Building a Healthier St. Louis

A Decade of Progress

2001–2011
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Everyone should have access to high quality, affordable health care. Through collaboration and partnership, the St. Louis Regional Health Commission is working to improve our community. St. Louis County has actively supported the work of the RHC since its formation in 2001. I am thankful for all those who have contributed to our region’s progress in strengthening its health care system through the RHC. A great deal has been accomplished over the past ten years to improve access to health care. More work remains, and I look forward to continuing our progress in the years to come.

Sincerely,

CHARLIE A. DOOLEY,
County Executive, St. Louis County

The City of St. Louis is proud to have been supportive of the St. Louis Regional Health Commission since its beginning in 2001. Since then, the RHC has made great progress in their work to improve the health care system in our region. I am honored to recognize all who have collaborated in this important work. The Regional Health Commission, the City of St. Louis, and many other partners have contributed to this effort – and we have achieved much success. I extend my appreciation to all involved with this partnership. Thank you for your work to improve access to health care and to improve health in our great community.

Sincerely,

FRANCIS G. SLAY,
Mayor, City of St. Louis
In July 2010, the federal government recognized the work of the St. Louis region over the past decade to improve its health care safety net. Based upon the community’s tremendous progress, the State of Missouri received federal approval for the “Gateway to Better Health” demonstration project to preserve and expand community health services for the St. Louis region’s uninsured. This was a signature moment in the St. Louis community’s work to maintain and improve access to safety net health care. “The St. Louis region’s work to transform its safety net health care system has become a model for other communities as they work to improve access to health care,” said Rima Cohen, Counselor to the Secretary for Health Policy at the Department of Health and Human Services, during a visit to St. Louis in August 2010.
This success has been built through a decade of collaboration and dedicated effort after the community encountered significant challenges. In 1997, the community’s remaining public hospital, St. Louis Regional Medical Center, closed, and by 2001, the St. Louis region faced a fiscal crisis, jeopardizing much of the region’s remaining safety net primary and specialty care services.

At this time, the community united, mobilized, and acted. Civic Progress, an organization comprised of the leading corporate executives in St. Louis, formed a task force to address the immediate safety net funding crisis, under the leadership of James Buford, CEO of the Urban League of Metropolitan St. Louis, and William Danforth, Chancellor Emeritus of Washington University in St. Louis. Hospital leaders, health center executives, government leaders and advocates came together to create real solutions to the challenges. The participants recommended the formation of a Regional Health Commission—a consortium of government representatives, providers of care and members of the community charged with developing and implementing a long-range plan to improve health care access and delivery to the uninsured and underinsured.

“It was my pleasure to co-chair the task force that recommended the formation of the Regional Health Commission,” says James Buford. “From the beginning, the Commission’s work engaged community leaders, advocates and consumers in improving the region’s health care system and made an important difference in the lives of St. Louisans.”

The St. Louis Regional Health Commission (RHC) held its first meeting in September 2001. The RHC established two 30-member Advisory Boards to provide meaningful input into its work. And in February 2002, the RHC sponsored a regionwide “Call to Action” meeting that brought more than 400 interested individuals together to generate momentum for improving the health care system.

“\textit{The Regional Health Commission has made a tremendous difference over the past decade. Its accomplishments have far exceeded what we thought would be possible when it was formed in 2001. The Commission is an outstanding example of what St. Louisans can achieve when they put organizational differences aside and work together to solve problems. The health care safety net has been vastly improved in the last decade as a result of the collaborative work of the Commission.”}

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\textsc{William Danforth, Chancellor Emeritus, Washington University in St. Louis}
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\textsc{James Buford, CEO, Urban League of Metropolitan St. Louis (left); William Danforth, Chancellor Emeritus, Washington University in St. Louis (right); and Peter Sortino, Chair, St. Louis Regional Health Commission}
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Creating a Plan for Change

The RHC began a community-wide strategic planning process to improve the health care system in St. Louis City and County in 2002. Hundreds of organizations and thousands of individuals provided input into the development of the plan. Community members participated in town halls to discuss the safety net system and ideas for addressing the issues at the root of the region’s comparatively poor health outcomes. Advocacy organizations such as Metropolitan Congregations United sponsored “Speak Out” sessions to gather patient feedback on the health care system. And across the region, community members engaged in feedback sessions to establish regional priorities for improving the health care safety net.

As part of its planning process, the RHC reviewed recent community reports that provided additional insight into patient perspectives on the region’s health care system. *A Crisis of Care*, developed by the St. Louis University School of Public Health and the Episcopal-Presbyterian Health Trust, found that a key problem “was the complexity and fragmentation of services and the fact that little effort [was] made to connect people with existing services.” Focus group members described long wait times, at times disrespectful interactions with health center staff and physicians, and difficulty understanding and acting on health information. Patients “spoke frequently about their profound lack of trust in the health care system” and the ways that “health care delivery [continued] to fail them.”

In addition to consumer and community input, the RHC conducted an exhaustive survey of safety net providers throughout the region in order to ensure that important data were available for fact-based decision-making. The federal government recognized the resulting report, *Building a Healthier St. Louis*, as one of the most comprehensive ever completed by a community regarding safety net health care.

Based upon these and other key findings, in October 2003, the RHC published its strategic plan for improving health care delivery, *Recommendations for Improving Safety Net Primary and Specialty Care Services in St. Louis City and County*. In this report, government and health care leaders committed to a vision for a health care system that is integrated, financially sustainable, patient-centered, and accessible to all regardless of their ability to pay. The RHC developed 95 specific recommendations to achieve this vision in 2003. The RHC added to this plan with the completion of recommendations for improving health literacy in 2006, and with the completion of recommendations for strengthening behavioral health services in 2006 and again in 2010.

Over the next seven years, organizations and individuals from across the region have come together to implement the strategic plan. Since 2003, the St. Louis region has implemented more than 70% of the recommendations and made strong progress in transforming the health care system for the uninsured and underinsured.

Key accomplishments described in this report include the following:

- **Building a financially sustainable system** – The RHC preserved more than $325 million to date that would not otherwise be available for outpatient services for the uninsured in the St. Louis region and attracted more than $13 million in new funds not otherwise available to support safety net health services. In partnership with the State of Missouri, the St. Louis region secured a federal demonstration project in 2010 to develop a plan for transitioning the patients in the health care safety net to 2014, when access to health insurance coverage will be substantially increased through the federal Patient Protection and Affordable Care Act.
Improving access to primary and specialty care – Substantial increases in access to primary, specialty, and dental services for the uninsured and underinsured have been made in our region since 2002:
- 100,000 more primary care visits – a 20% increase in access since 2002
- 40,000 more specialty care visits – a 25% increase in access since 2002
- 30,000 more dental care visits – a 65% increase in access since 2002

Improving care coordination and integration – The RHC recommended and supported the development of the St. Louis Integrated Health Network, an independent non-profit organization, to improve integration and coordination of primary and specialty care services; implemented the Eastern Region Behavioral Health Initiative to strengthen behavioral health service delivery; initiated the formation of the Behavioral Health Network of Greater St. Louis, an independent non-profit organization, to facilitate the integration and coordination of behavioral health services in the region; and created the Community/University Health Research Partnerships to focus research efforts on health care problems of importance to the community.

