# Building a Healthier Saint Louis:

## Recommendations for Improving Safety Net Primary and Specialty Care Services in St. Louis City and County

## STRATEGIC PLAN EXECUTIVE SUMMARY

## October 2003

## Background and Introduction

Based upon a Civic Progress recommendation, governmental leaders and committed community members joined with the leadership of the health care sector in St. Louis to form the St. Louis Regional Health Commission (RHC). In September of 2001, Missouri Governor Bob Holden, Mayor Francis Slay and County Executive Buzz Westfall, along with regional health care leaders and community members, officially announced its creation. The mission of the RHC is to develop long-term solutions that will accomplish the following:

- Improve access to health care for people who are uninsured and underinsured
- Reduce health disparities among populations in St. Louis City and County
- Improve health outcomes for the citizens of St. Louis City and County, especially for the uninsured and underinsured

## RHC Situational Analysis Report

As part of discussions with Federal and State governments and in response to the community-wide "Call to Action" meeting held in 2001, the RHC was immediately charged with a critical task: to prepare a strategic plan for the delivery of primary and specialty health care services for the uninsured and underinsured in St. Louis City and County by the end of 2003.

In March 2003, the RHC released a Situational Analysis, *Building a Healthier Saint Louis: A Report on the Integrity of Saint Louis' Health Care Safety Net* as a first step in this process. The report provides the community with a snapshot of where it stands in terms of health status, health disparities and the integrity of the health care safety net as it is currently organized and financed. It is also designed to serve as the RHC's foundation for making recommendations for improving the delivery of primary and specialty health care services in St. Louis City and County.

Key findings from the Situational Analysis include:

- **Limited Integration, Care Coordination and Collaboration –** Currently there is limited integration, care coordination and collaboration across safety net providers.

- **Under-Funded Safety Net System –** $460 million would be required to provide essential primary and specialty care services to the 307,000 uninsured and Medicaid patients in St. Louis City and County. By comparison, actual expenditures for these services are approximately $294 million per year, leaving a $166 million funding gap.

- **Disparities in Health Outcomes –** There are significant disparities in health outcomes between various geographic areas in our region.

- **Limited Specialty Care Availability –** Due to a shortage of specialists that serve safety net patients, there is a large unmet need for subspecialty doctor visits.

- **Barriers to Access –** While there is adequate primary care capacity to meet current demand, the uninsured and underinsured experience significant barriers to accessing these services.

## Development of Recommendations

In order to address the findings in the Situational Analysis, the RHC brought together individuals and organizations from across the region and State of Missouri to develop a strategic plan for improving the delivery of safety net primary and specialty care services by the end of 2003.

As part of the RHC's commitment to an open and collaborative decision-making process, the RHC held Town Hall meetings, met with community groups and held "listening posts" throughout St. Louis City and County. The purpose of these sessions was to gather input and feedback on the strategic plan. The community input and findings from feasibility studies have been incorporated into the Recommendations in this report.

## *Focus Areas*

The Recommendations focus on ten areas:

