Progress Toward Building A Healthier St. Louis

Access to Care Data Book 2018
Introduction
The St. Louis Regional Health Commission

The St. Louis Regional Health Commission (RHC) is a collaborative effort of St. Louis City, St. Louis County, the State of Missouri, health providers and community members to improve the health of uninsured and underinsured citizens in St. Louis City and County. As part of this effort, the RHC produces an annual “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 (2013 - 2017). Hours of operation and appointment availability for regional safety net provider institutions from the most recent calendar year are included. Also included are utilization volumes and outcomes from the 2017 calendar year of the Gateway to Better Health Pilot Program.

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

The RHC would also like to thank Dr. Eric Armbrecht, chair, and the entire “Access to Care Data Workgroup” (see page 111 for full roster) for their leadership on the creation of this report.
**Gateway to Better Health Pilot Program**

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

**Definition of Access***

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

*Special thanks to Health Literacy Media for developing a plain language version of this definition.
The St. Louis Safety Net

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

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</tr>
</thead>
<tbody>
<tr>
<td><strong>Uninsured</strong></td>
<td>153,600</td>
<td>150,400</td>
<td>140,000</td>
<td>126,500</td>
<td>114,100</td>
<td>-26%</td>
<td>-10%</td>
</tr>
<tr>
<td><strong>Medicaid</strong></td>
<td>150,000</td>
<td>153,000</td>
<td>170,800</td>
<td>197,300</td>
<td>166,400</td>
<td>+11%</td>
<td>-16%</td>
</tr>
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<td><strong>Total Safety Net Population</strong></td>
<td>303,600</td>
<td>303,400</td>
<td>310,800</td>
<td>323,800</td>
<td>261,000</td>
<td>-14%</td>
<td>-19%</td>
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<td><strong>Total St. Louis City and County Population</strong></td>
<td>1,302,700</td>
<td>1,302,600</td>
<td>1,302,500</td>
<td>1,316,590</td>
<td>1,305,352</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td><strong>Uninsured as a % of Total Population</strong></td>
<td>11.8%</td>
<td>11.5%</td>
<td>10.7%</td>
<td>9.6%</td>
<td>7%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Safety Net Population as a % of Total Population</strong></td>
<td>23.3%</td>
<td>23.3%</td>
<td>23.9%</td>
<td>24.6%</td>
<td>20%</td>
<td>-</td>
<td>-</td>
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</tbody>
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- The number of individuals without health insurance coverage in St. Louis City and County decreased by 10% over the past year and by 26% over the past five years.
- Of the more than 114,100 users without health insurance coverage in St. Louis City and County, 47% identified as African American/Black, 43% White and 18% “Other”. Over the past five years, the racial composition of the uninsured has remained stable.
- The number of individuals covered by Medicaid living in St. Louis City and County increased by 11% since 2013 and decreased by 16% over the past year.
- The safety net population in St. Louis City and County decreased by 19% over the past year and by 14% since 2013.
- In 2017, individuals who were either uninsured or covered by Medicaid accounted for nearly 20% of St. Louis City and County population.

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

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

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

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

1American Community Survey, released September 2018.  
3Common Wealth Fund Issue Brief, “How States Stand to Gain or Lose Federal Funds by Opting In or Out of the Medicaid Expansion”, published December 2013.
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Executive Summary
Broadening Eligibility for Medicaid Impacts Access to Care

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

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

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

Additionally, these groups are eligible for Medicaid: 3

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

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

1 American Community Survey, released September 2018.
Executive Summary

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

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

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

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

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

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

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

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

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

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

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

Primary Care

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

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

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

• Total primary care (medical, dental and behavioral health) encounters at safety net organizations have remained relatively stable over the past five years (page 23).
  • Total primary care uninsured and Medicare encounters at safety net organizations decreased by 16% and 6%, respectively, over the past five years, while total private primary care encounters increased by 26% since 2013 (page 23). Volumes of Medicaid and uninsured encounters varied widely among safety net providers (pages 25 and 26).
  • Medical encounters have remained relatively stable over the past year, while increasing by 9% over the past five years (page 28).
  • Dental encounters at safety net primary care providers increased by 11% over the past year, while increasing by 8% over the past five years (page 36).
  • Behavioral health encounters at safety net primary care providers decreased by 11% over the past year and increased by 121% since 2013 (page 38).

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

Emergency Care

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

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

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

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

Specialty Care

- Total specialty care users and encounters at St. Louis area specialty care organizations increased by 17% and 20%, respectively, since 2013. This increase represents more than 73,800 additional users and more than 246,500 additional encounters (pages 72 and 74).

- Over the past year, uninsured specialty care users remained stable, while uninsured specialty care encounters increased by 6% (pages 72 and 76).

- Medicaid specialty care encounters increased by 5% over the past year and increased by 21% since 2013 (page 77).

- While wait times for some specialty care appointments have either decreased or remained the same, endocrinology and rheumatology continue to trend with the longest average wait times for both new and returning patients (pages 79 and 80).

Behavioral Health

- Behavioral health users served remained stable at 31,555 in 2017, as compared to the 30,045 in 2016. Total users served has increased by 7%, or nearly 2,000 people, since 2014 (page 86).

- Users newly admitted to programs at behavioral health safety net agencies increased by 18% between 2016 and 2017. Newly admitted users have increased by 20% since 2014 and accounted for 31% of all users served in 2017 (page 87).

- Wide variation exists in the rate of serving the safety-net population within the designated service areas of respective behavioral health safety net administrative agents in Missouri’s Eastern Region (page 88).

- Substance use treatment user admissions remained stable in 2017 at the three largest state-funded substance use treatment providers with the widest array of services for the general population within the Eastern Region (page 92).

- Behavioral health encounters at safety net primary care providers decreased by 11% over the past year, while increasing by 51,200 encounters since 2013 (page 93).

- Emergency department encounters with behavioral health diagnoses (primary and secondary) have increased by 7% over the past year and account for 24% of all emergency department encounters in 2017, which is down from 22% in 2016 (page 95). The top primary behavioral health diagnoses are mood disorders, schizophrenia/delusional disorders and alcohol use disorders (page 96).

- While acute psychiatric encounters remained stable overall in 2017, inpatient psychiatric staffed bed capacity decreased by 7% since 2016 (page 102).
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Primary Care Analysis
Primary Care: Introduction

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

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

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

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

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

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

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

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

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

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

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

• Wait times for primary care appointments have lengthened, with the longest average wait times seen for new adult medical appointments and dental appointments (page 41).
The number of individuals utilizing primary care services at safety net organizations in St. Louis has remained relatively stable over the past year.

