Progress Toward Building A Healthier St. Louis

Access to Care Data Book 2018

Introduction

The St. Louis Regional Health Commission

The St. Louis Regional Health Commission (RHC) is a collaborative effort of St. Louis City, St. Louis County, the State of Missouri, health providers and community members to improve the health of uninsured and underinsured citizens in St. Louis City and County. As part of this effort, the RHC produces an annual "A*ccess to Care*" data book that reviews community-wide progress toward strengthening the primary care, specialty care, emergency care and behavioral health safety net system in the region. This report is a vital tool for many in our community to understand the local health care system.

Access to Care Data Book

Access to Care provides a survey of annual operating statistics from primary, specialty and emergency care safety net healthcare provider institutions in St. Louis City and County. This year's analysis focuses primarily on data reported over the past five years (2013 - 2017). Hours of operation and appointment availability for regional safety net provider institutions from the most recent calendar year are included. Also included are utilization volumes and outcomes from the 2017 calendar year of the Gateway to Better Health Pilot Program.

Beginning with the 2014 Access to Care Report, an analysis of access to behavioral health services has been included in the report, developed in partnership with the Behavioral Health Network of Greater St. Louis (BHN). Data for this section of the report was collected from major publicly funded behavioral health providers in the Eastern Region of Missouri. The RHC would like to thank the members and staff of the BHN for their partnership.

The RHC would also like to thank Dr. Eric Armbrecht, chair, and the entire "Access to Care Data Workgroup" (see page 111 for full roster) for their leadership on the creation of this report.

Gateway to Better Health Pilot Program

Launched on July 1, 2012, and administered by the RHC, the Gateway to Better Health Pilot Program (Gateway) is a Section 1115 Demonstration that provides primary, specialty and urgent care coverage to uninsured, non-Medicaid eligible adults in St. Louis City and County, aged 19-64, through a network of community providers. Funded by the Centers for Medicaid and Medicare Services (CMS), Gateway provides up to $30 million annually to safeguard safety net healthcare services in the region. The goal of the program is to provide a bridge for safety net providers and uninsured patients until future options become available through health care reform. While Gateway pays for outpatient health services, it is not an insurance product. For the purpose of this report, Gateway members are considered uninsured and reported as such throughout this report, unless otherwise noted.

*Definition of Access**

Through collaboration with partnering community and health institutions, the St. Louis Regional Health Commission has defined ***access*** as a patient's ability to get healthcare when and where they need it and at a price they can afford. People with access can easily get health services, medicines and supplies, care coordination and transition between providers and self-management support. Some barriers to access may include, but are not limited to: appointment availability; wait times and operational hours; provider capacity; transportation and distance to providers; disease severity; health insurance; affordability and paperwork/processes for financial assistance; interpretation services and materials for non-English speakers; cross-cultural differences; and health system navigation.

*Special thanks to Health Literacy Media for developing a plain language version of this definition.

The St. Louis Safety Net

Information below provides detailed statistics of the safety net population in St. Louis City and County from 2013-2017. For the purpose of this report, the "safety net" population is comprised of individuals who are uninsured or who have coverage under the state of Missouri's Medicaid program. Evidence strongly suggests that these groups face additional barriers to accessing healthcare in St. Louis, if not for the safety net providers included in this report.

	2013	2014	2015	2016	2017	Percent Change, 2013-2017	Percent Change, 2016-2017
Uninsured	153,600	150,400	140,000	126,500	114,100	-26%	-10%
Medicaid	150,000	153,000	170,800	197,300	166,400	+11%	-16%
Total Safety Net Population	303,600	303,400	310,800	323,800	261,000	-14%	-19%
Total St. Louis City and County Population	1,302,700	1,302,600	1,302,500	1,316,590	1,305,352	<1%	<1%
Uninsured as a % of Total Population	11.8%	11.5%	10.7%	9.6%	7%	-	-
Safety Net Population as a % of Total Population	23.3%	23.3%	23.9%	24.6%	20%	-	-

- The number of individuals without health insurance coverage in St. Louis City and County decreased by 10% over the past year and by 26% over the past five years.
- Of the more than 114,100 users without health insurance coverage in St. Louis City and County, 47% identified as African American/Black, 43% White and 18% "Other". Over the past five years, the racial composition of the uninsured has remained stable.
- The number of individuals covered by Medicaid living in St. Louis City and County increased by 11% since 2013 and decreased by 16% over the past year.
- The safety net population in St. Louis City and County decreased by 19% over the past year and by 14% since 2013.
- In 2017, individuals who were either uninsured or covered by Medicaid accounted for nearly 20% of St. Louis City and County population.

Note: Uninsured estimates based upon county-level data are from the American Community Survey, released September 2018. Medicaid data was provided directly by MO HealthNet (Medicaid). Medicaid data reported excludes those individuals with both Medicaid and Medicare coverage, as well as children with Medicaid coverage. Adults across all Medicaid eligibility levels are included. Total population for St. Louis City and County was sourced from the US Census Bureau. The "other" racial/ethnic group includes: those of Asian, American Indian/Alaska Native and Native Hawaiian/Other Pacific Islander descent, as well as those identifying with more than one racial/ethnic group, those identifying as Hispanic/Latino and those whose race/ethnicity is unknown. However, the American Community Survey includes Hispanic/Latinos throughout all racial groups, whereas all Hispanic/Latinos safety net users, regardless of race, are captured separately in the "other" category only.

Broadening Eligibility for Medicaid Impacts Access to Care

The State of Missouri currently has more than 621,500 residents who are uninsured. Of that number, 114,179 (or roughly 18% of the total uninsured) reside in St. Louis City and County.[1]

There are 199,000 uninsured adults in Missouri who would be eligible for Medicaid coverage under expansion based on current law,[2] with roughly 34,500 of those individuals being from the St. Louis region. Expanding eligibility would provide coverage for roughly 30% of the current uninsured population in the State and in the St. Louis region.

Healthcare providers in Missouri note that, with changes to Medicaid coverage, there would be a net flow of federal funds to the State in the amount of $2.3 billion annually to support increased access.[3] About $437 million of those federal funds would flow to providers in St. Louis City and County. From 2014 to 2018, Missouri lost a total of $11.3 billion in federal funds without changes in Medicaid coverage.[3]

[1]American Community Survey, released September 2018.
[2]Kaiser Family Foundation Issue Brief, "The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid", published June 2018.
[3]Common Wealth Fund Issue Brief, "How States Stand to Gain or Lose Federal Funds by Opting In or Out of the Medicaid Expansion", published December 2013.

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Executive Summary

Broadening Eligibility for Medicaid Impacts Access to Care

Missouri is one of 14 states that has decided to not expand Medicaid coverage to additional low-income families under the terms of the federal program established by the Affordable Care Act. The State of Missouri currently has more than 621,500 residents who are uninsured. Of that number, 114,179 (or roughly 18% of the total uninsured) reside in St. Louis City and County. [1]

In 2017, there were about 37,800 uninsured adults in the St. Louis region who would have been eligible for Medicaid coverage through expansion. [2] About 160,000 more Missourians in other parts of the state would have been eligible too. Expanding eligibility would provide coverage for roughly 30% of the uninsured population in the state and in the St. Louis region. [2] Compared to individuals with health insurance, the uninsured receive fewer screenings and less preventive care, lack needed medical care, receive less care for serious illnesses and chronic conditions, enter the health care system in poorer health and ultimately have worse health outcomes.

Without Medicaid expansion, the coverage options in Missouri include: private insurance, which is obtained through place of employment or Marketplace, Medicaid and Medicare. To be eligible for MO HealthNet (Medicaid), one must be aged, blind, or disabled.

Additionally, these groups are eligible for Medicaid: [3]

- adults with dependent children with an income that does not exceed 22% of the federal poverty level, which is about $381/month for a family of three;
- infants under one who has a household income that is up to 196% of the federal poverty level, children 1-18 who's household income is up to 150% of the federal poverty level and
- pregnant women whose household income does not exceed 196% of the federal poverty level.

Per the Kaiser Family Foundation, the majority of low-income uninsured adults say that the main reason they remain uninsured is due to the cost of coverage being too high.[4] Without Medicaid expansion, the safety net remains an important source of care for the uninsured within the state of Missouri.

[1] American Community Survey, released September 2018.
[2] Kaiser Family Foundation Issue Brief, "The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid", published June, 2018.
[3] Norris, L. (2018, April). Missouri and the ACA's Medicaid Expansion. Retrieved from: https://www.healthinsurance.org/missouri-medicaid/
[4] Kaiser Family Foundation Issue Brief, "Key Facts about the Uninsured Population", published December, 2018.

Executive Summary

Below are some common themes found in the data across the different care settings discussed in each section within this report:

1. The overall rate of uninsured individuals has continued to steadily decline in St. Louis City and County over the past five years, with more people being covered through both commercial and public insurance.

Of the more than 114,100 users without health insurance coverage in St. Louis City and County in 2017, 47% identified as African American/Black, 43% Caucasian and 18% "Other". Over the past five years, the racial composition of the uninsured has remained stable.

The total number of uninsured individuals in St. Louis City and County fell by 10% from 2016 to 2017, and 26% since 2013. In 2017, there were 114,179 uninsured individuals.[1] Using data sourced directly from MO HealthNet (Medicaid) Division, the number of Missouri Medicaid adults living in St. Louis City and County (excluding those with Medicaid/Medicare dual eligibility) decreased 16% from 2016 to 2017, but is 11% higher than in 2013.

Executive Summary

2. There continues to be a shift in the payor mix of St. Louis safety net organizations.

Safety net primary care organizations served roughly 68% of all uninsured individuals in St. Louis City and County in 2017. The share of uninsured served by these organizations has increased by about 15% over the past five years. When examining trends in primary care access for different patient populations based on payor, a shift in the overall payor mix of St. Louis safety net organizations across all care settings is observed, most notably a decline in the uninsured population, while the number of privately insured patients has increased.

Encounters among uninsured users of safety net primary care organizations have declined by 6% over the past five years. Uninsured medical encounters have declined by 45% since 2014, while total primary care medical encounters have decreased by 14% since 2013. Conversely, primary care dental and primary care behavioral health encounters have increased over the past five years. Behavioral health users have also increased at community mental health providers during this period; for these users, uninsured primary payor status has remained stable since 2014.

Below, are additional key trends seen within the safety net population:

- Visits among uninsured patients to specialty care providers are 7% higher in 2017, in comparison to 2013.
- Visits by uninsured patients to hospital emergency departments have decreased by 15% since 2013.

Overall, these utilization trends align with known shifts in the balance between uninsured and insured individuals over time (as specified on page 5).

While there are fewer health system encounters by uninsured patients, the safety net providers have seen increases in privately insured patients over the past five years. Safety net primary care organizations have provided more then 26% more encounters to privately insured patients since 2013. Additionally, the number of privately insured encounters in specialty care organizations and emergency departments have increased by 20% and 10%, respectively, over the same period. Although the population is ageing, safety net primary care providers have been trending downward in providing access to Medicare beneficiaries, with 6% fewer patients in 2017 versus 2013.

Summary of Key Findings

Key Findings

Primary Care

- The number of individuals without health insurance coverage in St. Louis City and County decreased by 10% over the past year and by 26% over the past five years. Of the more than 114,100 users without health insurance coverage in St. Louis City and County, 47% identified as African American/Black, 43% Caucasian and 18% "Other". Over the past five years, the racial composition of the uninsured has remained stable (page 5).

- Primary care users at safety net organizations have remained relatively stable over the past year. However, there have been notable shifts in the payor mix of these patients. Over the past year, Medicare users increased by 11%, while uninsured users remained relatively stable (page 19).

- Safety net primary care providers served roughly 68% of the total uninsured population in St. Louis City and County in 2017 (page 22).

- Total primary care (medical, dental and behavioral health) encounters at safety net organizations have remained relatively stable over the past five years (page 23).

    - Total primary care uninsured and Medicare encounters at safety net organizations decreased by 16% and 6%, respectively, over the past five years, while total private primary care encounters increased by 26% since 2013 (page 23). Volumes of Medicaid and uninsured encounters varied widely among safety net providers (pages 25 and 26).

    - Medical encounters have remained relatively stable over the past year, while increasing by 9% over the past five years (page 28).

    - Dental encounters at safety net primary care providers increased by 11% over the past year, while increasing by 8% over the past five years (page 36).

    - Behavioral health encounters at safety net primary care providers decreased by 11% over the past year and increased by 121% since 2013 (page 38).

- Wait times for primary care appointments have lengthened, with the longest average wait times seen for new adult medical appointments and new dental appointments (page 41).

Emergency Care

- Total emergency department encounters have remained relatively stable over the past year. Uninsured emergency department encounters at St. Louis area hospitals have also remained relatively stable from 2016 to 2017 (pages 50 and 53).

- Non-emergent encounters have remained relatively stable over the past year. Non-emergent encounters among Medicare, privately insured, and uninsured patients have declined by 9%, 7% and 6% (page 56).

- Approximately 21,400 patients visiting St. Louis area emergency departments had at least four emergency department visits at the same hospital, representing 3% of all emergency department patients in 2017 (page 61). Among these patients, there were more than 119,900 emergency department encounters in 2017 (page 62).

- Emergency department encounters with behavioral health diagnoses (primary and secondary) have increased by 7% over the past year and account for 24% of all emergency department encounters in 2017, which is down from 22% in 2016 (page 63). The top primary behavioral health diagnoses are mood disorders, schizophrenia/delusional disorders and alcohol use disorders (page 64).

Key Findings

Specialty Care

- Total specialty care users and encounters at St. Louis area specialty care organizations increased by 17% and 20%, respectively, since 2013. This increase represents more than 73,800 additional users and more than 246,500 additional encounters (pages 72 and 74).
- Over the past year, uninsured specialty care users remained stable, while uninsured specialty care encounters increased by 6% (pages 72 and 76).
- Medicaid specialty care encounters increased by 5% over the past year and increased by 21% since 2013 (page 77).
- While wait times for some specialty care appointments have either decreased or remained the same, endocrinology and rheumatology continue to trend with the longest average wait times for both new and returning patients (pages 79 and 80).

Behavioral Health

- Behavioral health users served remained stable at 31,555 in 2017, as compared to the 30,045 in 2016. Total users served has increased by 7%, or nearly 2,000 people, since 2014 (page 86).
- Users newly admitted to programs at behavioral health safety net agencies increased by 18% between 2016 and 2017. Newly admitted users have increased by 20% since 2014 and accounted for 31% of all users served in 2017 (page 87).
- Wide variation exists in the rate of serving the safety-net population within the designated service areas of respective behavioral health safety net administrative agents in Missouri's Eastern Region (page 88).
- Substance use treatment user admissions remained stable in 2017 at the three largest state-funded substance use treatment providers with the widest array of services for the general population within the Eastern Region (page 92).
- Behavioral health encounters at safety net primary care providers decreased by 11% over the past year, while increasing by 51,200 encounters since 2013 (page 93).
- Emergency department encounters with behavioral health diagnoses (primary and secondary) have increased by 7% over the past year and account for 24% of all emergency department encounters in 2017, which is down from 22% in 2016 (page 95). The top primary behavioral health diagnoses are mood disorders, schizophrenia/delusional disorders and alcohol use disorders (page 96).
- While acute psychiatric encounters remained stable overall in 2017, inpatient psychiatric staffed bed capacity decreased by 7% since 2016 (page 102).

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Primary Care Analysis

Primary Care: Introduction

This year's primary care section reviews changes in primary care over the past year and analyzes primary care metrics over a 5-year trend (2013 - 2017). Fourteen organizations comprise the primary care safety net in St. Louis City and County (see Appendix A for a list of 2018 reporting primary care organizations). These organizations include community health centers, hospital-based clinics and other free-standing primary care clinics. The safety net organizations self-report primary care operating statistics utilized in the annual "Access to Care" Data Book.

The total number of primary care encounters per reporting organization includes medical, dental, mental health, substance abuse and other clinical (i.e. podiatry and optometry) visits. Encounters for enabling services have been excluded from the data. Enabling services are services that are not provided by a licensed clinical provider (i.e. transportation). In 2017, there were approximately 26,300 enabling encounters provided at primary care organizations in the region. In addition, approximately 67,000 other encounters were provided, such as podiatry, optometry, audiology and chiropractic encounters.

Five of Access to Care's contributing primary care safety net organizations are members of the Gateway to Better Health provider network. While Gateway pays for outpatient health services, it is not an insurance program. As such, encounters and individual user volumes occurring among Gateway enrollees in calendar year 2017 are captured in the uninsured payor category. A summary of Gateway's key primary care outcomes achieved during calendar year 2017 is provided on page 44. Gateway quarterly reports are available on the St. Louis Regional Health Commission's website (www.stlrhc.org).

Primary Care: Key Findings

- The number of individuals without health insurance coverage in St. Louis City and County decreased by 10% over the past year and by 26% over the past five years. Of the more than 114,100 users without health insurance coverage in St. Louis City and County, 47% identified as African American/Black, 43% White and 18% "Other". Over the past five years, the racial composition of the uninsured has remained stable (page 5).

- Primary care users at safety net organizations have remained relatively stable over the past year. However, there have been notable shifts in the payor mix of these patients. Over the past year, Medicare users increased by 11%, while uninsured users remained relatively stable (page 19).

- Safety net primary care providers served roughly 68% of the total uninsured population in St. Louis City and County in 2017 (page 22).

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  - Total primary care uninsured and Medicare encounters at safety net organizations decreased by 16% and 6%, respectively, over the past five years, while total privately insured primary care encounters increased by 26% since 2013 (page 23). Volumes of Medicaid and uninsured encounters varied widely among safety net providers (pages 25 and 26).

  - Medical encounters have remained relatively stable over the past year, while increasing by 9% over the past five years (page 28).

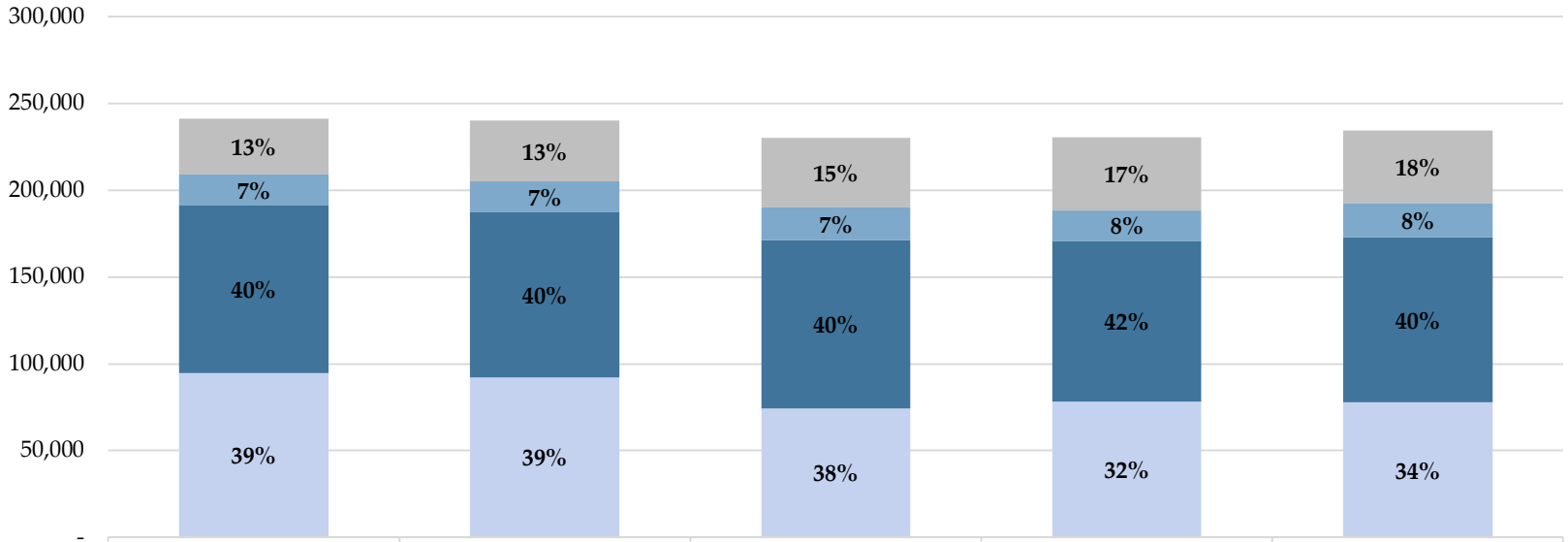
  - Dental encounters at safety net primary care providers increased by 11% over the past year, while increasing by 8% over the past five years (page 36).

  - Behavioral health encounters at safety net primary care providers decreased by 11% over the past year and increased by 121% since 2013 (page 38).

- Wait times for primary care appointments have lengthened, with the longest average wait times seen for new adult medical appointments and dental appointments (page 41).

The number of individuals utilizing primary care services at safety net organizations in St. Louis has remained relatively stable over the past year.

Primary Care Users by Payor Category, 2013 - 2017



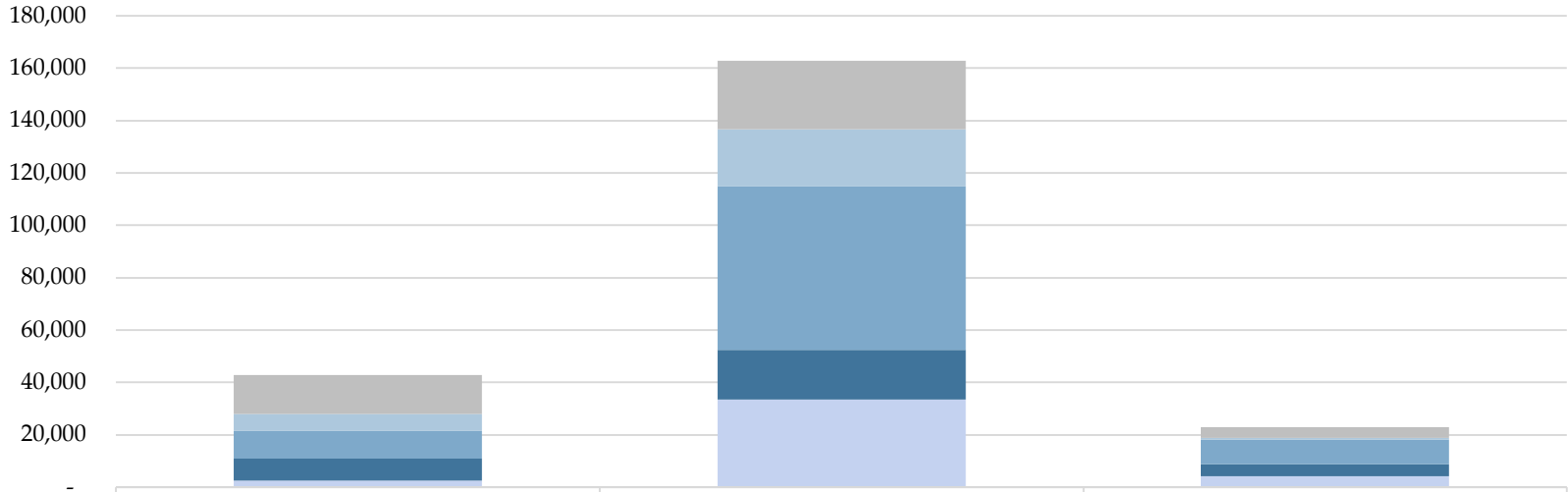
	2013	2014	2015	2016	2017
Private	32,089	34,822	39,884	42,129	41,784
Medicare	17,692	17,683	18,861	17,700	19,657
Medicaid	96,720	95,186	96,848	92,510	95,387
Uninsured	94,582	92,283	74,428	78,243	77,690
Total	241,083	239,974	230,021	230,582	234,518

- Of the more than 234,500 primary care users reported in 2017, approximately 40% were insured through the Medicaid program, 34% were uninsured, 18% were privately insured and 8% were insured through the Medicare program.
- Over the past year, Medicare insured users increased by 11%, while uninsured users remained relatively stable.

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. While users are unduplicated within each organization, there may be some duplication in total user counts across reporting organizations if a patient was seen at more than one organization in 2017.

Of the more than 207,300 primary care safety net users in 2017, for which racial data is available, approximately 69% were African American/Black, 18% were White and 13% were from the "Other" racial category.

Primary Care Users by Race and Payor, 2017



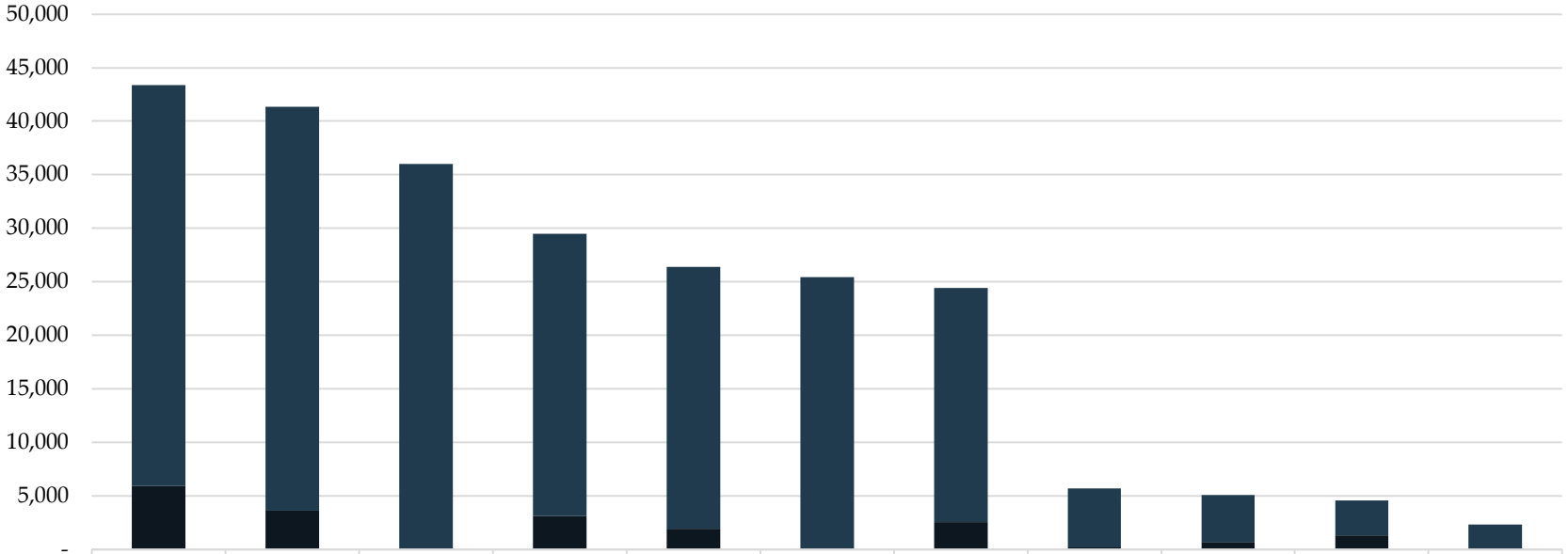
	White	African American/Black	Other
Private	14,966	26,201	4,030
Medicare	6,506	21,686	662
Medicaid	10,650	62,519	9,454
Uninsured	8,346	18,933	4,522
Unknown	2,480	33,464	4,148
All Payors	37,092	143,555	26,660

- Approximately 23% of all White primary care users, 13% of all African American/Black primary care users and 17% of all users included in the "Other" racial group are uninsured.
- Based on census data for the general population of St. Louis City and County, about 5% of all Whites, 12% of all African Americans/Blacks and 14% of those included in the "Other" racial group are uninsured.

Note: There may be some duplication in the user count across safety net organizations in the region. The "other" racial/ethnic group includes: those of Asian, American Indian/Alaska Native and Native Hawaiian/Other Pacific Islander descent, as well as those identifying with more than one racial/ethnic group, those identifying as Hispanic/Latino and those whose race/ethnicity is unknown. However, the American Community Survey includes Hispanic/Latinos throughout all racial groups, whereas all Hispanic/Latinos safety net users, regardless of race, are captured separately in the "other" category only. BJK People's did not provide payor data for their users by race. Therefore, all of their users have been included in the unknown payor grouping. The SPOT, St. Louis County Department of Public Health, Casa de Salud and SSM Cardinal Glennon did not provide racial data for all of their users in 2017 included on page 21 of this report.

In 2017, there were more than 234,500 individuals who utilized safety net primary care services. Of that number, providers reported more than 19,200 new users.

Total Primary Care Users and New Users by Organization, 2017

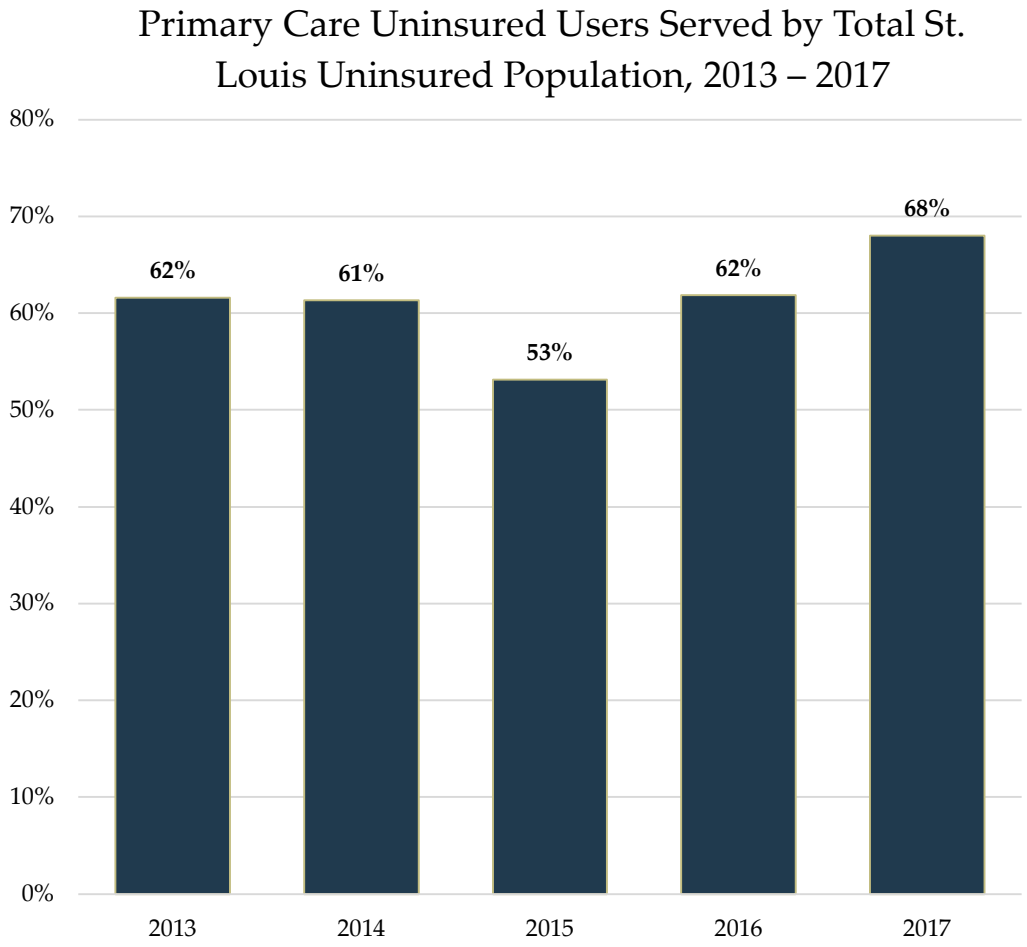


	Affinia Healthcare	St. Louis County Dept. of Public Health	BJK People's Health Centers	BJH Clinics	Family Care Health Centers	SLUCare	CareSTL Health	SSM	Mercy JFK Clinic	The SPOT	St. Luke's Pediatric Care Center
Existing Users	37,470	37,772	36,018	26,366	24,509	25,440	21,887	5,556	4,384	3,241	2,284
New Users	5,897	3,598	-	3,101	1,900	-	2,554	152	699	1,308	-
Total	43,367	41,370	36,018	29,467	26,409	25,440	24,441	5,708	5,083	4,549	2,284

- Of the more than 234,500 primary care users reported in 2017, approximately 8% were new users as compared to 12% in 2016.
- The SPOT, Mercy JFK Clinic, Affinia Healthcare and BJH Clinics had the highest percentage of new users in 2017: 29%, 14%, 14% and 11%, respectively.

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. While users are unduplicated within each organization, there may be some duplication in total user counts across reporting organizations if a patient was seen at more than one organization in 2017. New users are defined as any user who had a new patient encounter in 2017, based on CPT codes 99201-99205, and who had never been seen or had not been seen by that organization in at least three years. SLUCare, BJK People's and St. Luke's Pediatric Care Center did not report new users in 2017. The "SSM" category includes St. Mary's Health Center and Glennon Care Pediatrics. Data for SSM's Danis Pediatrics is included in SLUCare's data, as this clinic is serviced by SLUCare providers.

Safety net primary care providers served roughly 68% of the total uninsured population in St. Louis City and County in 2017.

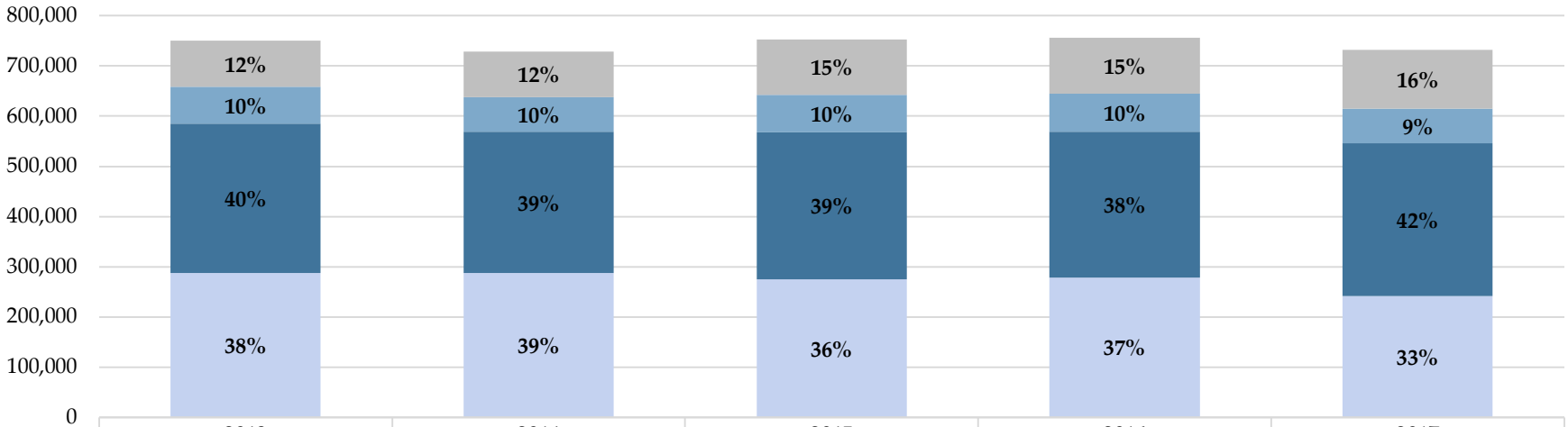


Year	Uninsured Users	Uninsured Population
2013	94,582	153,596
2014	92,283	150,382
2015	74,428	140,073
2016	78,243	126,503
2017	77,690	114,179

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. While users are unduplicated within each organization, there may be some duplication in total user counts across reporting organizations if a patient was seen at more than one organization in 2017. The numerator for this rate is the number of primary care uninsured users within the safety net, while the denominator is the number of users uninsured within the St. Louis area. St. Louis area uninsured estimates based on county level data from the American Community Survey, released September 2018.

Total primary care encounters at safety net organizations in St. Louis have remained relatively stable over the past five years.

Total Primary Care (Medical, Behavioral Health & Dental) Encounters by Payor Category, 2013 - 2017



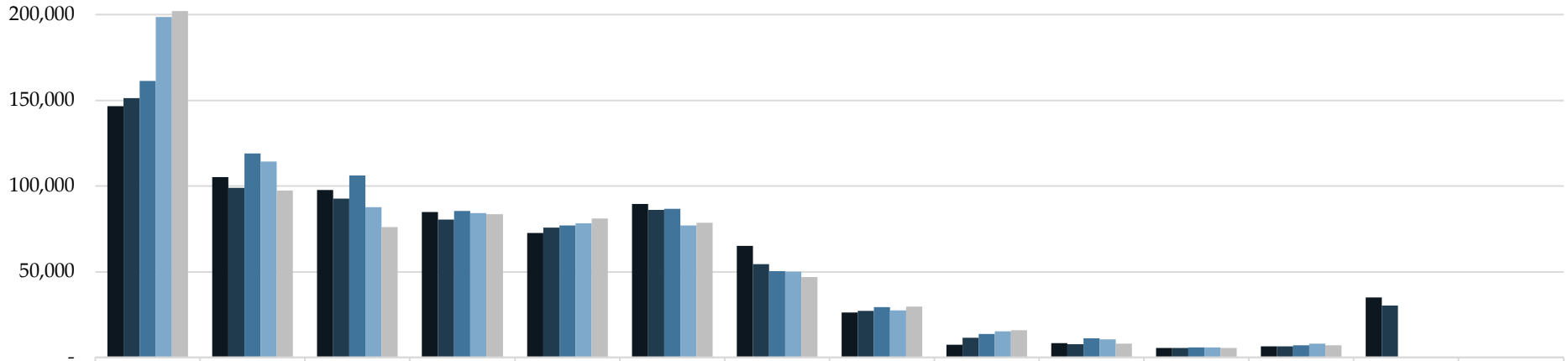
	2013	2014	2015	2016	2017
Private	92,483	90,098	110,155	112,285	116,868
Medicare	72,868	69,549	75,178	75,047	68,584
Medicaid	298,067	281,383	293,171	290,919	304,510
Uninsured	287,097	287,190	274,353	278,418	241,555
Total	750,515	728,220	752,857	756,669	731,517

- Of the more than 731,500 total primary care encounters reported in 2017, approximately 42% were among the Medicaid population, 33% were among the uninsured, 16% were among those privately insured and 9% were among the Medicare population.
- Uninsured and Medicare primary care encounters decreased by 16% and 6%, respectively, over the past five years, while private insured primary care encounters have increased by 26%, since 2013.