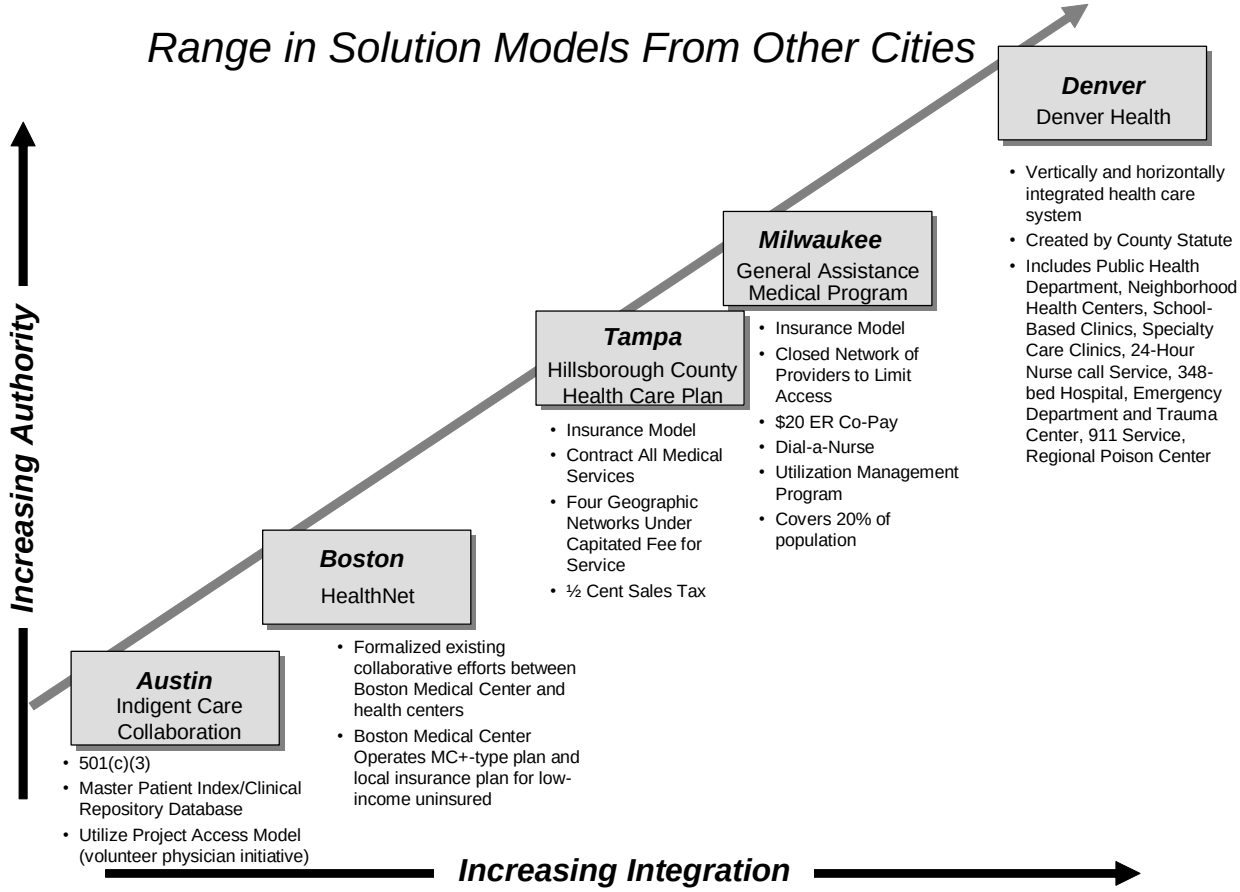
- Improving Integration and Care Coordination in the Health Care Safety Net
- Improving the Financing of the Safety Net System
- Improving Availability of Specialty Care Services
- Improving Safety Net Dental Services
- Improving Safety Net Mental Health Services
- Improving Safety Net Pharmacy Services
- Reducing Financial Barriers to Care
- Reducing Cultural and Informational Barriers to Care
- Reducing Cultural and Linguistic Barriers for New Americans
- Improving Health Measurement and Reporting

## *Research*

In order to develop the Recommendations, the RHC conducted research on safety net systems in communities around the country to identify potential solutions for St. Louis. The communities researched include Denver, Washington, D.C., Tampa, Milwaukee, Boston and Austin.

The safety net systems in other communities ranged from a loose collaboration of safety net providers in Austin to local insurance products for low-income families in Tampa, Milwaukee and Washington, D.C., to a vertically and horizontally integrated health care system in Denver that places all safety net providers and the public health department under one umbrella organization.

The chart below shows a continuum of solution models in other cities that the RHC considered. The systems increase in the level of authority and integration from left to right:



# Vision for the Health Care Safety Net

The RHC envisions a safety net primary and specialty care system that provides timely, accessible, high-quality health care for the uninsured and underinsured residents of St. Louis City and County. The St. Louis community will move toward a more integrated, collaborative safety net system that addresses the wide health disparities in our community. The safety net system will be financially sustainable long-term.