Reducing cultural barriers and improving health literacy – The RHC formed a Health Literacy Task Force and developed a community-wide plan for improving health literacy, which led to the creation of Health Literacy Missouri; developed and implemented an evidenced-based training curriculum to reduce stigma and increase cultural competency within organizations that serve consumers of behavioral health services; and created “Guiding Principles of Respect,” which were adopted by the RHC and many other organizations in the health care community.

Creating an ongoing forum for community involvement in the region’s health care system – The RHC believes that in order to create and implement change in the health care system, it is critical that the work is inclusive and citizens are engaged in the decision-making processes. Throughout the work over the past 10 years,
the RHC has relied on its Advisory Board process to set its direction and priorities. The Advisory Boards are made up of health care providers, community organization representatives, safety net patients, and other community leaders.

The Advisory Board members have worked with the Commissioners to help define the problems, conduct research, and implement major improvement efforts in the community. “Health care providers in the trenches are vital sources of information about how the health care system is working and how it can be improved,” says Corinne Valentik, Chair of the Provider Services Advisory Board. “The work of the Provider Services Advisory Board has improved health care for patients in our region.”

In addition, community organizations from across the region have provided critical input into the work. Over the past 10 years, the RHC members and staff have met with many neighborhood, community, and health-related groups. These organizations have contributed to the RHC’s process and priorities, and share in the region’s successes.

Due to the vast commitment of thousands of individuals over the past decade, the RHC has played a key role in dramatically improving access to health care for low-income residents, creating an integrated system of care in the region, providing annual reporting to the community on the health care system, and creating forums for the community’s voice to be included in regional planning efforts. From a community in crisis to a national model, the St. Louis region has transformed its safety net system — through patients, providers, and governmental leaders working together to improve health care services for the uninsured and underinsured.

This report chronicles the St. Louis region’s progress from 2001 to 2011 in building a healthier St. Louis.
Ensuring the financial viability of St. Louis’ health care safety net has been a major priority of the region since the late 1990s when St. Louis Regional Hospital closed. Fortunately, the federal government, the State of Missouri, the region’s hospital community, and the RHC created a unique partnership in 2001 to preserve more than $25 million annually in federal funds to support outpatient care for the uninsured in the St. Louis region. Without this innovative collaboration, which has become known as the “St. Louis model,” vital access points in St. Louis’ urban core would have closed, and emergency department visits would have substantially increased throughout the region.

Recognizing the success of the “St. Louis model,” the federal government announced the approval of the “Gateway to Better Health” demonstration project in July 2010. This demonstration enables the continuation of St. Louis’ flexible use of funding to meet the needs of the St. Louis health care safety net. It also provides an important bridge to the implementation of federal health care reform, enabling the St. Louis community to maintain access until increased health insurance coverage options become available through the federal Patient Protection and Affordable Care Act in 2014.

“The fact that more than $325 million has been secured to maintain and enhance health care services at community health centers has been one of the more significant civic accomplishments in our region over the past decade,” says Peter Sortino, RHC Chair. “We are thankful for the governmental, health care and community leadership that have come together to produce such an innovative and meaningful result for St. Louisans.”

PETER SORTINO, Chair, St. Louis Regional Health Commission
“The St. Louis healthcare community has developed a widely acclaimed model for providing care to needy citizens... We are proud of the efforts made toward improving care for the uninsured people and Medicaid recipients in the St. Louis region and... we endorse their efforts.”

Joint letter from Missouri Senators CHRISTOPHER “KIT” BOND and CLAIRE McCASKILL, and Missouri Congressmen TODD AKIN, RUSS CARNAHAN, and WILLIAM “LACY” CLAY, to the Centers for Medicare and Medicaid Services (CMS), March 16, 2010

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PRESERVING HEALTH CARE ACCESS – 2002 TO 2010

In 2002, in the aftermath of the closure of St. Louis Regional Hospital, the St. Louis community stood to lose approximately $25 million in funds that supported more than 75,000 outpatient health care visits in the region each year.

The interim solution to this crisis came in the form of an amendment to Missouri’s existing Medicaid 1115 Waiver. The waiver amendment allowed dollars typically used for hospital care to flow to primary and specialty care centers. In June 2002, the federal government approved the waiver with the requisite that the St. Louis community must meet milestones to improve its safety net health care delivery system.

The St. Louis community met all terms and conditions of this agreement with the federal government. Through the RHC, the community published an assessment of safety net health care services titled Building a Healthier St. Louis, and developed a community-wide strategic plan for improving health care delivery in the region. The assessment and plan were both completed in 2003. As part of the strategic plan, a major initiative was completed to transfer St. Louis ConnectCare’s primary care operations to two Federally Qualified Health Centers (FQHCs), in order to enhance federal funding opportunities for the region’s community health centers. Based on these results and successful implementation of other elements of the RHC’s strategic plan, more than $325 million was maintained for community health centers otherwise not available.

In a recent report highlighting national models for safety net integration and collaboration, The Commonwealth Fund and George Washington University highlighted St. Louis’ progress, stating “remarkably, despite Regional's closure, some components of the St. Louis health care safety net have flourished over the past decade. In large measure, this is due to a set of strategic alliances that operate with a commitment to move the safety net beyond a contentious, fragmented history toward a more coordinated, higher-quality, better resourced future.”

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Used with permission of the St. Louis Integrated Health Network

Primary care visit at Grace Hill Health Centers

Grace Hill Murphy-O’Fallon Health Center
The “Gateway to Better Health” Demonstration (2010-2013): A Bridge to Health Care Reform

In 2009, the RHC reconstituted its Long-Term Financing Task Force, which is charged with developing long-term financial solutions to the fiscal challenges faced by the health care safety net providers in the region. A key RHC priority was the development of financing strategies for the health care safety net post-June 2010, when funding was set to expire. The RHC recognized that federal health care reform, which became law in March 2010, will expand coverage to an estimated 32 million Americans, including more than 400,000 Missourians (Missouri Foundation for Health, “Frequently Asked Questions About Federal Health Care Reform”). Many parts of the law will take effect between 2010 and 2014. The critical issue facing the RHC and the St. Louis safety net was finding a bridge to preserve access to care until 2014.

With active support from the Governor’s office, St. Louis City and County, and the entire St. Louis Congressional delegation, the State of Missouri applied for a “Gateway to Better Health” demonstration project from the Centers for Medicare and Medicaid Services (CMS).

City of St. Louis Mayor Francis Slay and St. Louis County Executive Charlie Dooley provided important support in a joint letter: “Approval of this Waiver is critical to the stability of the health care system for the uninsured and underinsured of the City of St. Louis and St. Louis County.”

