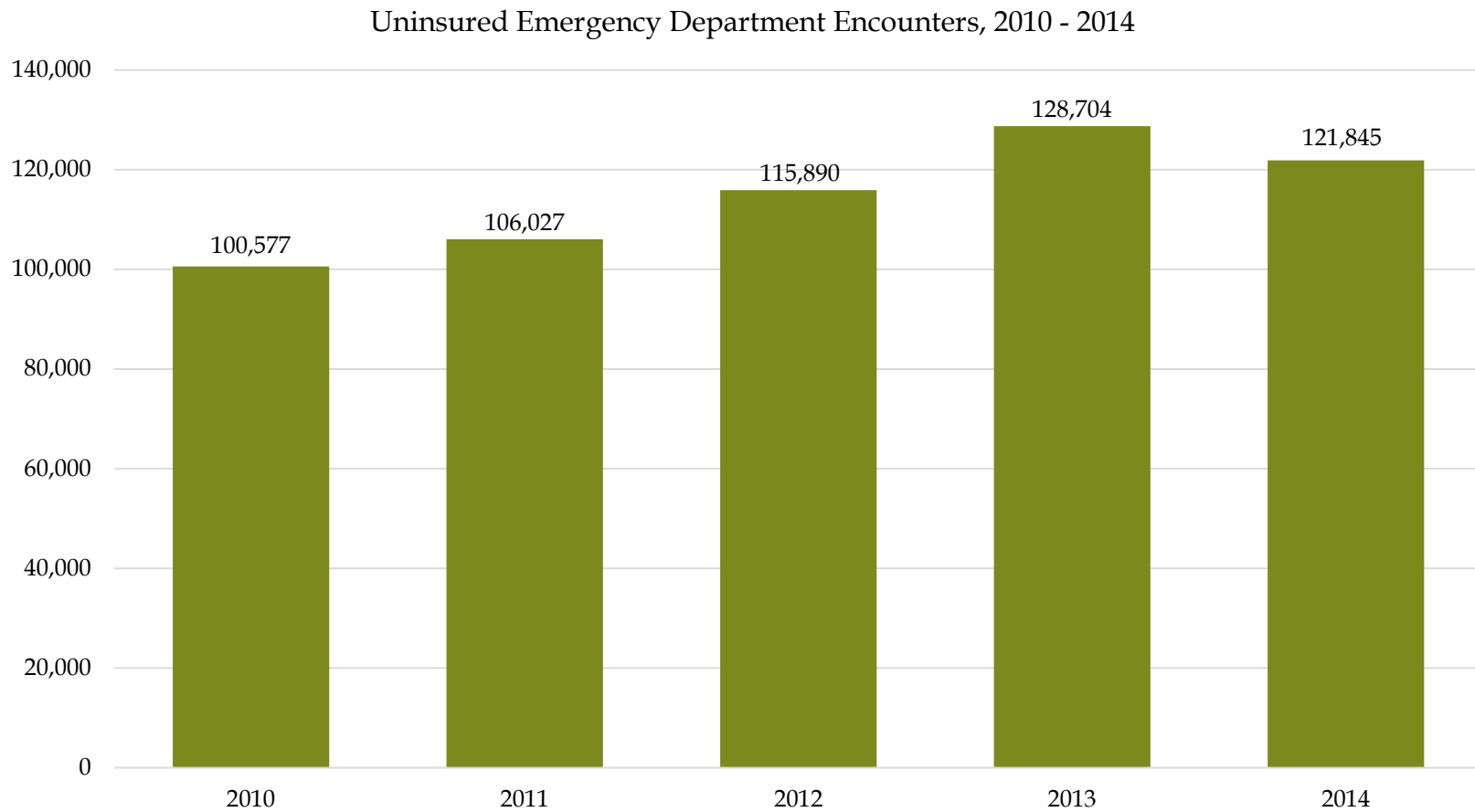
Emergency department encounters among the uninsured and Medicaid population varied greatly by hospital emergency department.

Emergency Department Encounters by Payor Category and Organization, 2014



- Four hospitals (Christian, Barnes-Jewish, St. Louis University and St. Alexius) have payor mixes with over 25% uninsured emergency department encounters.
- 54% of Medicaid encounters were provided by three hospitals (Christian, St. Louis Children's and Cardinal Glennon). St. Louis Children's and Cardinal Glennon primarily serve pediatric populations.
- 43% of all uninsured emergency department encounters in 2014 were provided by two hospitals (Christian and Barnes-Jewish Hospital).

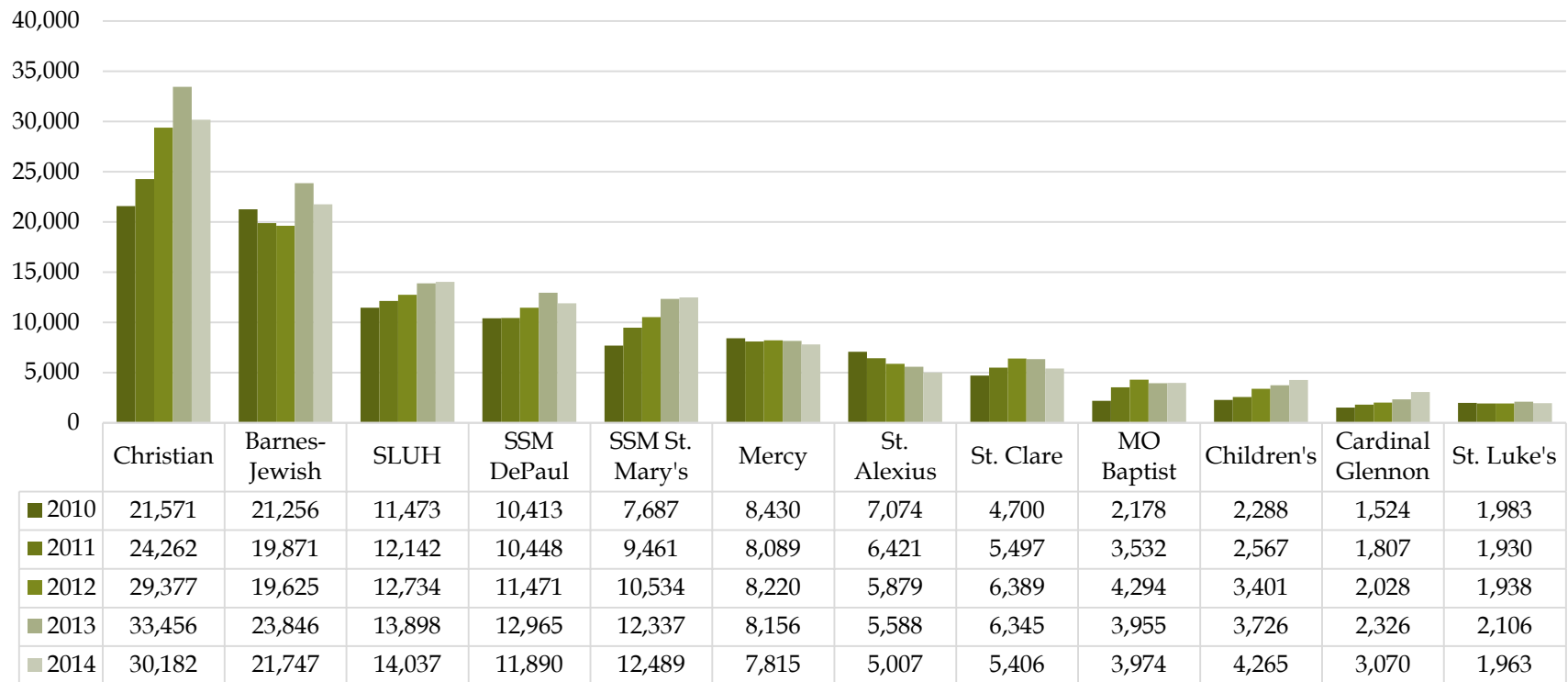
Uninsured emergency care encounters increased by 21% from 2010-2014 but decreased by 5% over the past year.



Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured.