In order to achieve this vision, the RHC developed Recommendations to meet the following criteria:

**Criteria for Developing Recommendations**

- Enables cost efficiencies
- Maximizes funding into the St. Louis region
- Improves health status of safety net patients
- Assures timely delivery of medical services
- Improves access/reduces barriers to safety net services
- Creates a more user-friendly safety net system
- Encourages collaboration among safety net providers

# Recommendations

Based on the RHC's research, criteria and vision for the safety net, the Recommendations present solutions for improving the safety net system in ten focus areas:

1. Improving Integration and Care Coordination in the Health Care Safety Net
2. Improving the Financing of the Safety Net System
3. Improving Availability of Specialty Care Services
4. Improving Safety Net Dental Services
5. Improving Safety Net Mental Health Services
6. Improving Safety Net Pharmacy Services
7. Reducing Financial Barriers to Care
8. Reducing Cultural and Informational Barriers to Care
9. Reducing Cultural and Linguistic Barriers for New Americans
10. Improving Health Measurement and Reporting

Some Recommendations have been categorized as immediate, short-term or long-term:

- An immediate recommendation may be implemented within 3 to 6 months.
- A short-term recommendation will require one year or less to implement and often requires funding.
- A long-term recommendation is estimated to require 3 to 5 years for implementation.

A detailed discussion of the Recommendations can be found in the full report.

## *1. Improving Integration and Collaboration in the Health Care Safety Net*

| RHC FINDING<br>Complex Safety Net System Lacks Integration and Care Coordination | RECOMMENDATIONS<br>Improving Integration and Care Coordination in the Health Care Safety Net |
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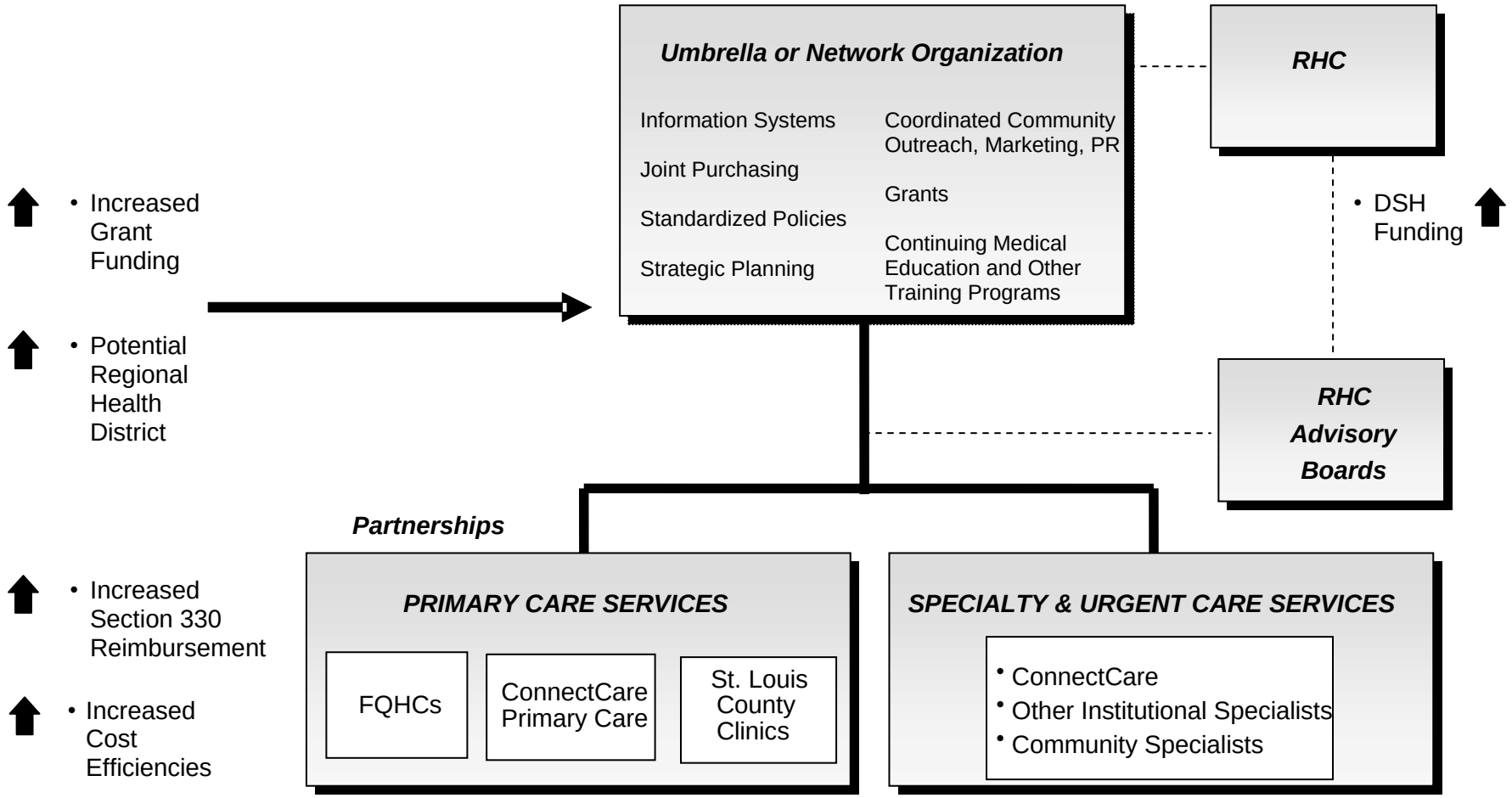
| There is limited integration, care coordination and collaboration among safety net providers.<br><br>• The safety net health care system, designed to help many of the people most in need of health care services, is complex and difficult to navigate.<br><br>• The lack of integration and care coordination limits continuity of care and contributes to health disparities in our community.<br><br>• Policies and procedures vary across the safety net system, causing barriers to access for patients.<br><br>• Hospital Emergency Departments in St. Louis City and County provide a large amount of non-emergency care to safety net patients, indicating that some patients are not accessing primary and specialty care services. | The RHC Recommendations for improving the integration and collaboration of safety net providers include the formation of an umbrella organization or network of the current safety net providers. *(Immediate. Section I: Integration and Financing, Rec. 1)*<br><br>The umbrella organization will be responsible for operational issues concerning the integration of the delivery of safety net primary and specialty care services, including:<br><br>• Standardizing patient entry into safety net system. *(Section II: Care Coordination Initial Recs. 1-2)*<br><br>• Integrating information systems across providers. *(II. 3-4)*<br><br>• Improving communication and collaborative decision-making among providers. *(II. 5-6)*<br><br>• Assuring continuity of care and ease of using safety net system. *(II. 7-9)*<br><br>• Improving information resources. *(II. 10-13)*<br><br>• Improving after hours care and urgent care. *(II. 14-19).*<br><br>The RHC will maintain responsibility for strategic direction and broad policies affecting the continuum of health services for St. Louis City and County, particularly as they relate to safety net health care. |