In July 2010, CMS approved the $105 million “Gateway to Better Health” demonstration project. The RHC immediately began working with its partners to develop a plan for effectively transitioning the patients in the health care safety net to coverage provided through federal health care reform, the focus of the demonstration

Medicaid Deal Keeps The Area Health Care Safety Net Intact
Reprinted with permission from the St. Louis Post-Dispatch, The Editorial Board, August 1, 2010

Somewhere over the horizon looms 2014, when the federal health care reform will be fully implemented and about 30 million Americans who now have little access to care — including thousands in this area — will be covered.

The question is how to get there from here.

Late last week, the federal government provided a road map by extending an existing agreement that allows up to $25 million in Medicaid payments to hospitals to be diverted instead to clinics that serve the uninsured.

You might think that would be a hard sell for hospitals; after all, they’re experiencing sharp growth in the number of uninsured patients they serve.

But St. Louis-area hospitals willingly have been sharing those payments with clinics for a decade. Without them, there simply wouldn’t be a health care safety net to meet the region’s needs.

To understand why last week’s agreement was crucial, you have to go back to 1997 when the region’s last public hospital closed.

St. Louis Regional Hospital, jointly funded by St. Louis and St. Louis County, had been faltering for years. It had a patient base made up mostly of uninsured patients and the poor.

Once, virtually every major city had at least one public hospital; St. Louis had two — Homer G. Phillips Hospital served blacks and St. Louis City Hospital served whites. But most public hospitals across the nation, including those two, have since closed, the victims of changing health care economics and tight city budgets.

In 1997, St. Louis Regional’s impending closing sparked public protests and some angry political confrontations. But at the time, most health experts said it wasn’t the loss of Regional’s 120 beds that would have hurt St. Louis most. It was the loss of its clinics and doctors.

Fortunately, that didn’t happen. A coalition of St. Louis hospitals helped craft a plan that allowed Regional to go forward under the name ConnectCare.

A few years later, in 2001, the St. Louis Regional Health Commission was established. Its first responsibility was to protect the rapidly unraveling safety net.

For the first time, regional leaders and health care providers began meeting to coordinate care for the poor and uninsured outside of the region’s hospitals. Those efforts were underwritten by area hospital systems, including BJC and SSM.

The hospitals receive payments from the federal government for treating uninsured patients. They made part of that money available to community health centers. They also provide access to specialty physicians.

Without the federal government’s blessing, that funding arrangement was due to expire. Clinics around the region, struggling with growing demand, would have lost a quarter of their budgets.

St. Louis still has many unmet medical needs. But at least it still has a safety net. Thanks to last week’s agreement, St. Louis will continue to have one for years to come.

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project over the next three years. “Through the collaboration of the members of the Commission and the State, we believe we will develop a plan that will serve as a model for the rest of the nation,” says Ronald Levy, recent Director of the Missouri Department of Social Services. “We look forward to continuing our work with the St. Louis community to find innovative ways to provide coverage and improve access to quality health care services for the region’s citizens.”

Under the terms of the demonstration project, the St. Louis community must develop and implement a pilot program to enroll low-income, uninsured individuals who are not currently eligible for Medicaid into a health care coverage model beginning July 2012. The RHC convened a Pilot Program Planning Team, chaired by James Crane, Washington University School of Medicine, in August 2010. The team is charged with developing recommendations for the pilot program and ensuring all the milestones of the “Gateway to Better Health” demonstration project are completed and submitted on time. The goal of the pilot program is to provide a bridge to health care reform by preparing the safety net providers and their uninsured patients living in St. Louis City and St. Louis County for the coverage options available under the Affordable Care Act. The deliverables completed by the Pilot Program Planning Team may be viewed at www.stlrhc.org.

“The demonstration project enables us to maintain access to health care for the uninsured. Without this funding, many of these services would have closed,” says Archie Griffin, President and CEO of Myrtle Hilliard Davis Comprehensive Health Centers. Current actuarial modeling indicates that about 18,000 uninsured individuals will receive health care services through the pilot program. Per the terms of the demonstration, these individuals will be residents of St. Louis City or St. Louis County, between the ages of 19 and 64, and below 133% of the federal poverty level. Most eligible patients will need to be enrolled prior to the start date of the pilot program on July 1, 2012, requiring approximately 200 people to enroll each day, beginning in the spring of 2012. To address these challenges, the RHC has charged an outreach and enrollment committee with helping to design an outreach and enrollment strategy that best meets the objectives of the demonstration, while complying with the terms and conditions from CMS.

SUZANNE LeLAURIN, Chair, RHC Outreach and Enrollment Committee

Suzanne LeLaurin, Senior Vice President at the International Institute of St. Louis, chairs the committee. “Our team is realistic about the challenges and creative about how best to overcome them. As our community reaps the benefits of the funds from the demonstration and builds a transition to coverage available from the Affordable Care Act, I’m confident our team will meet the challenges ahead,” LeLaurin says.

ATTRACTING NEW FUNDING

In addition to the RHC’s work to preserve safety net financing, the RHC Corporate Purpose charges the organization with developing new sources of support for delivery of care to the medically underserved, and serving as a custodian to ensure appropriate use of the funds to support the 2003 strategic plan. In this role, the RHC has received more than $13 million to support outpatient safety net health services in the St. Louis region.

The RHC has allocated these funds through an extensive process of community input along with rigorous data analysis. Based on this intensive process, RHC funding has supported the following projects:

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OBJECTIVES OF THE “GATEWAY TO BETTER HEALTH” DEMONSTRATION

- Preserve the St. Louis City and St. Louis County safety net of health care services available to the uninsured until a transition to health care coverage is available under the Affordable Care Act.
- Transition the “St. Louis model” to a coverage model as opposed to a direct payment model by July 1, 2012.
- Connect the uninsured and Medicaid populations to a primary care home which will enhance coordination, quality, and efficiency of health care through patient and provider involvement.
- Maintain and enhance quality service delivery strategies to reduce health disparities.
- Ensure that there is a two percent increase in the number of uninsured persons receiving services at ConnectCare, Grace Hill, and Myrtle Hilliard Davis for the first two years of the project.
The St. Louis region’s health information exchange initiative and the “Community Referral Coordinator” program that connects individuals from hospital settings into a primary care home, both led by the St. Louis Integrated Health Network;

The integration of behavioral and physical health services through the merger of Betty Jean Kerr People’s Health Centers and Hopewell Center;

The expansion of safety net dental services through funding to support the hiring of four new dentists at community health centers in St. Louis City and County;

Further integration of mental health services at community health centers through an innovative joint funding initiative between the RHC and St. Louis’ Episcopal-Presbyterian Health Trust;

The establishment of the St. Louis Regional Psychiatric Stabilization Center to serve those with acute mental crisis needs;

Funding promising research collaborations jointly led by university researchers and St. Louis community organizations. These initiatives were made possible by contributions from BJC HealthCare, Saint Louis University School of Medicine and Washington University School of Medicine to the RHC.

These initiatives all support the RHC’s strategic plan developed in 2003 to create an integrated, quality health care delivery system for all in the region, and are described in subsequent sections of this report.

