PROGRESS TOWARD BUILDING A HEALTHIER ST. LOUIS

2009 Access to Care Report

An Update to the 2003 RHC Report “Building a Healthier St. Louis”
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Welcome to the 2009 Access to Care Report

We are pleased to present our 2009 Access to Care annual report. This report is a companion to the RHC’s 2003 “Building a Healthier St. Louis,” which is available at www.stlrhc.org. Since the release of that report in 2003, much has been accomplished to improve our health care safety net in St. Louis, which is documented in the pages of this report. Access to health care services provided by the “health care safety net” continues to improve, reaching a historic high in 2008. These changes have included:

• Over 110,000 additional primary care visits at community health centers, a 21% increase over 2001
• Over 17,000 additional specialty care visits for the uninsured and Medicaid population at safety net providers, an 11% increase since 2001
• A new spirit of collaboration and integration, which has enabled joint projects that have:
  – lowered and maintained wait times for specialty care services at St. Louis ConnectCare by 85%,
  – developed collaborative initiatives to increase primary care home usage for thousands of citizens to date
  – allowed for the sharing of clinical information between emergency departments and community health centers for uninsured and Medicaid recipients
  – creation of new partnerships between community health centers and community mental health providers in the region
Welcome to the 2009 Access to Care Report

We have much good news to report and much to celebrate together. However, the next few years present our region with many challenges still to overcome. Approximately $23 million annually, or 20% of all funding supporting community health centers in the St. Louis region through the RHC, continues to be uncertain long-term. In addition, at the time of the release of this report, many changes to the health care system have been proposed by Congress as part of a sweeping health care reform effort at the Federal level. The impact of these changes to our safety net providers remains unknown.

The story of health care in St. Louis over the past decade has been one of collaboration, significant improvement, and overcoming great challenges to improve access to care. We are confident that, by working together, we will build upon our recent successes, meet the future challenges that we face, and continue to Build a Healthier St. Louis.

Peter Sortino  
Chairman

Robert Fruend, Jr.  
Chief Executive Officer
Purpose of this Report

• To document the current status of access to care for the medically underserved in our community

• To highlight trends in safety net health care services that have occurred in the St. Louis region

• To serve as a point of reference for the RHC to develop future recommendations concerning the organization and the financing of health care services in the region

• To guide providers, funders, and government leaders as key allocation decisions are made regarding investment in safety net health care in the St. Louis region

• To provide annual updates to the RHC’s “Building a Healthier St. Louis” assessment, which can be found online at www.stlrhc.org
KEY FINDINGS
Access to health care services provided by the St. Louis health care safety net continues to improve, reaching a historic high in 2008.

- Primary care volumes have increased by over 110,000 additional encounters (+21%) since 2001.
  - Between 2007 and 2008 alone, primary care encounters increased by 33,000 additional encounters (+5.5%).
  - Over 86% of primary care encounters occurring within the safety net serve low-income uninsured and Medicaid patients.

- Specialty care encounters serving uninsured and Medicaid patients have increased by over 17,000 encounters (+11%) since 2001.
  - Uninsured adult specialty care visits at St. Louis ConnectCare, the area’s only community health center dedicated to specialty care, have increased by over 5,000 encounters (+11%) since 2001.
  - During the same timeframe, ConnectCare’s market share of adult specialty care provided to the uninsured has grown from 16% to 31% of the total amount of specialty care provided to the uninsured throughout the region.

- Urgent care visits at St. Louis ConnectCare have increased by over 3,500 encounters (+30%) between 2001 and 2008.
  - Between 2007 and 2008 alone, urgent care encounters increased by 1,300 encounters (+9%).
  - In 2008, over 61% of ConnectCare’s urgent care patients were uninsured.
Key Findings

**Safety net providers continue to collaborate to improve access and quality.**

- The electronic sharing of clinical information begins to “go live” in 2010 for uninsured and Medicaid patients among all major community health centers and emergency departments (EDs) in areas of highest need in St. Louis – enabling physicians to better coordinate care and connecting patients with a medical home.

- St. Louis Integrated Health Network’s (IHN) regional primary care home initiative between EDs and health centers continues to develop – over 12,000 people served to date by referral coordinators in area EDs.

- New collaborations are emerging between community health centers and community mental health centers in the St. Louis region.

- Implementation efforts to transform the Eastern Region behavioral health system are underway.

- Specialty care services for the uninsured have been significantly enhanced.
Key Findings

Future growth and long-term sustainability of these recent improvements remains unclear.

- Approximately $23 million annually, or 20% of all funding supporting community health centers in the St. Louis region through the RHC, continues to be uncertain long-term.
  - Approximately $13.8 million of these funds annually supports St. Louis ConnectCare.

- The impact of potential federal health care reform on St. Louis safety net providers remains unknown.

- Regional safety net providers may be reaching their maximum capacity without additional ongoing funding sources, as indicated by:
  - An increase in wait times for primary care. Patients are finding fewer primary care appointments available within 14 days of patient request in 2009 than in 2002 or 2008.
  - Increasing ED visits by uninsured and Medicaid patients. Uninsured and Medicaid ED visits increased by 14,000 ED visits (+5%) between 2007 and 2008 – a continuation of the 6% increase in similar visits between 2006 and 2007.
  - Increasing Left Without Being Seen (LWBS) rates among area EDs. LWBS rates increased by 4.3% between 2007 and 2008.
PROGRESS TO DATE ON RECENT INITIATIVES TO IMPROVE ACCESS TO CARE
Since 2001, progress has been made to improve the safety net system and increase access to care, including:

- Preservation of approximately $24 million annually to avert fiscal collapse of regional health care safety net - over 75,000 additional non-emergent emergency department visits prevented in urban core each year
- Over 100,000 additional outpatient encounters made annually at regional outpatient safety net providers despite reduced Federal and State funding
- Lowered appointment wait times for the uninsured by 85% for most specialty care services at St. Louis ConnectCare
- Over 12,000 patients served to date by referral coordinators in area emergency departments

*Additional information can be found in “Progress Toward Building a Healthier St. Louis, 2007” at www.stlrhc.org*
Since 2001, progress has been made to improve the safety net system and to increase access to care, including:

• Greater collaboration among safety net providers through the formation of the St. Louis Integrated Health Network (IHN)
• The successful merger of four primary care sites formerly managed by St. Louis ConnectCare with two Federally Qualified Health Centers (FQHCs)
• Investment of over $20 million in improved physical plant infrastructure at regional community health centers
• The creation of a partnership between hospitals in the urban core and community health centers to connect low-income citizens with primary care homes
• Integration of behavioral health providers through the Eastern Region Behavioral Health Initiative with new collaborations between community health centers and community mental health centers emerging
• Improvements in referral processes between St. Louis ConnectCare and primary care safety net providers
• Establishment through the IHN of a regional health coaches program to assist low-income patients with system navigation and health literacy needs

Additional information can be found in “Progress Toward Building a Healthier St. Louis, 2007” at www.stlrhc.org
In 2005, ConnectCare transferred primary care operations to two area FQHCs: Grace Hill Neighborhood Health Centers and Myrtle Hilliard Davis Comprehensive Health Centers. These “affiliations” have improved care for the underserved in the St. Louis region by:

