PROGRESS TOWARD BUILDING A HEALTHIER ST. LOUIS

Access to Care Data Book 2016

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 "*Access 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 (2011-2015). Hours of operation and appointment availability for regional safety net provider institutions from the most recent calendar year is included. Also included are utilization volumes and outcomes from the 2015 calendar year of the Gateway to Better Health Pilot Program.

Beginning with the 2015 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 99 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 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. The Gateway to Better Health Pilot Program is renewed annually. 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 <u>access</u> 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 2011-2015. 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. There has been much evidence that these groups would face additional barriers to accessing healthcare in St. Louis, if not for the safety net providers included in this report.

	2011	2012	2013	2014	2015	Percent Change, 2011-2015	Percent Change, 2014-2015
Uninsured	168,500	154,000	151,000	131,700	100,000	-41%	-24%
Medicaid	161,000	157,500	150,000	153,000	170,800	+6%	+12%
Total Safety Net Population	329,500	311,500	301,000	284,700	270,800	-18%	-5%
Total St. Louis City and County Population	1,300,200	1,301,800	1,302,700	1,302,600	1,302,500	+<1%	-<1%
Uninsured as a % of Total Population	12.9%	11.8%	11.6%	10.1%	7.7%	-	-
Safety Net Population as % of Total Population	25.3%	23.9%	23.1%	21.9%	20.8%	-	-

- The number of individuals without health insurance coverage in St. Louis City and County decreased by 24% over the past year and by 41% over the past five years.
- The safety net population in St. Louis City and County decreased by 5% over the past year and by 18% since 2011.
- In 2015, individuals who were either uninsured or covered by Medicaid accounted for over 20% of St. Louis City and County population.

Note: Uninsured estimates based upon county level data are from the American Community Survey, released September 2016. Medicaid data was provided directly by MO HealthNet. 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.

EXECUTIVE SUMMARY

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 has declined in St. Louis City and County over the past year, with more people being covered through both commercial and public insurance.*

Based on 2015 data from the American Community Survey, the overall number of uninsured individuals in St. Louis City and County has decreased by 24% over the past year. Using data sourced directly from MO Healthnet Division, the number of Missouri Medicaid enrollees living in St. Louis City and County (excluding those with Medicaid/Medicare dual eligibility and children) has increased by 12% over the past year. Additionally, the rate of unemployment in the St. Louis region declined by 15% from December 2014 to December 2015*. Using data from the American Community survey, the unemployment rate in 2015 across St. Louis City and County was 8.6%.

These trends indicate a shift in uninsured individuals into enrollment in commercial and public health care coverage options, which has likely been impacted by the Affordable Care Act. This shift is further supported by the more than 10,500 additional insured individuals living in St. Louis City and County over the past year, as measured by data from the 2015 American Community Survey.

*Data is sourced from the Federal Reserve Bank of St. Louis

Executive Summary

2. *Although the overall number of individuals served through the St. Louis safety net system has remained stable, there has been a shift in the payor mix of these organizations.*

Across the St. Louis safety net system, the number of patients served by provider organizations has remained relatively stable. However, when looking at trends in utilization patterns for different patient populations based on payor, a shift in the overall payor mix of St. Louis safety net organizations emerges.

Primary care visits among uninsured patients at safety net organizations declined by 5% from 2014 to 2015, which is significantly less than the 24% decline in the overall uninsured rate for the St. Louis region. The same utilization trends for uninsured patients are also seen in the emergency care setting. Within emergency departments, uninsured encounters declined by 11%. Additionally, a similar story is reflected among St. Louis area specialty care providers, where utilization rates among the uninsured population decreased by 8% over the past year.

Utilization among privately insured patients in the safety net system has increased notably over the past year. Safety net primary care organizations, specialty care organizations and St. Louis area emergency departments provided 24%, 6% and 11%, respectively, more visits to privately insured patients in 2015 than they did in 2014. As well, utilization among Medicaid patients throughout the safety net system follows the same trend as that of privately insured patients. Medicaid encounters among safety net primary care, specialty care and emergency care providers have increased by 5%, 8% and 9%, respectively. Primary care encounters among Gateway to Better Health patients have also increased by 6% since 2014, while specialty care encounters among these patients have remained stable.

Executive Summary

3. *While total emergency department visits increased by 5% in 2015, the number of uninsured emergency department visits declined by 11% between 2014 and 2015.*

Mirroring the trend in primary care, uninsured volumes at St. Louis area emergency departments declined over the past year by 11%. This is likely due to the increase in coverage options and an improving job market in St. Louis. As discussed in finding one, the rate of unemployment in the St. Louis region declined by 15% from December 2014 to December 2015, based on data sourced from the Federal Reserve Bank of St. Louis. Also, there are more than 10,500 additional insured individuals living in St. Louis City and County over the past year, as measured by data from the 2015 American Community Survey.

4. *Behavioral health encounters continued to rise at area emergency departments in 2015, while inpatient psychiatric capacity continued to decline. Volumes at community mental health centers remained stable, with variation seen in the rate of service across different parts of the "Eastern Region".*

The overall number of behavioral health users served by community mental health providers in the "Eastern Region" of Missouri remained stable between 2014 and 2015. However, variation exists in access trends in different parts of the region, with lower rates of service by the population in poverty (under 150% FPL) seen in St. Louis City and County (see pages 71 and 73). Inpatient psychiatric capacity in the "Eastern Region" declined by 5% in 2015. Despite a decline in overall capacity for inpatient psychiatric services, total acute psychiatric encounters remained stable in 2015 as compared to 2014. Behavioral health encounters at St. Louis area emergency departments continued to increase by 11% in 2015, following an increase of 22% in the prior year. The top primary and secondary behavioral health diagnoses were for tobacco use, mood disorders and anxiety disorders. However, when looking at primary diagnoses only, mood disorders, delusional disorders (such as schizophrenia) and alcohol use disorders are the top behavioral health diagnoses for emergency department encounters.

SUMMARY OF KEY FINDINGS

Key Findings

Primary Care

■ Uninsured primary care users and encounters at safety net organizations have decreased by 22% and 5% over the past year, while other payor classes have increased or remained relatively stable (pages 17 and 20).

■ The decline in uninsured primary care encounters over the past year is less than the decline in the overall uninsured rate in St. Louis City and County, which declined by 24% in 2015 based on data from the American Community Survey (page 5).

■ Private primary care users and encounters have increased by 25% and 24% over the past year, respectively (pages 17 and 20).

■ While Medicaid primary care users have remained relatively stable, Medicaid primary care encounters slightly increased by 5% over the past year and by 9% since 2011 (page 25).

■ Dental encounters at safety net primary care providers have remained stable over the past year, but have decreased by 9% over the past five years (page 27).

■ Behavioral health encounters at safety net primary care providers have increased by 22% over the past five years, but remained stable from 2014 to 2015 (page 29).

■ Primary care encounters among Gateway to Better Health patients have increased by more than 6% since 2014 (page 23).

Emergency Care

■ Uninsured emergency department encounters at St. Louis area hospitals decreased by 11% from 2014 to 2015, while private and Medicaid emergency department encounters increased by 11% and 9% over the past year, respectively (page 39).

■ Non-emergent encounters have increased slightly by 5% over the past year, and make up about 20% of all emergency department encounters in 2015. Non-emergent encounters among uninsured patients have declined by 16% (page 39 and 45).

■ Approximately 34,700 patients visiting St. Louis area emergency departments had at least four emergency department visits at the same hospital in 2015 (page 50).

■ Emergency department encounters with behavioral health diagnoses (primary and secondary) have increased by 11% over the past year and account for 32% of all emergency department encounters in 2015. The top primary and secondary behavioral health diagnoses were tobacco use, mood disorders and anxiety disorders. However, when looking at primary diagnoses only, mood disorders, schizophrenia/delusional disorders and alcohol use disorders are the top behavioral health diagnoses (pages 51, 52 and 53).

■ Uninsured patients comprised about 36% of all left without being seen volumes and about 30% of all left against medical advice volumes across St. Louis area emergency departments in 2015 (pages 46 and 48), while comprising only 16% of total emergency department encounters (page 39).

Key Findings

Specialty Care

■   Total specialty care users and encounters at St. Louis area specialty care organizations have increased by 17% and 16%, respectively, since 2011. This increase represents more than 22,600 additional users and more than 183,700 additional encounters (pages 57 and 59).

■   Over the past year, uninsured specialty care users and encounters have declined by 8%, while users and encounters for all other payor classes have increased or remained relatively stable (pages 57, 59 and 61).

■   The decline in uninsured specialty care users and encounters over the past year is less than the decline in the overall uninsured rate in St. Louis City and County, which declined by 24% in 2015 based on data from the American Community Survey (page 5).

■   Medicaid specialty care encounters have increased by 8% over the past year. Increases in Medicaid encounters were seen across all safety net specialty care providers (pages 63 and 64).

■   The specialties with the longest wait times for both new and returning patients were hepatology, gastroenterology and rheumatology (page 65).

Behavioral Health

■   The total number of behavioral health users served by behavioral health safety net providers remained stable as compared to 2014 (page 71).

■   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 72).

■   Newly admitted users served at behavioral health safety net providers increased by 7% (nearly 500 additional users) in 2015 as compared to 2014 (page 73).

■   Behavioral health encounters at safety net primary care providers have increased by 22% over the past five years, but have remained stable from 2014 to 2015 (page 79).

■   Emergency department encounters with behavioral health diagnoses (primary and secondary) have increased by 11% over the past year and account for 32% of all emergency department encounters in 2015. The top primary and secondary behavioral health diagnoses were for tobacco use, mood disorders and anxiety disorders. However, when looking at primary diagnoses only, mood disorders, schizophrenia/delusional disorders, and alcohol use disorders are the top behavioral health diagnoses (pages 81, 82 and 83).

■   While acute psychiatric encounters remained stable overall in 2015 (page 86), inpatient psychiatric staffed bed capacity decreased by 5% (33 beds) in 2015, as compared to 2014. Much of this decline (a net loss of 29 beds) took place in St. Louis County, subsequent to the Christian Hospital inpatient psychiatric service closure (page 84).

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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 (2011-2015). Thirteen organizations comprise the primary care safety net in the St. Louis City and County area (see Appendix A for a list of 2016 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 Databook.

The total number of primary care encounters per reporting organizations 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 2015, there were approximately 45,500 enabling encounters provided at primary care organizations in the region.

Five of *Access to Care's* contributing primary care safety net organizations are members of the Gateway 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 2015 are captured in the "uninsured" payor category of the figures presented. A summary of Gateway's key primary care outcomes achieved during calendar year 2015 is provided on page 35. Gateway quarterly reports are available on the St. Louis Regional Health Commission's website (www.stlrhc.org).

Primary Care: Key Findings

- Uninsured primary care users and encounters at safety net organizations have decreased by 22% and 5% over the past year, while other payor classes have increased or remained relatively stable (pages 17 and 20).

- The decline in uninsured primary care encounters over the past year is less than the decline in the overall uninsured rate in St. Louis City and County (page 5)*.

- Private primary care users and encounters have increased by 25% and 24% over the past year, respectively (pages 17 and 20).

- While Medicaid primary care users have remained relatively stable, Medicaid primary care encounters slightly increased by 5% over the past year and by 9% since 2011 (page 25).

- Dental encounters at safety net primary care providers have remained stable over the past year, but have decreased by 9% over the past five years (page 27).

- Behavioral health encounters at safety net primary care providers have increased by 22% over the past five years, but remained stable from 2014 to 2015 (page 29).

- Primary care encounters among Gateway to Better Health patients have increased by more than 6% since 2014 (page 23).

*Note: In 2015, the uninsured rate in St. Louis City and County decreased by 24% (American Community Survey).

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

Primary Care Users by Payor Category, 2011 - 2015

	2011	2012	2013	2014	2015
▪ Private	33,260	35,342	32,307	32,307	40,282
▪ Medicare	17,982	17,919	17,590	17,683	18,865
▪ Medicaid	99,157	100,070	98,403	95,186	97,243
▪ Uninsured	103,148	92,811	91,033	89,075	69,831
Total	253,547	246,142	239,333	234,251	226,221
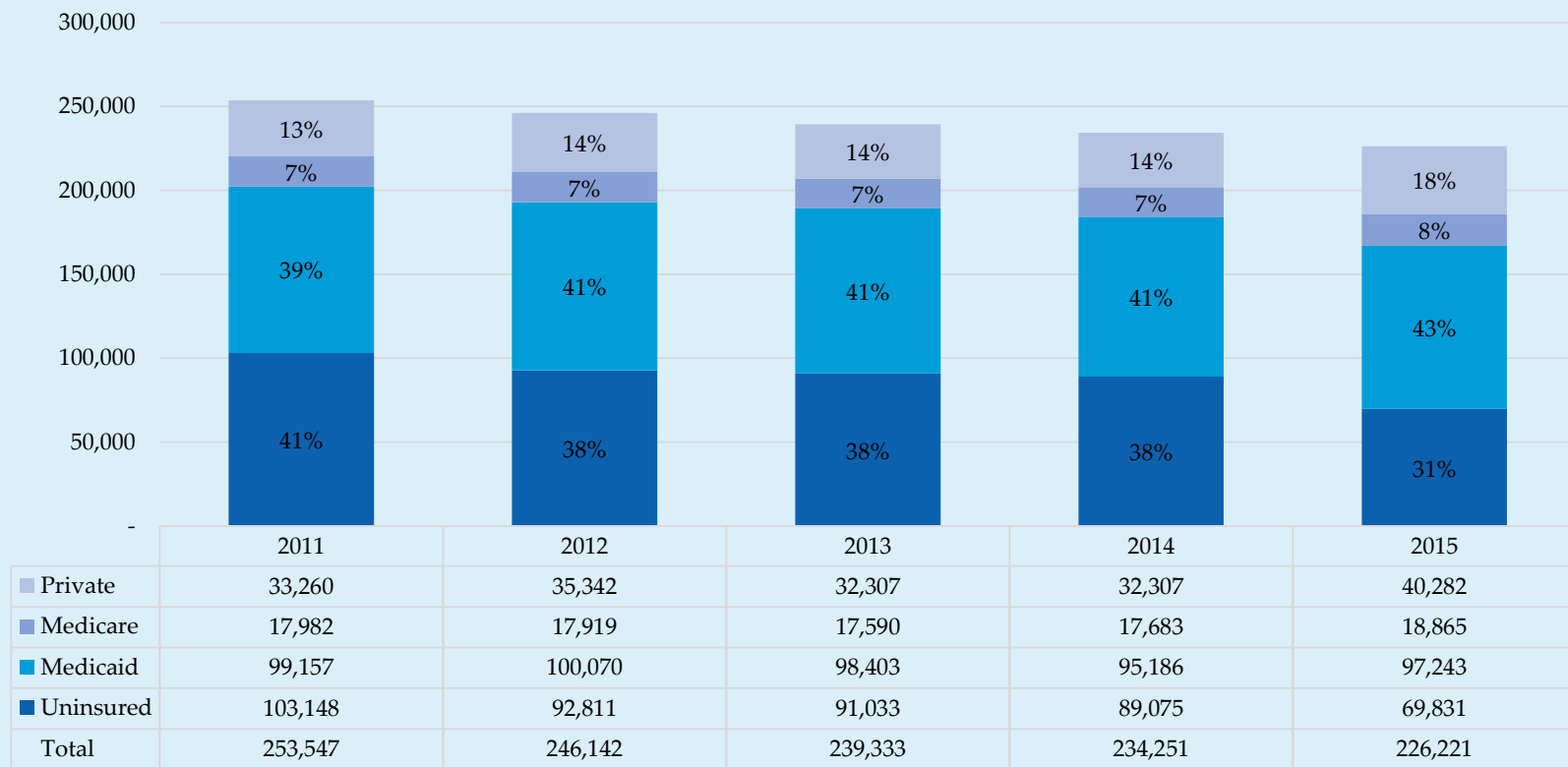
- Of the more than 226,000 primary care users reported in 2015, approximately 43% were insured through the Medicaid program, 31% were uninsured, 18% were privately insured and 8% were insured through the Medicare program.
- Uninsured users decreased by 22%, while privately insured users increased by 25%.

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 2015.

Of the more than 188,500 primary care safety net users in 2015 for which racial data is available, approximately 62% were African American/Black, 20% were White and 18% were from the "Other" racial category.

Primary Care Users by Race and Payor Category, 2015

	White	African American/Black	Other
■ Private	13,065	19,028	3,652
■ Medicare	4,858	10,470	421
■ Medicaid	8,763	55,043	18,760
■ Uninsured	11,351	32,024	7,871
■ Unknown	-	-	3,247
All Payor	38,037	116,565	33,951
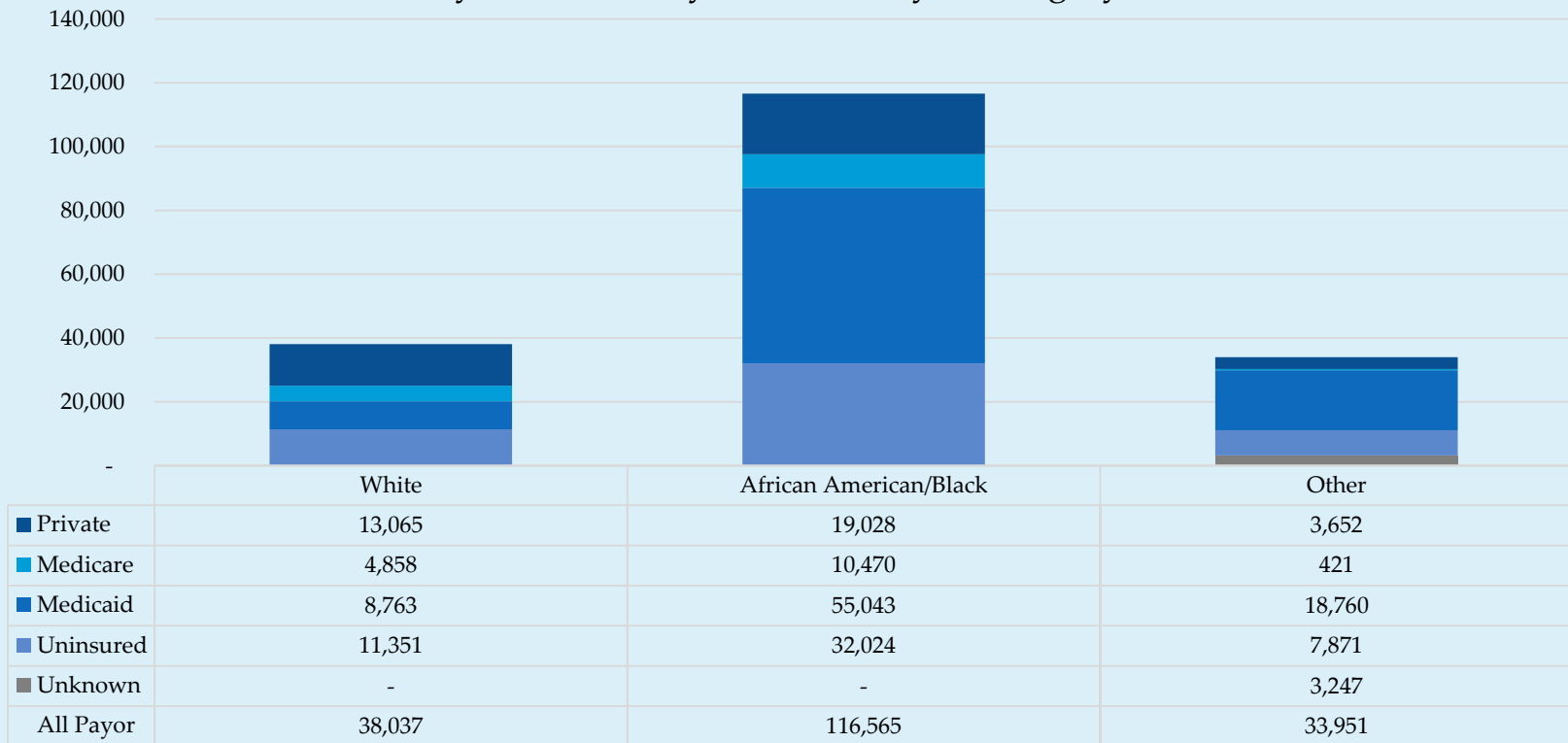
- Approximately 30% of all White primary care users, 27% of all African American/Black primary care users and 23% of all users included in the "Other" racial group are uninsured.
- Based on census data for the general population of St. Louis City and County, about 7% of all Whites, 17% of all African Americans and 14% 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. St. Louis County Department of Public Health did not provide data for their users by race and is therefore excluded from this analysis. Family Care did not provide payor groupings for their users without a known race/ethnicity, these users have been included in the "unknown" payor category. 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.

In 2015, there were more than 226,000 individuals who utilized safety net primary care services. Of that number, more than 23,000 were new users.

Total Primary Care Users and New Users by Organization, 2015

	BJK People's Health Centers	Affinia Healthcare	St. Louis County Dept of Public Health	SLUCare	Family Care Health Centers	Myrtle Hilliard Davis	BJH Clinics	Mercy JFK Clinic	SSM	St. Luke's Pediatric Care Center	The SPOT
Existing Users	42,024	36,880	28,208	26,318	23,003	20,377	14,429	4,141	3,830	2,181	1,601
New Users	3,733	6,460	1,692	-	1,675	6,143	-	860	987	21	1,658
Total	45,757	43,340	29,900	26,318	24,678	26,520	14,429	5,001	4,817	2,202	3,259
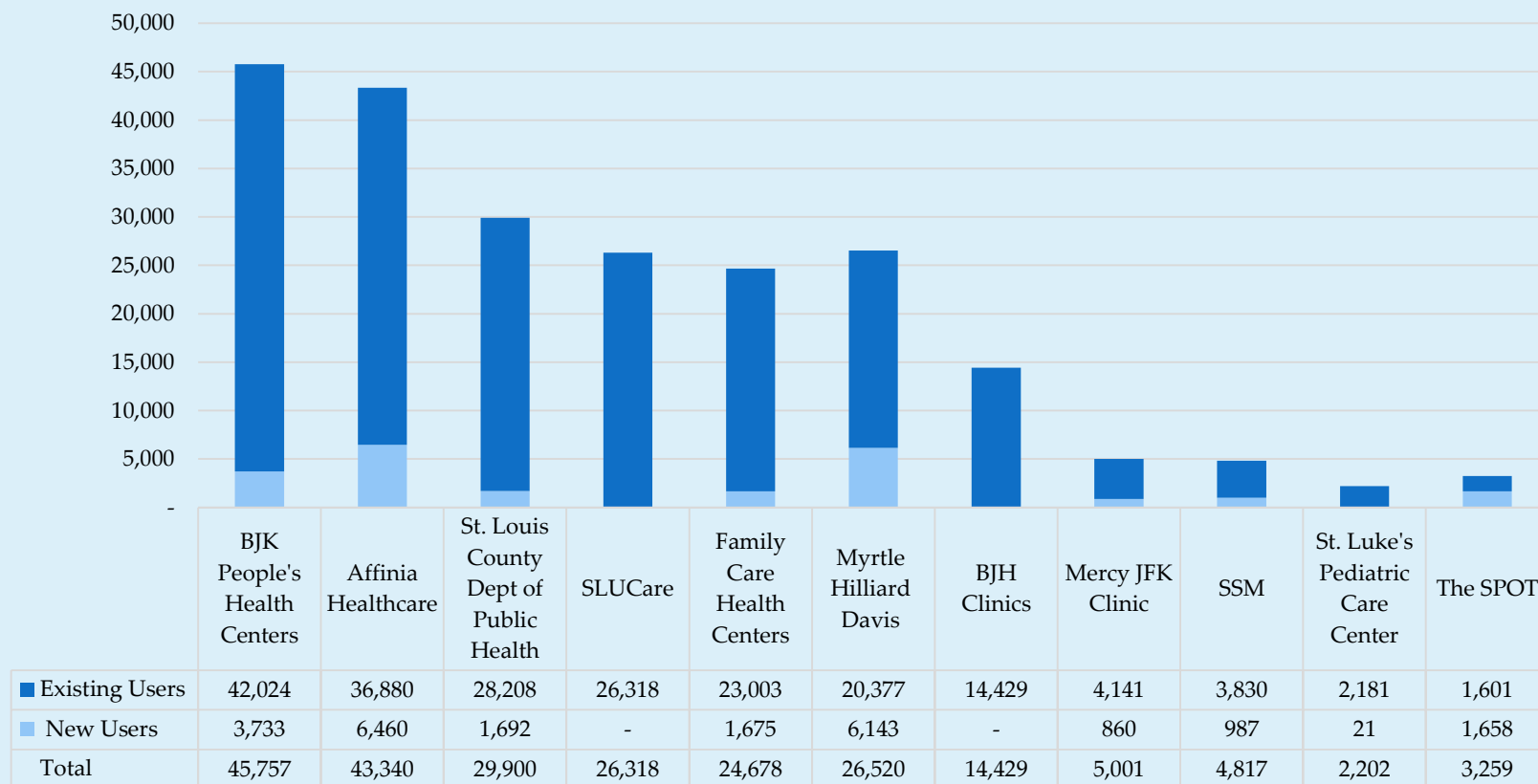
- Of the more than 226,000 primary care users reported in 2015, approximately 10% were new users.
- The SPOT and Myrtle Hilliard Davis had the highest percentage of new users in 2015, with 51% and 23%, respectively, of their total users being new users.

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 2015. New users are defined as any user who had a new patient encounter in 2015, 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 and BJH Clinics did not report new users in 2015. 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 at safety net organizations in St. Louis have remained relatively stable over the past five years.

Primary Care Encounters by Payor Category, 2011 - 2015

	2011	2012	2013	2014	2015
Private	96,162	93,179	92,745	90,098	111,587
Medicare	65,718	70,841	72,511	69,549	75,576
Medicaid	323,607	317,079	300,930	281,383	295,343
Uninsured	267,839	276,258	280,256	280,882	265,818
Total	753,326	757,356	746,442	721,912	748,324
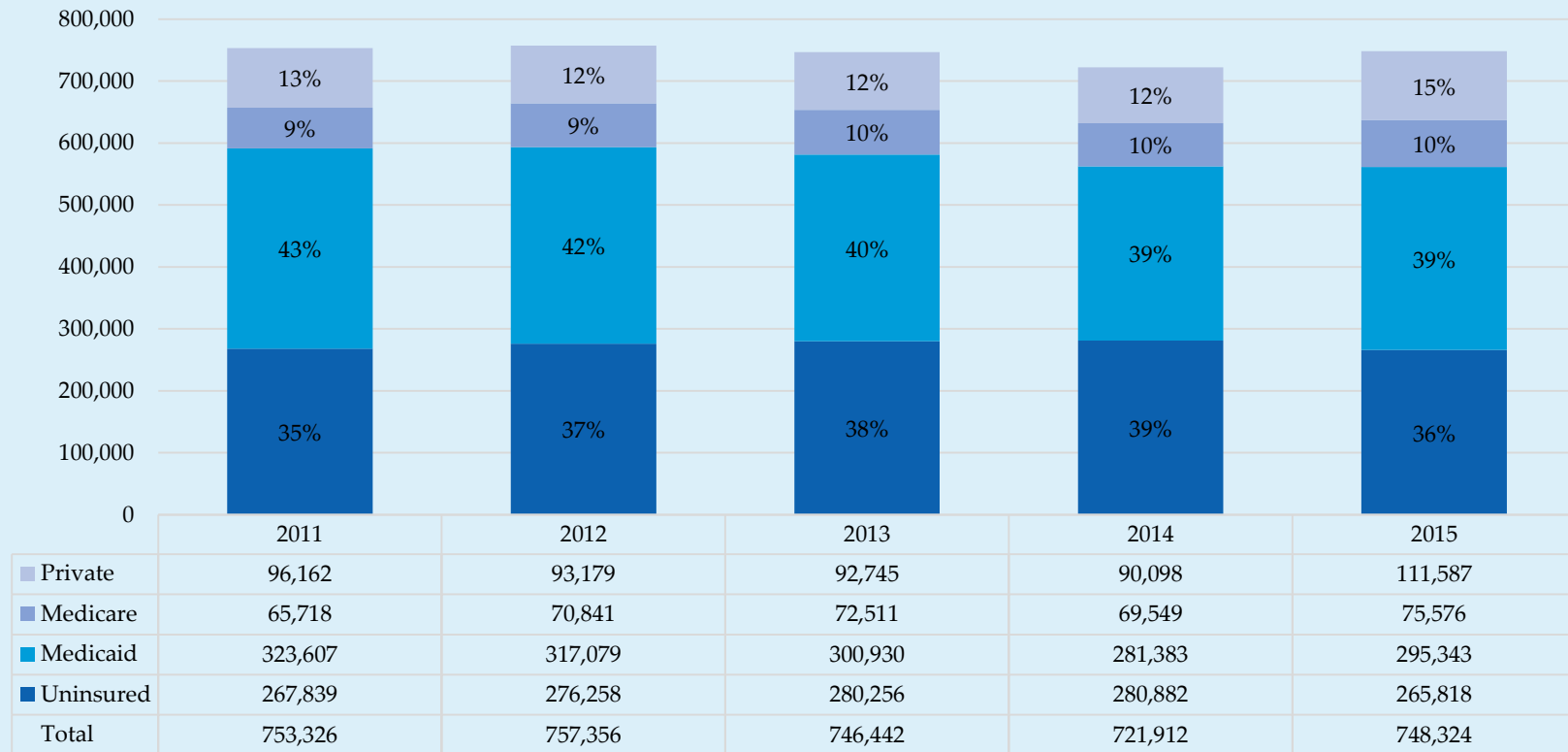
- Of the more than 748,000 primary care encounters reported in 2015, approximately 39% were among the Medicaid population, 36% were among the uninsured, 15% were among those privately insured and 10% were among the Medicare population.
- Uninsured primary care encounters decreased by 5%. Private, Medicare and Medicaid primary care encounters increased by 24%, 9% and 5%, respectively, over the past year.

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

Total primary care encounters increased by more than 10% at five safety net primary care organizations over the past year.

Total Primary Care Encounters by Organization, 2011 - 2015

	Affinia Healthcare	BJK People's Health Centers	Myrtle Hilliard Davis	SLUCare	St. Louis County Dept of Public Health	Family Care Health Centers	BJH Clinics	Health and Dental Care for Kids	Mercy JFK Clinic	SSM	All Other
2011	149,815	110,598	97,989	86,501	90,635	64,208	62,645	34,971	29,128	17,566	9,270
2012	154,657	112,957	92,989	88,998	89,381	69,929	61,433	34,971	27,280	11,181	13,580
2013	146,670	105,328	97,593	84,748	89,553	72,564	65,177	34,971	26,080	9,960	13,798
2014	151,201	98,994	92,579	80,403	86,193	75,793	54,373	30,344	27,266	11,611	13,155
2015	167,166	118,954	106,096	85,473	86,829	76,916	50,236	-	29,325	13,015	14,314

The five organizations with increases in the number of total primary care encounters over the past year include: the SPOT (44%), BJK People's Health Centers (20%), Myrtle Hilliard Davis (15%), Affinia Healthcare (11%) and SSM (12%).