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. The number of individuals enrolled in MO HealthNet (Medicaid) from St. Louis City and County decreased by 16% over the past year. Primary care encounters include all medical, dental, mental health, substance abuse and other encounters provided by a primary care organization. Additional slides have been provided on medical, dental and behavioral health encounters.

Patient volumes varied at most major St. Louis safety net organizations in 2017.

Total Primary Care Encounters by Organization, 2013 - 2017



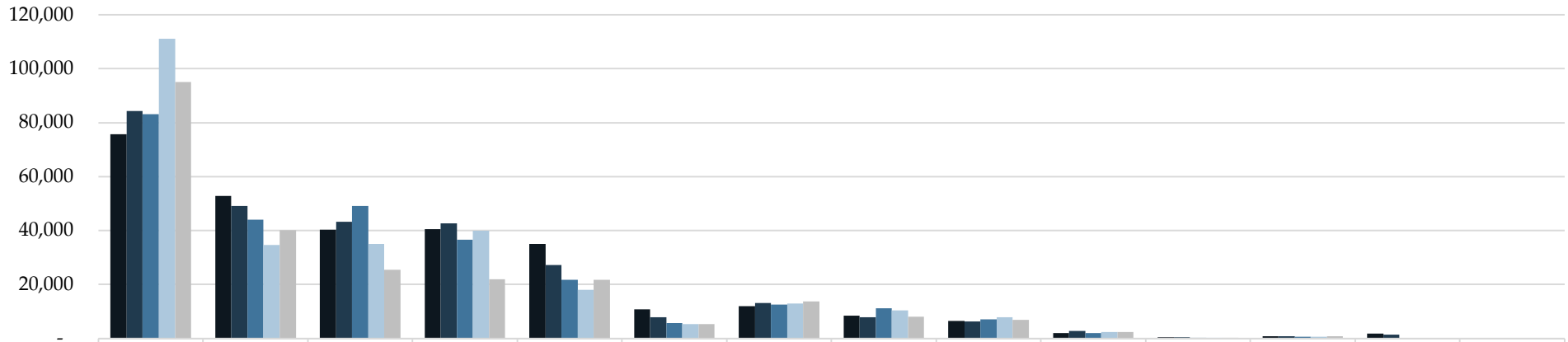
	Affinia Healthcare	BJK People's Health Centers	CareSTL Health	SLUCare	Family Care Health Centers	St. Louis County Dept. of Public Health	BJH Clinics	Mercy JFK Clinic	SSM	The SPOT	St. Luke's Pediatric Care Center	Casa de Salud	Health and Dental Care for Kids	Total
2013	146,670	105,328	97,593	84,748	72,564	89,553	65,177	26,080	7,520	8,430	5,368	6,513	34,971	750,515
2014	151,201	98,994	92,579	80,403	75,793	86,193	54,373	27,266	11,611	7,781	5,374	6,308	30,344	728,220
2015	161,391	118,954	106,096	85,473	76,916	86,829	50,236	29,325	13,519	11,167	5,874	7,077	-	752,857
2016	198,537	114,187	87,622	84,248	78,341	77,108	49,914	27,402	15,276	10,419	5,763	7,852	-	756,669
2017	202,095	97,340	76,202	83,478	80,952	78,632	46,940	29,588	15,729	8,058	5,567	6,936	-	731,517
2016-2017	2%	-15%	-13%	-1%	3%	2%	-6%	8%	3%	-23%	-3%	-12%	-	-3%

- Total primary care encounters increased by 8% at Mercy JFK Clinic.
- Total primary care encounters decreased by more than 5% at five primary care organizations over the past year: The SPOT (23%), BJK People's (15%), CareSTL Health (13%), Casa de Salud (12%) and BJH Clinics (6%).

Note: Health and Dental Care for Kids did not report data for 2013, and figures from 2011 were used to estimate data for those years. In 2015, BJK People's Health Centers acquired Health and Dental Care for Kids. As of 2015, all encounters and users at Health and Dental Care for Kids' site are included in BJK People's data. The "SSM" category includes St. Mary's Health Center and Glennon Care Pediatrics. Data for SSM's Danis Pediatrics is included in SLUCare's data, as this clinic is serviced by SLUCare providers. Primary care encounters include all medical, dental, mental health and substance abuse encounters provided by a primary care organization.

Uninsured primary care encounters have increased at four safety net primary care organizations over the past year.

Uninsured Primary Care Encounters by Organization, 2013 - 2017



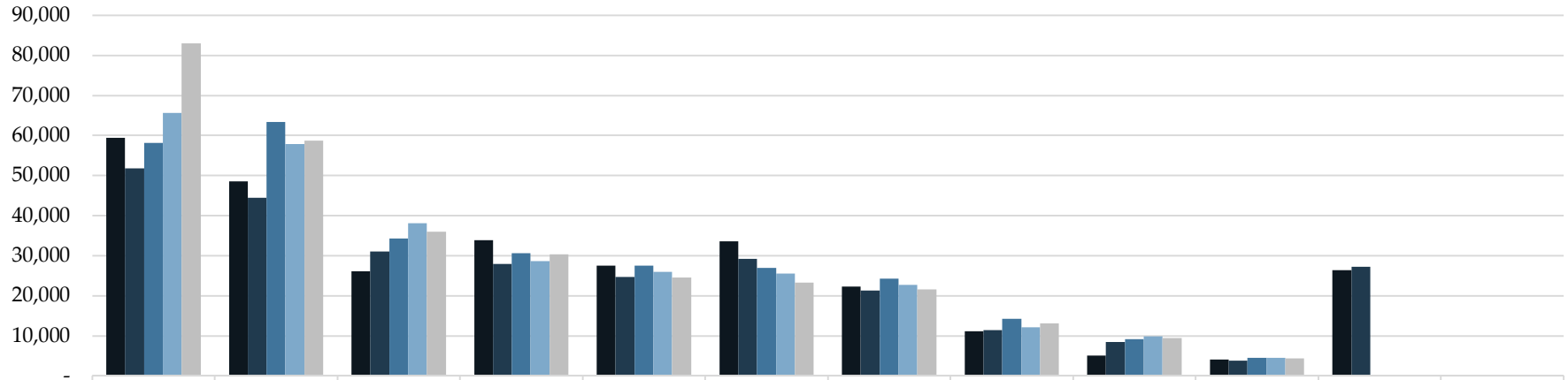
	Affinia Healthcare	St. Louis County Dept. of Public Health	CareSTL Health	BJK People's Health Centers	Family Care Health Centers	BJH Clinics	Mercy JFK Clinic	The SPOT	Casa de Salud	SLUCare	St. Luke's Pediatric Care Center	SSM	Health and Dental Care for Kids	Total
2013	75,764	52,767	40,406	40,513	35,027	10,793	12,032	8,430	6,513	1,938	422	735	1,757	287,097
2014	84,254	49,102	43,321	42,704	27,266	7,927	13,217	7,781	6,308	2,796	450	741	1,323	287,190
2015	83,061	44,069	49,107	36,677	21,821	5,691	12,630	11,167	7,077	2,089	290	674	-	274,353
2016	111,039	34,620	35,007	39,972	18,019	5,339	12,909	10,419	7,852	2,395	184	663	-	278,418
2017	94,992	40,043	25,377	21,980	21,740	5,325	13,766	8,058	6,936	2,480	107	751	-	241,555
2016-2017	-15%	16%	-28%	-45%	21%	0%	7%	-23%	-12%	4%	-42%	13%	-	-13%

- The four safety net primary care organizations with an increase of 5% or more in uninsured encounters over the past year include: Family Care Health Centers (21%), St. Louis County Department of Public Health (16%), SSM (13%), and Mercy JFK (7%).
- Uninsured encounters decreased at six safety net primary care organizations over the past year: BJK People's (45%), St. Luke's Pediatric Care Center (42%), CareSTL (28%), The SPOT (23%), Affinia Healthcare (15%) and Casa de Salud (12%).

Note: Health and Dental Care for Kids did not report data for 2013 and figures from 2011 were used to estimate data for those years. In 2015, BJK People's Health Centers acquired Health and Dental Care for Kids. As of 2015, all encounters and users at Health and Dental Care for Kids' site are included in BJK People's data. The "SSM" category includes St. Mary's Health Center and Glennon Care Pediatrics. Data for SSM's Danis Pediatrics is included in SLUCare's data, as this clinic is serviced by SLUCare providers. Primary care encounters include all medical, dental, mental health and substance abuse encounters provided by a primary care organization. BJH Clinics had an additional 9,993 unknown encounters in 2017.

Medicaid primary care encounters have decreased by 5% or more at four safety net primary care organizations over the past year.

Medicaid Primary Care Encounters by Organization, 2013 - 2017



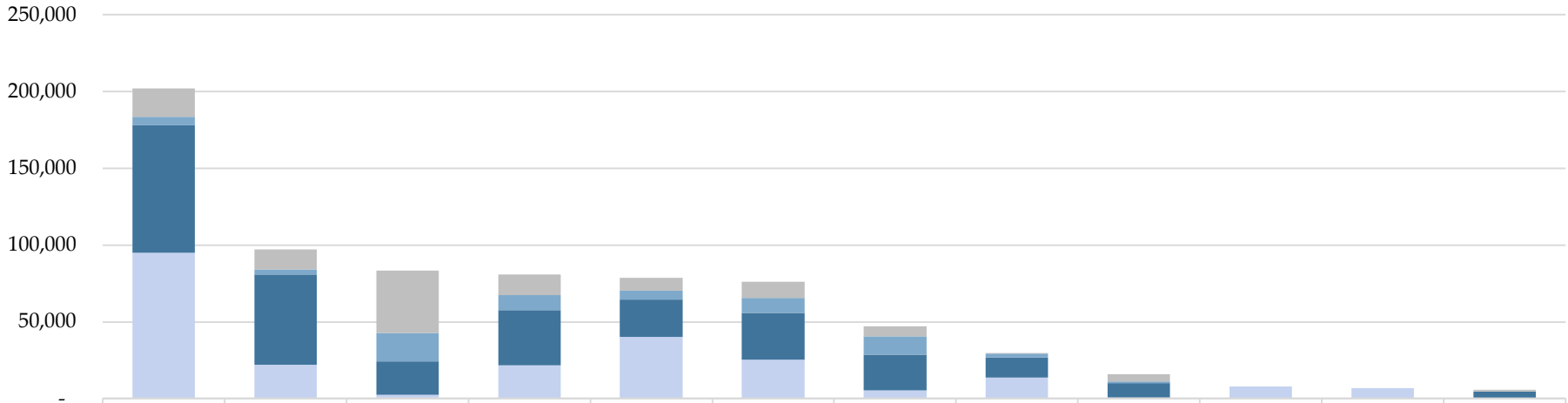
	Affinia Healthcare	BJK People's Health Centers	Family Care Health Centers	CareSTL Health	St. Louis County Dept. of Public Health	BJH Clinics	SLUCare	Mercy JFK Clinic	SSM	St. Luke's Pediatric Care Center	Health and Dental Care for Kids	Total
2013	59,357	48,600	26,139	33,921	27,494	33,605	22,360	11,100	5,013	4,092	26,386	298,067
2014	51,869	44,468	31,013	27,953	24,651	29,227	21,264	11,376	8,475	3,865	27,222	281,383
2015	58,177	63,415	34,328	30,649	27,506	26,935	24,279	14,210	9,102	4,570	-	293,171
2016	65,651	57,929	38,101	28,622	25,973	25,551	22,757	12,080	9,804	4,451	-	290,919
2017	83,056	58,718	36,005	30,407	24,512	23,226	21,652	13,069	9,483	4,382	-	304,510
2016-2017	27%	1%	-6%	6%	-6%	-9%	-5%	8%	-3%	-2%	-	5%

- The four primary care organizations with a decrease in Medicaid primary care encounters over the past year include: BJH Clinics (9%), Family Care Health Centers (6%), St. Louis County Department of Public Health (6%) and SLUCare (5%).
- Medicaid primary care encounters increased by more than 6% over the past year at three safety net primary care organizations: Affinia Healthcare (27%), Mercy JFK (8%) and CareSTL Health (6%).

Note: In 2015, BJK People's Health Centers acquired Health and Dental Care for Kids. As of 2015, all encounters and users at Health and Dental Care for Kids' site are included in BJK People's data. The "SSM" category includes St. Mary's Health Center and Glennon Care Pediatrics. Data for SSM's Danis Pediatrics is included in SLUCare's data, as this clinic is serviced by SLUCare providers. Primary care encounters include all medical, dental, mental health and substance abuse encounters provided by a primary care organization.

There are significant differences in the proportion of uninsured patients served among safety net primary care providers.

Primary Care Encounters by Organization and Payor Category, 2017

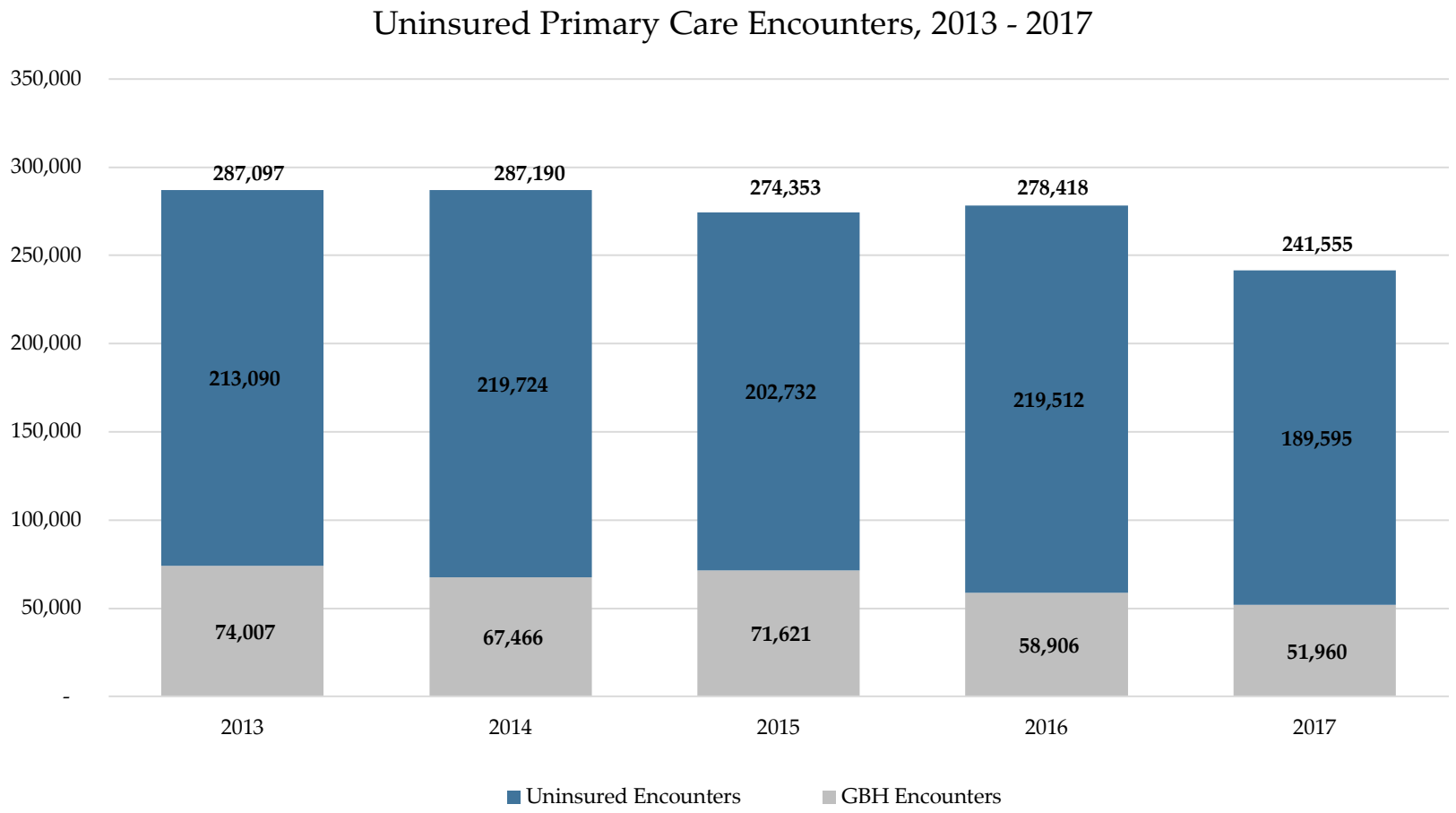


	Affinia Healthcare	BJK People's Health Centers	SLUCare	Family Care Health Centers	St. Louis County Dept. of Public Health	CareSTL Health	BJH Clinics	Mercy JFK Clinic	SSM	The SPOT	Casa de Salud	St. Luke's Pediatric Care Center
Private	18,646	13,083	40,765	13,407	8,165	10,693	6,286	223	4,522	-	-	1,078
Medicare	5,401	3,559	18,581	9,800	5,912	9,725	12,103	2,530	973	-	-	-
Medicaid	83,056	58,718	21,652	36,005	24,512	30,407	23,226	13,069	9,483	-	-	4,382
Uninsured	94,992	21,980	2,480	21,740	40,043	25,377	5,325	13,766	751	8,058	6,936	107
Total	202,095	97,340	83,478	80,952	78,632	76,202	46,940	29,588	15,729	8,058	6,936	5,567
% Uninsured	47%	23%	3%	27%	51%	33%	11%	47%	5%	100%	100%	2%

Six primary care organizations (Affinia Healthcare, St. Louis County Department of Public Health, CareSTL Health, Casa de Salud, The SPOT and Mercy JFK Clinic) have payor mixes with at least 30% uninsured encounters.

Note: The "SSM" category includes St. Mary's Health Center and Glennon Care Pediatrics. Data for SSM's Danis Pediatrics is included in SLUCare's data, as this clinic is serviced by SLUCare providers. Primary care encounters include all medical, dental, mental health and substance abuse encounters provided by a primary care organization.

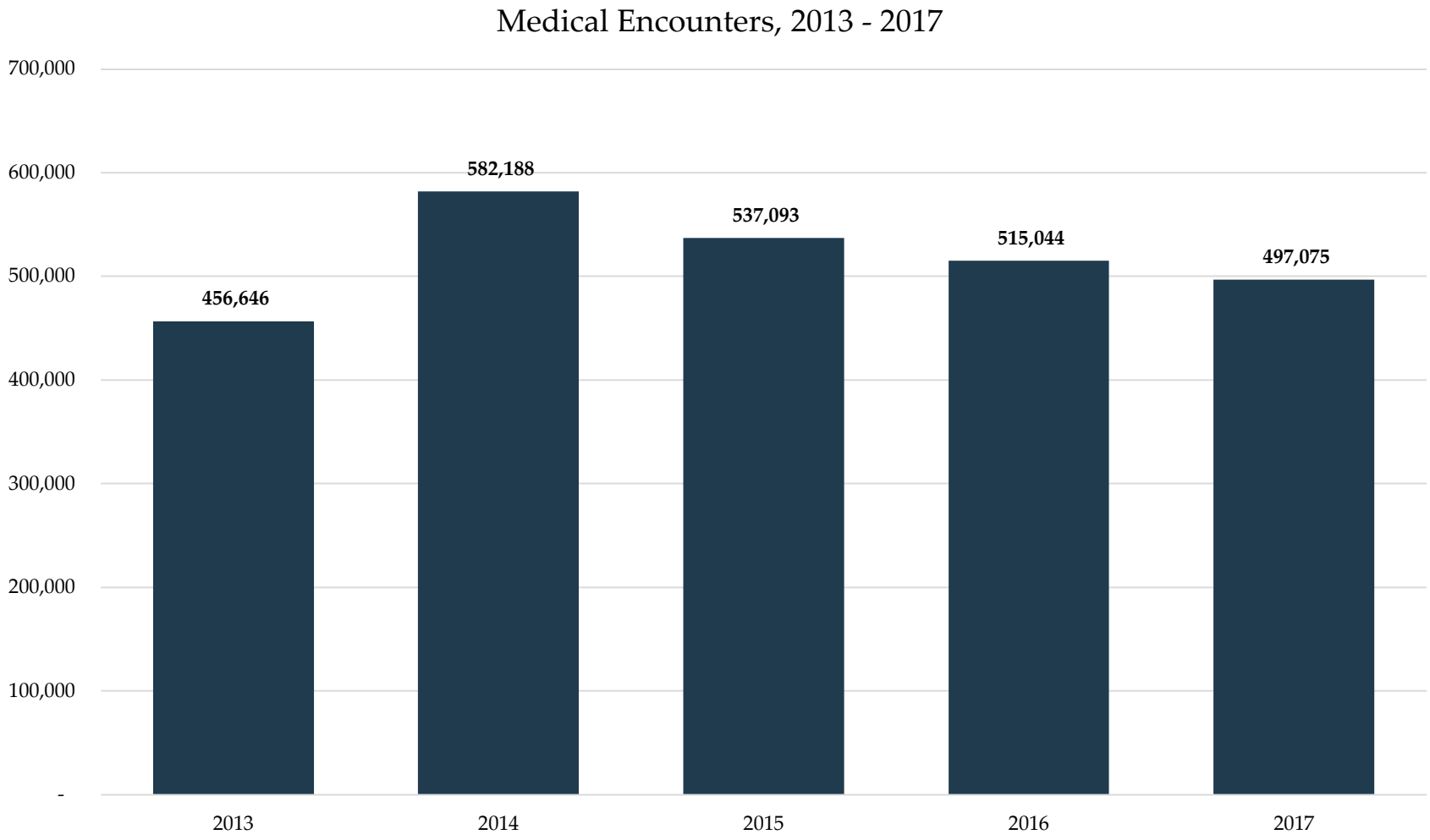
Uninsured primary care encounters have decreased by 13% over the past year.



- Uninsured primary care encounters have decreased by 16% since 2013.
- Gateway to Better Health primary care encounters declined by 12%, compared to 2016.
- Approximately 51,900 primary care encounters were provided to Gateway to Better Health patients in 2017, comprising 22% of all uninsured primary care safety net encounters.

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. The Gateway to Better Health program began in July 2012. Beginning January 1, 2014, income eligibility for the Gateway to Better Health program was reduced to 100% of the federal poverty line (FPL). Consistent with the trend in reported encounters among Gateway patients, overall enrollment for the Gateway program has declined over time from an average of 18,732 in 2016 to an average of 16,195 in 2017. An additional 36,000+ diagnostic and other outpatient services were provided to Gateway to Better Health patients in 2017, which are not included in the chart above.

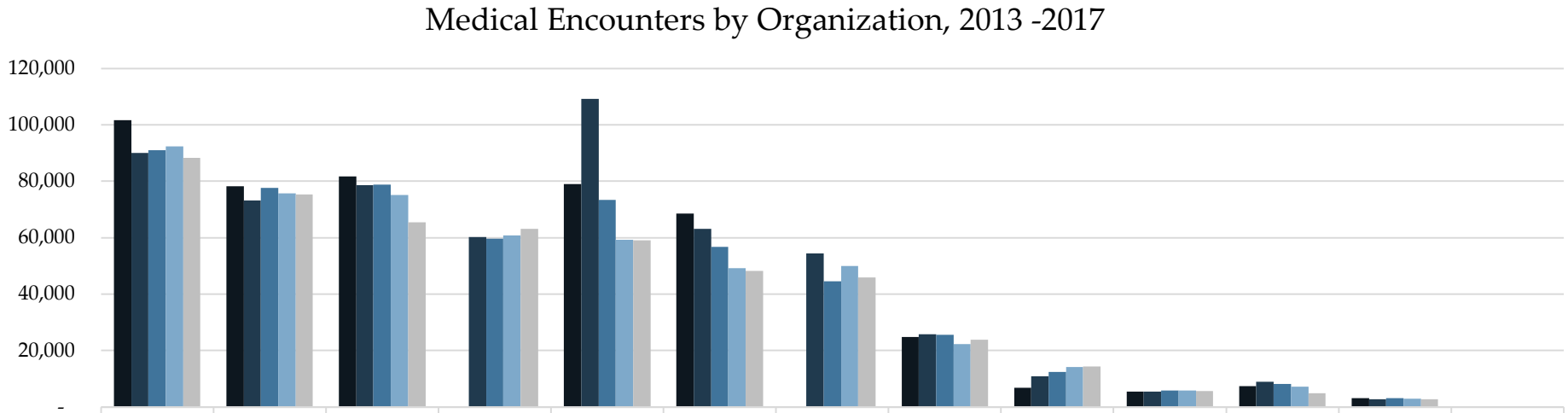
Total medical encounters remained relatively stable over the past year.



Total medical encounters at safety net organizations have increased by 9% since 2013.

Note: Medical encounters are considered those individual visits performed by a physician, nurse practitioner, physician assistant, certified nurse midwife or other nursing staff.

Medical encounters have decreased by 5% or more at four safety net organizations over the past year, while increasing by 112% at SSM since 2013.



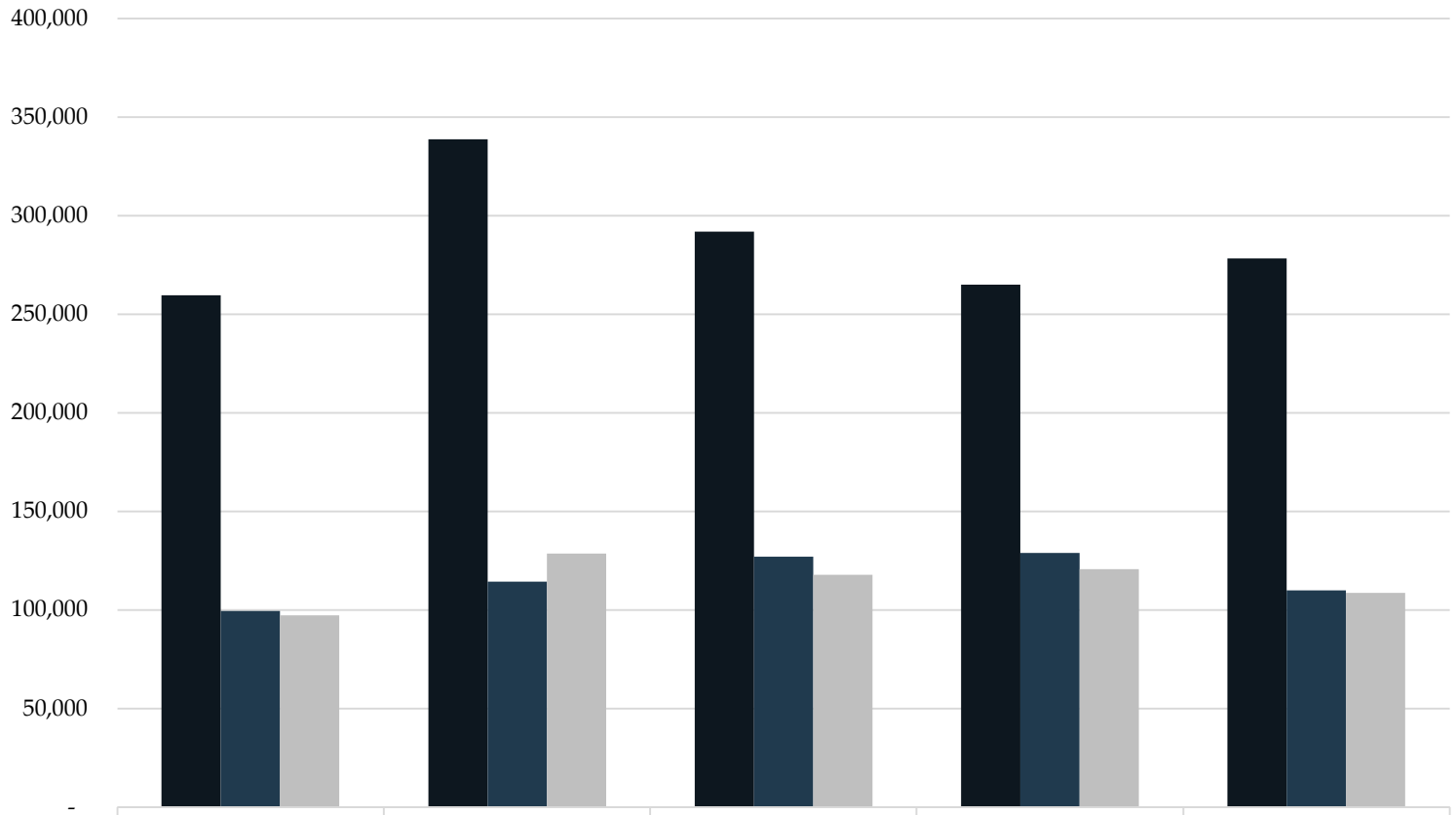
	Affinia Healthcare	SLUCare	BJK People's Health Centers	Family Care Health Centers	St. Louis County Dept. of Public Health	CareSTL Health	BJH Medicine Clinics	Mercy JFK Clinic	SSM	St. Luke's Pediatric Care Center	The SPOT	Casa de Salud	Total
2013	101,698	78,248	81,713	-	79,049	68,533	-	24,824	6,758	5,368	7,372	3,083	456,646
2014	90,002	73,123	78,578	60,226	109,148	63,072	54,373	25,715	10,879	5,374	8,905	2,793	582,188
2015	90,999	77,653	78,799	59,635	73,379	56,831	44,545	25,603	12,355	5,874	8,208	3,212	537,093
2016	92,368	75,700	75,093	60,867	59,331	49,238	49,918	22,372	14,093	5,763	7,266	3,035	515,044
2017	88,357	75,406	65,440	63,033	59,138	48,321	45,947	23,842	14,298	5,567	4,892	2,834	497,075
2013-2017	-13%	-4%	-20%	-	-25%	-29%	-	-4%	112%	4%	-34%	-8%	9%
2016-2017	-4%	0%	-13%	4%	0%	-2%	-8%	7%	1%	-3%	-33%	-7%	-3%

- Medical encounters have decreased at four organizations over the past year: The SPOT (33%), BJK People's (13%), BJH Medicine Clinics (8%) and Casa de Salud (7%).
- Medical encounters at SSM have increased by 112% since 2013.

Note: The "SSM" category includes St. Mary's Health Center and Glennon Care Pediatrics. Data for SSM's Danis Pediatrics is included in SLUCare's data, as this clinic is serviced by SLUCare providers.

Medical encounters among pediatrics and obstetrics/gynecology have decreased by 10% or more over the past year, while medical encounters among adults have increased by 5%.

Medical Encounters by User Type, 2013 - 2017



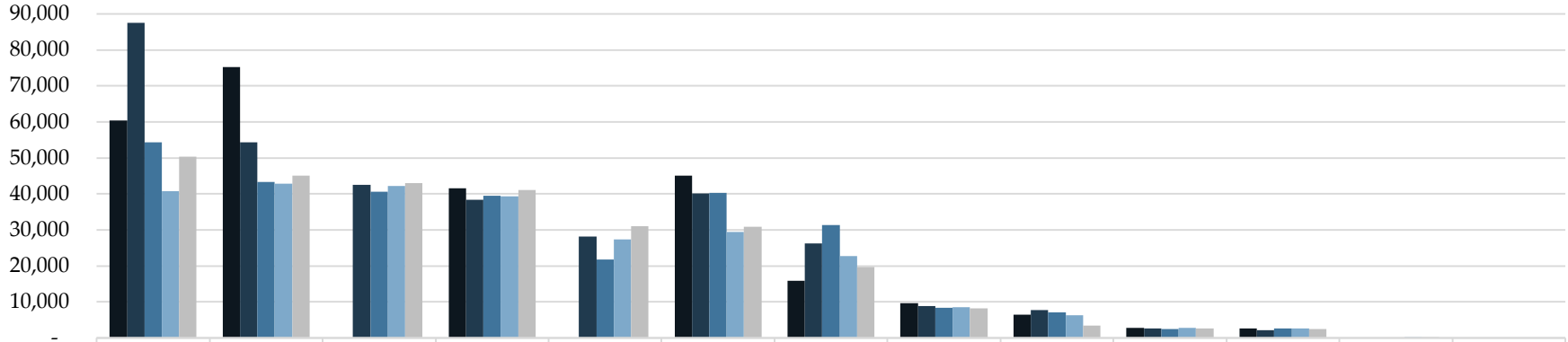
	2013	2014	2015	2016	2017
Adult Encounters	259,650	338,849	291,944	265,187	278,378
Pediatric Encounters	99,666	114,555	127,183	129,111	109,899
OB/GYN Encounters	97,330	128,784	117,966	120,746	108,798

- Adult encounters have increased by 5% over the past year, while increasing by 7% since 2013.
- Pediatric encounters have decreased by 15% over the past year, while increasing by 10% since 2013.
- Obstetrics/gynecology encounters have decreased by 10% over the past year, while increasing by 12% since 2013.

Note: The "SSM" category includes St. Mary's Health Center and Glennon Care Pediatrics. Data for SSM's Danis Pediatrics is included in SLUCare's data, as this clinic is serviced by SLUCare providers.

Total adult medical encounters increased by 5% over the past year, while increasing by 7% since 2013.

Adult Medical Encounters by Organization, 2013 - 2017



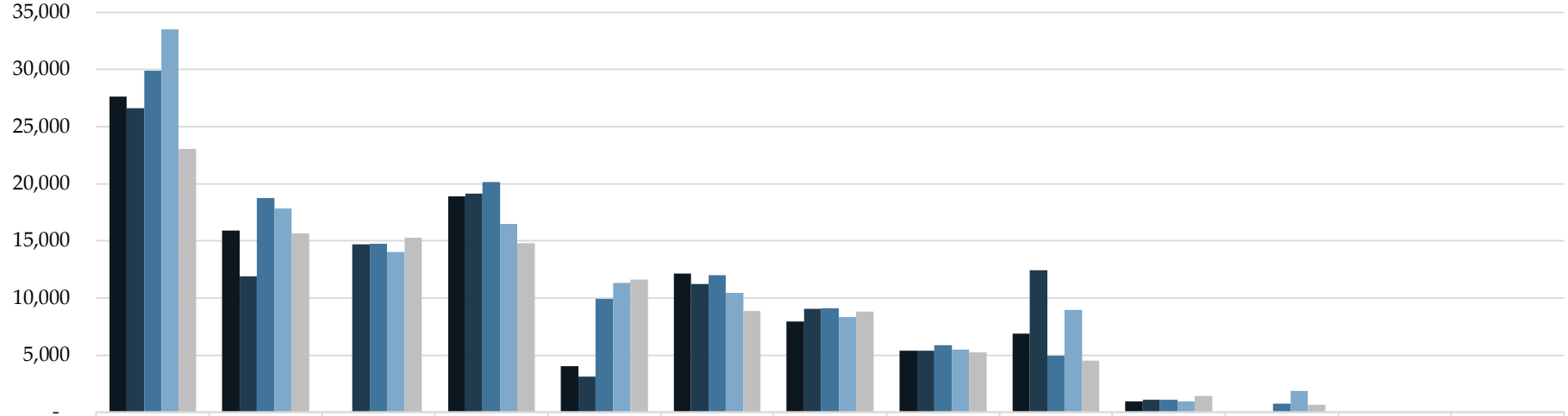
	St. Louis County Dept. of Public Health	Affinia Healthcare	Family Care Health Centers	SLUCare	BJH Medicine Clinics	CareSTL Health	BJK People's Health Centers	Mercy JFK Clinic	The SPOT	SSM	Casa de Salud	St. Luke's Pediatric Care Center	Total
2013	60,478	75,268	-	41,503	-	45,092	15,887	9,680	6,443	2,734	2,565	-	199,172
2014	87,507	54,392	42,532	38,434	28,113	40,127	26,268	8,876	7,817	2,617	2,166	-	251,342
2015	54,384	43,334	40,568	39,556	21,786	40,332	31,397	8,370	7,133	2,457	2,627	-	237,560
2016	40,738	42,773	42,215	39,383	27,380	29,392	22,759	8,570	6,309	2,777	2,591	300	224,449
2017	50,355	45,141	42,971	41,067	31,100	30,951	19,656	8,267	3,450	2,709	2,408	303	228,023
2013-2017	-17%	-40%	-	-1%	-	-31%	24%	-15%	-46%	-1%	-6%	-	7%
2016-2017	24%	6%	2%	4%	14%	5%	-14%	-4%	-45%	-2%	-7%	1%	5%

- Adult medical encounters decreased by 7% or more at three organizations over the past year: The SPOT (45%), BJK People's (14%) and Casa de Salud (7%).
- Adult medical encounters increased by 5% or more over the past year at four organizations: St. Louis County Department of Public Health (24%), BJH Medicine Clinics (14%), Affinia Healthcare (6%) and CareSTL (5%).
- Adult medical encounters decreased by 6% or more at 6 organizations over the past five years: The SPOT (46%), Affinia Healthcare (40%), CareSTL Health (31%), St. Louis County Department of Public Health (17%), Mercy JFK Clinic (15%) and Casa de Salud (6%).

Note: The "SSM" category includes St. Mary's Health Center and Glennon Care Pediatrics. Data for SSM's Danis Pediatrics is included in SLUCare's data, as this clinic is serviced by SLUCare providers.

Total pediatric medical encounters decreased by 15% over the past year, while increasing by 10% since 2013.