**Primary Care Users by Payor Category, 2013 - 2017**

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

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

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. While users are unduplicated within each organization, there may be some duplication in total user counts across reporting organizations if a patient was seen at more than one organization in 2017.
Of the more than 207,300 primary care safety net users in 2017, for which racial data is available, approximately 69% were African American/Black, 18% were White and 13% were from the “Other” racial category.

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

Approximately 23% of all White primary care users, 13% of all African American/Black primary care users and 17% of all users included in the “Other” racial group are uninsured.

Based on census data for the general population of St. Louis City and County, about 5% of all Whites, 12% of all African Americans/Blacks and 14% of those included in the “Other” racial group are uninsured.

Note: There may be some duplication in the user count across safety net organizations in the region. The “other” racial/ethnic group includes: those of Asian, American Indian/Alaska Native and Native Hawaiian/Other Pacific Islander descent, as well as those identifying with more than one racial/ethnic group, those identifying as Hispanic/Latino and those whose race/ethnicity is unknown. However, the American Community Survey includes Hispanic/Latinos throughout all racial groups, whereas all Hispanic/Latinos safety net users, regardless of race, are captured separately in the “other” category only. BJK People’s did not provide payor data for their users by race. Therefore, all of their users have been included in the unknown payor grouping. The SPOT, St. Louis County Department of Public Health, Casa de Salud and SSM Cardinal Glennon did not provide racial data for all of their users in 2017 included on page 21 of this report.
In 2017, there were more than 234,500 individuals who utilized safety net primary care services. Of that number, providers reported more than 19,200 new users.

Total Primary Care Users and New Users by Organization, 2017

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

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. While users are unduplicated within each organization, there may be some duplication in total user counts across reporting organizations if a patient was seen at more than one organization in 2017. New users are defined as any user who had a new patient encounter in 2017, based on CPT codes 99201-99205, and who had never been seen or had not been seen by that organization in at least three years. SLUCare, BJK People’s and St. Luke’s Pediatric Care Center did not report new users in 2017. The “SSM” category includes St. Mary’s Health Center and Glennon Care Pediatrics. Data for SSM’s Danis Pediatrics is included in SLUCare’s data, as this clinic is serviced by SLUCare providers.
Safety net primary care providers served roughly 68% of the total uninsured population in St. Louis City and County in 2017.

Primary Care Uninsured Users Served by Total St. Louis Uninsured Population, 2013 – 2017

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

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

Of the more than 731,500 total primary care encounters reported in 2017, approximately 42% were among the Medicaid population, 33% were among the uninsured, 16% were among those privately insured and 9% were among the Medicare population.

Uninsured and Medicare primary care encounters decreased by 16% and 6%, respectively, over the past five years, while private insured primary care encounters have increased by 26%, since 2013.

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. The number of individuals enrolled in MO HealthNet (Medicaid) from St. Louis City and County decreased by 16% over the past year. Primary care encounters include all medical, dental, mental health, substance abuse and other encounters provided by a primary care organization. Additional slides have been provided on medical, dental and behavioral health encounters.
Patient volumes varied at most major St. Louis safety net organizations in 2017.

**Total Primary Care Encounters by Organization, 2013 - 2017**

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

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

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

Uninsured Primary Care Encounters by Organization, 2013 - 2017

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

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

Note: Health and Dental Care for Kids did not report data for 2013 and figures from 2011 were used to estimate data for those years. In 2015, BJK People’s Health Centers acquired Health and Dental Care for Kids. As of 2015, all encounters and users at Health and Dental Care for Kids’ site are included in BJK People’s data. The “SSM” category includes St. Mary’s Health Center and Glennon Care Pediatrics. Data for SSM’s Danis Pediatrics is included in SLUCare’s data, as this clinic is serviced by SLUCare providers. Primary care encounters include all medical, dental, mental health and substance abuse encounters provided by a primary care organization. BJH Clinics had an additional 9,993 unknown encounters in 2017.
Medicaid primary care encounters have decreased by 5% or more at four safety net primary care organizations over the past year.

Medicaid Primary Care Encounters by Organization, 2013 - 2017

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

Note: In 2015, BJK People’s Health Centers acquired Health and Dental Care for Kids. As of 2015, all encounters and users at Health and Dental Care for Kids’ site are included in BJK People’s data. The “SSM” category includes St. Mary’s Health Center and Glennon Care Pediatrics. Data for SSM’s Danis Pediatrics is included in SLUCare’s data, as this clinic is serviced by SLUCare providers. Primary care encounters include all medical, dental, mental health and substance abuse encounters provided by a primary care organization.
There are significant differences in the proportion of uninsured patients served among safety net primary care providers.

### Primary Care Encounters by Organization and Payor Category, 2017

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

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

Note: The “SSM” category includes St. Mary’s Health Center and Glennon Care Pediatrics. Data for SSM’s Danis Pediatrics is included in SLUCare’s data, as this clinic is serviced by SLUCare providers. Primary care encounters include all medical, dental, mental health and substance abuse encounters provided by a primary care organization.
Uninsured primary care encounters have decreased by 13% over the past year.

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

Medical Encounters, 2013 - 2017

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

Note: Medical encounters are considered those individual visits performed by a physician, nurse practitioner, physician assistant, certified nurse midwife or other nursing staff.
Medical encounters have decreased by 5% or more at four safety net organizations over the past year, while increasing by 112% at SSM since 2013.

### Medical Encounters by Organization, 2013 - 2017

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

<table>
<thead>
<tr>
<th>Year</th>
<th>2013-2017 % Change</th>
<th>2016-2017 % Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-2017</td>
<td>-13%</td>
<td>-4%</td>
</tr>
<tr>
<td>2016-2017</td>
<td>-4%</td>
<td>0%</td>
</tr>
</tbody>
</table>

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

Note: The “SSM” category includes St. Mary’s Health Center and Glennon Care Pediatrics. Data for SSM’s Danis Pediatrics is included in SLUCare’s data, as this clinic is serviced by SLUCare providers.
Medical encounters among pediatrics and obstetrics/gynecology have decreased by 10% or more over the past year, while medical encounters among adults have increased by 5%.

Medical Encounters by User Type, 2013 - 2017

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

Note: The “SSM” category includes St. Mary’s Health Center and Glennon Care Pediatrics. Data for SSM’s Danis Pediatrics is included in SLUCare’s data, as the clinic is serviced by SLUCare providers.
Total adult medical encounters increased by 5% over the past year, while increasing by 7% since 2013.

**Adult Medical Encounters by Organization, 2013 - 2017**

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

Note: The “SSM” category includes St. Mary’s Health Center and Glennon Care Pediatrics. Data for SSM’s Danis Pediatrics is included in SLUCare’s data, as this clinic is serviced by SLUCare providers.
Total pediatric medical encounters decreased by 15% over the past year, while increasing by 10% since 2013.