In addition to this direct funding, the RHC facilitated an additional $7.1 million investment in community health centers by area foundations, hospitals, and the City of St. Louis to update primary care health centers in St. Louis’ urban core as part of an affiliation process between St. Louis ConnectCare, Grace Hill Health Centers, and Myrtle Hilliard Davis Comprehensive Health Centers in 2005.
Improving Integration and Care Coordination: The St. Louis Integrated Health Network, the Eastern Region Behavioral Health Initiative, and the Community/University Health Research Partnerships

Before the formation of the St. Louis Integrated Health Network in 2003, the St. Louis safety net system that served the uninsured and underinsured was fragmented. Communication and coordination between providers was limited, and many patients did not have a primary care home for regular health care. Coordination among behavioral and physical health systems also was minimal.

It was clear that the region must redesign its fragmented safety net system to serve its patients better. In its October 2003 strategic plan, the RHC made recommendations for improving safety net care coordination and integration. Key to implementing these recommendations was the development of the St. Louis Integrated Health Network to improve integration and coordination of primary care, specialty care, and hospital services, and the Eastern Region Behavioral Health Initiative to strengthen behavioral health service delivery. The Community/University Health Research Partnerships (CUHRP) program, which focuses research on health care problems of importance to the community, is also significant to regional efforts to improve integration and care coordination. CUHRP was initiated in response to feedback provided through the RHC Advisory Boards in 2009.
**St. Louis Integrated Health Network**

In its October 2003 report, *Recommendations for Improving the Delivery of Safety Net Primary and Specialty Care Services*, the RHC recommended that current safety net providers form a permanent regional network to coordinate and integrate care to the medically underserved. This was followed by a federal grant from the Health Resources and Services Administration (HRSA) supporting the creation of such a network. In November 2003, administrators from the area’s largest outpatient safety net providers gathered at the first organizational meeting of the St. Louis Integrated Health Network (IHN).

**Putting the Patient First**

After time, the connection between the IHN institutions began to strengthen. “We have all worked hard to put the needs of our patients and the community ahead of our own individual organizations’ needs,” explains Bob Massie, CEO of Family Care Health Centers and Chair of the IHN. “From the beginning of this effort in 2003, it was important for us to work together to build a better system,” notes Archie Griffin, CEO of Myrtle Hilliard Davis Comprehensive Health Centers.

In 2004, cross-organizational workgroups were established to plan for the integration of safety net services. The impact of these early collaborative efforts was significant. In 2004, patient wait times for specialty care were reduced to fewer than 14 days for most specialties. The IHN members also collaborated to establish health coaching services at each community health center.

Recently, the work of the IHN Breast Cancer Referral Task Force helped to reduce the time it takes for women with breast cancer to access critical tests and treatment. Patients with breast cancer are now guided along a more coordinated path for services from initial identification of a breast abnormality through treatment and follow-up.

**Connecting Patients with a Health Home**

The IHN’s Primary Care Home Initiative, launched in 2006, seeks to connect all patients with a primary care physician, particularly the uninsured and underinsured. Key to this project is using health information technology to connect health centers, hospital emergency departments and other providers to share important patient information electronically. The community-wide health information system, currently in the final stages of implementation, includes health centers and hospitals from across the St. Louis region.

**IHN MEMBER ORGANIZATIONS**

- Betty Jean Kerr People’s Health Centers
- Crider Health Center
- Family Care Health Centers
- Grace Hill Health Centers
- Myrtle Hilliard Davis Comprehensive Health Centers
- St. Louis County Department of Health
- St. Louis ConnectCare
- St. Louis University School of Medicine
- Washington University School of Medicine

**NMPI STEERING COMMITTEE** (top, left to right): Craig Glover, Grace Hill Health Centers; Sam Joseph, Betty Jean Kerr People’s Health Centers; Robert Fruend, Jr., St. Louis Regional Health Commission; Dennis Keuse, Family Care Health Centers; David Weiss, BJC HealthCare (bottom, left to right): Bethany Johnson-Javois, St. Louis Integrated Health Network; Jane Schaefer, St. Louis Integrated Health Network; Patrick Brennan, St. Louis University Hospital; James Crane, Washington University School of Medicine

(Not pictured): Michael Paasch, SSM Health Care – St. Louis
As part of this project, referral coordinators in area emergency departments work with patients to help them find a primary care home for regular preventive and primary care, and health coaches assist patients with system navigation and chronic disease management. Referral coordinators have provided more than 30,000 patient encounters to provide education and schedule a visit at a community health center following a hospital visit. In recent months, approximately 40% of patients encountered through this program have visited a primary care provider for follow-up and preventive care. The IHN will serve on a technical assistance panel for the National Institutes of Health regarding emergency room process improvement to share its knowledge from this project with other communities.

Building on its commitment to connect all patients with a medical home, the IHN launched PULSE, a joint marketing and education campaign about accessing services within the safety net health care system, with support from the Episcopal-Presbyterian Health Trust. The aim is stronger, more knowledgeable self-navigation of the safety net health care system.

**A Model for Health Reform in St. Louis**

The IHN provides a forum for safety net providers to come together in the spirit of collaboration. The network has become one of the largest in the country. More than 175,000 unique patients receive care at one of its nine member organizations each year. The IHN also has been recognized for its innovative work to strengthen health care services for the St. Louis community. In 2010, the federal Agency for Healthcare Research and Quality (AHRQ) designated the IHN as one of 17 ACTION II partnerships nationwide for its innovative work in health care system delivery improvement.

Based upon the recent successes, more collaborative efforts are now possible. “The RHC and IHN have fostered unprecedented collaboration and cooperation among safety net providers in our community,” says James Crane, Associate Vice Chancellor for Clinical Affairs at Washington University School of Medicine, and the IHN’s first Chair. “While more opportunities lie ahead, remarkable progress already has been made toward improving health care access and meeting the needs of the medically underserved.”

Since its formation in 2003, the IHN has built a model of care coordination and integration. Through the IHN’s efforts to enable health information exchange, promote patient connection to a medical home and
As the region worked to improve its safety net primary and specialty care system, it also was apparent that it must transform its behavioral health system. In 2006, the State of Missouri, mental health and substance abuse providers, and community advocates partnered with the RHC to begin the Eastern Region Behavioral Health Initiative. The group set the ambitious goal of looking beyond “how things have always been done” to engage in long-term, innovative problem solving and strategic planning to improve behavioral health services in the Eastern Region of Missouri.

As part of this work, in 2009, the RHC chartered an “Access to Behavioral Health Task Force” charged with examining important
financing and structural issues within the region’s behavioral health system. The Task Force created a set of recommendations that addressed core changes needed in our community to increase access to behavioral health services in the region.