- Improving the efficiency of operations by allowing consolidation of four geographically proximate primary care sites into two sites – the resultant savings were invested in preserving direct care for the uninsured
- Increasing federal funding to the St. Louis region by allowing ConnectCare’s former primary care sites to qualify for FQHC designation:
  - Cost-based reimbursement for Medicaid patients
  - Professional liability insurance coverage under federal tort system
  - 340B drug pricing
  - Other HRSA granting opportunities
- Facilitating $7.1 million in donations by area foundations, hospitals, and the City of St. Louis to update the existing physical plant of the four transferred SLCC health centers.
Affiliation Project Increased Access to Specialty and Urgent Care Services

The transfer of primary care clinics allowed St. Louis ConnectCare to increase specialty and urgent care services for the medically underserved. Services at ConnectCare have been strengthened by:

- The addition of specialty services in rheumatology, nephrology, and endocrinology
- A new, state-of-the-art GI endoscopy facility
- Significant physical plant upgrades to ConnectCare’s urgent care center, specialty care clinics, and pharmacy
- Streamlined referral processes, making it easier for patients and referring physicians to navigate the system
- A significant reduction in appointment wait times from several months to under three weeks for most specialties

In 2008, ConnectCare was the largest provider of specialty care to the uninsured in St. Louis City and County and provided 31% of all specialty care delivered to the uninsured in the St. Louis region.

ConnectCare operates the only adult and pediatric urgent care center dedicated to serving anyone regardless of their ability to pay within St. Louis City and County. In 2008, ConnectCare provided over 15,000 urgent care visits, and over 61% of the patients served in ConnectCare’s urgent care center were uninsured.

For more information about ConnectCare’s specialty care and urgent care volumes, see pages 35-42 and 55 of this report.
Future Sustainability of these Recent Improvements Remains Uncertain

- Funding sources that support health care services to the uninsured at community health centers in the St. Louis region continue to be unstable long-term
  - Recent Federal changes may impact funds in the “St. Louis safety net funding pool”, which provide approximately $23-25 million annually to support outpatient health care for the uninsured in St. Louis
  - Approximately $13.8 million of these funds are provided to St. Louis ConnectCare, the largest provider of specialty care services for the uninsured in St. Louis

- Some changes proposed but not yet passed by current Congressional health care reform efforts may additionally reduce payments to the St. Louis region’s safety net providers as cost control measures are introduced – the impact on health care service for the uninsured is unclear at the current time
COMPOSITION OF THE SAFETY NET IN ST. LOUIS
Current Safety Net Health Care Delivery System, 2009

**The Safety Net System – St. Louis City and St. Louis County, 2009**

- **Area Emergency Departments**
- **Patient’s Entry into the System of Care**
  - For episodic primary care needs

**St. Louis Integrated Health Network Members**

- **Primary Care**
  - ConnectCare’s 4 Primary Care sites transferred to 2 of the FQHCs in 2005

- **Specialty Care**
  - ConnectCare also provides payment for specialty care for uninsured patients

- **Inpatient Care**
  - Uninsured inpatient care is paid for by the ConnectCare payment system

**Hospital Based Clinics**
- **Free Standing Clinics**
- **Community Primary Care Physicians**

**ConnectCare Specialty & Urgent Care**
- **Medical School Faculty Group Practices**

**County Clinics**
- **4 Separate FQHCs**

**Hospital Based Clinics**
- **Free Standing Clinics**
- **Community Primary Care Physicians**

**St. Louis Integrated Health Network Members**
- **BJC**
- **SSM**
- **SLU**
- **St. John’s**
- **St. Anthony’s**
- **St. Luke’s**
- **Forest Park St. Alexius**

**Collaborative partners of Regional Primary Care Home Initiative/NMPI**

Some independent agreements exist between primary care providers and medical schools, hospitals or private physicians to provide inpatient or outpatient specialty care through direct referral.
St. Louis City and County Community Health Centers

Family Care Health Centers
1- Carondelet Health Center
2- Forest Park Southeast Health Center

Grace Hill Neighborhood Health Centers
3- Soulard-Benton Health Center
4- Water Tower Health Center
5- Murphy O’Fallon Health Center
6- Grace Hill South Health Center
7- Grace Hill at St. Patrick Health Service

Myrtle Hilliard Davis Comprehensive Health Centers
8- Comp 1 Health Center
9- Homer G. Phillips Health Center
10- Florence Hill Health Center

People’s Health Centers
11- Central Site
12- West Site
13- North Site

St. Louis County Health Centers
14- John C. Murphy Health Center
15- North Central Community Health Center
16- South County Health Center

17- Health and Dental Care for Kids
18- La Clinica Health Center (closed 4.30.09)
19- Community Health-in-Partnership Services
20- St. Louis ConnectCare
The Total “Safety Net” Population (Uninsured and Medicaid) Slightly Increased between 2002 – 2008 Despite a Decline in Population...

### St. Louis City and County Safety Net Population, 2002 - 2008

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2008</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Safety Net Population (Uninsured and Medicaid)</td>
<td>307,000</td>
<td>314,000</td>
<td>+7,000 (+2.3%)</td>
</tr>
<tr>
<td>Total St. Louis City and County Population</td>
<td>1,363,474</td>
<td>1,346,191</td>
<td>-17,283 (-1.3%)</td>
</tr>
<tr>
<td>Safety Net Population / City and County Population</td>
<td>22.5%</td>
<td>23.3%</td>
<td>+3.5%</td>
</tr>
</tbody>
</table>

*Medicaid data as of December 2008 provided by MO HealthNet.*

*The number of uninsured in 2008 was estimated based upon statewide data from the 2002 and 2008 Current Population surveys and the RHC’s 2002 estimate of the St. Louis uninsured population. The number of uninsured in 2002 was estimated based upon the 2002 Current Population survey and other U.S. Census Bureau data; see 2003 report for methodology.*
However, the Uninsured Population Significantly Increased while the Number of Medicaid Recipients Significantly Declined between 2002 - 2008

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2008</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured</td>
<td>129,000</td>
<td>155,000</td>
<td>+26,000</td>
</tr>
<tr>
<td>Medicaid</td>
<td>178,000</td>
<td>159,000</td>
<td>-19,000</td>
</tr>
</tbody>
</table>

Medicaid data as of December 2008 provided by MO HealthNet.

* The number of uninsured in 2008 was estimated based upon statewide data from the 2002 and 2008 Current Population surveys and the RHC’s 2002 estimate of the St. Louis uninsured population. The number of uninsured in 2002 was estimated based upon the 2002 Current Population survey and other U.S. Census Bureau data; see 2003 report for methodology.
MO HealthNet Eligibility Levels are Among Lowest in U.S.

MO HealthNet (Medicaid) Eligibility Requirements by Federal Poverty Level (FPL), 2008:

- Non-working parents: 20% FPL ($3,504 annually)
- Working parents: 26% FPL ($4,584 annually)
- Pregnant Women*: 185% FPL ($31,765 annually)
- Infants*: 185% FPL ($31,765 annually)
- Children 1-19: 150% FPL ($25,755 annually)

* The income limits listed are net income limits. $90 is deducted from each parent’s earned income before it is compared to the net income limit.