Pediatric Medical Encounters by Organization, 2013 - 2017



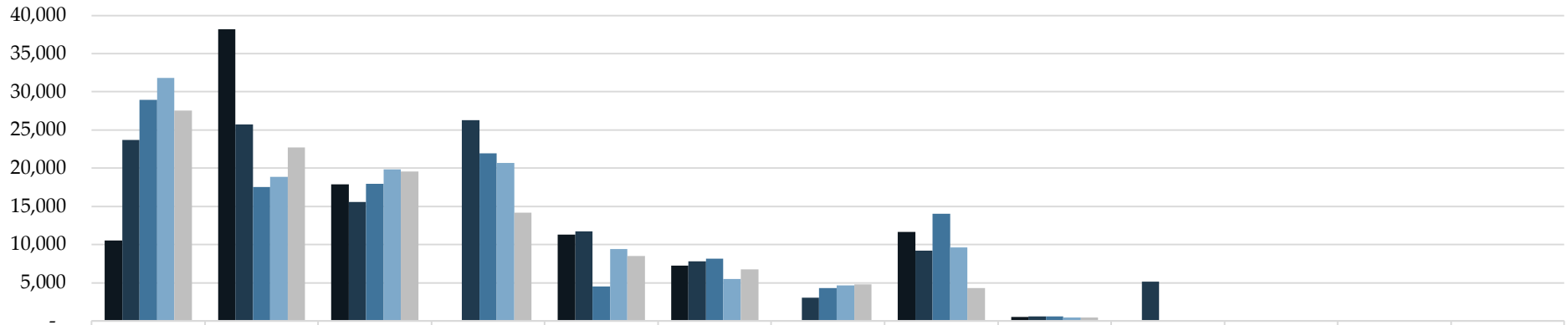
	BJK People's Health Centers	Affinia Healthcare	Family Care Health Centers	SLUCare	SSM	CareSTL Health	Mercy JFK Clinic	St. Luke's Pediatric Care Center	St. Louis County Dept. of Public Health	The SPOT	BJH Medicine Clinics	Casa de Salud	Total
2013	27,622	15,893	-	18,878	4,024	12,138	7,927	5,368	6,882	929	-	5	99,666
2014	26,598	11,878	14,674	19,127	3,097	11,241	9,065	5,374	12,406	1,088	6	1	114,555
2015	29,896	18,751	14,732	20,132	9,898	11,985	9,091	5,874	4,971	1,075	777	1	127,183
2016	33,494	17,807	14,007	16,468	11,316	10,434	8,325	5,463	8,959	957	1,880	1	129,111
2017	23,048	15,648	15,298	14,777	11,589	8,837	8,819	5,264	4,503	1,442	673	1	109,899
2013-2017	-17%	-2%	-	-22%	188%	-27%	11%	-2%	-35%	55%	-	-80%	10%
2016-2017	-31%	-12%	9%	-10%	2%	-15%	6%	-4%	-50%	51%	-64%	0%	-15%

- Pediatric medical encounters decreased by 10% or more at six safety net organizations over the past year: BJH Medicine Clinics (64%), St. Louis County Department of Public Health (50%), BJK People's (31%), CareSTL Health (15%), Affinia Healthcare (12%) and SLUCare (10%).
- Pediatric medical encounters increased at three organizations over the past year: The SPOT (51%), Family Care Health Centers (9%) and Mercy JFK (6%).

Note: The "SSM" category includes St. Mary's Health Center and Glennon Care Pediatrics. Data for SSM's Danis Pediatrics is included in SLUCare's data, as this clinic is serviced by SLUCare providers.

Total OB/GYN medical encounters decreased by 10% over the past year, while increasing by 12% since 2013.

OB/GYN Medical Encounters by Organization, 2013 - 2017



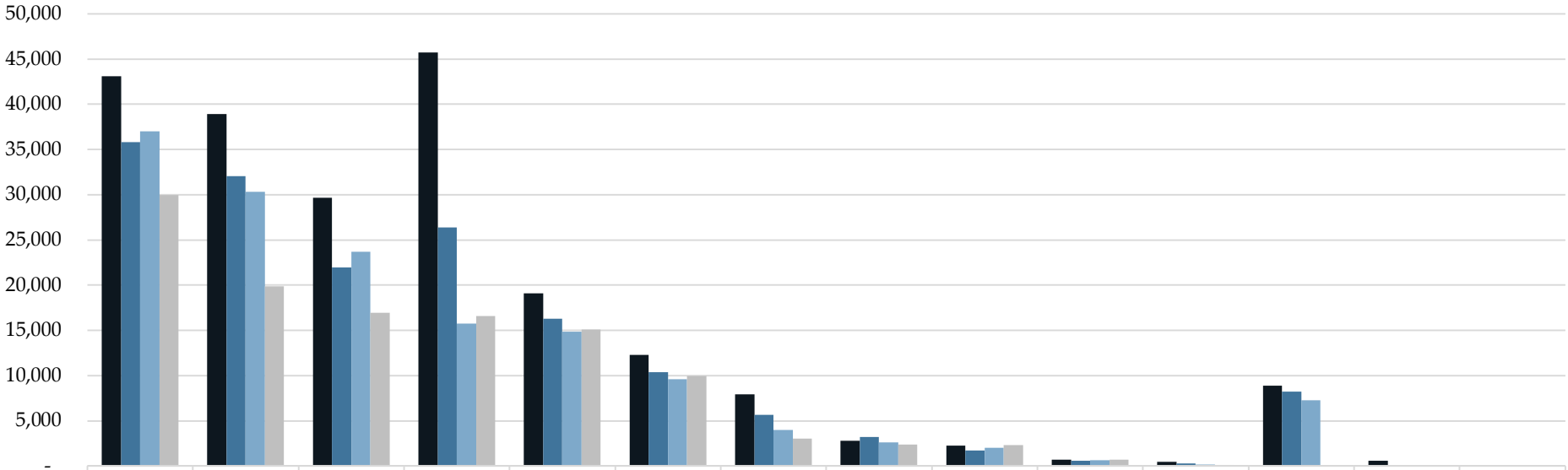
	Affinia Healthcare	BJK People's Health Centers	SLUCare	BJH Medicine Clinics	CareSTL Health	Mercy JFK Clinic	Family Care Health Centers	St. Louis County Dept. of Public Health	Casa de Salud	SSM	St. Luke's Pediatric Care Center	The SPOT	Total
2013	10,537	38,204	17,867	-	11,303	7,217	-	11,689	513	-	-	-	97,330
2014	23,732	25,712	15,562	26,254	11,704	7,774	3,020	9,235	626	5,165	-	-	128,784
2015	28,914	17,506	17,965	21,982	4,514	8,142	4,335	14,024	584	-	-	-	117,966
2016	31,788	18,840	19,849	20,658	9,412	5,477	4,645	9,634	443	-	-	-	120,746
2017	27,568	22,736	19,562	14,174	8,533	6,756	4,764	4,280	425	-	-	-	108,798
2013-2017	162%	-40%	9%	-	-25%	-6%	-	-96%	-17%	-	-	-	12%
2016-2017	-13%	21%	-1%	-31%	-9%	23%	3%	-56%	-4%	-	-	-	-10%

- OB/GYN medical encounters decreased by 9% or more at four safety net organizations over the past year: St. Louis County Department of Public Health (56%), BJH Medicine Clinics (31%), Affinia Healthcare (13%) and CareSTL Health (9%).
- OB/GYN medical encounters at BJK People's and Mercy JFK Clinic have increased by 21% and 23%, respectively, over the past year.
- OB/GYN medical encounters decreased by 6% or more at five safety organizations since 2013: St. Louis County Department of Public Health (96%), BJK People's (40%), CareSTL Health (25%), Casa de Salud (17%) and Mercy JFK Clinic (6%).

Note: The "SSM" category includes St. Mary's Health Center and Glennon Care Pediatrics. Data for SSM's Danis Pediatrics is included in SLUCare's data, as this clinic is serviced by SLUCare providers.

Uninsured medical encounters decreased at five safety net organizations by 5% or more over the past year.

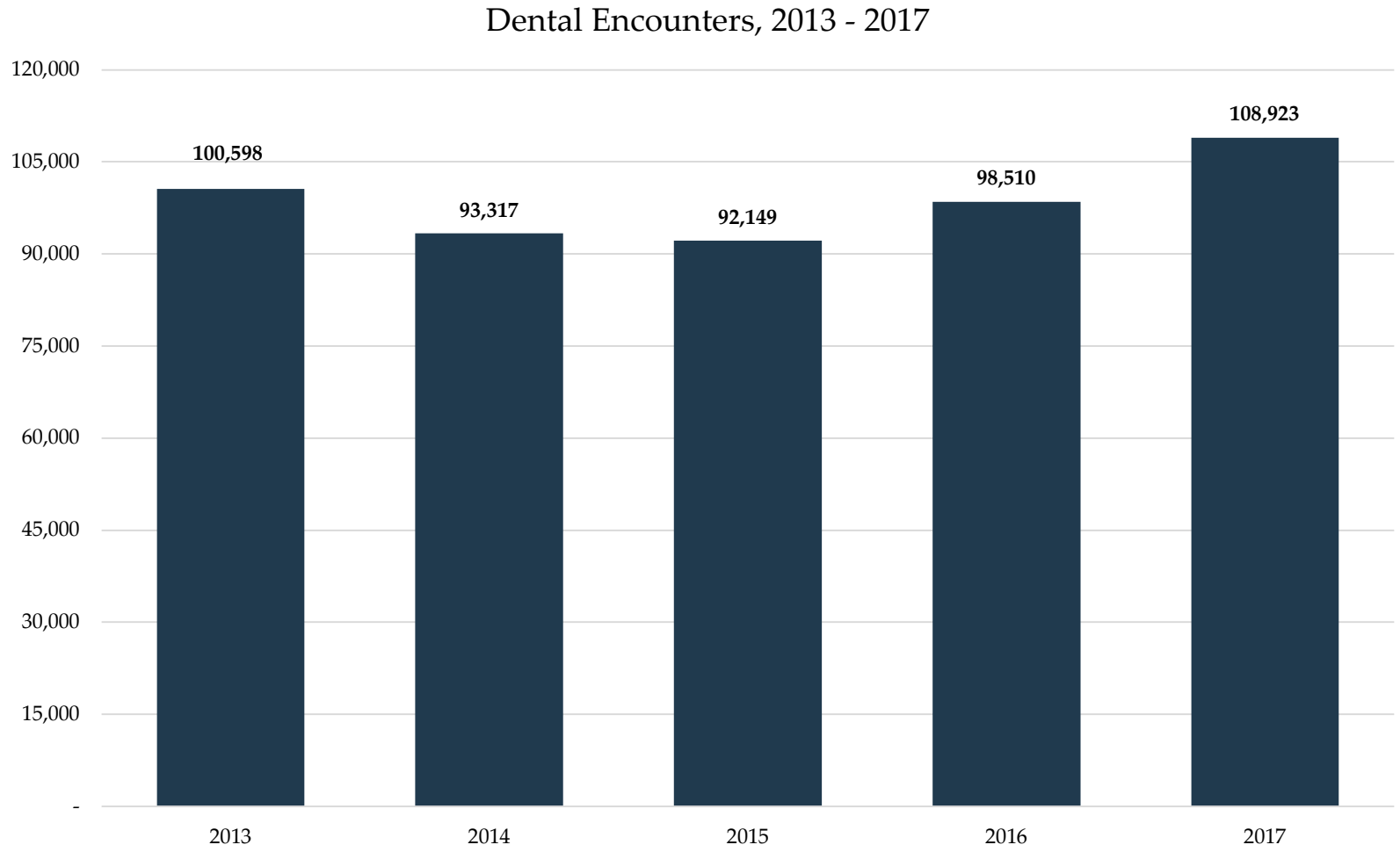
Uninsured Medical Care Encounters by Organization, 2014 - 2017



	Affinia Healthcare	St. Louis County Dept of Public Health	BJK People's Health Centers	CareSTL Health	Family Care Health Centers	Mercy FK Clinic	BJH Clinics	Casa de Salud	SLUCare	SSM	St. Luke's Pediatric Care Center	The SPOT	Health and Dental Care for Kids	Total
2014	43,080	38,910	29,671	45,703	19,121	12,262	7,927	2,793	2,256	719	450	8,905	559	212,356
2015	35,843	32,033	21,954	26,404	16,282	10,397	5,635	3,212	1,697	600	290	8,208	-	162,555
2016	36,984	30,300	23,715	15,739	14,870	9,629	3,994	2,591	2,019	622	184	7,266	-	147,913
2017	29,952	19,872	16,962	16,573	15,116	9,963	3,053	2,408	2,300	702	107	-	-	117,008
2016-2017	-19%	-34%	-28%	5%	2%	3%	-24%	-7%	14%	13%	-42%	-	-	-21%

- Uninsured medical encounters decreased by more than 20% at five safety net organizations over the past year: St. Luke's Pediatric Care Center (42%), St. Louis County Department of Public Health (34%), BJK People's (28%), BJH Clinics (24%) and Affinia Healthcare (19%).
- Uninsured medical encounters increased by 5% or more at three safety net organizations over the past year: SLUCare (14%), SSM (13%) and CareSTL Health (5%).

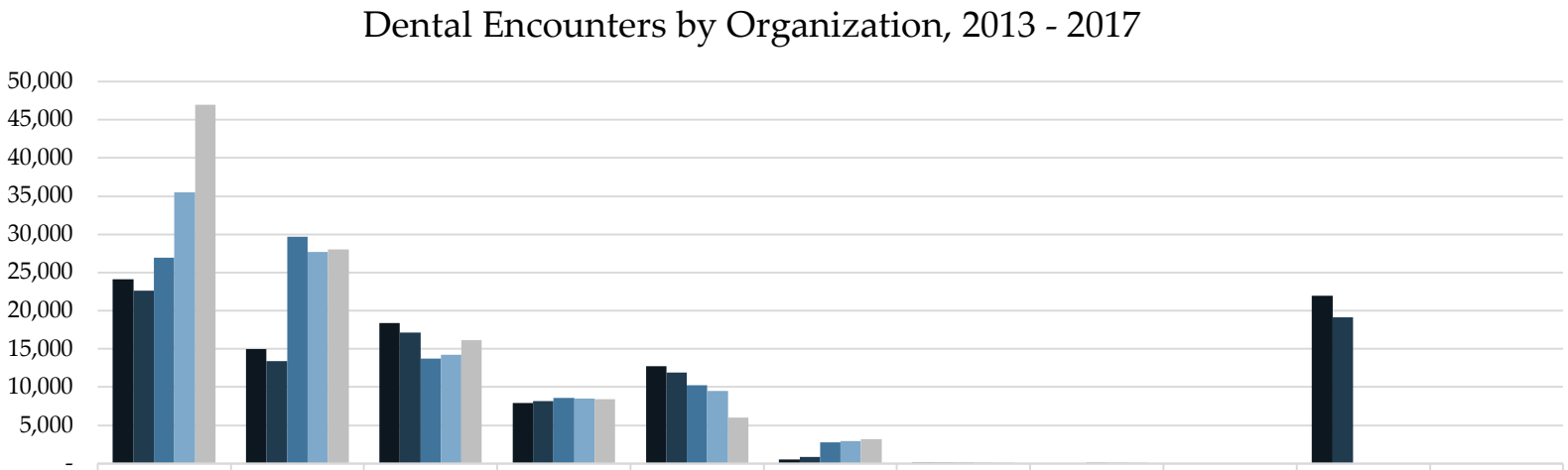
Dental encounters at safety net primary care organizations increased by 8% over the past five years.



- Dental encounters provided at safety net primary care providers have increased by 11% over the past year.
- Pediatric dental encounters comprise 27% (over 29,800 encounters) of all dental encounters reported in 2017.

Note: Health and Dental Care for Kids did not report data for 2013 and figures from 2011 were used to estimate data for those years. The Gateway to Better Health program reimburses for limited dental services for adults.

Dental encounters have increased at four safety net primary care organizations over the past year, while decreasing at one organization.

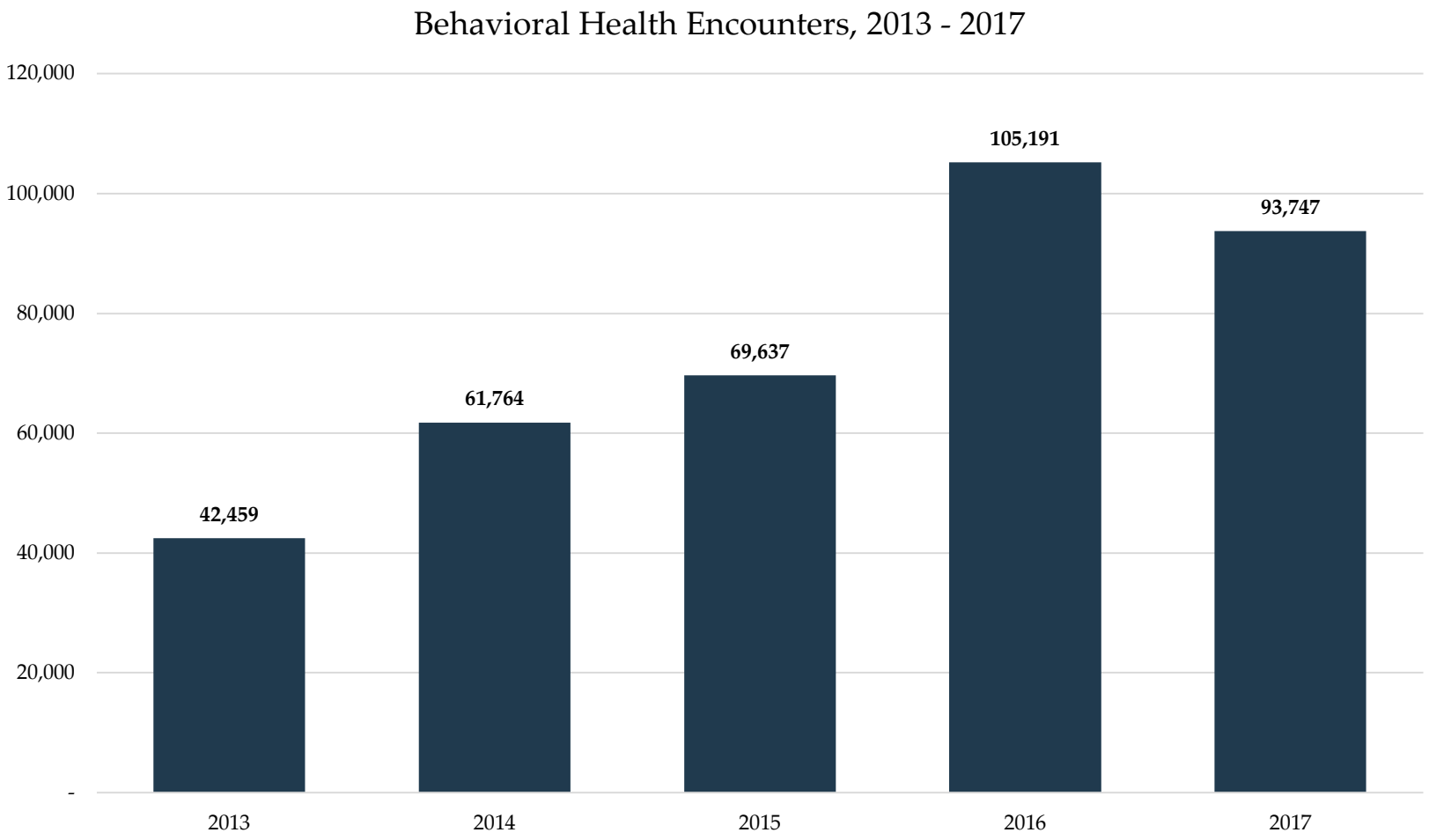


	Affinia Healthcare	BJK People's Health Centers	CareSTL Health	Family Care Health Centers	St. Louis County Dept. of Public Health	Mercy JFK Clinic	The SPOT	BJH Clinics	St. Luke's Pediatric Care Center	Health and Dental Care for Kids	Total
2013	24,093	14,941	18,355	7,887	12,711	553	58	-	-	22,000	100,598
2014	22,638	13,424	17,133	8,174	11,920	858	62	-	-	19,108	93,317
2015	26,925	29,659	13,759	8,621	10,242	2,801	99	43	-	-	92,149
2016	35,518	27,715	14,263	8,503	9,507	2,925	68	11	-	-	98,510
2017	46,960	28,001	16,144	8,448	6,032	3,199	81	58	-	-	108,923
2016-2017	32%	1%	13%	-1%	-37%	9%	19%	427%	-	-	11%

- The four primary care organizations with reported increases in dental encounters over the past year include: Affinia Healthcare (32%), The SPOT (19%), CareSTL Health (13%) and Mercy JFK (9%).
- Dental encounters at St. Louis County Department of Public health decreased over the past five years.

Note: Health and Dental Care for Kids did not report data for 2013, and figures from 2011 were used to estimate data for those years. In 2015, BJK People's Health Centers acquired Health and Dental Care for Kids. As of 2015, all encounters and users at Health and Dental Care for Kids' site are included in BJK People's data. Affinia Healthcare expanded dental operations in June 2015 with the opening of a dental training clinic, in partnership with A.T. Still University.

Behavioral health encounters at safety net primary care providers have increased by 121% (51,200), since 2013.

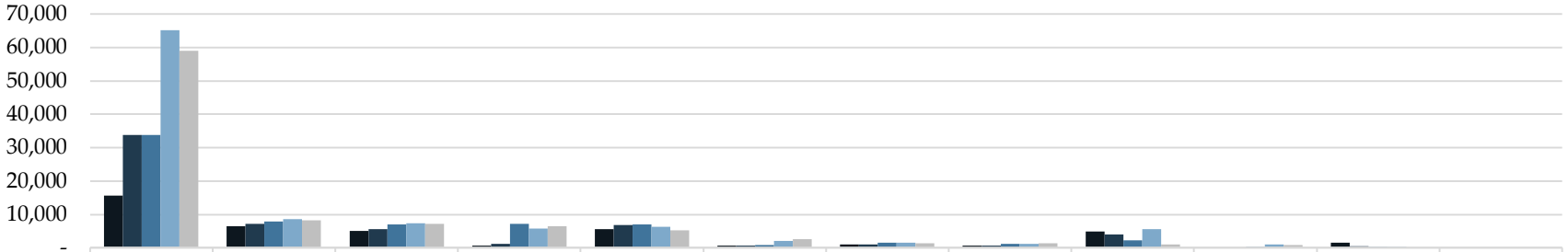


Behavioral health encounters at safety net primary care providers decreased by 11% over the past year.

Note: Behavioral health services at primary care organizations may differ from those provided at traditional community mental health centers. These encounters may include, but are not limited to, psychiatry services, psychology services, individual counseling services with clinical social workers or other mental health providers, group counseling sessions, detox services, encounters with alcohol and substance abuse specialists and other outpatient behavioral health services.

Behavioral health encounters have decreased by 5% or more at six safety net primary care organizations over the past year.

Behavioral Health Encounters by Organization, 2013 - 2017



	Affinia Healthcare	SLUCare	Family Care Health Centers	CareSTL Health	St. Louis County Dept. of Public Health	Mercy Hospital JFK Clinic	The SPOT	SSM	BJK People's Health Centers	BJH Clinics	Casa de Salud	Total
2013	15,676	6,500	5,098	605	5,675	703	1,007	686	4,888	-	1,621	42,459
2014	33,787	7,280	5,614	1,293	6,839	693	982	682	4,089	-	505	61,764
2015	33,774	7,820	7,012	7,258	7,052	921	1,575	1,164	2,334	338	389	69,637
2016	65,217	8,548	7,452	5,855	6,354	2,105	1,604	1,183	5,559	1,046	268	105,191
2017	59,065	8,170	7,187	6,428	5,265	2,547	1,446	1,431	1,065	935	208	93,747
2016-2017	-9%	-4%	-4%	10%	-17%	21%	-10%	21%	-81%	-11%	-22%	-11%

- The six primary care organizations with decreases in behavioral health encounters over the past year include: BJK People's (81%), Casa de Salud (22%), St. Louis County Department of Public Health (17%), BJH (11%), The SPOT (10%) and Affinia Healthcare (9%).
- Behavioral health encounters increased at Mercy JFK, SSM and CareSTL Health by 21%, 21% and 10%, respectively, over the past year.

Note: Encounters above represent behavioral health services provided at St. Louis County Department of Public Health clinics, as well as services provided through their contracted provider, Family Mental Health Collaborative. St. Louis County Department of Public Health ended its partnership with Family Mental Health Collaborative in late 2017. Affinia contracts with the Salvation Army to provide substance abuse services. In 2016, the Salvation Army opened a new site, reaching full capacity. This significantly expanded access to substance abuse services through group counseling sessions and is the primary driver for the increase in uninsured encounters served through Affinia in 2016. CareSTL Health increased capacity for behavioral health services in 2014 and 2015 by hiring licensed clinical social workers. BJK People's provides additional primary care behavioral health services through their affiliation with ALM Hopewell Center. The "SSM" category includes St. Mary's Health Center and Glennon Care Pediatrics. Data for SSM's Danis Pediatrics is included in SLUCare's data, as this clinic is serviced by SLUCare providers. Mercy JFK Clinic expanded access to behavioral health services in 2016 by hiring additional counselors.

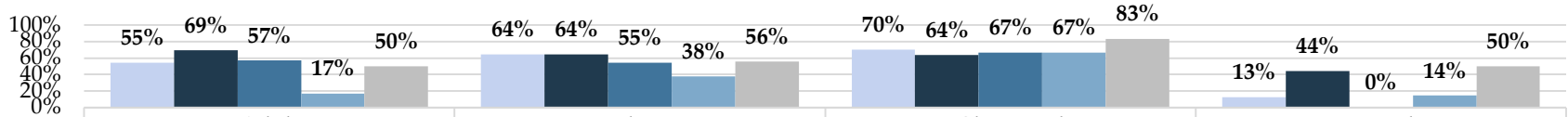
Evening and weekend hours remain available at St. Louis primary care safety net sites.

Organization	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Affinia Healthcare Sites*	8:30am-7:00pm	8:30am-7:00pm	8:30am-7:00pm	8:30am-7:00pm	8:30am-7:00pm	9:00am-5:00pm	Closed
BJH Clinics	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	Closed	Closed
BJK People's Health Center Sites*	8:00am-7:00pm	8:00am-8:30pm	8:00am-8:30pm	8:00am-7:30pm	8:00am-5:30pm	10:00am-4:00pm	Closed
Casa de Salud	8:30am-5:00pm	8:30am-5:00pm	8:30am-5:00pm	8:30am-5:00pm	8:30am-5:00pm	8:30am-1:00pm	12:30pm-5:00pm
Family Care Sites*	8:00am-5:00pm	8:00am-8:00pm	8:00am-5:00pm	8:00am-8:00pm	8:00am-5:00pm	8:00am-1:00pm	Closed
Mercy JFK Clinic	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	Closed	Closed
CareSTL Health Sites*	7:00am-5:00pm	7:00am-5:00pm	8:00am-6:00pm	7:00am-5:00pm	8:00am-5:00pm	Closed	Closed
SLUCare	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	Closed	Closed
SSM Cardinal Glennon Danis Pediatrics/Glennon Care at DePaul (Pediatric only)	7:30am-4:30pm	7:30am-4:30pm	7:30am-4:30pm	7:30am-4:30pm	7:30am-4:30pm	Closed	Closed
SSM St. Mary's	9:00am-4:00pm	9:00am-4:00pm	9:00am-4:00pm	9:00am-4:00pm	9:00am-4:00pm	Closed	Closed
St. Louis County Department of Public Health Sites	8:00am-5:00pm	8:00am-5:00pm	8:00am-5:00pm	8:00am-5:00pm	8:00am-5:00pm	Closed	Closed
St. Luke's Pediatric Care Center (Pediatric only)	8:00am-5:30pm	8:00am-4:30pm	8:00am-5:30pm	8:00am-4:30pm	8:00am-4:30pm	Closed	Closed
The SPOT	1:00pm-5:00pm	1:00pm-5:00pm	1:00pm-5:00pm	1:00pm-5:00pm	1:00pm-5:00pm	Closed	Closed

* Denotes organizations providing evening and weekend hours. For organizations with multiple sites, hours reported reflect sites with the longest available hours of operation each day. Affinia Healthcare and CareSTL Health had walk-in urgent care facilities available seven days a week throughout 2016 and 2017. However, as of January 1, 2017, urgent care services at Affinia are no longer available on Sundays, and CareSTL Health's urgent care facility has been permanently closed.

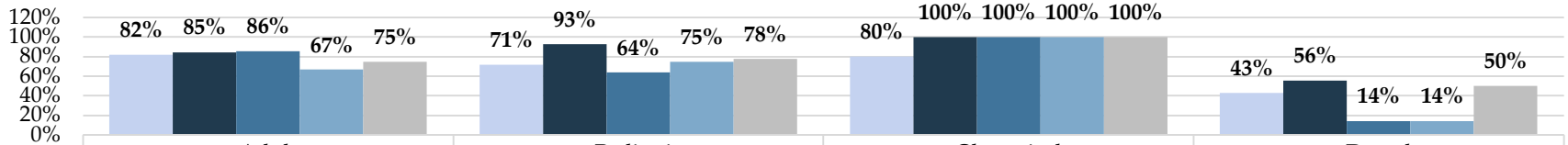
Appointment availability for new and returning patients varies by service line. Appointment availability has significantly decreased for new patients since 2013.

Number of Reporting Providers with Primary Care Appointment Availability within 14 Days of Request for New Patients, 2013 - 2017



	Adult	Pediatric	Obstetrical	Dental
2013	6/11	9/14	7/10	1/8
2014	9/13	9/14	7/11	4/9
2015	4/7	6/11	4/6	0
2016	1/6	3/8	4/6	1/7
2017	4/8	5/9	5/6	3/6

Number of Reporting Providers with Primary Care Appointment Availability within 14 Days of Request for Return Patients, 2013 - 2017



	Adult	Pediatric	Obstetrical	Dental
2013	9/11	10/14	8/10	3/7
2014	11/13	13/14	1	5/9
2015	6/7	7/11	1	1/7
2016	4/6	6/8	1	1/7
2017	6/8	7/9	1	3/6

- For both new and returning patients, appointment availability has increased over the past year for adult primary care services.
- Appointment availability for returning obstetrical patients has remained stable, while appointment availability for new and returning dental patients has increased over the past year.
- Appointment availability for both new and returning pediatric patients has increased over the past year.

Note: Percentages reflect the number of organizations who had appointments available within 14 days of request, as compared to the total number of organizations who reported wait times. Primary care organizations were asked to provide wait times as of July 2017. Wait times for pediatric appointments may be higher than usual due to the back-to-school season. Reported wait times are based on scheduling templates; experience in the health center may vary as many health centers utilize nurse triaging to schedule same day or next day appointments. Wait times reported above do not include triaged nursing appointments. The number "1" denotes that all reporting facilities have primary care appointment availability within 14 days for new and returning patients.

Wait times for non-urgent appointments vary across organizations, with the longest average wait times for new adult medical and dental appointments.

Organization	Wait Time for Non-Urgent Appointment (in days), as of June 2018							
	Pediatric New	Pediatric Returning	Obstetrical New	Obstetrical Returning	Adult New	Adult Returning	Dental New	Dental Returning
Affinia Healthcare	13	10	**15**	9	23	9	7	7
Family Care	17	6	13	3	36	12	59	45
The SPOT	4	4	-	-	1	1	60	**60**
Casa de Salud	**21**	21	-	-	21	21	-	-
CareSTL Health	5	2	10	**10**	10	5	10	10
BJK People's*	17	**37**	3	2	**95**	**38**	51	36
Mercy JFK Clinic	1	1	2	2	9	1	2	1
St. Luke's	20	10	-	-	-	-	-	-
St. Louis County Department of Public Health	1	2	5	4	7	7	**70**	5

- BJK People's has the longest wait time for both new and returning, *non-urgent* adult medical appointments.
- Casa de Salud has the longest wait time for new, *non-urgent* pediatric medical appointments, while BJK People's has the longest wait time for returning, *non-urgent* pediatric medical appointments.
- Affinia Healthcare has the longest wait time for new, *non-urgent* obstetrical medical appointments, while CareSTL Health has the longest wait time for returning, *non-urgent* obstetrical medical appointments.
- St. Louis County Department of Public Health has the longest wait time for new, *non-urgent* dental appointments, while The Spot has the longest wait time for returning, *non-urgent* dental appointments.

Note: Primary care organizations were asked to provide wait times as of June 2018. Wait times for pediatric appointments may be higher than usual due to the back-to-school season. Reported wait times are based on scheduling templates; experience in the health center may vary as many health centers utilize nurse triaging to schedule same day or next day appointments. Wait times reported above do not include triaged nursing appointments. Although the SPOT operates on a "first come, first served" basis; patients are allowed to come back the next day, if not seen.

Wait times for urgent appointments vary across organizations, with the longest average wait times for new and returning adult medical appointments.

Organization	Wait Time for Urgent Appointment (in days), as of June 2018							
	Pediatric New	Pediatric Returning	Obstetrical New	Obstetrical Returning	Adult New	Adult Returning	Dental New	Dental Returning
Affinia Healthcare*	1	1	1	1	2	2	-	-
Family Care	0	0	1	0	14	0	0	0
The SPOT	-	-	-	-	-	-	-	-
Casa de Salud	1	1	-	-	1	1	-	-
CareSTL Health	2	**2**	2	**2**	2	2	5	5
BJK People's	-	1	**3**	**2**	**35**	**4**	1	1
Mercy JFK Clinic	1	1	1	1	1	1	1	1
St. Luke's	**4**	1	-	-	**–**	**–**	**–**	-
St. Louis County Department of Public Health	1	1	1	1	1	1	**7**	**7**

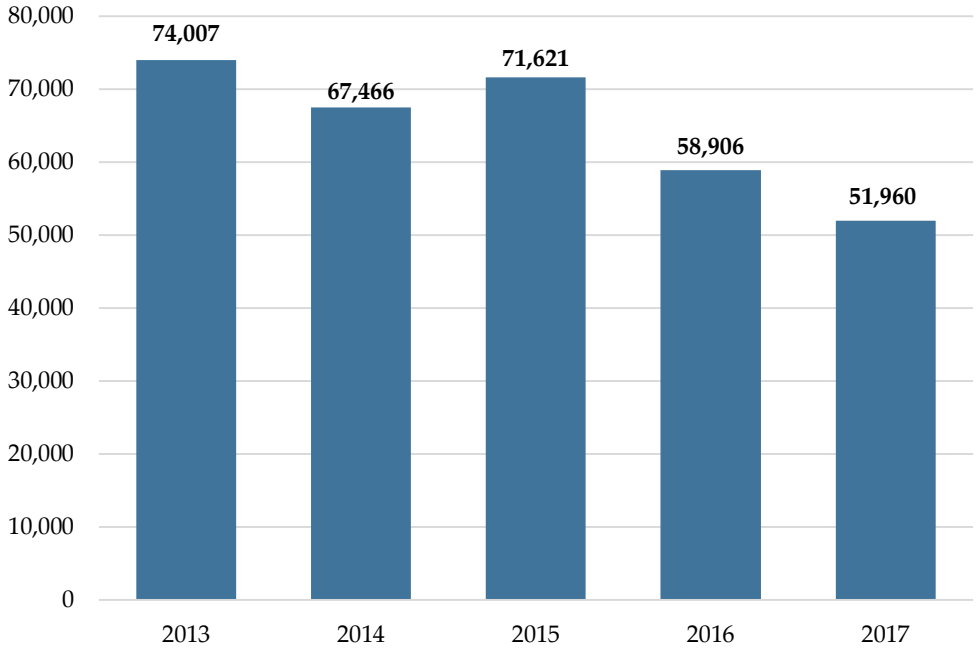
- St. Luke's has the longest wait time for new, *urgent* pediatric appointments, while CareSTL Health has the longest wait time for returning, *urgent* pediatric appointments.
- BJK People's has the longest wait time for new *urgent* obstetrical appointments, while CareSTL Health and BJK People's have the longest wait times for returning, *urgent* obstetrical appointments.
- BJK People's has the longest wait time for new and returning, *urgent* adult medical appointments.
- St. Louis County Department of Public Health has the longest wait time for both new and returning, *urgent* dental appointments.

*Indicates availability of walk-in urgent care services.

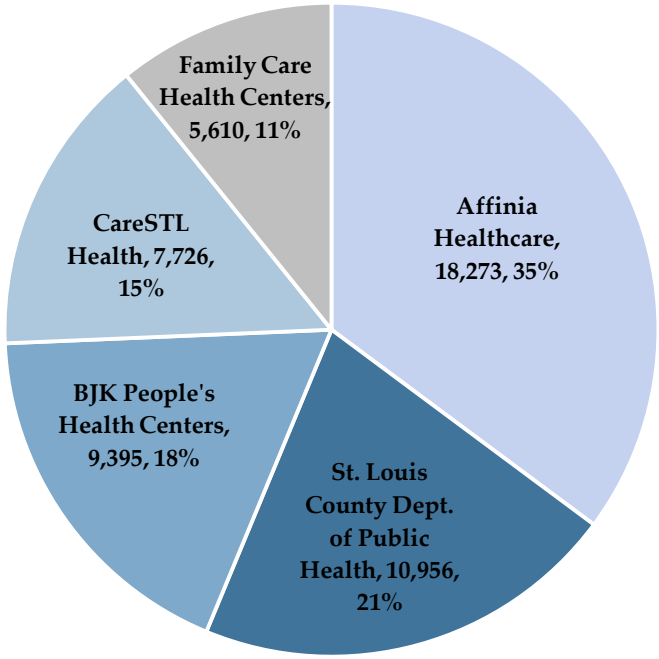
Note: Primary care organizations were asked to provide wait times as of June 2018. Wait times for pediatric appointments may be higher than usual due to the back-to-school season. Zero indicates same day appointments are available for that service line. Reported wait times are based on scheduling templates; experience in the health center may vary as many health centers utilize nurse triaging to schedule same day or next day appointments. Wait times reported above do not include triaged nursing appointments. The SPOT does not provide urgent appointment availability. Federally Qualified Health Centers (FQHCs) report having same day appointments available, as required by federal regulations.