## Organizational Structure

The recommended organizational structure for St. Louis' primary and specialty care safety net is depicted below. As shown in the diagram, the umbrella or network organization will help integrate and better coordinate the delivery of primary and specialty care. The umbrella organization will also help increase cost efficiencies and improve the St. Louis community's leverage in applying for state, local and federal grants to help support the safety net system. *(Section I: Integration and Financing Initial Recommendations)*



## *2. Generating Revenue and Increasing Cost Efficiencies*

| RHC FINDING<br>Under-Funded Safety Net System | RECOMMENDATIONS<br>Improving the Financing of the Safety Net System |
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| The St. Louis City and County health care safety net is under-funded by at least $166 million. Barring intervention, this gap is likely to widen in the near future.<br><br>• $460 million would be required to provide essential primary and specialty care services to the 307,000 uninsured and Medicaid patients in St. Louis City and County. By comparison, actual expenditures for these services are approximately $294 million per year.<br><br>• Approximately 20% of current funding for primary and specialty care services has been designated as "transitional" by the Federal government and could be lost as early as February 2004.<br><br>• Fiscal pressures on Federal and State budgets could lead to cuts in safety net programs.<br><br>• 60% of safety net primary care visits currently do not qualify for Federal funds through Section 330 of the Public Health Services Act. | The RHC Recommendations for generating revenue and increasing cost efficiencies include:<br><br>• Increase Federal funding for safety net primary care visits by forming mutually beneficial partnerships between Federally Qualified Health Centers and non-Federally Qualified Health Centers (see diagram above). *Short-term. (Section I: Integration and Financing, Rec. 2)*<br><br>• Increase cost-efficiencies by forming a permanent regional body or "umbrella organization" of the current safety net providers to coordinate and integrate the delivery of primary and specialty safety net health services. *Short-term. (I. 1)*<br><br>• Create a regional health district to coordinate and enhance safety net funds flow. *Long-term. (I. 3)* |