Source: Missouri Department of Social Services, Family Support Division and Kaiser Family Foundation, State Health Facts
PRIMARY CARE ANALYSIS
Safety Net Primary Care Providers Continue to Increase Encounters in 2008

Total primary care safety net encounters have increased 21% (+110,912 encounters) between 2001 and 2008.

Between 2007 and 2008 alone, primary care safety net encounters in total increased by 33,301 encounters (5%). During the same time frame, services to uninsured and Medicaid patients increased by 34,342 encounters (7%).

Primary care encounters include adult, pediatric, and obstetrical medical encounters and dental encounters.
Primary Care Safety Net Providers Continue to Absorb Additional Uninsured and Medicaid Volumes

<table>
<thead>
<tr>
<th>Total Visits</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
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</thead>
<tbody>
<tr>
<td>Private Insurance</td>
<td>27,785</td>
<td>34,355</td>
<td>40,078</td>
</tr>
<tr>
<td>Medicare</td>
<td>60,678</td>
<td>55,143</td>
<td>48,379</td>
</tr>
<tr>
<td>Medicaid</td>
<td>265,047</td>
<td>274,330</td>
<td>289,548</td>
</tr>
<tr>
<td>Uninsured</td>
<td>236,555</td>
<td>243,872</td>
<td>262,996</td>
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</table>

Increase Over Prior Year in Uninsured and Medicaid Visits

<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>% Change</td>
<td>+3%</td>
<td>+6%</td>
</tr>
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</table>
Uninsured and Medicaid Patients Comprise 86% of Total Volume at Primary Care Safety Net Sites

Safety Net Primary Care Encounters by Payor, 2008

- Uninsured: 41.0%
- Medicaid: 45.2%
- Medicare: 7.5%
- Private Insurance: 6.3%
Increase in Primary Care Encounters between 2007 and 2008 is Concentrated in Pediatrics, Obstetrics, and Dental Care


Uninsured and Medicaid Visits by Care Setting Remain Constant

Classifying uninsured and Medicaid primary care visits and non-emergent ED visits by care setting reveals that in aggregate, safety net patients sought care at the same care settings between 2007 and 2008.

Uninsured and Medicaid Visits, 2007
- Community Health Centers: 14.0%
- Hospital-Based Clinics: 14.2%
- Non-Emergent ED Visits: 71.8%

Uninsured and Medicaid Visits, 2008
- Community Health Centers: 13.9%
- Hospital-Based Clinics: 14.1%
- Non-Emergent ED Visits: 72.0%
Appointment Availability within 14 Days is Reduced

Sites Offering Appointments within 14 Days; 2002, 2008, and 2009

New Patient Appointment Availability  
Return Patient Appointment Availability

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>29</td>
<td>25</td>
<td>22</td>
<td>26</td>
<td>21</td>
<td>21</td>
<td>27</td>
<td>18</td>
<td>16</td>
<td>22</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Sites</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>26</td>
<td>25</td>
<td>25</td>
<td>27</td>
<td>18</td>
<td>16</td>
<td>22</td>
<td>16</td>
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<tr>
<td>Offering</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Appt.</td>
<td>11</td>
<td>13</td>
<td>15</td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

#Total Number of Sites Offering Service

Sites Offering Appt. within 14 Days

28
Utilization of Existing Primary Care Physical Plant Capacity Increases

Physical Plant Capacity at Primary Care Sites; 2001, 2007, and 2008

<table>
<thead>
<tr>
<th>Primary Care Exam Rooms</th>
<th>Dental Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>477</td>
<td>424</td>
</tr>
</tbody>
</table>

Patient Visits per Exam Room per Day; 2001, 2007, and 2008

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2</td>
<td>5.3</td>
<td>5.4</td>
<td></td>
</tr>
</tbody>
</table>

4.2 = 479,251 primary care ambulatory encounters (excluding dental) / 444 patient exam rooms / 240 days
5.3 = 537,944 primary care ambulatory encounters (excluding dental) / 424 patient exam rooms / 240 days
5.4 = 555,177 primary care ambulatory encounters (excluding dental) / 426 patient exam rooms / 240 days

A typical physician’s office would see at least 8 patients per exam room per day, as reported in the 2003 report “Building a Healthier St. Louis.”
Evening and Weekend Hours of Operation Continue to Be Available

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>2008</strong></td>
<td><strong>2009</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Monday</strong></td>
<td><strong>Tuesday</strong></td>
</tr>
<tr>
<td></td>
<td><strong>3 sites</strong></td>
<td><strong>7 sites</strong></td>
</tr>
<tr>
<td></td>
<td>(1 until 7 PM, 1 until 8:30 PM, 1 until 9 PM)</td>
<td>(1 until 6 PM, 1 until 7 PM, 3 until 8 PM, 1 until 8:30 PM, 1 until 9 PM)</td>
</tr>
<tr>
<td></td>
<td><strong>Wednesday</strong></td>
<td><strong>Thursday</strong></td>
</tr>
<tr>
<td></td>
<td><strong>7 sites</strong></td>
<td><strong>6 sites</strong></td>
</tr>
<tr>
<td></td>
<td>(1 until 6 PM, 1 until 7 PM, 1 until 8 PM, 1 until 8:30 PM, 1 until 9 PM)</td>
<td>(1 until 6 PM, 2 until 8 PM, 2 until 8:30 PM, 1 until 9 PM)</td>
</tr>
<tr>
<td></td>
<td><strong>Friday</strong></td>
<td><strong>Friday</strong></td>
</tr>
<tr>
<td></td>
<td><strong>1 site</strong></td>
<td><strong>1 site</strong></td>
</tr>
<tr>
<td></td>
<td>(1 until 9 PM)</td>
<td>(1 until 9 PM)</td>
</tr>
<tr>
<td></td>
<td><strong>Saturday</strong></td>
<td><strong>Saturday</strong></td>
</tr>
<tr>
<td></td>
<td><strong>5 sites</strong></td>
<td><strong>5 sites</strong></td>
</tr>
<tr>
<td></td>
<td>(2 full-day, 3 half-day)</td>
<td>(2 full-day, 3 half-day)</td>
</tr>
<tr>
<td></td>
<td><strong>Sunday</strong></td>
<td><strong>Sunday</strong></td>
</tr>
<tr>
<td></td>
<td><strong>1 site</strong></td>
<td><strong>1 site</strong></td>
</tr>
<tr>
<td></td>
<td>(1 half-day)</td>
<td>(1 half-day)</td>
</tr>
</tbody>
</table>
Five Community Health Centers Provide over 90% of the Primary Care Delivered to the Uninsured in the Region

* Denotes the 5 Community Health Centers providing over 90% of care to the uninsured.

Volumes from Community Health in Partnership Services (CHIPS), a stand alone clinic in North St. Louis City, are not listed as CHIPS has been unable to provide data to the RHC since 2001. In 2001, CHIPS reported 3,000 primary care encounters. In addition, La Clinica ceased operations on 4.30.09.
Primary Care Encounters Consistently Increase at Three Community Health Centers

*Denotes the three community health centers showing consistent increases in primary care volumes.