More than 51,900 primary care encounters were provided to Gateway to Better Health patients in 2017, comprising 21% of all uninsured primary care encounters at St. Louis area safety net organizations.

Gateway to Better Health Encounters, 2013 - 2017



Gateway to Better Health Primary Care Encounters by Organization, 2017



- Over the past five years, Gateway to Better Health membership has declined by 21%, while the number of uninsured individuals residing in St. Louis City and County has declined by 38%.
- Primary care encounters among Gateway to Better Health patients have decreased by more than 30% over the past five years.
- Affinia Healthcare saw the highest volume of Gateway to Better Health primary care encounters (35%) in 2017.

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. The Gateway to Better Health program began in July 2012. As a result, reported encounters in 2012 only reflect encounters during a six-month period. Beginning January 1, 2014, income eligibility for the Gateway to Better Health program was reduced to 100% of the federal poverty line (FPL). This change in eligibility likely impacted the decline in Gateway encounters found in 2014, as compared to previous years. Consistent with the trend in reported encounters among Gateway patients, overall enrollment for the Gateway program has declined over time from an average of 18,732 in 2016 to an average of 16,195 in 2017.

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Emergency Care Analysis

Emergency Care: Introduction

This section reviews detailed operating statistics of reporting emergency care institutions in the St. Louis City and County area (see Appendix B for a list of 2018 reporting emergency care organizations). All of the reporting organizations are hospital emergency departments. Organizations report total encounters and users, as well as inpatient admissions, non-emergent encounters, left without being seen rates, left against medical advice rates and behavioral health emergency care encounters.

Gateway to Better Health is a limited coverage model that does not include reimbursement for emergency care services. Therefore, emergency department encounters and user volumes occurring among Gateway enrollees in calendar year 2017 are captured in the "uninsured" payor category of the figures presented.

Emergency Care: Key Findings

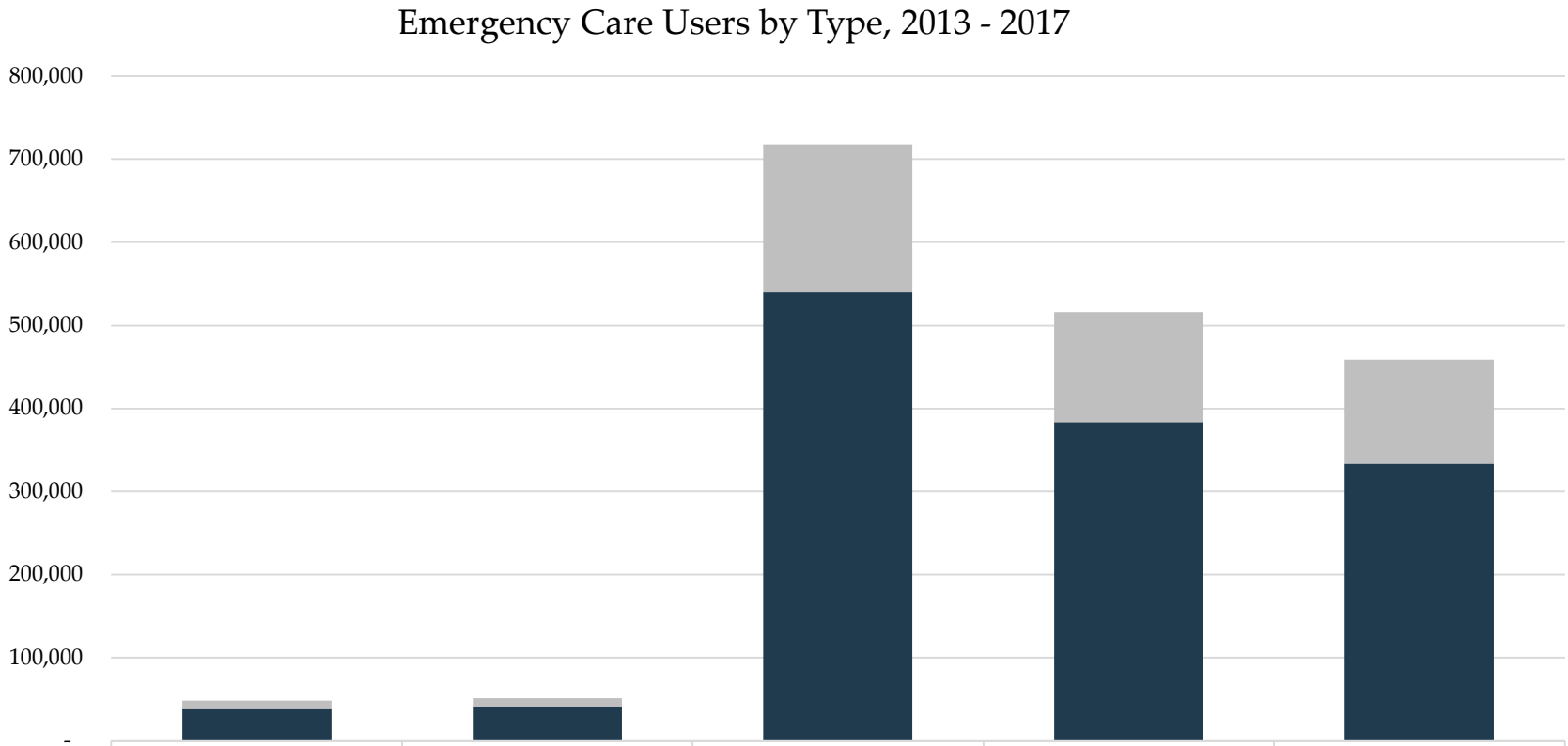
- Total emergency department encounters have remained relatively stable over the past year. Uninsured emergency department encounters at St. Louis area hospitals have also remained relatively stable from 2016 to 2017 (pages 50 and 53).

- Non-emergent encounters have remained relatively stable over the past year. Non-emergent encounters among Medicare, privately insured and uninsured patients have declined by 9%, 7% and 6%, respectively (page 56).

- Approximately 21,400 patients visiting St. Louis area emergency departments had at least four emergency department visits at the same hospital, representing 3% of all emergency department patients in 2017 (page 61). Among these patients, there were more than 119,900 emergency department encounters in 2017 (page 62).

- Emergency department encounters with behavioral health diagnoses (primary and secondary) have increased by 7% over the past year and account for 24% of all emergency department encounters in 2017, which is down from 32% in 2016 (page 63). The top primary behavioral health diagnoses are mood disorders, schizophrenia/delusional disorders and alcohol use disorders (page 64).

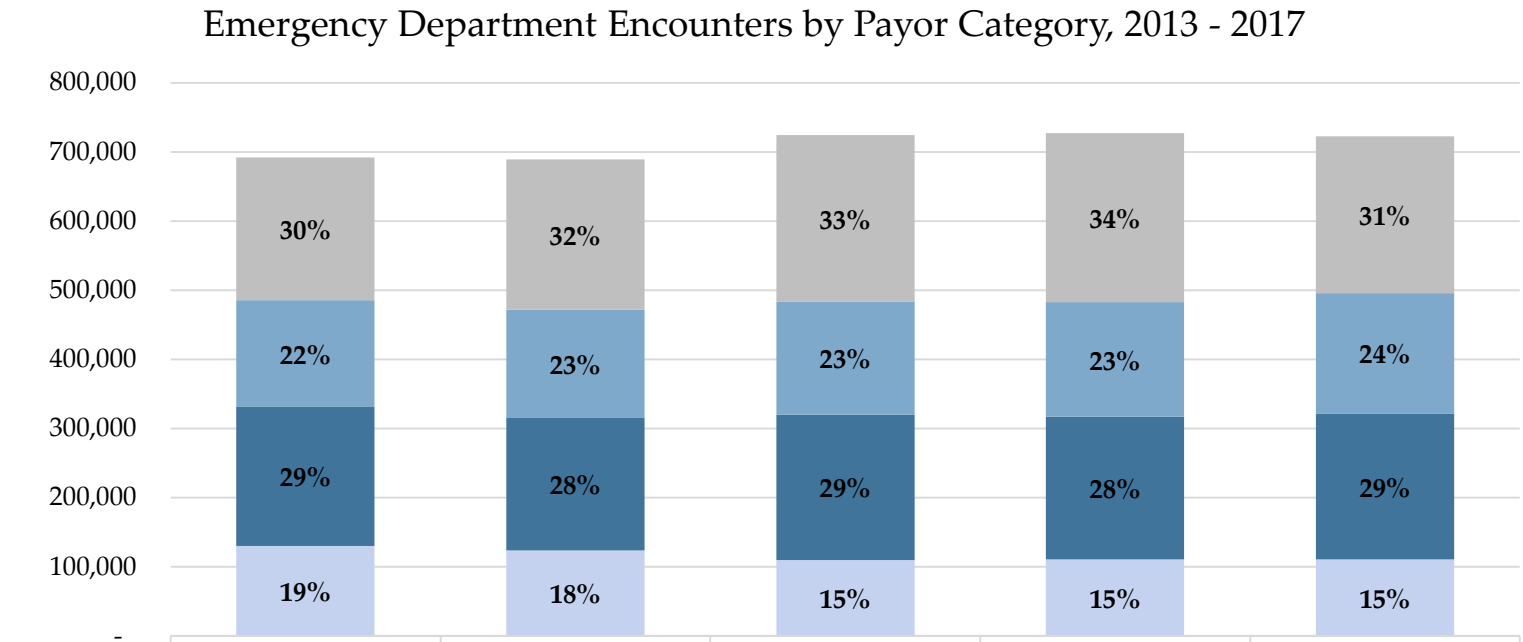
Emergency care users have declined by 11% over the past year.



	2013	2014	2015	2016	2017
ED Peds Users	9,866	9,872	177,634	132,959	125,311
ED Adult Users	38,472	41,346	539,963	383,355	333,629
Total ED Users	48,338	51,218	717,597	516,314	458,940

- Pediatric users make up 27% of all users in 2017, compared to 26% in 2016.
- Adult users make up 73% of all users in 2017, compared to 74% in 2016.

Emergency care encounters have remained relatively stable over the past year.

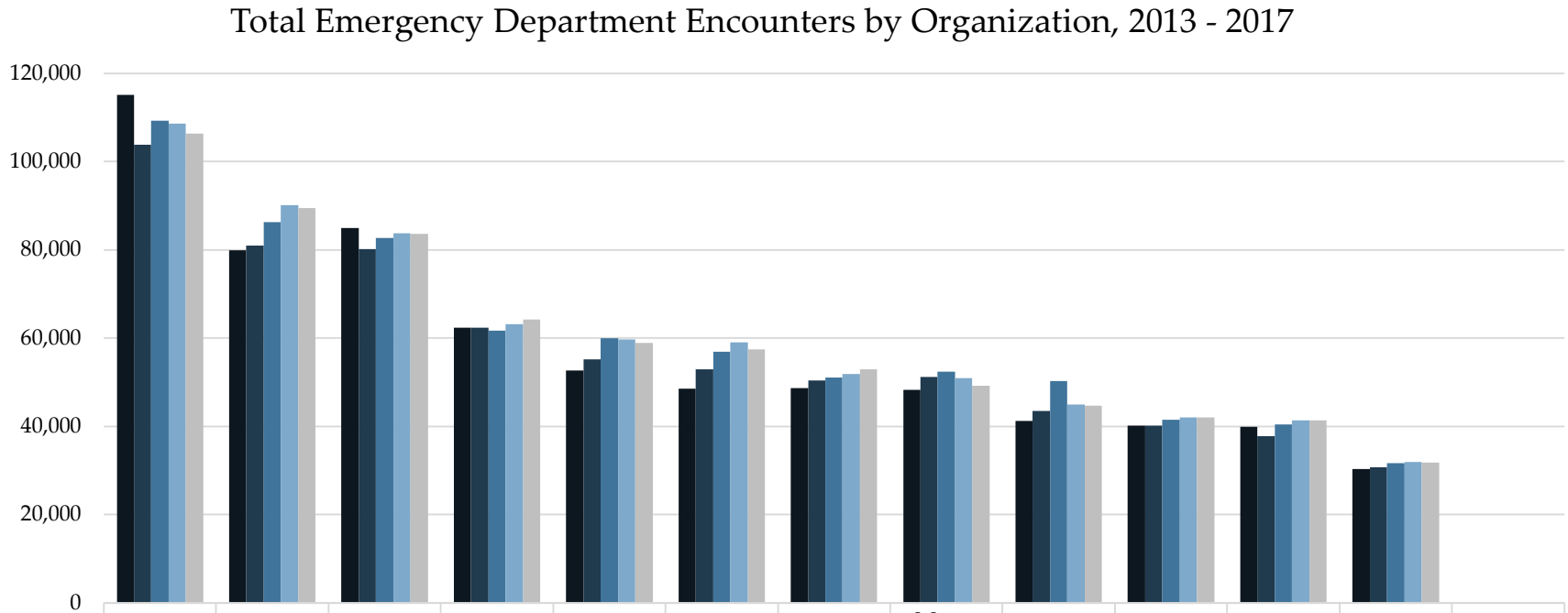


	2013	2014	2015	2016	2017
Private	206,853	217,801	240,834	245,076	226,901
Medicare	153,353	155,777	163,014	164,816	174,197
Medicaid	202,049	191,766	210,143	206,535	210,996
Uninsured	129,908	123,885	110,183	111,095	110,875
Total	692,163	689,229	724,174	727,522	722,148

- Of the more than 722,100 emergency care encounters reported in 2017, 31% were among those privately insured, 29% were among the Medicaid population, 24% were among the Medicare population and 15% were among the uninsured.
- Emergency care encounters at safety net hospitals have slightly increased (approximately 29,900 encounters) since 2013.

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured.

Emergency department encounters have remained relatively stable at St. Louis area emergency departments over the past year.

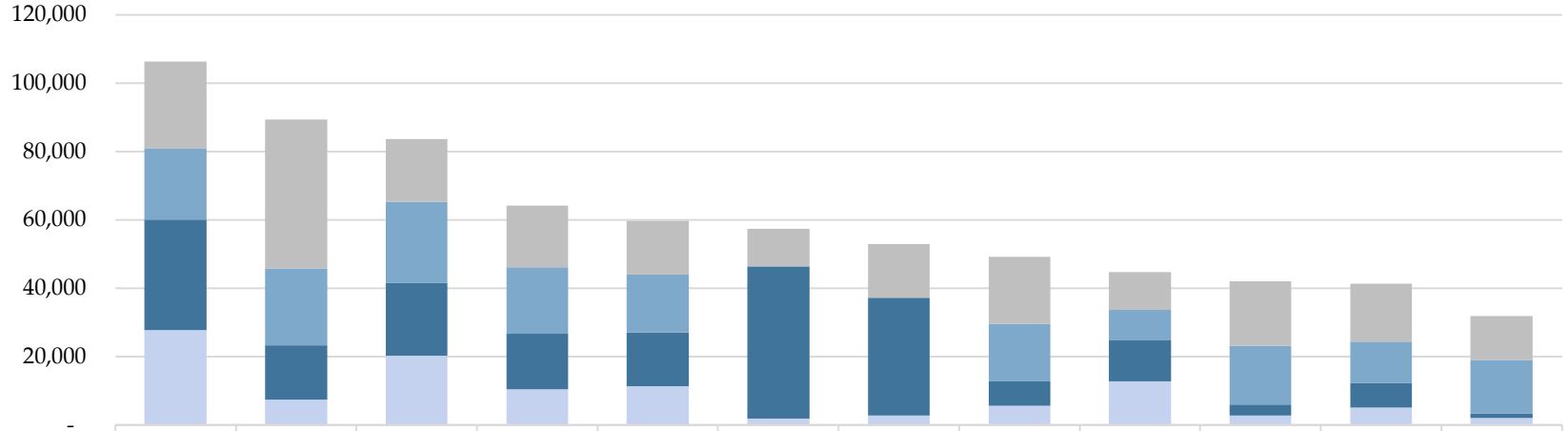


	Christian	Mercy St. Louis	Barnes-Jewish	SSM DePaul	SSM St. Mary's	Cardinal Glennon	Children's	Mercy Hospital South	SSM SLUH	MO Baptist	St. Clare	St. Luke's	Total
2013	115,091	79,896	84,920	62,415	52,651	48,506	48,668	48,338	41,193	40,219	39,923	30,343	692,163
2014	103,829	81,009	80,136	62,362	55,232	52,948	50,412	51,218	43,484	40,130	37,769	30,700	689,229
2015	109,186	86,244	82,754	61,737	60,037	56,909	51,069	52,358	50,342	41,461	40,421	31,656	724,174
2016	108,573	90,124	83,702	63,203	59,757	58,986	51,918	50,929	44,922	42,005	41,413	31,990	727,522
2017	106,301	89,402	83,615	64,266	58,887	57,500	52,993	49,174	44,690	42,044	41,432	31,844	722,148
2016-2017	-2%	-1%	-	2%	-1%	-3%	2%	-3%	-1%	-	-	-	-1%

Note: Christian Hospital's figures include data for both sites, Christian Northeast and Christian Northwest.

Emergency department encounters among the uninsured and Medicaid populations varied greatly by hospital emergency department.

Emergency Department Encounters by Payor Category and Organization, 2017

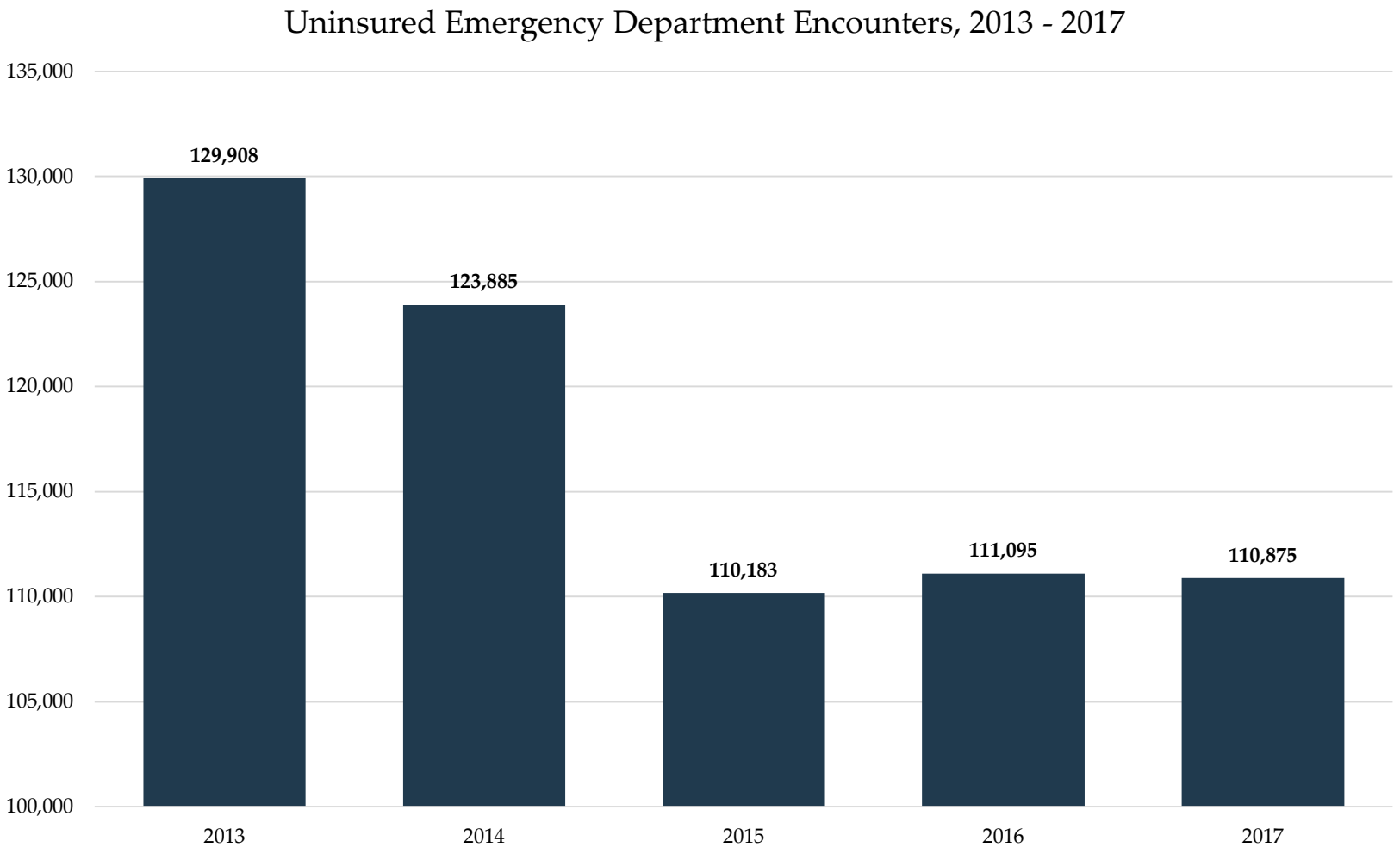


	Christian	Mercy St. Louis	Barnes-Jewish	SSM DePaul	SSM St. Mary's	Cardinal Glennon	Children's	Mercy Hospital South	SSM SLUH	MO Baptist	St. Clare	St. Luke's
Private	25,325	43,575	18,282	18,074	15,569	10,995	15,700	19,544	11,065	18,894	17,046	12,832
Medicare	20,862	22,446	23,800	19,533	17,096	62	75	16,739	8,752	17,032	12,059	15,741
Medicaid	32,294	15,984	21,208	16,128	15,569	44,508	34,313	7,162	12,085	3,368	7,226	1,151
Uninsured	27,820	7,397	20,325	10,531	11,474	1,935	2,905	5,729	12,788	2,750	5,101	2,120
Total	106,301	89,402	83,615	64,266	58,887	57,500	52,993	49,174	44,690	42,044	41,432	31,844
% Uninsured	26%	8%	24%	16%	19%	3%	6%	12%	29%	7%	12%	7%

- Three hospitals (Christian, Barnes-Jewish Hospital and SSM St. Louis University (SLUH)) have payor mixes with over 24% uninsured emergency department encounters.
- More than 52% of Medicaid encounters were provided by three hospitals (Christian, Cardinal Glennon and Children's). Children's and Cardinal Glennon primarily serve pediatric populations.

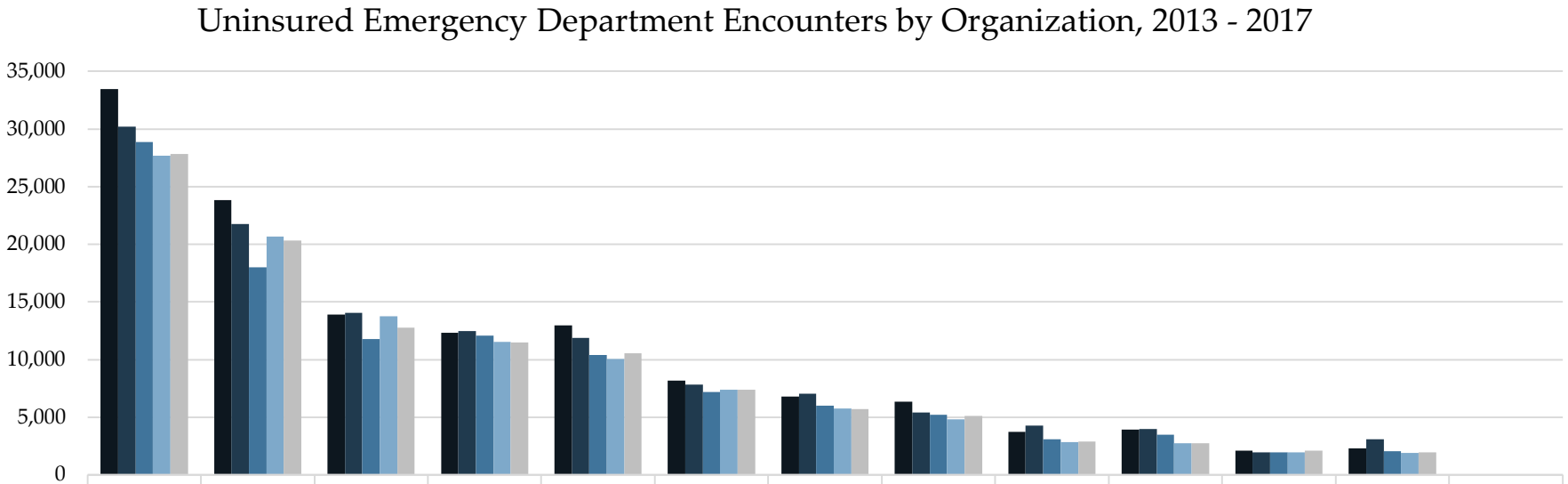
Note: Christian Hospital's figures include data for both sites, Christian Northeast and Christian Northwest.

Uninsured emergency department encounters have remained relatively stable over the past year.



Uninsured emergency department encounters have decreased by 15% since 2013.

Uninsured emergency department encounters decreased over the past year at two St. Louis area hospitals.



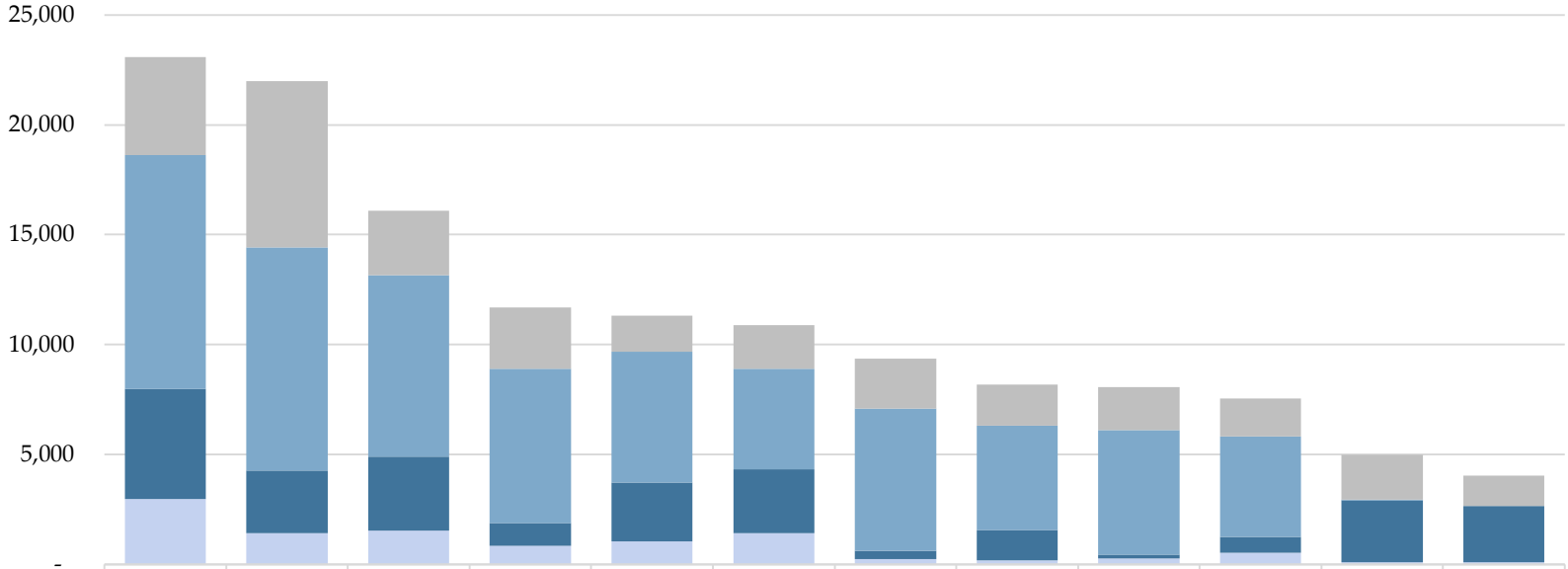
	Christian	Barnes-Jewish	SSM SLUH	SSM St. Mary's	SSM DePaul	Mercy St. Louis	Mercy Hospital South	St. Clare	Children's	MO Baptist	St. Luke's	Cardinal Glennon	Total
2013	33,456	23,846	13,898	12,337	12,965	8,156	6,792	6,345	3,726	3,955	2,106	2,326	129,908
2014	30,182	21,747	14,037	12,489	11,890	7,815	7,047	5,406	4,265	3,974	1,963	3,070	123,885
2015	28,887	17,997	11,786	12,079	10,399	7,175	5,987	5,240	3,107	3,491	1,967	2,068	110,183
2016	27,686	20,666	13,766	11,547	10,078	7,371	5,742	4,818	2,861	2,733	1,933	1,894	111,095
2017	27,820	20,325	12,788	11,474	10,531	7,397	5,729	5,101	2,905	2,750	2,120	1,935	110,875
2016-2017	-	-	-7%	-1%	4%	-	-	6%	2%	1%	10%	2%	-

- Two organizations had more than a 5% increase in uninsured emergency department encounters over the past year: St. Luke's (10%) and St. Clare (6%).
- Three hospitals (Christian, Barnes-Jewish Hospital and SSM St. Louis University (SLUH)) provided nearly 55% of all uninsured emergency department encounters in 2017.
- SSM St. Louis University(SLUH) had a 7% decrease in uninsured emergency department encounters over the past year.

Note: Christian Hospital's figures include data for both sites, Christian Northeast and Christian Northwest.

Approximately 19% of patients in emergency departments throughout the St. Louis region were admitted in 2017, as compared to 17% in 2016.

Inpatient Admissions by Payor Category and Organization, 2017



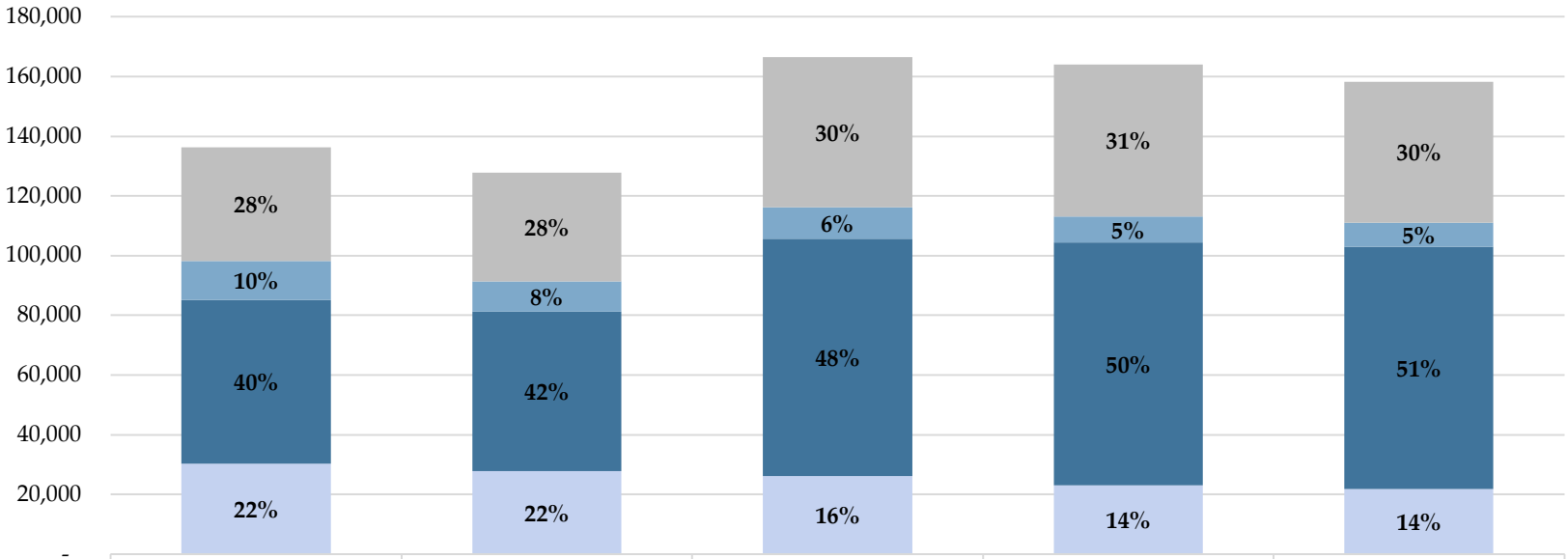
	Barnes-Jewish	Mercy St. Louis	SSM DePaul	Mercy Hospital South	SSM St. Mary's	SSM SLUH	MO Baptist	Christian	St. Luke's	St. Clare	Children's	Cardinal Glennon
Private	4,481	7,568	2,940	2,776	1,640	1,985	2,279	1,879	1,950	1,735	2,048	1,381
Medicare	10,625	10,157	8,258	7,021	5,939	4,586	6,462	4,730	5,680	4,569	23	7
Medicaid	5,030	2,853	3,357	1,054	2,678	2,912	375	1,384	167	742	2,817	2,560
Uninsured	2,961	1,423	1,530	828	1,052	1,411	244	186	261	512	95	84
Total	23,097	22,001	16,085	11,679	11,309	10,894	9,360	8,179	8,058	7,558	4,983	4,032

Emergency department encounters that were converted to inpatient admissions represent more than 20% of total emergency department encounters at three organizations: Barnes-Jewish Hospital (28%), Mercy St. Louis (25%) and SSM DePaul (25%).

Note: Christian Hospital's figures include data for both sites, Christian Northeast and Christian Northwest.

Non-emergent emergency department encounters remained relatively stable over the past year.

Non-Emergent Emergency Department Encounters by Payor Category, 2013 - 2017

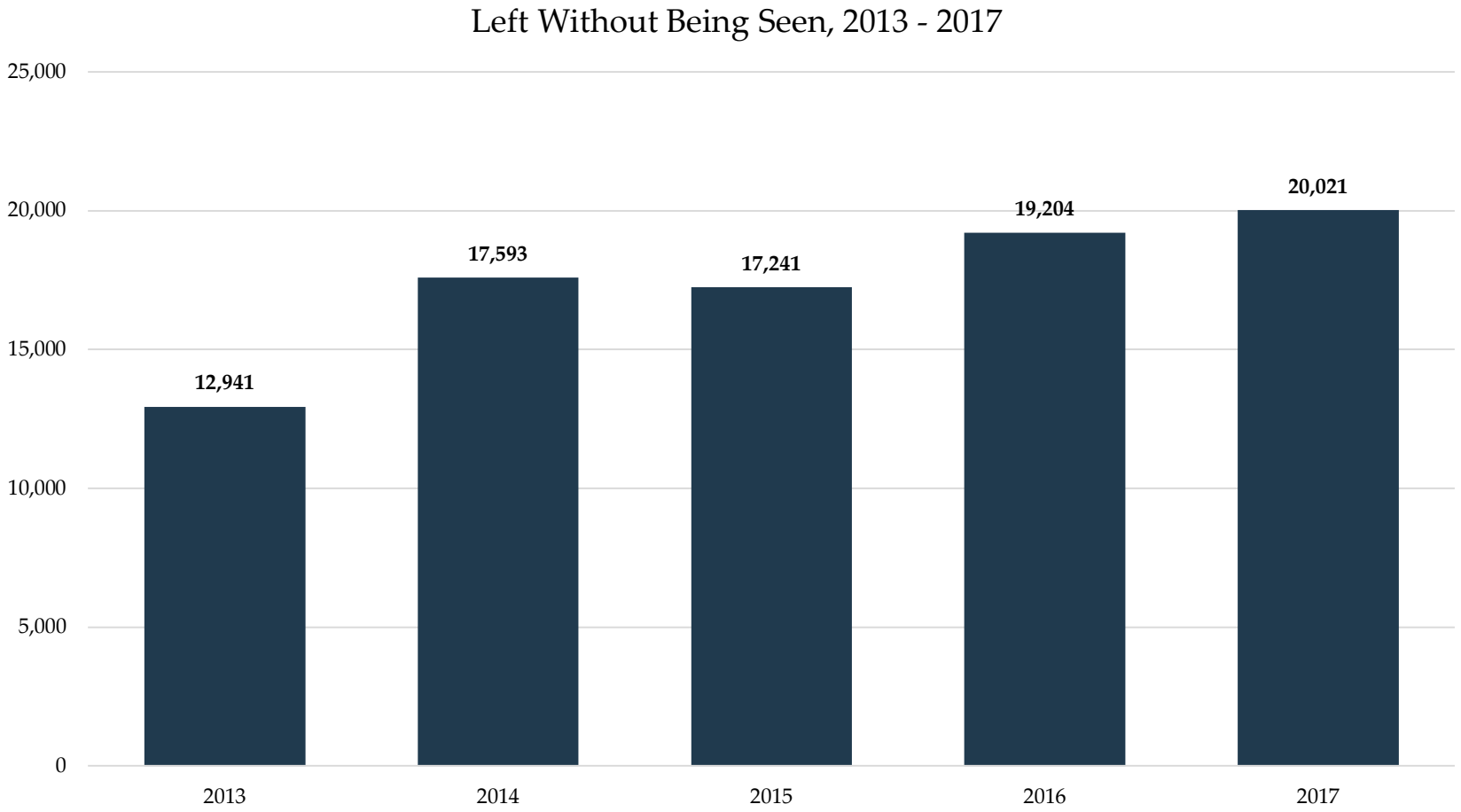


	2013	2014	2015	2016	2017
Private	38,020	36,437	50,144	50,829	47,315
Medicare	13,131	10,213	10,699	8,884	8,076
Medicaid	54,765	53,513	79,471	81,271	81,222
Uninsured	30,282	27,699	26,094	23,026	21,688
Total	137,560	128,543	166,408	163,843	158,301

- Of the more than 158,300 non-emergent emergency encounters reported in 2017, 51% were among the Medicaid population, 30% were among those privately insured, 14% were among the uninsured population and 5% were among the Medicare population.
- Over the past year, non-emergent emergency department encounters decreased by 9%, 7% and 6% among Medicare, privately insured and uninsured patients, respectively.