## *3. Improving Access to Specialty Care*

| RHC FINDING<br>Limited Specialty Care Availability | RECOMMENDATIONS<br>Improving Availability of Specialty Care |
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| Due to a shortage of specialists that serve safety net patients, there is a large unmet need for subspecialty doctor visits.<br><br>• Appointment wait times for specialty care are excessive – three months or longer for some key specialty services.<br><br>• There is a projected need for up to an additional 246,000 specialty doctor visits per year.<br><br>• Safety net specialists have difficulty covering clinical practice overhead costs under Missouri's current Medicaid fee schedule.<br><br>• Physician concerns about professional liability are acute and malpractice insurance premiums are rising. | The RHC Recommendations for improving the availability of safety net specialty care services include:<br><br>• Improve safety net specialist recruitment and retention by offering more competitive compensation packages. *Short-term. (Section III: Specialty Care, Rec. 1)*<br><br>• Use volunteer specialty physicians as a temporary solution to increase availability of specialist appointment slots. *Short-term. (III. 2)*<br><br>• Indemnify contracted community specialists. *Short-term. (III. 3)*<br><br>• Establish a task force to streamline the process for specialty care referrals, communication and follow-up. *Short-term. (III. 4)*<br><br>• Increase Medicaid physician fee schedule. *Long-term. (III. 5)* |

## *4. Improving Safety Net Dental Services*

| RHC FINDING<br>Limited Access to Safety Net Dental Services | RECOMMENDATIONS<br>Improving Safety Net Dental Services |
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| There is limited access to safety net dental services, and limited coordination between physical and dental health providers.<br><br>• There is a shortage of dentists accepting safety net patients.<br><br>• Appointment wait times for patients needing routine and preventive dental care are two months or longer at most locations.<br><br>• Many uninsured and underinsured people do not receive preventive dental services.<br><br>• There is limited integration and coordination between primary care providers and dental providers. | The RHC Recommendations for improving safety net dental services include:<br><br>• Strengthen efforts to recruit and retain safety net dental health professionals, particularly minority dentists and dental hygienists. *(Section IV: Dental Services, Rec. 1)*<br><br>• Increase integration between primary care providers and dental health providers. *(IV. 3)*<br><br>• Explore the feasibility of expanding the use of mobile dental units to provide access to preventive services and education. *(IV. 4)*<br><br>• Implement a dental education program for medical providers. *(IV. 8)*<br><br>• Include oral health records in an integrated electronic medical record across safety net providers. *(IV. 9)*<br><br>• Advocate for the preservation of Medicaid dental coverage. *(IV. 12)* |

## *5. Improving Safety Net Mental Health Services*

| RHC FINDING<br>Limited Access to Safety Net<br>Mental Health Services | RECOMMENDATIONS<br>Improving Safety Net Mental Health Services |
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| There is limited access to safety net mental health services, and limited coordination between physical and mental health providers.<br><br>• Availability of mental health services is limited for both psychiatric and substance abuse services.<br><br>• Mental health services have been reduced due to budget cuts at the State and local levels.<br><br>• There is limited coordination and integration of the mental and physical health care systems. | The RHC Recommendations for improving safety net mental health services include:<br><br>• Partner mental health providers with network of primary and specialty care providers to coordinate and integrate services. *(Section V: Mental Health Services, Rec. 1)*<br><br>• Expand integration of mental health services into primary care sites. *(V. 2)*<br><br>• Improve the flow of information between outpatient and inpatient mental health service providers, and across the physical and mental health systems. *(V. 3)*<br><br>• Develop a program to improve recruitment and retention of safety net mental health providers, particularly for children. *(V. 14)*<br><br>• Develop collaborative proposals and grant applications among mental health providers and the network of primary and specialty care providers. *(V. 14)* |