Pediatric Medical Encounters by Organization, 2013 - 2017

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

Note: The “SSM” category includes St. Mary’s Health Center and Glennon Care Pediatrics. Data for SSM’s Danis Pediatrics is included in SLUCare’s data, as this clinic is serviced by SLUCare providers.
Total OB/GYN medical encounters decreased by 10% over the past year, while increasing by 12% since 2013.

**OB/GYN Medical Encounters by Organization, 2013 - 2017**

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

Note: The “SSM” category includes St. Mary’s Health Center and Glennon Care Pediatrics. Data for SSM’s Danis Pediatrics is included in SLUCare’s data, as this clinic is serviced by SLUCare providers.
Uninsured medical encounters decreased at five safety net organizations by 5% or more over the past year.

**Uninsured Medical Care Encounters by Organization, 2014 - 2017**

- **Uninsured medical encounters** decreased by more than 20% at five safety net organizations over the past year: St. Luke’s Pediatric Care Center (42%), St. Louis County Department of Public Health (34%), BJK People’s (28%), BJH Clinics (24%) and Affinia Healthcare (19%).
- **Uninsured medical encounters** increased by 5% or more at three safety net organizations over the past year: SLUCare (14%), SSM (13%) and CareSTL Health (5%).
Dental encounters at safety net primary care organizations have increased by 8% over the past five years.

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

Note: Health and Dental Care for Kids did not report data for 2013 and figures from 2011 were used to estimate data for those years. The Gateway to Better Health program reimburses for limited dental services for adults.
Dental encounters have increased at four safety net primary care organizations over the past year, while decreasing at one organization.

### Dental Encounters by Organization, 2013 - 2017

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

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

Note: Health and Dental Care for Kids did not report data for 2013, and figures from 2011 were used to estimate data for those years. In 2015, BJK People’s Health Centers acquired Health and Dental Care for Kids. As of 2015, all encounters and users at Health and Dental Care for Kids’ site are included in BJK People’s data. Affinia Healthcare expanded dental operations in June 2015 with the opening of a dental training clinic, in partnership with A.T. Still University.
Behavioral health encounters at safety net primary care providers have increased by 121% (51,200), since 2013.

Behavioral Health Encounters, 2013 - 2017

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

Note: Behavioral health services at primary care organizations may differ from those provided at traditional community mental health centers. These encounters may include, but are not limited to, psychiatry services, psychology services, individual counseling services with clinical social workers or other mental health providers, group counseling sessions, detox services, encounters with alcohol and substance abuse specialists and other outpatient behavioral health services.
Behavioral health encounters have decreased by 5% or more at six safety net primary care organizations over the past year.

The six primary care organizations with decreases in behavioral health encounters over the past year include: BJK People’s (81%), Casa de Salud (22%), St. Louis County Department of Public Health (17%), BJH (11%), The SPOT (10%) and Affinia Healthcare (9%).

Behavioral health encounters increased at Mercy JFK, SSM and CareSTL Health by 21%, 21% and 10%, respectively, over the past year.

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

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

* Denotes organizations providing evening and weekend hours. For organizations with multiple sites, hours reported reflect sites with the longest available hours of operation each day. Affinia Healthcare and CareSTL Health had walk-in urgent care facilities available seven days a week throughout 2016 and 2017. However, as of January 1, 2017, urgent care services at Affinia are no longer available on Sundays, and CareSTL Health’s urgent care facility has been permanently closed.
Appointment availability for new and returning patients varies by service line. Appointment availability has significantly decreased for new patients since 2013.

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

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

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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Pediatric</th>
<th>Pediatric</th>
<th>Obstetrical</th>
<th>Obstetrical</th>
<th>Adult</th>
<th>Adult</th>
<th>Dental</th>
<th>Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affinia Healthcare</td>
<td>13</td>
<td>10</td>
<td>15</td>
<td>9</td>
<td>23</td>
<td>9</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Family Care</td>
<td>17</td>
<td>6</td>
<td>13</td>
<td>3</td>
<td>36</td>
<td>12</td>
<td>59</td>
<td>45</td>
</tr>
<tr>
<td>The SPOT</td>
<td>4</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>Casa de Salud</td>
<td>21</td>
<td>21</td>
<td>-</td>
<td>21</td>
<td>21</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>CareSTL Health</td>
<td>5</td>
<td>2</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>5</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>BJK People’s*</td>
<td>17</td>
<td>37</td>
<td>3</td>
<td>2</td>
<td>95</td>
<td>38</td>
<td>51</td>
<td>36</td>
</tr>
<tr>
<td>Mercy JFK Clinic</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>9</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>St. Luke’s</td>
<td>20</td>
<td>10</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>St. Louis County Department of Public Health</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>7</td>
<td>7</td>
<td>70</td>
<td>5</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Wait Time for Urgent Appointment (in days), as of June 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pediatric New</td>
</tr>
<tr>
<td>Affinia Healthcare*</td>
<td>1</td>
</tr>
<tr>
<td>Family Care</td>
<td>0</td>
</tr>
<tr>
<td>The SPOT</td>
<td>-</td>
</tr>
<tr>
<td>Casa de Salud</td>
<td>1</td>
</tr>
<tr>
<td>CareSTL Health</td>
<td>2</td>
</tr>
<tr>
<td>BJK People’s</td>
<td>-</td>
</tr>
<tr>
<td>Mercy JFK Clinic</td>
<td>1</td>
</tr>
<tr>
<td>St. Luke’s</td>
<td>4</td>
</tr>
<tr>
<td>St. Louis County Department of Public Health</td>
<td>1</td>
</tr>
</tbody>
</table>

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

*Indicates availability of walk-in urgent care services.

Note: Primary care organizations were asked to provide wait times as of June 2018. Wait times for pediatric appointments may be higher than usual due to the back-to-school season. Zero indicates same day appointments are available for that service line. Reported wait times are based on scheduling templates; experience in the health center may vary as many health centers utilize nurse triaging to schedule same day or next day appointments. Wait times reported above do not include triaged nursing appointments. The SPOT does not provide urgent appointment availability. Federally Qualified Health Centers (FQHCs) report having same day appointments available, as required by federal regulations.
More than 51,900 primary care encounters were provided to Gateway to Better Health patients in 2017, comprising 21% of all uninsured primary care encounters at St. Louis area safety net organizations.