Note: "All Other" category includes The SPOT and St. Luke's Pediatric Center. Health and Dental Care for Kids did not report data for 2012 and 2013. 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. Therefore, all 2015 encounters and users at Health and Dental Care for Kids' site are included in BJK People's 2015 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. St. Louis County DPH's John C. Murphy site in Berkley, MO, closed in 2010, reopened in August 2012 and resumed all primary care services in 2014.

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, 2015

	Affinia Healthcare	BJK People's Health Centers	Myrtle Hilliard Davis	SLUCare	St. Louis County Dept of Public Health	Family Care Health Centers	BJH Clinics	Mercy JFK Clinic	SSM	All Other
Private	14,056	14,440	11,682	42,315	7,791	11,594	5,113	44	2,796	1,756
Medicare	7,334	4,422	14,658	16,790	7,463	9,173	12,497	2,441	798	-
Medicaid	61,037	63,415	30,649	24,279	27,506	34,328	26,935	14,210	8,760	4,224
Uninsured	84,739	36,677	49,107	2,089	44,069	21,821	5,691	12,630	661	8,334
Total	167,166	118,954	106,096	85,473	86,829	76,916	50,236	29,325	13,015	14,314

- Five primary care organizations (Affinia Healthcare, St. Louis County DPH, Myrtle Hilliard Davis, Mercy JFK Clinic and The SPOT) have payor mixes with more than 40% uninsured encounters.
- Three primary care organizations (SLUCare, BJH Clinics and SSM) have payor mixes with less than 20% uninsured encounters.

Note: "All Other" category includes The SPOT and St. Luke's Pediatric 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. St. Louis County Department of Public Health provides behavioral health services through grant funding, regardless of the patient's payor source. Therefore, all behavioral health encounters provided at St. Louis County DPH are included in the "uninsured" category.

Uninsured primary care encounters have decreased by 5% over the past year, while other payor classes have increased.

Uninsured Primary Care Encounters, 2011 - 2015
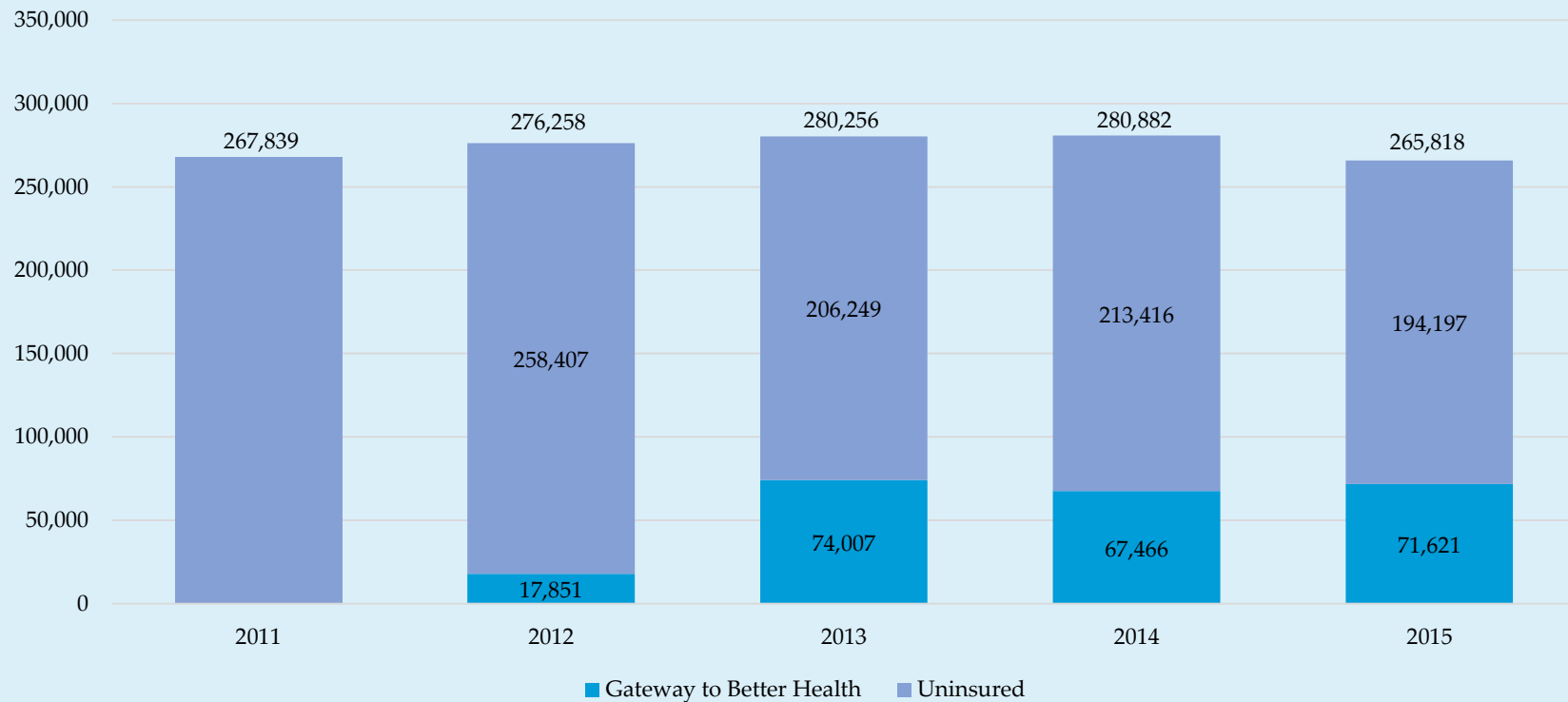
- Uninsured primary care encounters have remained relatively stable over the past five years.
- Primary care encounters among Gateway to Better Health patients have increased by more than 6% over the past year.

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.

Uninsured primary care encounters have decreased at six safety net primary care organizations over the past year.

Uninsured Primary Care Encounters by Organization, 2011 - 2015

	Affinia Healthcare	Myrtle Hilliard Davis	St. Louis County Dept of Public Health	BJK People's Health Centers	Family Care Health Centers	Mercy JFK Clinic	BJH Clinics	SLUCare	Health and Dental Care for Kids	SSM	All Other
2011	79,460	42,654	53,869	38,763	21,526	14,242	9,141	1,640	1,757	921	3,866
2012	81,808	42,055	54,521	38,020	24,637	13,149	9,215	2,017	1,757	911	8,168
2013	75,764	40,406	52,767	40,513	35,027	12,032	10,793	1,938	1,757	407	8,852
2014	84,254	43,321	49,102	42,704	27,266	13,217	7,927	2,796	1,323	741	8,231
2015	84,739	49,107	44,069	36,677	21,821	12,630	5,691	2,089	-	661	8,334

- The six primary care organizations with decreases in uninsured encounters over the past year include: BJH Clinics (28%), SLUCare (25%), Family Care (20%), BJK People's (14%), SSM (11%) and St. Louis County DPH (10%).
- Uninsured encounters increased over the past year at Myrtle Hilliard Davis (13%).

Note: "All Other" category includes The SPOT and St. Luke's Pediatric Center. Health and Dental Care for Kids did not report data for 2012 and 2013. 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. Therefore, all 2015 encounters and users at Health and Dental Care for Kids' site are included in BJK People's 2015 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. St. Louis County DPH's John C. Murphy site in Berkley, MO, closed in 2010, reopened in August 2012 and resumed all primary care services in 2014. St. Louis County Department of Public Health provides behavioral health services through grant funding, regardless of the patient's payor source. Therefore, all behavioral health encounters provided at St. Louis County DPH are included in the "uninsured" category.

Medicaid primary care encounters increased by 5% over the past year.
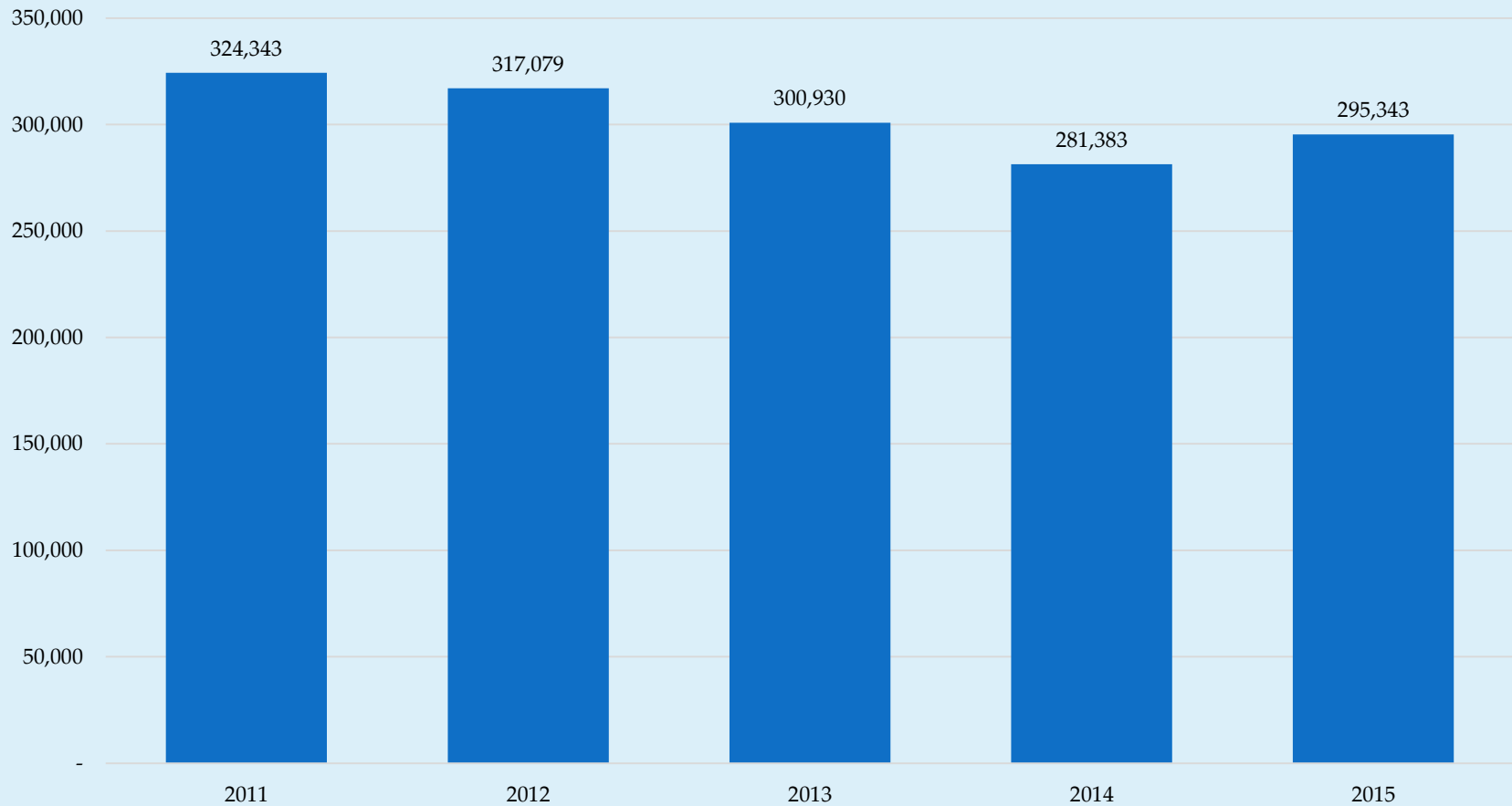
Medicaid Primary Care Encounters, 2011 - 2015

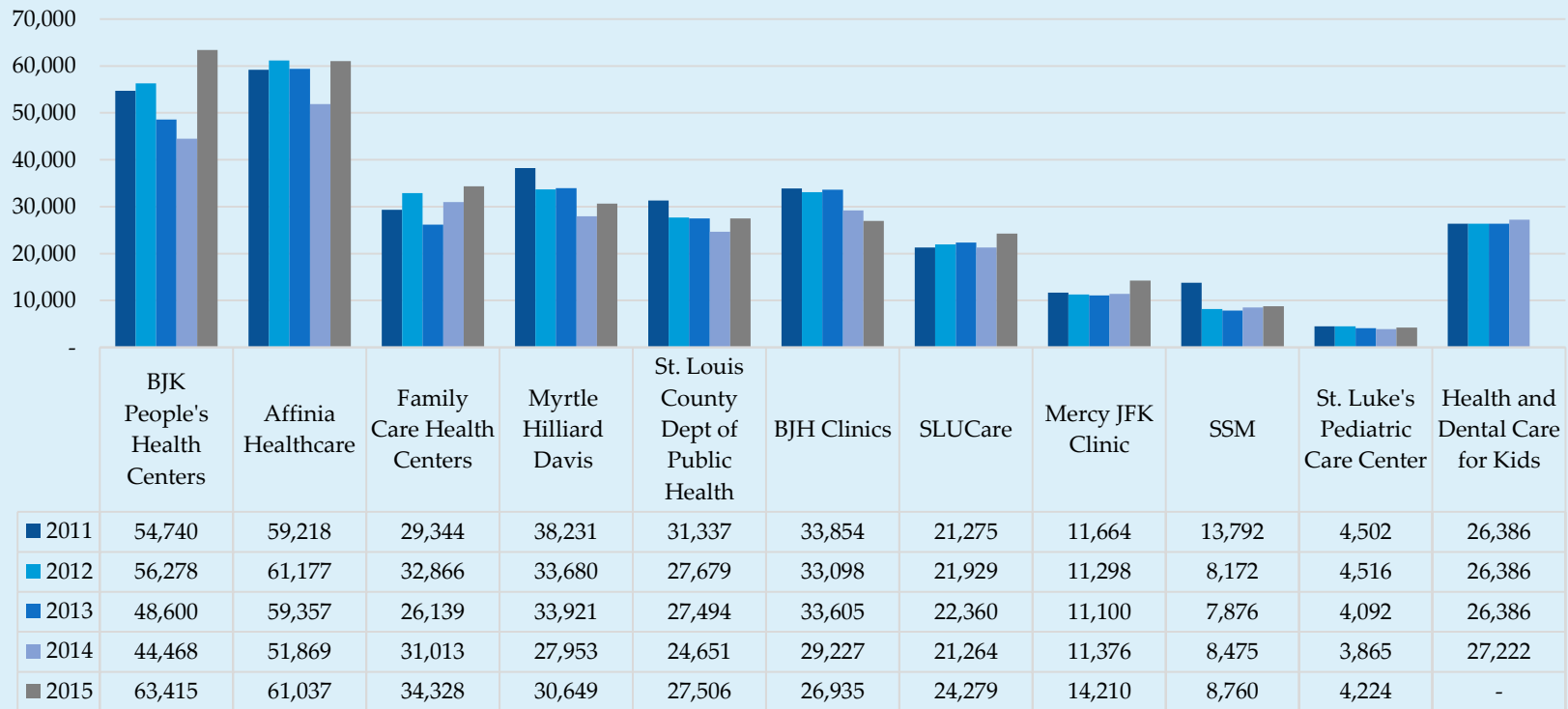| Year	Encounters
2011	324,343
2012	317,079
2013	300,930
2014	281,383
2015	295,343

Medicaid primary care encounters at safety net organizations have decreased by 9% since 2011.

Note: The number of individuals enrolled in MO HealthNet from St. Louis City and County increased by 12% in 2015.

Medicaid primary care encounters increased at eight safety net primary care organizations over the past year.

Medicaid Primary Care Encounters by Organization, 2011 - 2015

|	BJK People's Health Centers	Affinia Healthcare	Family Care Health Centers	Myrtle Hilliard Davis	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
2011	54,740	59,218	29,344	38,231	31,337	33,854	21,275	11,664	13,792	4,502	26,386
2012	56,278	61,177	32,866	33,680	27,679	33,098	21,929	11,298	8,172	4,516	26,386
2013	48,600	59,357	26,139	33,921	27,494	33,605	22,360	11,100	7,876	4,092	26,386
2014	44,468	51,869	31,013	27,953	24,651	29,227	21,264	11,376	8,475	3,865	27,222
2015	63,415	61,037	34,328	30,649	27,506	26,935	24,279	14,210	8,760	4,224	-

- The eight primary care organizations with an increase in Medicaid primary care encounters over the past year include: BJK People's (43%), Mercy JFK Clinic (25%), Affinia Healthcare (18%), SLUCare (14%), St. Louis County DPH (12%), Family Care (11%), Myrtle Hilliard Davis (10%) and St. Luke's Pediatric Care Center (9%).
- Medicaid primary care encounters at BJH Clinics have decreased by 8% over the past year.

Note: Health and Dental Care for Kids did not report data for 2012 and 2013. 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. Therefore, all 2015 encounters and users at Health and Dental Care for Kids' site are included in BJK People's 2015 data. St. Louis County DPH's John C. Murphy site in Berkley, MO, closed in 2010, reopened in August 2012 and resumed all primary care services in 2014. 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.

Dental encounters at safety net primary care organizations remained stable over the past year.

Primary Care Dental Encounters, 2011 - 2015
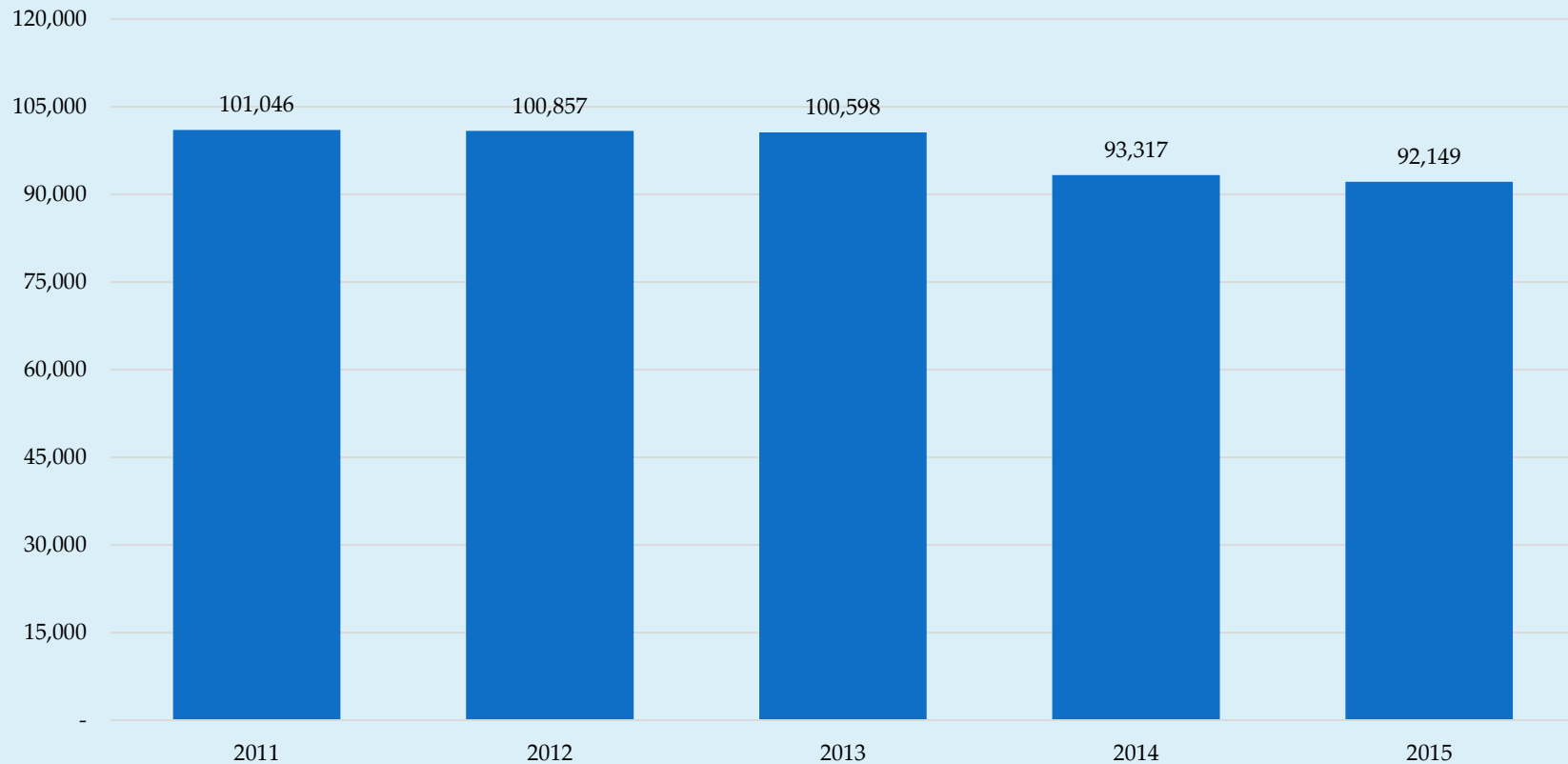
- Dental encounters provided at safety net primary care providers have decreased by 9% over the past five years.
- Pediatric dental encounters comprise 41% (over 40,000 encounters) of all dental encounters reported in 2015.

Note: Health and Dental Care for Kids did not report data for 2012 and 2013. Figures from 2011 were used to estimate data for those years. In 2011, the RHC granted more than $820,000 in funds across area community health centers to expand access to dental services. Those funds were not dispersed in subsequent years. The Gateway to Better Health program also reimburses for limited dental services for adults.

Dental encounters have increased at four safety net primary care organizations that provide dental services over the past year.

Primary Care Dental Encounters by Organization, 2011 - 2015

|	BJK People's Health Centers	Affinia Healthcare	Myrtle Hilliard Davis	St. Louis County Dept of Public Health	Family Care Health Centers	Mercy JFK Clinic	The SPOT	BJH Clinics	Health and Dental Care for Kids
2011	13,843	22,261	22,247	10,466	7,468	732	76	-	22,000
2012	15,610	24,518	18,994	9,059	7,985	662	76	-	22,000
2013	14,941	24,093	18,355	11,269	7,887	553	58	-	22,000
2014	13,424	22,638	17,133	10,140	8,174	858	62	-	19,108
2015	29,659	26,925	13,759	10,242	8,621	2,801	99	43	-

- The four primary care organizations with reported increases in dental encounters over the past year include: Mercy JFK Clinic (226%), BJK People's Health Centers (121%), The SPOT (60%) and Affinia Healthcare (19%).
- Dental encounters at Myrtle Hilliard Davis decreased by 20% over the past year.

Note: Health and Dental Care for Kids did not report data for 2012 and 2013. 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. Therefore, all 2015 encounters and users at Health and Dental Care for Kids' site are included in BJK People's 2015 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 22% since 2011.
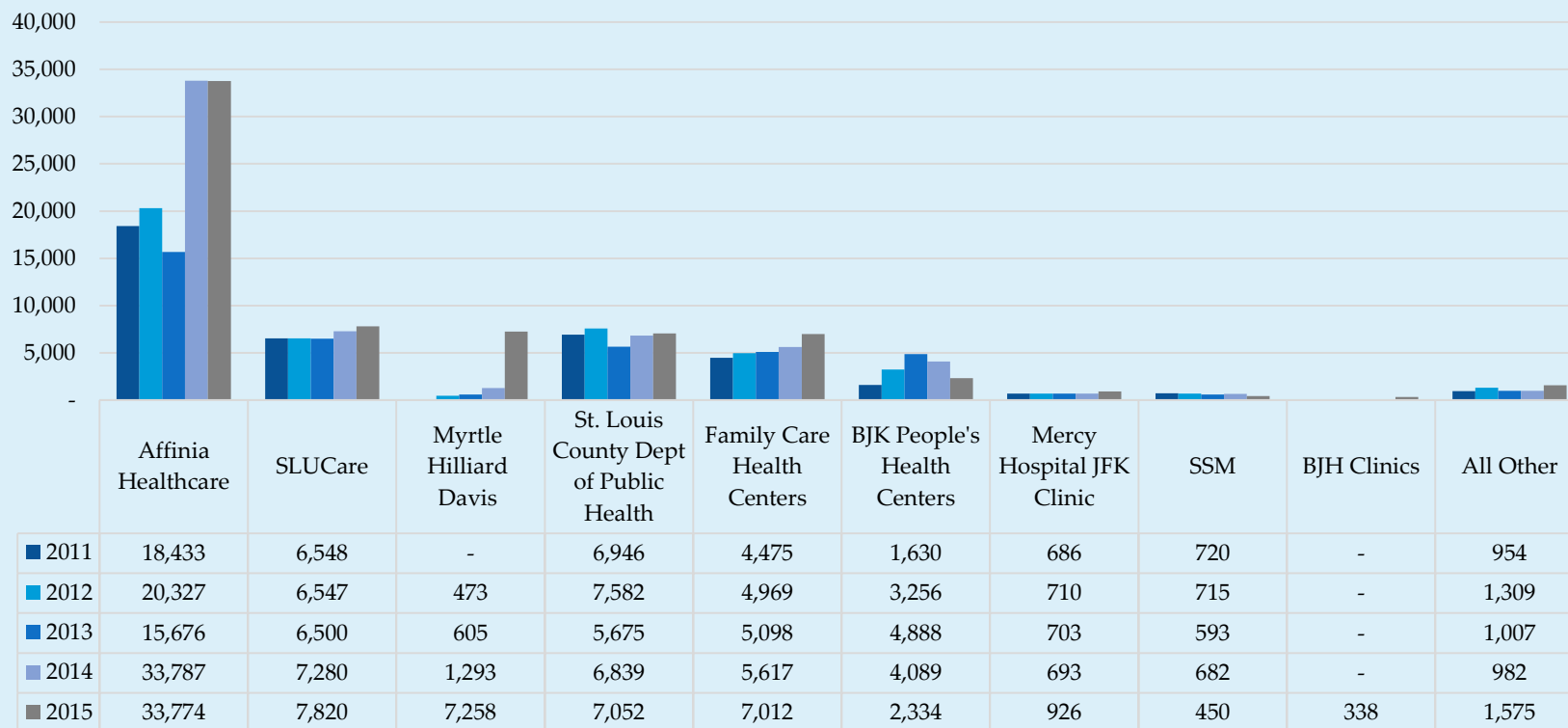
Primary Care Behavioral Health Encounters, 2011 - 2015
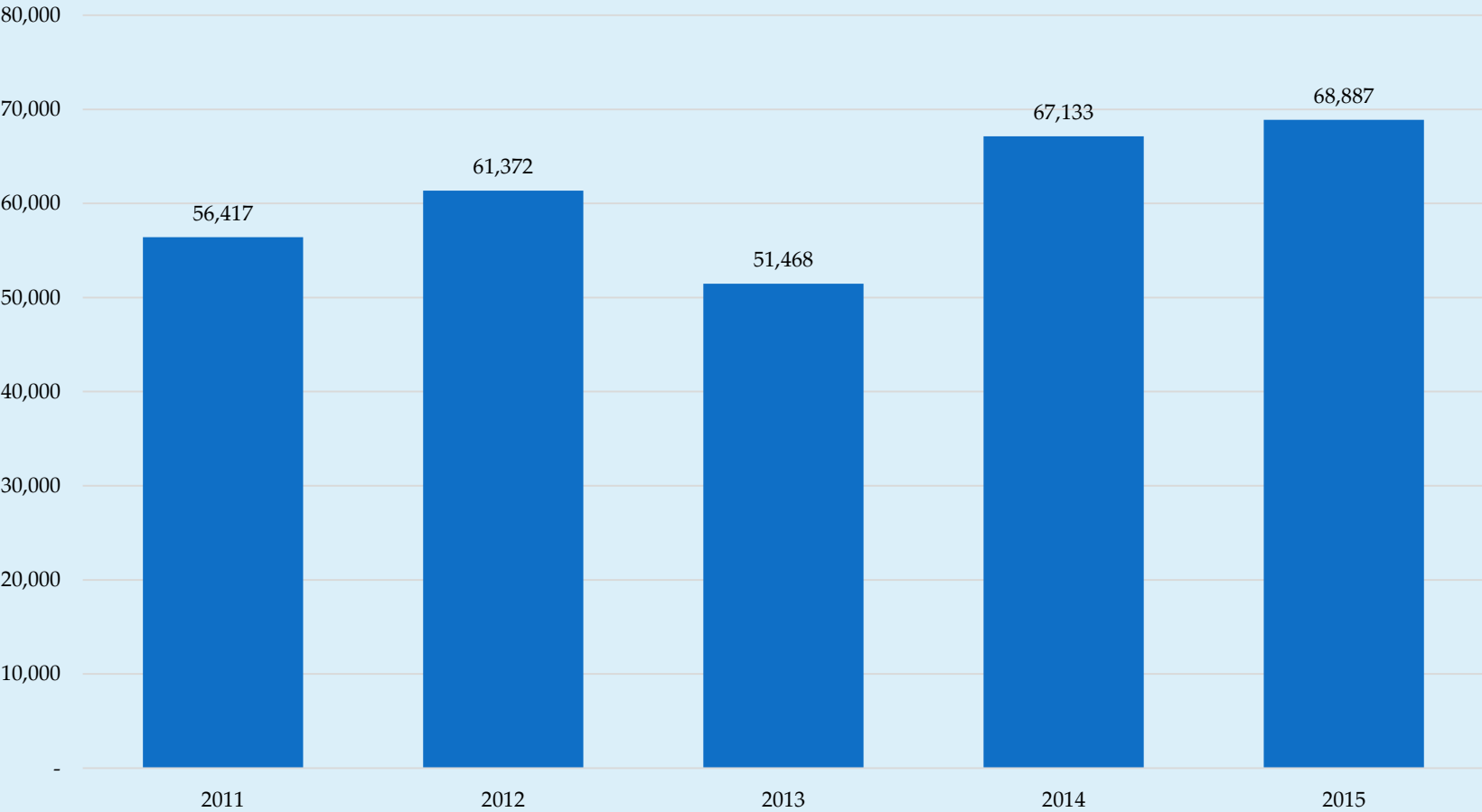
Behavioral health encounters at safety net primary care providers remained relatively stable over the past year.

Behavioral health encounters have increased at three safety net primary care organizations providing behavioral health services over the past year.

Primary Care Behavioral Health Encounters by Organization, 2011 - 2015

	Affinia Healthcare	SLUCare	Myrtle Hilliard Davis	St. Louis County Dept of Public Health	Family Care Health Centers	BJK People's Health Centers	Mercy Hospital JFK Clinic	SSM	BJH Clinics	All Other
2011	18,433	6,548	-	6,946	4,475	1,630	686	720	-	954
2012	20,327	6,547	473	7,582	4,969	3,256	710	715	-	1,309
2013	15,676	6,500	605	5,675	5,098	4,888	703	593	-	1,007
2014	33,787	7,280	1,293	6,839	5,617	4,089	693	682	-	982
2015	33,774	7,820	7,258	7,052	7,012	2,334	926	450	338	1,575

- The three primary care organizations with increases in behavioral health encounters over the past year include: Myrtle Hilliard Davis (461%), Mercy JFK Clinic (34%) and Family Care (25%).
- Behavioral health encounters decreased at BJK People's and SSM by 43% and 34%, respectively, over the past year.