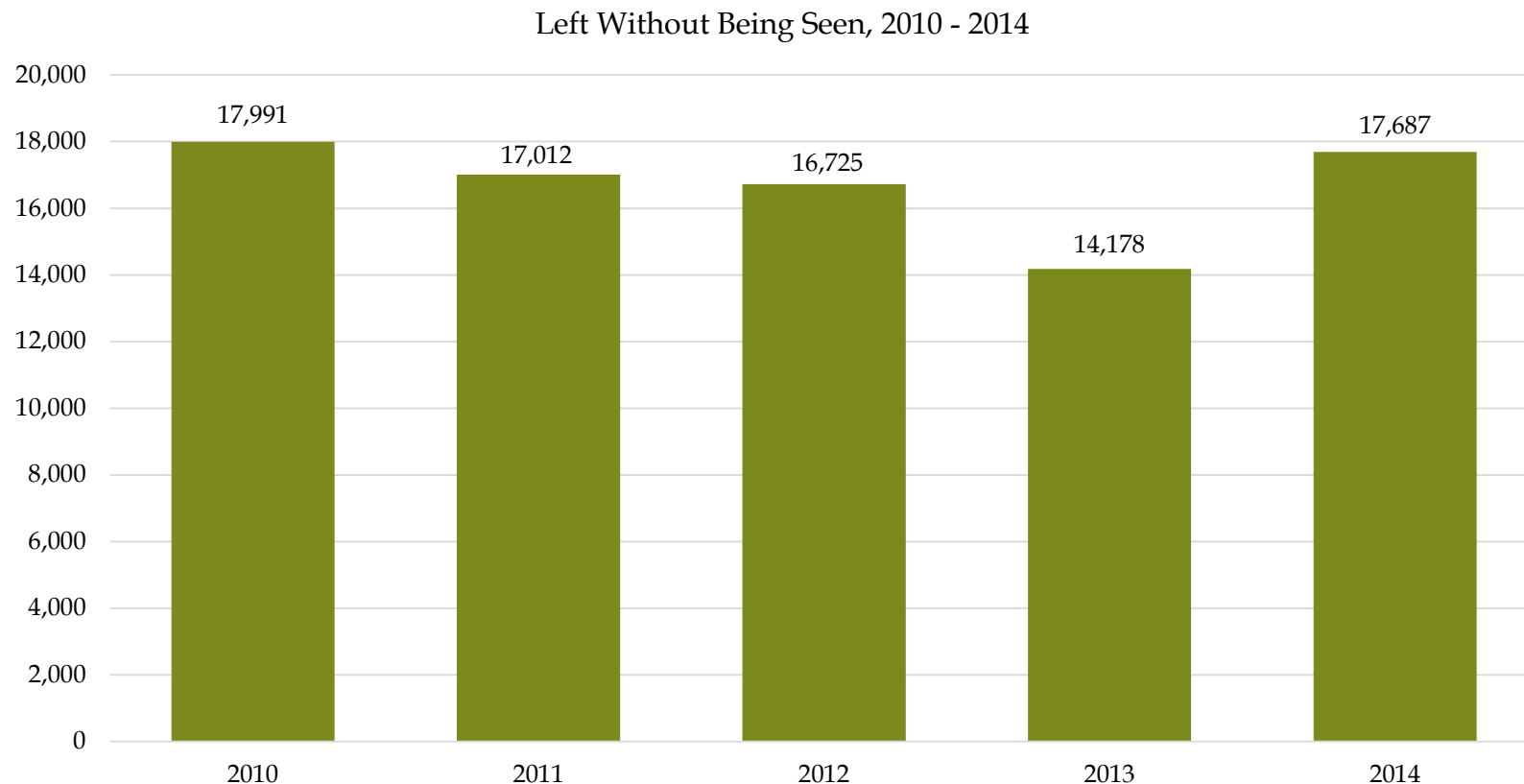
Uninsured emergency department encounters have decreased over the past year at six organizations.

Uninsured Emergency Department Encounters by Organization, 2010 - 2014



- Six organizations had declines of more than 5% for uninsured emergency department encounters over the past year: St. Clare (15%), Christian (10%), Barnes-Jewish (9%), SSM DePaul (8%), St. Alexius (10%) and St. Luke's (7%)
- Two hospitals (Christian and Barnes-Jewish Hospital) provided 43% of all uninsured emergency department encounters in 2014.
- St. Louis Children's Hospital and Cardinal Glennon had an increase in uninsured emergency department encounters by 14% and 32% respectively over the past year.

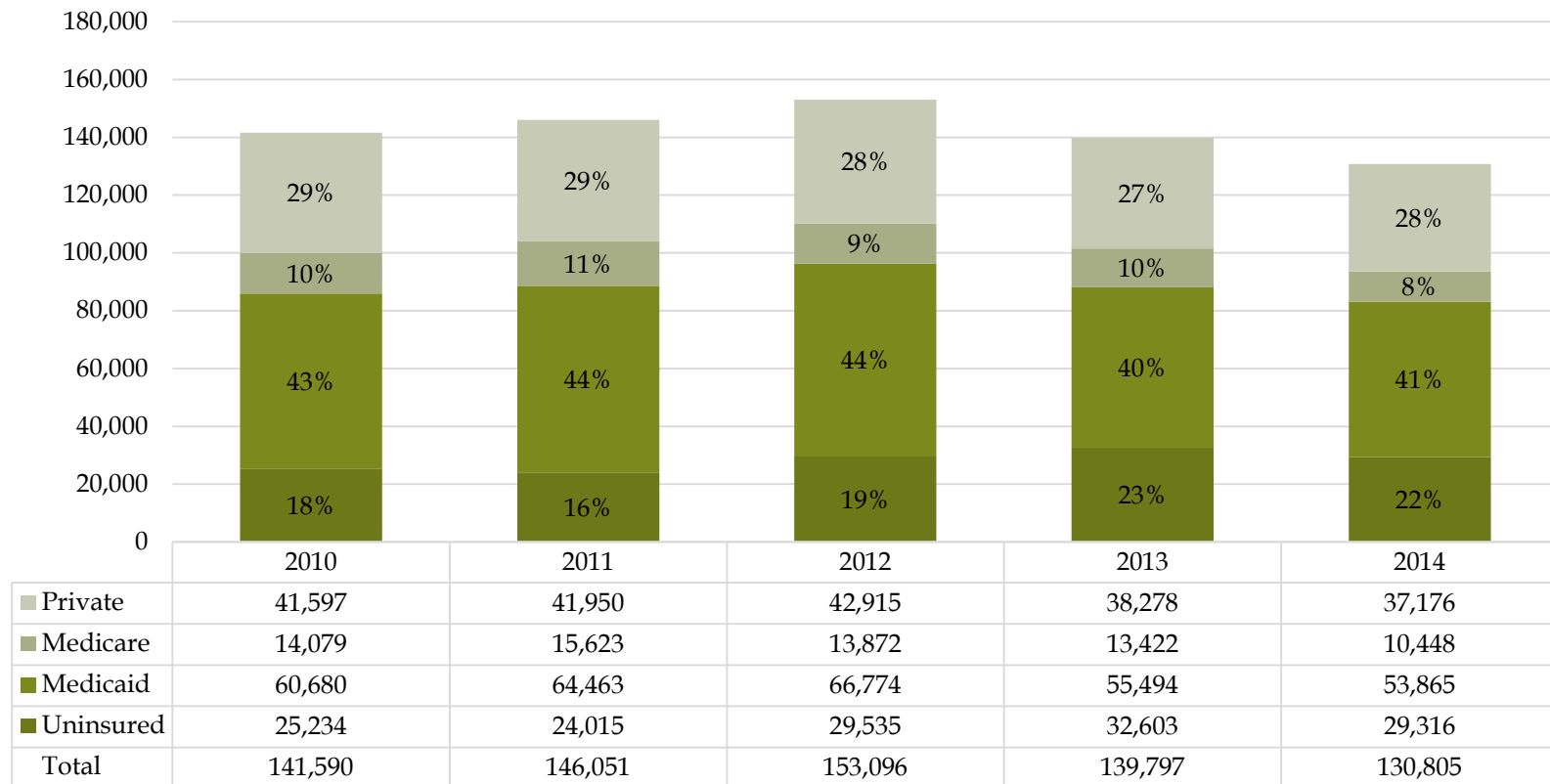
Left without being seen volumes increased by 25% over the past year. Volumes reported in 2014 are comparable to volumes reported in 2010.



- In 2014, across the St. Louis region, there were approximately 17,700 encounters where patients left hospital emergency departments without being seen, an increase of 25% as compared to the 2013 rate.
- The approximately 17,700 encounters where patients left hospital emergency departments without being seen represent nearly 3% of all emergency department encounters in the St. Louis region during 2014.
- All reporting emergency departments had left without being seen rates at or below 5% of their total emergency department encounters except for Barnes-Jewish Hospital, which had a LWBS rate of 10%.