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

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

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

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

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

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

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

• Emergency department encounters with behavioral health diagnoses (primary and secondary) have increased by 7% over the past year and account for 24% of all emergency department encounters in 2017, which is down from 32% in 2016 (page 63). The top primary behavioral health diagnoses are mood disorders, schizophrenia/delusional disorders and alcohol use disorders (page 64).
Emergency care users have declined by 11% over the past year.

Emergency Care Users by Type, 2013 - 2017

- Pediatric users make up 27% of all users in 2017, compared to 26% in 2016.
- Adult users make up 73% of all users in 2017, compared to 74% in 2016.
Emergency care encounters have remained relatively stable over the past year.

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

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

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured.
Emergency department encounters have remained relatively stable at St. Louis area emergency departments over the past year.

Total Emergency Department Encounters by Organization, 2013 - 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Christian</th>
<th>Mercy St. Louis</th>
<th>Barnes-Jewish</th>
<th>SSM DePaul</th>
<th>SSM St. Mary’s</th>
<th>Cardinal Glennon</th>
<th>Children’s</th>
<th>Mercy Hospital South</th>
<th>SSM SLUH</th>
<th>MO Baptist</th>
<th>St. Clare</th>
<th>St. Luke’s</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>103,829</td>
<td>81,009</td>
<td>80,136</td>
<td>62,362</td>
<td>55,232</td>
<td>52,948</td>
<td>50,412</td>
<td>51,218</td>
<td>43,484</td>
<td>40,130</td>
<td>37,769</td>
<td>30,700</td>
<td>689,229</td>
</tr>
<tr>
<td>2015</td>
<td>109,186</td>
<td>86,244</td>
<td>82,754</td>
<td>61,737</td>
<td>60,037</td>
<td>56,909</td>
<td>51,069</td>
<td>52,358</td>
<td>50,342</td>
<td>41,461</td>
<td>40,421</td>
<td>31,656</td>
<td>724,174</td>
</tr>
<tr>
<td>2016</td>
<td>108,573</td>
<td>90,124</td>
<td>83,702</td>
<td>63,203</td>
<td>59,757</td>
<td>58,986</td>
<td>51,918</td>
<td>50,929</td>
<td>44,922</td>
<td>42,005</td>
<td>41,413</td>
<td>31,990</td>
<td>727,522</td>
</tr>
<tr>
<td>2017</td>
<td>106,301</td>
<td>89,402</td>
<td>83,615</td>
<td>64,266</td>
<td>58,887</td>
<td>57,500</td>
<td>52,993</td>
<td>49,174</td>
<td>44,690</td>
<td>42,044</td>
<td>41,432</td>
<td>31,844</td>
<td>722,148</td>
</tr>
<tr>
<td>2016-2017</td>
<td>-2%</td>
<td>-1%</td>
<td>-</td>
<td>2%</td>
<td>-1%</td>
<td>-3%</td>
<td>2%</td>
<td>-3%</td>
<td>-1%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-1%</td>
</tr>
</tbody>
</table>

Note: Christian Hospital’s figures include data for both sites, Christian Northeast and Christian Northwest.
Emergency department encounters among the uninsured and Medicaid populations varied greatly by hospital emergency department.

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

Note: Christian Hospital’s figures include data for both sites, Christian Northeast and Christian Northwest.
Uninsured emergency department encounters have remained relatively stable over the past year.

Uninsured Emergency Department Encounters, 2013 - 2017

Uninsured emergency department encounters have decreased by 15% since 2013.
Uninsured emergency department encounters decreased over the past year at two St. Louis area hospitals.

Two organizations had more than a 5% increase in uninsured emergency department encounters over the past year: St. Luke’s (10%) and St. Clare (6%).

Three hospitals (Christian, Barnes-Jewish Hospital and SSM St. Louis University (SLUH)) provided nearly 55% of all uninsured emergency department encounters in 2017.

SSM St. Louis University (SLUH) had a 7% decrease in uninsured emergency department encounters over the past year.

Note: Christian Hospital’s figures include data for both sites, Christian Northeast and Christian Northwest.
Approximately 19% of patients in emergency departments throughout the St. Louis region were admitted in 2017, as compared to 17% in 2016.

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

Note: Christian Hospital’s figures include data for both sites, Christian Northeast and Christian Northwest.
Of the more than 158,300 non-emergent emergency encounters reported in 2017, 51% were among the Medicaid population, 30% were among those privately insured, 14% were among the uninsured population and 5% were among the Medicare population.

Over the past year, non-emergent emergency department encounters decreased by 9%, 7% and 6% among Medicare, privately insured and uninsured patients, respectively.

Note: Many self-reporting organizations define non-emergent encounters using patient acuity ratings assigned during the encounter.
Encounters where patients left hospital emergency departments without being seen have increased by 55% since 2013.

The approximately 20,000 encounters where patients left hospital emergency departments without being seen represent nearly 3% of all emergency department encounters in the St. Louis region during 2017.

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

Note: For the purposes of analysis on this page, “all emergency department encounters” includes emergency department encounters with charges, encounters where patients left without being seen and encounters where patients left against medical advice.
Left without being seen volumes at hospital emergency departments varied greatly by payor, as information is available.

**Left Without Being Seen by Payor Category and Organization, 2017**

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

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

Note: For the purposes of analysis on this page, "total emergency department encounters" includes emergency department encounters with charges, encounters where patients left without being seen and encounters where patients left against medical advice. Christian Hospital’s figures include data for both sites, Christian Northeast and Christian Northwest. SSM St. Louis University (SLUH) did not provide data for frequent users during 2017 and have been excluded from this analysis.
Left against medical advice volumes have increased by 25% over the past five years.

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

Note: For the purposes of analysis on this page, “all emergency department encounters” includes emergency department encounters with charges, encounters where patients left without being seen and encounters where patients left against medical advice.
Left against medical advice volumes at hospital emergency departments varied greatly by payor, as information is available.

Left Against Medical Advice by Payor Category and Organization, 2017

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

Note: For the purposes of analysis on this page, “total emergency department encounters” includes emergency department encounters with charges, encounters where patients left without being seen and encounters where patients left against medical advice. Christian Hospital’s figures include data for both sites, Christian Northeast and Christian Northwest.
Approximately 21,400 patients visiting St. Louis area emergency departments in 2017 had four or more emergency department visits at the same hospital in the 2017 calendar year.

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

Note: Christian Hospital’s figures include data for both sites, Christian Northeast and Christian Northwest.
Patients identified as familiar faces had nearly 119,900 emergency department encounters at St. Louis area hospitals in 2017.

**Familiar Faces ED Encounters by Payor and Organization, 2017**

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

Note: Christian Hospital’s figures include data for both sites, Christian Northeast and Christian Northwest.
Emergency department encounters with behavioral health diagnoses have increased by 7% over the past year and account for 24% of total emergency department encounters in 2017.