A great deal was accomplished in the four-year initiative, as detailed in the RHC report *Pathways to Progress: Transforming the Behavioral Health System, 2006–2010* available on the RHC website at www.stlrhc.org. Key accomplishments of this initiative include:

- Creating a regional blueprint for change supported by the state, providers, and advocates across the region
- Supporting a merger of a community health center and a community mental health center to create an integrated model for residents in North City
- Securing $2.6 million in new funding to support the integration of behavioral health services into primary care settings
- Implementing vital work to reduce the stigma of mental illness in our community
- Forming the Behavioral Health Network of Greater St. Louis to serve as a permanent body to coordinate behavioral health services in the region

In addition, in 2010, the State of Missouri asked the RHC to facilitate a community-wide planning process in the wake of the closure of emergency and acute mental health services at the region’s public mental health hospital, Metropolitan St. Louis Psychiatric Center (MPC). Based on this planning process, the State of Missouri and St. Louis’ two largest health systems – BJC HealthCare and SSM Health Care – announced an innovative public-private partnership in July 2011 to form a new non-profit called the St. Louis Psychiatric Stabilization Center that will operate new crisis mental health services at the MPC location. The RHC has announced that it will provide up to $1.5 million in funding for start-up capital to make this project a reality for the community.

A summary of the efforts of the Eastern Region Behavioral Health Initiative follows:

**INTEGRATION INITIATIVES ACROSS THE REGION**

The St. Louis region made great strides in the integration of physical and behavioral health services in recent years. Key integration initiatives include the following:

- **Crider Health Center** received Federally Qualified Health Center (FQHC) status from the federal government in 2007 and transformed itself from a community mental health center into a full service community health center, offering primary care, dental, mental health, and other services.
- **Family Care Health Centers** hired and placed a psychiatrist at its community health center locations to increase access to behavioral health services, and established a partnership with Places for People, a mental health provider, to provide weekly primary care services to Places for People’s clients.
- **COMTREA** developed linkages with local primary care physicians to improve referrals and coordination between the primary care and behavioral health systems of Jefferson County.
- **Queen of Peace Center** established a partnership with Betty Jean Kerr People’s Health Centers to increase access to primary care services via a co-location model that provides well-women exams and pediatric care to consumers and their children accessing care at Queen of Peace.
- **St. Louis County Department of Health** provides access to behavioral health services through the Family Mental Health Collaborative, a County-funded partnership of five behavioral health organizations in the region.
- **St. Louis Psychiatric Stabilization Center**
- **Crider Health Center**
- **Family Care Health Centers**
- **COMTREA**
- **Queen of Peace Center**
- **St. Louis County Department of Health**
health centers. In January 2010, Betty Jean Kerr People’s Health Centers (People’s) took a major step along this path when it merged its operations with Hopewell Center, a community mental health center. In his September 23, 2009, testimony to U.S. Congressional Staff, Joseph Parks, Director of the Missouri Department of Mental Health, explained: “The integration of primary and behavioral healthcare in the same clinic setting is essential. Patients prefer co-location due to increased convenience, and it reduces missed appointments… Daily contact between behavioral health professionals and primary care providers increases mutual consultation, referral, and collaboration.”

The RHC invested more than $550,000 to assist with the immediate integration costs associated with the People’s/Hopewell merger, helping to make the idea of integration a reality for many in the region. “These changes,” says Dwayne Butler, CEO of People’s and Hopewell, “will only enhance our ability to provide quality services with dignity and respect.” Other community health centers also are leading important initiatives to integrate behavioral health into the services available at their organizations.

To further support integration efforts, the Episcopal-Presbyterian Health Trust has partnered with the RHC to support the implementation of the community’s strategic plan for behavioral health services. The Episcopal-Presbyterian Health Trust will offer up to $800,000, to be combined with an RHC investment of $1.8 million, in a funding collaboration to improve behavioral health service availability and integration at community health centers. The combined $2.6 million in new funding will be granted to members of the St. Louis Integrated Health Network to support the integration of behavioral health services into community health centers.

Reducing Stigma and Increasing Respect

Throughout the behavioral health initiative, consumers and family members were brought together to ensure their voices were heard. RHC consumer focus groups indicated that “stigma is pervasive” and creates barriers to accessing care. As a first step, the initiative developed and implemented an evidenced-based training curriculum to reduce stigma and increase cultural competency within organizations that serve consumers of behavioral health services. The team also developed a “Guiding Principles of Respect” document, which was adopted by the RHC and many other organizations in the behavioral health community.

GUIDING PRINCIPLES OF RESPECT FOR THE EASTERN REGION:

Respect is the foundation of all of our behaviors, attitudes, and interactions. We acknowledge that all individuals have dignity and worth, and we strive to respect others through our policies, behaviors, or attitudes.

The Eastern Region is committed to the following guiding principles of respect:

- At all times, treat each individual who enters our facilities with dignity and respect
- Work to identify and eliminate disparity in the outcomes of the populations that we serve
- Work to foster a reciprocal environment of mutual respect for consumers, providers, and family members
- Ensure that service environments are welcoming and comfortable for all we serve
- Develop and adhere to a process through which to correct any policy, behavior or procedure that is found to diminish the dignity and worth of another
- Encourage that staff demographics reflect the populations that we serve
- Recruit, train, reward, and promote those individuals who practice and lead in implementation of these principles
- Ensure that each staff periodically participate in training/education around stigma and cultural competence that align with the Guiding Principles of the Eastern Region
- Develop and adhere to a process by which to measure improvement/progress in the provision of non-stigmatizing, culturally competent care
- Develop an internal policy to promote respect within each organization

The Eastern Region believes that the above guiding principles are integral to the promotion of culturally competent and non-stigmatizing behavior.
Development of the Behavioral Health Network

The RHC’s four-year behavioral health initiative provided an important foundation for continued efforts to transform the behavioral health system through the formation of a new independent non-profit organization, the Behavioral Health Network of Greater St. Louis (BHN). The BHN – which includes representatives from the Missouri Department of Mental Health, behavioral health providers, hospitals, advocacy organizations, and consumers and family members – will work to continue to improve services within the behavioral health community. The RHC transitioned the coordination of the Eastern Region Behavioral Health Initiative to the newly formed BHN in 2010. Says Karl Wilson, President and CEO of Crider Health Center and Chair of the RHC’s Behavioral Health Initiative (2006-2010), “We are accountable to consumers to continue the region’s work to improve behavioral health services.

The Behavioral Health Network will serve as a forum for ongoing region-wide strategic planning to promote quality care and increase access.”

Regional Psychiatric Capacity Planning and the Opening of the New “St. Louis Regional Psychiatric Stabilization Center”

In April 2010, the State of Missouri announced plans to close the emergency department and the 50 remaining acute care beds at the Metropolitan St. Louis Psychiatric Center (MPC) as a result of declining state revenues. In an effort to address the immediate challenges caused by the closure of MPC, the Missouri Department of Mental Health asked the RHC to facilitate the development of a community-driven plan to address these challenges.

The RHC convened three regional planning teams in response to the State’s request:

- **Short-Term Crisis Management Team** - Identified and addressed immediate key issues created by the closure of MPC and analyzed the scope and scale of the closure and its impact on the community.

- **Regional Psychiatric Capacity Task Force** - Developed recommendations to address long-term solutions for the closure of MPC and created an analysis of acute psychiatric care capacity in the region.

- **MPC Planning Group** - Served as a community advisory group to the regional planning process.