## *6. Improving Safety Net Pharmacy Services*

| RHC FINDING<br>Limited Access to Affordable Medication and Comprehensive Patient Counseling | RECOMMENDATIONS<br>Improving Safety Net Pharmacy Services |
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| Access to affordable medication and comprehensive patient counseling is limited for safety net patients. In addition, there is limited pharmacy service coordination across the safety net.<br><br>• Comprehensive patient counseling regarding medication use leads to better clinical outcomes. Few safety net pharmacies currently provide comprehensive patient counseling.<br><br>• The rapidly increasing cost of medications makes them unaffordable for many safety net patients. Inability to fill needed prescriptions negatively impacts the health of patients and contributes to health disparities.<br><br>• There is no common formulary among safety net providers in St. Louis City and County. | The RHC Recommendations for improving safety net pharmacy services include:<br><br>• Make comprehensive patient counseling and medication monitoring services available at each safety net pharmacy site. *(Section VI: Pharmacy Services, Rec. 1)*<br><br>• Develop a common formulary across safety net providers. *(VI. 4)*<br><br>• Conduct a feasibility analysis on the development of a centralized medication filling service across safety net providers. *(VI. 3)*<br><br>• Conduct a feasibility analysis on the development of a standardized sliding scale co-payment system. *(VI. 7)*<br><br>• Develop an integrated database of consumers who qualify for reduced-fee prescription medication. *(VI. 9)*<br><br>• Include patient medication, allergy and drug interaction information in an integrated electronic medical record across safety net providers *(VI. 8)* |

## *7. Reducing Financial Barriers to Care*

| **RHC FINDING**<br>**Financial Barriers Limit Access to Health Care** | **RECOMMENDATIONS**<br>**Reducing Financial Barriers to Care** |
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| Patients encounter significant financial barriers to accessing safety net health care.<br><br>• Over 307,000 people in St. Louis City and County are uninsured or underinsured. People without insurance are more likely to receive too little medical care and receive it too late, die sooner, and receive poorer care (Institute of Medicine 2002).<br><br>• The cost of medical care and prescription medication poses a serious barrier to care for safety net patients.<br><br>• Medical debt can accumulate quickly for uninsured and underinsured patients, particularly for acute or catastrophic care. Medical debt deters patients from seeking health care.<br><br>• Nationally, one in five hospitals does not offer reduced rates to the uninsured, who are billed at higher rates than people who belong to large insurance plans that negotiate volume discounts.<br><br>• There is limited availability of financial counseling services among safety net providers in St. Louis City and County. | The RHC Recommendations for reducing financial barriers to care include:<br><br>• Develop a standardized uncompensated care policy across primary and specialty care safety net providers. *(Section VII: Reducing Financial Barriers, Rec. 1)*<br><br>• Conduct staff training on Medicaid eligibility and policies. *(VII. 2)*<br><br>• Develop a regional ombudsmen program to help safety net consumers access the system and assist with financial counseling. *(VII. 3)*<br><br>• Convene area hospital leadership with community representatives to develop effective solutions to medical debt, uncompensated care and billing within the boundaries of the law. *(VII. 5)*<br><br>• Develop a uniform “no turn-away due to inability to pay” policy across outpatient safety net providers. *(VII. 6)*<br><br>• Advocate for maintenance and expansion of Medicaid coverage. *(VII. 7)* |

## *8. Reducing Cultural and Informational Barriers to Care*

| RHC FINDING<br>Cultural and Informational Barriers Limit Access to Health Care | RECOMMENDATIONS<br>Reducing Cultural and Informational Barriers to Care |
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| The uninsured and underinsured experience significant cultural and informational barriers that limit their ability to access health care services.<br><br>• Some safety net patients feel they are treated with a lack of respect or cultural sensitivity. Some safety net patients encounter discrimination.<br><br>• There is sometimes a stigma associated with receiving health care at a safety net provider.<br><br>• Some patients have limited health literacy.<br><br>• There is a lack of information about safety net medical services. | The RHC Recommendations for reducing cultural and informational barriers to care include:<br><br>• Regularly assess, report and set goals for reducing cultural and racial barriers to safety net care. *Short-term. (Section VIII: Reducing Cultural and Informational Barriers, Rec. 1)*<br><br>• Institute service quality training programs and cultural sensitivity training programs for health care professionals. *Short-term. (VIII. 2-3)*<br><br>• Develop a marketing campaign to raise awareness about the safety net system and how to access care. *Short-term. (VIII. 4)*<br><br>• Develop a health literacy program and campaign. *Short-term. (VIII. 5)*<br><br>• Develop a minority health professional recruitment and retention program. *Short-term. (VIII. 6)* |