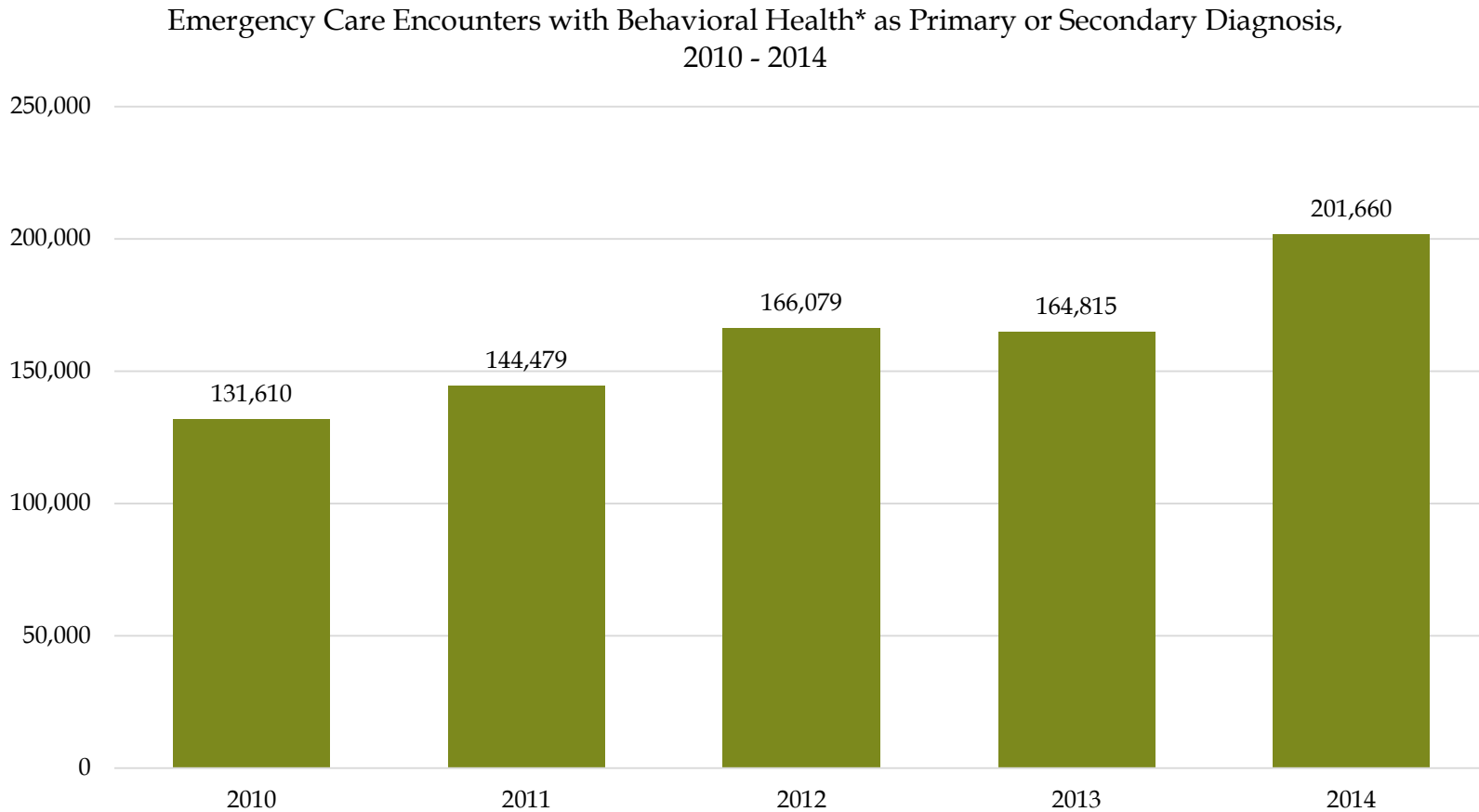
Non-emergent emergency department encounters decreased by more than 6% over the past year and by nearly 8% since 2010.

Non-Emergent Emergency Department Encounters by Payor Category, 2010 - 2014



- Over the past five years, non-emergent emergency department encounters have decreased by 26% among the Medicare population, 16% among the uninsured, 11% among the Medicaid population and 11% among those privately insured.
- Uninsured non-emergent emergency department encounters decreased by 10% from 2013-2014.

Emergency department encounters with behavioral health diagnoses have increased by more than 22% over the past year and accounts for 31% of total emergency department encounters in 2014.



Behavioral health emergency department encounters have increased by 53% over the past five years.

*Behavioral health encounters include mental health and substance abuse disorder emergency department encounters as primary or secondary diagnosis.

Access to Care 2015

Behavioral Health Analysis

Behavioral Health: Introduction

This section reviews detailed operating statistics of reporting community-based behavioral health safety net providers (community mental health and substance use treatment) and safety net hospitals with inpatient psychiatric services in the Eastern Region of Missouri (St. Louis City and Counties of Franklin, Jefferson, Lincoln, St. Charles, St. Louis and Warren). Behavioral health includes mental health and substance use care. Substance use treatment providers with the widest array of services for the general population in the Eastern Region are included. St. Louis City and County providers are denoted throughout (see Appendix D for a list of 2014 reporting institutions). Behavioral health services provided by local health centers are reflected in primary care section of this report.

Self-reported data for this section of the report has been collected and verified by the Behavioral Health Network of Greater St. Louis (BHN). The RHC would like to acknowledge and thank the BHN for their contribution to this year's Access to Care Report.

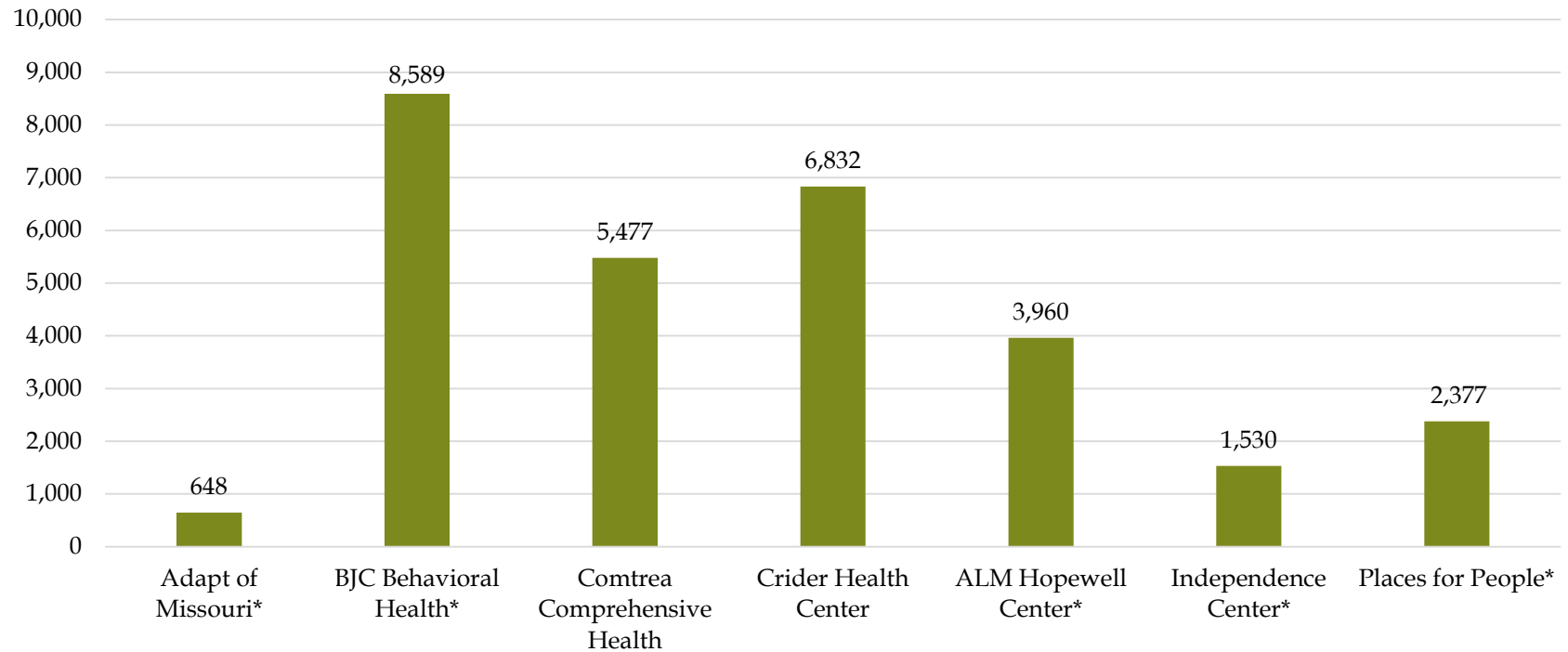
Historical data from 2005 is sourced from the Regional Health Commission's "Eastern Region Public Behavioral Health System: Utilization of Services" report. Historical data covering 2007-2010 stems from the RHC's "MPC Regional Psychiatric Capacity Analysis and Recommendations" report.