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

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

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

Note: Encounters where tobacco use reflects the only behavioral health diagnoses are excluded. Changes in coding practices over time may impact trends seen in the prevalence of behavioral health encounters in emergency departments.
Behavioral health diagnoses account for more than 46,600 primary diagnoses for emergency department encounters in 2017.

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

Note: Encounters where tobacco use reflect the only behavioral health diagnoses are excluded. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments.
The number of primary behavioral health diagnoses for emergency department encounters have remained relatively stable over the past year.

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

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

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

Note: Encounters where tobacco use reflect the only behavioral health diagnoses are excluded. Duplication across emergency department encounters does exist to account for both the primary and secondary diagnoses on each encounter. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. The ‘Other Diagnoses’ category includes: conduct disorders, tobacco use disorders, developmental disorders and suicide attempts.
Behavioral health diagnoses account for more than 388,400 primary and secondary diagnoses for emergency department encounters in 2017.

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

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Use</td>
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<tr>
<td>Mood Disorders</td>
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<tr>
<td>Anxiety Disorders</td>
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<td>Other Substance Use Disorders</td>
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<td>Organic Brain Disorders</td>
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<tr>
<td>Alcohol Use Disorder</td>
<td>20,569</td>
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</tr>
<tr>
<td>Schizophrenia/Delusional Disorder</td>
<td>16,312</td>
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<tr>
<td>Other Mental Health Disorders</td>
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<td>Opioid Use Disorders</td>
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<td>Suicidal Ideation</td>
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<tr>
<td>Conduct Disorders</td>
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<tr>
<td>Developmental Disorders</td>
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<td></td>
</tr>
<tr>
<td>Opioid Overdose</td>
<td>3,349</td>
<td></td>
</tr>
<tr>
<td>Suicide Attempt</td>
<td>275</td>
<td></td>
</tr>
</tbody>
</table>

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

Note: Encounters where tobacco use reflect the only behavioral health diagnoses are excluded. Duplication across emergency department encounters does exist to account for both the primary and secondary diagnoses on each encounter. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments.
The number of primary and secondary behavioral health diagnoses for emergency department encounters has decreased by 5% over the past year.

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

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

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

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

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

• Total specialty care users and encounters at St. Louis area specialty care organizations increased by 17% and 20%, respectively, since 2013. This increase represents more than 73,800 additional users and more than 246,500 additional encounters (pages 72 and 74).

• Over the past year, uninsured specialty care users remained stable, while uninsured specialty care encounters increased by 6% (pages 72 and 76).

• Medicaid specialty care encounters increased by 5% over the past year and increased by 21% since 2013 (page 77).

• While wait times for some specialty care appointments have either decreased or remained the same, endocrinology and rheumatology continue to trend with the longest average wait times for both new and returning patients (pages 79 and 80).
Specialty care users at safety net organizations have increased by 17% since 2013.

**Specialty Care Users by Payor, 2013 - 2017**

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

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. While users are unduplicated within each organization, there may be some duplication in total user counts across reporting organizations if a patient was seen at more than one organization in 2017.
Of the more than 507,200 specialty care **users** in 2017, approximately 73% were White, 19% were African American/Black and 8% were from the “Other” racial category.

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

Note: There may be some duplication in the count of users across safety net organizations in the region. The “other” racial/ethnic group includes: those of Asian, American Indian/Alaska Native and Native Hawaiian/Other Pacific Islander descent, as well as those identifying with more than one racial/ethnic group, those identifying as Hispanic/Latino and those whose race/ethnicity is unknown. However, the American Community Survey includes Hispanics/Latinos throughout all racial groups, whereas all Hispanic/Latinos safety net users, regardless of race, are captured separately in the “other” category only.
Specialty care encounters at safety net organizations increased by 4.5% over the past year and increased by 20% (over 246,500 encounters) since 2013.

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

Note: Diagnostic services are not included in the specialty care analysis. For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured.
Specialty care encounters among the uninsured and Medicaid populations varied by safety net specialty care organization.

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

Note: SLUCare’s reported data includes all sites in which their doctors practice, including the following hospital based clinics: SSM St. Mary’s, SSM St. Clare, SSM St. Joseph, SSM DePaul, SSM Cardinal Glennon and SSM St. Louis University (SLUH). SLUCare’s data also includes some smaller practices located outside of St. Louis City and County limits, which accounts for less than 2% of their total reported encounters. SLUCare’s and Washington University’s data includes information for both pediatric and adult patients.
Uninsured specialty care encounters increased by 6% over the past year.

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

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. The Gateway to Better Health program began in July 2012. Beginning January 1, 2014, income eligibility for the Gateway to Better Health program was reduced to 100% of the federal poverty line (FPL). Consistent with the trend in reported encounters among Gateway patients, overall enrollment for the Gateway program has declined over time from an average of 18,732 in 2016 to an average of 16,195 in 2017. An additional 36,000+ diagnostic and other outpatient services were provided to Gateway to Better Health patients in 2017, which are not included in the chart above.
Medicaid specialty care encounters increased by 5% over the past year.

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

Note: The number of individuals enrolled in MO HealthNet (Medicaid) from St. Louis City and County decreased by 16% in 2017.
Washington University and SLUCare account for 96% of all Medicaid specialty care encounters at major safety net organizations.

