

Managing the health safety net for the poor



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Robert Fruend Jr. grew up in Normandy and came of age toward the end of an era of turmoil for local public hospitals.

Until 1955, Homer G. Phillips Hospital was the city's only hospital for African-Americans and one of the nation's few teaching hospitals for black interns. Located in the Ville neighborhood in north St. Louis, the hospital was closed in 1979.

St. Louis City Hospital was abandoned in the mid-1980s, and nonprofit St. Louis Regional Medical Center was established on Delmar Boulevard. But it was closed in the late 1990s.

The St. Louis Regional Health Commission, which manages the area's safety net for the poor, was formed in 2001. Fruend — who has worked in the health care industry for two decades — became its first chief executive.

One of the commission's primary roles is to channel millions of dollars in state funds to help maintain community health clinics.

"We've made a lot of progress," Fruend said. One sign of progress during his tenure: the reduction of breast cancer rates among African-Americans in the St. Louis area.

Still, there's work to be done.

“We have enough hospital beds to treat people when they’re sick,” he said. “What we don’t have is enough doctors in the poor areas to see patients when they don’t need to be hospitalized.”

Fruend characterizes the Legislature’s consideration of whether to expand the state’s Medicaid program as “a historic opportunity to provide access and build on the last 10 years of work. I think it’s the most significant decision the state has faced in the last quarter century.”

The Post-Dispatch sat down with Fruend for an interview about the commission’s work. Here’s an edited transcript:

Why is the commission supporting the initiative to expand Medicaid coverage in Missouri?

The decision to expand Medicaid and reform Medicaid is critical to the stability of our health care system here in St. Louis. There are significant dollars that are being pulled out of our health care providers to pay for coverage expansion in the Affordable Care Act.

If we don’t expand Medicaid, providers will see significant reductions in payments and we may see significant reductions in access. With Medicaid expansion, we will be able to significantly increase access to care as hundreds of thousands of people across our state, tens of thousands of people across our region, become eligible for insurance who were previously uninsured.

How well do St. Louis area’s health care systems serve the needs of the elderly?

The St. Louis health care system has been recognized as a national model for providing access to care. We’ve done a really good job over the last 10 years of really focusing on access for everybody. The elderly in particular, and especially because of the Medicare program, have historically had numerous options available to them. And again, St. Louis is a wonderful place to live if you’re concerned about medical care. We have wonderful health care institutions of magnificent quality compared to our peer cities. And so we can be very proud as a community about the care we provide to our population, including and especially the elderly.

How well does the St. Louis area’s safety net serve the needs of the poor, the uninsured and immigrants here?

We’ve come a long way. Ten years ago, we were nationally known as one of the worst in the country after the closure of our public hospital. We’ve pulled together and through an incredible amount of effort and incredible amount of collaboration across the community from providers to governmental leaders, to advocates, to the state, we’ve been able to stitch together a safety net that works reasonably well most days for most people. The tools that enable us to do that are changing, and the major tool that will

enable us to keep that progress going is Medicaid expansion. And that's why it's so important. I'm afraid if we don't expand Medicaid in the near future this answer will be much different 18 to 24 months from now.

In the city of St. Louis, how well do health systems and community clinics serve the needs of African-Americans?

We've made real progress over the last 10 years. (Post-Dispatch reporter Michele Munz) did a wonderful feature (recently) on the progress we've made reducing disparities in breast cancer deaths. We focus very hard on health disparities. We've made progress in reducing mortality for African-Americans in heart disease and stroke and diabetes over the last 10 years, partially by increasing access to care by over 120,000 visits for the uninsured and Medicaid population. We're very proud of this in our community. We still have a long way to go. There are still disparities that are important to acknowledge. We're not at complete equity yet, but we're closing the gap and we can be very proud of that as a community.

How well does the St. Louis area safety net serve the needs of the mentally ill?

The mentally ill population in particular has historically been a challenging one for us to serve. We estimate that of all the people who need services, we only reach about 20 to 25 percent of them in any one given year. This is not from a lack of providers not doing their jobs; it's a lack of resources for this population and a real lack of understanding of mental illness across the community, the stigma of mental illness and just the lack of funding streams for that.

Again, this is an area where Medicaid expansion would really make a difference because it would provide a brand new stream of funds ... for the mentally ill. We've attempted improvement efforts. We've made some progress in terms of integrating behavioral health services and the primary care health centers, opening this Psychiatric Stabilization Center on Delmar Avenue in the last couple of years. But we have a long way to go before we can be proud of how we serve the mentally ill.