## *9. Reducing Cultural and Linguistic Barriers for New Americans*

| **RHC FINDING**<br>**Cultural and Linguistic Barriers Limit Access to Health Care for New Americans** | **RECOMMENDATIONS**<br>**Reducing Cultural and Linguistic Barriers to Care for New Americans** |
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| Cultural and linguistic barriers limit access to care for refugees and immigrants, a growing population in St. Louis.<br><br>• The immigrant and refugee population in St. Louis City and County has grown rapidly over the past two decades, and now makes up approximately five percent of the total population.<br><br>• Thirteen of 33 safety net sites in St. Louis City and County report that over ten percent of their patients do not have English as their primary language.<br><br>• Cultural and linguistic barriers for new Americans include:<br>- Language barriers<br>- Difficulty obtaining information on where to go for care<br>- Limited cultural competency of providers<br>- Cultural differences in approach to medical care<br>- Fear of deportment or detainment | The RHC Recommendations for reducing cultural and linguistic barriers to care for new Americans include:<br><br>• Improve implementation of Culturally and Linguistically Appropriate Service (CLAS) Standards across safety net providers. *(Section IX: Reducing Barriers for New Americans, Recs. 1-3).*<br><br>• Standardize and expand training programs for medical interpreters. *(IX. 5)*<br><br>• Develop a training program to assist medical professionals from other countries in entering a medical profession in the St. Louis area. *(IX. 8).*<br><br>• Improve recruitment and retention of racial and ethnic minority health professionals. *(IX. 11)*<br><br>• Develop and distribute a list of bilingual medical professionals and safety net clinics. *(IX. 9)* |

## *10. Improving Health Measurement and Reporting*

| RHC FINDING<br>Limited Measurement and Reporting | RECOMMENDATIONS<br>Improving Measurement and Reporting |
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| St. Louis City and County have the opportunity to improve health status measurement and reporting to the community.<br><br>• Currently, there is no ongoing comprehensive source of data and analysis reported to St. Louis City and County.<br><br>• Measurement and reporting should be linked to an ongoing change process. | The RHC Recommendations for improving health status measurement and reporting include:<br><br>• Link health status measurement and reporting to an ongoing health improvement process. *Short-term. (Section X: Measurement and Reporting, Rec. 1)*<br><br>• Release an annual health report card for St. Louis City and County for select health status and access indicators. *Short-term. (X. 2)*<br><br>• Beginning in 2006, release a comprehensive report every three years assessing progress in improving health outcomes, reducing health disparities and improving access to health care. *Long-term. (X. 3)* |

## Conclusion and Next Steps

Over the coming year, the RHC will:

**Continue to gather community input:** The RHC will continue to meet with community groups and hold "listening posts" throughout St. Louis City and County to gather input and feedback on the health care system of the region.

**Conduct feasibility analyses:** The RHC will continue to conduct feasibility analyses and detailed design work. The community input and findings from the feasibility analyses will be incorporated on an ongoing basis into the implementation work of the RHC.

**Conduct implementation activities in coordination with community partners:** The RHC will work with the St. Louis Integrated Health Network (umbrella organization recommended in this report) and partners throughout St. Louis City and County to implement the Recommendations in this strategic plan.

**Release analyses and recommendations for Community Health and Public Health:** While the medical delivery system is an important factor affecting the health of our community, other factors such as lifestyle and behavior may have an even greater impact on health. In 2004, the RHC will continue its work to reduce health disparities by examining and making recommendations to improve prevention, education, early detection and public health services in St. Louis City and County.

## Contact Us

The RHC invites your input. Please e-mail us at info@stlrhc.org or contact us by phone at 314-534-9270. For further information or to download this report or our 2003 Situational Analysis Report, *Building a Healthier St. Louis*, visit our web site at www.stlrhc.org.