The Short-Term Crisis Management Team and the Regional Psychiatric Capacity Task Force, with the input and approval of the MPC Planning Group, developed a total of three reports: the “Impact Statement,” the “Emergency Response, Capacity and Communications Plan” and the “MPC Regional Psychiatric Capacity Analysis and Recommendations” final report. All three reports are available for review on the RHC’s website, www.stlrhc.org.

Through this process, the region agreed that a new “Psychiatric Stabilization Center” would best address the immediate needs of the community, especially for those in a mental health crisis. Based upon the input and approval of hundreds of individuals through RHC’s public process, the State of Missouri, SSM Health Care, and BJC HealthCare have developed an innovative private/public partnership to form a new “St. Louis Regional Psychiatric Stabilization Center.” This new center will operate 24-hour emergency mental health services and a short-term acute facility for those with acute mental health issues. The RHC has agreed to provide up to $1.5 million for initial start-up costs for these much needed services.

“The stabilization center is a first step toward providing critical mental health services in clinically appropriate settings,” says James Sanger, President and CEO of SSM Health Care – St. Louis. “It is my hope that this beginning will lead to stronger services in the future. SSM Health Care is proud to partner with BJC HealthCare and the State of Missouri to respond to the community’s most pressing needs.”

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**GUIDING PRINCIPLES OF RESPECT FOR THE EASTERN REGION:**

KARL WILSON, Chair, Eastern Region Behavioral Health Initiative (2006-2010)

JAMES SANGER, Chair, RHC Regional Psychiatric Capacity Task Force
The *St. Louis Post-Dispatch* recently lauded this positive development in a June 19, 2011, editorial entitled “Friends in Need,” stating, “to their credit, they [the St. Louis community] rose to the challenge and made remarkable progress in picking up the pieces...Agencies, with the help of the St. Louis Regional Health Commission, have been busy rethinking how to better manage the area's behavioral health system. Their best ideas soon will be put to the test.”

**St. Louis Community/University Health Research Partnerships**

In 2006, the RHC hosted a Community Health Summit. At this summit, medical and health researchers and community members discussed how to work better together to improve the health of the St. Louis Community. Since then, Washington University in St. Louis (WU), Saint Louis University (SLU), BJC HealthCare (BJC), and the RHC have initiated several important joint programs to strengthen the bonds between medical researchers and the St. Louis community. Several joint community forums have been held with more than 300 individuals in attendance to obtain important community input into the region's medical research agendas. In a unique collaboration, more than $1.5 million has been invested by WU, BJC, SLU, and the RHC to jointly fund medical research projects important to the community, as selected by a joint panel of community members and university researchers. The Community/University Health Research Partnerships (CUHRP) program is designed to provide a vehicle through which to focus research efforts on health care problems of importance to the community with the goal of improving health outcomes, reducing health disparities and fostering long-term collaborations between universities and community-based organizations.

“CUHRP is a groundbreaking partnership to develop meaningful, hopefully sustainable and ongoing collaborations among universities...
and the St. Louis community,” says Steven Lipstein, President and CEO of BJC HealthCare. “The program contributes to efforts across the country to advance patient-centered research initiatives that produce actionable findings and improve health outcomes.”

In July 2010, the program awarded seven research partnerships up to $100,000 per project for a one-to-two year period to investigate, analyze and publicly report findings on an existing health concern within the St. Louis community. The awardees were selected by panels jointly comprised of community and university representatives who considered scientific quality, potential for positive impact on health outcomes and disparities, and whether the project fits with the interests of the St. Louis community. Community leaders and medical researchers jointly share the title of “co-principal investigator” on the grant.

“This partnership provides an opportunity for the community voice to be recognized and included when looking at health care issues in the St. Louis area,” says Mikki Brewster, a community representative and co-chair of the Grants Award Panel. “Our hope is that through these research projects, we can help advance the quality and availability of health care in our area.”

### ST. LOUIS COMMUNITY/UNIVERSITY HEALTH RESEARCH PARTNERSHIP Awardees – 2010

- Kendra Copanas (Maternal Child and Family Health Coalition) and Pamela Xaverius (St. Louis University) – Advancing Interconception Wellness among At-Risk Post-Partum Women
- Ben Cooper (Nurses for Newborns) and Nancy Weaver (St. Louis University) – Promoting Safe Environment and Parenting Practices with Home Visitation Programs
- William Hildebrandt (Queen of Peace Center) and Stephen Wernet (St. Louis University) – Evaluation of a Peer Delivered Recovery Management Checkup Model Among Substance Abuse Women
- Joan McGinnis (St. Louis Diabetes Coalition) and Thomas Burroughs (St. Louis University) – Self-Management Education and Support for Diabetes Care Improvement: Linking High-Touch and High-Tech Approaches
- Sherrill Jackson (Breakfast Club Inc) and Mary Politi/Matthew Krueter (Washington University) – Connecting Rarely/Never Screened Women to Mammography Via Kiosks and Navigators
- Hannah Reinhart (Gateway Greening) and Susan Racette (Washington University) – Nourishing an Urban Community II
- Lori Behrens (SIDS Resources) and James Kemp (Washington University) – Assessing the Delivery of Prevention Messages for Infant Mortality

See [www.stlrhc.org](http://www.stlrhc.org) for a full report on the project.
Improving Access to Primary and Specialty Care for the Uninsured and Underinsured

Area safety net institutions, individually and collectively, have worked to implement important changes in the delivery of care for the uninsured and underinsured over the past 10 years. These efforts have improved access to care for the region’s most vulnerable citizens, as documented by growing patient volumes.

Dental visit at Betty Jean Kerr People’s Health Centers
Improved Access to Primary Care

As a direct result of the individual efforts of health care providers across the region, and through unprecedented collaborative activities, access to primary care for the uninsured and underinsured has improved dramatically over the past decade.

In 2009, primary care safety net institutions in St. Louis City and St. Louis County provided more than 632,000 medical and dental encounters – 102,000 more annual encounters than in 2001. This is a 19% increase in annual encounters since 2001. More than 85% of these encounters provided care for patients who were uninsured or covered by Medicaid.

Remarkably, encounters by uninsured individuals increased by more than 63,000 visits, demonstrating the regional providers’ commitment to treating all, regardless of the ability to pay.

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<tr>
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<td>Private Insurance</td>
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</table>


DWAYNE BUTLER, Betty Jean Kerr People’s Health Centers; ALAN FREEMAN, Grace Hill Health Centers; ARCHIE GRIFFIN, Myrtle Hilliard Davis Comprehensive Health Centers
Beyond increasing physician services, many health centers have responded to the growing need for dental care. Dental encounters rose from approximately 50,000 in 2001 to 83,000 in 2009, a 65% increase in access.

In 2011, the RHC invested more than $1 million to support four new dentists in community health center settings, which will provide an additional 8,000 annual dental visits to the underserved in the St. Louis region.