Behavioral Health: Key Findings

- Behavioral health encounters at safety net primary care providers in St. Louis City and St. Louis County increased by 38% over the past year and by 43% since 2010 (page 20).
- The total number of behavioral health users served in 2014 increased by 120% (more than 16,000 additional clients in 2014) as compared to 2005 (page 50).
- Despite this increase in volume, the number of new users admitted into community mental health services decreased by 6% in 2014, as compared to 2005, indicating potential system capacity constraints limiting the ability to accept new users (page 51).
- Four state-funded substance use treatment providers with the widest array of services for the general population within the Eastern Region served more than 10,000 users in 2014, despite limited capacity, particularly for residential and detoxification services (page 55).
- Inpatient behavioral health safety net hospital staffed bed capacity decreased by 5% in 2014, as compared to 2007 (page 57).
- Behavioral health encounters at emergency departments in St. Louis City and St. Louis County have increased by more than 22% over the past year and account for 31% of total emergency department encounters in 2014 (page 46).

Behavioral health safety net community mental health providers⁺ served 29,413 users in 2014.

Behavioral Health Users Served, 2014



Behavioral health users served have increased by 120% (more than 16,000 additional clients) as compared to 2005.

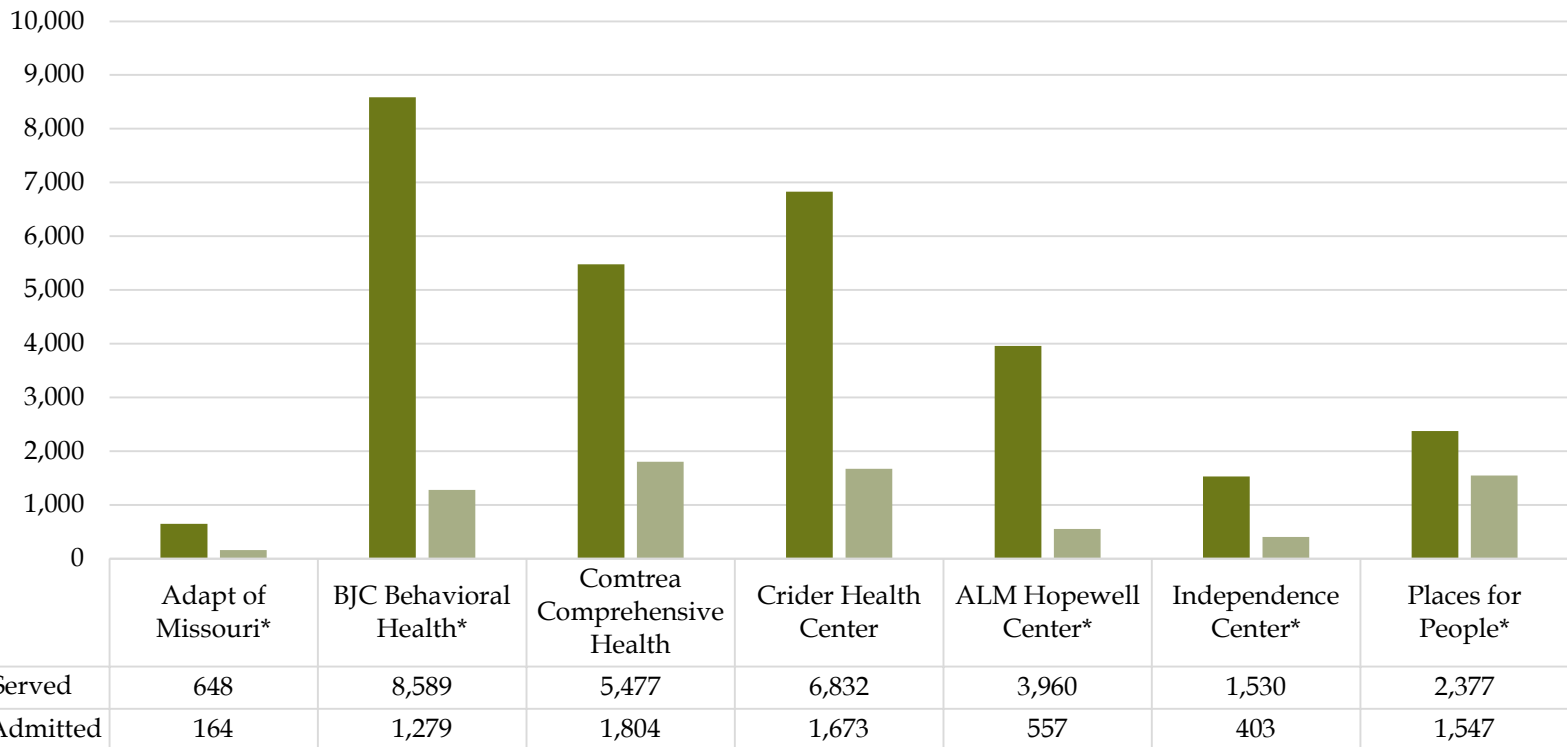
⁺ Note: Behavioral health safety net community mental health providers include Department of Mental Health designated administrative agents (community mental health centers) and affiliate organizations providing comprehensive psychiatric services. Data does not include substance use treatment-only providers within the region.

*Denotes St. Louis City or St. Louis County provider

2005 data source: *Regional Health Commission "Eastern Region Public Behavioral Health System: Utilization of Services"*

Behavioral health safety net community mental health providers admitted 7,427 new users to services in 2014.

Behavioral Health Users Served vs. New User Admissions, 2014



While behavioral health total users served have increased, new user admissions to behavioral health safety net agencies decreased by 6% (nearly 500 fewer users) in 2014 as compared to 2005.

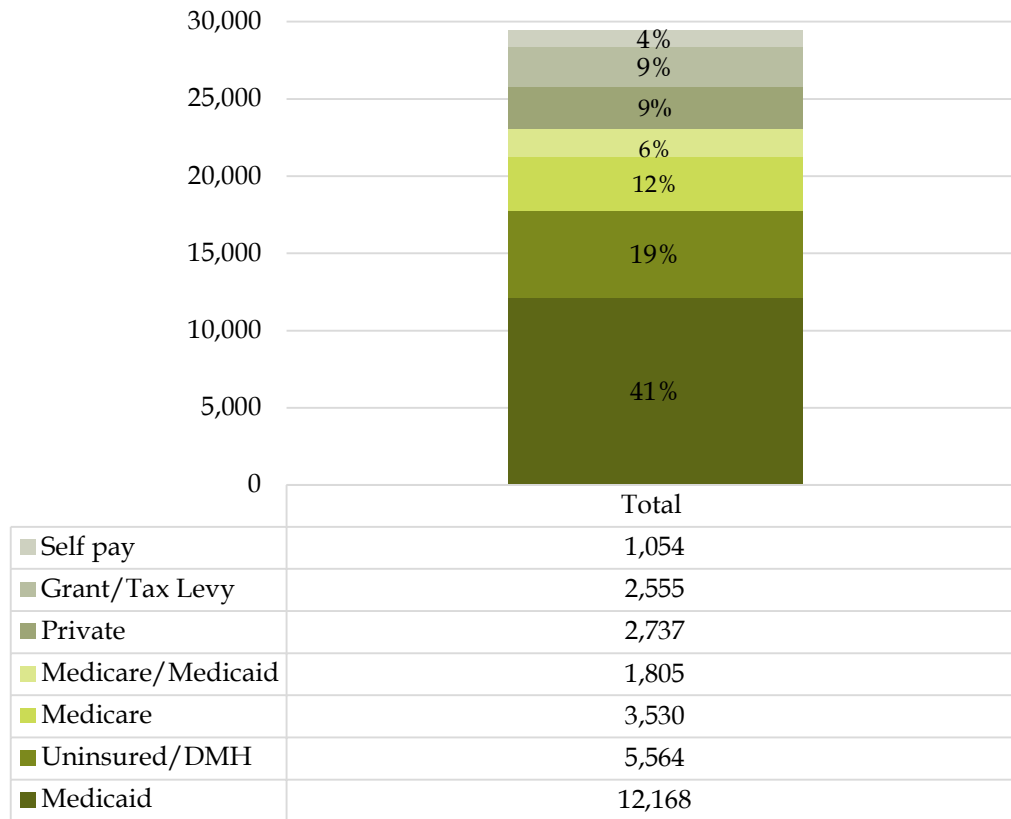
* Note: Behavioral health safety net community mental health providers include Department of Mental Health designated administrative agents (community mental health centers) and affiliate organizations providing comprehensive psychiatric services. Data does not include substance use treatment-only providers within the region.