Note: "All Other" category includes The SPOT and St. Luke's Pediatric Care Center. Encounters above represent behavioral health services provided at St. Louis County DPH clinics, as well as services provided through their contracted provider, Family Mental Health Collaborative. Affinia contracts with the Salvation Army to provide substance abuse services. In 2014, their model changed to provide more group sessions which in turn increased capacity for behavioral health services. Myrtle Hilliard Davis increased capacity for behavioral health services in 2014 and 2015 by hiring licensed clinical social workers. 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. BJK People's provides additional behavioral health counseling services that are not included in the data above because patients are not billed for those services.
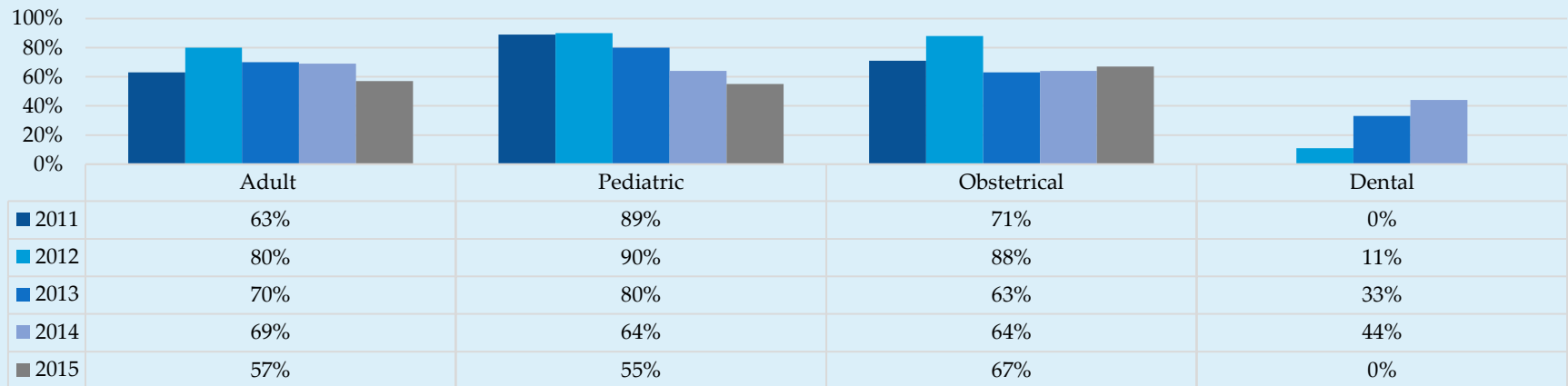
Evening and weekend hours remain available at St. Louis primary care safety net sites.

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	9:00am-1:00pm
BJH Clinics	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	Closed	Closed
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
Myrtle Hilliard Davis 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
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
BJK People's Health Center Sites*	9:00am-7:00pm	8:00am-8:30pm	8:00am-8:30pm	9:00am-7:00pm	8:00am-5:30pm	10:00am-4:00pm	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 Myrtle Hilliard Davis had walk-in urgent care facilities available seven days a week throughout 2015 and 2016. However, as of January 1, 2017, urgent care services at Affinia are no longer available on Sundays and Myrtle Hilliard Davis' urgent care facility has been permanently closed.

For both new and returning patients, appointment availability has decreased over the past year for dental and pediatric primary care services. Appointment availability for obstetrical services for both new and returning patients, as well as adult primary care services for returning patients, has remained stable over the past year. Appointment availability for adult primary care services for new patients has declined over the past year.

Primary Care Appointment Availability within 14 Days of Request for New Patients, 2011 - 2015

	Adult	Pediatric	Obstetrical	Dental
2011	63%	89%	71%	0%
2012	80%	90%	88%	11%
2013	70%	80%	63%	33%
2014	69%	64%	64%	44%
2015	57%	55%	67%	0%

Primary Care Appointment Availability within 14 Days of Request for Return Patients, 2011 - 2015

	Adult	Pediatric	Obstetrical	Dental
2011	74%	100%	94%	43%
2012	90%	90%	88%	33%
2013	90%	100%	88%	44%
2014	85%	93%	100%	56%
2015	86%	55%	100%	14%
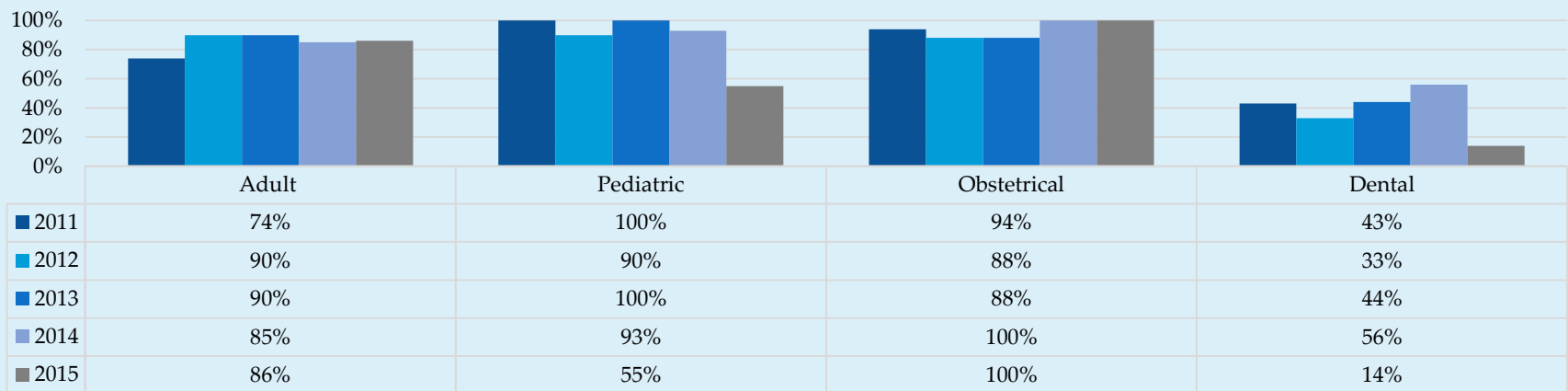
Note: Percentages reflect the number of organizations who had appointments available within 14 days of request, as compared to the total number of organizations who reported wait times. Primary care organizations were asked to provide wait times as of July 2016. Wait times for pediatric appointments may be higher than usual due to the back to school season.

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

Organization	Wait Time for Non-Urgent Appointment (in days), as of July 2016							
	Pediatric New	Pediatric Returning	Obstetrical New	Obstetrical Returning	Adult New	Adult Returning	Dental New	Dental Returning
Affinia Healthcare	**34**	16	**23**	**14**	37	5	13	13
Family Care	14	3	3	1	14	7	36	14
The SPOT	1	1	-	-	1	1	**60**	1
Myrtle Hilliard Davis	7	7	7	7	14	7	35	21
BJK People's*	9	7	7	1	**95**	**38**	51	**36**
Mercy JFK Clinic	1	1	2	3	7	1	-	2
St. Luke's	30	15	-	-	-	-	-	-
St. Louis County DPH	20	15	15	10	20	10	15	15
SSM Cardinal Glennon	21	**21**	**-**	-	-	-	-	-

- BJK People's has the longest wait time for both new and returning *non-urgent* adult medical appointments.
- Affinia Healthcare has the longest wait time for both new and returning *non-urgent* obstetrical appointments.
- Affinia Healthcare has the longest wait time for new *non-urgent* pediatric appointments, while SSM Cardinal Glennon has the longest wait time for returning *non-urgent* pediatric appointments.
- The SPOT has the longest wait time for new *non-urgent* dental appointments, while BJK People's has the longest wait time for returning *non-urgent* dental appointments.

Primary care organizations were asked to provide wait times as of July 2016. Wait times for pediatric appointments may be higher than usual due to the back to school season.

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

Organization	Wait Time for Urgent Appointment (in days), as of July 2016							
	Pediatric New	Pediatric Returning	Obstetrical New	Obstetrical Returning	Adult New	Adult Returning	Dental New	Dental Returning
Affinia Healthcare*	0	0	0	0	0	0	0	0
Family Care	0	0	1	0	14	0	0	0
The SPOT	1	1	-	-	1	1		1
Myrtle Hilliard Davis*	0	0	0	0	0	0	0	0
BJK People's+	0	1	0	1	**96**	**38**	**14**	14
Mercy JFK Clinic	1	1	1	1	1	1	1	1
St. Luke's	4	1	-	-	-	-	-	-
St. Louis County DPH	**5**	**10**	**5**	**5**	3	10	0	**10**
SSM Cardinal Glennon	**5**	4	-	-	-	-	-	-

- Both SSM Cardinal Glennon and St. Louis County Department of Public Health have the longest wait time for new *urgent* pediatric appointments, while St. Louis County Department of Public Health has the longest wait time for returning *urgent* pediatric appointments.
- St. Louis County Department of Public Health has the longest wait time for both new and returning *urgent* obstetrical appointments.
- BJK People's has the longest wait time for both new and returning *urgent* adult medical appointments.
- BJK People's has the longest wait time for new *urgent* dental appointments, while St. Louis County Department of Public Health has the longest wait time for returning *urgent* dental appointments.
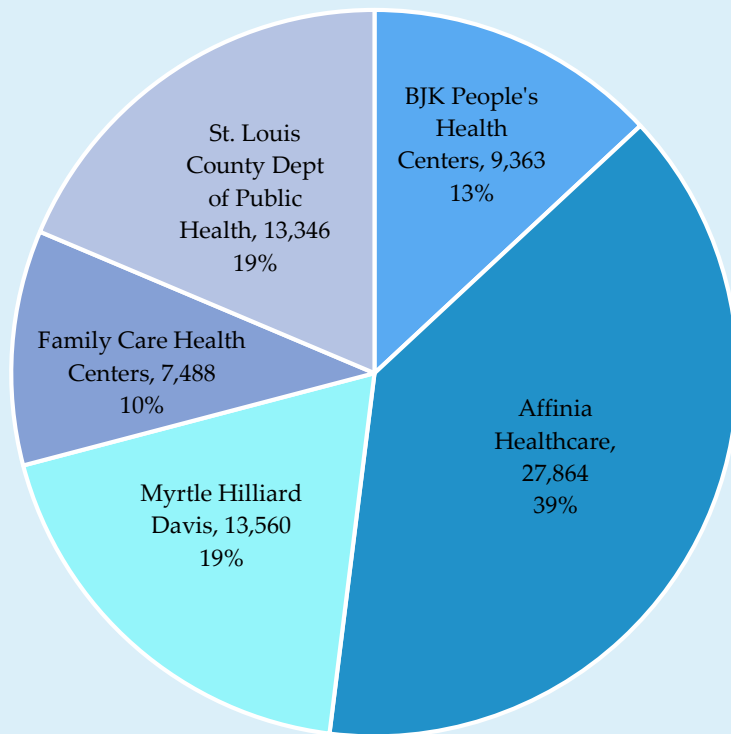
* Indicates availability of walk-in urgent care services.
+ Walk-in patients or those requesting an urgent appointment at BJK People's are given an appointment with a nurse and triaged. Wait times reported above for BJK People's do not include nursing appointments.
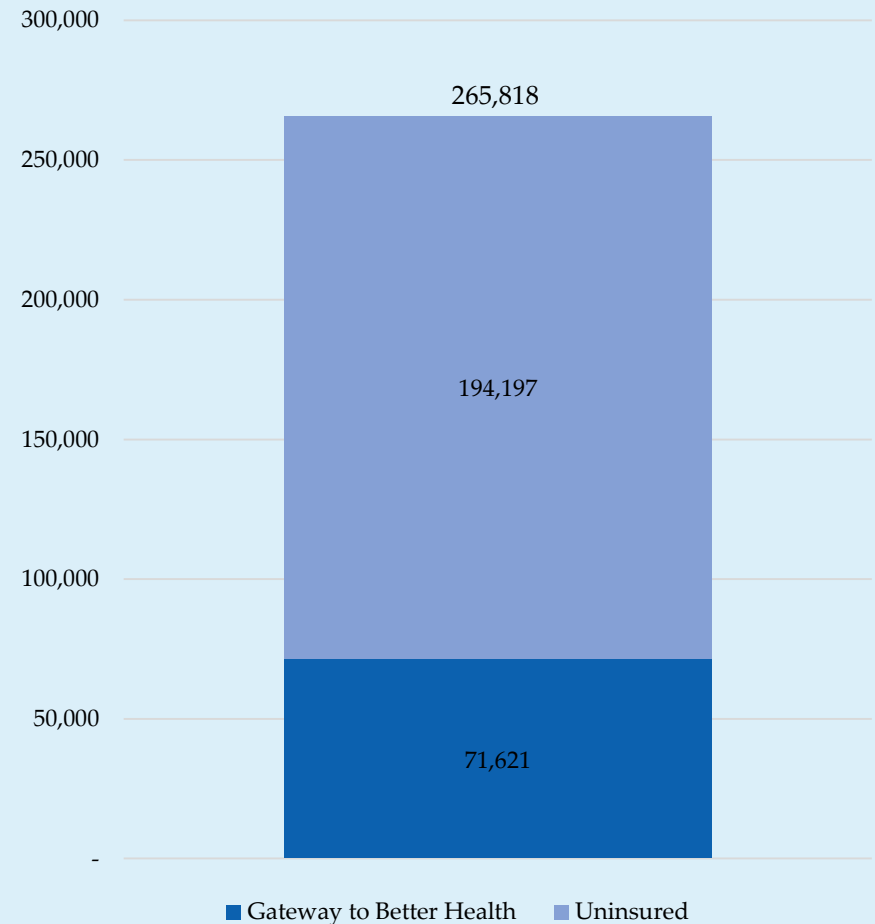Primary care organizations were asked to provide wait times as of July 2016. Wait times for pediatric appointments may be higher than usual due to the back to school season. Zero indicates same day appointments are available for that service line.

More than 71,600 primary care encounters were provided to Gateway to Better Health patients in 2015, comprising 27% of all uninsured primary care encounters at St. Louis area safety net organizations.

Gateway to Better Health Primary Care Encounters by Organization, 2015

- BJK People's Health Centers, 9,363 — 13%
- Affinia Healthcare, 27,864 — 39%
- Myrtle Hilliard Davis, 13,560 — 19%
- Family Care Health Centers, 7,488 — 10%
- St. Louis County Dept of Public Health, 13,346 — 19%

Uninsured Safety Net Encounters, 2015

- 265,818
- Uninsured: 194,197
- Gateway to Better Health: 71,621
- Gateway to Better Health ■ Uninsured

Affinia Healthcare saw the highest volume of Gateway to Better Health primary care encounters (39%) in 2015.

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 C for a list of 2016 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 2015 are captured in the "uninsured" payor category of the figures presented.
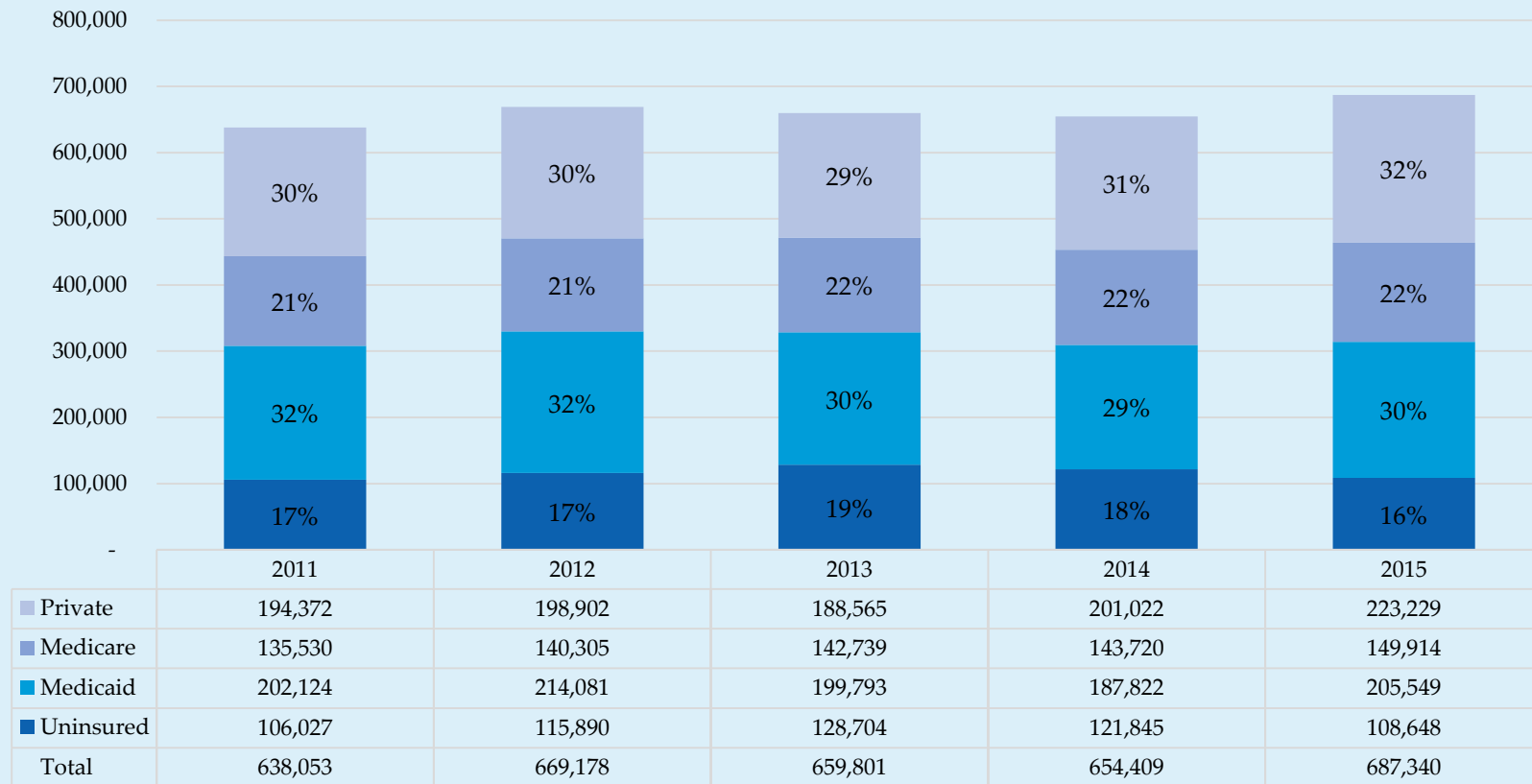
Emergency Care: Key Findings

- Uninsured emergency department encounters at St. Louis area hospitals decreased by 11% from 2014 to 2015*, while private and Medicaid emergency department encounters increased by 11% and 9% over the past year, respectively (page 39).

- Non-emergent encounters have increased slightly by 5% over the past year, and make up about 20% of all emergency department encounters in 2015. Non-emergent encounters among uninsured patients have declined by 16% (page 39 and 45).

- Approximately 34,700 patients visiting St. Louis area emergency departments had at least four emergency department visits at the same hospital in 2015 (page 50).

- Emergency department encounters with behavioral health diagnoses (primary and secondary) have increased by 11% over the past year and account for 32% of all emergency department encounters in 2015. The top primary and secondary behavioral health diagnoses were tobacco use, mood disorders and anxiety disorders. However, when looking at primary diagnoses only, mood disorders, schizophrenia/delusional disorders and alcohol use disorders are the top behavioral health diagnoses (pages 51, 52 and 53).

- Uninsured patients comprised about 36% of all left without being seen volumes and about 30% of all left against medical advice volumes across St. Louis area emergency departments in 2015 (pages 46 and 48), while comprising only 16% of total emergency department encounters (page 39).

*Note: In 2015, the uninsured rate in St. Louis City and County decreased by 24% (American Community Survey).

Emergency care encounters have increased by 5% over the past year.

Emergency Department Encounters by Payor Category, 2011 - 2015

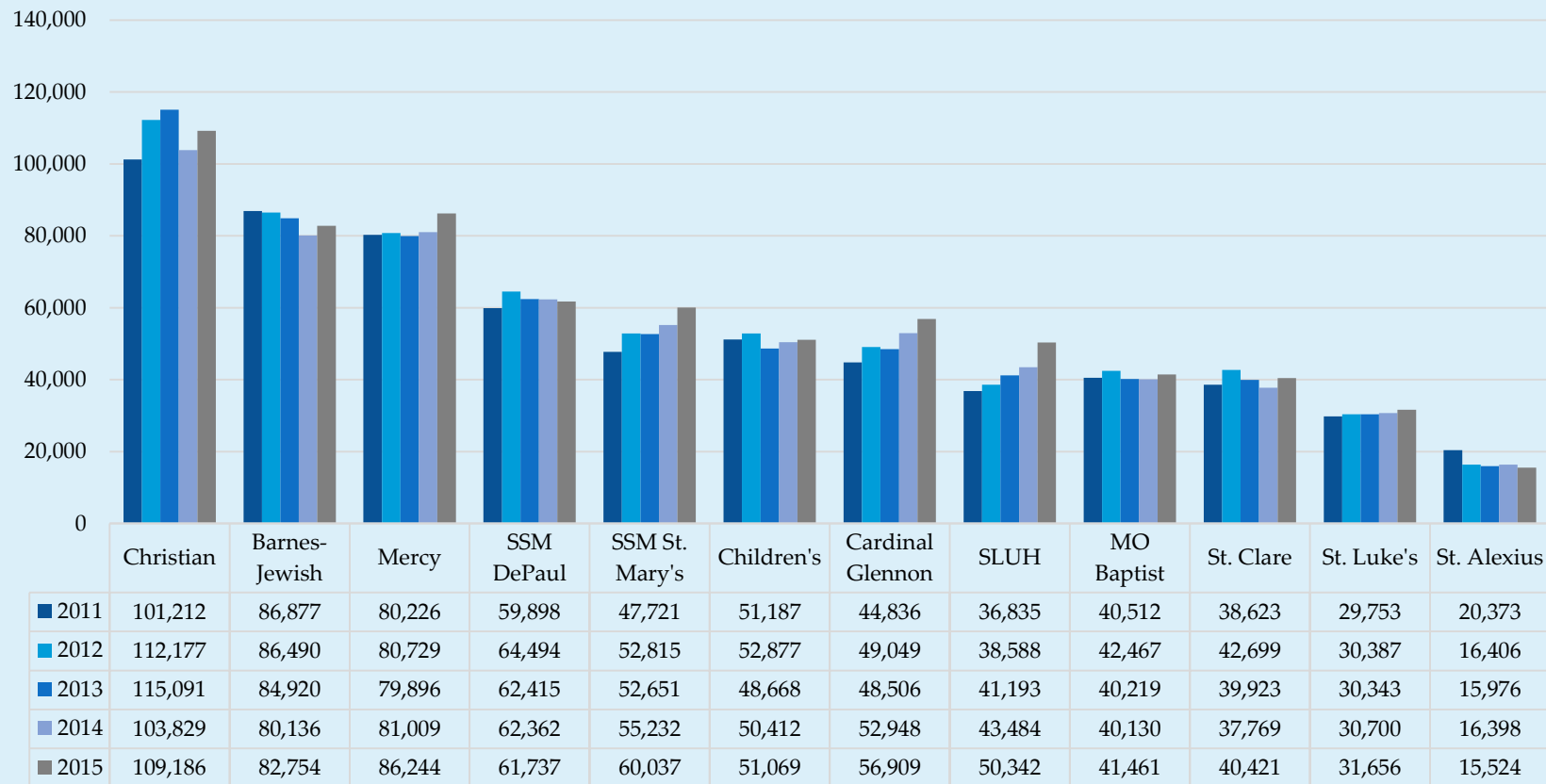|	2011	2012	2013	2014	2015
▪ Private	194,372	198,902	188,565	201,022	223,229
▪ Medicare	135,530	140,305	142,739	143,720	149,914
▪ Medicaid	202,124	214,081	199,793	187,822	205,549
▪ Uninsured	106,027	115,890	128,704	121,845	108,648
Total	638,053	669,178	659,801	654,409	687,340

- Of the 687,000 emergency care encounters reported in 2015, 32% were among those privately insured, 30% were among the Medicaid population, 22% were among the Medicare population and 16% were among the uninsured.
- Emergency care encounters at safety net hospitals have increased by nearly 8% (approximately 49,000 encounters) since 2011.
- While emergency care encounters among the uninsured decreased by 11% in 2015, encounters among those with private insurance and Medicaid increased by 11% and 9%, respectively.

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

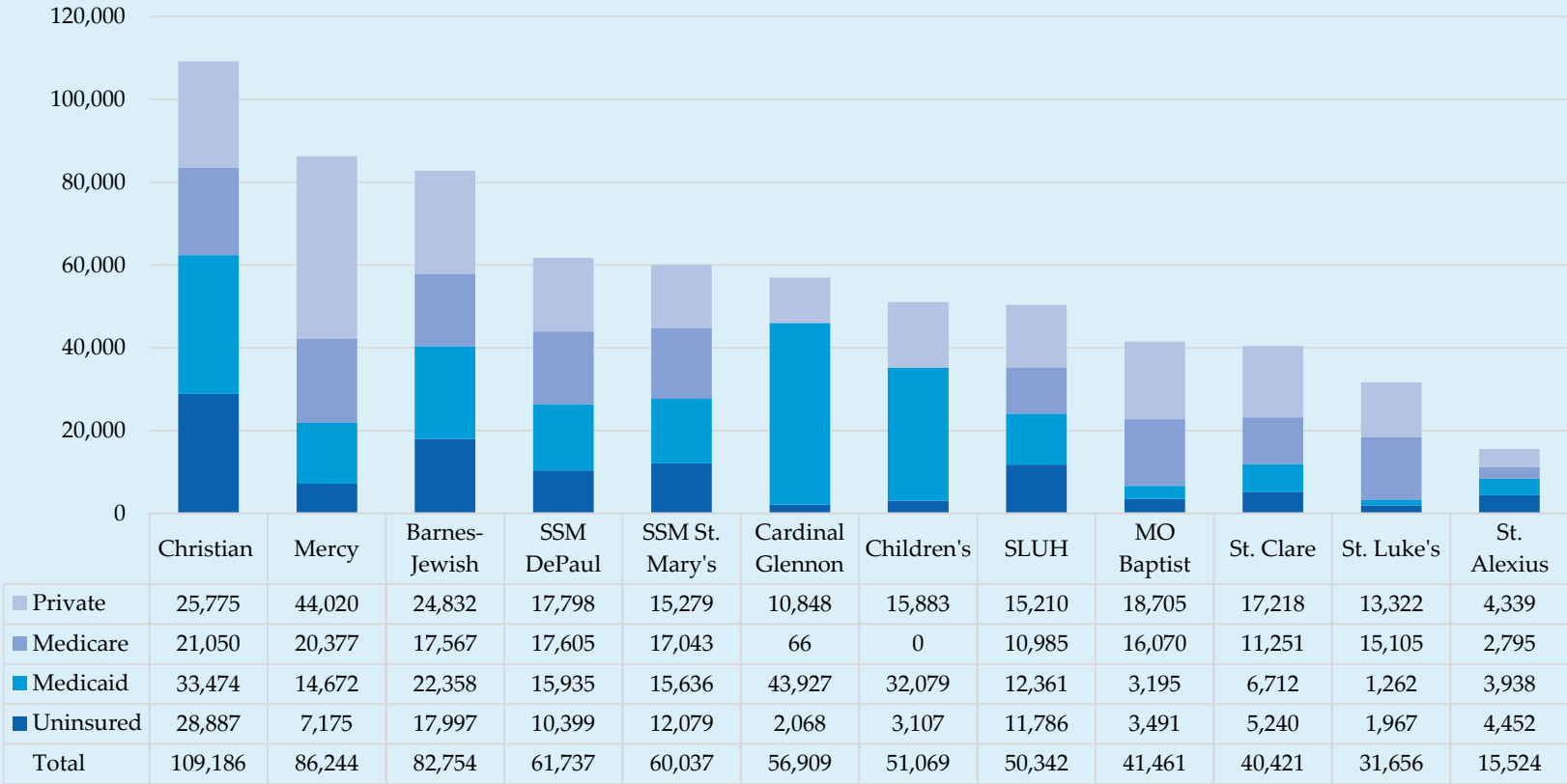Emergency department encounters have increased by 5% or more at six hospitals.

Emergency Department Encounters by Organization, 2011 - 2015

	Christian	Barnes-Jewish	Mercy	SSM DePaul	SSM St. Mary's	Children's	Cardinal Glennon	SLUH	MO Baptist	St. Clare	St. Luke's	St. Alexius
2011	101,212	86,877	80,226	59,898	47,721	51,187	44,836	36,835	40,512	38,623	29,753	20,373
2012	112,177	86,490	80,729	64,494	52,815	52,877	49,049	38,588	42,467	42,699	30,387	16,406
2013	115,091	84,920	79,896	62,415	52,651	48,668	48,506	41,193	40,219	39,923	30,343	15,976
2014	103,829	80,136	81,009	62,362	55,232	50,412	52,948	43,484	40,130	37,769	30,700	16,398
2015	109,186	82,754	86,244	61,737	60,037	51,069	56,909	50,342	41,461	40,421	31,656	15,524

- Emergency department encounters have increased by 5% or more at six hospitals: St. Louis University (SLUH) (16%), St. Mary's (9%), Cardinal Glennon (7%), St. Clare (7%), Mercy (6%) and Christian (5%) from 2014 to 2015.
- Emergency department encounters at St. Alexius hospital decreased by 5% over the past year.