Note: Many self-reporting organizations define non-emergent encounters using patient acuity ratings assigned during the encounter.

Left without being seen volumes remained relatively stable over the past year.

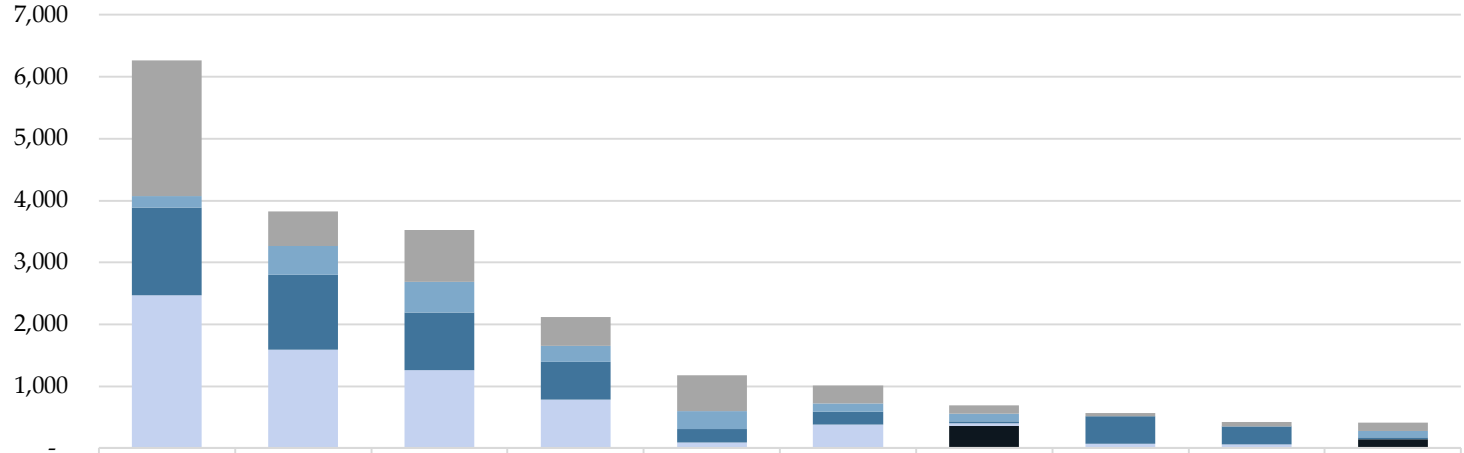


- Encounters where patients left hospital emergency departments without being seen have increased by 55% since 2013.
- The approximately 20,000 encounters where patients left hospital emergency departments without being seen represent nearly 3% of all emergency department encounters in the St. Louis region during 2017.

Note: For the purposes of analysis on this page, "all emergency department encounters" includes emergency department encounters with charges, encounters where patients left without being seen and encounters where patients left against medical advice.

Left without being seen volumes at hospital emergency departments varied greatly by payor, as information is available.

Left Without Being Seen by Payor Category and Organization, 2017

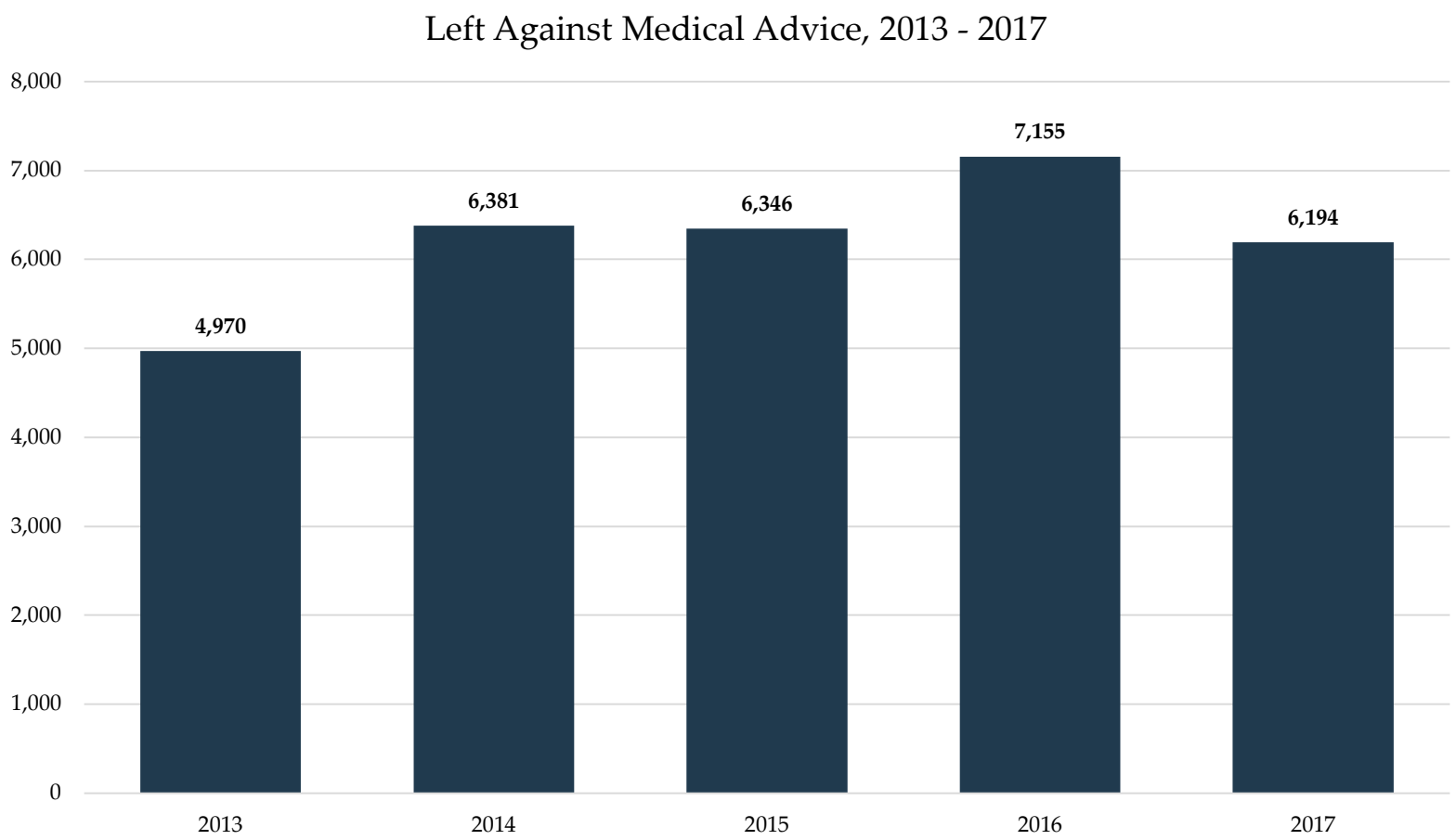


	Barnes-Jewish	Christian	SSM DePaul	SSM St. Mary's	Mercy St. Louis	St. Clare	MO Baptist	Cardinal Glennon	Children's	St. Luke's
Private	2,186	555	841	465	574	295	141	56	71	132
Medicare	187	470	498	259	295	125	115	-	1	108
Medicaid	1,422	1,207	927	607	210	216	38	444	285	33
Uninsured	2,469	1,592	1,260	785	97	378	43	72	62	-
Unknown Payor	-	-	-	-	-	-	358	-	-	142
Total	6,264	3,824	3,526	2,116	1,176	1,014	695	572	419	415

- All reporting emergency departments had left without being seen rates at or below 5% of their total emergency department encounters except for Barnes-Jewish Hospital and SSM DePaul, which had left without being seen rates of 7% and 5%, respectively.
- Left without being seen volumes among uninsured patients represent 34% of the total left without being seen volume for the St. Louis region in 2017.

Note: For the purposes of analysis on this page, "total emergency department encounters" includes emergency department encounters with charges, encounters where patients left without being seen and encounters where patients left against medical advice. Christian Hospital's figures include data for both sites, Christian Northeast and Christian Northwest. SSM St. Louis University (SLUH) did not provide data for frequent users during 2017 and have been excluded from this analysis.

Left against medical advice volumes have increased by 25% over the past five years.

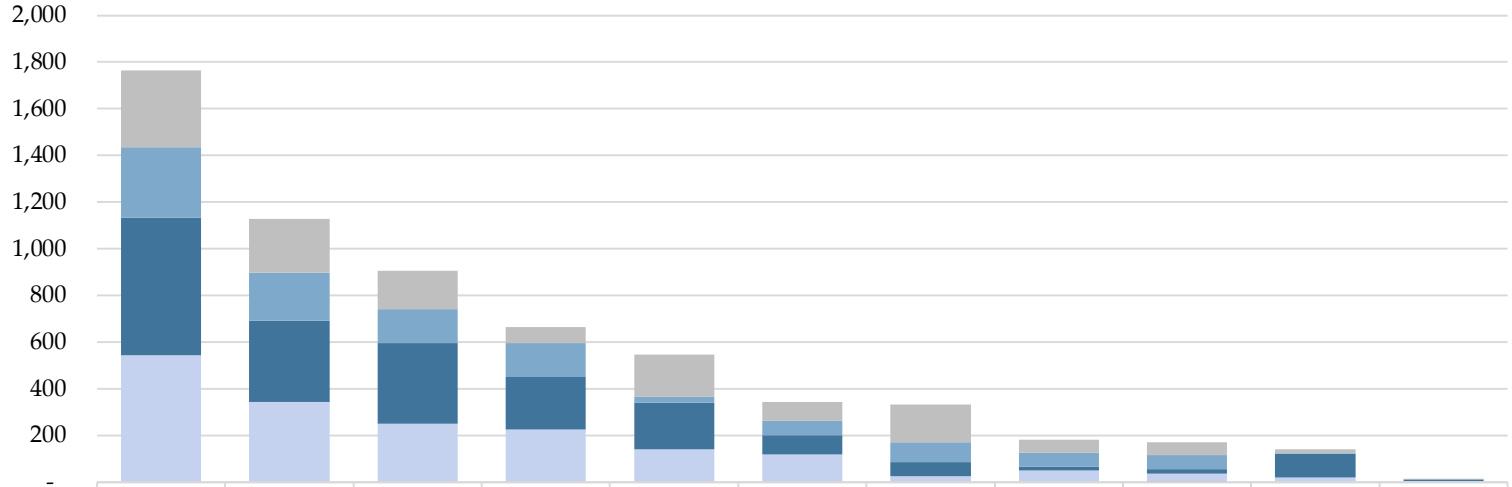


- In 2017, across the St. Louis region, there were approximately 6,100 encounters where patients left hospital emergency departments against medical advice, a decrease of 13% as compared to the 2016 rate.
- Encounters where patients left hospital emergency departments against medical advice represent 1% of all emergency department encounters in the St. Louis region during 2017.

Note: For the purposes of analysis on this page, "all emergency department encounters" includes emergency department encounters with charges, encounters where patients left without being seen and encounters where patients left against medical advice.

Left against medical advice volumes at hospital emergency departments varied greatly by payor, as information is available.

Left Against Medical Advice by Payor Category and Organization, 2017



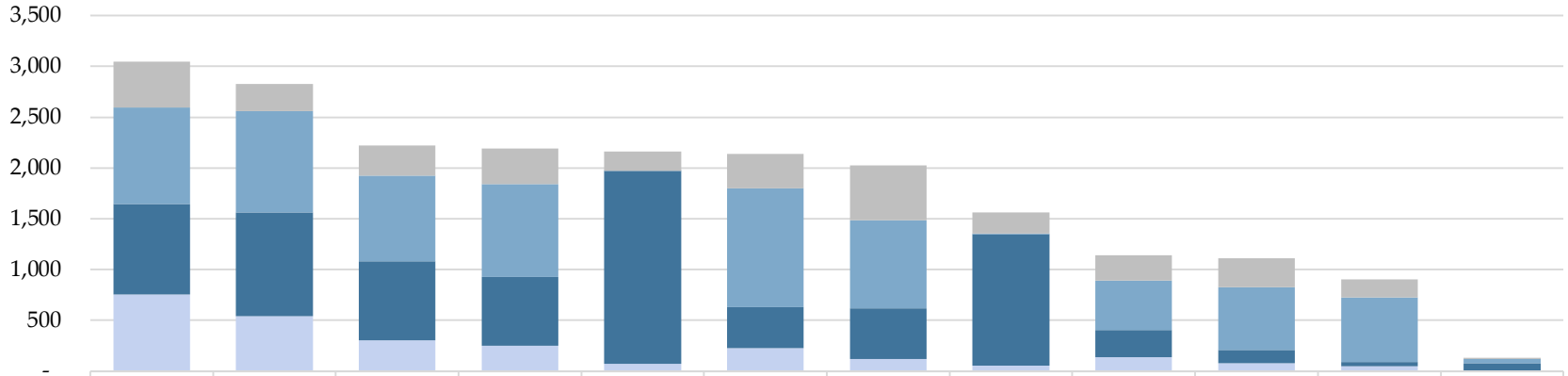
	Christian	SSM DePaul	SSM St. Mary's	SSM SLUH	Barnes-Jewish	St. Clare	Mercy St. Louis	St. Luke's	MO Baptist	Cardinal Glennon	Children's
Private	329	228	164	68	179	80	162	55	55	17	2
Medicare	303	207	146	145	25	65	84	60	59	4	-
Medicaid	590	347	346	226	200	82	60	16	20	102	8
Uninsured	543	345	250	226	142	118	27	50	32	19	4
Unknown Payor	-	-	-	-	-	-	-	-	4	-	-
Total	1,765	1,127	906	665	546	345	333	181	170	142	14

- All reporting emergency departments had left against medical advice rates that were below 5% of their total emergency department encounters, compared to the total number of emergency department visits (16%) .
- Left against medical advice volumes among uninsured patients represent 28% of the total left against medical advice volume for the St. Louis region in 2017.

Note: For the purposes of analysis on this page, "total emergency department encounters" includes emergency department encounters with charges, encounters where patients left without being seen and encounters where patients left against medical advice. Christian Hospital's figures include data for both sites, Christian Northeast and Christian Northwest.

Approximately 21,400 patients visiting St. Louis area emergency departments in 2017 had four or more emergency department visits at the same hospital in the 2017 calendar year.

Familiar Faces ED Users by Payor and Organization, 2017



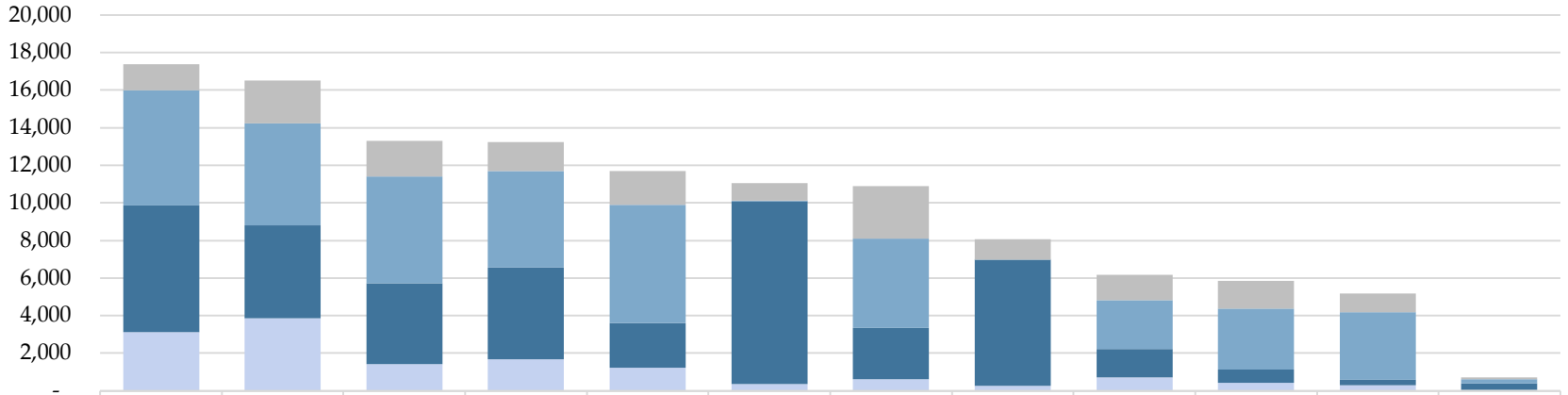
	Christian	Barnes-Jewish	SSM St. Mary's	SSM DePaul	Cardinal Glennon	Mercy Hospital South	Mercy St. Louis	Children's	St. Clare	MO Baptist	St. Luke's	SSM SLUH
Private	447	268	296	346	188	337	540	208	246	289	181	13
Medicare	953	999	840	914	2	1,173	870	4	486	616	633	41
Medicaid	889	1,024	781	681	1,898	401	498	1,295	268	130	44	66
Uninsured	756	538	302	248	74	228	118	55	138	78	46	9
Total	3,045	2,829	2,219	2,189	2,162	2,139	2,026	1,562	1,138	1,113	904	129

- Of the nearly 21,400 returning emergency department users reported in 2017, 37% were among Medicaid patients, 35% were among Medicare patients, 16% were among privately insured patients and 12% were among uninsured patients.
- Of the nearly 21,400 returning emergency departments users reported in 2017, 2,500 (12%) were uninsured patients.
- Familiar faces represent 3% of all patients who visited a St. Louis area emergency department in 2017.

Note: Christian Hospital's figures include data for both sites, Christian Northeast and Christian Northwest.

Patients identified as familiar faces had nearly 119,900 emergency department encounters at St. Louis area hospitals in 2017.

Familiar Faces ED Encounters by Payor and Organization, 2017

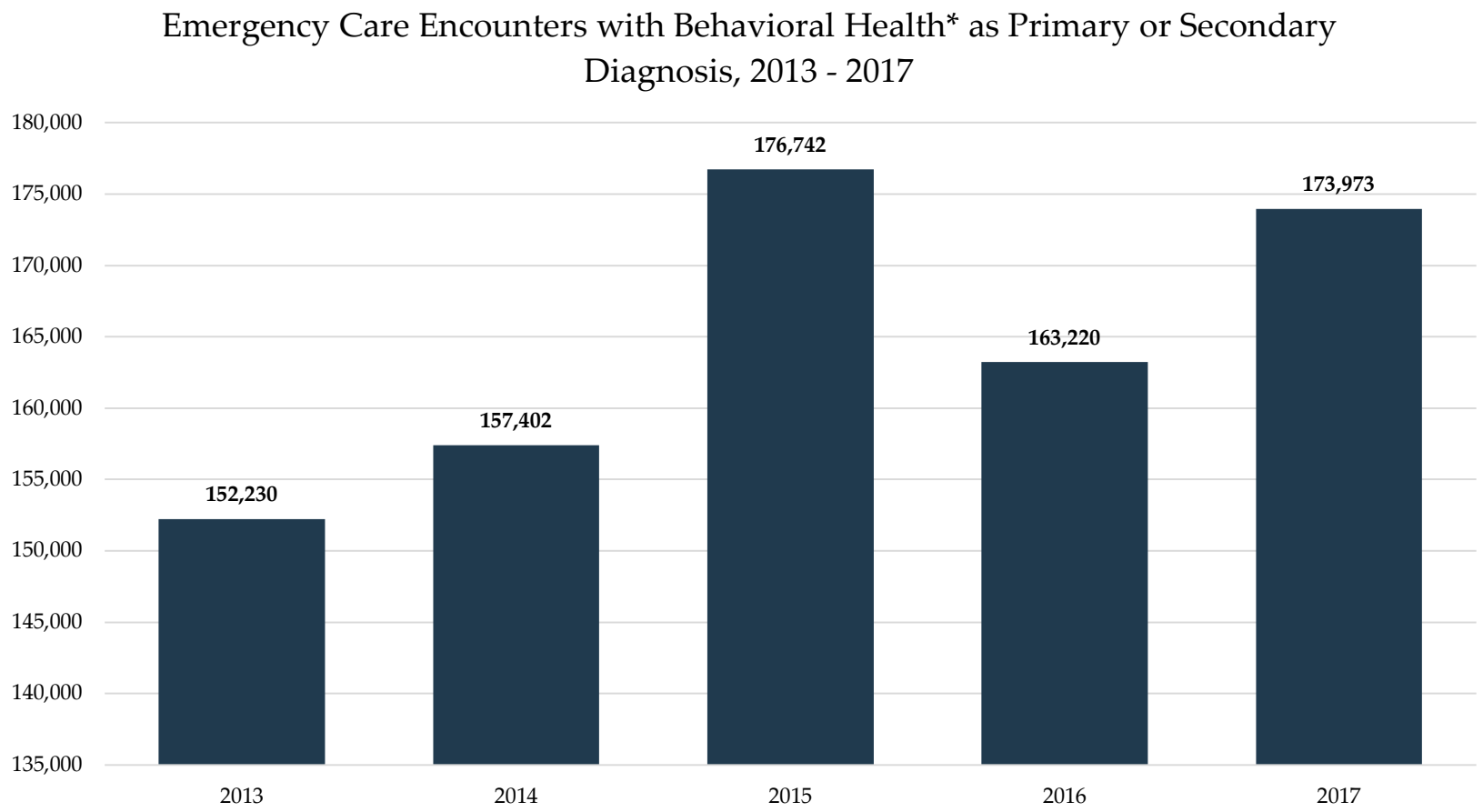


	Barnes-Jewish	Christian	SSM DePaul	SSM St. Mary's	Mercy Hospital South	Cardinal Glennon	Mercy St. Louis	Children's	St. Clare	MO Baptist	St. Luke's	SSM SLUH
Private	1,381	2,253	1,909	1,530	1,800	956	2,789	1,071	1,333	1,484	998	67
Medicare	6,140	5,453	5,667	5,131	6,300	11	4,755	23	2,618	3,242	3,592	226
Medicaid	6,747	4,920	4,302	4,901	2,359	9,754	2,729	6,696	1,496	707	283	354
Uninsured	3,107	3,871	1,424	1,662	1,231	344	602	261	721	431	295	48
Total	17,375	16,497	13,302	13,224	11,690	11,065	10,875	8,051	6,168	5,864	5,168	695

- Of the nearly 119,900 emergency department encounters among returning users reported in 2017, 38% were among Medicaid patients, 36% were among Medicare patients, 13% were among privately insured patients and 12% were among uninsured patients.
- Emergency department encounters among returning users represent 17% of all emergency department encounters in the St. Louis region during 2017.

Note: Christian Hospital's figures include data for both sites, Christian Northeast and Christian Northwest.

Emergency department encounters with behavioral health diagnoses have increased by 7% over the past year and account for 24% of total emergency department encounters in 2017.



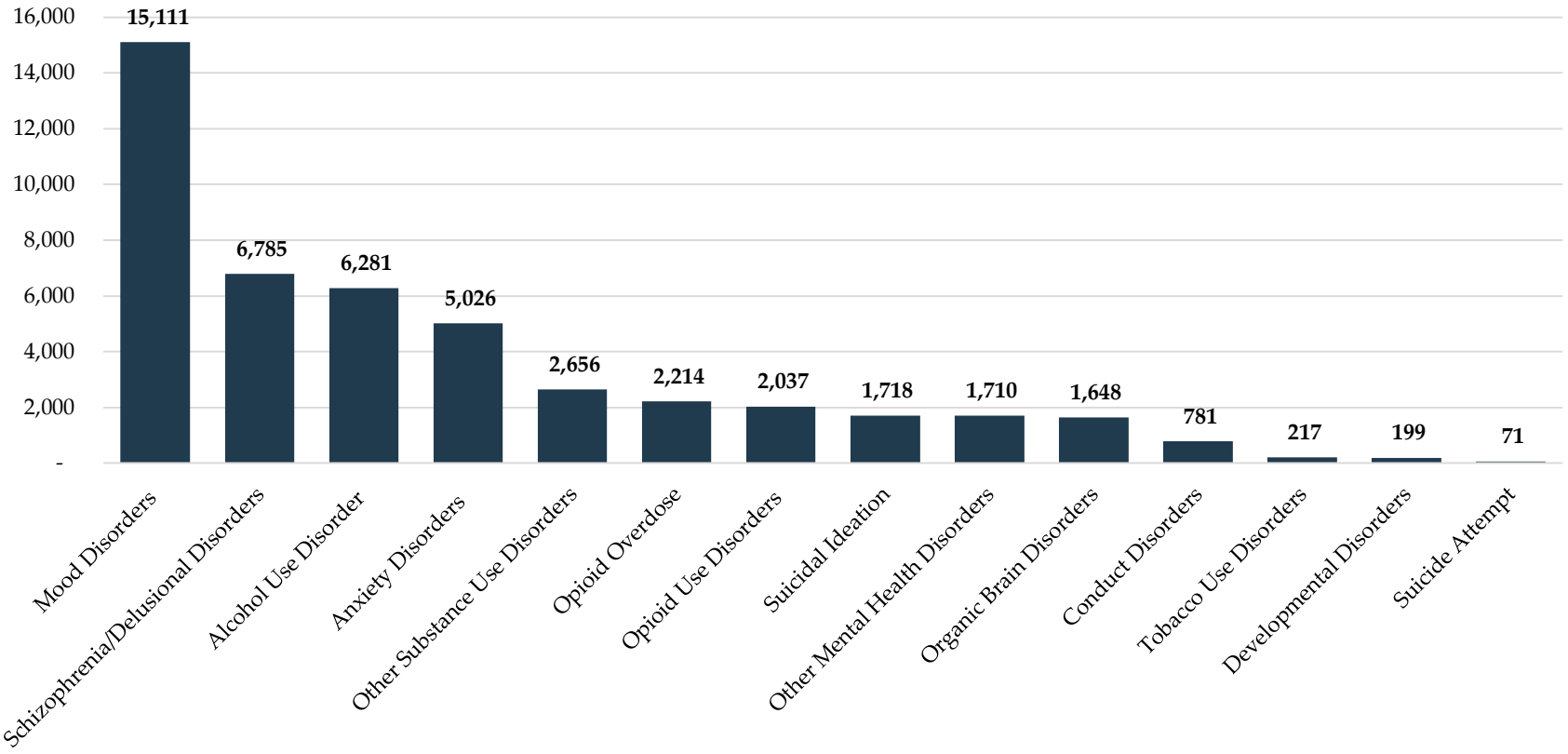
Behavioral health emergency department encounters have increased by 14% over the past five years.

*Behavioral health encounters include mental health and substance abuse disorder emergency department encounters as a primary or secondary diagnosis.

Note: Encounters where tobacco use reflects the only behavioral health diagnoses are excluded. Changes in coding practices over time may impact trends seen in the prevalence of behavioral health encounters in emergency departments.

Behavioral health diagnoses account for more than 46,600 primary diagnoses for emergency department encounters in 2017.

Primary Behavioral Health Diagnoses for Emergency Department Encounters, 2017

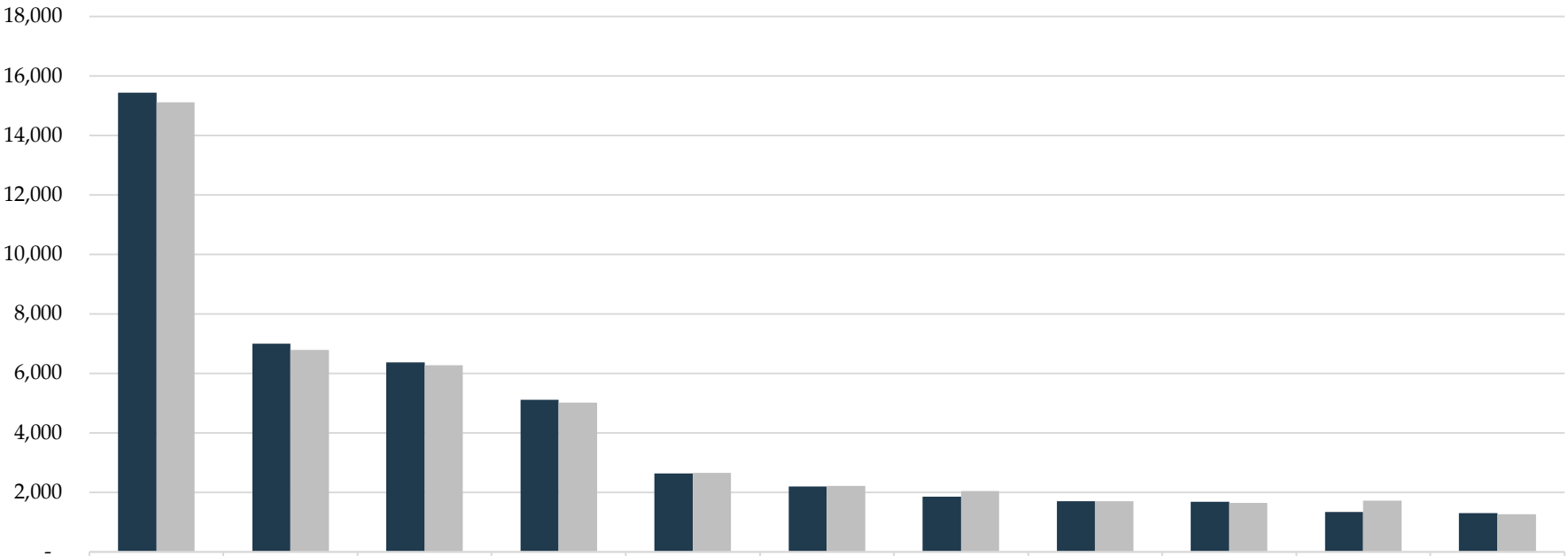


Mood disorders (33%), schizophrenia/delusional disorders (15%) and alcohol use disorders (14%) are the main primary behavioral health diagnoses presenting to St. Louis area emergency departments.

Note: Encounters where tobacco use reflect the only behavioral health diagnoses are excluded. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments.

The number of primary behavioral health diagnoses for emergency department encounters have remained relatively stable over the past year.

Primary Behavioral Health Diagnoses for Emergency Department Encounters, 2016 - 2017



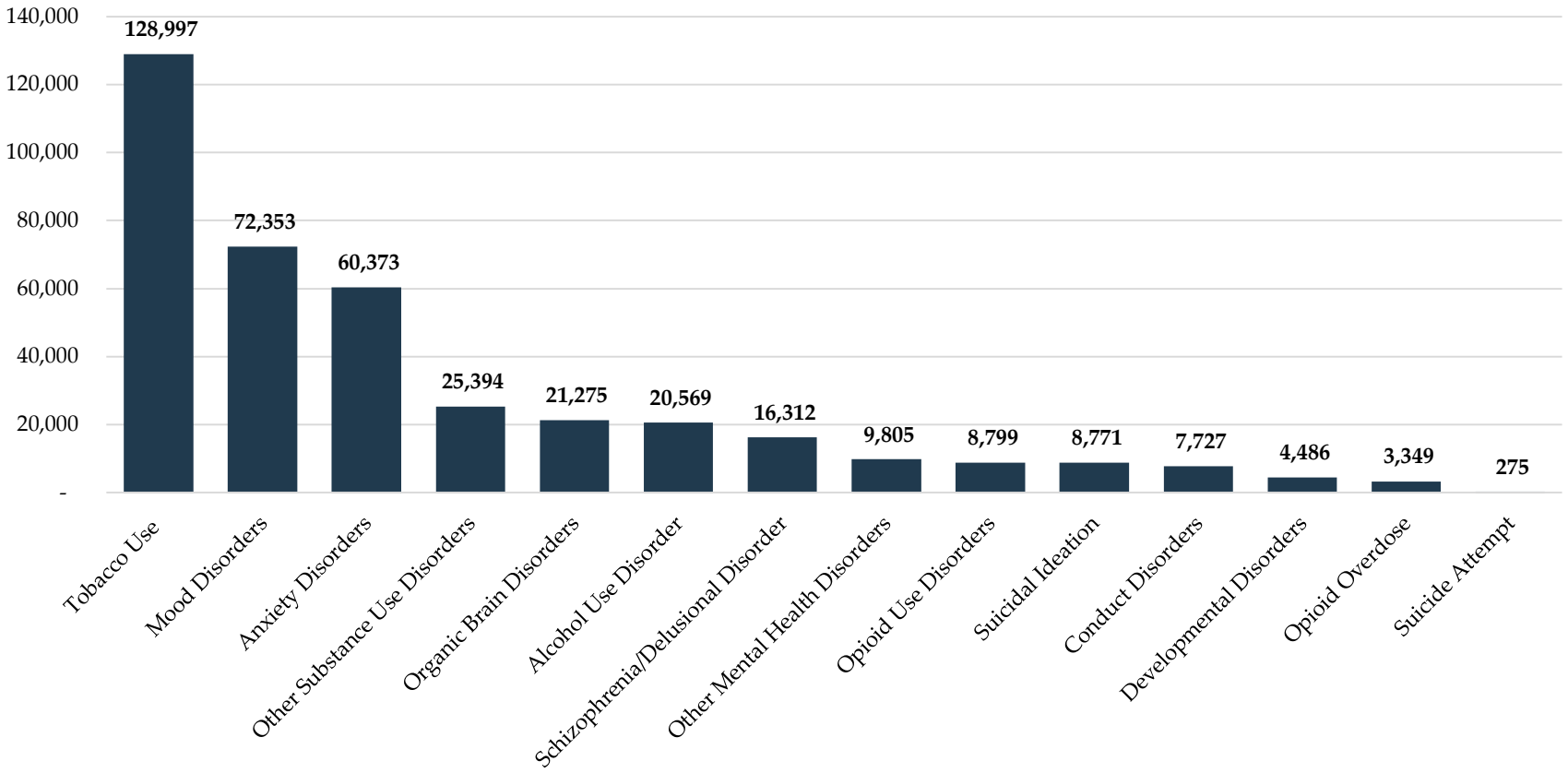
	Mood Disorders	Schizophrenia/Delusional Disorders	Alcohol Use Disorders	Anxiety Disorders	Other Substance Use Disorders	Opioid Overdose	Opioid Use Disorders	Other Mental Health Disorders	Organic Brain Disorders	Suicidal Ideation	Other Diagnoses
2016	15,438	6,993	6,366	5,110	2,633	2,194	1,858	1,705	1,676	1,333	1,298
2017	15,111	6,785	6,281	5,026	2,656	2,214	2,037	1,710	1,648	1,718	1,268
Total	30,549	13,778	12,647	10,136	5,289	4,408	3,895	3,415	3,324	3,051	2,566

Opioid use disorders have increased by 10% over the past year.

Note: Encounters where tobacco use reflect the only behavioral health diagnoses are excluded. Duplication across emergency department encounters does exist to account for both the primary and secondary diagnoses on each encounter. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. The 'Other Diagnoses' category includes: conduct disorders, tobacco use disorders, developmental disorders and suicide attempts.

Behavioral health diagnoses account for more than 388,400 primary and secondary diagnoses for emergency department encounters in 2017.

Primary and Secondary Behavioral Health Diagnoses for Emergency Department Encounters, 2017

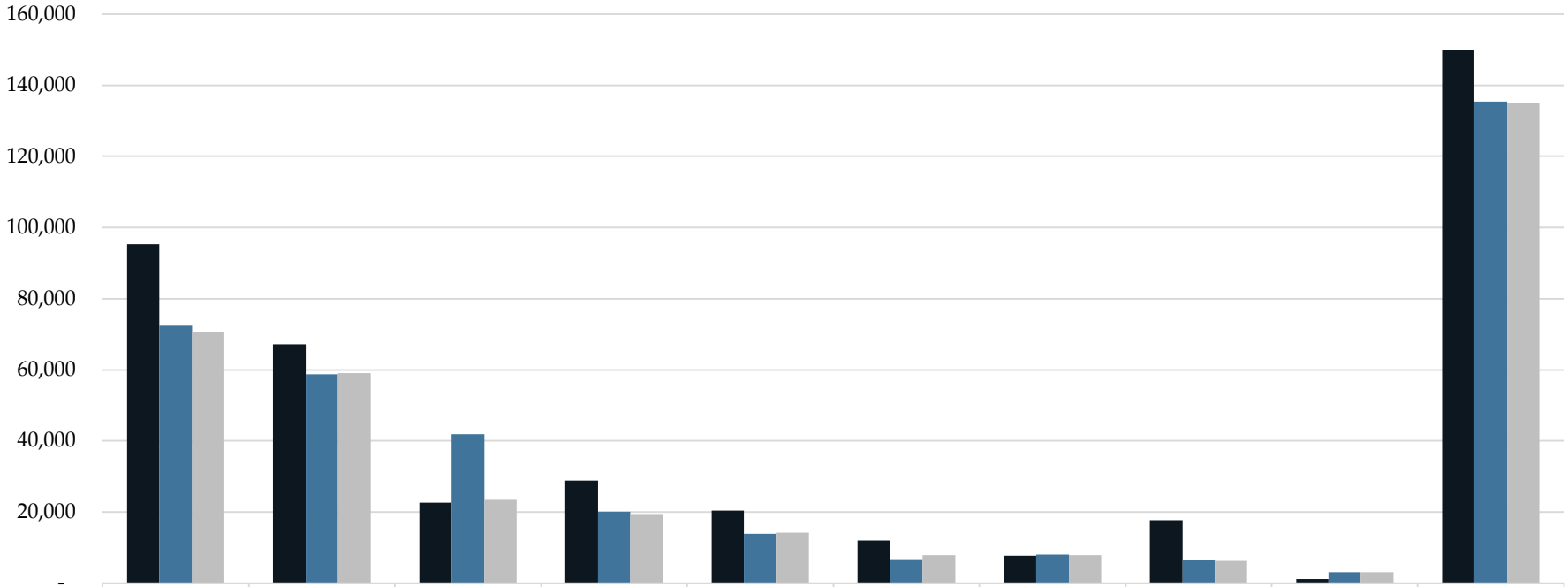


Tobacco use, mood and anxiety disorders make up 67% of all primary and secondary emergency department behavioral health diagnoses in 2017.