*Denotes St. Louis City or St. Louis County provider

2005 data source: Regional Health Commission "Eastern Region Public Behavioral Health System: Utilization of Services"

Community-based behavioral health users in the Eastern Region predominately had primary coverage through Medicaid or were uninsured with care primarily funded through the MO Department of Mental Health (DMH).

Behavioral Health Users by Primary Payor Category, 2014



In 2014, more than 40% of behavioral health users had Medicaid listed as their primary payor, while nearly 20% were uninsured with DMH as a primary payor.

* Note: Data reflects behavioral health safety net community mental health providers. Data does not include substance use treatment-only providers within the region.

Behavioral health services are primarily available Monday through Friday, with some providers serving users on weekends at day program or clubhouse sites.

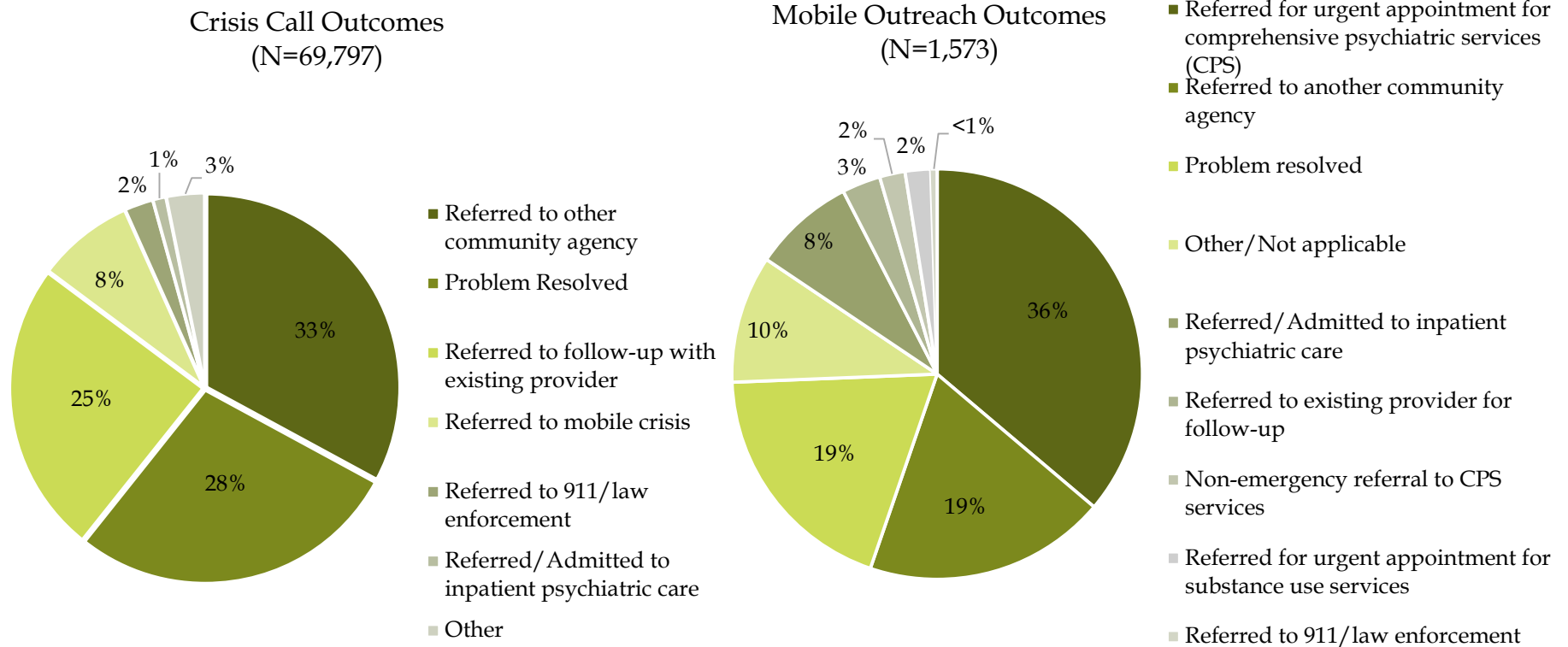
Organization	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Adapt of Missouri*	7:00am-5:00pm	7:00am-5:00pm	7:00am-5:00pm	7:00am-5:00pm	7:00am-5:00pm	Closed	Closed
BJC Behavioral Health*	8:00am-5:00pm	8:00am-6:00pm	8:00am-5:00pm	8:00am-5:00pm	8:00am-5:00pm	Closed	Closed
Comtrea Comprehensive Health Center	8:30am-7:30pm	8:30am-7:30pm	8:30am-7:30pm	8:30am-7:30pm	8:30am-5:00pm	Closed	Closed
Crider Health Center	8:00am-5:00pm	8:00am-5:00pm	8:00am-7:00pm	8:00am-5:00pm	8:00am-5:00pm	Closed	Closed
ALM Hopewell Center**	8:30am-5:00pm	8:30am-7:00pm	8:30am-5:00pm	8:30am-6:30pm	8:30am-5:00pm	7:00am-3:00pm	Closed
Independence Center**	8:00am-6:00pm	8:00am-6:00pm	8:00am-6:00pm	8:00am-6:00pm	8:00am-6:00pm	10:00am-3:00pm	Closed
Places For People**	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm

- In addition to standard hours of operation, many providers have specialty services such as group programming in evenings or weekends, or evidence-based treatment models (e.g. Assertive Community Treatment) that provide support after hours.
- 4 of 7 providers surveyed offer open access appointments for services, a method of scheduling in which users can receive a same-day/next-day appointment.

*Denotes St. Louis City or County Providers

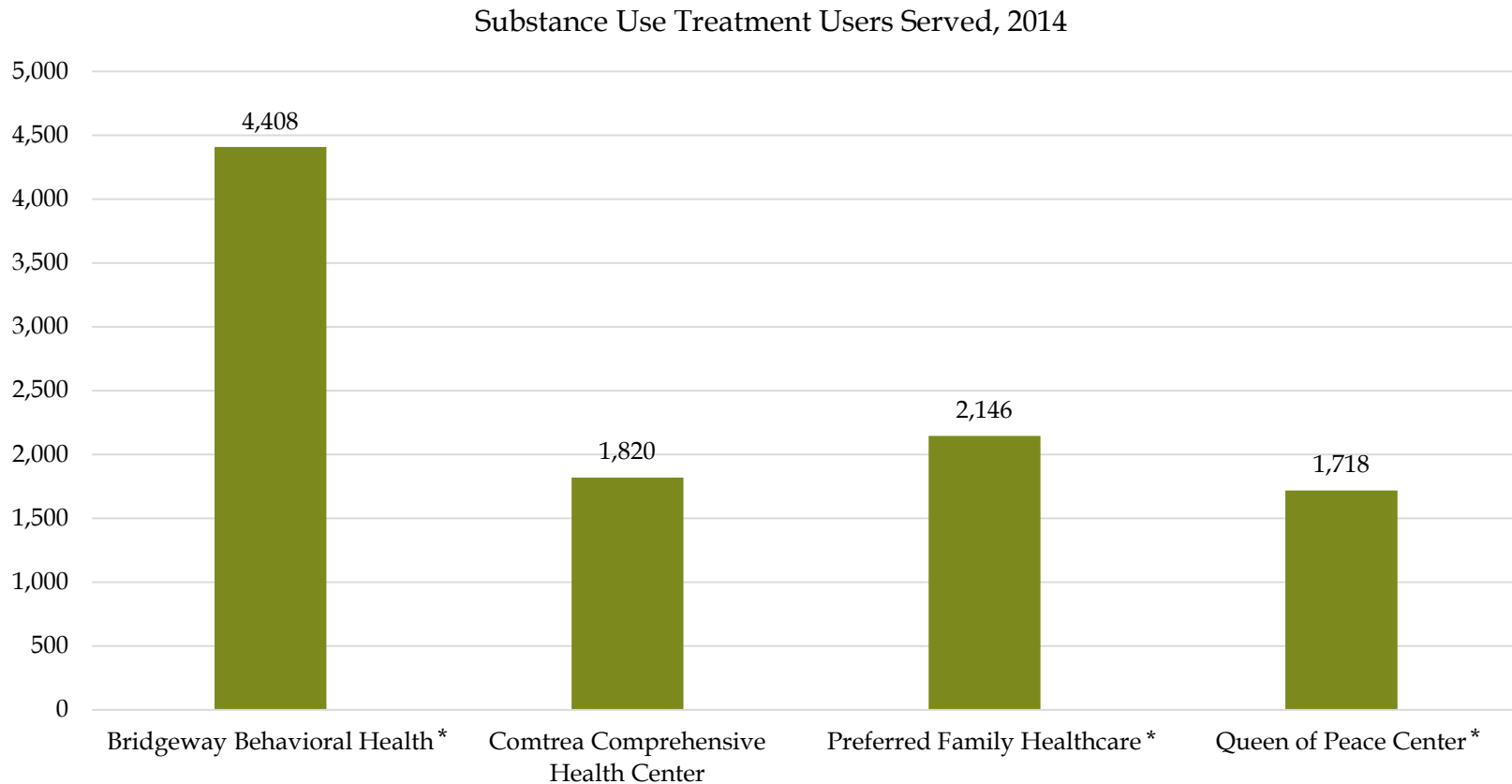
**Denotes organizations providing evening and weekend hours.