Emergency department encounters among the uninsured and Medicaid populations varied greatly by hospital emergency department.
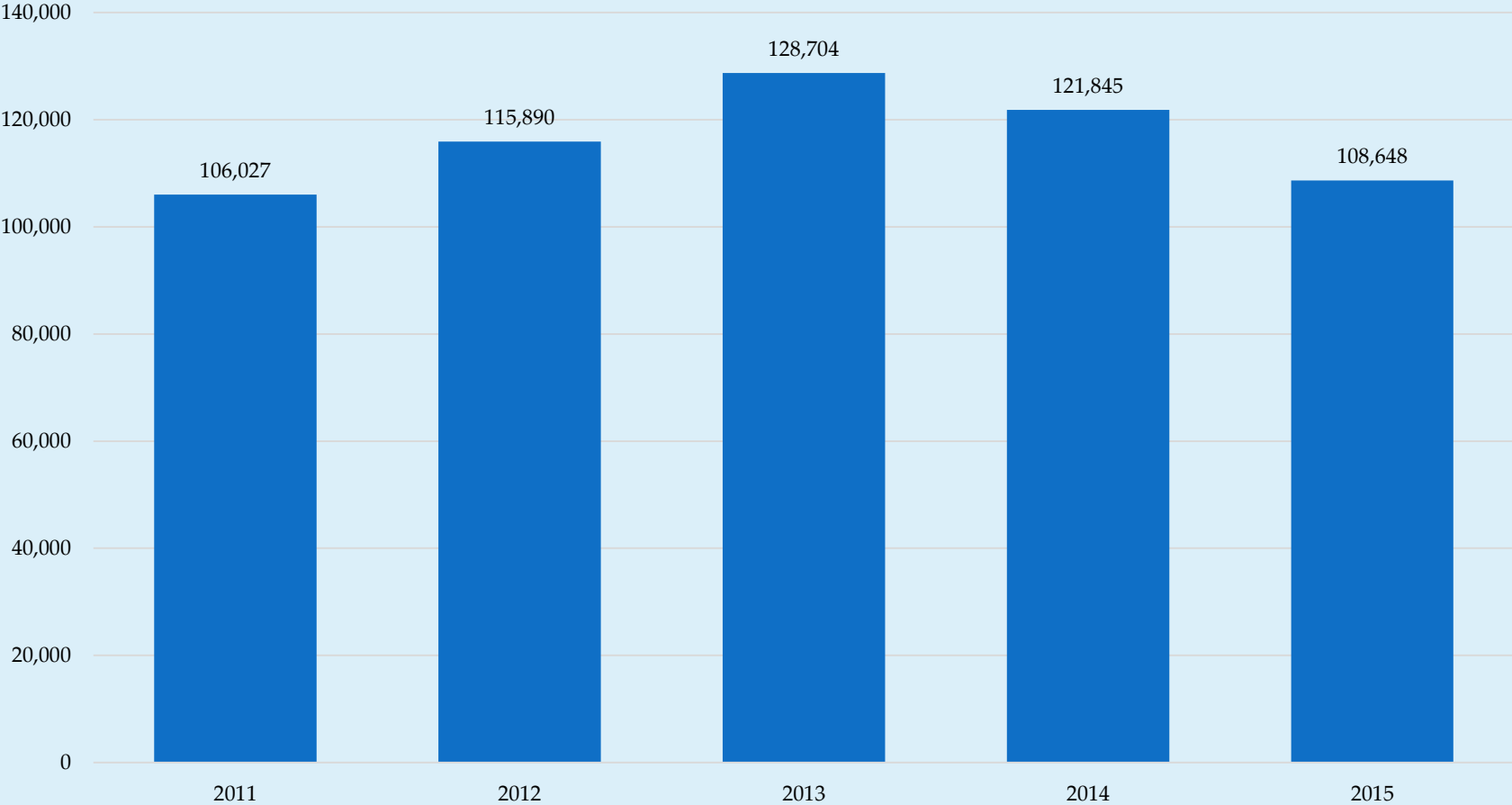
Emergency Department Encounters by Payor Category and Organization, 2015

	Christian	Mercy	Barnes-Jewish	SSM DePaul	SSM St. Mary's	Cardinal Glennon	Children's	SLUH	MO Baptist	St. Clare	St. Luke's	St. Alexius
Private	25,775	44,020	24,832	17,798	15,279	10,848	15,883	15,210	18,705	17,218	13,322	4,339
Medicare	21,050	20,377	17,567	17,605	17,043	66	0	10,985	16,070	11,251	15,105	2,795
Medicaid	33,474	14,672	22,358	15,935	15,636	43,927	32,079	12,361	3,195	6,712	1,262	3,938
Uninsured	28,887	7,175	17,997	10,399	12,079	2,068	3,107	11,786	3,491	5,240	1,967	4,452
Total	109,186	86,244	82,754	61,737	60,037	56,909	51,069	50,342	41,461	40,421	31,656	15,524

- Five hospitals (Christian, Barnes-Jewish, St. Mary's, St. Louis University (SLUH) and St. Alexius) have payor mixes with over 20% uninsured emergency department encounters.
- More than 53% of Medicaid encounters were provided by three hospitals (Christian, Children's and Cardinal Glennon). Children's and Cardinal Glennon primarily serve pediatric populations.

Uninsured emergency care encounters decreased by 11% over the past year.

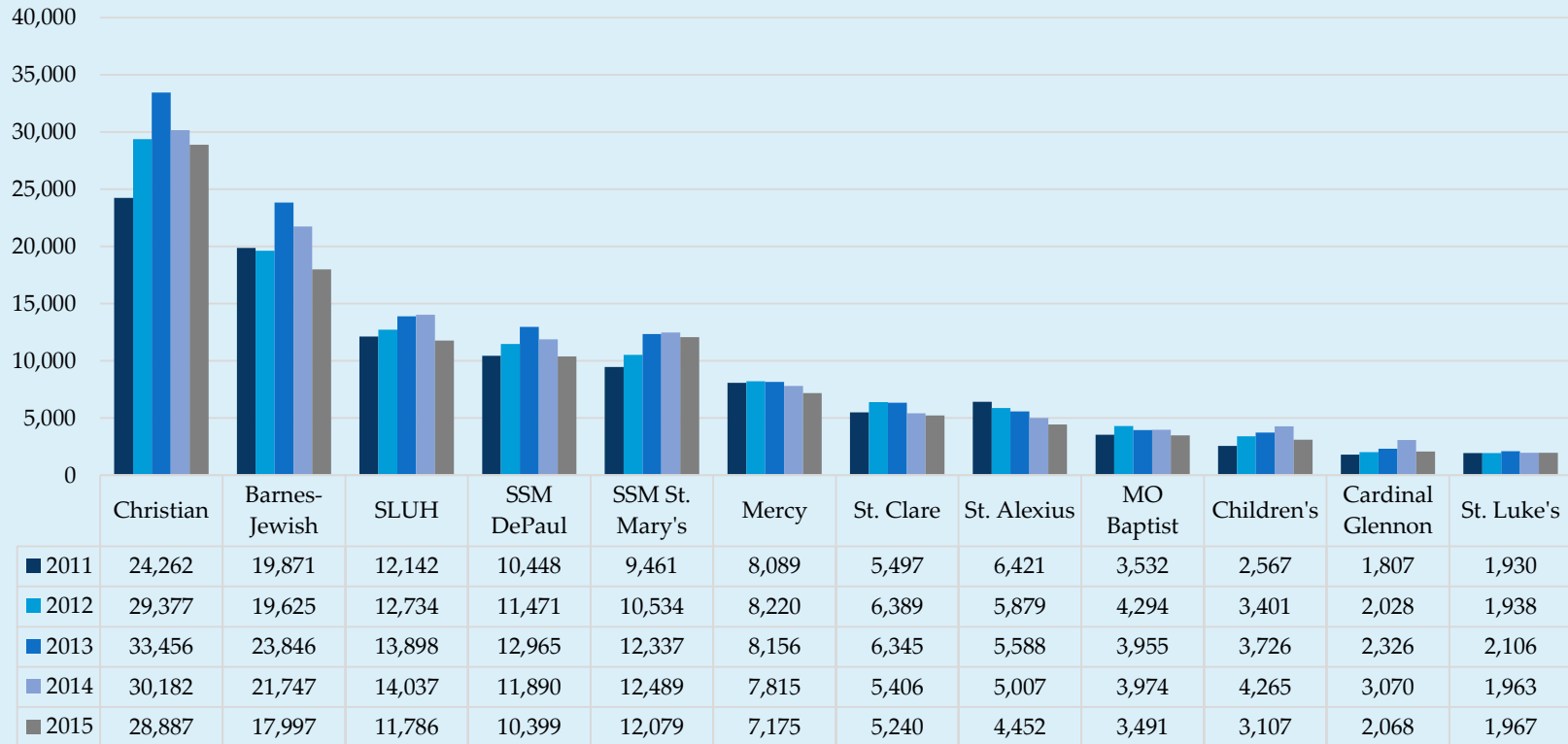## Uninsured Emergency Department Encounters, 2011 - 2015

Uninsured emergency department encounters have remained relatively stable since 2011.

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

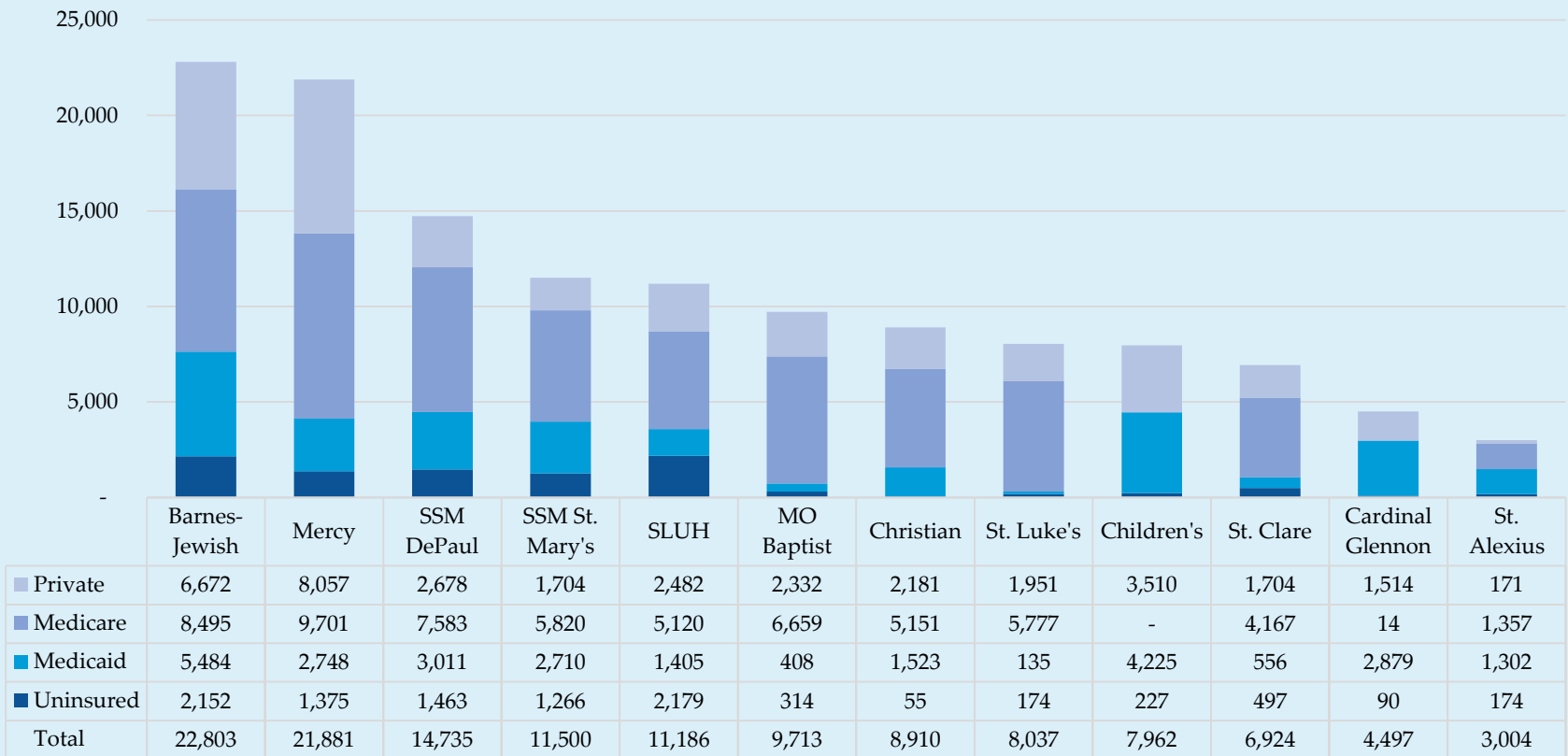Uninsured emergency department encounters decreased at nearly all reporting hospitals over the past year.

Uninsured Emergency Department Encounters by Organization, 2011 - 2015

	Christian	Barnes-Jewish	SLUH	SSM DePaul	SSM St. Mary's	Mercy	St. Clare	St. Alexius	MO Baptist	Children's	Cardinal Glennon	St. Luke's
■ 2011	24,262	19,871	12,142	10,448	9,461	8,089	5,497	6,421	3,532	2,567	1,807	1,930
■ 2012	29,377	19,625	12,734	11,471	10,534	8,220	6,389	5,879	4,294	3,401	2,028	1,938
■ 2013	33,456	23,846	13,898	12,965	12,337	8,156	6,345	5,588	3,955	3,726	2,326	2,106
■ 2014	30,182	21,747	14,037	11,890	12,489	7,815	5,406	5,007	3,974	4,265	3,070	1,963
■ 2015	28,887	17,997	11,786	10,399	12,079	7,175	5,240	4,452	3,491	3,107	2,068	1,967

- Eight organizations had declines of more than 5% for uninsured emergency department encounters over the past year: Cardinal Glennon (33%), Children's (27%), Barnes-Jewish (17%), St. Louis University Hospital (SLUH) (16%), SSM DePaul (13%), Missouri Baptist (12%), St. Alexius (11%) and Mercy (8%).
- Two hospitals (Christian and Barnes-Jewish Hospital) provided more than 43% of all uninsured emergency department encounters in 2015.

Approximately 19% of patients in emergency departments throughout the St. Louis region were admitted in 2015.
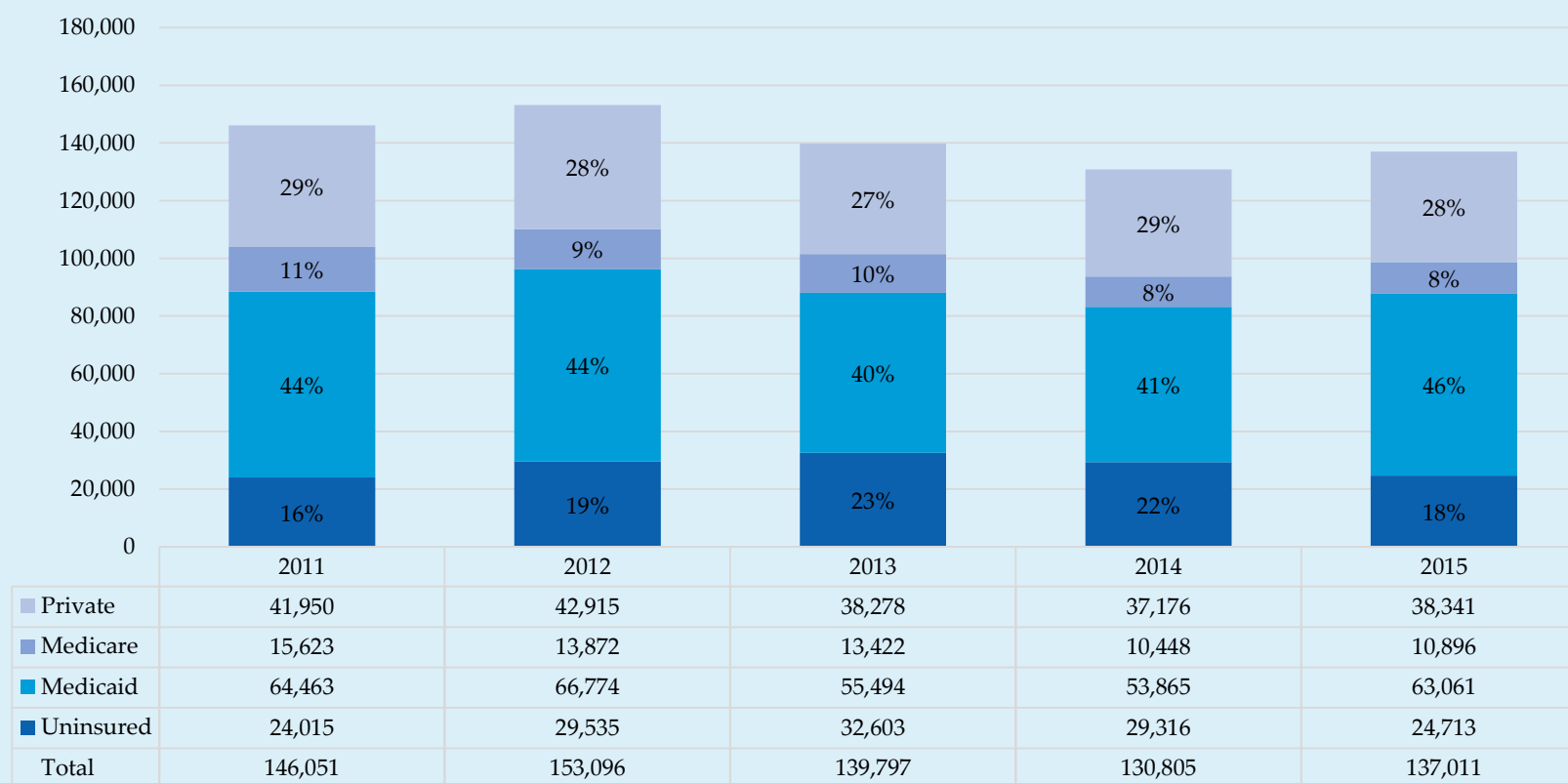
Inpatient Admissions by Payor Category and Organization, 2015

	Barnes-Jewish	Mercy	SSM DePaul	SSM St. Mary's	SLUH	MO Baptist	Christian	St. Luke's	Children's	St. Clare	Cardinal Glennon	St. Alexius
Private	6,672	8,057	2,678	1,704	2,482	2,332	2,181	1,951	3,510	1,704	1,514	171
Medicare	8,495	9,701	7,583	5,820	5,120	6,659	5,151	5,777	-	4,167	14	1,357
Medicaid	5,484	2,748	3,011	2,710	1,405	408	1,523	135	4,225	556	2,879	1,302
Uninsured	2,152	1,375	1,463	1,266	2,179	314	55	174	227	497	90	174
Total	22,803	21,881	14,735	11,500	11,186	9,713	8,910	8,037	7,962	6,924	4,497	3,004

Emergency department encounters that were converted to inpatient admissions represent more than 20% of total emergency department encounters at six organizations: Barnes-Jewish (28%), Mercy (25%), St. Luke's (25%), SSM DePaul (24%), Missouri Baptist (23%) and St. Louis University (SLUH) (22%).

Non-emergent emergency department encounters have increased by 5% over the past year.

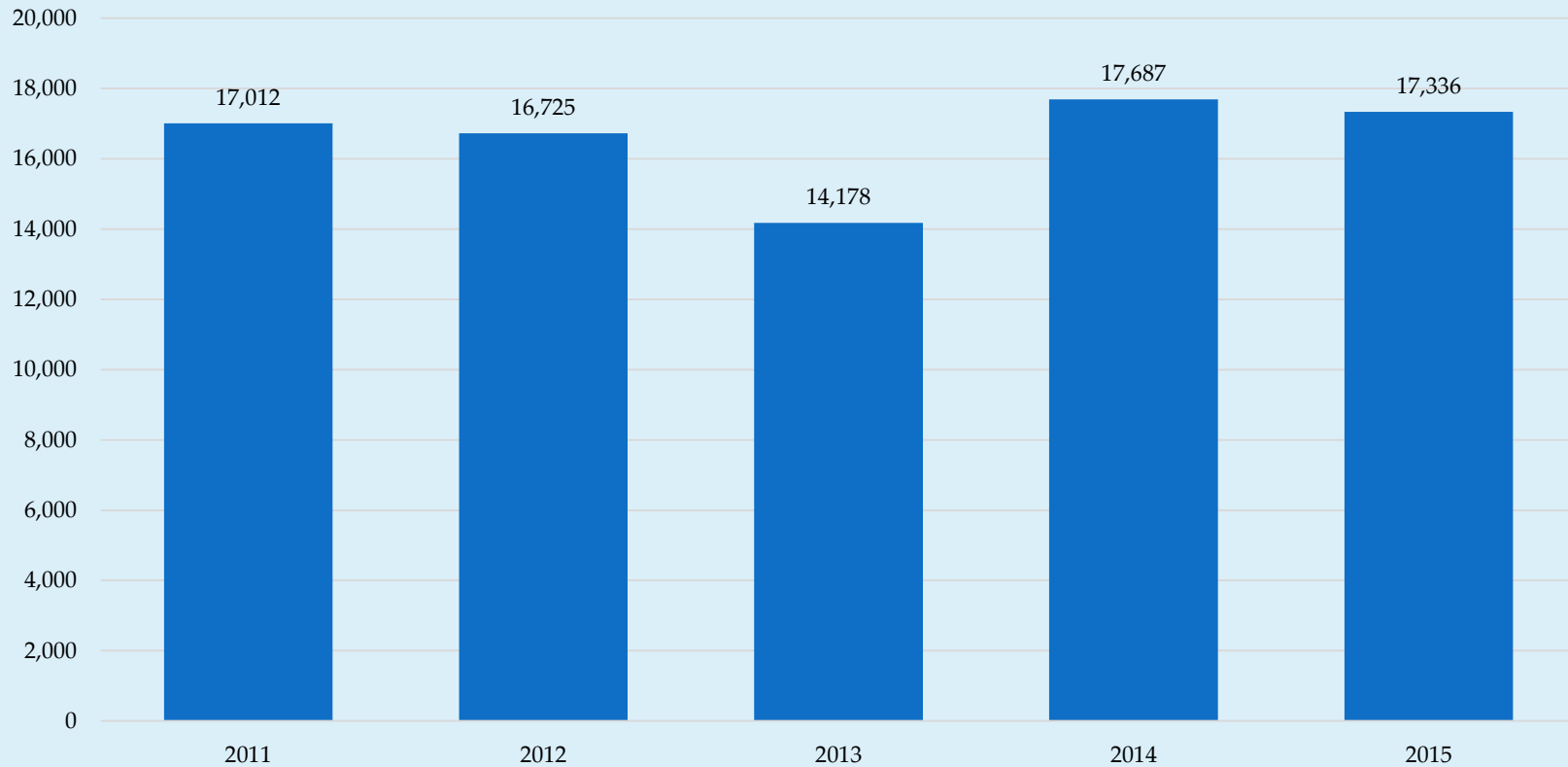## Non-Emergent Emergency Department Encounters by Payor Category, 2011 - 2015

	2011	2012	2013	2014	2015
Private	41,950	42,915	38,278	37,176	38,341
Medicare	15,623	13,872	13,422	10,448	10,896
Medicaid	64,463	66,774	55,494	53,865	63,061
Uninsured	24,015	29,535	32,603	29,316	24,713
Total	146,051	153,096	139,797	130,805	137,011

Bar chart percentages by year:
- 2011: Private 29%, Medicare 11%, Medicaid 44%, Uninsured 16%
- 2012: Private 28%, Medicare 9%, Medicaid 44%, Uninsured 19%
- 2013: Private 27%, Medicare 10%, Medicaid 40%, Uninsured 23%
- 2014: Private 29%, Medicare 8%, Medicaid 41%, Uninsured 22%
- 2015: Private 28%, Medicare 8%, Medicaid 46%, Uninsured 18%

- Over the past year, non-emergent emergency department encounters increased by 17% among the Medicaid population, 3% among those privately insured and 4% among the Medicare population.
- Non-emergent emergency department encounters decreased by 16% among the uninsured over the past year.
- Four organizations had increases of more than 10% in non-emergent emergency department encounters over the past year: Missouri Baptist (32%), Children's (31%), St. Mary's (24%) and Mercy (11%).

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

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

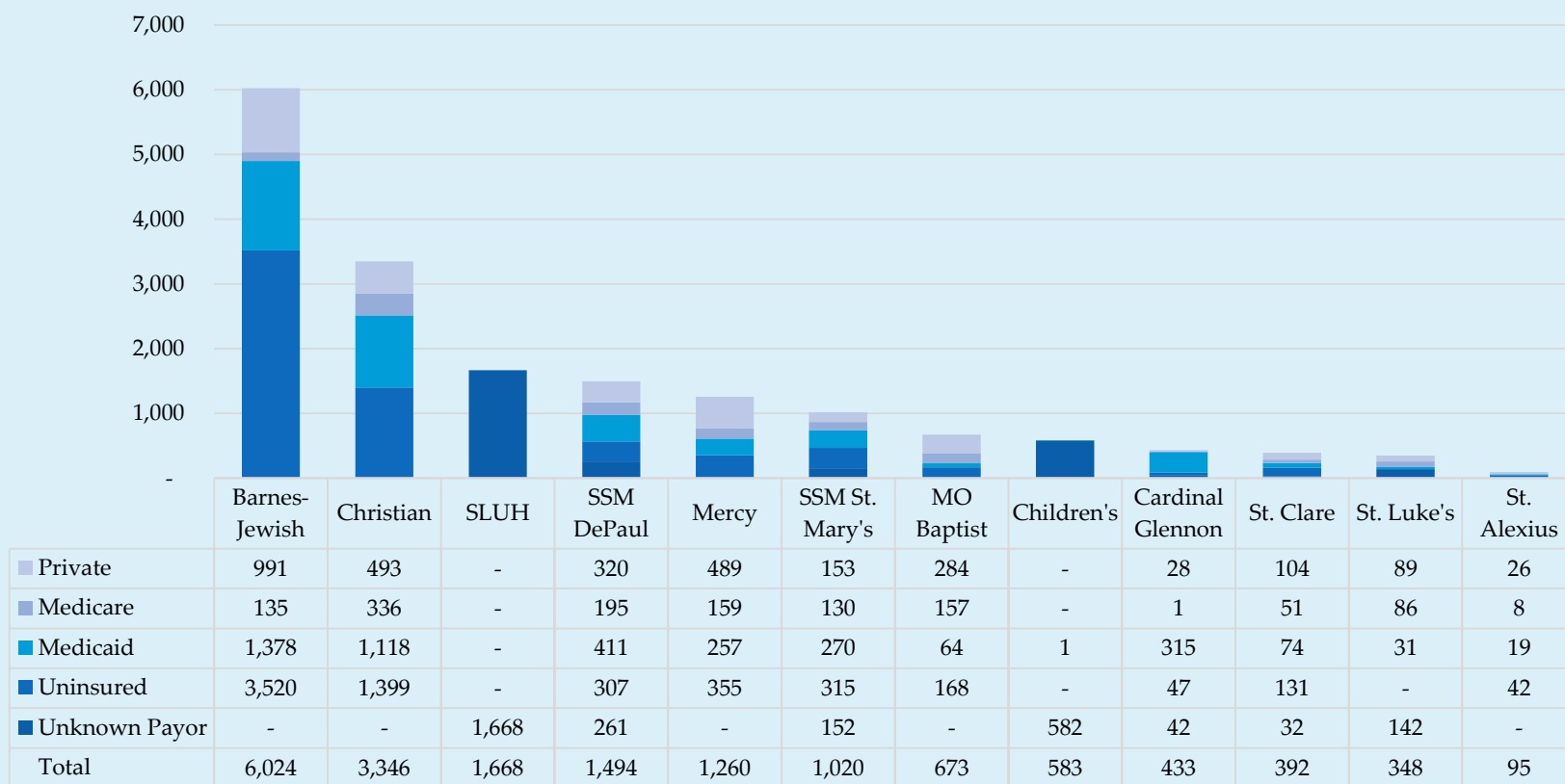## Left Without Being Seen, 2011 - 2015

- Encounters where patients left hospital emergency departments without being seen has remained stable since 2011.
- The approximately 17,300 encounters where patients left hospital emergency departments without being seen represent nearly 3% of all emergency department encounters in the St. Louis region during 2015.

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, 2015

	Barnes-Jewish	Christian	SLUH	SSM DePaul	Mercy	SSM St. Mary's	MO Baptist	Children's	Cardinal Glennon	St. Clare	St. Luke's	St. Alexius
Private	991	493	-	320	489	153	284	-	28	104	89	26
Medicare	135	336	-	195	159	130	157	-	1	51	86	8
Medicaid	1,378	1,118	-	411	257	270	64	1	315	74	31	19
Uninsured	3,520	1,399	-	307	355	315	168	-	47	131	-	42
Unknown Payor	-	-	1,668	261	-	152	-	582	42	32	142	-
Total	6,024	3,346	1,668	1,494	1,260	1,020	673	583	433	392	348	95

- 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, which had a left without being seen rate of 7%.
- Left without being seen volumes among uninsured patients represent 36% of the total left without being seen volume for the St. Louis region in 2015.

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.

Left against medical advice volumes have increased by 44% over the past five years.