All others include La Clinica (7,064 encounters in 2008), St. Luke’s Pediatric Clinic (5,879 encounters in 2008), and CHIPS (estimated appx. 3,000 encounters).
Uninsured Primary Care Encounters Increase Significantly at Four Community Health Centers between 2001 and 2008

* Denotes the four community health centers showing significant increases in uninsured encounters.
† Since 2001, St. John’s Mercy has closed two primary care sites, Forest Park Hospital closed two primary care sites, and ConnectCare transferred four primary care sites to existing providers.
## Primary Care Data Summaries – Encounters

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2007</th>
<th>2008</th>
<th>01 to 08</th>
<th>07 to 08</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>530,089</td>
<td>607,700</td>
<td>641,001</td>
<td>+110,912</td>
<td>+33,301</td>
</tr>
<tr>
<td><strong>Uninsured &amp; Medicaid</strong></td>
<td>437,435</td>
<td>518,202</td>
<td>552,544</td>
<td>+115,109</td>
<td>+34,342</td>
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<tr>
<td><strong>Uninsured</strong></td>
<td>183,873</td>
<td>243,872</td>
<td>262,996</td>
<td>+79,123</td>
<td>+19,124</td>
</tr>
<tr>
<td><strong>Medicaid</strong></td>
<td>253,562</td>
<td>274,330</td>
<td>289,548</td>
<td>+35,986</td>
<td>+15,218</td>
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<tr>
<td><strong>Medicare</strong></td>
<td>62,982</td>
<td>55,143</td>
<td>48,379</td>
<td>-14,603</td>
<td>-6,764</td>
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<tr>
<td><strong>Private Insurance</strong></td>
<td>29,672</td>
<td>34,355</td>
<td>40,078</td>
<td>+10,406</td>
<td>+5,723</td>
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<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2007</th>
<th>2008</th>
<th>01 to 08</th>
<th>07 to 08</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>530,089</td>
<td>607,700</td>
<td>641,001</td>
<td>+110,912</td>
<td>+33,301</td>
</tr>
<tr>
<td><strong>Adult</strong></td>
<td>272,477</td>
<td>335,210</td>
<td>329,597</td>
<td>+57,120</td>
<td>-5,613</td>
</tr>
<tr>
<td><strong>Pediatric</strong></td>
<td>132,309</td>
<td>131,137</td>
<td>140,399</td>
<td>+8,090</td>
<td>+9,262</td>
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<tr>
<td><strong>Obstetrical</strong></td>
<td>74,465</td>
<td>71,597</td>
<td>85,181</td>
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</tr>
<tr>
<td><strong>Dental</strong></td>
<td>50,838</td>
<td>69,756</td>
<td>85,824</td>
<td>+35,286</td>
<td>+16,068</td>
</tr>
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</table>
SPECIALTY CARE ANALYSIS
Safety Net Specialty Care Encounters Continue to Rise


Total:
- 2001: 161,394
- 2007: 176,758
- 2008: 179,054
Two Institutions Provide Over 60% of Specialty Care Delivered to the Uninsured in the Region

Uninsured Specialty Care Encounters, 2008

* Denotes the 2 institutions providing over 60% of care to the uninsured.
ConnectCare is the Only Specialty Care Provider with Over 50% of Services Delivered to Uninsured Patients

Specialty Care Safety Net Encounters, 2008

- WU - Adult
- SLU Care
- ConnectCare*
- Barnes-Jewish
- St. John's
- WU - Pediatric
- Cardinal Glennon

ConnectCare is the Only Specialty Care Provider with Over 50% of Services Delivered to Uninsured Patients.
Medicaid and Uninsured Specialty Care Trends Vary by Provider

Medicaid and Uninsured Specialty Care Encounters; 2006, 2007, and 2008

- WU - Adult
- SLU Care
- ConnectCare
- Barnes-Jewish
- St. John's
- WU - Pediatric
- Cardinal Glennon

Pediatric-Only Providers

- 2006
- 2007
- 2008
Uninsured Specialty Care Trends Vary between Providers

Pediatric-Only Providers

<table>
<thead>
<tr>
<th>Provider</th>
<th>2001</th>
<th>2008</th>
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<tr>
<td>ConnectCare</td>
<td>6000</td>
<td>7000</td>
</tr>
<tr>
<td>WU - Adult</td>
<td>22000</td>
<td>20000</td>
</tr>
<tr>
<td>SLU Care</td>
<td>5000</td>
<td>6000</td>
</tr>
<tr>
<td>Barnes-Jewish</td>
<td>3000</td>
<td>4000</td>
</tr>
<tr>
<td>St. John's</td>
<td>2000</td>
<td>2500</td>
</tr>
<tr>
<td>WU - Pediatric</td>
<td>1000</td>
<td>1200</td>
</tr>
<tr>
<td>Cardinal Glennon</td>
<td>500</td>
<td>600</td>
</tr>
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</table>
Wait Times at St. Louis ConnectCare Remain Significantly Reduced from 2001

Next Available Appointment in Weeks for New, Non-Urgent Patients at St. Louis ConnectCare
## Specialty Care Data Summaries – Encounters (Region Wide)

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2007</th>
<th>2008</th>
<th>01 to 08</th>
<th>07 to 08</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
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<td>895,285</td>
<td>954,867</td>
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<td>+59,572</td>
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<tr>
<td>Uninsured &amp; Medicaid</td>
<td>161,394</td>
<td>176,758</td>
<td>179,054</td>
<td>+17,660</td>
<td>+2,296</td>
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<tr>
<td>Uninsured</td>
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<td>-1,723</td>
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<td>Medicaid</td>
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<td>132,352</td>
<td>136,371</td>
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</tr>
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<td>Medicare</td>
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<td>255,060</td>
<td>270,324</td>
<td>+115,663</td>
<td>+15,264</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>302,084</td>
<td>463,467</td>
<td>505,489</td>
<td>+203,405</td>
<td>+42,022</td>
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</table>
EMERGENCY CARE ANALYSIS
The Total Number of Uninsured and Medicaid ED Visits Increased by 5% between 2007 and 2008

Increase Over Prior Year – Uninsured and Medicaid Visits Only

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Incremental Uninsured and Medicaid ED Visits</td>
<td>+13,750</td>
<td>+14,057</td>
</tr>
<tr>
<td>% Change</td>
<td>+6%</td>
<td>+5%</td>
</tr>
</tbody>
</table>
The Percentage of Uninsured and Medicaid Visits Seen in Each Area ED Varies Greatly

* Denotes the 6 EDs providing over 50% of their annual visits to uninsured and Medicaid patients.
Six Emergency Departments Provide Over 20,000 Uninsured and Medicaid Visits Each Year

Uninsured and Medicaid ED Visits, 2008

- Medicaid
- Uninsured
Three Emergency Departments Provide Over 10,000 Uninsured Visits Each Year

Uninsured ED Visits, 2008

- Barnes-Jewish*
- Christian*
- SLUH*
- DePaul
- St. John's
- St. Anthony's
- St. Alexius
- St. Mary's
- Forest Park
- MO Baptist
- Children's
- St. Luke's
- Cardinal Glennon

*Note: SLOUH = Saint Louis University Hospital
Uninsured Emergency Department Visit Trends Vary Among Providers


† ConnectCare’s emergency department closed in 2005.
Medicaid Emergency Department Visits Trends Vary Among Providers


‡ ConnectCare’s emergency department closed in 2005.
• In 2008 across the St. Louis region, over 25,000 patients left hospital emergency departments without being seen - a 4.3% increase in the left without being seen (LWBS) rate as compared to 2007
  ➢ Often, patients choose to leave emergency departments without treatment because of wait times.