Note: Encounters where tobacco use reflect the only behavioral health diagnoses are excluded. Duplication across emergency department encounters does exist to account for both the primary and secondary diagnoses on each encounter. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments.

The number of primary and secondary behavioral health diagnoses for emergency department encounters has decreased by 5% over the past year.

Primary and Secondary Behavioral Health Diagnoses for Emergency Department Encounters, 2015 - 2017



	Mood Disorders	Anxiety Disorders	Other Substance Use Disorders	Alcohol Use Disorders	Schizophrenia /Delusional Disorders	Suicidal Ideation	Opioid Use Disorders	Other Mental Health Disorders	Opioid Overdose	Other Diagnoses
2015	95,285	67,153	22,620	28,770	20,402	12,060	7,620	17,689	1,197	149,976
2016	72,462	58,747	41,944	20,165	13,824	6,663	7,989	6,563	3,153	135,483
2017	70,538	59,045	23,449	19,388	14,214	7,890	7,817	6,309	3,148	135,167

Suicidal ideation disorders increased by 18%, while substance use disorders decreased by 44% over the past year.

Note: Encounters where tobacco use reflect the only behavioral health diagnoses are excluded. Duplication across emergency department encounters does exist to account for both the primary and secondary diagnoses on each encounter. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. The 'other diagnoses' category includes: conduct disorders, tobacco use disorders, developmental disorders and suicide attempts.

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Specialty Care Analysis

Specialty Care: Introduction

This year's specialty care analysis reviews detailed operating statistics of reporting specialty care safety net institutions St. Louis City and County (see Appendix C for a list of 2018 reporting specialty care organizations). These institutions include hospital-based clinics and university-sponsored physician groups, which provide the majority of specialty care services to safety net patients in St. Louis City and County.

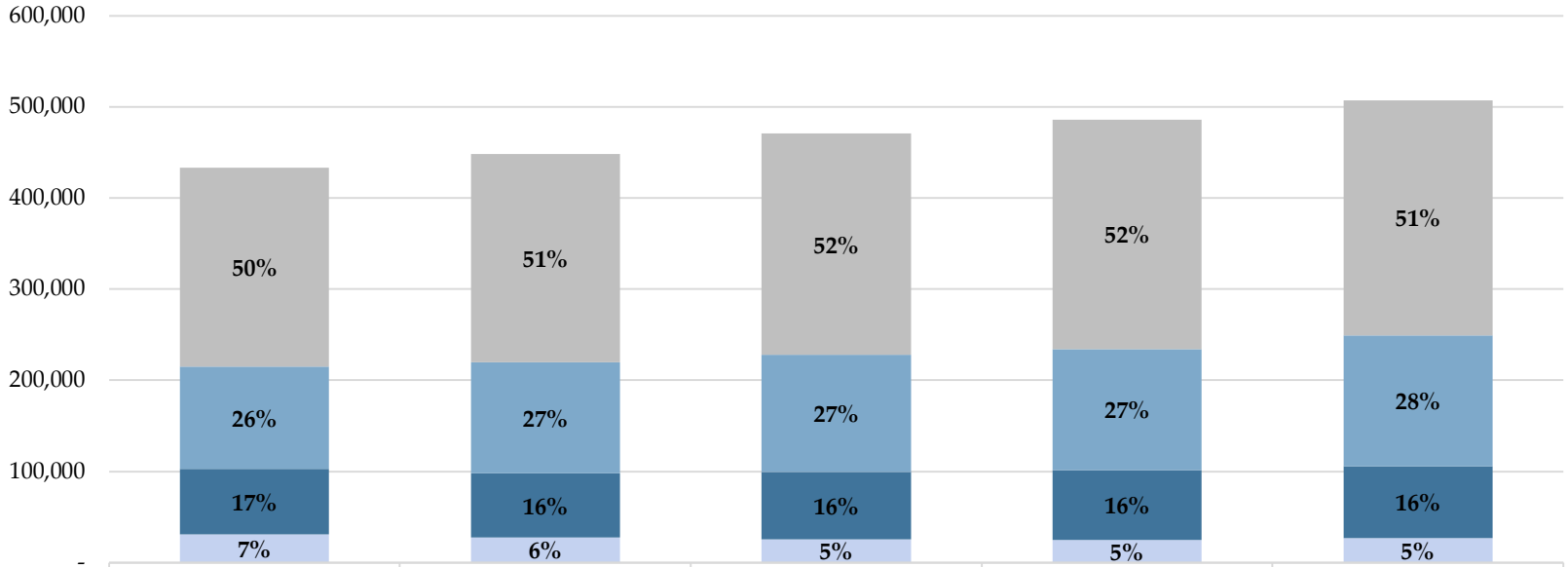
Specialty care encounters and individual user volumes occurring among Gateway to Better Health enrollees in calendar year 2017 are captured in the "uninsured" payor category of the figures presented.

Specialty Care: Key Findings

- Total specialty care users and encounters at St. Louis area specialty care organizations increased by 17% and 20%, respectively, since 2013. This increase represents more than 73,800 additional users and more than 246,500 additional encounters (pages 72 and 74).
- Over the past year, uninsured specialty care users remained stable, while uninsured specialty care encounters increased by 6% (pages 72 and 76).
- Medicaid specialty care encounters increased by 5% over the past year and increased by 21% since 2013 (page 77).
- While wait times for some specialty care appointments have either decreased or remained the same, endocrinology and rheumatology continue to trend with the longest average wait times for both new and returning patients (pages 79 and 80).

Specialty care users at safety net organizations have increased by 17% since 2013.

Specialty Care Users by Payor, 2013 - 2017



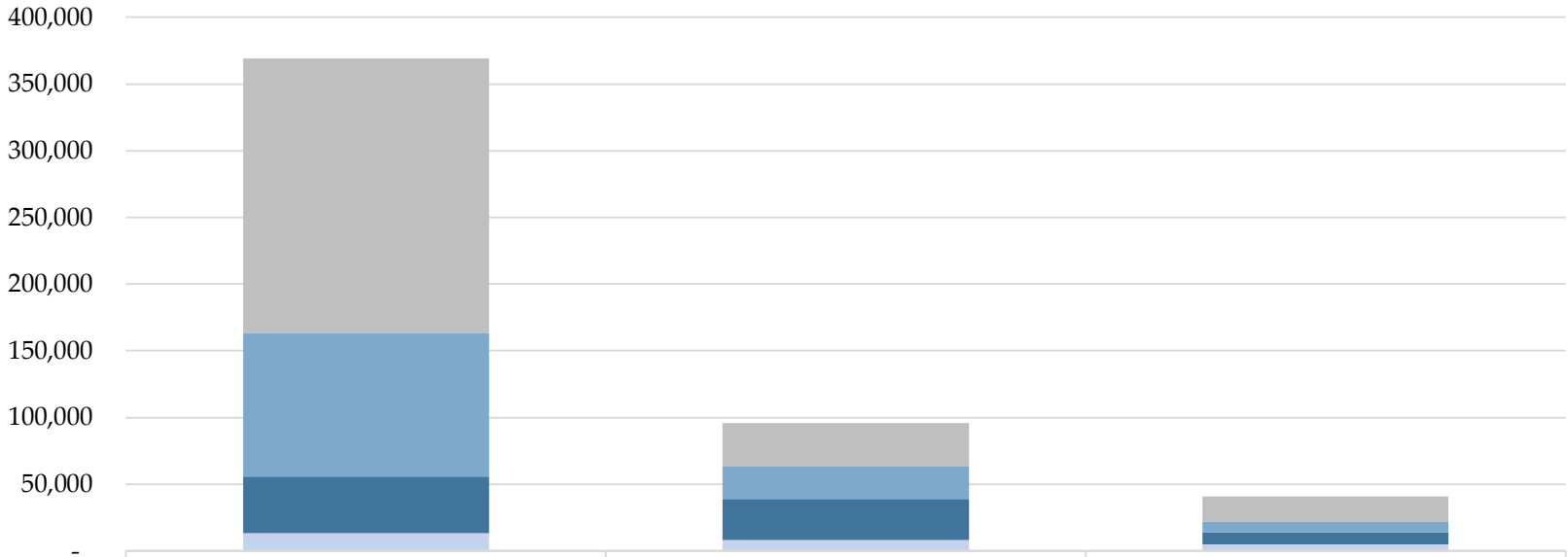
	2013	2014	2015	2016	2017
Private	218,513	228,204	242,889	251,686	258,151
Medicare	112,301	121,710	128,063	132,945	143,243
Medicaid	71,635	70,605	74,346	76,293	79,179
Uninsured	31,009	27,545	25,400	25,097	26,721
Total	433,458	448,064	470,698	486,021	507,295

- Total specialty care users increased by 4.4% in 2017, as compared to the prior year.
- Of the more than 507,200 specialty care users reported in 2017, approximately 51% were privately insured, 28% were Medicare, 16% were Medicaid and 5% were uninsured.

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. While users are unduplicated within each organization, there may be some duplication in total user counts across reporting organizations if a patient was seen at more than one organization in 2017.

Of the more than 507,200 specialty care users in 2017, approximately 73% were White, 19% were African American/Black and 8% were from the "Other" racial category.

Specialty Care Encounters by Race and Payor, 2017



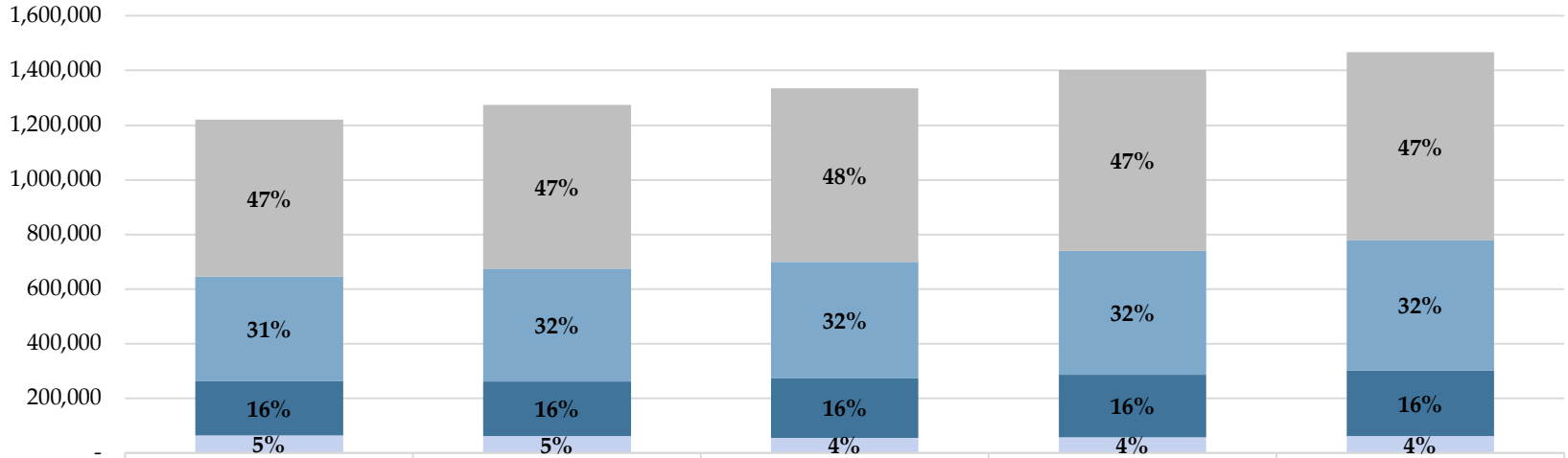
	White	African American/Black	Other
Private	205,300	32,361	19,242
Medicare	108,094	24,924	7,891
Medicaid	42,182	30,732	8,599
Uninsured	13,466	8,083	5,173
All Payor	369,042	96,100	42,153

- About 4% of all White specialty care users, 8% of all African American/Black specialty care users and 12% of all specialty care users included in the "Other" racial group are uninsured.
- Based on census data for the general population of St. Louis City and County, about 5% of all Whites, 12% of all African Americans/Blacks and 15% of those included in the "Other" racial group are uninsured.

Note: There may be some duplication in the count of users across safety net organizations in the region. The "other" racial/ethnic group includes: those of Asian, American Indian/Alaska Native and Native Hawaiian/Other Pacific Islander descent, as well as those identifying with more than one racial/ethnic group, those identifying as Hispanic/Latino and those whose race/ethnicity is unknown. However, the American Community Survey includes Hispanics/Latinos throughout all racial groups, whereas all Hispanic/Latinos safety net users, regardless of race, are captured separately in the "other" category only.

Specialty care encounters at safety net organizations increased by 4.5% over the past year and increased by 20% (over 246,500 encounters) since 2013.

Specialty Care Encounters by Payor Category, 2013 - 2017

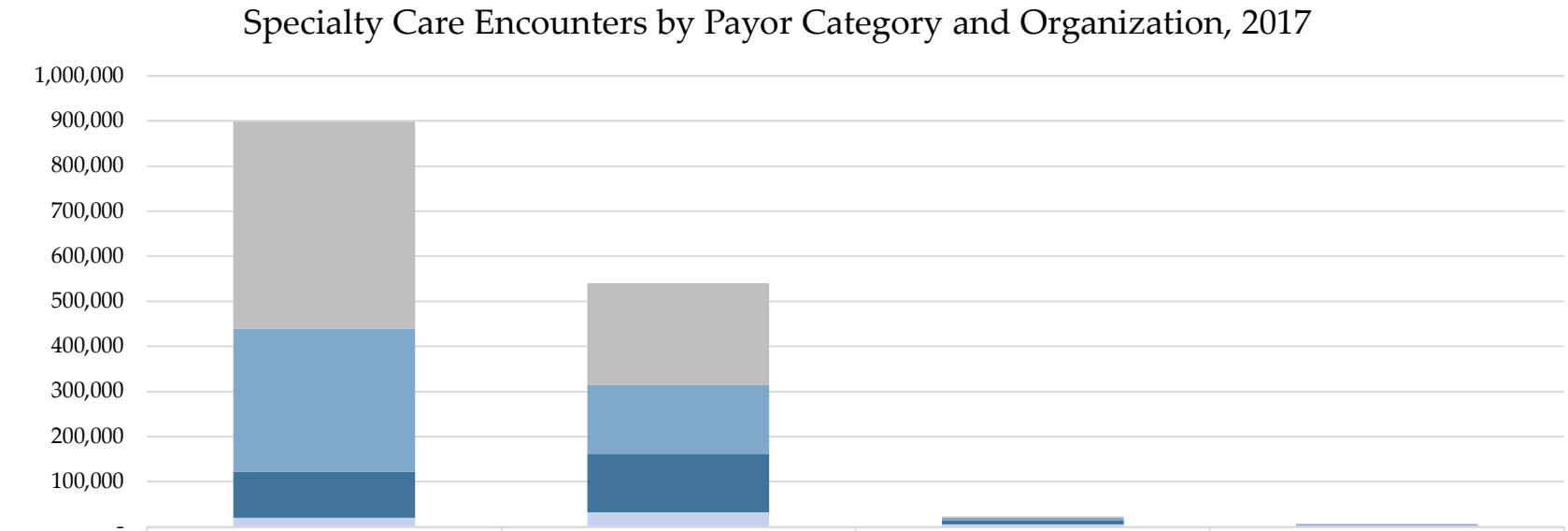


	2013	2014	2015	2016	2017
Private	574,012	598,883	635,920	664,398	688,195
Medicare	381,925	411,517	425,451	451,319	475,936
Medicaid	199,097	201,570	217,548	230,144	241,431
Uninsured	65,037	61,193	56,246	57,378	61,035
Total	1,220,071	1,273,163	1,335,165	1,403,239	1,466,597

- Of the more than 1,400,000 total specialty care encounters reported in 2017, 47% occurred among those privately insured, 32% among the Medicare population, 16% among the Medicaid population and 4% among the uninsured.
- Over the past year, specialty care encounters among Uninsured, Medicare, Private and Medicaid patients increased by 6%, 5%, 4% and 5%, respectively.

Note: Diagnostic services are not included in the specialty care analysis. For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured.

Specialty care encounters among the uninsured and Medicaid populations varied by safety net specialty care organization.

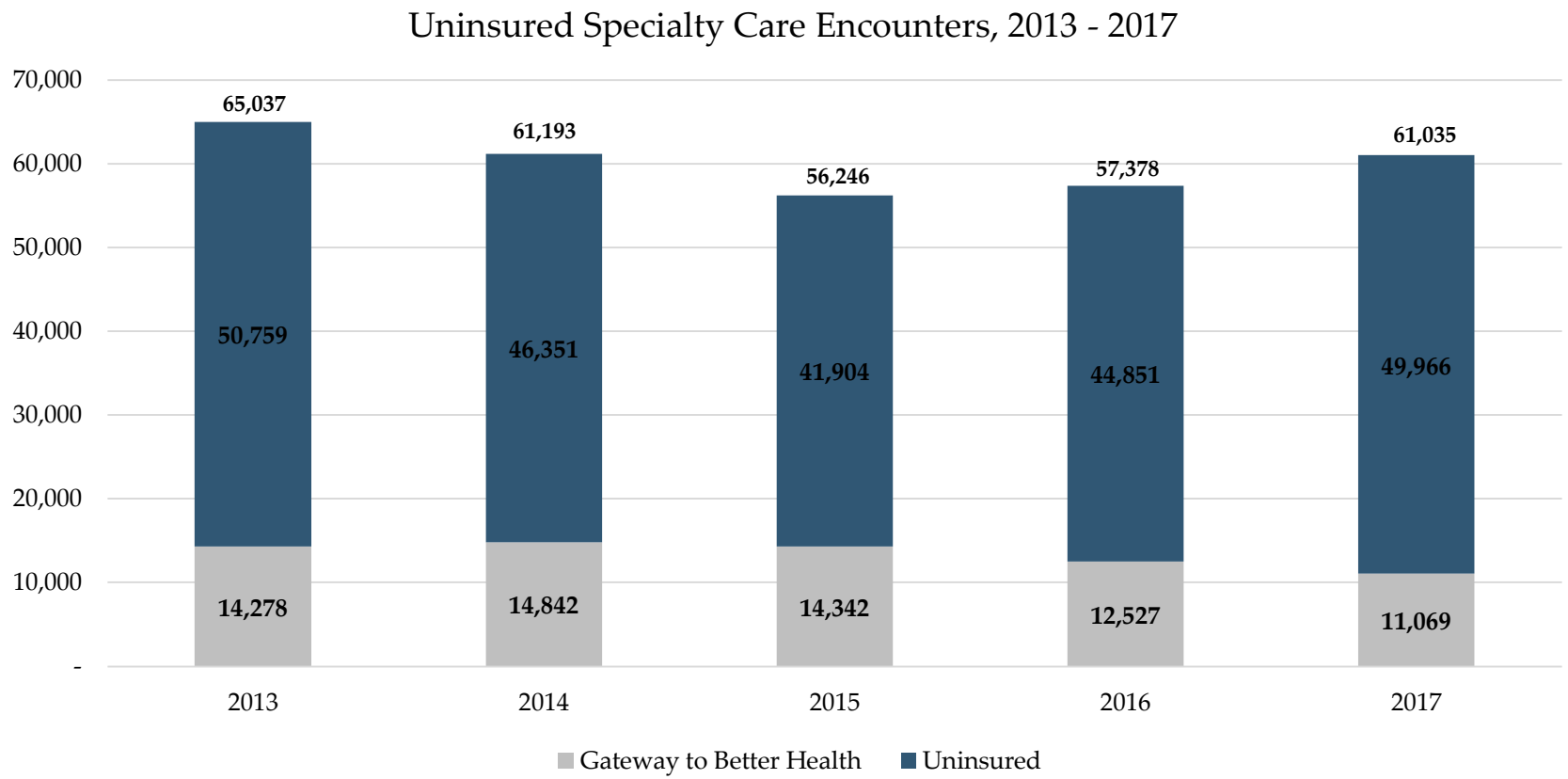


	Washington University	SLUCare	BJH Specialty Clinics	Mercy JFK Clinic
Private	459,971	225,402	2,812	10
Medicare	316,579	153,526	5,095	736
Medicaid	102,199	128,930	9,566	736
Uninsured	20,095	32,597	5,022	3,321
Total	898,844	540,455	22,495	4,803

Medicaid and uninsured encounters at BJH Specialty Clinics and Mercy JFK Clinic account for at least 65% of their total specialty care encounters in 2017, which has remained relatively stable compared to last year.

Note: SLUCare's reported data includes all sites in which their doctors practice, including the following hospital based clinics: SSM St. Mary's, SSM St. Clare, SSM St. Joseph, SSM DePaul, SSM Cardinal Glennon and SSM St. Louis University (SLUH). SLUCare's data also includes some smaller practices located outside of St. Louis City and County limits, which accounts for less than 2% of their total reported encounters. SLUCare's and Washington University's data includes information for both pediatric and adult patients.

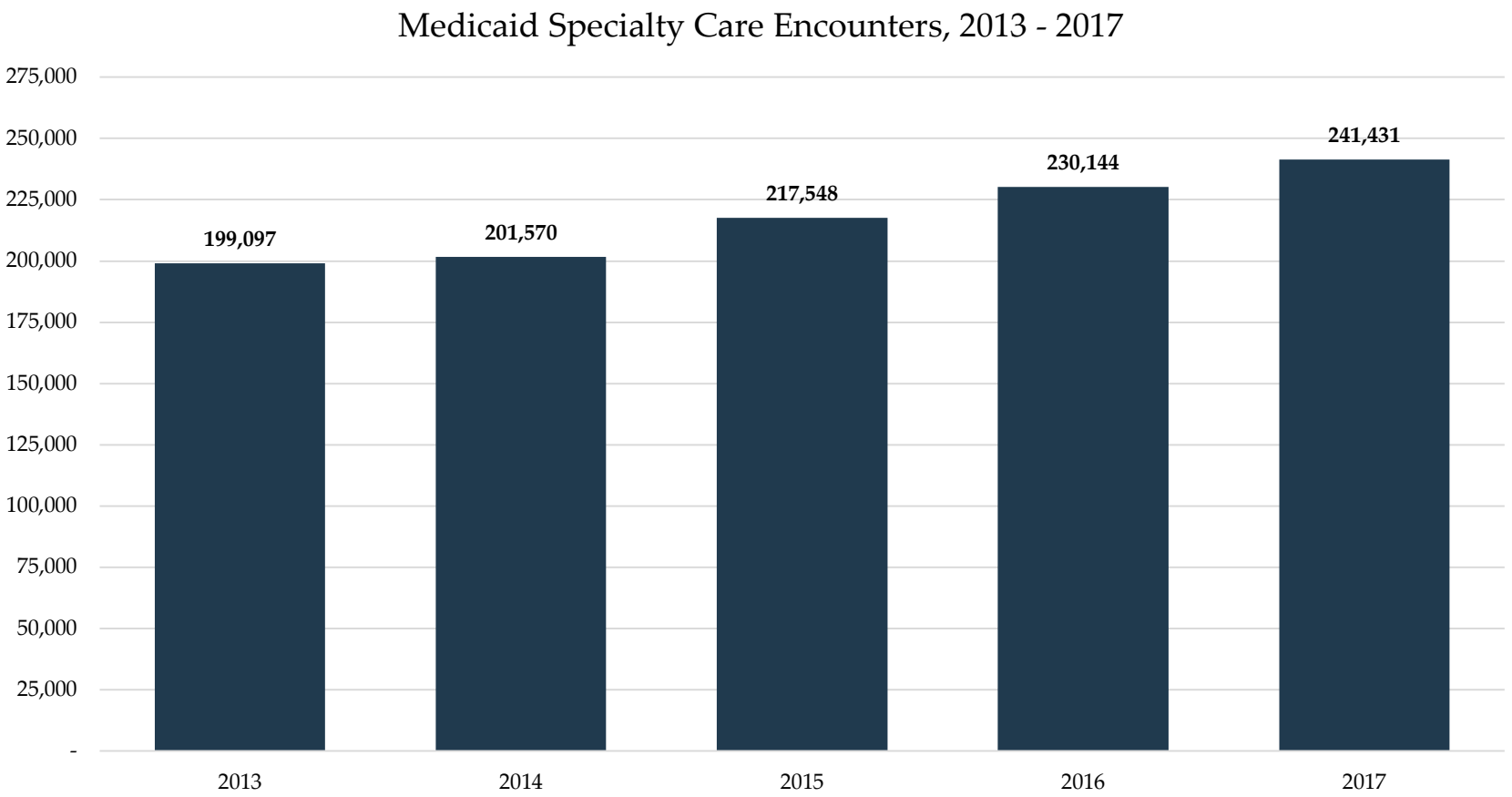
Uninsured specialty care encounters increased by 6% over the past year.



- Uninsured specialty care encounters have remained relatively stable since 2013.
- Gateway to Better Health specialty care encounters declined by 12% in 2017 as compared to 2016.
- Approximately 11,000 specialty care encounters were provided to Gateway to Better Health patients in 2017, comprising 18% of all uninsured specialty care safety net encounters.

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. The Gateway to Better Health program began in July 2012. Beginning January 1, 2014, income eligibility for the Gateway to Better Health program was reduced to 100% of the federal poverty line (FPL). Consistent with the trend in reported encounters among Gateway patients, overall enrollment for the Gateway program has declined over time from an average of 18,732 in 2016 to an average of 16,195 in 2017. An additional 36,000+ diagnostic and other outpatient services were provided to Gateway to Better Health patients in 2017, which are not included in the chart above.

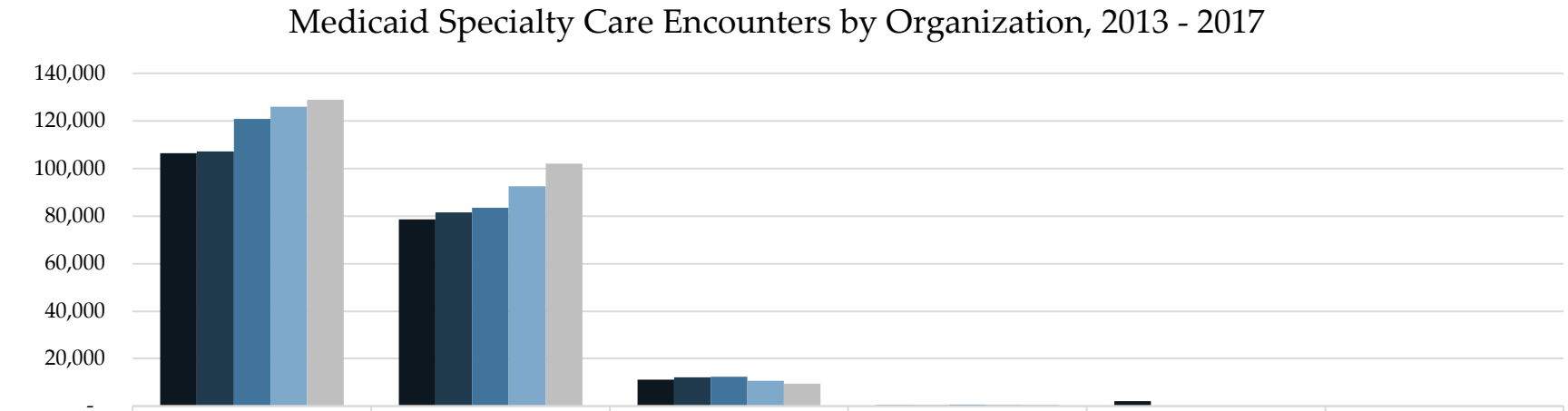
Medicaid specialty care encounters increased by 5% over the past year.



Over the past five years, Medicaid specialty care encounters have increased by 21%.

Note: The number of individuals enrolled in MO HealthNet (Medicaid) from St. Louis City and County decreased by 16% in 2017.

Washington University and SLUCare account for 96% of all Medicaid specialty care encounters at major safety net organizations.



	SLUCare	Washington University	BJH Specialty Clinics	Mercy JFK Clinic	St. Louis Connect Care	Total
2013	106,499	78,710	11,147	483	2,258	199,097
2014	107,243	81,705	12,087	535	-	201,570
2015	120,927	83,469	12,518	634	-	217,548
2016	126,078	92,707	10,661	698	-	230,144
2017	128,930	102,199	9,566	736	-	241,431
2016-2017	2%	10%	-10%	5%	-	5%

- Specialty care encounters among the Medicaid population decreased by 10% at BJH Specialty Clinics over the past year.
- Specialty care encounters among the Medicaid population increased at Washington University and Mercy JFK by 10% and 5%, respectively, since 2016.

Note: SLUCare services a large number of Medicaid patients from Illinois. Those patients are reflected in the data above. SLUCare's reported data includes all sites in which their doctors practice, including the following hospital based clinics: SSM St. Mary's, SSM St. Clare, SSM St. Joseph, SSM DePaul, SSM Cardinal Glennon and SSM St. Louis University Hospital (SLUH). SLUCare's data also includes some smaller practices located outside of St. Louis City and County limits, which accounts for less than 2% of their total reported encounters. SLUCare's and Washington University's data includes information for both pediatric and adult patients. Washington University expanded access to pediatric specialty care services through their new site, St. Louis Children's Specialty Care Center. This additional access point contributed to their increase in Medicaid encounters in 2016.

Average wait times (in days until next available appointment) for new patients at specialty care organizations varied by specialty department.

Specialty	2016 New Patient Average	2017 New Patient Average	2017 New Patient Range
Cardiology	12	28	22-35
Dermatology	46	42	23-80
Endocrinology	107	60	37-99
Ear, Nose, Throat (ENT)	31	10	3-19
Gastroenterology	30	65	34-100
Gynecology Only	7	18	4-31
Gynecology/Obstetrics	4	30	29-31
Obstetrics Only	9	16	4-27
Hematology	14	16	10-29
Hepatology	-	62	62
Infectious Disease	57	39	29-47
Mental Health	18	29	17-41
Nephrology	41	30	11-65
Neurology	41	48	10-76
Neurosurgery	39	51	18-140
Oncology	26	19	10-27
Ophthalmology	38	31	11-43
Orthopedics	28	18	5-29
Pain Management	22	18	8-27
Physical Therapy	5	21	7-35
Podiatry	31	-	-
Pulmonology	84	49	17-100
Rheumatology	67	71	12-92
General Surgery	26	19	8-45
Urology	23	28	20-40

- For new patients, the top four specialties with the longest wait times are endocrinology, gastroenterology, hepatology and rheumatology.
- Average wait times for new patients at least doubled for specialties such as cardiology, gastroenterology, gynecology only, gynecology/obstetrics and physical therapy (represented by the color red in the table).

Note: Providers were requested to provide wait times as close to June 1st, as possible. The number of organizations who provided responses are different for each specialty, based on availability. Averages were calculated using only the provided wait times for each specialty, individually. This data was collected from BJH Specialty Clinics, Mercy JFK Clinic, SLUCare and Washington University. Increased wait times for obstetrics reflects a decrease in provider capacity. Red denotes specialties that have increased, green denotes specialties that have decreased and black denotes specialties that have remained stable.

Average wait times (in days until next available appointment) for returning patients at specialty care organizations varied by specialty department.

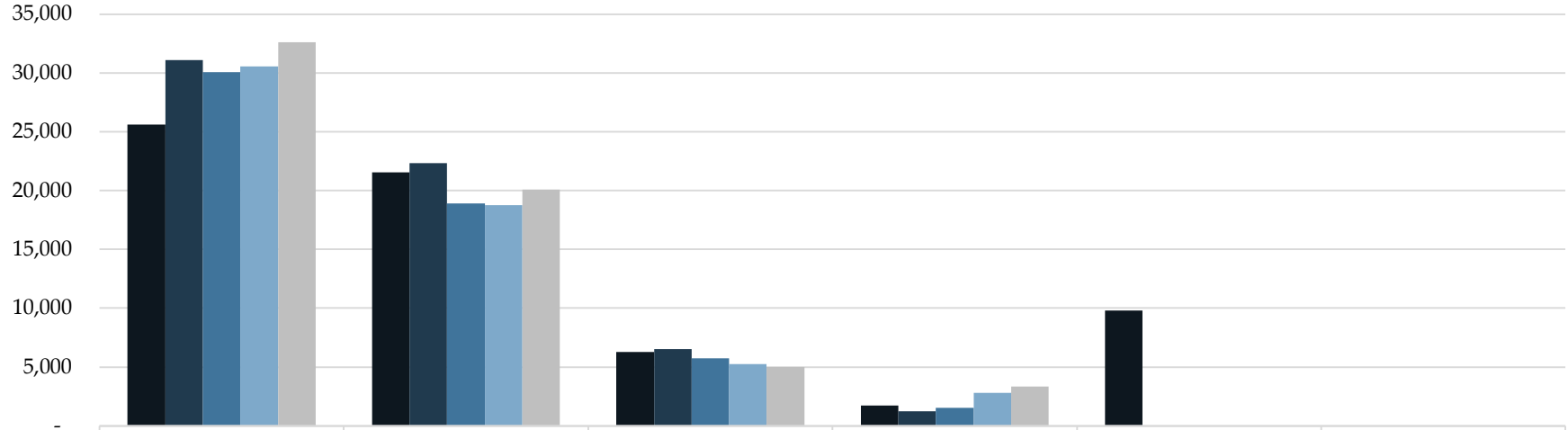
Specialty	2016 Returning Patient Average	2017 Returning Patient Average	2017 Returning Patient Range
Cardiology	12	26	22-28
Dermatology	24	19	5-25
Endocrinology	98	69	37-123
Ear, Nose, Throat (ENT)	28	12	3-23
Gastroenterology	34	57	30-105
Gynecology Only	5	17	4-29
Gynecology/Obstetrics	5	27	24-29
Obstetrics Only	9	14	4-23
Hematology	10	21	9-36
Hepatology	-	30	30
Infectious Disease	59	29	14-32
Mental Health	18	21	14-31
Nephrology	50	33	17-61
Neurology	38	40	10-69
Neurosurgery	23	23	18-30
Oncology	24	17	9-24
Ophthalmology	39	31	11-43
Orthopedics	24	18	12-25
Pain Management	23	19	8-29
Physical Therapy	5	11	7-15
Podiatry	24	-	-
Pulmonology	80	48	17-110
Rheumatology	59	55	4-92
General Surgery	12	12	5-18
Urology	25	28	10-44

- For returning patients, the top four specialties with the longest wait times are endocrinology, rheumatology, gastroenterology and pulmonology.
- Average wait times for returning patients at least doubled for specialties such as gynecology only, gynecology/obstetrics and physical therapy (represented by the color red in the table).

Note: Providers were requested to provide wait times as close to June 1st, as possible. The number of organizations who provided responses are different for each specialty, based on availability. Averages were calculated using only the provided wait times for each specialty, individually. This data was collected from BJH Specialty Clinics, Mercy JFK Clinic, SLUCare and Washington University. Increased wait times for obstetrics reflects a decrease in provider capacity. Red denotes specialties that have increased, green denotes specialties that have decreased and black denotes specialties that have remained stable.

Washington University and SLUCare account for more than 86% of all uninsured specialty care encounters at major safety net organizations.

Uninsured Specialty Care Encounters by Organization, 2013 - 2017



	SLUCare	Washington University	BJH Specialty Clinics	Mercy JFK Clinics	St. Louis Connect Care	Total
2013	25,617	21,570	6,287	1,737	9,826	65,037
2014	31,103	22,336	6,511	1,243	-	61,193
2015	30,051	18,912	5,748	1,535	-	56,246
2016	30,556	18,781	5,245	2,796	-	57,378
2017	32,597	20,095	5,022	3,321	-	61,035
2016-2017	7%	7%	-4%	19%	-	6%

- Over the past year, uninsured specialty care encounters at BJH Specialty Clinics remained relatively stable.
- Uninsured specialty care encounters increased by 19% at Mercy JFK Clinic since 2016.

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. SLUCare's reported data includes all sites in which their doctors practice, including the following hospital based clinics: SSM St. Mary's, SSM St. Clare, SSM St. Joseph, SSM DePaul, SSM Cardinal Glennon and SSM St. Louis University Hospital (SLUH). SLUCare's data also includes some smaller practices located outside of St. Louis City and County limits, which accounts for less than 2% of their total reported encounters. SLUCare's and Washington University's data includes information for both pediatric and adult patients. Mercy JFK expanded access in 2016 by increasing the number of specialists rotating within the clinic.

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Behavioral Health Analysis

Behavioral Health: Introduction

This section reviews detailed operating statistics of reporting community-based behavioral health safety net providers (community mental health and substance use treatment) and safety net hospitals with inpatient psychiatric services in the Eastern Region of Missouri (St. Louis City and Counties of Franklin, Jefferson, Lincoln, St. Charles, St. Louis and Warren). Behavioral health includes mental health and substance use care. Substance use treatment providers with the widest array of services for the general population in the Eastern Region are included. St. Louis City and County providers are denoted throughout (see Appendix D for a list of 2017 reporting institutions). Behavioral health services provided by local health centers are reflected in this section and in the primary care section of this report.