Left Against Medical Advice, 2011 - 2015

Bar chart showing Left Against Medical Advice volumes by year:
- 2011: 4,749
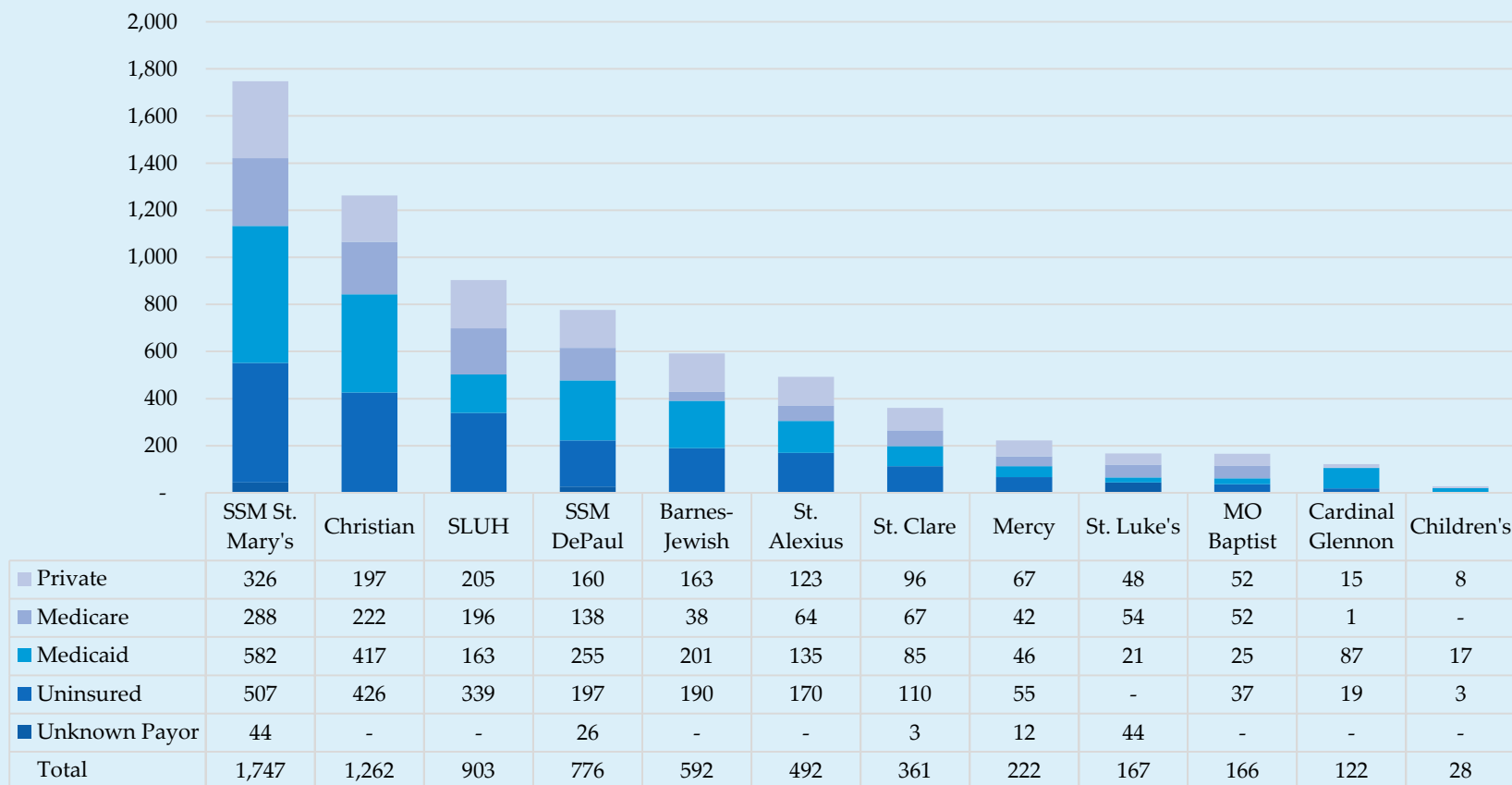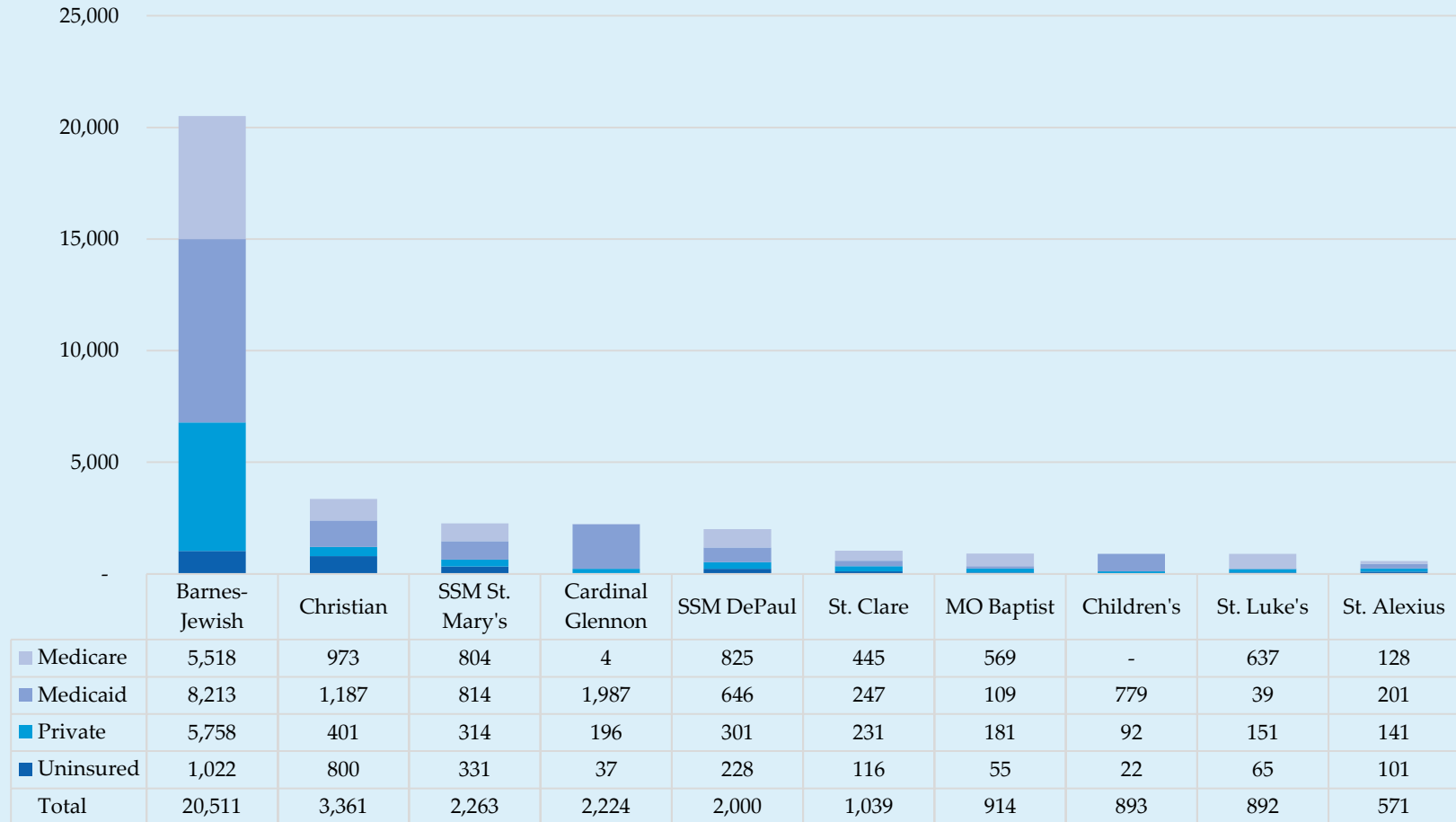- 2012: 4,293
- 2013: 5,604
- 2014: 7,427
- 2015: 6,838
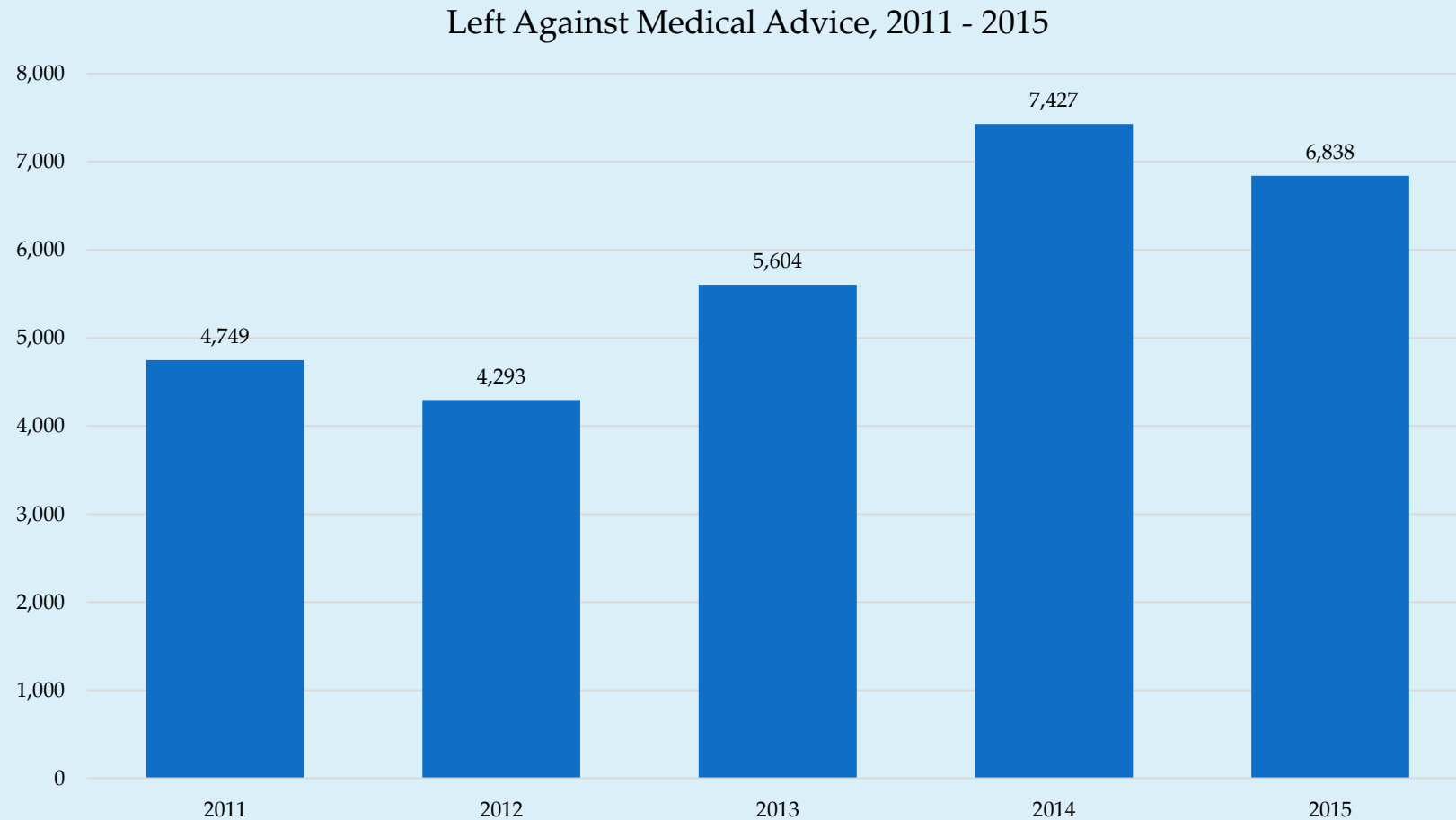
- In 2015, across the St. Louis region, there were approximately 6,800 encounters where patients left hospital emergency departments against medical advice, a decrease of 8% as compared to the 2014 rate.
- Encounters where patients left hospital emergency departments against medical advice represent 1% of all emergency department encounters in the St. Louis region during 2015.

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, 2015

	SSM St. Mary's	Christian	SLUH	SSM DePaul	Barnes-Jewish	St. Alexius	St. Clare	Mercy	St. Luke's	MO Baptist	Cardinal Glennon	Children's
Private	326	197	205	160	163	123	96	67	48	52	15	8
Medicare	288	222	196	138	38	64	67	42	54	52	1	-
Medicaid	582	417	163	255	201	135	85	46	21	25	87	17
Uninsured	507	426	339	197	190	170	110	55	-	37	19	3
Unknown Payor	44	-	-	26	-	-	3	12	44	-	-	-
Total	1,747	1,262	903	776	592	492	361	222	167	166	122	28

- All reporting emergency departments had left against medical advice rates that were below 5% of their total emergency department encounters.
- Left against medical advice volumes among uninsured patients represent 30% of the total left against medical advice volume for the St. Louis region in 2015.

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.

Approximately 34,700 patients visiting St. Louis area emergency departments in 2015 had four or more emergency department visits at the same hospital in the 2015 calendar year.

Frequent Users by Payor Category and Organization

	Barnes-Jewish	Christian	SSM St. Mary's	Cardinal Glennon	SSM DePaul	St. Clare	MO Baptist	Children's	St. Luke's	St. Alexius
Medicare	5,518	973	804	4	825	445	569	-	637	128
Medicaid	8,213	1,187	814	1,987	646	247	109	779	39	201
Private	5,758	401	314	196	301	231	181	92	151	141
Uninsured	1,022	800	331	37	228	116	55	22	65	101
Total	20,511	3,361	2,263	2,224	2,000	1,039	914	893	892	571

Of the nearly 34,700 frequent emergency department users reported in 2015, 41% were Medicaid patients, 29% were Medicare patients, 22% were privately insured patients, and 8% were uninsured patients.

Note: St. Louis University Hospital (SLUH) and St. John's Mercy Medical Center did not provide data for frequent users during 2015, and have been excluded from this analysis.

Emergency department encounters with behavioral health diagnoses have increased by 11% over the past year and account for 32% of total emergency department encounters in 2015.

Emergency Care Encounters with Behavioral Health* as Primary or Secondary Diagnosis, 2011 - 2015

Behavioral health emergency department encounters have increased by 55% over the past five years.

Note: ICD coding for behavioral health diagnoses within emergency departments has also improved over time and may contribute to some of the increase in behavioral health emergency department encounters seen above.

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

Behavioral health diagnoses account for more than 410,000 primary and secondary diagnoses for emergency department encounters in 2015.

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

Tobacco use, mood and anxiety disorders make up 63% of all primary and secondary emergency department behavioral health diagnoses in 2015.

Note: Duplication across emergency department encounters does exist to account for both the primary and secondary diagnoses on each encounter.

Behavioral health diagnoses account for more than 60,500 primary diagnoses for emergency department encounters in 2015.

Primary Behavioral Health Diagnoses for Emergency Department Encounters, 2015

Among primary diagnoses only, mood disorders (representing 27% of all behavioral health primary diagnoses), schizophrenia/delusional disorders (representing 17% of all behavioral health primary diagnoses) and alcohol use disorders (representing 14% of all behavioral health primary diagnoses) are the main behavioral health diagnoses presenting to St. Louis area emergency departments.

SPECIALTY CARE ANALYSIS

Specialty Care: Introduction

This year's specialty care analysis reviews detailed operating statistics of reporting specialty care safety net institutions in the St. Louis City and County area (see Appendix B for a list of 2016 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 enrollees in calendar year 2015 are captured in the "uninsured" payor category of the figures presented. A summary of Gateway's key specialty care outcomes achieved during calendar year 2015 is provided on page 66. Gateway volumes are self reported by Gateway member organizations. Quarterly reports for the Gateway to Better Health program are available on the St. Louis Regional Health Commission's website (www.stlrhc.org).

Specialty Care: Key Findings

■ Total specialty care users and encounters at St. Louis area specialty care organizations have increased by 17% and 16%, respectively, since 2011. This increase represents more than 22,600 additional users and more than 183,700 additional encounters (pages 57 and 59).

■ Over the past year, uninsured specialty care users and encounters have declined by 8%, while users and encounters for all other payor classes have increased or remained relatively stable (pages 57, 59 and 61).

■ The decline in uninsured specialty care users and encounters over the past year is less than the decline in the overall uninsured rate in St. Louis City and County (page 5)*.

■ Medicaid specialty care encounters have increased by 8% over the past year. Increases in Medicaid encounters were seen across all safety net specialty care providers (pages 63 and 64).

■ The specialties with the longest wait times for both new and returning patients were hepatology, gastroenterology and rheumatology (page 65).

*Note: In 2015, the uninsured rate in St. Louis City and County decreased by 24% (American Community Survey).

Specialty care users at safety net organizations have increased by 17% since 2011.
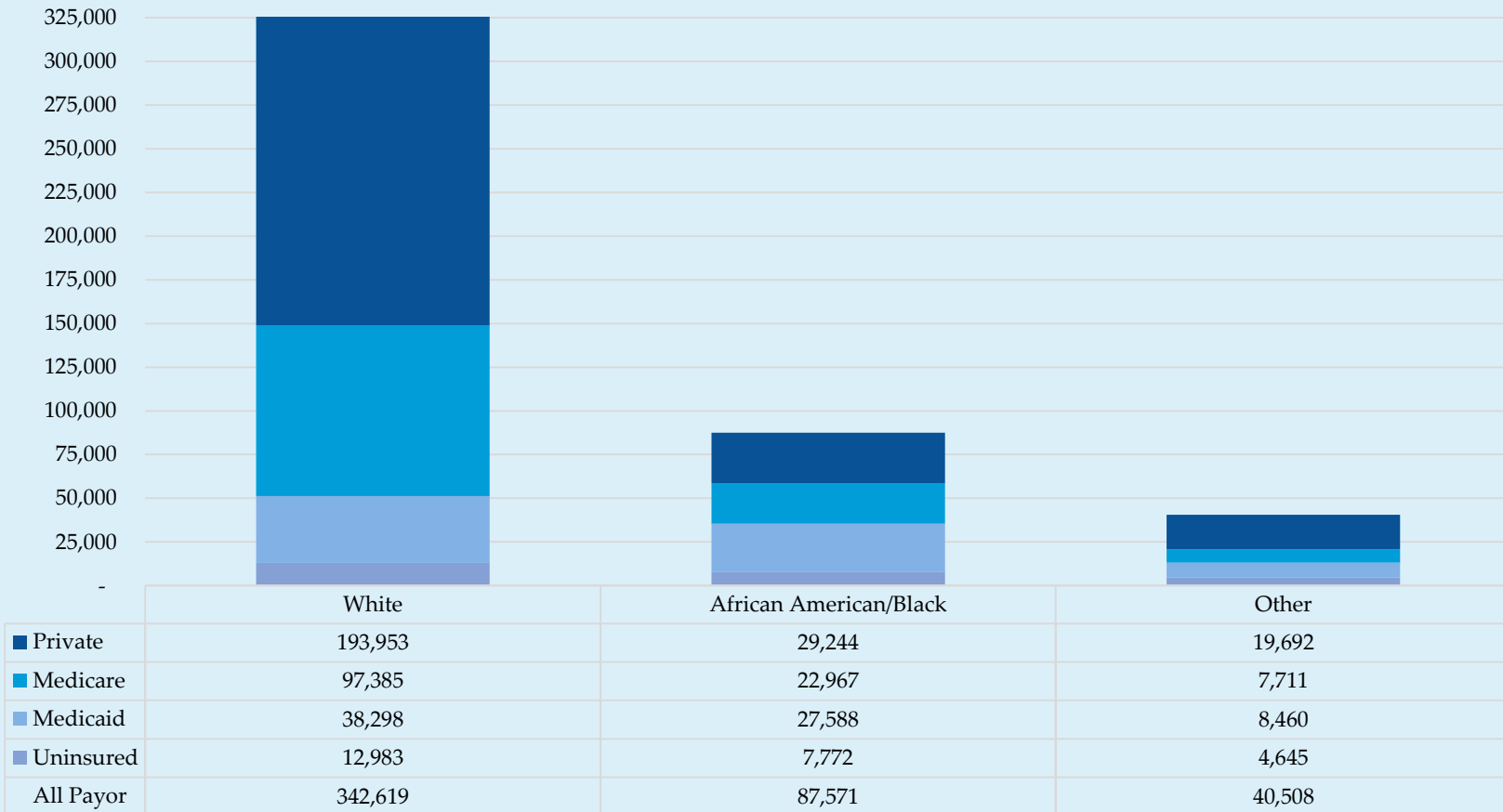
Specialty Care Users by Payor, 2011 - 2015

	2011	2012	2013	2014	2015
■ Private	209,219	214,366	218,513	228,204	242,889
■ Medicare	95,968	101,381	112,301	121,710	128,063
■ Medicaid	71,392	72,531	71,635	70,605	74,346
■ Uninsured	25,609	26,783	31,009	27,545	25,400
Total	402,188	415,061	433,458	448,064	470,698
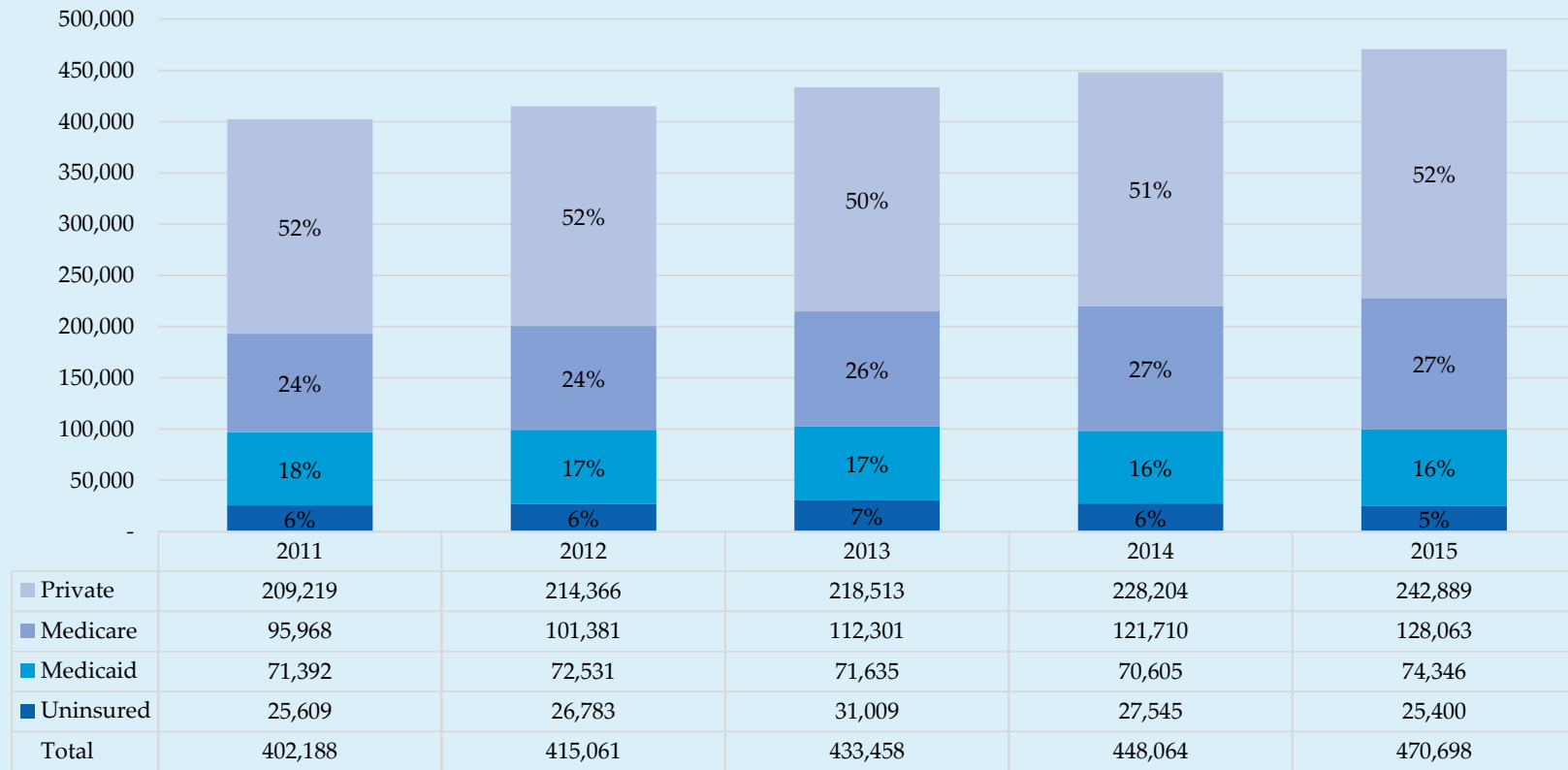
- Of the more than 470,600 specialty care users reported in 2015, approximately 52% were privately insured, 27% were insured through the Medicare program, 16% were insured through the Medicaid program and 5% were uninsured.
- Uninsured specialty care users decreased by 8% over the past year, while all other payor categories increased or remained stable in the number of specialty care users.

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 2015. The uninsured rate in St. Louis City and County decreased by 24% in 2015.

Of the more than 470,600 specialty care users in 2015, approximately 73% were White, 19% were African American/Black and 9% were from the "Other" racial category.

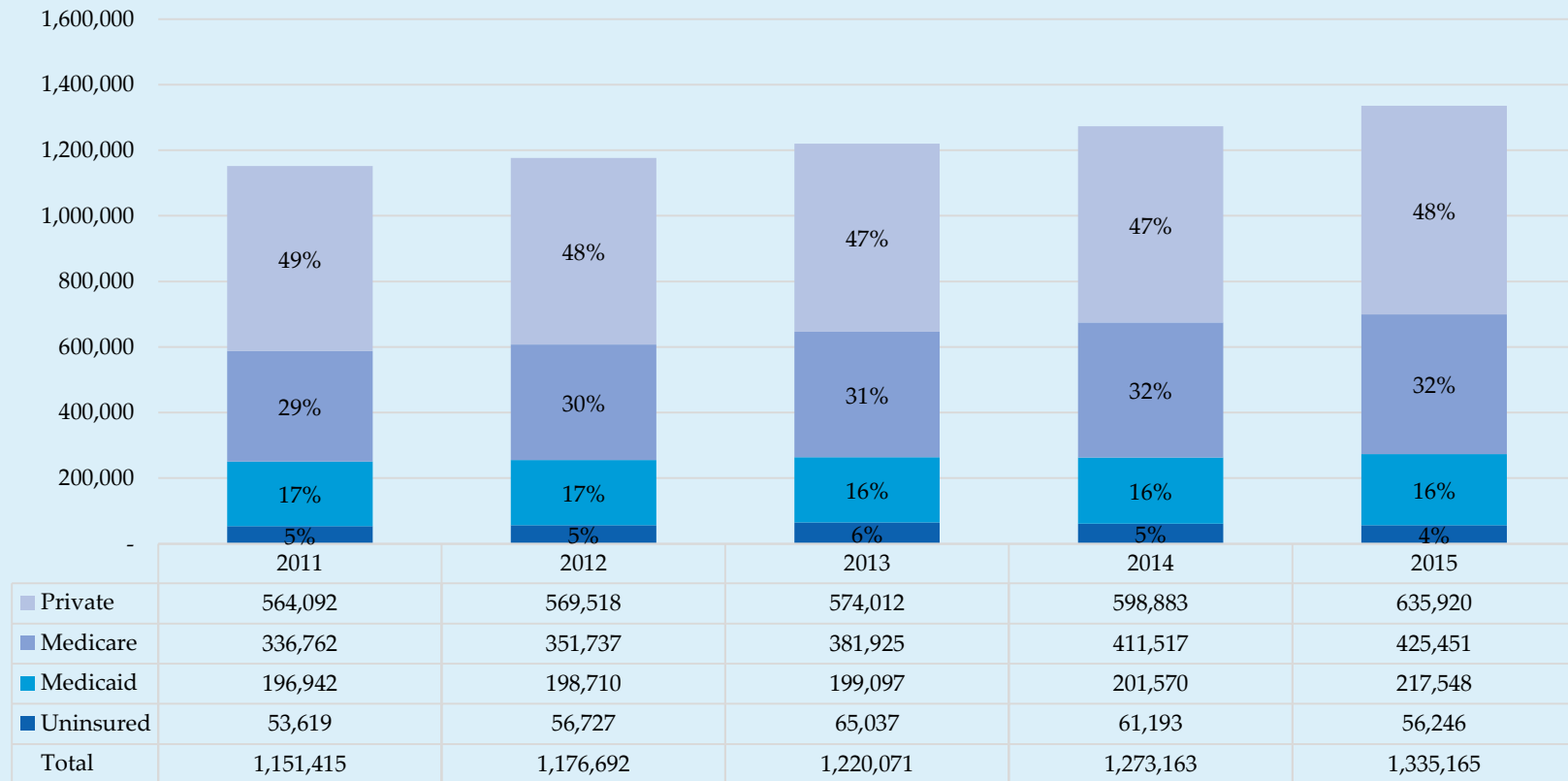## Specialty Care Users by Race and Payor, 2015

	White	African American/Black	Other
■ Private	193,953	29,244	19,692
■ Medicare	97,385	22,967	7,711
■ Medicaid	38,298	27,588	8,460
■ Uninsured	12,983	7,772	4,645
All Payor	342,619	87,571	40,508

- Approximately 4% of all White specialty care users, 9% of all African American/Black specialty care users and 11% 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 7% of all Whites, 17% of all African Americans and 14% of all "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 have increased by nearly 5% over the past year and by 16% (over 183,700 encounters) since 2011.

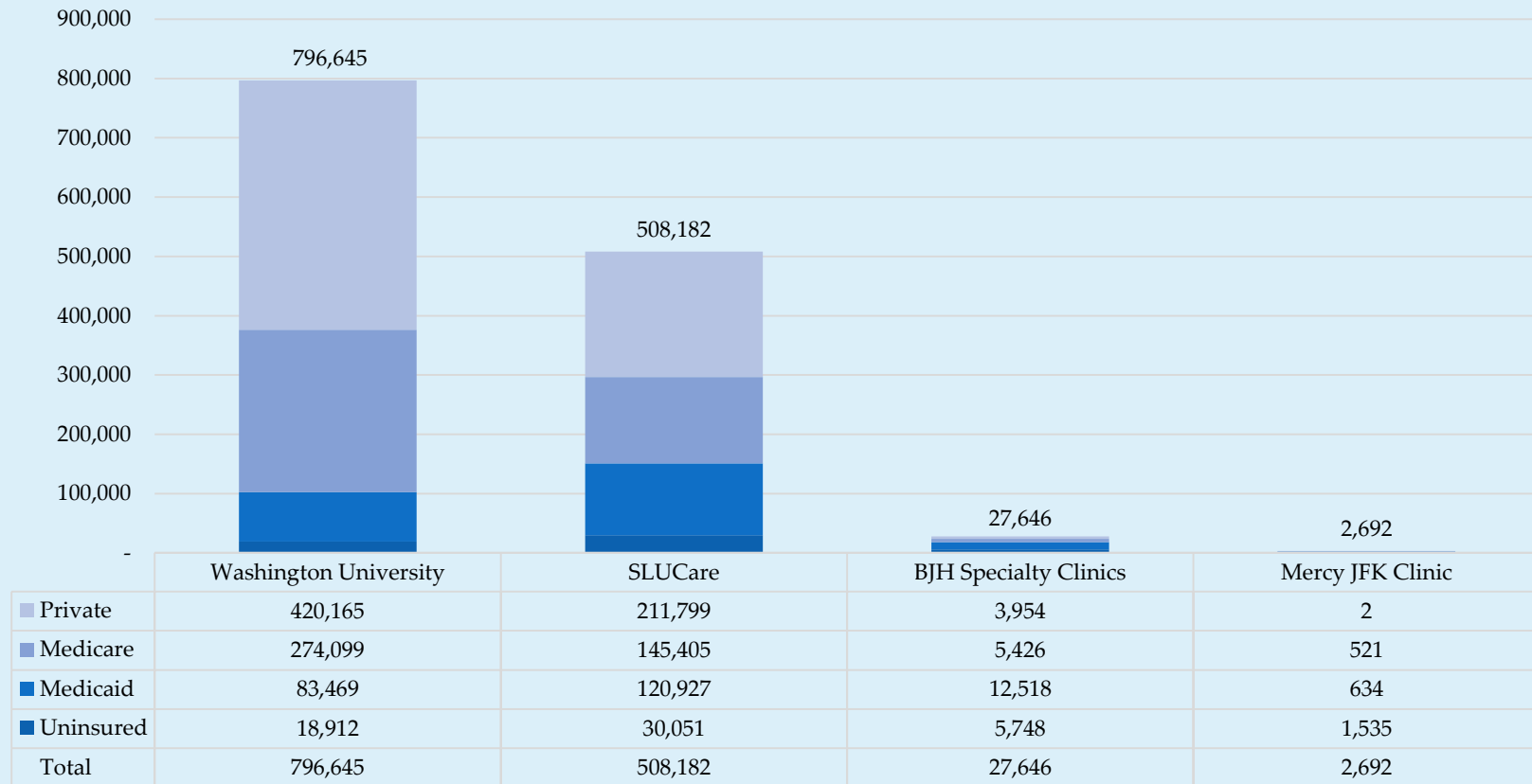## Specialty Care Encounters by Payor Category, 2011 - 2015

	2011	2012	2013	2014	2015
■ Private	564,092	569,518	574,012	598,883	635,920
■ Medicare	336,762	351,737	381,925	411,517	425,451
■ Medicaid	196,942	198,710	199,097	201,570	217,548
■ Uninsured	53,619	56,727	65,037	61,193	56,246
Total	1,151,415	1,176,692	1,220,071	1,273,163	1,335,165

- Of the nearly 1,335,000 total specialty care encounters reported in 2015, 48% occurred among those privately insured, 32% among the Medicare population, 16% among the Medicaid population and 4% among the uninsured.
- Uninsured specialty care encounters decreased by 8% over the past year, while Medicaid, private and Medicare specialty care encounters increased by 8%, 6% and 3%, respectively, over the past year.

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.

## Specialty Care Encounters by Payor Category and Organization, 2015

	Washington University	SLUCare	BJH Specialty Clinics	Mercy JFK Clinic
■ Private	420,165	211,799	3,954	2
■ Medicare	274,099	145,405	5,426	521
■ Medicaid	83,469	120,927	12,518	634
■ Uninsured	18,912	30,051	5,748	1,535
Total	796,645	508,182	27,646	2,692

Medicaid and uninsured encounters at BJH Specialty Clinics and Mercy JFK Clinic account for at least 60% of their total specialty care encounters in 2015.

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 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.

Uninsured specialty care encounters declined by 8% over the past year.