• The 25,000 patients who left without being seen represent approximately 4.0% of all patients seeking emergency care services in the region

• LWBS rates vary widely by provider and geographic location:
  ➢ The 4 hospitals reporting LWBS rates above 6% include: St. Louis University Hospital (8.9%), Christian Hospital (6.9%), Barnes-Jewish Hospital (6.6%), and St. Anthony’s Medical Center (6.3%)
  ➢ LWBS rates increased by 62% at Christian Hospital and by 68% at St. Louis University Hospital
  ➢ 2 hospitals in West St. Louis County reported LWBS rates below 1%: Missouri Baptist Medical Center (0.53%) and St. Luke’s Hospital (0.95%)
Uninsured and Medicaid ED Visits Both Increase as a Percentage of Total ED Visits

ED Visits by Payor, 2007

- Uninsured: 14.7%
- Medicaid: 28.0%
- Medicare: 20.0%
- Private Insurance: 37.3%

ED Visits by Payor, 2008

- Uninsured: 15.2%
- Medicaid: 28.9%
- Medicare: 19.8%
- Private Insurance: 36.1%

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# Emergency Department Data Summaries – ED Visits

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2007</th>
<th>2008</th>
<th>01 to 08</th>
<th>07 to 08</th>
</tr>
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<tr>
<td>Total</td>
<td>600,647</td>
<td>611,450</td>
<td>622,597</td>
<td>+21,950</td>
<td>+11,147</td>
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<tr>
<td>Uninsured &amp; Medicaid</td>
<td>243,093</td>
<td>260,657</td>
<td>274,714</td>
<td>+31,621</td>
<td>+14,057</td>
</tr>
<tr>
<td>Uninsured</td>
<td>81,806</td>
<td>89,755</td>
<td>94,660</td>
<td>+12,854</td>
<td>+4,905</td>
</tr>
<tr>
<td>Medicaid</td>
<td>161,287</td>
<td>170,902</td>
<td>180,054</td>
<td>+18,767</td>
<td>+9,152</td>
</tr>
<tr>
<td>Medicare</td>
<td>119,325</td>
<td>122,537</td>
<td>123,059</td>
<td>+3,734</td>
<td>+522</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>238,229</td>
<td>228,256</td>
<td>224,824</td>
<td>-13,405</td>
<td>-3,432</td>
</tr>
</tbody>
</table>
NON-EMERGENT ED UTILIZATION AND URGENT CARE ANALYSIS
In 2008, over 191,000 non-emergent ED visits were made to area emergency departments. These non-emergent visits represent approximately 30.7% of all ED visits made in 2008.

The RHC defines non-emergent ED visits as low-acuity non-emergency visits that could be treated in a different care setting, such as a primary care office, an urgent care center, or another non-ED setting.

Area hospitals provided estimates of non-emergent volumes by utilizing triage data to determine volumes of low-acuity ED visits.
In 2008, over 61% of the patients utilizing ConnectCare’s urgent care center were uninsured – this is the only urgent care center within St. Louis’ areas of highest need dedicated to serving all, regardless of the ability to pay. ConnectCare’s urgent care facility offers the added advantage of providing non-emergent care in a more appropriate, lower cost setting as compared to hospital emergency departments. ConnectCare partners with other IHN members to refer its urgent care patients into a medical home.
SAFETY NET PEDIATRIC CARE
Between 2000 and 2008, the population under age 18 in St. Louis City and County decreased by 7.4%.

In 2008, pediatric volumes accounted for 25% of all primary care encounters (excluding dental) to regional safety net providers

In 2008, pediatric volumes accounted for 38% of uninsured and Medicaid specialty care encounters to regional medical school practices

It should be noted that many underserved children have difficulty acquiring health insurance coverage once they transition to adulthood. This barrier is attributable to more restrictive Medicaid eligibility requirements for those over 19, frequent ineligibility for family coverage due to age, and limited income to purchase private insurance. Additionally, adult providers are typically less willing to accept Medicaid coverage than pediatric providers. These transitional factors are particularly concerning for individuals with chronic conditions or special needs.
Safety Net Pediatric Care Volumes Remain Steady

- Pediatric Primary Care: All payors at regional safety net sites
- Pediatric Specialty Care: Uninsured and Medicaid volumes at medical school practices
- Pediatric Emergency Care: Uninsured and Medicaid volumes at urban children’s hospitals
SELECTED HEALTH OUTCOMES FOR ST. LOUIS CITY AND COUNTY, 2002-2007
Racial Disparities in Health Outcomes

- As detailed in the RHC’s 2003 Report “Building a Healthier St. Louis” and subsequent reports by the health departments in the region, there are significant disparities in health outcomes between various geographic areas in our region, and between African Americans and whites, in both St. Louis City and St. Louis County.

- The 2003 RHC report found that disparities are greatest for birth-related indicators such as lack of early prenatal care and low infant birth weight. Lack of early prenatal care carries a greater risk for prematurity and low birth weight. Premature and low birth weight infants are at substantially higher risk for long-term mental and physical disabilities as well as early death.

- As discussed in the 2003 RHC report, the areas of greatest disparity between African Americans and whites in our region are: teen births, low birth weight, lack of first-trimester prenatal care, homicide, tuberculosis, prostate cancer mortality, and diabetes mortality.

- Despite our region’s progress in improving access to health care services in our region since 2002, the cause of these disparities are deep-rooted and systemic and cannot be addressed solely by improvements to our health care safety net. Interventions aimed at reducing health disparities must recognize that health status and health outcomes may be influenced by a myriad of factors, including but not limited simply to access to medical care.

- Emerging research has identified several determinants of health other than access to health care services, including genetic predisposition, social and economic circumstances, educational levels, environmental conditions, behavioral and lifestyle choices, and racial discrimination. These long-standing, systemic issues also increase the importance of our work to maintain and to improve our system of health care access for all throughout our entire community, and to address the underlying factors in our community that drive health disparities and poor health outcomes.
The City of St. Louis Department of Health released an update to its “Understanding Our Needs” assessment in the summer of 2007. As detailed in the “Understanding Our Needs” report, many racial disparities in health outcomes still exist in St. Louis. Disparities found in the health indicators include:

- The rate of inadequate prenatal care is 2.7 times greater for African Americans than whites in St. Louis City.
- The rate of low birth weight (LBW) infants among African Americans in St. Louis City is 1.9 times higher than the rate of LBW infants among whites in St. Louis City.
- The infant mortality rate among St. Louis City African Americans is 2.8 times greater than the rate among City whites.
- HIV prevalence among African Americans in St. Louis City is 1.5 times greater than prevalence among City whites.
- The prevalence of lead poisoning among screened children is 1.2 times greater among African American children living in St. Louis City than white children living in St. Louis City.
- The diabetes mortality rate among St. Louis City African American residents is 1.9 times the diabetes mortality rate among St. Louis City white residents.