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

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

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology</td>
<td>12</td>
<td>28</td>
<td>22-35</td>
</tr>
<tr>
<td>Dermatology</td>
<td>46</td>
<td>42</td>
<td>23-80</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>107</td>
<td>60</td>
<td>37-99</td>
</tr>
<tr>
<td>Ear, Nose, Throat (ENT)</td>
<td>31</td>
<td>10</td>
<td>3-19</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>30</td>
<td>65</td>
<td>34-100</td>
</tr>
<tr>
<td>Gynecology Only</td>
<td>7</td>
<td>18</td>
<td>4-31</td>
</tr>
<tr>
<td>Gynecology/Obstetrics</td>
<td>4</td>
<td>30</td>
<td>29-31</td>
</tr>
<tr>
<td>Obstetrics Only</td>
<td>9</td>
<td>16</td>
<td>4-27</td>
</tr>
<tr>
<td>Hepatology</td>
<td>14</td>
<td>16</td>
<td>10-29</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>57</td>
<td>39</td>
<td>29-47</td>
</tr>
<tr>
<td>Mental Health</td>
<td>18</td>
<td>29</td>
<td>17-41</td>
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<tr>
<td>Nephrology</td>
<td>41</td>
<td>30</td>
<td>11-65</td>
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<tr>
<td>Neurology</td>
<td>41</td>
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<td>10-76</td>
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<td>Neurosurgery</td>
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<td>Oncology</td>
<td>26</td>
<td>19</td>
<td>10-27</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>38</td>
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<td>11-43</td>
</tr>
<tr>
<td>Orthopedics</td>
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<td>18</td>
<td>5-29</td>
</tr>
<tr>
<td>Pain Management</td>
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<td>18</td>
<td>8-27</td>
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<tr>
<td>Physical Therapy</td>
<td>5</td>
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<td>Podiatry</td>
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<td>-</td>
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<tr>
<td>Pulmonology</td>
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<td>17-100</td>
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<td>Rheumatology</td>
<td>67</td>
<td>71</td>
<td>12-92</td>
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<tr>
<td>General Surgery</td>
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<tr>
<td>Urology</td>
<td>23</td>
<td>28</td>
<td>20-40</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2016 Returning Patient Average</th>
<th>2017 Returning Patient Average</th>
<th>2017 Returning Patient Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology</td>
<td>12</td>
<td>26</td>
<td>22-28</td>
</tr>
<tr>
<td>Dermatology</td>
<td>24</td>
<td>19</td>
<td>5-25</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>98</td>
<td>69</td>
<td>37-123</td>
</tr>
<tr>
<td>Ear, Nose, Throat (ENT)</td>
<td>28</td>
<td>12</td>
<td>3-23</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>34</td>
<td>57</td>
<td>30-105</td>
</tr>
<tr>
<td>Gynecology Only</td>
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</tr>
<tr>
<td>Gynecology/Obstetrics</td>
<td>5</td>
<td>27</td>
<td>24-29</td>
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<tr>
<td>Obstetrics Only</td>
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<td>4-23</td>
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<tr>
<td>Hematology</td>
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<td>9-36</td>
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<td>30</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>59</td>
<td>29</td>
<td>14-32</td>
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<td>Mental Health</td>
<td>18</td>
<td>21</td>
<td>14-31</td>
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<tr>
<td>Nephrology</td>
<td>50</td>
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<tr>
<td>Urology</td>
<td>25</td>
<td>28</td>
<td>10-44</td>
</tr>
</tbody>
</table>

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

Note: Providers were requested to provide wait times as close to June 1st, as possible. The number of organizations who provided responses are different for each specialty, based on availability. Averages were calculated using only the provided wait times for each specialty, individually. This data was collected from BJH Specialty Clinics, Mercy JFK Clinic, SLUCare and Washington University. Increased wait times for obstetrics reflects a decrease in provider capacity. Red denotes specialties that have increased, green denotes specialties that have decreased and black denotes specialties that have remained stable.
Washington University and SLUCare account for more than 86% of all uninsured specialty care encounters at major safety net organizations.

Over the past year, uninsured specialty care encounters at BJH Specialty Clinics remained relatively stable.

Uninsured specialty care encounters increased by 19% at Mercy JFK Clinic since 2016.

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

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

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

Behavioral Health: Key Findings

• Behavioral health users served remained stable at 31,555 in 2017, as compared to 30,045 in 2016. Total users served has increased by 7%, or nearly 2,000 people, since 2014 (page 86).

• Newly admitted users to behavioral health safety net agency programs increased by 18% between 2016 and 2017. Newly admitted users increased by 20% since 2014 and accounted for 31% of all users served in 2017 (page 87).

• Wide variation exists in the rate of serving the safety net population within the designated service areas of respective behavioral health safety net administrative agents in Missouri’s Eastern Region (page 88).

• Substance use treatment user admissions remained stable in 2017 at the three largest state-funded substance use treatment providers with the widest array of services for the general population within the Eastern Region (page 92).

• Behavioral health encounters at safety net primary care providers decreased by 11% over the past year, while increasing by 51,200 encounters since 2013 (page 93).

• Emergency department encounters with behavioral health diagnoses (primary and secondary) have increased by 7% over the past year and account for 24% of all emergency department encounters in 2017, which is down from 22% in 2016 (page 95). The top primary behavioral health diagnoses are mood disorders, schizophrenia/delusional disorders and alcohol use disorders (page 96).

• While acute psychiatric encounters remained stable overall in 2017, inpatient psychiatric staffed bed capacity decreased by 7% since 2016 (page 102).
Behavioral health safety net community mental health providers* served 31,555 users in 2017.

- Behavioral health users served remained stable at 31,555 in 2017, as compared to 30,045 users served in 2016. Total users served has increased by 7%, or nearly 2,000 people, since 2014.

- Between 2016 and 2017, two organizations saw an increase in the number of users served, including Crider Health Center of Compass Health Network (18%) and ALM Hopewell Center (8%). Two organizations saw a decrease, including Comtrea (6%) and Adapt of Missouri (7%). All others remained stable.

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

*Denotes St. Louis City or St. Louis County provider
Newly admitted users to behavioral health safety net agency programs increased by 18% in 2017, as compared to the 8,357 newly admitted in 2016. Newly admitted users have increased by 20% since 2014.

Newly admitted users served accounted for 31% of overall users served in 2017.

Newly admitted users increased at five organizations, including Places for People (53%), Crider Health Center of Compass Health Network (49%), ALM Hopewell Center (17%), BJC Behavioral Health (11%) and Independence Center (6%). Newly admitted users decreased at Adapt of Missouri (43%) and Comtrea Comprehensive Health Center (10%).

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

*Denotes St. Louis City or St. Louis County provider.
Missouri Department of Mental Health’s (DMH), administrative agents have service catchment areas. Administrative agents’ rate of serving the population below 150% of the Federal Poverty Line (FPL) within their designated service areas varies significantly by agency.

Note: Behavioral health users served are reported per 1,000 residents below 150% FPL, based on DMH designated service areas for each community mental health provider. Population counts are sourced from the 2016 American Community Survey. While agency catchment areas are prescribed to serve the geographic populations, a portion of users may receive services from organizations outside of the catchment area agency in their area of residence. Of note, client eligibility requirements of DMH, such as limitations on diagnoses eligible to receive services, impact administrative agent provision of service.
Community-based behavioral health users in the Eastern Region, for whom payor information was available, predominately had primary coverage through Medicaid or were uninsured, with care primarily funded through the Missouri Department of Mental Health (DMH).