**IMPROVED ACCESS TO SPECIALTY CARE**

Access to specialty care for the uninsured and underinsured also has improved considerably over the past decade. In 2009, specialty care safety net institutions in St. Louis City and St. Louis County provided 200,834 specialty care encounters for Medicaid and uninsured patients—39,440 more annual encounters than in 2001. This is a 24% increase in annual encounters since 2001.
In 2005, the RHC completed an intensive community health assessment of disease prevention and health education in the St. Louis region. The report involved contact with more than 800 organizations that provide prevention services in St. Louis. Among other findings, the report exposed holes in the community health infrastructure for promoting health literacy and for reducing risk factors that lead to chronic diseases such as diabetes.
The RHC Community Health Workgroup and Health Literacy Task Force set about to determine how better prevention, education and health literacy promotion might improve the health of the St. Louis region. Using completed health literacy and community health recommendations, the RHC hosted “Building a Healthier St. Louis,” a health summit in 2006 with more than 500 stakeholders across the community. Former U.S. Department of Health and Human Services Secretary Tommy Thompson provided the keynote address and commended the region on its progress in improving the health care safety net. U.S. Surgeon General Richard H. Carmona, via video message, also lauded the St. Louis community’s work to improve community health.

Throughout the day, summit participants discussed RHC recommendations in eight implementation areas as illustrated in the graph below. For a full description of the recommendations, please see the Detailed Discussion of Community Health Recommendations and the Detailed Discussion of Health Literacy Recommendations on the RHC website, www.stlrhc.org.
The 2006 summit catalyzed implementation efforts for many of the community health and health literacy recommendations. The successful implementation of the IHN’s primary care home initiative and community health coaches program, as well as the region’s Community/University Health Research Partnerships program, have been detailed in the “Improving Integration and Care Coordination” section of this report. Other noteworthy successes from the RHC’s Community Health work have included:

**Center for Health Literacy**

In 2004, the RHC convened a Health Literacy Task Force of more than 40 health care leaders and adult literacy experts to develop a vision for a more health literate region. According to the Institute of Medicine, more than 90 million people in the United States have low health literacy or difficulty understanding and effectively using health information. Those with low health literacy may have problems determining the correct dose of over-the-counter medication or understanding an insurance form.

The Health Literacy Task Force recommended the creation of a sustainable infrastructure for health literacy efforts. Subsequently, the Missouri Foundation for Health funded the development of a new non-profit organization, Health Literacy Missouri (HLM). Launched in December 2009, HLM is a community-based organization that advocates for health literacy issues across Missouri and at the national level. Its mission is to raise awareness about health literacy and its impact on health care outcomes, costs, patient safety and health disparities.

HLM has undertaken a number of projects focused on the uninsured and underinsured in the St. Louis region. Examples in St. Louis include a partnership with Nurses for Newborns to enhance patient-provider communication in home visits, and a pilot project with Barnes-Jewish Hospital to evaluate and strengthen the hospital’s health literacy environment.

**Diabetes Network**

The St. Louis Diabetes Coalition led a breakout session on diabetes prevention and management at the RHC Health Summit in 2006. Ideas sparked in the breakout discussion led to the formation of the Diabetes Network of St. Louis (DNSL). Funded through a grant from the Missouri Foundation for Health, DNSL trains volunteers to provide peer-led, group-based diabetes education programs at community sites, such as churches and community centers. Program participants see improvement in key diabetes health measures, along with improved weight loss, blood pressure control, nutrition and physical activity. The program and its results were presented at the American Diabetes Association annual scientific meetings in 2009 and 2010. In 2010, the story about this program was syndicated by a national news organization disseminating DNSL’s benefits widely across the United States.

DNSL also led to the launch of the Diabetes Leadership Institute to engage community members with diabetes in care improvement, as well as Kick Diabetes, in which participants work with a personal diabetes educator. Kick Diabetes was funded by the RHC’s Community/University Health Research Partnerships.

Kick Diabetes participants receive ongoing feedback and support about diet, exercise, diabetes outcome monitoring, and communicating with health care providers.
According to Eric Armbrecht, Executive Director of the Diabetes Coalition, “people with diabetes have benefited from the expanded investments in community-based educational programs, as called for by the RHC’s participatory process for setting regional health priorities.”

In addition to these initiatives, efforts are ongoing throughout the region to advance community health. “The St. Louis region continues to struggle with health disparities. However, we have made some progress as a region,” says Dolores Gunn, Director of the St. Louis County Department of Health. “The campaign for tobacco prevention is an example of regional progress. With the assistance of local health departments, elected officials and the public, we have enacted policies that decrease the exposure to second-hand smoke and focus on youth prevention.”

Through the efforts of many across the region – and in the initiatives advanced at the RHC’s 2006 community health summit – St. Louis is making progress in building a healthier community.
In 2002, the State of Missouri and the St. Louis region received a unique waiver through the federal Centers for Medicare and Medicaid Services (CMS). The waiver preserved $25 million in funds annually to support care for the uninsured in the St. Louis region. Under the terms of the waiver, the St. Louis region was required to develop and implement a strategic plan for improving health care for the uninsured and underinsured in St. Louis City and County through the St. Louis Regional Health Commission (RHC). To develop the strategic plan, the RHC undertook one of the most extensive community engagement processes in St. Louis history. Thousands of individuals and hundreds of organizations participated in creating the plan submitted to and approved by CMS in 2003.

Since 2003, the RHC and its partners have worked to make the strategic plan a reality. Its implementation has made the St. Louis region a leader in preparing for the changes in our nation’s health care system. The “RHC Implementation Score Card” documents the region’s progress toward achieving the 2003 strategic plan through 2011.
### Summary of Progress by Major Category – 2003-2011