Behavioral Health Response (BHR) received 69,797 calls and provided in-person crisis intervention through mobile outreach to 1,573 users in 2014. Resolution outcomes vary by service type.



- While regional behavioral health services are available predominately during traditional business hours, providers surveyed collaborate with BHR’s regional Access Crisis Intervention hotline to provide 24/7 telephonic crisis intervention and mobile outreach services. The majority of these calls resulted in referral to community-based services.
- BHR partners with community mental health safety net providers to give consumers access to next-day urgent appointments and provides follow-up services to consumers to ensure ongoing safety and linkage to needed support.

State-funded substance use treatment providers⁺ in the Eastern Region served 10,092 treatment users in 2014.

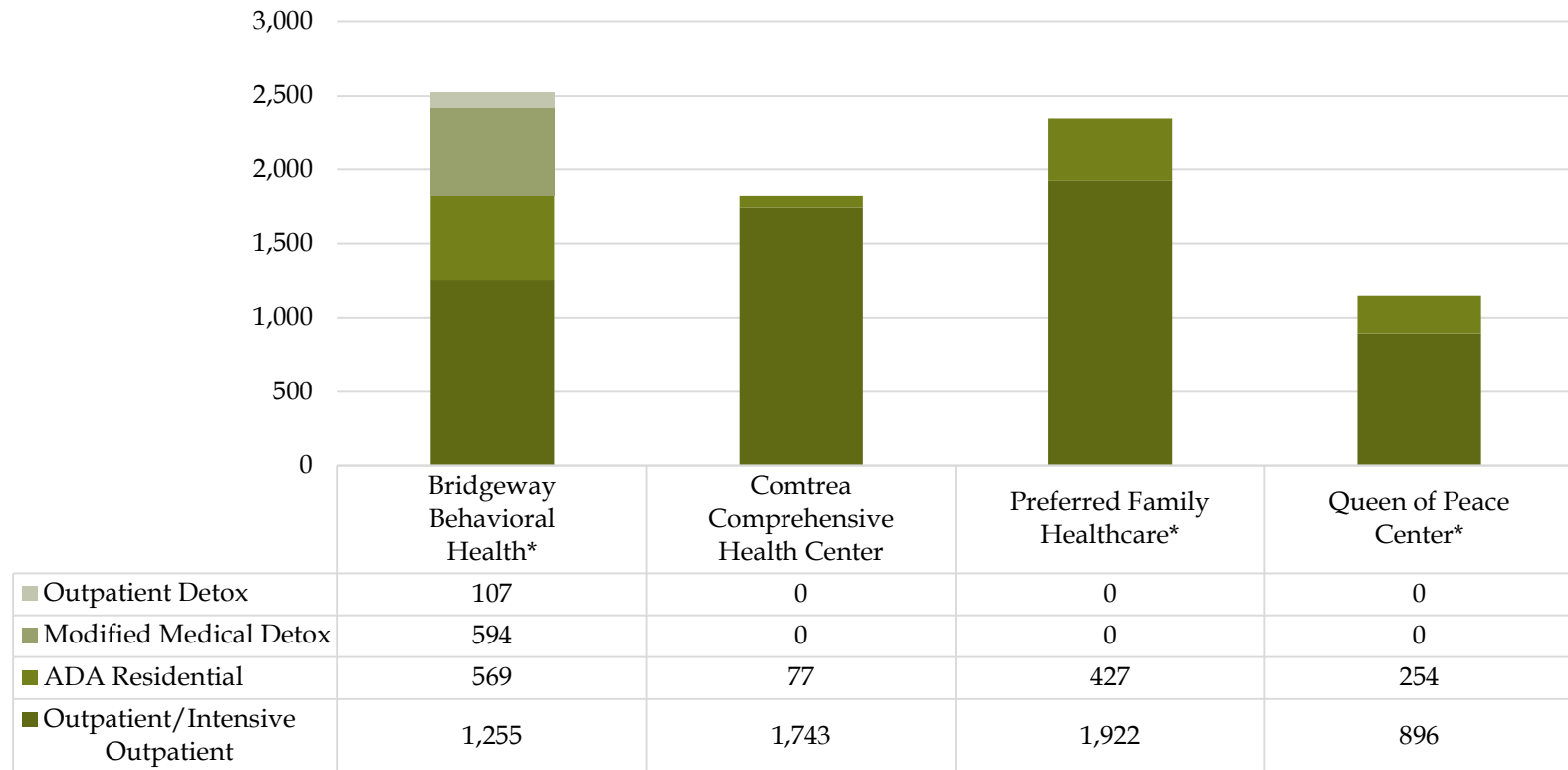


*Note: Only services delivered by the four largest state-funded substance use treatment providers with the widest array of services for the general population within the Eastern Region are listed. One additional state-funded residential-only and two additional state-funded outpatient-only providers within the region are available to the general population. Additional resources exist through private providers and state-funded facilities for veteran and correctional populations.

*Denotes St. Louis City or St. Louis County provider

Service mix varies by substance use treatment provider. Detox and residential user volumes reflect that state-funded substance use treatment capacity is limited.