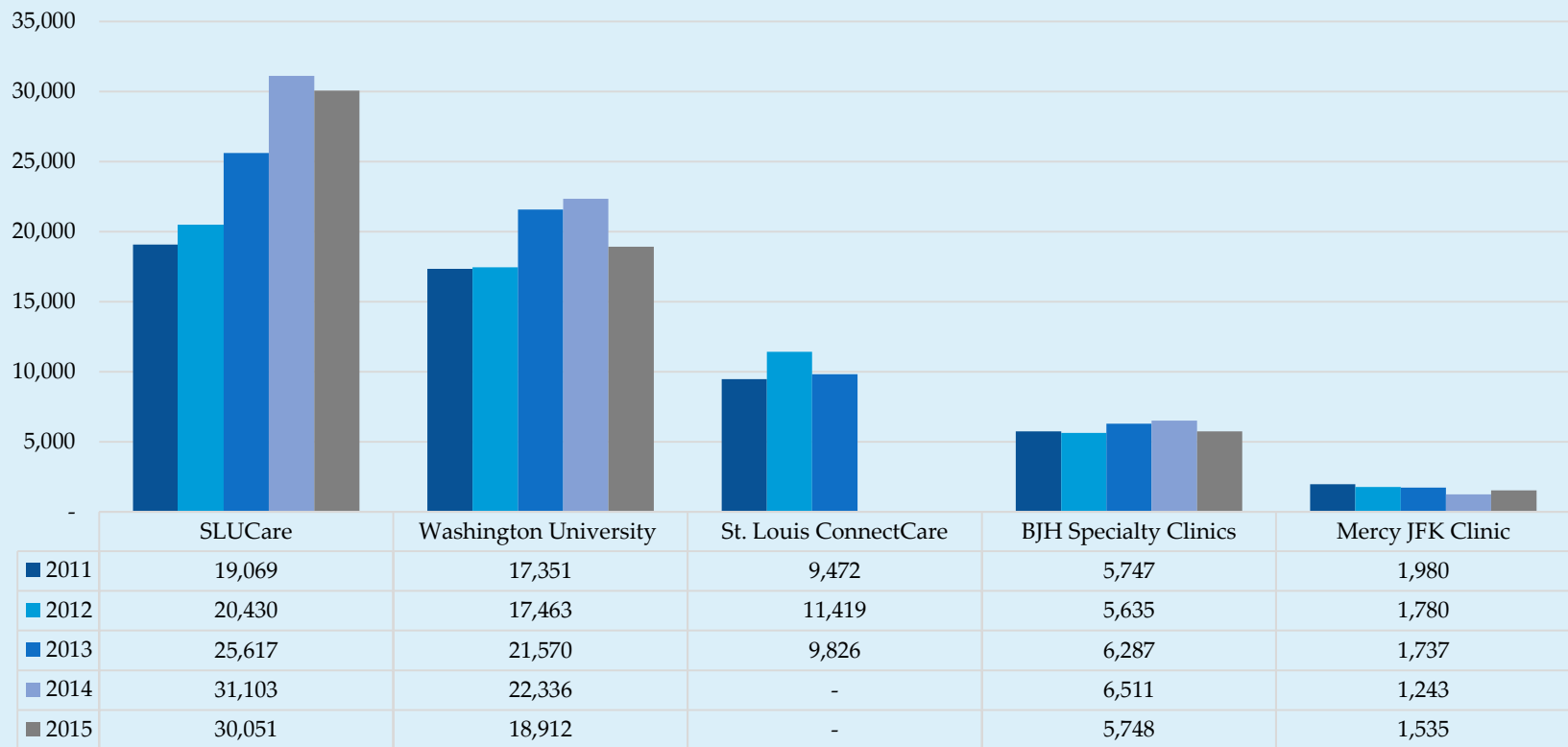## Uninsured Specialty Care Encounters, 2011 - 2015
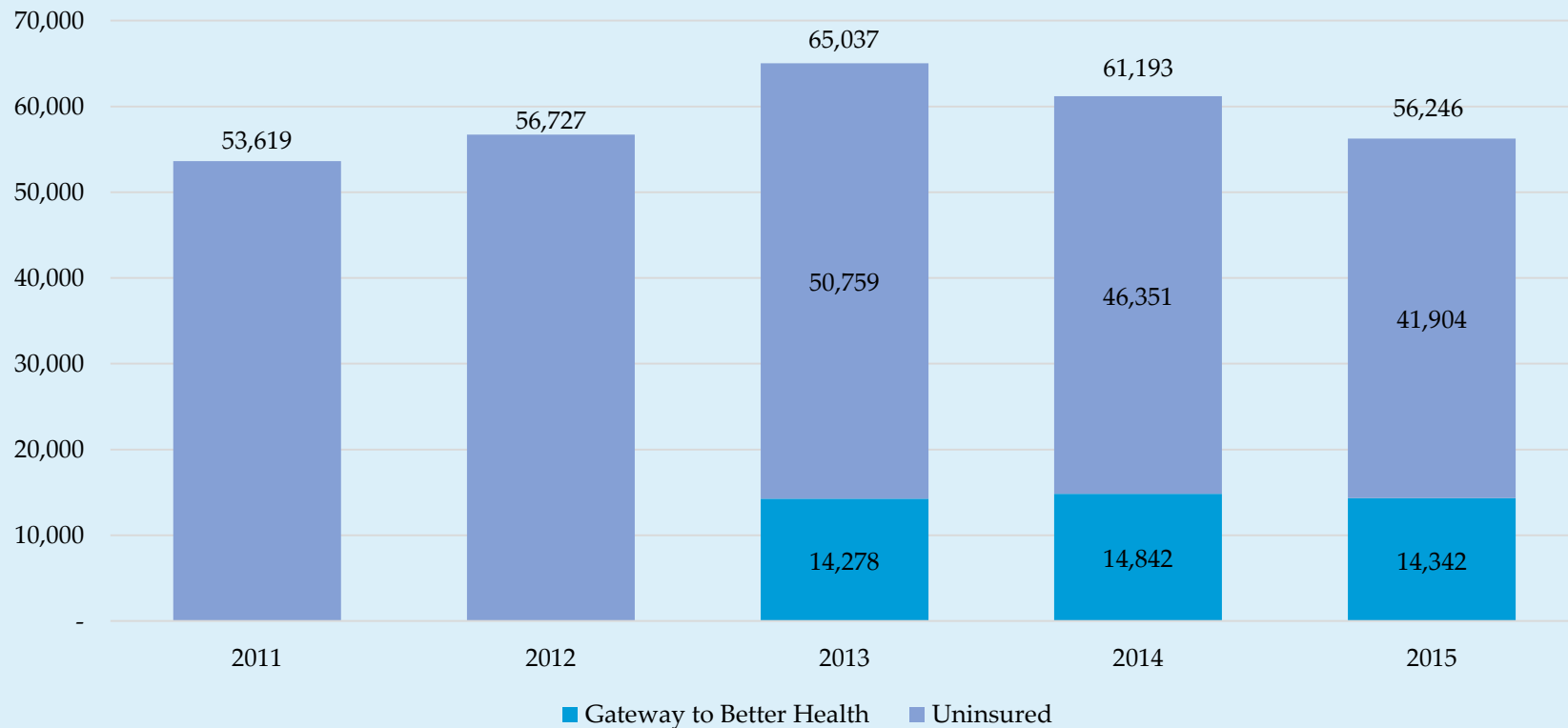
- Uninsured specialty care encounters have increased by nearly 5% since 2011.
- Gateway to Better Health specialty care encounters have remained relatively stable since 2013.

Note: In 2015, the uninsured rate in St. Louis City and County decreased by 24%. 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). This reduction in eligibility likely impacted the decline in Gateway encounters found in 2014 as compared to previous years. St. Louis ConnectCare ceased operations in late 2013.

Uninsured specialty care encounters decreased by more than 10% over the past year at two safety net organizations.

## Uninsured Specialty Care Encounters by Organization, 2011 - 2015

	SLUCare	Washington University	St. Louis ConnectCare	BJH Specialty Clinics	Mercy JFK Clinic
■ 2011	19,069	17,351	9,472	5,747	1,980
■ 2012	20,430	17,463	11,419	5,635	1,780
■ 2013	25,617	21,570	9,826	6,287	1,737
■ 2014	31,103	22,336	-	6,511	1,243
■ 2015	30,051	18,912	-	5,748	1,535

- Uninsured specialty care encounters at Washington University and BJH Specialty Clinics declined by 15% and 12%, respectively.
- Uninsured specialty care encounters increased at Mercy by 23% over the past year.

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. St. Louis ConnectCare ceased operations in late 2013. 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 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.

Medicaid specialty care encounters have increased by 8% over the past year.

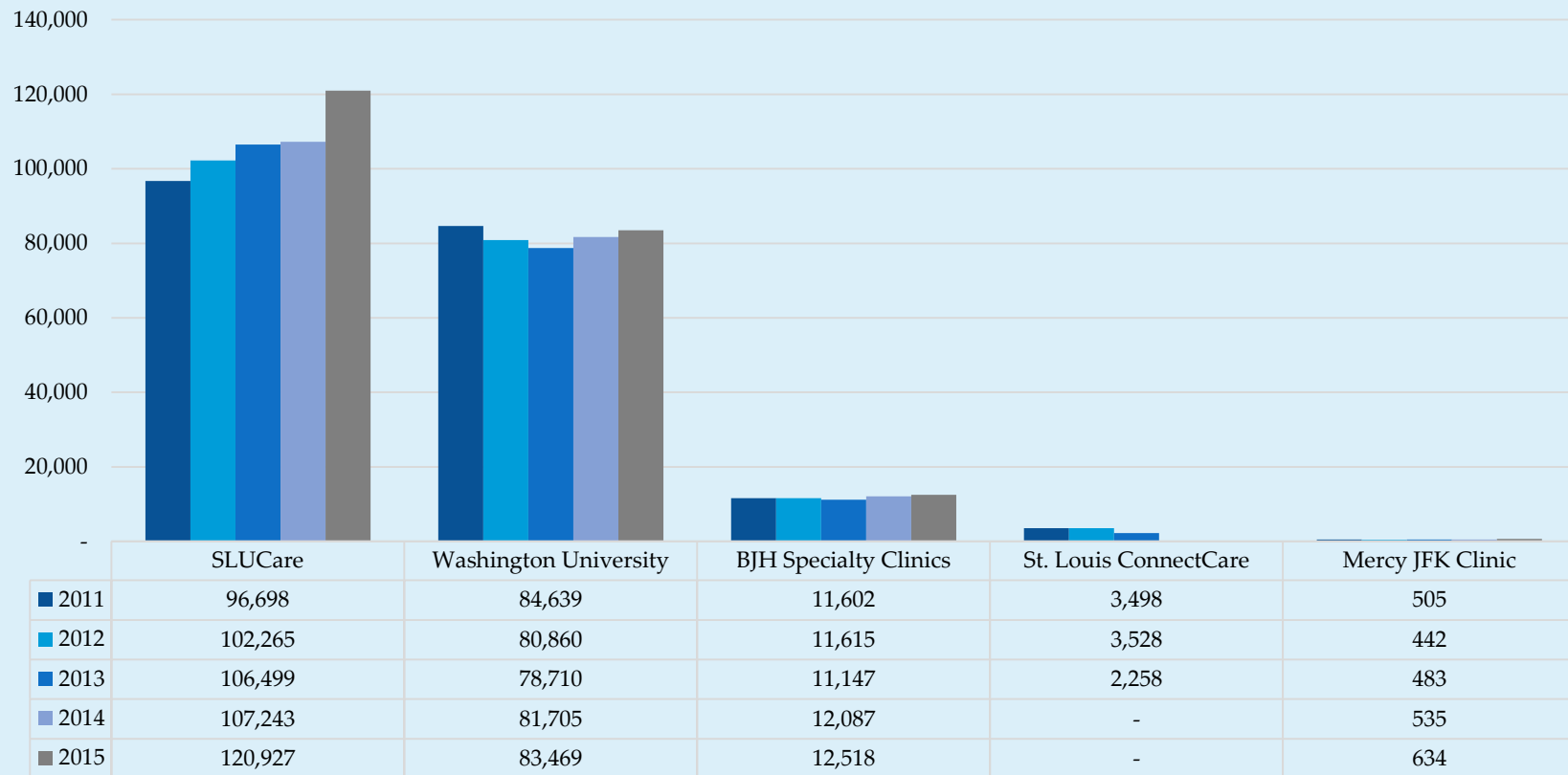## Medicaid Specialty Care Enounters, 2011 - 2015
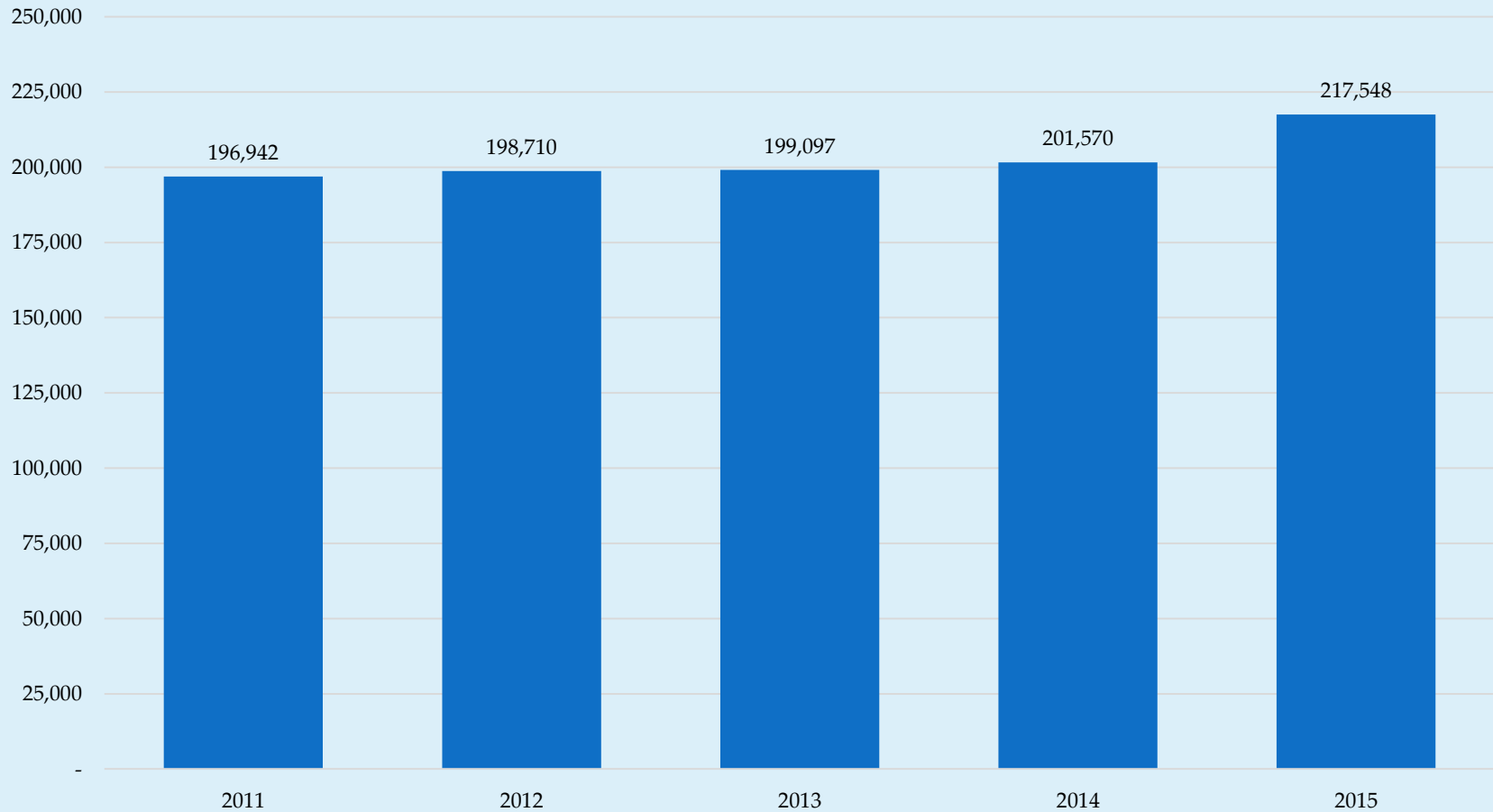
- Medicaid specialty care encounters remained relatively stable from 2011-2014, but increased by 8% in 2015.
- Over the past five years, Medicaid specialty care encounters have increased by 10%.

Note: The number of individuals enrolled in MO HealthNet from St. Louis City and County increased by 12% in 2015.

Medicaid specialty care encounters increased across all safety net organizations over the past year.

Medicaid Specialty Care Encounters by Organization, 2011 - 2015

	SLUCare	Washington University	BJH Specialty Clinics	St. Louis ConnectCare	Mercy JFK Clinic
2011	96,698	84,639	11,602	3,498	505
2012	102,265	80,860	11,615	3,528	442
2013	106,499	78,710	11,147	2,258	483
2014	107,243	81,705	12,087	-	535
2015	120,927	83,469	12,518	-	634

Specialty care encounters among the Medicaid population increased significantly at two safety net organizations: Mercy JFK Clinic (19%) and SLUCare (13%).

Note: St. Louis ConnectCare ceased operations in late 2013. 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 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.

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

Specialty	Days Until Next Available Appointment			
	New Average	New Range	*Return Average*	Return Range
Cardiology	22	8-26	26	-
Dermatology	35	11-71	18	*11-26*
Endocrinology	**51**	**26-95**	**27**	-
Ear, Nose, Throat	17	5-20	10	*5-16*
Gastroenterology	**36**	**11-71**	**50**	-
Gynecology Only	16	3-28	13	*3-23*
Gynecology/Obstetrics	19	2-28	13	*3-23*
Obstetrics Only	10	2-17	3	-
Hematology	13	4-27	8	-
Hepatology	**71**	**-**	**50**	**-**
Infectious Disease	22	4-62	43	-
Mental Health	20	3-43	10	*7-20*
Nephrology	30	21-43	32	-
Neurology	28	13-49	20	*1-39*
Neurosurgery	13	0-20	10	-
Oncology	8	4-14	8	-
Ophthalmology	31	14-60	14	-
Orthopedics	13	5-28	22	*15-28*
Pain Management	24	10-38	-	-
Physical Therapy	16	-	-	-
Podiatry	20	-	10	-
Pulmonology	30	4-67	30	*15-45*
Rheumatology	**61**	**12-98**	**73**	**56-90**
General Surgery	12	4-25	6	*4-10*
Urology	**35**	**10-85**	**74**	**-**

For new patients, the top four specialties with the longest wait times are hepatology, rheumatology, endocrinology and gastroenterology. For returning patients, the top four specialties with the longest wait times are urology, rheumatology, hepatology and gastroenterology.

Note: The number of organizations who provided responses is different for each specialty based on availability. Averages were calculated using only the provided wait times for each specialty, individually. The providers from which this data was collected from are BJH Specialty Clinics, Mercy JFK Clinic, SSM Cardinal Glennon Subspecialists, SLUCare and Washington University.

Approximately 14,300 specialty care encounters were provided to Gateway to Better Health patients in 2015, comprising 25% of all uninsured specialty care safety net encounters.

Specialty Care Safety Net Encounters, 2015

■ Gateway to Better Health	■ Uninsured
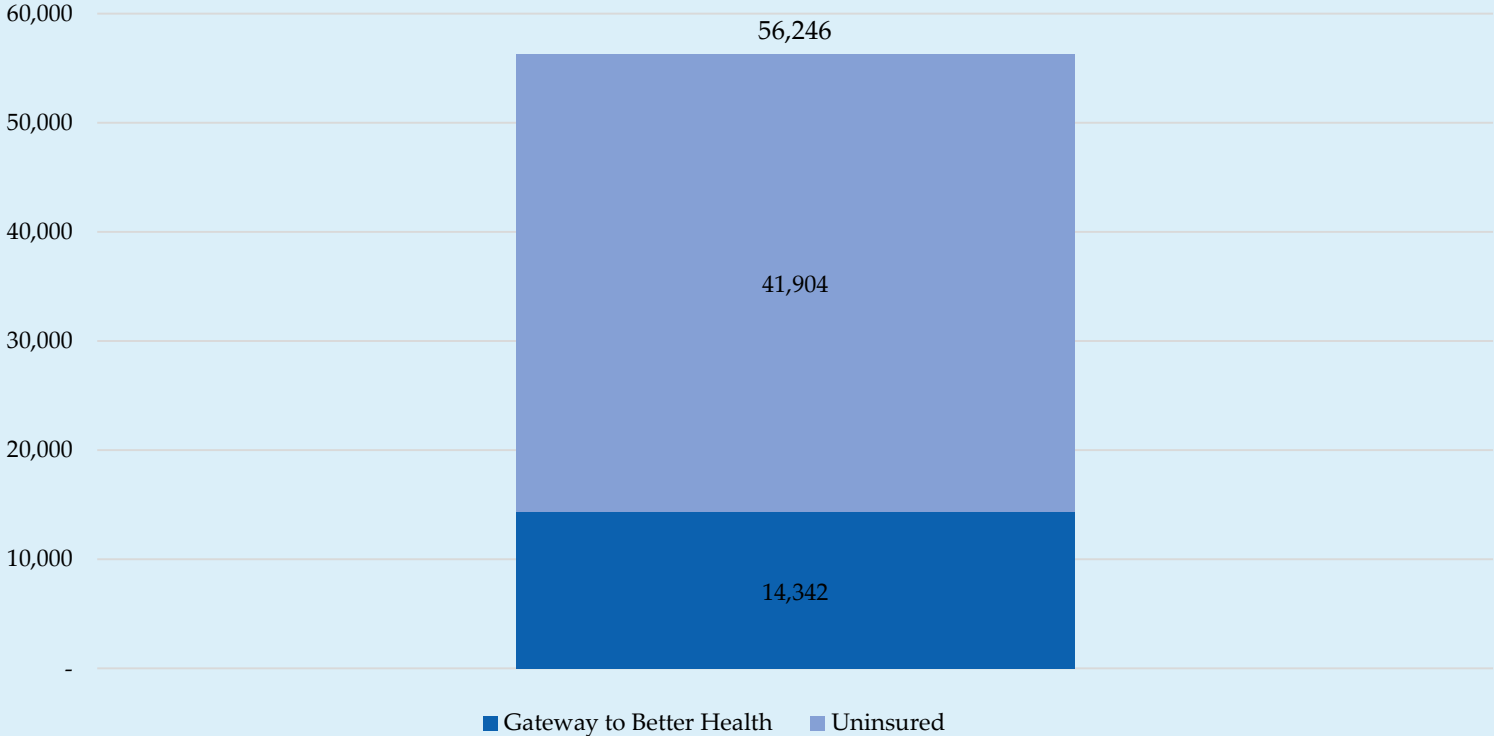
Based on Gateway claims data, Washington University and SLUCare are the main specialty care providers for Gateway to Better Health patients. Volumes of services to Gateway to Better Health patients are roughly equivalent between the two major specialty care providers.

Note: An additional 10,600+ diagnostic and other outpatient services were provided to Gateway to Better Health patients in 2015, which are not included in the chart above.

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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 2016 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 RHC 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

■ The total number of behavioral health users served by behavioral health safety net providers remained stable as compared to 2014 (page 71).

■ 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 72).

■ Newly admitted users served at behavioral health safety net providers increased by 7% (nearly 500 additional users) in 2015 as compared to 2014 (page 73).

■ Behavioral health encounters at safety net primary care providers have increased by 22% over the past five years, but have remained stable from 2014 to 2015 (page 79).

■ Emergency department encounters with behavioral health diagnoses (primary and secondary) have increased by 11% over the past year and account for 32% of all emergency department encounters in 2015. The top primary and secondary behavioral health diagnoses were for tobacco use, mood disorders and anxiety disorders. However, when looking at primary diagnoses only, mood disorders, schizophrenia/delusional disorders, and alcohol use disorders are the top behavioral health diagnoses (pages 81, 82 and 83).

■ While acute psychiatric encounters remained stable overall in 2015 (page 86), inpatient psychiatric staffed bed capacity decreased by 5% (33 beds) in 2015, as compared to 2014. Much of this decline (a net loss of 29 beds) took place in St. Louis County, subsequent to the Christian Hospital inpatient psychiatric service closure (page 84).

Behavioral health safety net community mental health providers[+] served 29,806 users in 2015.

Behavioral Health Users Served, 2014 - 2015

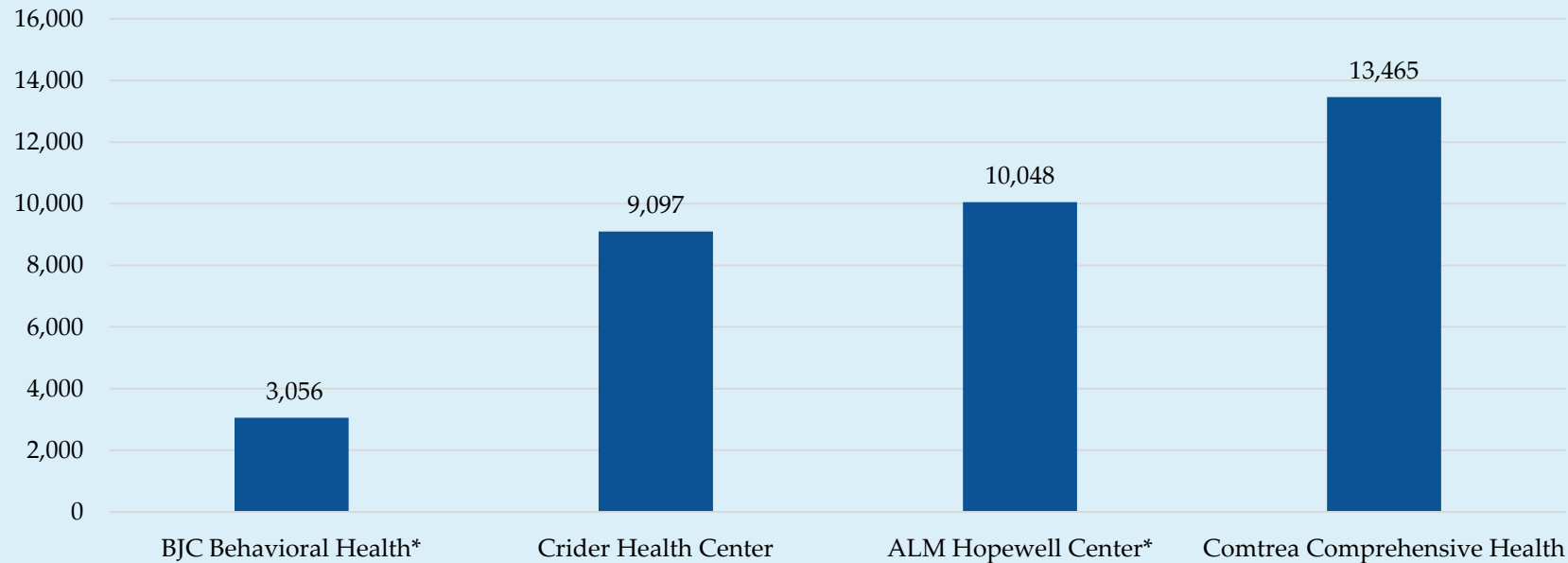Legend: ■ Total Users Served, 2014   ■ Total Users Served, 2015
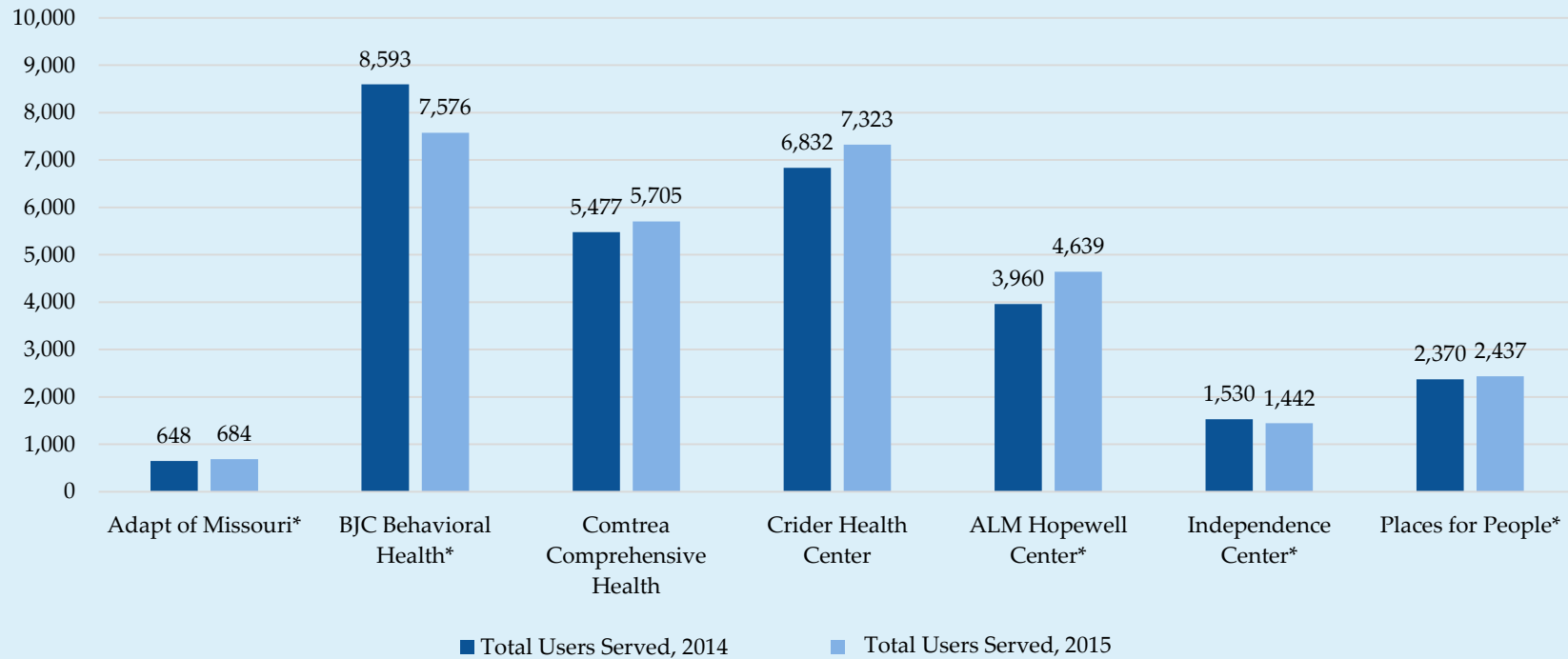
- Behavioral health users served remained stable in 2015, as compared to the 29,410 users served in 2014.

- BJC Behavioral Health and Independence Center saw a decrease in number of users served (12% and 6%, respectively), while users served at all other community mental health centers either increased or 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 adult services. Users are unduplicated within the agency, though they may be duplicated if served by more than one agency within 2015. Data does not include substance use treatment-only providers within the region.

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

Missouri Department of Mental Health's 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.

Behavioral Health Users Served in 2015, per 100,000 service area residents below 150% of the Federal Poverty Line (FPL)

| Agency	Value
BJC Behavioral Health*	3,056
Crider Health Center	9,097
ALM Hopewell Center*	10,048
Comtrea Comprehensive Health	13,465

- In addition to being served by DMH administrative agents BJC Behavioral Health and ALM Hopewell, a portion of St. Louis City and County users are served by affiliate agencies (Adapt of Missouri, Independence Center and Places for People).
- When combining service at both administrative and affiliate agencies, the rate of St. Louis City and County residents served in 2015 was 5,706 patients per 100,000 residents below 150% of the FPL.

Note: Behavioral health users served are reported per 100,000 residents below 150% FPL based on Department of Mental Health designated service areas for each community mental health provider. Population counts are sourced from the 2015 American Community Survey. BJC Behavioral Health serves St. Louis County and portions of St. Louis City. ALM Hopewell Center serves portions of St. Louis City. BJC Behavioral Health's estimated service area is about 248,000 residents, while ALM Hopewell's estimated service area is about 46,000 residents. Comtrea Comprehensive Health serves Jefferson County (42,000 residents), while Crider Health Center serves the counties of Franklin, Lincoln, Warren and St. Charles (80,500 residents). 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.

