

Getting to 2014

Our view • Medicaid-sharing deal keeps area health care safety net intact.

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Somewhere over the horizon looms 2014, when the federal health care reform will be fully implemented and about 30 million Americans who now have little access to care — including thousands in this area — will be covered.

The question is how to get there from here.

Late last week, the federal government provided a road map by extending an existing agreement that allows up to \$25 million in Medicaid payments to hospitals to be diverted instead to clinics that serve the uninsured.

You might think that would be a hard sell for hospitals; after all, they're experiencing sharp growth in the number of uninsured patients they serve.

But St. Louis-area hospitals willingly have been sharing those payments with clinics for a decade. Without them, there simply wouldn't be a health care safety net to meet the region's needs.

To understand why last week's agreement was crucial, you have to go back to 1997 when the region's last public hospital closed.

St. Louis Regional Hospital, jointly funded by St. Louis and St. Louis County, had been faltering for years. It had a patient base made up mostly of uninsured patients and the poor.

Once, virtually every major city had at least one public hospital; St. Louis had two — Homer G. Phillips Hospital served blacks and St. Louis City Hospital served whites. But most public hospitals across the nation, including those two, have since closed, the victims of changing

health care economics and tight city budgets.

In 1997, St. Louis Regional's impending closing sparked public protests and some angry political confrontations. But at the time, most health experts said it wasn't the loss of Regional's 120 beds that would have hurt St. Louis most. It was the loss of its clinics and doctors.

Fortunately, that didn't happen. A coalition of St. Louis hospitals helped craft a plan that allowed Regional to go forward under the name ConnectCare.

A few years later, in 2001, the St. Louis Regional Health Commission was established. Its first responsibility was to protect the rapidly unraveling safety net.

For the first time, regional leaders and health care providers began meeting to coordinate care for the poor and uninsured outside of the region's hospitals. Those efforts were underwritten by area hospital systems, including BJC and SSM.

The hospitals receive payments from the federal government for treating uninsured patients. They made part of that money available to community health centers. They also provide access to specialty physicians.

Without the federal government's blessing, that funding arrangement was due to expire. Clinics around the region, struggling with growing demand, would have lost a quarter of their budgets.

St. Louis still has many unmet medical needs. But at least it still has a safety net. Thanks to last week's agreement, St. Louis will continue to have one for years to come.