Substance Use Treatment Users by Service Category, 2014

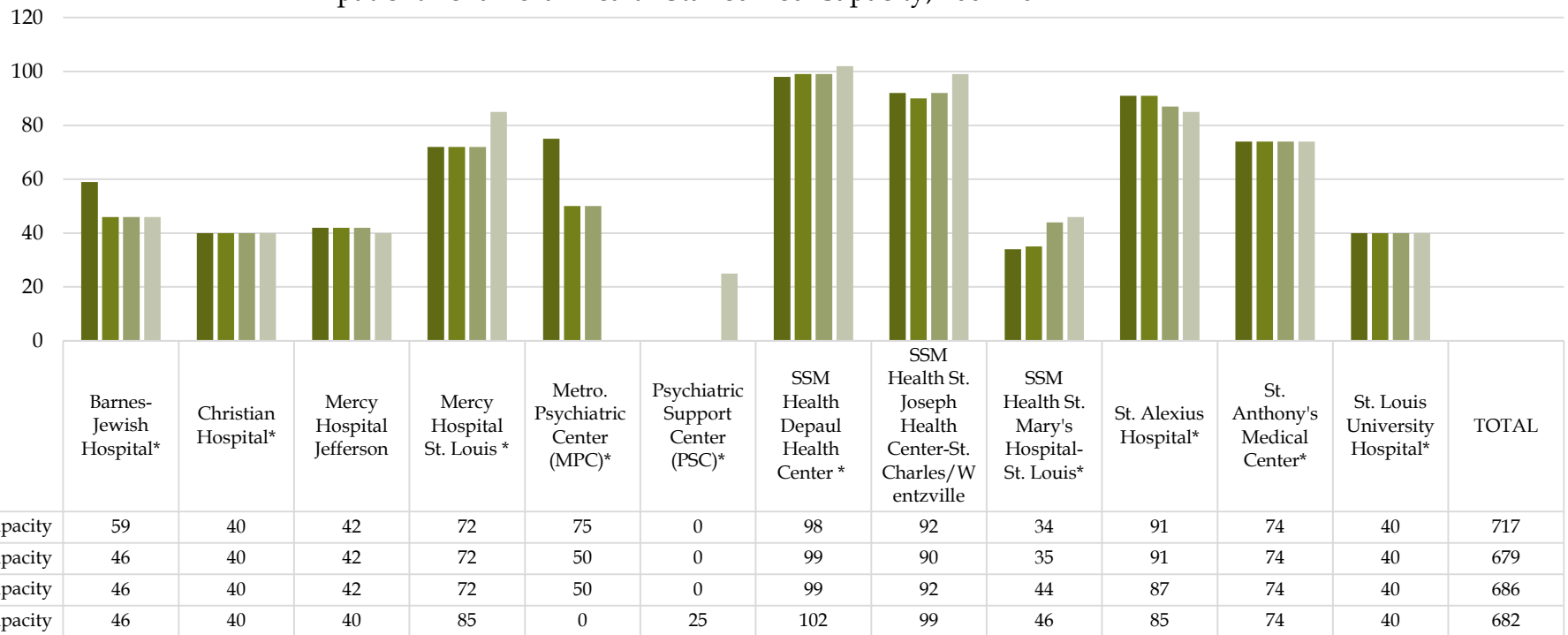


- Bridgeway Behavioral Health is the only state-funded modified medical detox provider in the Eastern Region of Missouri, serving nearly 600 admissions with 14 dedicated detox beds.
- Additionally, medical detox is privately available at only three hospitals in the region – BJC’s Christian Hospital, SSM Health’s DePaul Health Center and St. Clare Health Center.

*Note: Only services delivered by the four largest state-funded substance use treatment providers with the widest array of services for the general population within the Eastern Region are listed.

Between 2007 and 2014 inpatient behavioral health safety net hospital staffed bed capacity decreased by 5%.

Inpatient Behavioral Health Staffed Bed Capacity, 2007-2014



Note: Data reflects community hospitals that provide acute psychiatric services, as well as Metropolitan Psychiatric Center (MPC), a former state-run hospital. MPC ceased services in July 2010. Psychiatric Stabilization Center, later renamed Psychiatric Support Center (PSC), opened at MPC's former site in January 2012. As of April 2015, Christian Hospital's 40 psychiatric beds were closed. As part of this 2015 transition, BJC HealthCare took over operations of PSC and expanded PSC's capacity to 50 beds.

*Denotes St. Louis City or St. Louis County provider

2007-2010 data source: Regional Health Commission "MPC Regional Psychiatric Capacity Analysis and Recommendations"

Inpatient behavioral health staffed safety net hospital bed capacity varied by hospital and population in 2014.

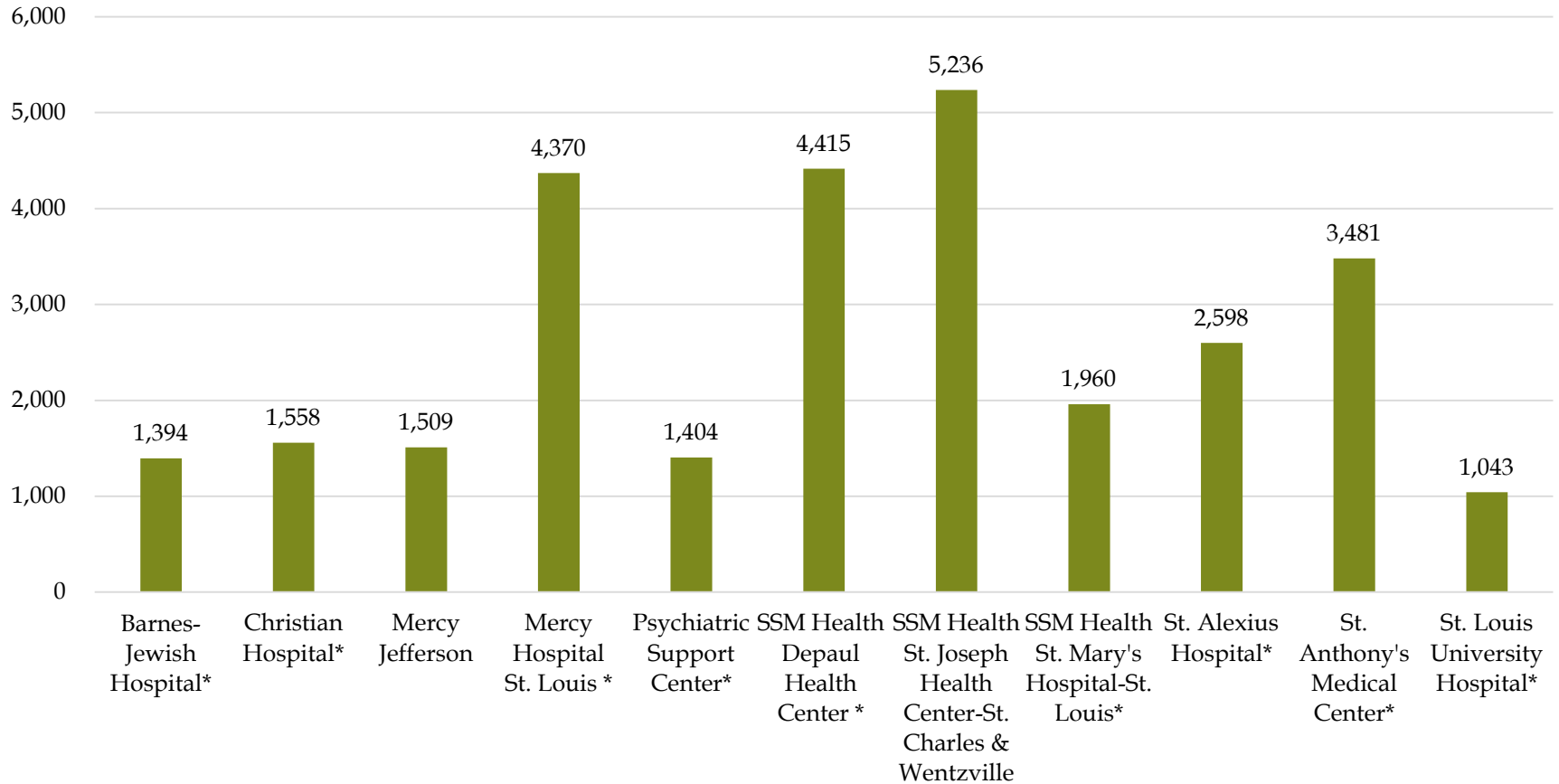
Hospitals with Inpatient Psychiatric Services	Staffed Bed Capacity ADULT	Staffed Bed Capacity GERIATRIC	Staffed Bed Capacity ADOLESCENT	Staffed Bed Capacity CHILD	Total Staffed Bed Capacity
Barnes-Jewish Hospital*	36	10	0	0	46
Christian Hospital*	30	10	0	0	40
Mercy Hospital Jefferson	24	16	0	0	40
Mercy Hospital St. Louis *	56	16	13 combined		85
Psychiatric Support Center (PSC)*	25	0	0	0	25
SSM Health Depaul Health Center *	60	0	22	20	102
SSM Health St. Joseph Health Center-St. Charles	0	22	0	0	22
SSM Health St. Joseph Health Center-Wentzville	46	0	31	0	77
SSM Health St. Mary's Hospital-St. Louis*	36	10	0	0	46
St. Alexius Hospital*	64	21	0	0	85
St. Anthony's Medical Center*	52	0	22	0	74
St. Louis University Hospital*	24	16	0	0	40
TOTAL	453	121	108		682

Note: Data reflects community hospitals which provide acute psychiatric services. As of April 2015, Christian Hospital's 40 psychiatric beds were closed. As part of this transition, BJC HealthCare took over operations of the PSC and expanded PSC's capacity from 25 to 50 beds.

*Denotes St. Louis City or St. Louis County provider

Inpatient behavioral health safety net hospitals served 28,968 total acute psychiatric encounters in 2014.