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

Note: Data reflects behavioral health safety net community mental health providers. Data does not include substance use treatment-only providers within the region.
Behavioral health services are primarily available Monday through Friday, with some providers serving users on weekends at day program or clubhouse sites.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapt of Missouri*</td>
<td>8:30am-5:00pm</td>
<td>8:30am-5:00pm</td>
<td>8:30am-5:00pm</td>
<td>8:30am-5:00pm</td>
<td>8:30am-5:00pm</td>
<td>Closed</td>
<td>Closed</td>
</tr>
<tr>
<td>BJC Behavioral Health*</td>
<td>8:00am-5:00pm</td>
<td>8:00am-7:00pm</td>
<td>8:00am-7:00pm</td>
<td>8:00am-7:00pm</td>
<td>8:00am-5:00pm</td>
<td>Closed</td>
<td>Closed</td>
</tr>
<tr>
<td>Comtrea Comprehensive Health Center†</td>
<td>9:00am-7:30pm</td>
<td>9:00am-7:30pm</td>
<td>9:00am-7:30pm</td>
<td>9:00am-5:00pm</td>
<td>9:00am-5:00pm</td>
<td>9:15am-11:15am</td>
<td>Closed</td>
</tr>
<tr>
<td>Crider Health Center (Compass Health Network)*</td>
<td>8:00am-6:00pm</td>
<td>8:00am-7:00pm</td>
<td>8:00am-5:00pm</td>
<td>8:00am-5:00pm</td>
<td>8:00am-1:00pm</td>
<td>9:00am-1:00pm</td>
<td>Closed</td>
</tr>
<tr>
<td>ALM Hopewell Center**</td>
<td>8:30am-5:00pm</td>
<td>8:30am-7:00pm</td>
<td>8:30am-5:00pm</td>
<td>8:30am-5:00pm</td>
<td>8:00am-3:00pm</td>
<td>Closed</td>
<td>Closed</td>
</tr>
<tr>
<td>Independence Center**</td>
<td>8:00am-6:00pm</td>
<td>8:00am-6:00pm</td>
<td>8:00am-6:00pm</td>
<td>8:00am-6:00pm</td>
<td>8:00am-2:00pm</td>
<td>Closed</td>
<td>Closed</td>
</tr>
<tr>
<td>Places For People**</td>
<td>8:00am-4:30pm</td>
<td>8:00am-4:30pm</td>
<td>8:00am-4:30pm</td>
<td>8:00am-4:30pm</td>
<td>8:00am-4:30pm</td>
<td>Closed</td>
<td>Closed</td>
</tr>
</tbody>
</table>

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

*Denotes St. Louis City or County providers
†Denotes organizations providing evening and weekend hours
Behavioral Health Response (BHR) Access Crisis Intervention hotline received 75,114 crisis calls in 2017 - an increase of 7% from the 70,246 calls in 2016. BHR provided in-person crisis intervention through 1,317 mobile outreaches - a decrease of 11% from the 1,473 provided in 2016. Resolution outcomes vary by service type.

- While regional behavioral health services are available predominantly during traditional business hours, providers surveyed collaborate with BHR’s regional Access Crisis Intervention hotline to provide 24/7 telephonic crisis intervention and mobile outreach services. These services are available to the entire region, regardless of an individual’s income, insurance coverage or engagement in services. In 2017, the majority of these calls resulted in referral to community-based services.

- BHR partners with community mental health safety net providers to give consumers access to next-day, urgent appointments and provides follow-up services to consumers to ensure ongoing safety and linkage to needed support.
State-funded substance use treatment providers in the Eastern Region newly admitted 9,399 treatment users to programming in 2017.

Substance use treatment (SUT) Users Newly Admitted to Programming, 2014 - 2017

![Bar chart showing newly admitted SUT users by year and provider]

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

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

*Denotes St. Louis City or St. Louis County provider
Behavioral health encounters at safety net primary care providers have increased by 121% (51,200), since 2013.

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

Note: Behavioral health services at primary care organizations may differ from those provided at traditional community mental health centers. These encounters may include, but are not limited to, psychiatry services, psychology services, individual counseling services with clinical social workers or other mental health providers, group counseling sessions, detox services, encounters with alcohol and substance abuse specialists and other outpatient behavioral health services.
Behavioral health encounters have decreased at six safety net primary care organizations by 5% or more over the past year.

Primary Care Behavioral Health Encounters by Organization, 2013 - 2017

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

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

Note: Encounters above represent behavioral health services provided at St. Louis County Department of Public Health clinics, as well as services provided through their contracted provider, Family Mental Health Collaborative. St. Louis County Department of Public Health ended its partnership with Family Mental Health Collaborative in late 2017. Affinia contracts with the Salvation Army to provide substance abuse services. In 2016, the Salvation Army opened a new site, reaching full capacity. This significantly expanded access to substance abuse services, through group counseling sessions, and is the primary driver for the increase in uninsured encounters served through Affinia in 2016. CareSTL Health increased capacity for behavioral health services in 2014 and 2015 by hiring licensed clinical social workers. BJK People’s provides additional primary care behavioral health services through their affiliation with ALM Hopewell Center. The “SSM” category includes St. Mary’s Health Center and Glennon Care Pediatrics. Data for SSM’s Danis Pediatrics is included in SLUCare’s data, as this clinic is serviced by SLUCare providers. Mercy JFK Clinic expanded access to behavioral health services in 2016 by hiring additional counselors.
Emergency department encounters with behavioral health diagnoses have increased by 7% over the past year and account for 24% of total emergency department encounters in 2017.

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

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

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

Note: Encounters where tobacco use reflects the only behavioral health diagnoses are excluded. Changes in coding practices over time may impact trends seen in the prevalence of behavioral health encounters in emergency departments.
Behavioral health diagnoses account for more than 46,400 primary diagnoses for emergency department encounters in 2017.

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

Note: Encounters where tobacco use reflects the only behavioral health diagnoses are excluded. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments.
The number of primary behavioral health diagnoses for emergency department encounters have remained relatively stable over the past year.

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

Note: Encounters where tobacco use reflect the only behavioral health diagnoses are excluded. Duplication across emergency department encounters does exist to account for both the primary and secondary diagnoses on each encounter. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. The ‘Other Diagnoses’ category includes: conduct disorders, tobacco use disorders, developmental disorders and suicide attempts.
Behavioral health diagnoses account for more than 388,400 primary and secondary diagnoses for emergency department encounters in 2017.

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

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

Note: Encounters where tobacco use reflects the only behavioral health diagnoses are excluded. Duplication across emergency department encounters does exist to account for both the primary and secondary diagnoses on each encounter. Distribution of behavioral health diagnosis codes within emergency departments are based on billing coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments.
The number of primary and secondary behavioral health diagnoses for emergency department encounters has decreased by 5% over the past year.