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

Behavioral health safety net community mental health providers newly admitted 7,403 users in 2015.

Behavioral Health Newly Admitted Users Served, 2014 - 2015

	Adapt of Missouri*	BJC Behavioral Health*	Comtrea Comprehensive Health	Crider Health Center	ALM Hopewell Center*	Independence Center*	Places for People*
Newly Admitted Users Served, 2014	164	1,578	1,804	1,673	557	403	751
Newly Admitted Users Served, 2015	102	1,367	2,470	1,683	817	314	650

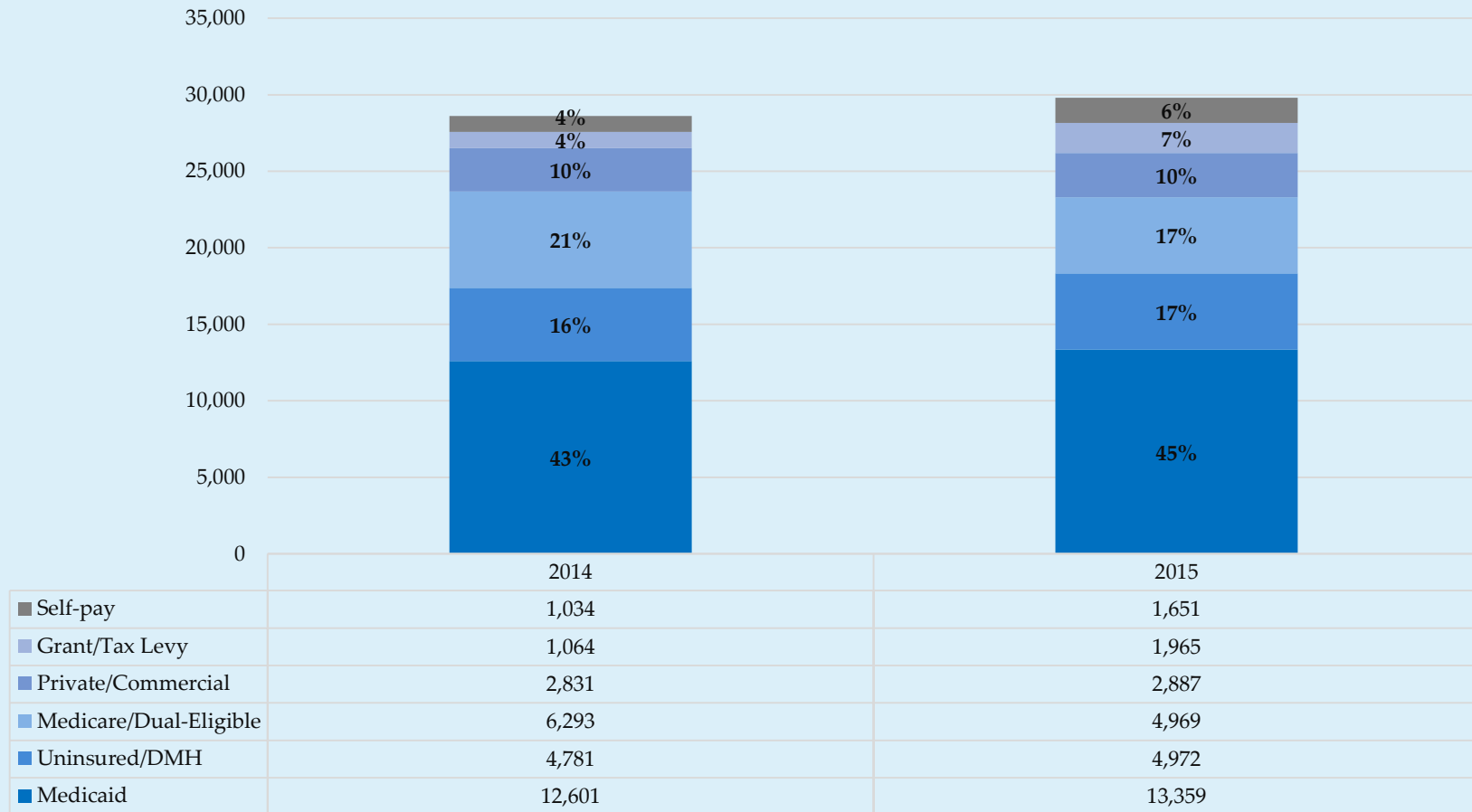■ Newly Admitted Users Served, 2014   ■ Newly Admitted Users Served, 2015
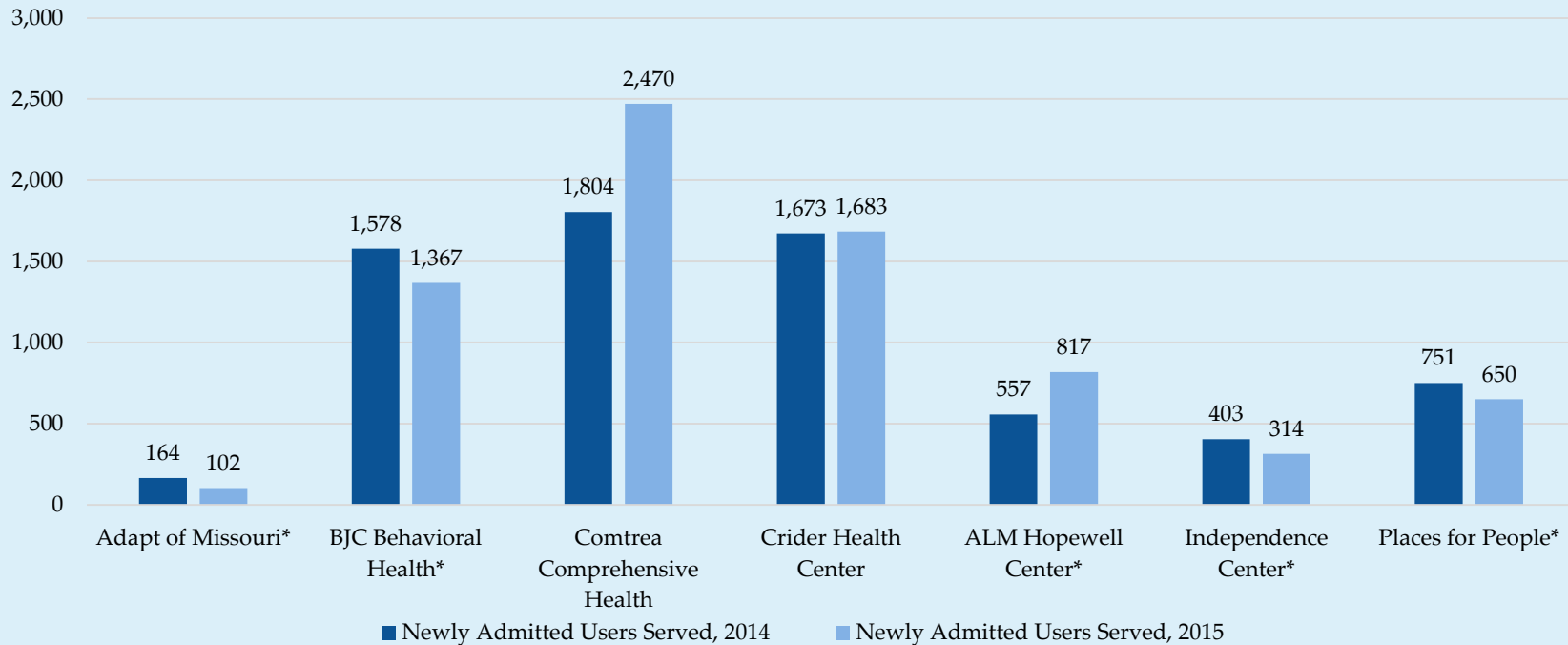
- Newly admitted users served at behavioral health safety net agencies increased by 7% (nearly 500 additional users) in 2015 as compared to the 6,930 new users served in 2014.

- Newly admitted users served accounted for 25% of overall users served in 2015.

- Newly admitted users decreased slightly at Adapt of Missouri, BJC Behavioral Health, Independence Center and Places for People, while newly admitted users at all other community mental health centers either increased or remained stable.

Note: Behavioral health safety net community mental health providers include Department of Mental Health designated administrative agents (community mental health centers) and affiliate organizations providing comprehensive psychiatric services. Data does not include substance use treatment-only providers within the region. Newly admitted users may have previously received services prior to 2015 at a provider or may have been served by another provider during 2015, but must have a new episode of care in 2015 at a provider.

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

Community-based behavioral health users in the Eastern Region predominately had primary coverage through Medicaid or were uninsured with care primarily funded through the MO Department of Mental Health (DMH).

Behavioral Health Users by Primary Payor Category, 2014 - 2015

	2014	2015
■ Self-pay	1,034	1,651
■ Grant/Tax Levy	1,064	1,965
■ Private/Commercial	2,831	2,887
■ Medicare/Dual-Eligible	6,293	4,969
■ Uninsured/DMH	4,781	4,972
■ Medicaid	12,601	13,359

In 2015, the percentage of users served by community mental health centers increased in the Medicaid, Uninsured, Grant/Tax Levy, and Self-pay payor source categories, while the percentage being served through Medicare/Dual-Eligibility and Private/Commercial insurance payor sources declined and remained stable, respectively.

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.
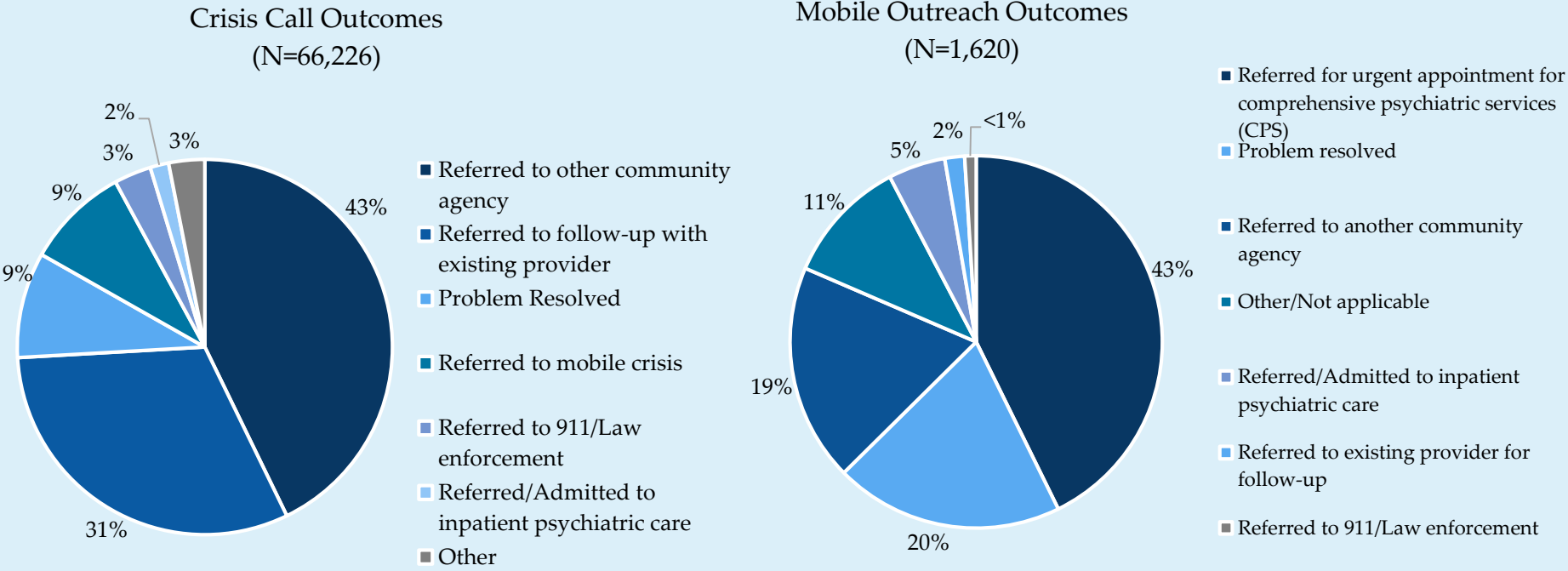
Organization	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Adapt of Missouri*	7:00am-5:00pm	7:00am-5:00pm	7:00am-5:00pm	7:00am-5:00pm	7:00am-5:00pm	Closed	Closed
BJC Behavioral Health*	8:00am-5:00pm	8:00am-6:00pm	8:00am-5:00pm	8:00am-5:00pm	8:00am-5:00pm	Closed	Closed
Comtrea Comprehensive Health Center	8:30am-7:30pm	8:30am-7:30pm	8:30am-7:30pm	8:30am-7:30pm	8:30am-5:00pm	Closed	Closed
Crider Health Center	8:00am-5:00pm	8:00am-5:00pm	8:00am-7:00pm	8:00am-5:00pm	8:00am-5:00pm	Closed	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-3:00pm	Closed
Places For People*+	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm	8:00am-4:30pm

- In addition to standard hours of operation, many providers have specialty services such as group programming on evenings or weekends, or evidence-based treatments (e.g. Assertive Community Treatment) or supported housing models that provide support after hours or 24/7.

- In 2015, 5 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 an expansion from the 4 providers who employed this method in 2014.

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

Behavioral Health Response (BHR) Access Crisis Intervention hotline received 66,226 crisis calls—a decline of 5% as compared to the 69,797 calls in 2014. BHR provided in-person crisis intervention through mobile outreach to 1,620 users— an increase of 3% from the 1,573 served in 2014. Resolution outcomes vary by service type.

Crisis Call Outcomes (N=66,226)

Legend:
- Referred to other community agency — 43%
- Referred to follow-up with existing provider — 31%
- Problem Resolved — 9%
- Referred to mobile crisis — 9%
- Referred to 911/Law enforcement — 3%
- Referred/Admitted to inpatient psychiatric care — 2%
- Other — 3%

Mobile Outreach Outcomes (N=1,620)

Legend:
- Referred for urgent appointment for comprehensive psychiatric services (CPS) — 43%
- Problem resolved — 20%
- Referred to another community agency — 19%
- Other/Not applicable — 11%
- Referred/Admitted to inpatient psychiatric care — 5%
- Referred to existing provider for follow-up — 2%
- Referred to 911/Law enforcement — <1%

- 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. The majority of these calls resulted in referral to community-based services.

- BHR connected 697 individuals (43% of those receiving mobile outreach) with urgent appointments (within two business days) with providers of community-based comprehensive psychiatric 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 served 10,447 treatment users in 2015.

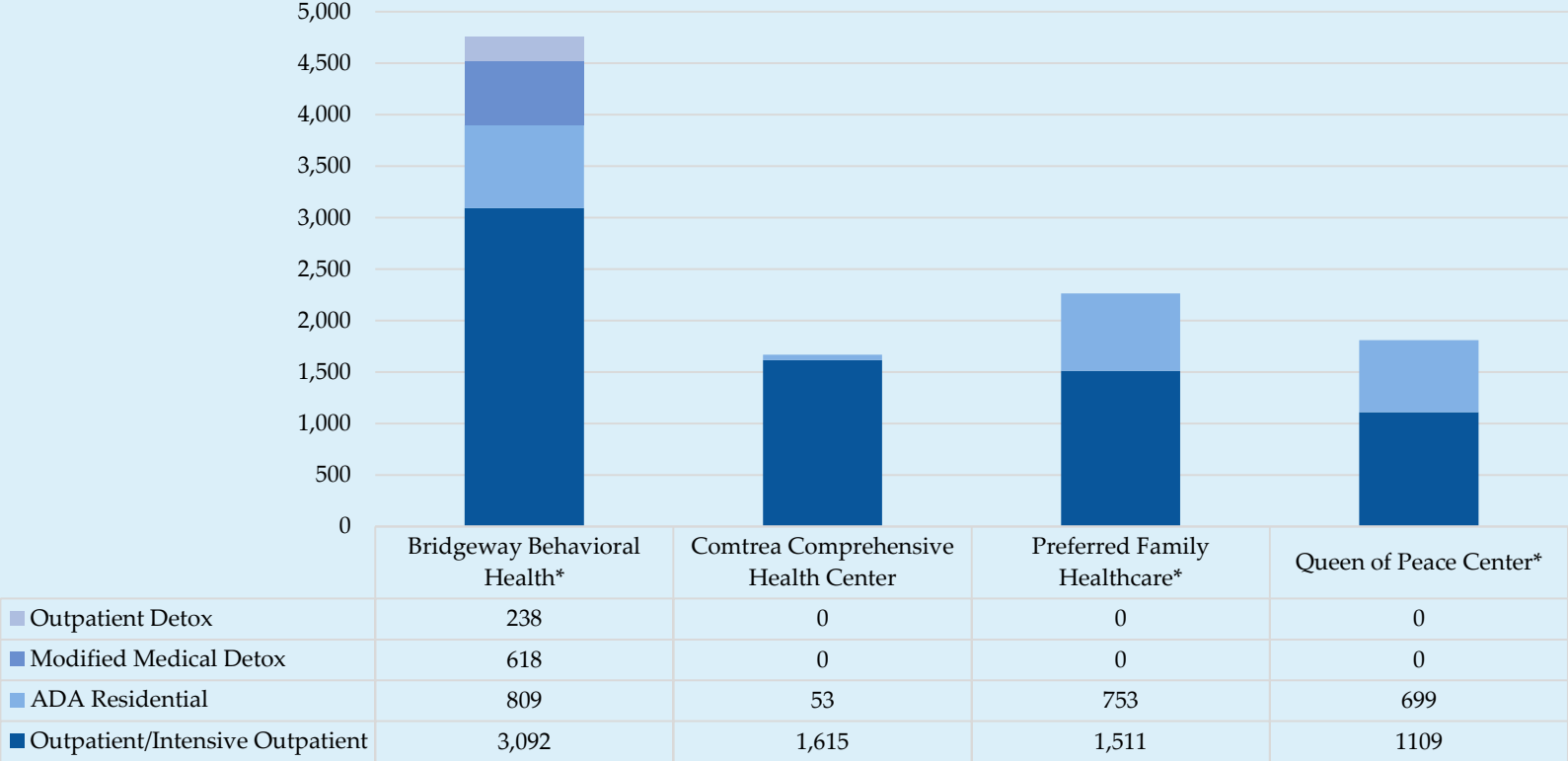## Substance Use Treatment Users, 2014 - 2015
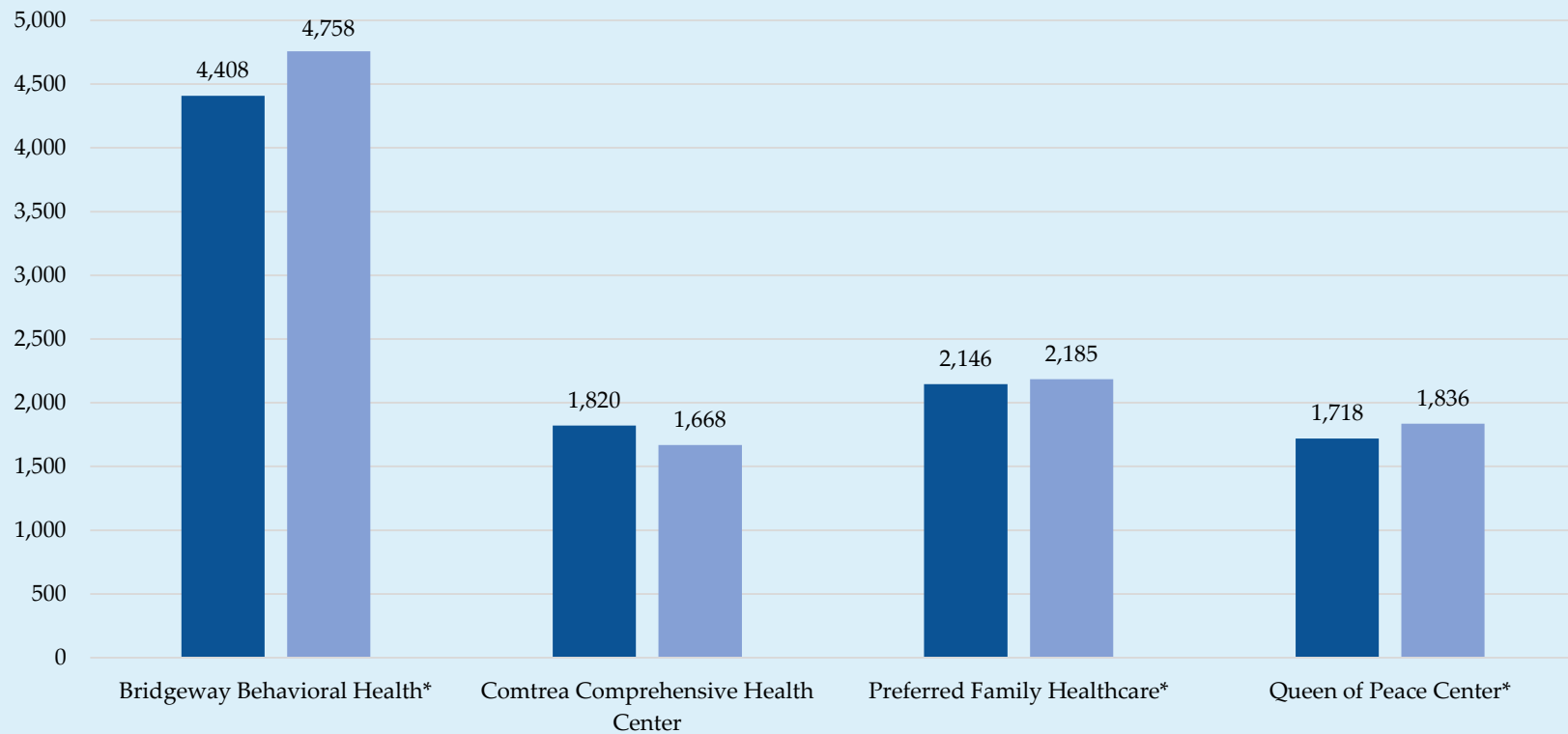
- Substance use treatment users admissions remained stable in 2015, as compared to the 10,092 users served in 2014.
- Service mix varies by substance use treatment provider. Bridgeway Behavioral Health provides detox, residential and outpatient services. Comtrea Comprehensive Health, Preferred Family Healthcare and Queen of Peace Center provide outpatient and residential services.

Note: Only services delivered by the four largest state-funded substance use treatment providers with the widest array of services for the general population within the Eastern Region are listed. Bridgeway Behavioral Health and Preferred Family Healthcare are reflected separately for 2015 and merged on January 1, 2016.

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

Service mix varies by substance use treatment provider. Detox and residential user volumes reflect that state-funded substance use treatment capacity is limited.

Substance Use Treatment Users by Service Category, 2015

|	Bridgeway Behavioral Health*	Comtrea Comprehensive Health Center	Preferred Family Healthcare*	Queen of Peace Center*
Outpatient Detox	238	0	0	0
Modified Medical Detox	618	0	0	0
ADA Residential	809	53	753	699
Outpatient/Intensive Outpatient	3,092	1,615	1,511	1109

- Bridgeway Behavioral Health is the only state-funded modified medical detox provider in the Eastern Region of Missouri, serving over 600 admissions with 16 dedicated detox beds.
- Additionally, medical detox is privately available at only three hospitals in the region—BJC's Christian Hospital, SSM Health's DePaul Hospital and St. Clare Hospital.

Note: Only services delivered by the four largest state-funded substance use treatment providers with the widest array of services for the general population within the Eastern Region are listed.

Behavioral health encounters at safety net primary care providers have increased by 22% since 2011.
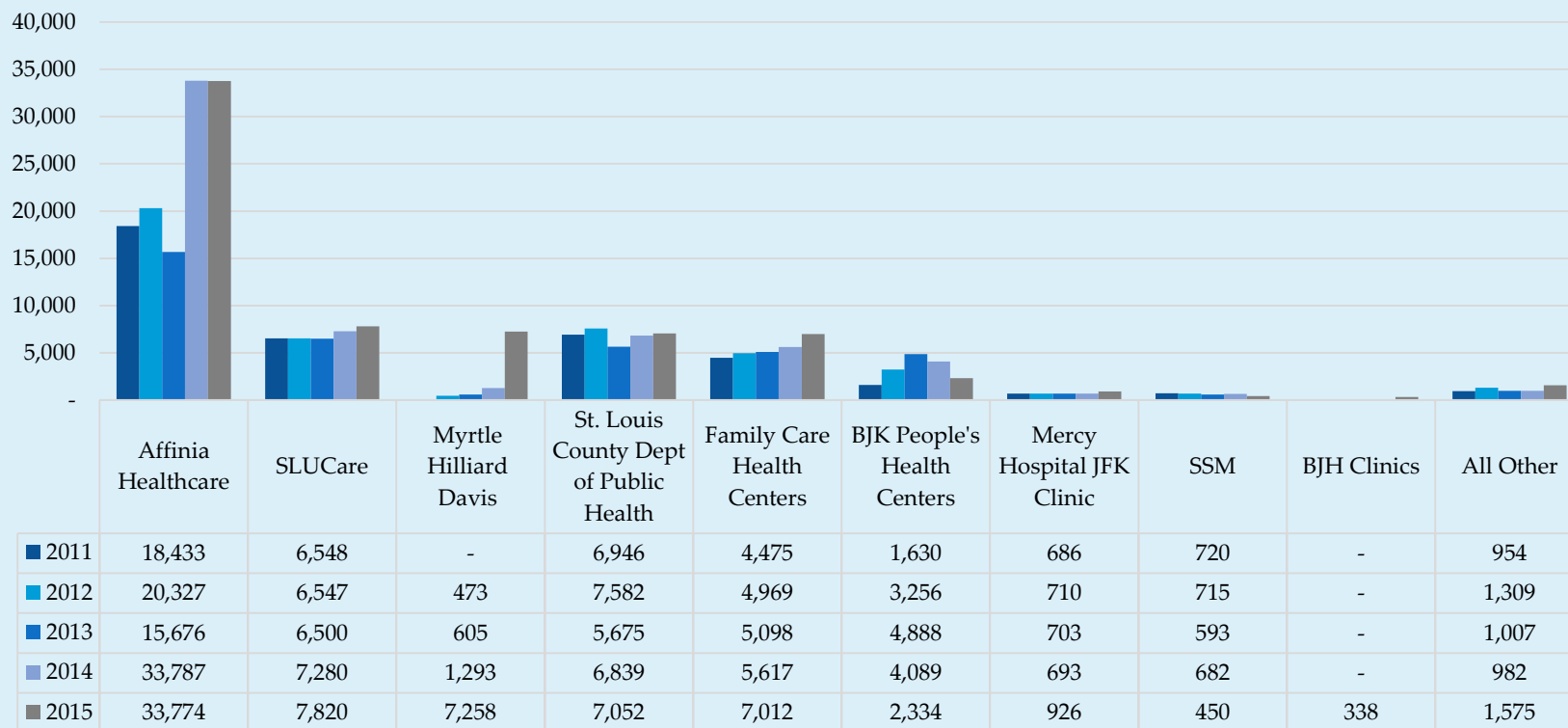
Primary Care Behavioral Health Encounters, 2011 - 2015
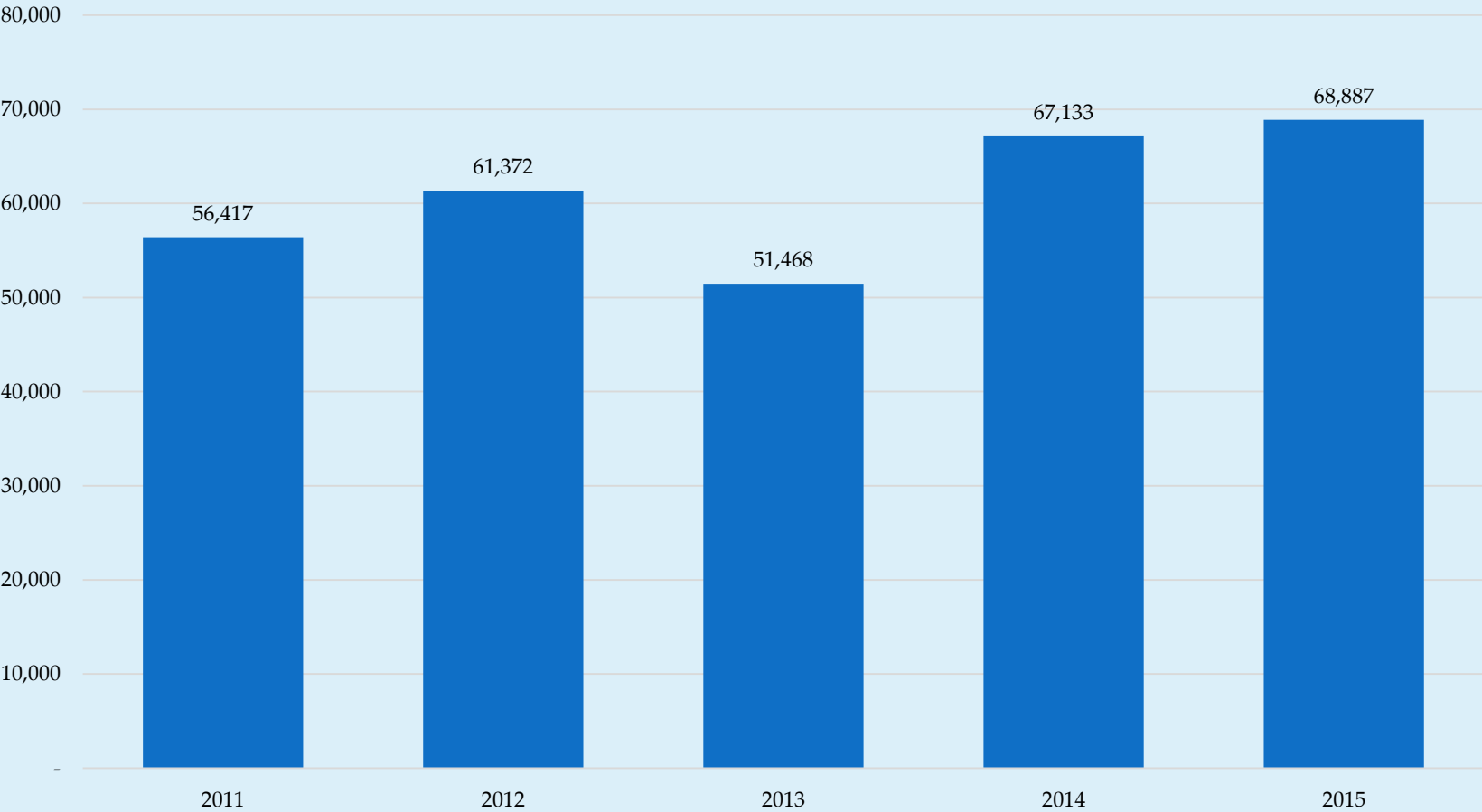
Behavioral health encounters at safety net primary care providers remained relatively stable over the past year.

Behavioral health encounters have increased at three safety net primary care organizations providing behavioral health services.