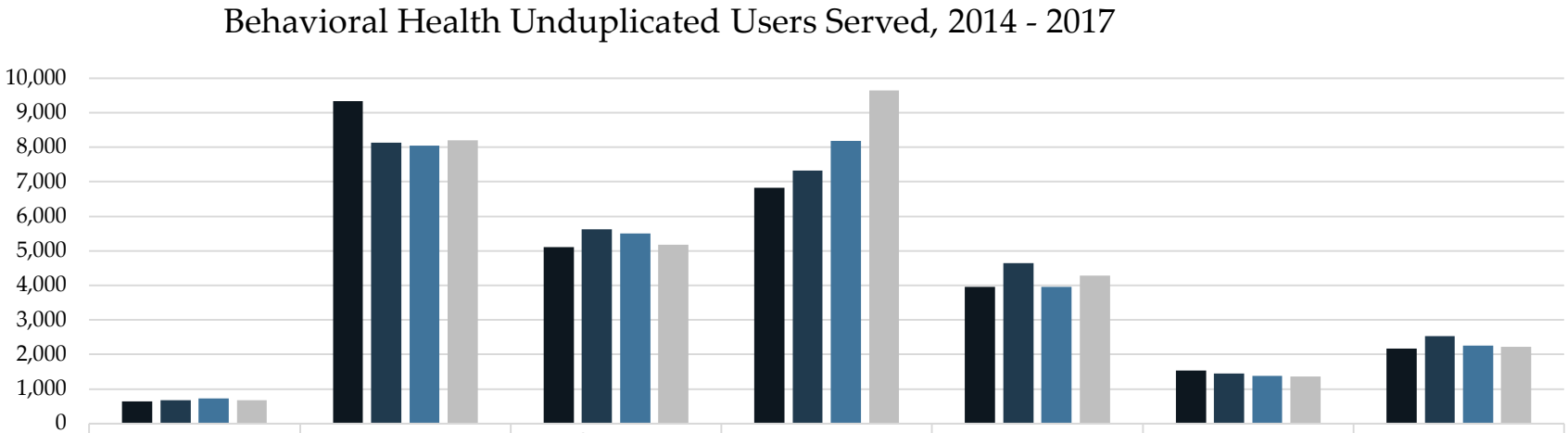
Self-reported data for this section of the report has been collected and verified by the Behavioral Health Network of Greater St. Louis (BHN). The Regional Health Commission would like to acknowledge and thank the BHN for their contribution to the annual Access to Care Report.

Historical data from 2005 is sourced from the Regional Health Commission's "Eastern Region Public Behavioral Health System: Utilization of Services" report. Historical data covering 2007-2010 stems from the RHC's "MPC Regional Psychiatric Capacity Analysis and Recommendations" report.

Behavioral Health: Key Findings

- Behavioral health users served remained stable at 31,555 in 2017, as compared to 30,045 in 2016. Total users served has increased by 7%, or nearly 2,000 people, since 2014 (page 86).
- Newly admitted users to behavioral health safety net agency programs increased by 18% between 2016 and 2017. Newly admitted users increased by 20% since 2014 and accounted for 31% of all users served in 2017 (page 87).
- Wide variation exists in the rate of serving the safety net population within the designated service areas of respective behavioral health safety net administrative agents in Missouri's Eastern Region (page 88).
- Substance use treatment user admissions remained stable in 2017 at the three largest state-funded substance use treatment providers with the widest array of services for the general population within the Eastern Region (page 92).
- Behavioral health encounters at safety net primary care providers decreased by 11% over the past year, while increasing by 51,200 encounters since 2013 (page 93).
- Emergency department encounters with behavioral health diagnoses (primary and secondary) have increased by 7% over the past year and account for 24% of all emergency department encounters in 2017, which is down from 22% in 2016 (page 95). The top primary behavioral health diagnoses are mood disorders, schizophrenia/delusional disorders and alcohol use disorders (page 96).
- While acute psychiatric encounters remained stable overall in 2017, inpatient psychiatric staffed bed capacity decreased by 7% since 2016 (page 102).

Behavioral health safety net community mental health providers[+] served 31,555 users in 2017.

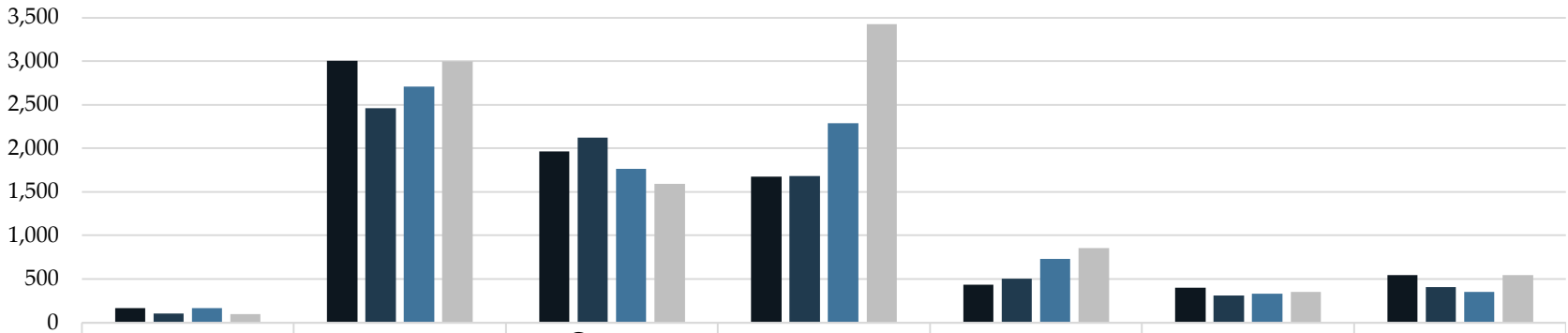


	Adapt of Missouri*	BJC Behavioral Health*	Comtrea Comprehensive Health	Crider Health Center	ALM Hopewell Center*	Independence Center*	Places for People*
Total Users Served, 2014	648	9,334	5,101	6,832	3,960	1,530	2,166
Total Users Served, 2015	684	8,138	5,630	7,323	4,639	1,442	2,523
Total Users Served, 2016	720	8,038	5,506	8,183	3,958	1,387	2,253
Total Users Served, 2017	668	8,200	5,170	9,650	4,277	1,363	2,227
% Change, 2016-2017	-7%	2%	-6%	18%	8%	-2%	-1%

- Behavioral health users served remained stable at 31,555 in 2017, as compared to 30,045 users served in 2016. Total users served has increased by 7%, or nearly 2,000 people, since 2014.
- Between 2016 and 2017, two organizations saw an increase in the number of users served, including Crider Health Center of Compass Health Network (18%) and ALM Hopewell Center (8%). Two organizations saw a decrease, including Comtrea (6%) and Adapt of Missouri (7%). All others remained stable.

[+]Note: Behavioral health safety net community mental health providers include Department of Mental Health designated administrative agents and affiliate organizations providing comprehensive psychiatric services. Users served reflects children, youth and adults. Users are unduplicated within the agency, though they may be duplicated if served by more than one agency within the calendar year. Data does not include substance use treatment-only providers within the region.
*Denotes St. Louis City or St. Louis County provider

Behavioral health safety net community mental health providers newly admitted 9,862 users to programs in 2017.

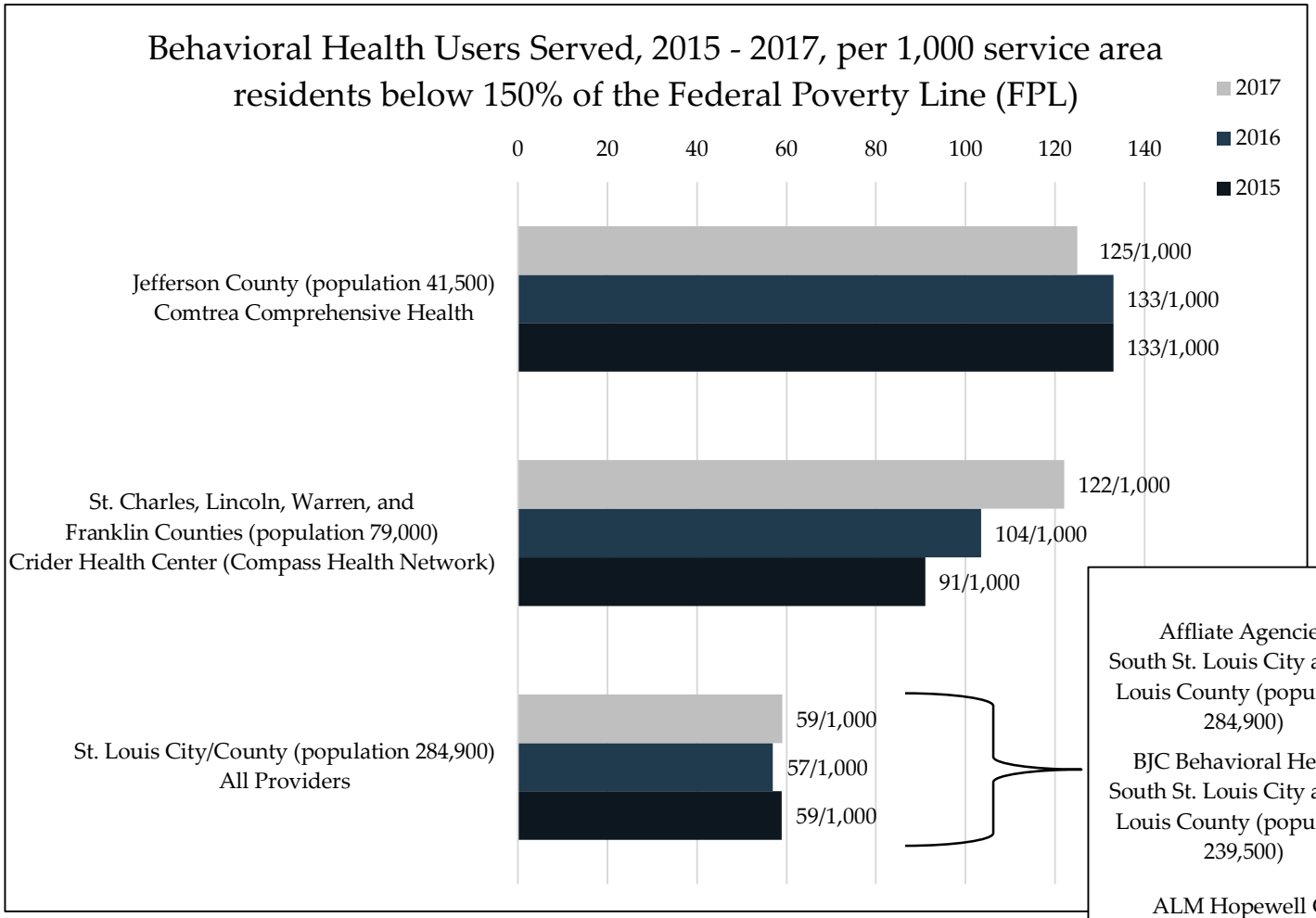


	Adapt of Missouri*	BJC Behavioral Health*	Comtrea Comprehensive Health	Crider Health Center	ALM Hopewell Center*	Independence Center*	Places for People*
Newly Admitted Users, 2014	164	3,003	1,965	1,673	435	403	546
Newly Admitted Users, 2015	102	2,458	2,123	1,683	502	314	406
Newly Admitted Users, 2016	167	2,709	1,767	2,291	734	335	354
Newly Admitted Users, 2017	96	2,996	1,595	3,422	856	354	543
% Change, 2016-2017	-43%	11%	-10%	49%	17%	6%	53%

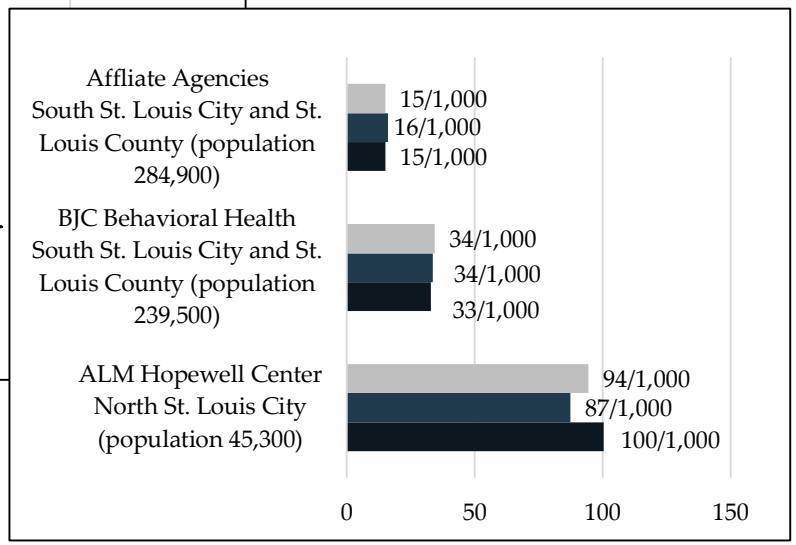
- Newly admitted users to behavioral health safety net agency programs increased by 18% in 2017, as compared to the 8,357 newly admitted in 2016. Newly admitted users have increased by 20% since 2014.
- Newly admitted users served accounted for 31% of overall users served in 2017.
- Newly admitted users increased at five organizations, including Places for People (53%), Crider Health Center of Compass Health Network (49%), ALM Hopewell Center (17%), BJC Behavioral Health (11%) and Independence Center (6%). Newly admitted users decreased at Adapt of Missouri (43%) and Comtrea Comprehensive Health Center (10%).

Note: Behavioral health safety net community mental health providers include Department of Mental Health designated administrative agents and affiliate organizations providing comprehensive psychiatric services. Users served reflects children, youth and adults. Data does not include substance use treatment-only providers within the region. Newly admitted users may have previously received services prior to 2017 at a provider or may have been served by another provider during 2017, but they must have a new episode of care in 2017 at a provider.
*Denotes St. Louis City or St. Louis County provider

Missouri Department of Mental Health's (DMH), administrative agents have service catchment areas. Administrative agents' rate of serving the population below 150% of the Federal Poverty Line (FPL) within their designated service areas varies significantly by agency.



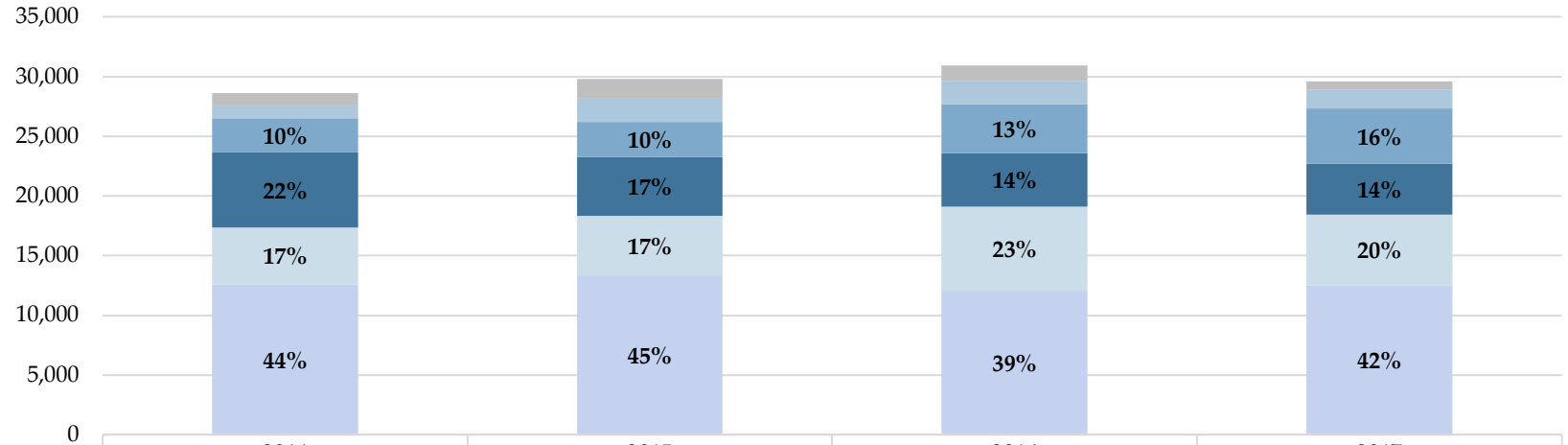
In addition to being served by DMH administrative agents, BJC Behavioral Health and ALM Hopewell, St. Louis City and County users are served by affiliate agencies (Adapt of Missouri, Independence Center and Places for People).



Note: Behavioral health users served are reported per 1,000 residents below 150% FPL, based on DMH designated service areas for each community mental health provider. Population counts are sourced from the 2016 American Community Survey. While agency catchment areas are prescribed to serve the geographic populations, a portion of users may receive services from organizations outside of the catchment area agency in their area of residence. Of note, client eligibility requirements of DMH, such as limitations on diagnoses eligible to receive services, impact administrative agent provision of service.

Community-based behavioral health users in the Eastern Region, for whom payor information was available, predominately had primary coverage through Medicaid or were uninsured, with care primarily funded through the Missouri Department of Mental Health (DMH).

Behavioral Health Users by Primary Payor Category, 2014 - 2017



	2014	2015	2016	2017
Self-pay	1,034	1,651	1,291	670
Grant/Tax Levy	1,064	1,965	1,967	1,589
Private/Commercial	2,831	2,887	4,090	4,672
Medicare/Dual-Eligible	6,293	4,969	4,474	4,229
Uninsured/DMH	4,781	4,972	7,042	5,916
Medicaid	12,601	13,359	12,068	12,543
Total	28,604	29,803	30,932	29,619

In 2017, the percentage of users served by community mental health centers with private/commercial primary payor sources increased, while those with all other payor types remained relatively stable.

Note: Data reflects behavioral health safety net community mental health providers. Data does not include substance use treatment-only providers within the region.

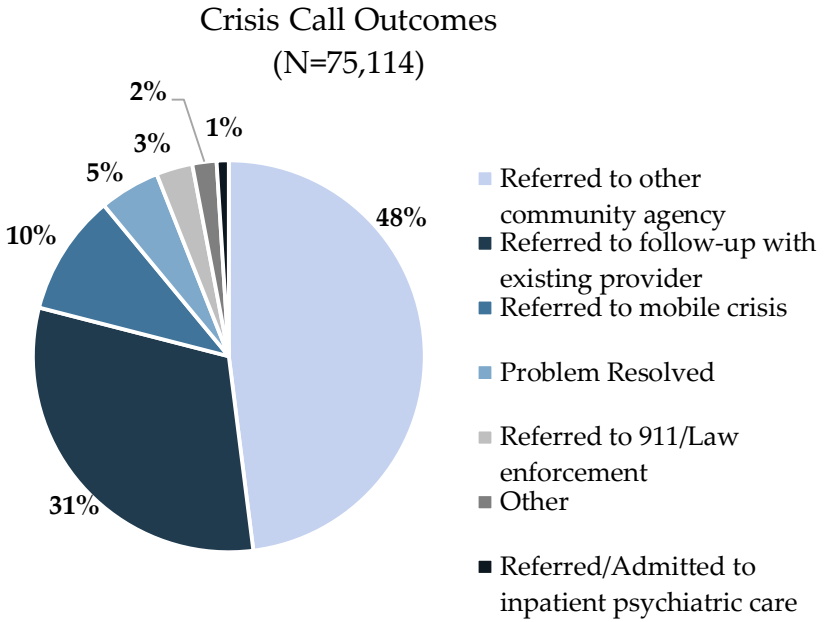
Behavioral health services are primarily available Monday through Friday, with some providers serving users on weekends at day program or clubhouse sites.

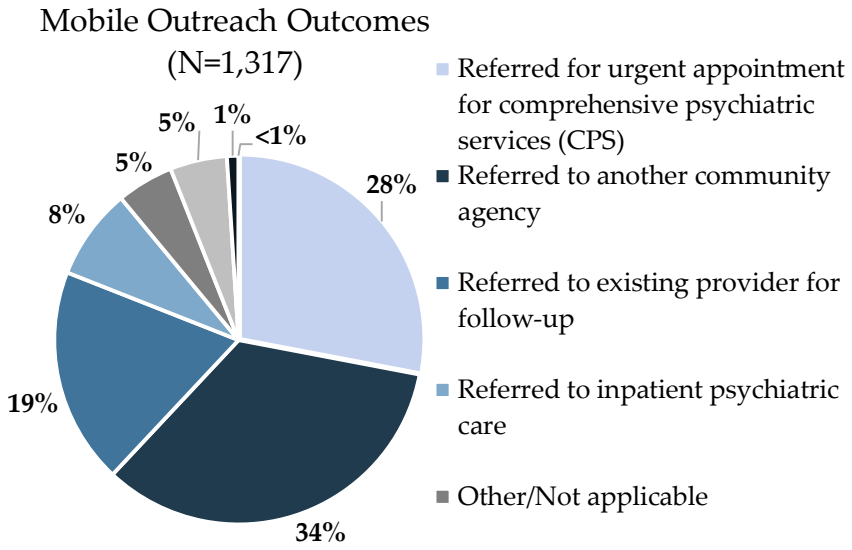
Organization	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Adapt of Missouri*	8:30am-5:00pm	8:30am-5:00pm	8:30am-5:00pm	8:30am-5:00pm	8:30am-5:00pm	Closed	Closed
BJC Behavioral Health*+	8:00am-5:00pm	8:00am-7:00pm	8:00am-7:00pm	8:00am-7:00pm	8:00am-5:00pm	Closed	Closed
Comtrea Comprehensive Health Center+	9:00am-7:30pm	9:00am-7:30pm	9:00am-7:30pm	9:00am-7:30pm	9:00am-5:00pm	9:15am-11:15am once per month	Closed
Crider Health Center (Compass Health Network)+	8:00am-6:00pm	8:00am-6:00pm	8:00am-7:00pm	8:00am-5:00pm	8:00am-5:00pm	9:00am-1:00pm once per month	Closed
ALM Hopewell Center*+	8:30am-5:00pm	8:30am-7:00pm	8:30am-5:00pm	8:30am-5:00pm	8:30am-5:00pm	8:00am-3:00pm	Closed
Independence Center*+	8:00am-6:00pm	8:00am-6:00pm	8:00am-6:00pm	8:00am-6:00pm	8:00am-6:00pm	10:00am-2:00pm	Closed
Places For People*+	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	Closed	Closed

- In addition to standard hours of operation, many providers have limited specialty services on evenings or weekends, such as group programming. Evidence-based treatments (e.g. Assertive Community Treatment) or supported housing models also provide support after hours or 24/7.
- In 2017, 6 of 7 providers surveyed offered open access appointments for services, a method of scheduling in which users can receive a same-day/next-day appointment. This is consistent with 2016 and an expansion from the 5 providers who employed this method in 2015.

*Denotes St. Louis City or County providers
+Denotes organizations providing evening and weekend hours

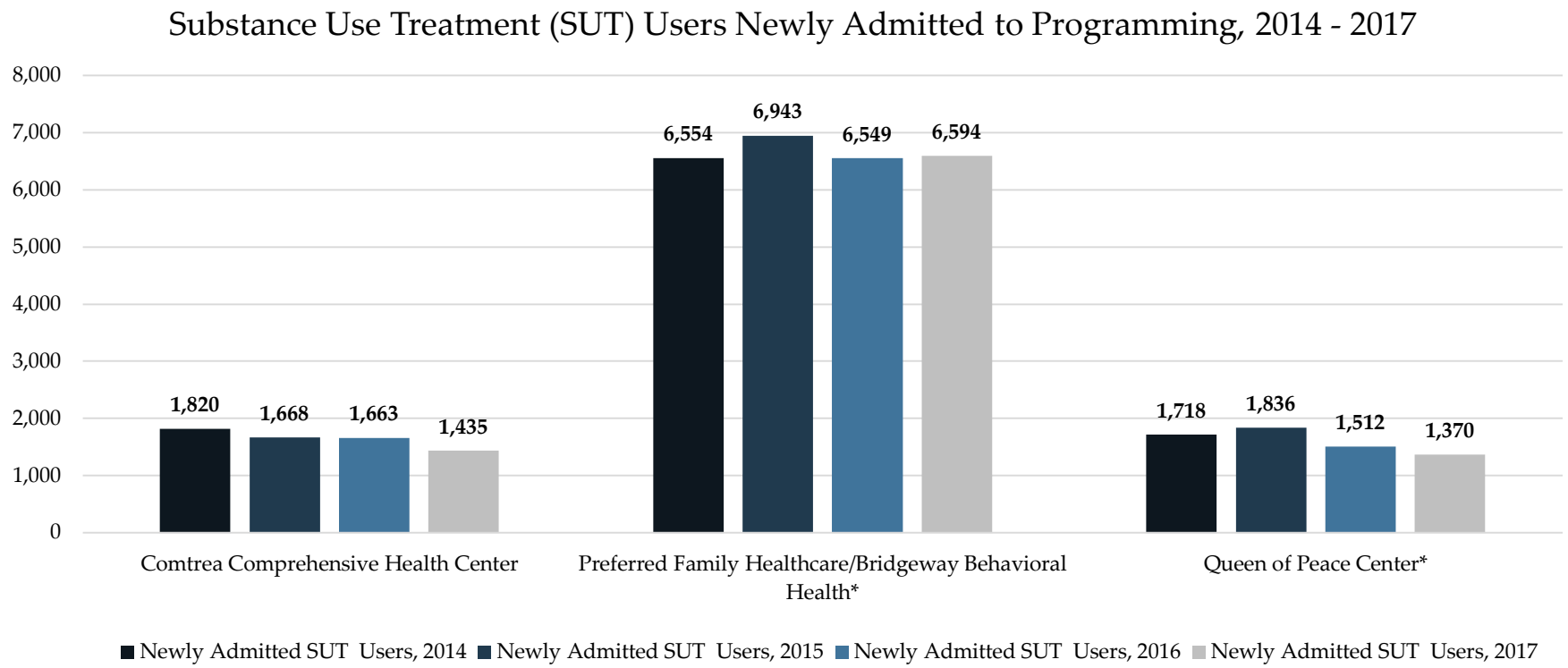
Behavioral Health Response (BHR) Access Crisis Intervention hotline received 75,114 crisis calls in 2017- an increase of 7% from the 70,246 calls in 2016. BHR provided in-person crisis intervention through 1,317 mobile outreaches - a decrease of 11% from the 1,473 provided in 2016. Resolution outcomes vary by service type.





- While regional behavioral health services are available predominantly during traditional business hours, providers surveyed collaborate with BHR's regional Access Crisis Intervention hotline to provide 24/7 telephonic crisis intervention and mobile outreach services. These services are available to the entire region, regardless of an individual's income, insurance coverage or engagement in services. In 2017, the majority of these calls resulted in referral to community-based services.
- BHR partners with community mental health safety net providers to give consumers access to next-day, urgent appointments and provides follow-up services to consumers to ensure ongoing safety and linkage to needed support.

State-funded substance use treatment providers in the Eastern Region newly admitted 9,399 treatment users to programming in 2017.

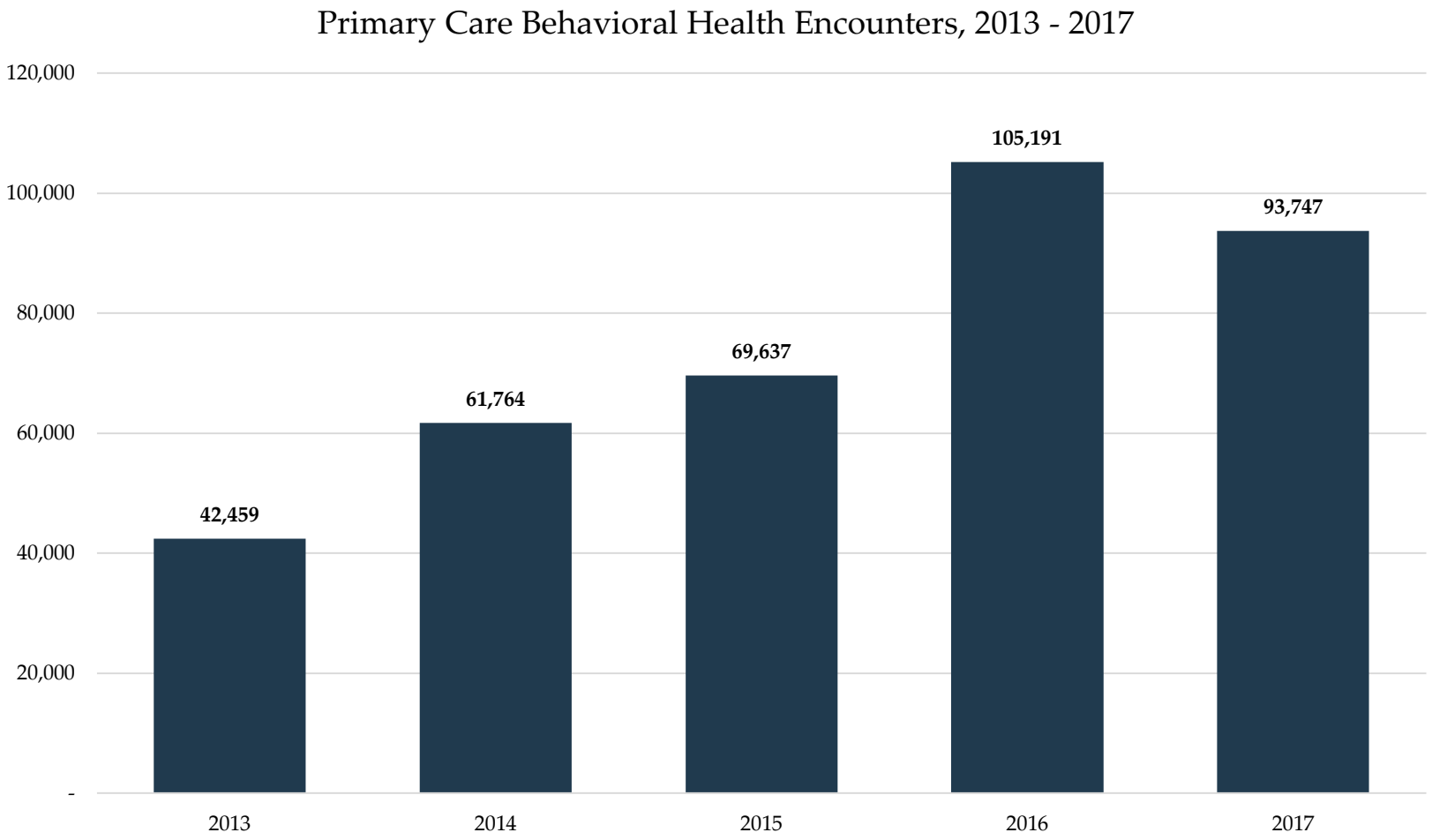


- Substance use treatment user admissions remained stable in 2017, as compared to 9,724 users in 2016.
- Service mix varies by substance use treatment provider. Preferred Family Healthcare/Bridgeway Behavioral Health provides modified medical detox, residential and outpatient services. Comtrea Comprehensive Health Center provides outpatient services. Queen of Peace Center provides residential and outpatient services.
- Preferred Family Healthcare/Bridgeway Behavioral Health is the only state-funded modified medical detox provider in the Eastern Region of Missouri, serving over 719 admissions with 16 dedicated detox beds—an increase of 16% from 618 modified medical detox admissions served in 2016.

Note: Only services delivered by the three largest state-funded substance use treatment providers with the widest array of services for the general population within the Eastern Region are listed. Substance use treatment services are provided by several additional agencies in the region through state-funding. Bridgeway Behavioral Health and Preferred Family Healthcare are reflected as a combined total for 2014-2017 for consistency in reporting, as they merged on January 1, 2016.

*Denotes St. Louis City or St. Louis County provider

Behavioral health encounters at safety net primary care providers have increased by 121% (51,200), since 2013.

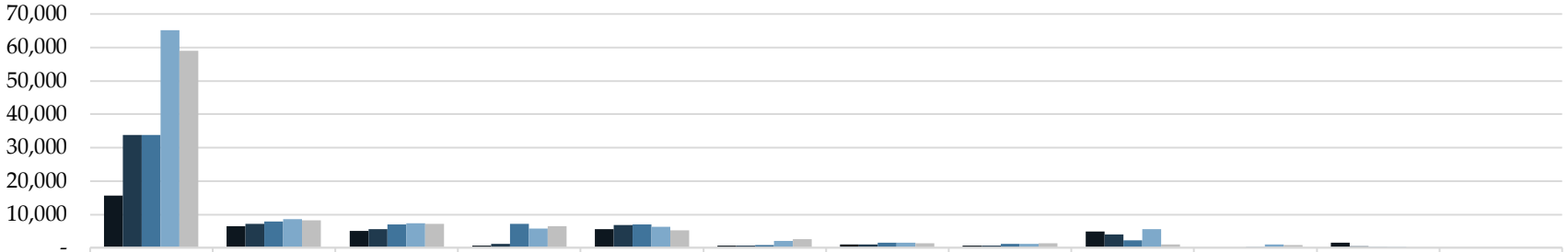


Behavioral health encounters at safety net primary care providers decreased by 11% over the past year.

Note: Behavioral health services at primary care organizations may differ from those provided at traditional community mental health centers. These encounters may include, but are not limited to, psychiatry services, psychology services, individual counseling services with clinical social workers or other mental health providers, group counseling sessions, detox services, encounters with alcohol and substance abuse specialists and other outpatient behavioral health services.

Behavioral health encounters have decreased at six safety net primary care organizations by 5% or more over the past year.

Primary Care Behavioral Health Encounters by Organization, 2013 - 2017



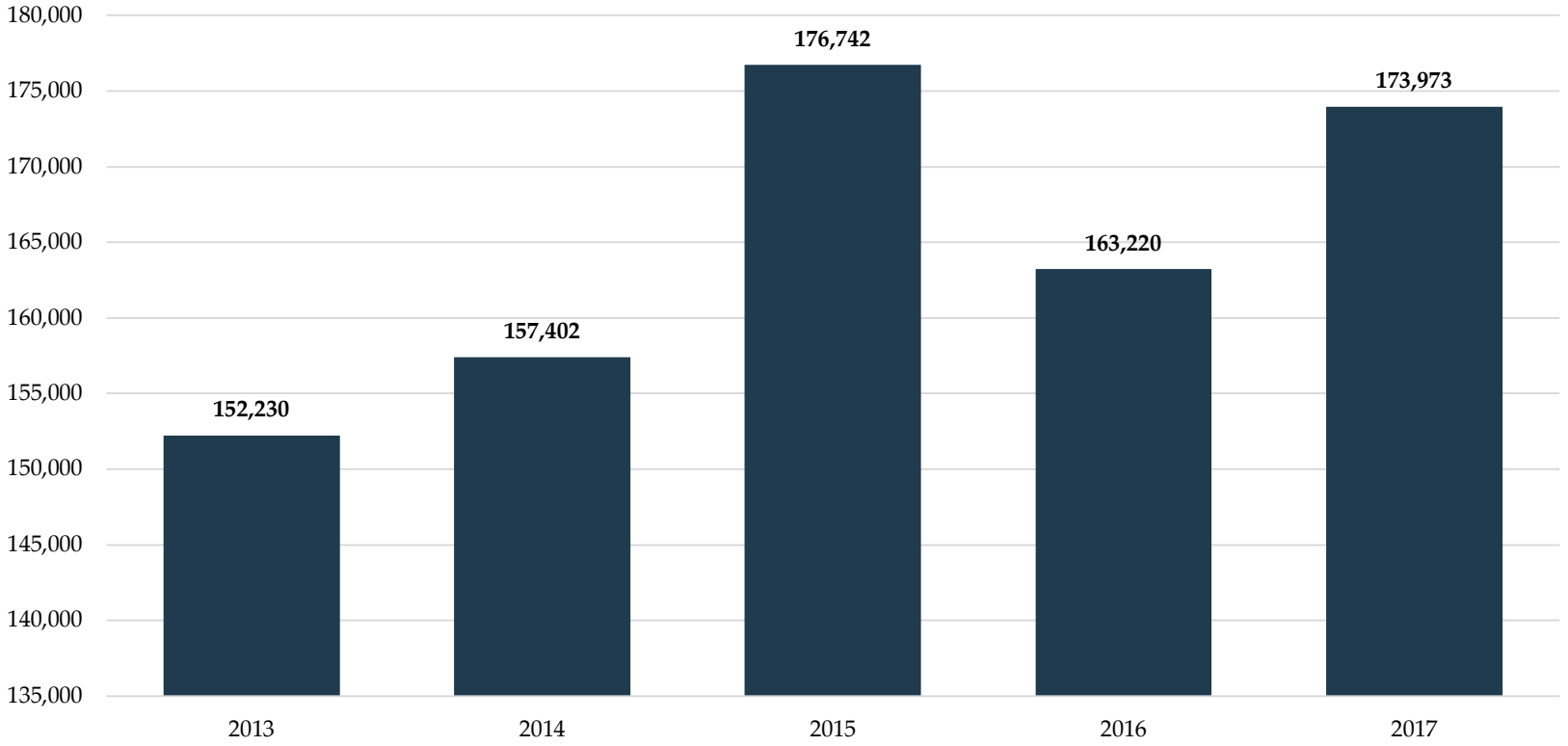
	Affinia Healthcare	SLUCare	Family Care Health Centers	CareSTL Health	St. Louis County Dept. of Public Health	Mercy Hospital JFK Clinic	The SPOT	SSM	BJK People's Health Centers	BJH Clinics	Casa de Salud	Total
2013	15,676	6,500	5,098	605	5,675	703	1,007	686	4,888	-	1,621	42,459
2014	33,787	7,280	5,614	1,293	6,839	693	982	682	4,089	-	505	61,764
2015	33,774	7,820	7,012	7,258	7,052	921	1,575	1,164	2,334	338	389	69,637
2016	65,217	8,548	7,452	5,855	6,354	2,105	1,604	1,183	5,559	1,046	268	105,191
2017	59,065	8,170	7,187	6,428	5,265	2,547	1,446	1,431	1,065	935	208	93,747
2016-2017	-9%	-4%	-4%	10%	-17%	21%	-10%	21%	-81%	-11%	-22%	-11%

- The six primary care organizations with decreases in behavioral health encounters over the past year include: BJK People's (81%), Casa de Salud (22%), St. Louis County Department of Public Health (17%), BJH (11%), The SPOT (10%) and Affinia Healthcare (9%).
- Behavioral health encounters increased at Mercy JFK, SSM and CareSTL Health by 21%, 21% and 10%, respectively, over the past year.