This information and additional detail on racial disparities and health indicators is available through the City of St. Louis Department of Health’s website at http://stlouis.missouri.org/citygov/health/reportsuon.html
The following indicators were analyzed for St. Louis City and County to identify potential trends in health outcomes in our community since the RHC’s 2003 report:

- Preventable Hospitalizations
- Births with Inadequate Prenatal Care
- Low Birth Weight Infants
- Sexually Transmitted Diseases
- HIV Disease Incidence

The above indicators are a subset of indicators selected in 2003 for periodic reporting by the RHC’s Measurement Workgroup after extensive dialogue and community input. The Access to Care Workgroup chose this particular subset in 2009 both to monitor indicators expected to signal changes in health status affected by access to health care and to report on health issues of regional importance. Please see “Recommendations for Improving the St. Louis Region’s Health Care Safety Net System” issued by the RHC in October 2003, available at [www.stlrhc.org](http://www.stlrhc.org) for more information concerning the methodology for selecting the reported indicators.
Preventable Hospitalizations

Studies have shown that inpatient hospitalizations for certain health conditions can be prevented if patients are able to access timely and appropriate outpatient health care - examples of such conditions include diabetes, asthma, congestive heart failure, and some forms of pneumonia.

Preventable hospitalization trends in the St. Louis region are aligning with statewide trends in preventable hospitalizations. Reductions in preventable hospitalizations in St. Louis City outpaced rate reductions in the County and statewide.

<table>
<thead>
<tr>
<th></th>
<th>2002 (Crude Rates per 100K)</th>
<th>2006 (Crude Rates per 100K)</th>
<th>2007 (Crude Rates per 100K)</th>
<th>Percent Change (06 to 07)</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Louis City</td>
<td>2415</td>
<td>2097</td>
<td>1968</td>
<td>- 6.2%</td>
</tr>
<tr>
<td>St. Louis County</td>
<td>1272</td>
<td>1411</td>
<td>1401</td>
<td>- 0.7%</td>
</tr>
<tr>
<td>St. Louis City and County</td>
<td>1546</td>
<td>1579</td>
<td>1544</td>
<td>- 2.2%</td>
</tr>
<tr>
<td>Missouri</td>
<td>1420</td>
<td>1460</td>
<td>1430</td>
<td>- 2.1%</td>
</tr>
</tbody>
</table>
Births with Inadequate Prenatal Care

Inadequate prenatal care is associated with a greater risk for premature birth as well as physical and mental handicap and infant death.

The prevalence of inadequate prenatal care in St. Louis City remains substantially higher than that in St. Louis County.

**Definition:** The State of Missouri considers prenatal care to be inadequate if pregnant women less than 37 weeks gestation have less than five prenatal visits and pregnancies over 37 weeks gestation have less than eight prenatal visits.

<table>
<thead>
<tr>
<th></th>
<th>2002 (Percent of Live Births with Available Data: Prenatal Care)</th>
<th>2006 (Percent of Live Births with Available Data: Prenatal Care)</th>
<th>2007 (Percent of Live Births with Available Data: Prenatal Care)</th>
<th>Percent Change (06 to 07)</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Louis City</td>
<td>17.7%</td>
<td>18.0%</td>
<td>19.8%</td>
<td>+10.0%</td>
</tr>
<tr>
<td>St. Louis County</td>
<td>7.2%</td>
<td>7.8%</td>
<td>9.0%</td>
<td>+15.4%</td>
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<tr>
<td>St. Louis City and County</td>
<td>10.3%</td>
<td>10.8%</td>
<td>12.1%</td>
<td>+12.0%</td>
</tr>
<tr>
<td>Missouri</td>
<td>10.7%</td>
<td>10.6%</td>
<td>11.9%</td>
<td>+12.3%</td>
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</tbody>
</table>
Low Birth Weight Infants

Low birth weight (LBW) infants are defined as those born weighing less than 2,500 grams or about 5.5 pounds. These infants are at higher risk of death or long term disability than infants of normal weight. Birth weight is one of the most important predictors of an infant’s subsequent health and survival.

Although LBW rates decreased in the City, County LBW rates increased. Both City and County rates are currently higher than statewide rates.

Due to the volatility in rates of low birth weight infants, the reduction noted for St. Louis City between 2006 and 2007 cannot be interpreted as a downward trend without subsequent decreases over the next several years.

<table>
<thead>
<tr>
<th>2002 (Percent of Live Births)</th>
<th>2006 (Percent of Live Births)</th>
<th>2007 (Percent of Live Births)</th>
<th>Percent Change (06 to 07)</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Louis City</td>
<td>12.5%</td>
<td>12.2%</td>
<td>11.1%</td>
</tr>
<tr>
<td>St. Louis County</td>
<td>9.1%</td>
<td>8.8%</td>
<td>9.6%</td>
</tr>
<tr>
<td>St. Louis City and County</td>
<td>10.1%</td>
<td>9.9%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Missouri</td>
<td>8.1%</td>
<td>8.1%</td>
<td>7.9%</td>
</tr>
<tr>
<td>United States (2001)</td>
<td>7.7%</td>
<td>8.3%</td>
<td>Data not available</td>
</tr>
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</table>
In addition to the subset of health status indicators chosen by the Access to Care Workgroup for reporting in 2009, sexually transmitted diseases have also been included for reporting because of public perception and the national media attention concerning the high level of STDs in the St. Louis region.
Sexually Transmitted Diseases

Increases in Chlamydia after 2002 may be influenced by expanded testing, particularly to the male population.

The reductions in Gonorrhea rates between 2007 and 2008 for both the St. Louis region and the state of Missouri are likely driven by changes in recommended medication treatments.

It should be noted that increases in Syphilis infection between 2007 and 2008 are skewed because of a low sample size. The few reported cases of Syphilis can contribute to a volatile incidence rate.

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
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<th>2008</th>
<th>% Change 07 - 08</th>
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<tbody>
<tr>
<td>Chlamydia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. Louis City</td>
<td>915.0</td>
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<td>1225.9</td>
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<tr>
<td>St. Louis County</td>
<td>295.4</td>
<td>490.9</td>
<td>516.2</td>
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<tr>
<td>City and County</td>
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<td>687.5</td>
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<tr>
<td>Missouri</td>
<td>286.8</td>
<td>399.6</td>
<td>422.2</td>
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<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2007</th>
<th>2008</th>
<th>% Change 07 - 08</th>
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<tr>
<td>Gonorrhea</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>St. Louis City</td>
<td>782.1</td>
<td>728.0</td>
<td>539.1</td>
<td>-25.9%</td>
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<tr>
<td>St. Louis County</td>
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<td>231.4</td>
<td>173.8</td>
<td>-24.9%</td>
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<tr>
<td>City and County</td>
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<td>361.5</td>
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<td>-25.6%</td>
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<tr>
<td>Missouri</td>
<td>158.7</td>
<td>169.3</td>
<td>136.3</td>
<td>-19.5%</td>
</tr>
<tr>
<td>United States</td>
<td>122.1</td>
<td>124.4</td>
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<td>Data not available</td>
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<table>
<thead>
<tr>
<th></th>
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<th>% Change 07 - 08</th>
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<tr>
<td>Primary and</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Secondary Syphilis</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. Louis City</td>
<td>3.7</td>
<td>14.4</td>
<td>17.1</td>
<td>+18.8</td>
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<tr>
<td>St. Louis County</td>
<td>0.7</td>
<td>3.5</td>
<td>3.5</td>
<td>0.0%</td>
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<tr>
<td>City and County</td>
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<td>6.4</td>
<td>7.1</td>
<td>+10.9</td>
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<tr>
<td>Missouri</td>
<td>0.6</td>
<td>4.1</td>
<td>3.8</td>
<td>-7.3%</td>
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<tr>
<td>United States</td>
<td>2.4</td>
<td>3.4</td>
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<td>Data not available</td>
</tr>
</tbody>
</table>
HIV (Human Immunodeficiency Virus) is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). Most HIV-infected patients will subsequently develop AIDS. There are medical treatments that can slow down the rate at which HIV weakens the immune system, however, there are no treatments that cure AIDS.