Primary Care Behavioral Health Encounters by Organization, 2011 - 2015

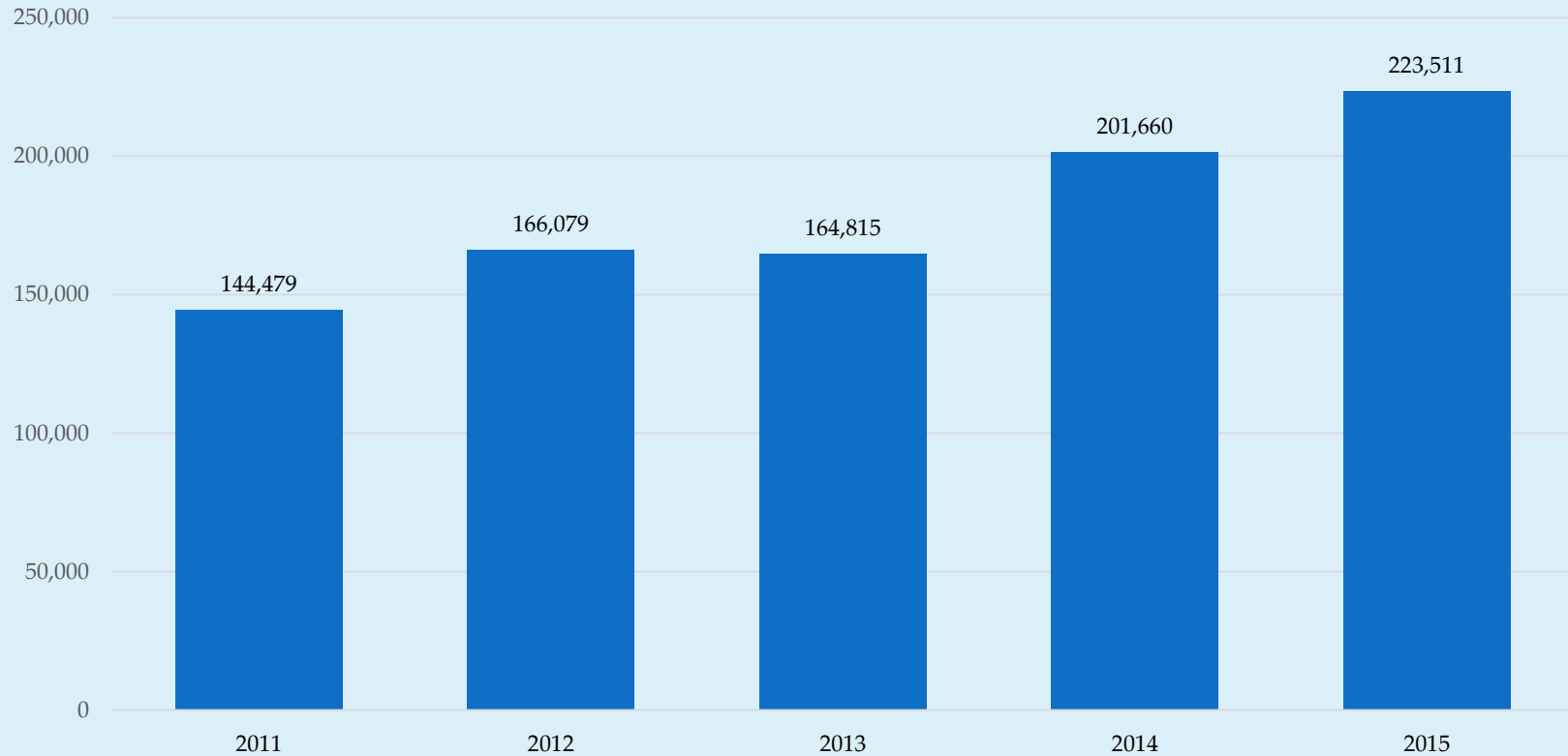|	Affinia Healthcare	SLUCare	Myrtle Hilliard Davis	St. Louis County Dept of Public Health	Family Care Health Centers	BJK People's Health Centers	Mercy Hospital JFK Clinic	SSM	BJH Clinics	All Other
■ 2011	18,433	6,548	-	6,946	4,475	1,630	686	720	-	954
■ 2012	20,327	6,547	473	7,582	4,969	3,256	710	715	-	1,309
■ 2013	15,676	6,500	605	5,675	5,098	4,888	703	593	-	1,007
■ 2014	33,787	7,280	1,293	6,839	5,617	4,089	693	682	-	982
■ 2015	33,774	7,820	7,258	7,052	7,012	2,334	926	450	338	1,575

- The three primary care organizations with increases in behavioral health encounters over the past year include: Myrtle Hilliard Davis (461%), Mercy JFK Clinic (34%) and Family Care (25%).
- Behavioral health encounters decreased at BJK People's and SSM by 43% and 34%, respectively, over the past year.

Note: "All Other" category includes The SPOT and St. Luke's Pediatric Care Center. Encounters above represent behavioral health services provided at St. Louis County DPH clinics, as well as services provided through their contracted provider, Family Mental Health Collaborative. Affinia contracts with the Salvation Army to provide substance abuse services. In 2014, their model changed to provide more group sessions which in turn increased capacity for behavioral health services. Myrtle Hilliard Davis increased capacity for behavioral health services in 2014 and 2015 by hiring licensed clinical social workers. 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. BJK People's provides additional behavioral health counseling services that are not included in the data above because patients are not billed for those services.

Emergency department encounters with behavioral health diagnoses have increased by 11% over the past year and account for 32% of total emergency department encounters in 2015.

Emergency Care Encounters with Behavioral Health* as Primary or Secondary Diagnosis, 2011 - 2015
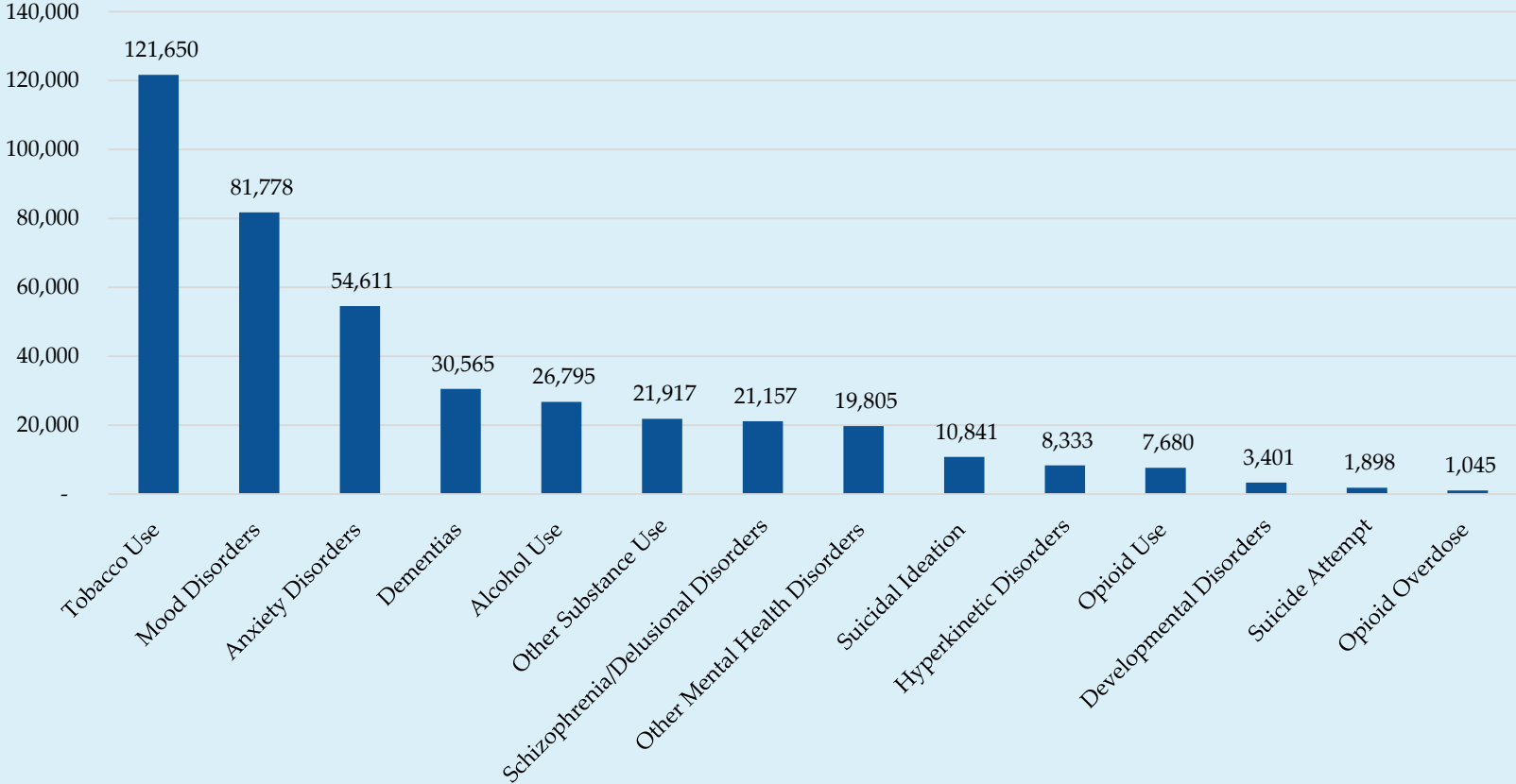

Behavioral health emergency department encounters have increased by 55% over the past five years.

Note: ICD coding for behavioral health diagnoses within emergency departments has also improved over time and may contribute to some of the increase in behavioral health emergency department encounters seen above.

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

Behavioral health diagnoses account for more than 410,000 primary and secondary diagnoses for emergency department encounters in 2015.

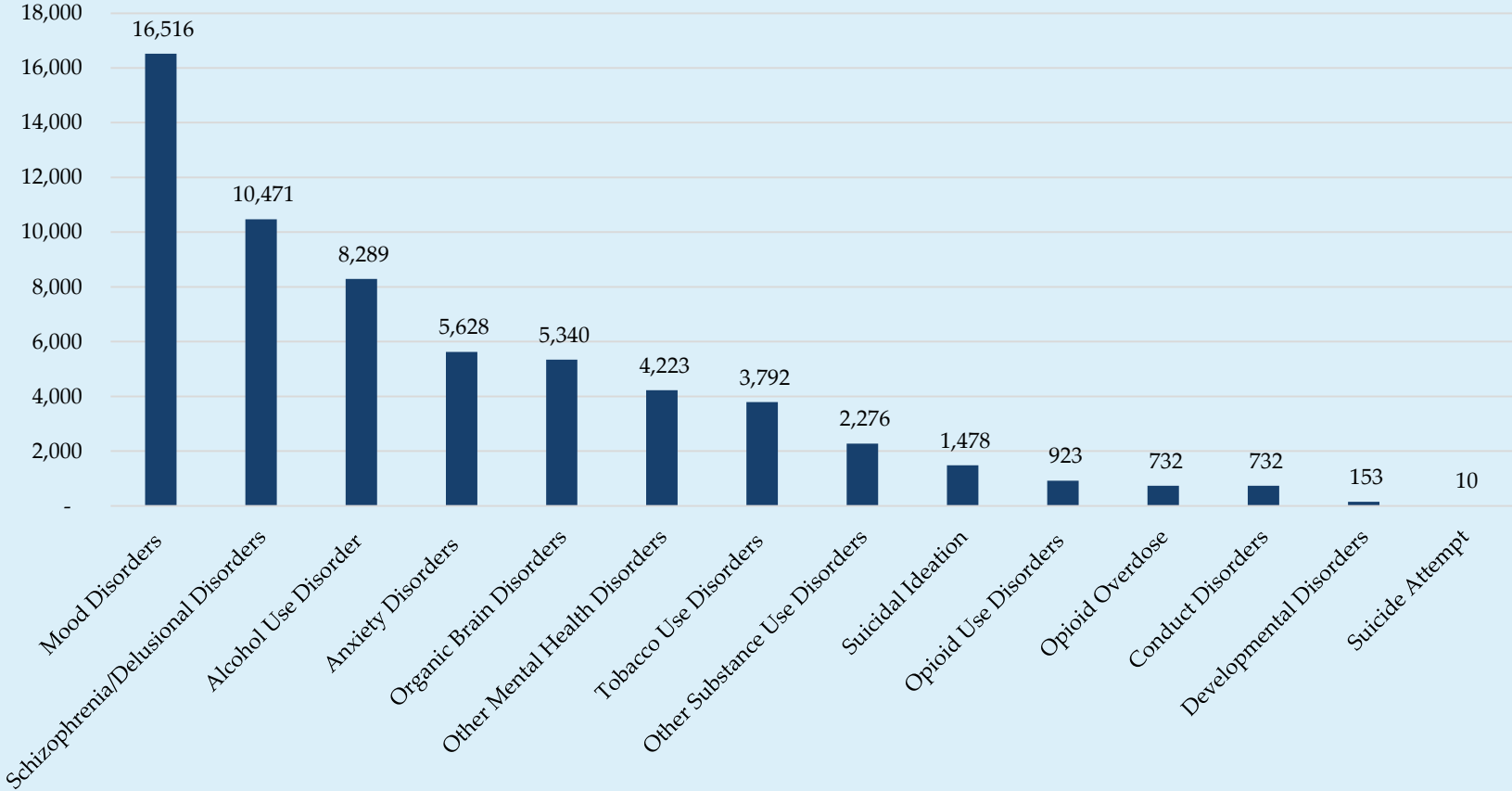## Primary and Secondary Behavioral Health Diagnoses for Emergency Department Encounters, 2015

Tobacco use, mood and anxiety disorders make up 63% of all primary and secondary emergency department behavioral health diagnoses in 2015.

Note: Duplication across emergency department encounters does exist to account for both the primary and secondary diagnoses on each encounter.

Behavioral health diagnoses account for more than 60,500 primary diagnoses for emergency department encounters in 2015.
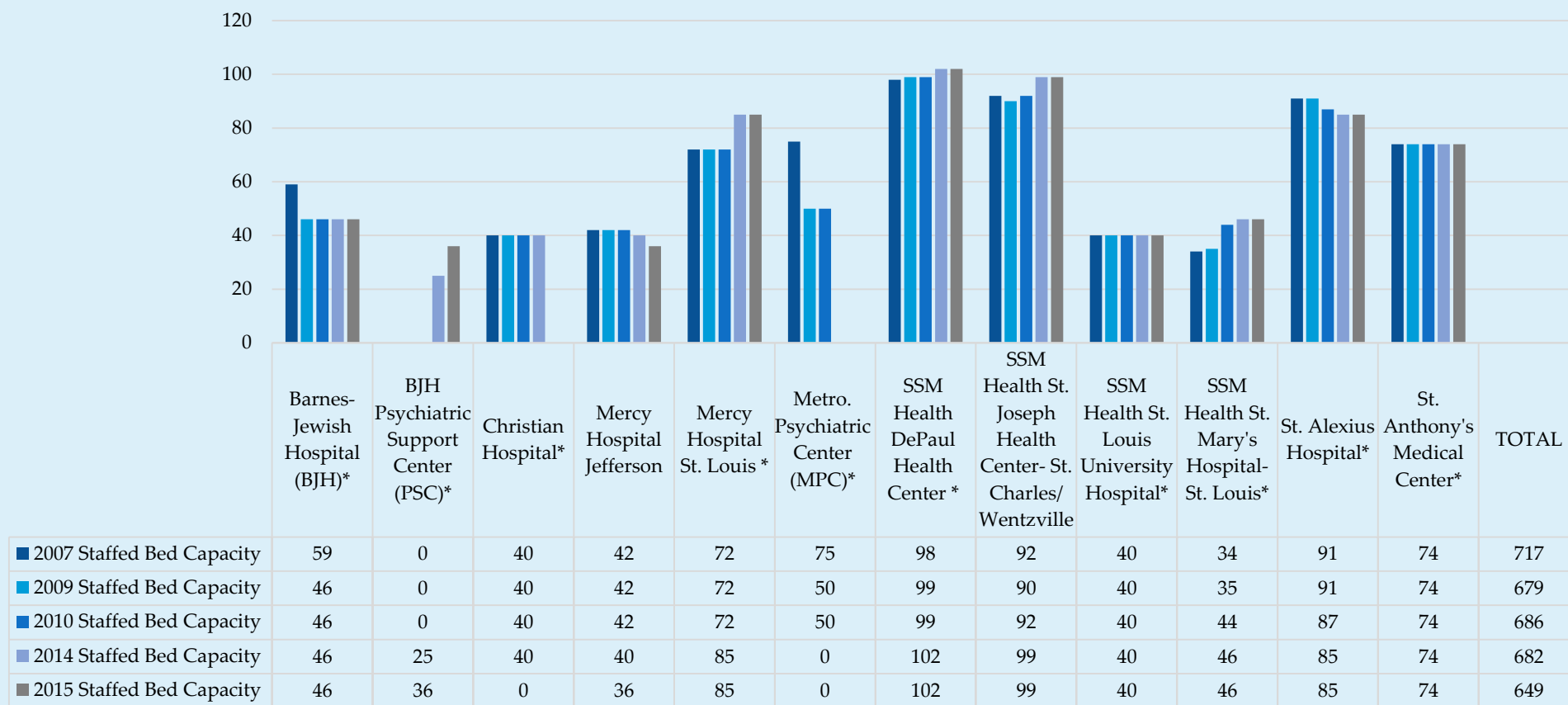
Primary Behavioral Health Diagnoses for Emergency Department Encounters, 2015

Diagnosis	Count
Mood Disorders	16,516
Schizophrenia/Delusional Disorders	10,471
Alcohol Use Disorder	8,289
Anxiety Disorders	5,628
Organic Brain Disorders	5,340
Other Mental Health Disorders	4,223
Tobacco Use Disorders	3,792
Other Substance Use Disorders	2,276
Suicidal Ideation	1,478
Opioid Use Disorders	923
Opioid Overdose	732
Conduct Disorders	732
Developmental Disorders	153
Suicide Attempt	10

Among primary diagnoses only, mood disorders (representing 27% of all behavioral health primary diagnoses), schizophrenia/delusional disorders (representing 17% of all behavioral health primary diagnoses) and alcohol use disorders (representing 14% of all behavioral health primary diagnoses) are the main behavioral health diagnoses presenting to St. Louis area emergency departments.

Between 2014 and 2015, inpatient behavioral health safety net hospital staffed bed capacity decreased by 33 beds, or 5% (from 682 to 649 total staffed beds). Inpatient staffed beds decreased by 10% as compared to 2007.

Staffed Inpatient Behavioral Health Beds, 2007 - 2015

	Barnes-Jewish Hospital (BJH)*	BJH Psychiatric Support Center (PSC)*	Christian Hospital*	Mercy Hospital Jefferson	Mercy Hospital St. Louis *	Metro. Psychiatric Center (MPC)*	SSM Health DePaul Health Center *	SSM Health St. Joseph Health Center- St. Charles/ Wentzville	SSM Health St. Louis University Hospital*	SSM Health St. Mary's Hospital-St. Louis*	St. Alexius Hospital*	St. Anthony's Medical Center*	TOTAL
2007 Staffed Bed Capacity	59	0	40	42	72	75	98	92	40	34	91	74	717
2009 Staffed Bed Capacity	46	0	40	42	72	50	99	90	40	35	91	74	679
2010 Staffed Bed Capacity	46	0	40	42	72	50	99	92	40	44	87	74	686
2014 Staffed Bed Capacity	46	25	40	40	85	0	102	99	40	46	85	74	682
2015 Staffed Bed Capacity	46	36	0	36	85	0	102	99	40	46	85	74	649

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 (with 36 staffed beds). Of note, Christian Hospital has since expanded outpatient resources to include extensive behavioral health services and intensive outpatient programming.

*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. In 2015, total staffed beds declined by 33 beds across adult and geriatric populations.
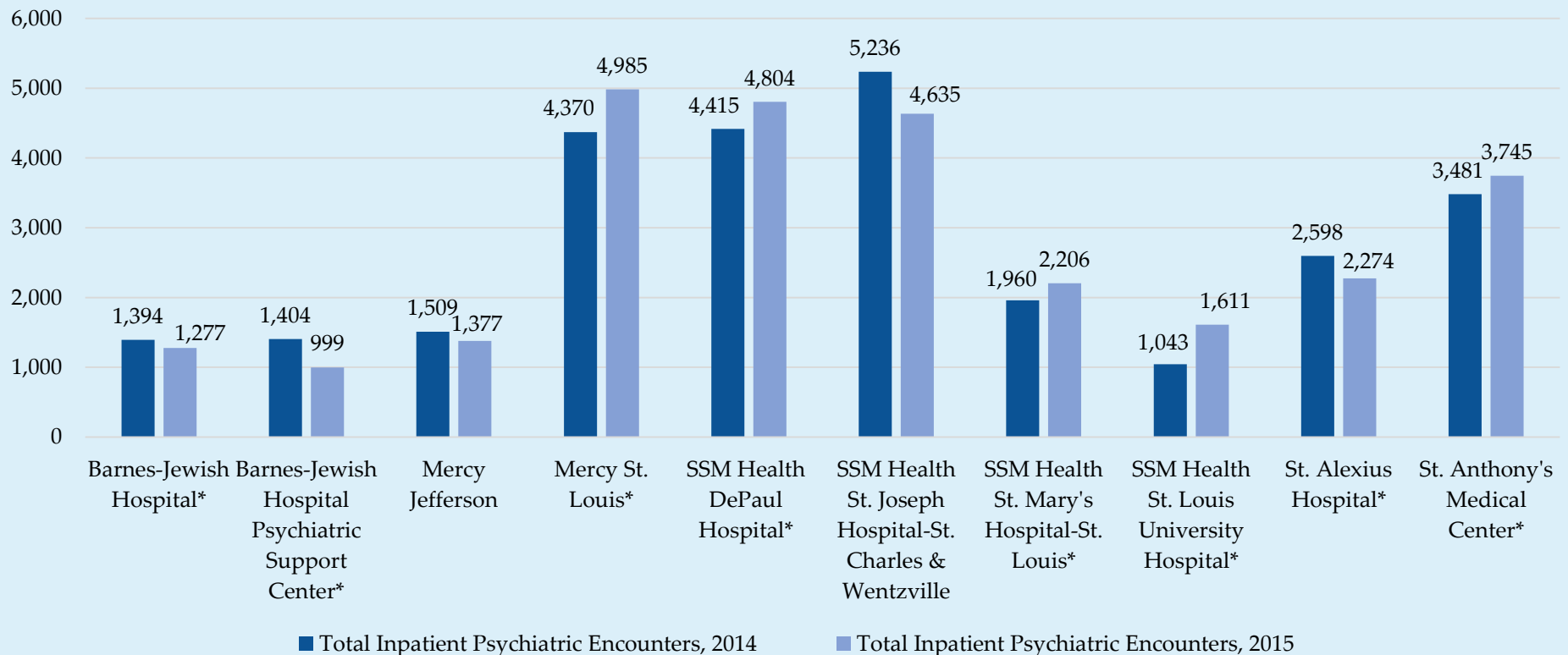
Hospitals with Inpatient Psychiatric Services	Staffed Bed Capacity ADULT	Staffed Bed Capacity GERIATRIC	Staffed Bed Capacity ADOLESCENT	Staffed Bed Capacity CHILD	Total Staffed Bed Capacity
Barnes-Jewish Hospital* (BJH)	36	10	0	0	46
BJH Psychiatric Support Center*	36	0	0	0	36
Christian Hospital*	0	0	0	0	0
Mercy Hospital Jefferson	24	12	0	0	36
Mercy Hospital St. Louis *	56	16	13 combined		85
SSM Health DePaul Health Center *	60	0	22	20	102
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*	24	16	0	0	40
SSM Health St. Mary's Hospital-St. Louis*	36	10	0	0	46
St. Alexius Hospital*	64	21	0	0	85
St. Anthony's Medical Center*	52	0	22	0	74
TOTAL	434	107	108		649

Note: Data reflects community hospitals which provide acute psychiatric services. As of April 2015, Christian Hospital's 40 psychiatric beds were closed. As part of this transition, BJC HealthCare took over operations of the PSC and expanded PSC's capacity from 25 to 50 licensed beds, opening April 2015 (with 36 staffed beds). Of note, Christian Hospital has since expanded outpatient resources to include extensive behavioral health services and intensive outpatient programming.

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

Total acute psychiatric encounters at inpatient behavioral health safety net hospitals remained stable in 2015—with 27,913 total encounters in 2015.

Total Acute Psychiatric Encounters by Institution, 2014 - 2015

Institution	Total Inpatient Psychiatric Encounters, 2014	Total Inpatient Psychiatric Encounters, 2015
Barnes-Jewish Hospital*	1,394	1,277
Barnes-Jewish Hospital Psychiatric Support Center*	1,404	999
Mercy Jefferson	1,509	1,377
Mercy St. Louis*	4,370	4,985
SSM Health DePaul Hospital*	4,415	4,804
SSM Health St. Joseph Hospital-St. Charles & Wentzville	5,236	4,635
SSM Health St. Mary's Hospital-St. Louis*	1,960	2,206
SSM Health St. Louis University Hospital*	1,043	1,611
St. Alexius Hospital*	2,598	2,274
St. Anthony's Medical Center*	3,481	3,745

■ Total Inpatient Psychiatric Encounters, 2014   ■ Total Inpatient Psychiatric Encounters, 2015
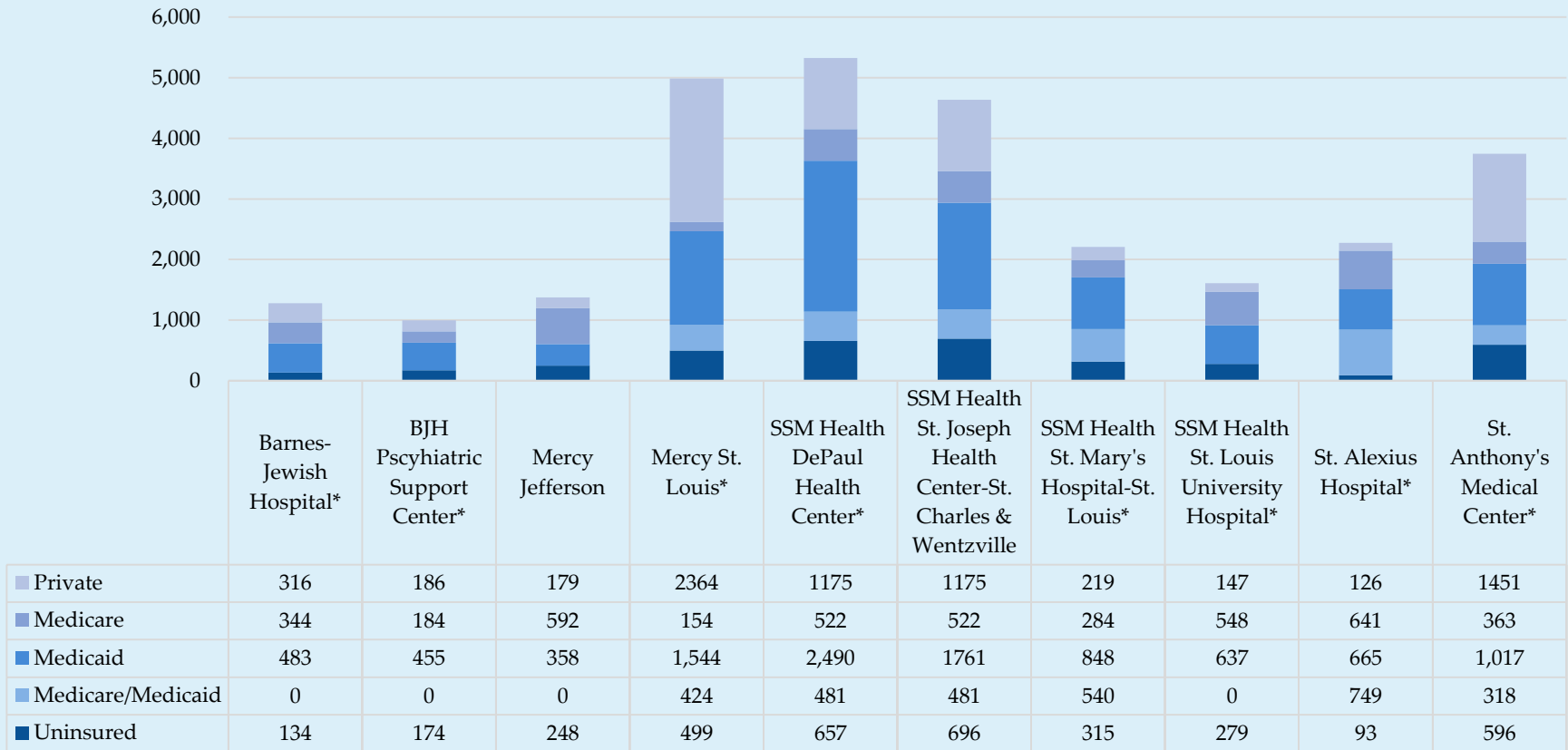
While acute psychiatric encounters remained stable overall in 2015, inpatient psychiatric staffed bed capacity has declined by 5% since 2014.

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).

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

Acute psychiatric encounters were predominately covered by Medicaid (37%), private insurance (27%) or Medicare (15%), varying by hospital provider.

Acute Psychiatric Encounters, by Payor Category and Organization, 2015

	Barnes-Jewish Hospital*	BJH Pscyhiatric Support Center*	Mercy Jefferson	Mercy St. Louis*	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*	St. Anthony's Medical Center*
Private	316	186	179	2364	1175	1175	219	147	126	1451
Medicare	344	184	592	154	522	522	284	548	641	363
Medicaid	483	455	358	1,544	2,490	1761	848	637	665	1,017
Medicare/Medicaid	0	0	0	424	481	481	540	0	749	318
Uninsured	134	174	248	499	657	696	315	279	93	596

As compared to 2014, the percentage of acute psychiatric encounters covered by Medicaid and private insurance has increased, while the percentage of encounters covered through Medicare and uninsured payor sources has decreased.

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. Data on Christian Hospital payor mix unavailable subsequent to inpatient psychiatric service closure in April 2015.

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

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 an unique patient identifier.

- **Adult**: users aged 18 years and above.

- **Pediatric**: users aged 17 and below.

- **Primary care encounter**: adult medical primary, 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 diagnoses (primary or secondary diagnoses) 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*
- Family Care Health Centers*
- Mercy JFK Clinic
- Myrtle Hilliard Davis Comprehensive Health Centers*
- SLUCare
- St. Louis County Department of Public Health*
- St. Luke's Pediatric Clinic
- SSM Health Cardinal Glennon/Glennon Care at DePaul
- SSM Health St. Mary's Health Center
- The SPOT (Supporting Positive Opportunities with Teens)

*Denotes organizations included in the Gateway to Better Health primary care network as of April 2017.

Appendix B: 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 April 2017.

Appendix C: 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
- 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. Alexius Hospital
- St. Louis Children's Hospital
- St. Luke's Hospital

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

- 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:
    - Bridgeway Behavioral Health*/
    - Comtrea Comprehensive Health Center
    - Preferred Family Healthcare*
    - 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*
- St. Alexius Hospital*
- St. Anthony's Medical Center*
- 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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