ST. LOUIS POST-DISPATCH

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Exploring possibilities for progress and reform across the metropolitan area

PROVIDING AFFORDABLE HEALTH CARE FOR ALL ITS CITIZENS

A proposed regional commission could point the way toward

Piecing together the area's fragmented health care service

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Clara Echols (left), 85, of St. Louis undergoes an examination Wednesday by Dr. Douglas Miller at Community Health-In-Partnership Services, on North Grand Boulevard St. Louis. The clinic is in the Jeff-Vander-Lou neighborhood. About 60 percent of the clinic's patients lack health insurance and can't afford to pay for their care.

Providing Affordable Health Care for All Its Citizens

"Efforts to deal effectively have a decades-long history of false starts . . . and institutional infighting."

— James Kimmey, head of the Institute for Urban Health Policy, explaining the failure of past attempts to consolidate area health services

"The glue that holds this all together is desire. Everybody wants this thing fixed, the indigent have to be served."

— James Buford, president of the Urban League of Metropolitan St. Louis, discussing the idea of a health commission

Connect Care

The commission could address the lack of accountability intrinsic in a fragmented system by pointing out what ought to be, identifying false starts and failed programs and charting the area's progress or backward slide against health status indicators, supporters say.

Whether the commission functions as a civic conscience will depend in part on the independence of its funding source and in part on whether commission members are willing to point fingers at those not pulling their weight in the provision of charity care.

Kimmey expects the commission to use moral suasion rather than regulation to convince organizations to do things differently. Raising the specter of regulation now could stop all progress toward unification, he said.

The task force said that to get going the commission needs assurance of funding for five years and that money should not be drawn from sums now going to care for the needy.

By Kimmey's estimation, the commission could require an annual budget of $600,000 to $800,000 and a professional staff of seven. Start-up funding will be sought from public agencies and private grants.

Kimmey said St. Louis has lost out on planning grants in the past because reviewers were concerned about infighting and the community's inability to take effective, cohesive action to deal with its problems providing medical care to the uninsured and underinsured.

"Efforts to deal effectively have a decades-long history of false starts, ignored commitments and institutional infighting," Kimmey wrote in a planning analysis used by the task force. This has contributed to a "chronic crisis" in organizing and providing care to the medically indigent, he said.

> "There is a real disparity between health status, access and outcome among different people of St. Louis. One way to remedy that is to bring added funding to care for those who don't have adequate insurance."
>
> — Steven Lipstein, president and chief executive of BJC HealthCare

All involved believe the area could be making a more persuasive case for increased state, federal and private support by speaking with a common voice on indigent health.

The regional commission might contribute to this harmony of purpose by mediating disputes over territory or resources. Or, it could play a useful role by merely providing the public and public agencies reliable, neutral data on which to base their own conclusions.

ConnectCare's role

No issue better exemplifies just how difficult that role would be than the ongoing funding problems at ConnectCare and the fight over the health system's potential solution and future role.

The institutional equivalent of a brawl broke out earlier this year when ConnectCare began to line up allies to support its pending application to become a federally funded health clinic. Under the plan, ConnectCare would join a special class of community health clinics that receive pharmacy subsidies and significantly higher Medicare and Medicaid reimbursements for primary-care services.

ConnectCare officials are seeking this so-called "look-alike" designation and the reorganization it requires to help secure its near-term survival.

ConnectCare, the public-private system that replaced St. Louis Regional Medical Center, is the largest community health clinic system in St. Louis. But it does not fit the federally defined sense of the term. That is a status bestowed by the Bureau of Public Health Care, one reserved for clinics providing primary care in medically underserved areas.

ConnectCare does provide primary care at four city clinics in medically underserved areas, but it also provides outpatient specialty medical care, operates two dialysis centers and processes payment vouchers for patients it refers to hospitals for in-patient care.

St. Louis already has four federally funded community health centers operating 13 clinics. Members of that group maintain they can provide primary care cheaper and more efficiently than ConnectCare. The group, which comprises Grace Hill Neighborhood Health Center, Family Care Health Centers, St. Louis Comprehensive Health Center and People's Health Centers, opposes ConnectCare's plan and thinks ConnectCare should get out of the primary-care business altogether.

They say ConnectCare operates inefficient and redundant services in areas the other clinics already serve.

These federally funded primary-care providers already get pharmacy subsidies, higher reimbursement for Medicare and Medicaid patients and federal grants that can be used to fund care for the uninsured, hire doctors and nurses and offset other operating costs. Legislation introduced this month by Sen. Christopher "Kit" Bond, R-Mo., would allow community clinics to use federal grants to renovate aging facilities or build new ones.

The federally funded clinics say they can expand to absorb ConnectCare's patients and give them a stable, medical home. ConnectCare maintains that the poor health status of St. Louis points to a need for greater, not reduced health care access.

The medically uninsured

St. Louis:

- Number (monthly average): 50,193
- Annual cost of care: $93 million

St. Louis County:

- Number (monthly average): 122,950
- Annual cost of care: $255 million

Total:

- Number (monthly average): 173,143
- Annual cost of care: $348 million

Source: Lewin Group

BJC supports change

BJC HealthCare manages ConnectCare under a contract that would be severed if the look-alike application is approved. Nevertheless, BJC supports ConnectCare's federal application and reorganization.

Steven Lipstein, BJC's president and chief executive, said closing ConnectCare clinics would cause confusion and hardship for patients.

"Others may think you can move 80,000 people by telling them they have to do it, but I've never seen that work," Lipstein said.

"Patients have relationships with their doctors and the clinics they attend. It may not be a good thing to disrupt those relationships and tell people they have to change doctors. Some might go to the federally funded clinics, others might go to the emergency room and others may not go for medical services at all," Lipstein said.

The federally funded clinics point to a decline in the city's population as reinforcement for their contention that ConnectCare should close its primary-care clinic and free up money for other health care purposes. Others say it is the affluent and mobile fleeing the city, and the population of medically indigent may be rising as resources are diminishing.

An audit by Arthur Andersen commissioned by ConnectCare showed it cares for about 52,000 primary-care clients annually and has about 80,000 patients.

But this, too, is in dispute. The federally funded clinics point to an analysis by the Lewin Group consulting firm that puts the ConnectCare patient load at from 35,000 to 40,000 patients a year.

The federally funded clinics, which together treated 89,166 patients in 1999, claim they have the current capacity to take on 35,000 ConnectCare patients and could add another 6,000 in July 2002 when the Family Health Care Center of Carondelet opens a replacement clinic.

The change in status sought by ConnectCare would not give it access to the federal grants conferred on the federally designated community health centers and will not alone solve ConnectCare's funding problems.

ConnectCare would still need to rely on the city's continued pledge of $5 million a year and the state's continuation of between $13 million to $18 million annually. With the state's go-ahead, ConnectCare could save money by closing its small and poorly used hospital and by converting its emergency room to an urgent-care center.

The federal look-alike status would bring ConnectCare an estimated additional $1.6 million in Medicaid and Medicare funds and save it about $1 million on a $7 million annual prescription-drug bill.

Lipstein said that he supports the change in ConnectCare's status because it could bring more money to St. Louis for indigent health care than would otherwise be available.

"There is a real disparity between health status, access and outcome among different people of St. Louis," Lipstein said. "One way to remedy that is to bring added funding to care for those who don't have adequate insurance."

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