Increases in HIV disease incidence may be attributed to increased testing and outreach in high-risk populations, including the implementation of “opt out” testing for patients at several large medical providers in the St. Louis region.

<table>
<thead>
<tr>
<th></th>
<th>2002 (Crude Rates per 100K)</th>
<th>2007 (Crude Rates per 100K)</th>
<th>2008 (Crude Rates per 100K)</th>
<th>Percent Change (07 to 08)</th>
</tr>
</thead>
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<tr>
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<td>47.1</td>
<td>31.9</td>
<td>42.2</td>
<td>+32.3%</td>
</tr>
<tr>
<td>St. Louis County</td>
<td>11.6</td>
<td>8.5</td>
<td>10.4</td>
<td>+22.4%</td>
</tr>
<tr>
<td>City and County</td>
<td>20.7</td>
<td>14.7</td>
<td>18.7</td>
<td>+27.2%</td>
</tr>
<tr>
<td>Missouri</td>
<td>10.3</td>
<td>9.9</td>
<td>10.0</td>
<td>+1.0%</td>
</tr>
<tr>
<td>United States</td>
<td>--</td>
<td>22.8</td>
<td>Data not available</td>
<td>Data not available</td>
</tr>
</tbody>
</table>
THE IMPORTANCE OF COMMUNITY INPUT
The Importance of Community Input

The RHC believes that in order to create and implement change in our health care system, it is critical that our work be inclusive, and that citizens are engaged in our decision-making processes. We also recognize that in order for us to succeed, several things must occur:

- Actions must be community-driven
- Partnerships must be developed with communities
- The engagement efforts must recognize and respect community diversity
- Community assets must be identified and mobilized

It is important to our work that community members play a key role in defining the problems and in planning and instituting steps to create solutions. In February 2001, concerned individuals from across the region came together for a “Call to Action.” Community members provided the RHC with recommendations for improving health in our region. The RHC has taken its direction from the community priorities raised at the “Call to Action” Initiative and from dozens of citizen forums conducted by the RHC and other groups in our region.

Throughout our work over the past 8 years, the RHC has also relied on its Advisory Board process to set its direction and priorities. The Advisory Boards are made up of health care providers, community organization representatives, safety net patients, and other community leaders. The Advisory Board members have worked with the Commissioners to help define the problems, conduct research, and implement major improvement efforts in the community.

In addition, community organizations from across the region have provided critical input into our work. Over the past 7 years, the RHC members and staff have met with thousands of neighborhood, community, and health-related groups. These organizations have contributed to both our process and priorities.

The RHC will continue to reach out to the community. The public is invited to all of our meetings, which are posted on our web site at www.stlrhc.org. We will also be continuing to gather additional community feedback and to develop solutions for strengthening the safety net system. Members of the Commission, our Advisory Boards, or the RHC staff would be pleased to have an opportunity to meet with your community or neighborhood group.

Together, we will continue to improve health for everyone in our region. Thank you for joining us in this work.
APPENDICES
Data Sources

**Health Status Indicators**

- Inadequate Prenatal Care: State of Missouri, Department of Health and Senior Services, Missouri Information for Community Assessment (MICA); and “Building a Healthier St. Louis”

- Low Birth Weight Infants: State of Missouri, Department of Health and Senior Services, Missouri Information for Community Assessment (MICA); and “Building a Healthier St. Louis”

- Preventable Hospitalizations: State of Missouri, Department of Health and Senior Services, Missouri Information for Community Assessment (MICA) and “Building a Healthier St. Louis”

- HIV Infection Incidence: State of Missouri, Department of Health and Senior Services, Missouri Information for Community Assessment (MICA); Office of Social and Economic Data Analysis; Centers for Disease Control and Prevention; U.S. Census Bureau, and “Building a Healthier St. Louis”

- Sexually Transmitted Diseases: State of Missouri, Department of Health and Senior Services; Centers for Disease Control and Prevention; and U.S. Census Bureau
Survey Respondents

**Primary Care**
- Barnes-Jewish Hospital OB/GYN Clinic
- Barnes-Jewish Hospital Medicine Clinic
- Betty Jean Kerr People’s Health Centers
- Cardinal Glennon University Pediatrics and GlennonCare at DePaul
- Cridor Health Center
- Family Care Health Centers
- Grace Hill Neighborhood Health Centers
- Health and Dental Care for Kids
- La Clinica
- Myrtle Hilliard Davis Comprehensive Health Centers
- St. John’s Mercy JFK Clinic
- St. Louis County Health Centers
- St. Luke’s Pediatric Clinic
- St. Mary’s Health Center

**Specialty Care**
- Barnes-Jewish Hospital Clinics
- Cardinal Glennon Children’s Medical Center
- SLUCare

St. Louis ConnectCare
- St. John’s Mercy Medical Center
- Washington University

**Emergency Departments**
- Barnes-Jewish Hospital
- Cardinal Glennon Children’s Medical Center
- Christian Hospital and Northwest Healthcare
- DePaul Health Center
- Forest Park Hospital
- Missouri Baptist Medical Center
- St. Alexius Hospital
- St. Anthony’s Medical Center
- St. John’s Mercy Medical Center
- St. Louis Children’s Hospital
- St. Louis University Hospital
- St. Luke’s Hospital
- St. Mary’s Health Center
BACKGROUND INFORMATION ON THE ST. LOUIS REGIONAL HEALTH COMMISSION
The mission of the St. Louis Regional Health Commission (RHC) is to improve access to care, to reduce health disparities, and to improve health outcomes in the St. Louis region.