Note: Encounters above represent behavioral health services provided at St. Louis County Department of Public Health clinics, as well as services provided through their contracted provider, Family Mental Health Collaborative. St. Louis County Department of Public Health ended its partnership with Family Mental Health Collaborative in late 2017. Affinia contracts with the Salvation Army to provide substance abuse services. In 2016, the Salvation Army opened a new site, reaching full capacity. This significantly expanded access to substance abuse services, through group counseling sessions, and is the primary driver for the increase in uninsured encounters served through Affinia in 2016. CareSTL Health increased capacity for behavioral health services in 2014 and 2015 by hiring licensed clinical social workers. BJK People's provides additional primary care behavioral health services through their affiliation with ALM Hopewell Center. The "SSM" category includes St. Mary's Health Center and Glennon Care Pediatrics. Data for SSM's Danis Pediatrics is included in SLUCare's data, as this clinic is serviced by SLUCare providers. Mercy JFK Clinic expanded access to behavioral health services in 2016 by hiring additional counselors.

Emergency department encounters with behavioral health diagnoses have increased by 7% over the past year and account for 24% of total emergency department encounters in 2017.

Emergency Care Encounters with Behavioral Health* as Primary or Secondary Diagnosis, 2013 - 2017



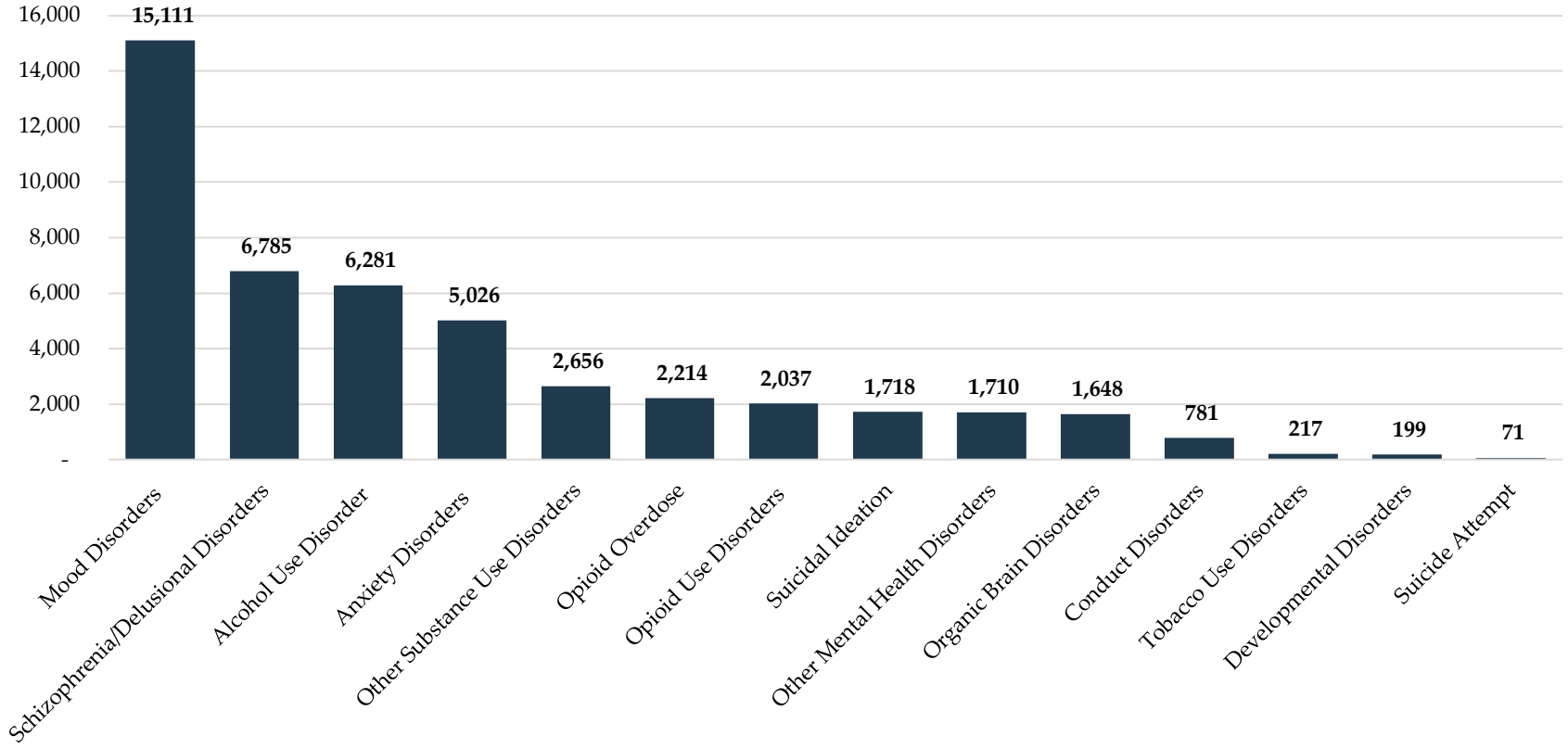
Behavioral health emergency department encounters have increased by 14% over the past five years.

*Behavioral health encounters include mental health and substance abuse disorder emergency department encounters as a primary or secondary diagnosis.

Note: Encounters where tobacco use reflects the only behavioral health diagnoses are excluded. Changes in coding practices over time may impact trends seen in the prevalence of behavioral health encounters in emergency departments.

Behavioral health diagnoses account for more than 46,400 primary diagnoses for emergency department encounters in 2017.

Primary Behavioral Health Diagnoses for Emergency Department Encounters, 2017

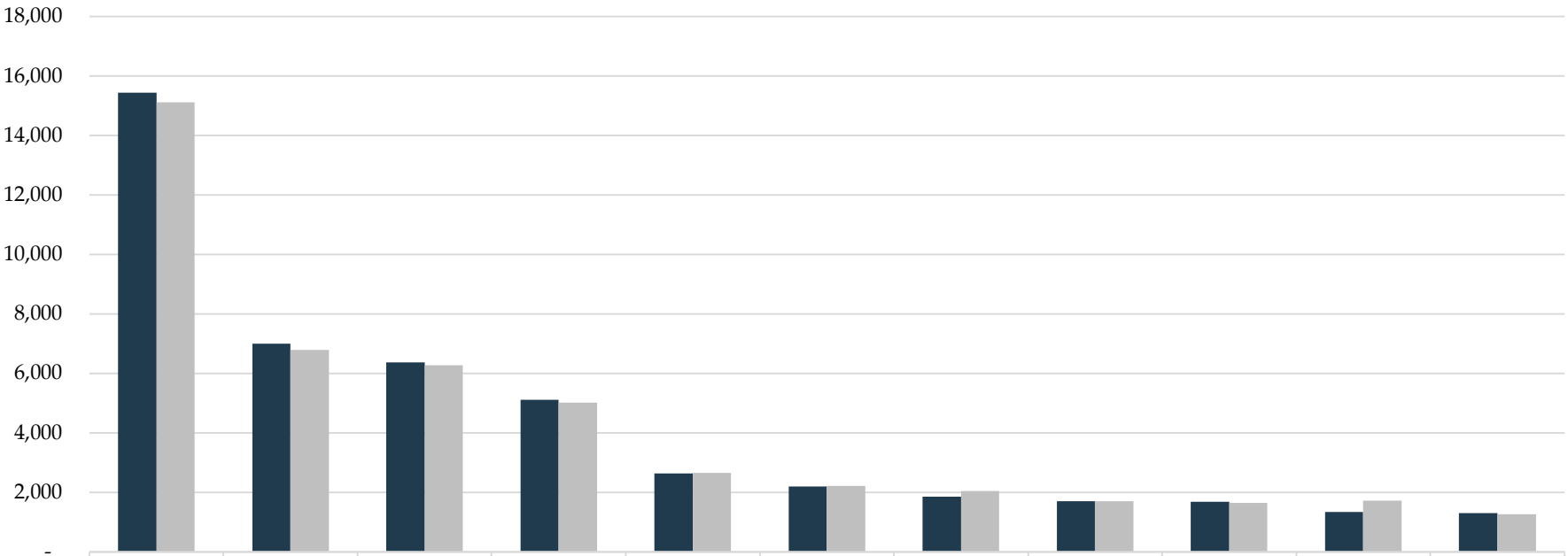


Mood disorders (33%), schizophrenia/delusional disorders (15%) and alcohol use disorders (14%) are the main primary behavioral health diagnoses presenting to St. Louis area emergency departments.

Note: Encounters where tobacco use reflects the only behavioral health diagnoses are excluded. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments.

The number of primary behavioral health diagnoses for emergency department encounters have remained relatively stable over the past year.

Primary Behavioral Health Diagnoses for Emergency Department Encounters, 2016 - 2017



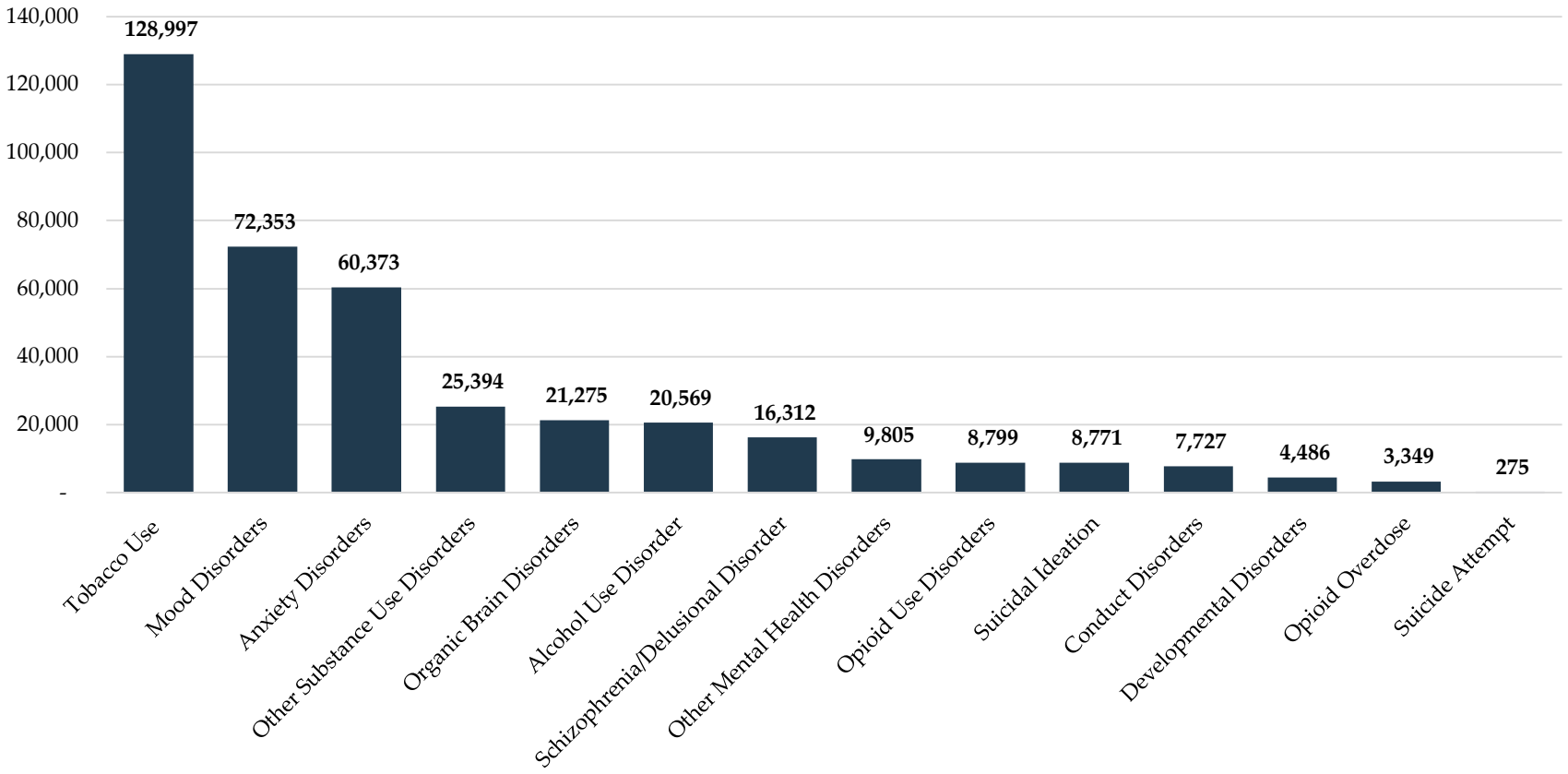
	Mood Disorders	Schizophrenia/Delusional Disorders	Alcohol Use Disorders	Anxiety Disorders	Other Substance Use Disorders	Opioid Overdose	Opioid Use Disorders	Other Mental Health Disorders	Organic Brain Disorders	Suicidal Ideation	Other Diagnoses
2016	15,438	6,993	6,366	5,110	2,633	2,194	1,858	1,705	1,676	1,333	1,298
2017	15,111	6,785	6,281	5,026	2,656	2,214	2,037	1,710	1,648	1,718	1,268
Total	30,549	13,778	12,647	10,136	5,289	4,408	3,895	3,415	3,324	3,051	2,566

Opioid use disorders have increased by 10% over the past year.

Note: Encounters where tobacco use reflect the only behavioral health diagnoses are excluded. Duplication across emergency department encounters does exist to account for both the primary and secondary diagnoses on each encounter. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. The 'Other Diagnoses' category includes: conduct disorders, tobacco use disorders, developmental disorders and suicide attempts.

Behavioral health diagnoses account for more than 388,400 primary and secondary diagnoses for emergency department encounters in 2017.

Primary and Secondary Behavioral Health Diagnoses for Emergency Department Encounters, 2017

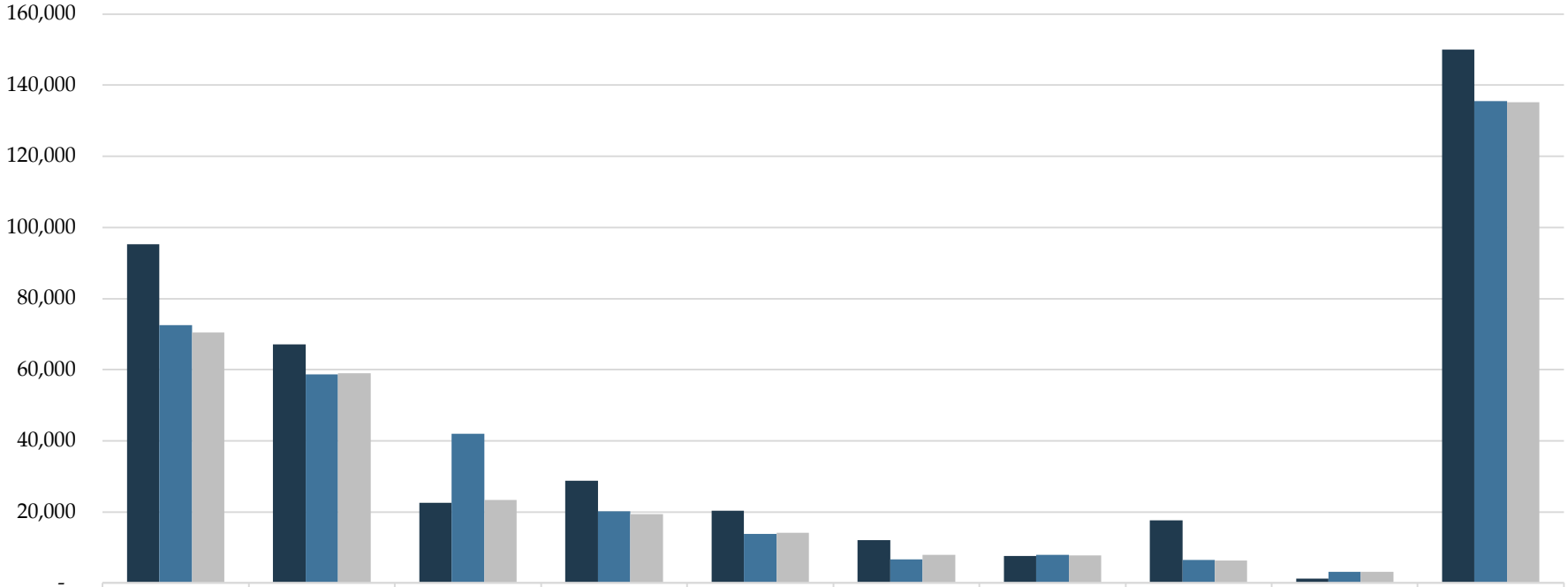


Tobacco use, mood and anxiety disorders make up 67% of all primary and secondary emergency department behavioral health diagnoses in 2017.

Note: Encounters where tobacco use reflects the only behavioral health diagnoses are excluded. Duplication across emergency department encounters does exist to account for both the primary and secondary diagnoses on each encounter. Distribution of behavioral health diagnosis codes within emergency departments are based on billing coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments.

The number of primary and secondary behavioral health diagnoses for emergency department encounters has decreased by 5% over the past year.

Primary and Secondary Behavioral Health Diagnoses for Emergency Department Encounters, 2015 - 2017



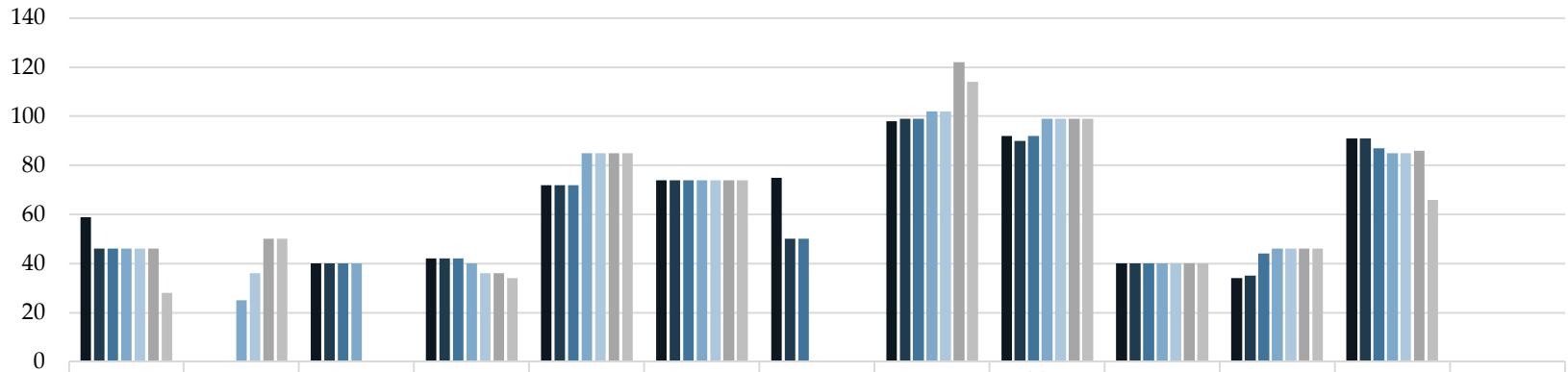
	Mood Disorders	Anxiety Disorders	Other Substance Use Disorders	Alcohol Use Disorders	Schizophrenia /Delusional Disorders	Suicidal Ideation	Opioid Use Disorders	Other Mental Health Disorders	Opioid Overdose	Other Diagnoses
2015	95,285	67,153	22,620	28,770	20,402	12,060	7,620	17,689	1,197	149,976
2016	72,462	58,747	41,944	20,165	13,824	6,663	7,989	6,563	3,153	135,483
2017	70,538	59,045	23,449	19,388	14,214	7,890	7,817	6,309	3,148	135,167

Suicidal ideation disorders increased by 18%, while substance use disorders decreased by 44% over the past year.

Note: Encounters where tobacco use reflects the only behavioral health diagnoses are excluded. Duplication across emergency department encounters does exist to account for both the primary and secondary diagnoses on each encounter. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. The 'other diagnoses' category includes: conduct disorders, tobacco use disorders, developmental disorders and suicide attempts.

Between 2016 and 2017 inpatient behavioral health safety net hospital staffed bed capacity decreased by 48 beds, or 7% (from 684 to 636 total staffed beds).

Staffed Inpatient Behavioral Health Beds, 2007 - 2017



	Barnes-Jewish Hospital (BJH)*	BJH Psych. Support Center (PSC)*	Christian Hospital*	Mercy Hospital Jefferson	Mercy Hospital St. Louis *	Mercy Hospital South *	Metro. Psych. Center (MPC)*	SSM Health DePaul Hospital *	SSM Health St. Joseph Hospital-St. Charles/ Wentz.	SSM Health St. Louis Univ. Hospital*	SSM Health St. Mary's Hospital*	St. Alexius Hospital*	Total
2007 Staffed Bed Capacity	59	0	40	42	72	74	75	98	92	40	34	91	717
2009 Staffed Bed Capacity	46	0	40	42	72	74	50	99	90	40	35	91	679
2010 Staffed Bed Capacity	46	0	40	42	72	74	50	99	92	40	44	87	686
2014 Staffed Bed Capacity	46	25	40	40	85	74	0	102	99	40	46	85	682
2015 Staffed Bed Capacity	46	36	0	36	85	74	0	102	99	40	46	85	649
2016 Staffed Bed Capacity	46	50	0	36	85	74	0	122	99	40	46	86	684
2017 Staffed Bed Capacity	28	50	0	34	85	74	0	114	99	40	46	66	636

Note: Data reflects community hospitals that provide acute psychiatric services, as well as Metropolitan Psychiatric Center (MPC), a former state-run hospital. MPC ceased services in July 2010. Psychiatric Stabilization Center, later renamed Psychiatric Support Center (PSC), opened at MPC's former site in January 2012. As of April 2015, Christian Hospital's 40 psychiatric beds were closed. As part of this 2015 transition, BJC HealthCare took over operations of PSC and expanded PSC's capacity to 50 licensed beds, opening April 2015. Data reflects staffed bed capacity as of December 31, 2017. St. Louis Children's Hospital and SSM Health Cardinal Glennon Children's Hospital are not represented above, as they did not have dedicated psychiatric units for children and adolescents in 2014-2017. Barnes–Jewish Hospital's bed decrease is a temporary result of renovation requiring the rotational closure of units within its psychiatric services—variation in capacity is anticipated through 2019.

*Denotes St. Louis City or St. Louis County provider

2007-2010 data source: Regional Health Commission "MPC Regional Psychiatric Capacity Analysis and Recommendations"

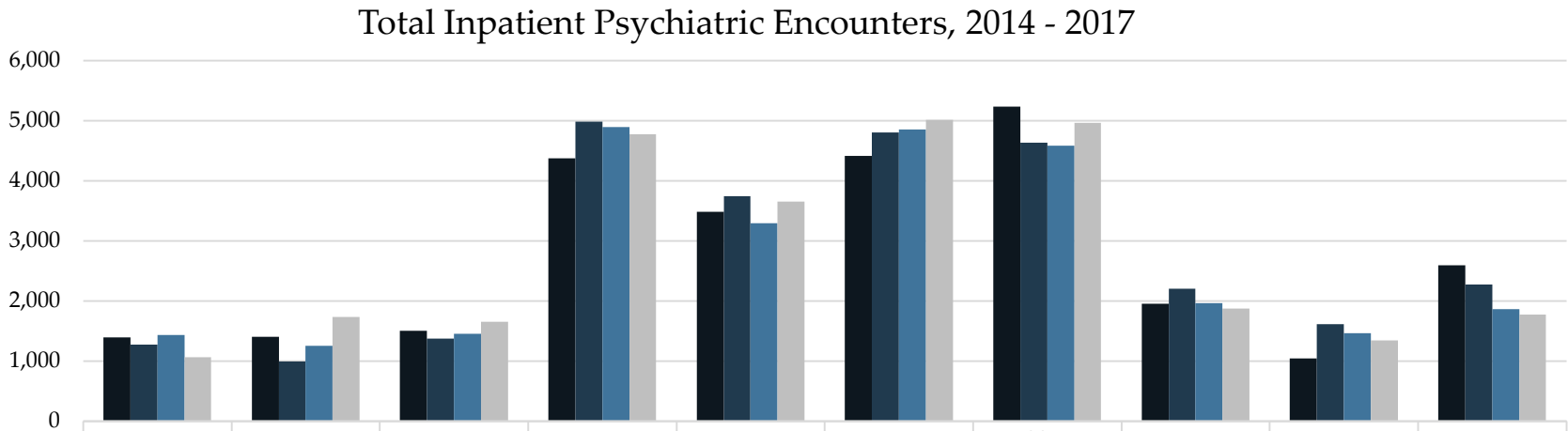
Inpatient behavioral health staffed safety net hospital bed capacity varied by hospital and population.

Hospitals with Inpatient Psychiatric Services	Staffed Bed Capacity ADULT	Staffed Bed Capacity GERIATRIC	Staffed Bed Capacity ADOLESCENT	Staffed Bed Capacity CHILD	Total Staffed Bed Capacity
Barnes-Jewish Hospital* (BJH)	18	10	0	0	28
BJH Psychiatric Support Center*	50	0	0	0	50
Mercy Hospital Jefferson	22	12	0	0	34
Mercy Hospital St. Louis *	56	16	13 combined		85
Mercy Hospital South* (formerly SAMC)*	52	0	22	0	74
SSM Health DePaul Health Center *	86	0	28 combined		114
SSM Health St. Joseph Health Center-St. Charles	0	22	0	0	22
SSM Health St. Joseph Health Center-Wentzville	46	0	31	0	77
SSM Health St. Louis University Hospital*	40	0	0	0	40
SSM Health St. Mary's Hospital-St. Louis*	36	10	0	0	46
St. Alexius Hospital*	44	22	0	0	66
TOTAL	434	108	94		636

In 2017, total staffed beds decreased by 48 beds across the adult population, as compared to 2016.

Note: Data reflects community hospitals which provide acute psychiatric services and staffed bed capacity as of December 31, 2017. St. Louis Children's Hospital and SSM Health Cardinal Glennon Children's Hospital are not represented above, as they did not have dedicated psychiatric units for children and adolescents in 2014-2017. State-run facilities are also not included. Barnes–Jewish Hospital's bed decrease is a temporary result of renovation requiring the rotational closure of units within its psychiatric services—variation in capacity is anticipated through 2019. In December 2017, SSM Health St. Louis University Hospital began to transition their geriatric beds to adult beds, maintaining a total of 40 staffed beds.
*Denotes St. Louis City or St. Louis County provider

Total acute psychiatric encounters at inpatient behavioral health safety net hospitals remained stable in 2017, with 27,872 total encounters.



	Barnes-Jewish Hospital (BJH)*	BJH Psych. Support Center*	Mercy Hospital Jefferson	Mercy Hospital St. Louis*	Mercy Hospital South *	SSM Health DePaul Hospital*	SSM Health St. Joseph Hospital-St. Charles & Wentz.	SSM Health St. Mary's Hospital-St. Louis*	SSM Health St. Louis University Hospital*	St. Alexius Hospital*
Total Inpt Psych. Encounters, 2014	1,394	1,404	1,509	4,370	3,481	4,415	5,236	1,960	1,043	2,598
Total Inpt Psych. Encounters, 2015	1,277	999	1,377	4,985	3,745	4,804	4,635	2,206	1,611	2,274
Total Inpt Psych. Encounters, 2016	1,439	1,255	1,452	4,899	3,292	4,857	4,585	1,962	1,468	1,861
Total Inpt Psych. Encounters, 2017	1,067	1,737	1,652	4,774	3,654	5,014	4,969	1,879	1,347	1,779
% Change, 2016-2017	-26%	38%	14%	-3%	11%	3%	8%	-4%	-8%	-4%

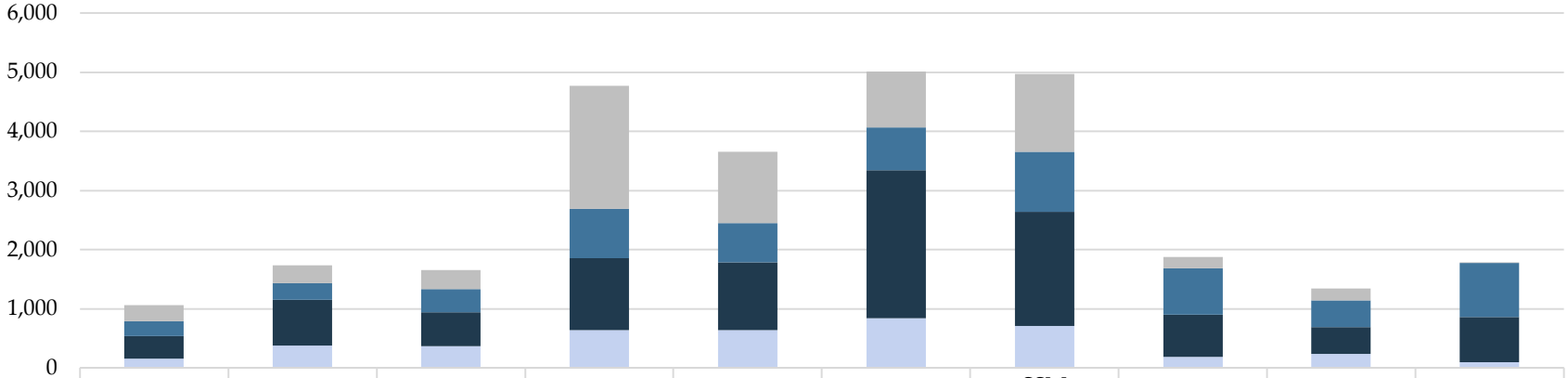
While acute psychiatric encounters remained stable overall in 2017, inpatient psychiatric staffed bed capacity decreased by 7% since 2016 (see page 100).

Note: Data reflects community hospitals which provide acute psychiatric services. Encounter numbers reflect total admissions, including duplicate users. Encounters on medical service floors are not included. Barnes-Jewish Hospital Psychiatric Support Center data reflects encounters delivered post-BJC transition (initiated in April 2015). St. Louis Children's Hospital and SSM Health Cardinal Glennon Children's Hospital are not represented above, as they did not have dedicated psychiatric units for children and adolescents in 2014-2017. State-run facilities are also not included.

*Denotes St. Louis City or St. Louis County provider

Acute psychiatric encounters were predominately covered by Medicaid (38%), private insurance (25%) or Medicare (23%), varying by hospital provider.

Inpatient Psychiatric Encounter, by Payor Category and Organization, 2017



	Barnes-Jewish Hospital*	BJH Psychiatric Support Center*	Mercy Hospital Jefferson	Mercy Hospital St. Louis*	Mercy Hospital South	SSM Health DePaul Health Center*	SSM Health St. Joseph Health Center-St. Charles & Wentzville	SSM Health St. Mary's Hospital-St. Louis*	SSM Health St. Louis University Hospital*	St. Alexius Hospital*
Private	273	306	317	2,086	1,206	944	1,316	194	204	5
Medicare (incl. Dual Eligibles)	257	281	390	833	659	721	1,008	779	447	909
Medicaid	380	774	573	1,215	1,149	2,508	1,934	721	461	765
Uninsured	157	376	372	640	640	841	711	185	235	100
Total	1,067	1,737	1,652	4,774	3,654	5,014	4,969	1,879	1,347	1,779
% Uninsured	15%	22%	23%	13%	18%	17%	14%	10%	17%	6%

As compared to 2016, the percentage of acute psychiatric encounters covered through all respective payors remained stable in 2017.

Note: Data reflects community hospitals which provide acute psychiatric services. Encounter numbers reflect total admissions, including duplicate users. Encounters on medical service floors are not included. St. Louis Children's Hospital and SSM Health Cardinal Glennon Children's Hospital are not represented above, as they did not have dedicated psychiatric units for children and adolescents in 2017. State-run facilities are also not included.

*Denotes St. Louis City or St. Louis County provider

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Appendix

Report Limitations

The primary source of the information presented is self-reported data from participating organizations. Great care has been taken to ensure the accuracy of the data in this report. All institutions were given the opportunity to verify their data for accuracy. In addition, the RHC and the BHN have taken steps to independently validate all data elements to the fullest extent possible. While the RHC and the BHN cannot attest to the complete accuracy of all presented data, these efforts significantly reduce the potential for data collection and reporting errors.

The data contained in this report replace and update all previously reported data of the same content. Readers are encouraged to contact the RHC with questions concerning methodology or data validity. The geographic scope for the primary, specialty and emergency care analyses are limited to major institutions in St. Louis City and St. Louis County. The geographic scope of the behavioral health analysis includes the entire Eastern Region of Missouri (St. Louis City and Counties of Franklin, Jefferson, Lincoln, St. Charles, St. Louis and Warren).

Key Definitions

Safety net site: health provider institutions whose mission is to service all regardless of ability to pay; in the St. Louis region, safety net institutions include community health centers, hospital/university-based clinics, physician groups and other free-standing clinics.

Encounter: documented face-to-face contact between a patient and a provider who exercises independent professional judgment in the provision of services to the patient.

User: a unique individual who had at least one encounter or service at a participating health care site during the calendar year. For behavioral health, users must have been enrolled in agency services, such that they had a clinical encounter and a unique patient identifier.

Adult: users aged 18 years and above.

Pediatric: users aged 17 and below.

Primary care encounter: adult medical, pediatric, obstetrical, behavioral, dental and "other" medical-related encounters that occur at a participating primary care organization.

Specialty care encounter: specialized medical services provided by a physician specialist in a non-primary and non-emergency department setting.

Emergency care encounter: encounters that occur at hospital emergency departments.

Behavioral health care encounter: encounters that occur at primary care organizations and hospital emergency departments that are coded as a mental health or substance abuse diagnosis (primary or secondary diagnosis) OR encounters that occur at an organization specializing in providing behavioral health services, such as a community mental health center or a substance use treatment center.

Non-emergent care encounter: low-acuity, non-emergency visits that occur at hospital emergency departments that could have been treated in another provider setting, such as a primary care office, urgent care center or other non-emergency department setting.

Appendix A: Primary Care Providers

Information below provides a listing of reporting primary care safety net institutions in the St. Louis City and County area. These institutions include community health centers, hospital-based clinics and other free-standing primary care clinics.

- Affinia Healthcare*
- Barnes-Jewish Hospital OB/GYN Clinic
- Barnes-Jewish Hospital Medicine Clinic
- Betty Jean Kerr People's Health Centers*
- Casa de Salud
- Family Care Health Centers*
- Mercy JFK Clinic
- CareSTL Health*
- SLUCare
- St. Louis County Department of Public Health*
- St. Luke's Pediatric Care Center
- SSM Health Cardinal Glennon/Glennon Care at DePaul
- SSM Health St. Mary's Hospital Internal Medicine Clinic
- The SPOT (Supporting Positive Opportunities with Teens)

*Denotes organizations included in the Gateway to Better Health primary care network as of March 2018

Appendix B: Emergency Care Providers

Information below provides a listing of reporting emergency care safety net institutions in the St. Louis City and County area.

- Barnes-Jewish Hospital
- Christian Hospital and Northwest Healthcare
- Mercy Hospital St. Louis
- Mercy Hospital South
- Missouri Baptist Medical Center
- SSM Health Cardinal Glennon Children's Medical Center
- SSM Health DePaul Health Center
- SSM Health St. Clare Health Center
- SSM Health St. Louis University Hospital
- SSM Health St. Mary's Health Center
- St. Louis Children's Hospital
- St. Luke's Hospital

Appendix C: Specialty Care Providers

Information below provides a listing of reporting specialty care safety net institutions in the St. Louis City and County area. These institutions include hospital-based clinics and physician groups.

- Barnes-Jewish Hospital Clinics*
- Mercy JFK Clinic
- SLUCare*
- SSM Health Cardinal Glennon Children's Medical Center
- Washington University School of Medicine*

*Denotes organizations included in the Gateway to Better Health specialty care network as of March 2018

Appendix D: Behavioral Health Providers

Eastern Region Community-based Comprehensive Psychiatric Service Providers surveyed:

- Department of Mental Health Administrative Agents include:
  - Amanda Luckett Murphy Hopewell Center*
  - BJC Behavioral Health*
  - Comtrea Comprehensive Health Center
  - Crider Health Center (dba Compass Health Network)
- Department of Mental Health Affiliate Agencies providing comprehensive psychiatric services (CPS) include:
  - Adapt of Missouri*
  - Independence Center*
  - Places for People*
- State-funded agencies providing substance use treatment services include:
  - Comtrea Comprehensive Health Center
  - Preferred Family Healthcare*/Bridgeway Behavioral Health*
  - Queen of Peace Center*
- Access Crisis Hotline includes:
  - Behavioral Health Response*

Eastern Region Inpatient Psychiatric Service Hospital Providers surveyed:

- Barnes-Jewish Hospital*
- Barnes-Jewish Hospital Psychiatric Support Center*
- Mercy Hospital Jefferson
- Mercy Hospital St. Louis*
- Mercy Hospital South (formerly St. Anthony's)*
- SSM Health DePaul Hospital*
- SSM Health St. Joseph Health Center-St. Charles
- SSM Health St. Joseph Health Center-Wentzville
- SSM Health St. Mary's Hospital-St. Louis*
- SSM Health St. Louis University Hospital*

*Denotes St. Louis City/St. Louis County based provider

Acknowledgements

The St. Louis Regional Health Commission would like to graciously thank all reporting primary, specialty, emergency care and behavioral health sites that provided the data displayed in this report.

In addition, many thanks to our Commissioners, BHN board members, advisory board members of both the RHC and BHN, as well as members of the RHC's Access to Care Workgroup for their thoughtful review of the report and content.

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Released March 2019
www.stlrhc.org