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

Note: Encounters where tobacco use reflects the only behavioral health diagnoses are excluded. Duplication across emergency department encounters does exist to account for both the primary and secondary diagnoses on each encounter. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. The ‘other diagnoses’ category includes: conduct disorders, tobacco use disorders, developmental disorders and suicide attempts.
Between 2016 and 2017 inpatient behavioral health safety net hospital staffed bed capacity decreased by 48 beds, or 7% (from 684 to 636 total staffed beds).

<table>
<thead>
<tr>
<th>Year</th>
<th>Barnes-Jewish Hospital (BJH)*</th>
<th>BJH Psych. Support Center (PSC)*</th>
<th>Christian Hospital*</th>
<th>Mercy Hospital Jefferson</th>
<th>Mercy Hospital St. Louis*</th>
<th>Mercy Hospital South*</th>
<th>Metro. Psych. Center (MPC)*</th>
<th>SSM Health St. Joseph Hospital-St. Charles/Wentz.</th>
<th>SSM Health St. Louis Univ. Hospital*</th>
<th>SSM Health St. Mary’s Hospital*</th>
<th>St. Alexius Hospital*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>59</td>
<td>0</td>
<td>40</td>
<td>42</td>
<td>72</td>
<td>74</td>
<td>75</td>
<td>98</td>
<td>92</td>
<td>40</td>
<td>34</td>
<td>91</td>
</tr>
<tr>
<td>2009</td>
<td>46</td>
<td>0</td>
<td>40</td>
<td>42</td>
<td>72</td>
<td>74</td>
<td>50</td>
<td>99</td>
<td>90</td>
<td>40</td>
<td>35</td>
<td>91</td>
</tr>
<tr>
<td>2010</td>
<td>46</td>
<td>0</td>
<td>40</td>
<td>42</td>
<td>72</td>
<td>74</td>
<td>50</td>
<td>99</td>
<td>92</td>
<td>40</td>
<td>44</td>
<td>87</td>
</tr>
<tr>
<td>2014</td>
<td>46</td>
<td>25</td>
<td>40</td>
<td>40</td>
<td>85</td>
<td>74</td>
<td>0</td>
<td>102</td>
<td>99</td>
<td>40</td>
<td>46</td>
<td>85</td>
</tr>
<tr>
<td>2015</td>
<td>46</td>
<td>36</td>
<td>0</td>
<td>36</td>
<td>85</td>
<td>74</td>
<td>0</td>
<td>102</td>
<td>99</td>
<td>40</td>
<td>46</td>
<td>85</td>
</tr>
<tr>
<td>2016</td>
<td>46</td>
<td>50</td>
<td>0</td>
<td>36</td>
<td>85</td>
<td>74</td>
<td>0</td>
<td>122</td>
<td>99</td>
<td>40</td>
<td>46</td>
<td>86</td>
</tr>
<tr>
<td>2017</td>
<td>28</td>
<td>50</td>
<td>0</td>
<td>34</td>
<td>85</td>
<td>74</td>
<td>0</td>
<td>114</td>
<td>99</td>
<td>40</td>
<td>46</td>
<td>66</td>
</tr>
</tbody>
</table>

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

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

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

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

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

Note: Data reflects community hospitals which provide acute psychiatric services and staffed bed capacity as of December 31, 2017. St. Louis Children’s Hospital and SSM Health Cardinal Glennon Children’s Hospital are not represented above, as they did not have dedicated psychiatric units for children and adolescents in 2014-2017. State-run facilities are also not included. Barnes–Jewish Hospital’s bed decrease is a temporary result of renovation requiring the rotational closure of units within its psychiatric services—variation in capacity is anticipated through 2019. In December 2017, SSM Health St. Louis University Hospital began to transition their geriatric beds to adult beds, maintaining a total of 40 staffed beds.
*Denotes St. Louis City or St. Louis County provider
Total acute psychiatric encounters at inpatient behavioral health safety net hospitals remained stable in 2017, with 27,872 total encounters.

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

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

*Denotes St. Louis City or St. Louis County provider
Acute psychiatric encounters were predominately covered by Medicaid (38%), private insurance (25%) or Medicare (23%), varying by hospital provider.

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

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

*Denotes St. Louis City or St. Louis County provider
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Appendix
Report Limitations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Denotes organizations included in the Gateway to Better Health primary care network as of March 2018
Appendix B: Emergency Care Providers

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

• Barnes-Jewish Hospital
• Christian Hospital and Northwest Healthcare
• Mercy Hospital St. Louis
• Mercy Hospital South
• Missouri Baptist Medical Center
• SSM Health Cardinal Glennon Children’s Medical Center
• SSM Health DePaul Health Center
• SSM Health St. Clare Health Center
• SSM Health St. Louis University Hospital
• SSM Health St. Mary’s Health Center
• St. Louis Children’s Hospital
• St. Luke’s Hospital
Appendix C: Specialty Care Providers

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

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

*Denotes organizations included in the Gateway to Better Health specialty care network as of March 2018
Appendix D: Behavioral Health Providers

Eastern Region Community-based Comprehensive Psychiatric Service Providers surveyed:

- Department of Mental Health Administrative Agents include:
  - Amanda Luckett Murphy Hopewell Center*
  - BJC Behavioral Health*
  - Comtrea Comprehensive Health Center
  - Crider Health Center (dba Compass Health Network)

- Department of Mental Health Affiliate Agencies providing comprehensive psychiatric services (CPS) include:
  - Adapt of Missouri*
  - Independence Center*
  - Places for People*

- State-funded agencies providing substance use treatment services include:
  - Comtrea Comprehensive Health Center
  - Preferred Family Healthcare*/Bridgeway Behavioral Health*
  - Queen of Peace Center*

- Access Crisis Hotline includes:
  - Behavioral Health Response*

Eastern Region Inpatient Psychiatric Service Hospital Providers surveyed:

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

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

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Organization/Role</th>
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<tbody>
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<td>Riley Safer Holmes &amp; Cancila LLP</td>
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<td>Executive Director</td>
<td>Great Rivers Greenway</td>
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<td>Jeffrey Johnston (Treasurer)</td>
<td>President, East Communities</td>
<td>Mercy</td>
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<td>Fred W. Rottnek, MD, MACHM</td>
<td>Chair, Provider Services Advisory Board</td>
<td>Professor and Director of Community Medicine</td>
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<td>Joe Yancey (Chair, Community</td>
<td>Director</td>
<td>Places for People</td>
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<td>Candance Jennings</td>
<td>Regional President</td>
<td>SSM Health – St. Louis</td>
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<td>Alan Freeman</td>
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<td>Webster University</td>
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<td>Deputy Director, Missouri Department of Social Services</td>
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<tr>
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<td>President &amp; Chief Executive Officer</td>
<td>BJC HealthCare</td>
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