Roles and Strategic Priorities:

• Ensure financial sustainability of medical delivery system for uninsured/underinsured

• Create and implement a business plan to restructure safety net care in St. Louis City and County (plan submitted to CMS in October 2003 – over 50% implemented to date)

• Foster collaborative and coordinated health care through partnerships with the St. Louis Integrated Health Network, the RHC’s Behavioral Health Steering Committee, and others

• Serve as point-of-contact for State and Federal agencies regarding health care safety net issues
### Regional Collaboration Preserves Health Care Safety Net (1997-2010)

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tr>
<td>1997</td>
<td>St. Louis Regional Hospital closes; St. Louis ConnectCare created to preserve outpatient services for the uninsured</td>
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<td>2001</td>
<td>RHC formed by Civic Progress with government, health care and community leaders to address health care crisis due to imminent closure of ConnectCare</td>
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<td>2002</td>
<td>Federal Medicaid Waiver secured to preserve $23-25 million annually into a “St. Louis safety net funding pool” to support outpatient services at ConnectCare</td>
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<td>2003</td>
<td>Strategic plan for health care safety net approved by CMS – baseline report of regional safety net access metrics released</td>
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<tr>
<td>2004</td>
<td>St. Louis Integrated Health Network (IHN) formed per strategic plan – collaborative improvement efforts begin through IHN initiatives</td>
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<tr>
<td>2005</td>
<td>ConnectCare merges its four primary care clinics with two FQHCs (Grace Hill and Myrtle Hilliard Davis) per strategic plan; ConnectCare focuses operations on specialty and urgent care. RHC allocates $13-14 million annually to ConnectCare for specialty and urgent care and $9-10 million annually to Grace Hill and Myrtle Hilliard Davis to support primary care operations</td>
</tr>
<tr>
<td>2006</td>
<td>RHC’s Behavioral Health Steering Committee formed; Behavioral Health Initiative begins</td>
</tr>
<tr>
<td>2007</td>
<td>Medicaid Waiver expires and agreements are made with MHA and hospital community to preserve Waiver mechanics and funding through April 2010</td>
</tr>
</tbody>
</table>
RHC Priority Implementation Activities – 2009

- Coordinate funding and planning for financial stability of safety net health care services
- Continue community engagement and outreach efforts, including releasing an updated report on access to care for the St. Louis region
- Successfully meet the requirements established for the “Phase III” behavioral health initiative and work towards sustainability post-March 2010 as follows:
  - Transition the implementation of identified behavioral health recommendations, as possible, for sustainability of the current behavioral health activities
  - Create a set of recommendations to achieve measurable improvements in access to community behavioral health services for the underserved
  - Publicly report community behavioral health access metrics, including volumes by provider by payor mix
  - Continue to obtain consumer and family member input
- Assist with the activities of the St. Louis Integrated Health Network (IHN) to improve and integrate the services of the regional primary and specialty care safety net providers
- Improve the current referral and care coordination processes between emergency departments, hospital inpatient units, and outpatient care providers in collaboration with the IHN, the RHC’s Behavioral Health Steering Committee (BHSC), and area hospitals
RHC ROSTERS
AS OF OCTOBER 2009
St. Louis Regional Health Commission

Peter Sortino (Chair)
President
The Danforth Foundation

Sister Betty Brucker, FSM, LFACHE (Vice Chair & Chair, Community Advisory Board)
Patient Representative
St. Mary’s Health Center, SSM Health Care

Steven Lipstein (Treasurer)
President & Chief Executive Officer
BJC HealthCare

Dolores J. Gunn, MD (Secretary)
Director
Saint Louis County Department of Health

Corinne A. Walentik, MD, MPH (Chair, Provider Services Advisory Board)
Professor of Pediatrics, Division of Neonatal-Perinatal Medicine
Saint Louis University and SSM Cardinal Glennon Children's Hospital

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Associate Vice Chancellor for Clinical Affairs
Washington University School of Medicine

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President & Chief Executive Officer
Urban League of Metropolitan St. Louis

Melody Eskridge
President & Chief Executive Officer
St. Louis ConnectCare

Alan Freeman
President & Chief Executive Officer
Grace Hill Neighborhood Health Centers

Archie Griffin
President & Chief Executive Officer
Myrtle Hilliard Davis Comprehensive Health Centers

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Executive Director
Civic Progress

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State of Missouri

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New Horizon Seven Day Christian Church

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Patient Advocate

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Isaiah 58 Ministries

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YMCA of Greater St. Louis

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Missouri Department of Corrections Board of Probation and Parole

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Legal Services of Eastern Missouri

Rev. Rodney Francis
The Youth and Family Center

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Community Volunteer

Jocelyn Jones
YWCA Metro St. Louis

Sandra Jordan
St. Louis American

Will Jordan
Metropolitan St. Louis Equal Housing Opportunity Council

Rosetta Keeton
Eastern Alliance for Minority Health
Saint Louis ConnectCare

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International Institute of St. Louis

Brenda Mahr
St. Louis Employment Connection

Serena Muhammad
America SCORES St. Louis

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Deaconess Foundation

C. Scully Stikes
Missouri Baptist University

Rabbi Susan Talve
Central Reform Congregation

Patricia S. Thornton
United Way of Greater St. Louis

Khatib Waheed
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Community Volunteer

Joe Yancey
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Mattie Moore (Ex Officio)
Office of U.S. Senator Claire McCaskill

Alyson Singfield (Ex Officio)
Office of U.S. Congressman William Lacy Clay

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Chief Executive Officer
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Access to Care Workgroup

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Myrtle Hilliard Davis Comprehensive Health Centers

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Pam Willingham
Patient Advocate
Behavioral Health Steering Committee

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Crider Health Center

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Missouri Department of Mental Health

Francie Broderick
Places for People

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Hopewell Center

Connie Neumann
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Mental Health America of Eastern Missouri

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Laura Heebner
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Valerie Russell
Department of Human Services

David Schneider
Saint Louis University

Betty Sims
Retired State Senator and Advocate

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Missouri Coalition of Community MH Centers

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Psychotherapist

Roy Wilson
St. Louis Psychiatric Rehabilitation Center

Joe Yancey
Community Alternatives
<table>
<thead>
<tr>
<th>Name</th>
<th>Role/Institution</th>
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<tr>
<td>Joe Yancey</td>
<td>(Chair) Community Alternatives</td>
</tr>
<tr>
<td>Peggy Barnhart</td>
<td>U.S. Senator Kit Bond</td>
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<td>Don Cuvo</td>
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<td>Dick Dillon</td>
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<td>Judith Dungan</td>
<td>Sen. Christopher S. Bond</td>
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<td>Al Fressola</td>
<td>Behavioral Health Response</td>
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<tr>
<td>William Gruhn</td>
<td>Community Representative</td>
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<tr>
<td>Sally Haywood</td>
<td>Washington University, School of Social Work</td>
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<tr>
<td>Melissa Hensley</td>
<td>Washington University, School of Social Work</td>
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<td>Missouri Primary Care Association</td>
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<td>Independence Center</td>
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<td>Elizabeth Makulec</td>
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<td>Julia Ostropolsky</td>
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<td>Enola Proctor</td>
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<td>Valerie Russell</td>
<td>St. Louis Dept. of Human Services</td>
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<td>Michelle Stach</td>
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<td>National Council on Alcoholism and Drug Abuse, St. Louis</td>
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<td>JESS</td>
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<td>Thomas Vogel</td>
<td>Grace Hill Neighborhood Health Centers</td>
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<td>St. Patrick’s Center</td>
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<td>City of St. Louis</td>
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<td>Connie Wilson</td>
<td>JESS</td>
</tr>
<tr>
<td>Marilyn Wilson</td>
<td>Forest Park Community Hospital</td>
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</tbody>
</table>
Potential Limitations of this Report

Great care has been taken to ensure the accuracy of the data in this report, and all participating health care institutions were given the opportunity to verify their data for accuracy. The RHC has also 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 or reporting errors.

The data contained in this report replace/update all previously reported RHC data of the same content.

Readers are encouraged to contact the RHC with questions concerning methodology or data validity.