Total Acute Psychiatric Encounters by Institution, 2014

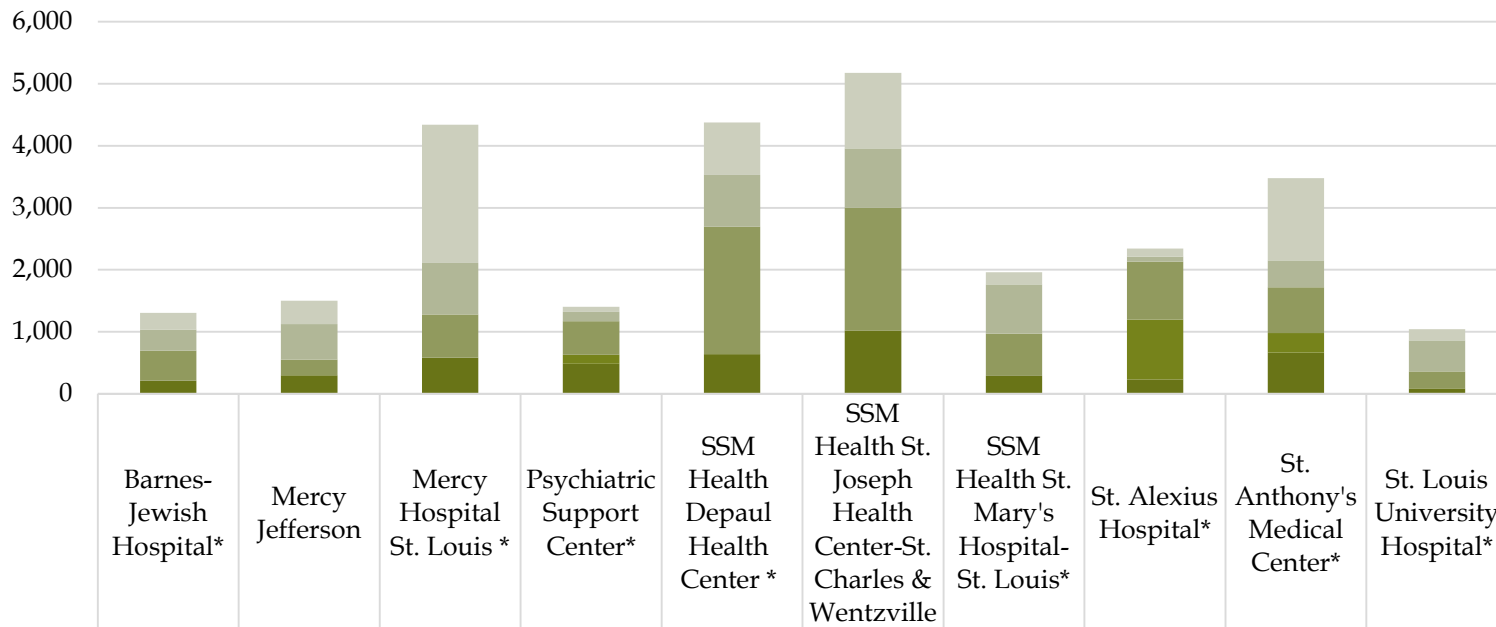


Note: Data reflects community hospitals which provide acute psychiatric services. Encounter numbers reflect total admissions, including duplicate users. Encounters on medical service floors are not included.

*Denotes St. Louis City or St. Louis County provider

Acute psychiatric encounters were predominately covered by Medicaid (32%), private insurance (25%) or Medicare (20%), varying by hospital provider.

Acute Psychiatric Encounters by Payor Category and Institution, 2014



Payor Category	Barnes-Jewish Hospital*	Mercy Jefferson	Mercy Hospital St. Louis *	Psychiatric Support Center*	SSM Health Depaul Health Center *	SSM Health St. Joseph Health Center-St. Charles & Wentzville	SSM Health St. Mary's Hospital-St. Louis*	St. Alexius Hospital*	St. Anthony's Medical Center*	St. Louis University Hospital*
Private	269	378	2,234	84	849	1,220	197	127	1,326	182
Medicare	341	575	826	148	833	954	791	82	438	501
Medicaid	484	250	699	541	2,054	1,985	683	937	737	272
Medicare/Medicaid	0	0	0	145	0	0	0	965	312	0
Uninsured	210	301	583	486	642	1,019	289	230	667	88
Total	1,304	1,504	4,342	1,404	4,378	5,178	1,960	2,341	3,480	1,043

Note: Data reflects community hospitals which provide acute psychiatric services. Encounter numbers reflect total admissions, including duplicate users. Encounters on medical service floors are not included. Data on Christian Hospital payor mix unavailable subsequent to inpatient psychiatric service closure in April 2015.

*Denotes St. Louis City or St. Louis County provider

Access to Care 2015

Appendix

Report Limitations

The primary source of the information presented is self-reported data from participating organizations. Great care has been taken to ensure the accuracy of the data in this report. All institutions were given the opportunity to verify their data for accuracy. In addition, the RHC has 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. The geographic scope for the primary, specialty and emergency care sections are limited to major institutions in St. Louis City and St. Louis County.

Access to Behavioral Health

The RHC has partnered with the Behavioral Health Network of Greater St. Louis (BHN) to collect data regarding access to community behavioral health services. All behavioral health data presented was self-reported by participating organizations and compiled by the BHN using a methodology relevant to the complexity of capturing behavioral health information. Despite these challenges, much effort has been taken by the BHN to collect comprehensive and accurate data for this year's report. The geographic scope of the behavioral health analysis includes the entire Eastern Region of Missouri (St. Louis City and Counties of Franklin, Jefferson, Lincoln, St. Charles, St. Louis and Warren).

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, behavioral, dental, and “other” medical related 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 abuse 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.

Appendix A: Primary Care Providers

Information below provides a listing 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 2014:

- Affinia Healthcare (formerly Grace Hill Health Centers)*
- Barnes-Jewish Hospital OB/GYN Clinic
- Barnes-Jewish Hospital Medicine Clinic
- Betty Jean Kerr People's Health Centers*
- Family Care Health Centers*
- Health and Dental Care for Kids
- Myrtle Hilliard Davis Comprehensive Health Centers*
- Mercy JFK Clinic
- St. Louis County Department of Public Health*
- St. Louis County Department of Corrections
- St. Luke's Pediatric Clinic
- SSM St. Mary's Health Center
- SSM Cardinal Glennon Children's Medical Center
- Glennon Care at DePaul
- SLUCare
- The SPOT (Supporting Positive Opportunities with Teens)

*Denotes organizations included in the Gateway to Better Health primary care network as of September 2015.

Appendix B: Specialty Care Providers

Information below provides a listing of reporting specialty care safety net institutions in the St. Louis City and County area. These institutions include hospital-based clinics and physician groups.

Reporting specialty care organizations in 2014:

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

*Denotes organizations included in the Gateway to Better Health specialty care network as of September 2015.

Appendix C: Emergency Care Providers

Information below provides a listing of reporting emergency care safety net institutions in the St. Louis City and County area.

Reporting emergency care organizations in 2014:

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

Appendix D: Behavioral Health Providers

Eastern Region Community-based Comprehensive Psychiatric Service Providers surveyed:

- Department of Mental Health Administrative Agents include:
 - Amanda Lockett Murphy (ALM) Hopewell Center*
 - BJC Behavioral Health*
 - Comtrema Comprehensive Health Center
 - Crider Health Center
- Department of Mental Health Affiliate Agencies providing comprehensive psychiatric services (CPS) include:
 - Adapt of Missouri*
 - Independence Center*
 - Places for People*
- State-funded agencies providing substance use treatment services include:
 - Bridgeway Behavioral Health*
 - Comtrema Comprehensive Health Center
 - Preferred Family Healthcare*
 - Queen of Peace Center*
- Access Crisis Hotline includes:
 - Behavioral Health Response

Eastern Region Inpatient Psychiatric Service Hospital Providers surveyed:

- Barnes-Jewish Hospital*
- Christian Hospital*
- Mercy Hospital Jefferson
- Mercy Hospital St. Louis*
- Psychiatric Support Center*
- SSM Health DePaul Health Center*
- SSM Health St. Joseph Health Center-St. Charles
- SSM Health St. Joseph Health Center-Wentzville
- SSM Health St. Mary's Hospital-St. Louis*
- St. Alexius Hospital*
- St. Anthony's Medical Center*
- St. Louis University Hospital*

*Denotes St. Louis City/St. Louis County-based Provider

Acknowledgements

The St. Louis Regional Health Commission would like to graciously thank all reporting primary, specialty, emergency care and behavioral health 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 and content.

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St. Louis Effort for AIDS

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