<table>
<thead>
<tr>
<th>Recommendation Category</th>
<th>Highlights</th>
<th>Fully or Partially Implemented</th>
</tr>
</thead>
</table>
| **I. INTEGRATION AND FINANCING** | Implemented two integration and financing recommendations:  
- St. Louis Integrated Health Network (IHN) formed in 2003 to enhance access and coordination of care across key health care safety net providers. Multiple collaborative projects completed and underway.  
- Transferred ownership of St. Louis ConnectCare’s four primary care health centers to two Federally Qualified Health Centers (FQHCs) in order to preserve $25 million in annual federal block grant funding and access additional resources available only to FQHCs. Regional health taxing district not implemented. Health coverage will be expanded nationwide under the federal Patient Protection and Affordable Care Act. | 67% (2/3) |
| **II. CARE COORDINATION** | Implemented recommendations to improve safety net care coordination, including regional Primary Care Home Initiative through the IHN to connect patients with a health home and electronic health information exchange linking health centers and hospitals. | 100% (19/19) |
| **III. AVAILABILITY OF SPECIALTY CARE** | Formed Specialty Care Task Force and implemented collaborative recommendations resulting in improved availability of specialty care services. Specialty care wait times have decreased for most subspecialties. | 100% (5/5) |
| **IV. MEASUREMENT** | Extensive measurement and reporting on the region’s health care safety net conducted on an annual basis through the RHC Access to Care report. An extensive update of regional health outcomes data will be released in 2012. | 100% (3/3) |
| **V. MENTAL HEALTH** | Implemented the Eastern Region Behavioral Health Initiative to strengthen behavioral health service delivery. Integrated mental health services into primary care sites through the merger of Betty Jean Kerr People’s Health Centers and Hopewell (mental health) Center and other provider initiatives. RHC provided $550,000 for the merger in 2010, and an additional $1.8 million in funding to increase access to behavioral health services at regional community health centers in 2011. Formed permanent collaborative Behavioral Health Network. Developed “Guiding Principles of Respect” adopted by the RHC and many other organizations in the behavioral health community. Managed Metropolitan St. Louis Psychiatric Center (MPC) closure process that led to a unique private/public partnership to open services for those in acute mental crisis. RHC provided $1.5 million in funding to develop this partnership in 2011. | 80% (12/15) |
| **VI. DENTAL** | Dental visits at safety net providers increased 65% since 2002. The RHC provided $1.1 million for further expansion of dental services at community health centers in St. Louis City and County. | 77% (10/13) |
| **VII. REDUCING CULTURAL AND INFORMATIONAL BARRIERS** | The RHC convened a regional Health Literacy Task Force (2004-2006). Additional recommendations for reducing cultural barriers were developed and approved by the RHC in 2006. A “Health Literacy Summit” was held by the RHC in 2006 with more than 500 attendees. Subsequently, Health Literacy Missouri (HLM), a non-profit organization was established with support from the Missouri Foundation for Health to improve health literacy statewide. The statewide HLM center opened in 2009. The IHN initiated a joint safety net marketing campaign to increase awareness and reduce informational barriers for accessing health care providers. The IHN prioritized customer service improvement in its 2010-2012 strategic plan. Implementation and planning efforts are underway. A region-wide “Respect” policy and training program was initiated in 2008-2009 with community health centers and mental health providers to reduce cultural barriers to accessing health care services. | 83% (5/6) |
| **VIII. REDUCING FINANCIAL BARRIERS** | In July 2010, the State of Missouri received federal approval for the “Gateway to Better Health” demonstration project to preserve and expand community health services for the St. Louis region’s uninsured through a local health coverage program, which will provide a bridge to health reform implementation in 2014. IHN’s Health Education and Literacy Program (HELP) initiated in 2006 provided system navigation and financial counseling. | 63% (5/8) |
| **IX. PHARMACY** | Work underway to include patient medication information in regional electronic health information exchange. Feasibility analyses indicate pharmacy market changes have made other recommendations obsolete. | 42% (5/12) |
| **X. REDUCING BARRIERS FOR NEW AMERICANS** | IHN’s Health Education and Literacy Program (HELP) initiated in 2006. Health coaches from different immigrant backgrounds provide assistance in system navigation and patient advocacy. Health coaches now provided by IHN member organizations directly. Individual IHN members provide culturally appropriate services as part of each organization’s operations. Casa de Salud, a provider offering basic health and wellness services focusing on new immigrants and refugees, was established in 2009. | 27% (3/11) |
### I. INTEGRATION AND FINANCING

1. Current safety net providers form a permanent regional network or umbrella organization to coordinate and integrate the delivery of primary and specialty health services to the uninsured and underinsured populations in St. Louis County and the City of St. Louis.

   **Progress to Date:**
   
   St. Louis Integrated Health Network (IHN) formed in 2003. The IHN has implemented numerous programs to improve quality and access in the areas of highest need.

   **Degree of Implementation:**
   
   ✓ Fully implemented

2. Non-FQHC providers (St. Louis ConnectCare and St. Louis County Clinics) and Federally Qualified providers seek mutually beneficial relationships to ensure that 100% of safety net primary care visits in our region are eligible for Section 330 funds, including cost-based reimbursement for Medicaid and Medicare.

   **Progress to Date:**
   
   Transfer of ownership of St. Louis ConnectCare’s four primary care health centers to two Federally Qualified providers – all approved for FQHC status in 2005.

   **Degree of Implementation:**
   
   ✓ Fully implemented

3. Create a regional health district to coordinate and enhance safety net funds flow.

   **Progress to Date:**
   
   Health coverage will be expanded nationwide under the 2010 federal Patient Protection and Affordable Care Act. Need for tax district assessed in past and to be assessed post-implementation of health reform.

   **Degree of Implementation:**
   
   ( ) No progress to date

### II. CARE COORDINATION

1. Standardize policies and procedures for establishing safety net eligibility, patient co-pays, and required documentation.

   **Progress to Date:**
   
   Currently in progress. Included in IHN strategic plan 2010-2012.

   **Degree of Implementation:**
   
   ••• Significant efforts underway

2. Develop a universal application form for registration across safety net institutions.

   **Progress to Date:**
   
   Discussion of standardization of application processes ongoing among IHN members.

   **Degree of Implementation:**
   
   ••• Significant efforts underway

3. Reduce “no show” rates by implementing automated appointment reminder systems across the safety net.

   **Progress to Date:**
   
   Several appointment reminder systems implemented at community health centers.

   **Degree of Implementation:**
   
   ••• Significant efforts underway

4. Develop a 24x7 safety net information resource line for people in need of medical services.

   **Progress to Date:**
   
   211 resource program implemented by United Way of Greater St. Louis – includes safety net health care services and providers.

   **Degree of Implementation:**
   
   ✓ Fully implemented

5. Create a community-wide safety net website listing available resources.

   **Progress to Date:**
   
   Completed and available through IHN.

   **Degree of Implementation:**
   
   ✓ Fully implemented

6. Create a community-wide safety net printed resource guide.

   **Progress to Date:**
   
   Completed and available through IHN.

   **Degree of Implementation:**
   
   ✓ Fully implemented

7. Develop and distribute a community-wide safety net provider directory including provider photos and contact information.

   **Progress to Date:**
   
   In progress through IHN joint marketing campaign.

   **Degree of Implementation:**
   
   ••• Significant efforts underway

8. Develop a standardized/integrated after-hours nurse triage service across safety net institutions.

   **Progress to Date:**
   
   Due diligence completed and idea determined not to be feasible.

   **Degree of Implementation:**
   
   X Found not feasible

9. Provide evening “flex hours” at each safety net primary care site at least one day per week.

   **Progress to Date:**
   
   All community health centers in region now provide flex hours.

   **Degree of Implementation:**
   
   ✓ Fully implemented

10. Provide Saturday morning “flex hours” at each safety net primary care site at least one weekend per month.

    **Progress to Date:**
    
    Saturday hours available at Federally Qualified Health Centers.

    **Degree of Implementation:**
    
    ✓ Fully implemented

11. Implement a marketing campaign to promote use of current safety net Urgent Care sites for urgent medical problems.

    **Progress to Date:**
    
    IHN launched PULSE, a joint marketing and education campaign about accessing services within the safety net health care system, promoting the use of the best level of service to fit patient needs.

    **Degree of Implementation:**
    
    ✓ Fully implemented

12. Provide option of free transportation from hospital Emergency Departments to Urgent Care centers for non-emergent patients.

    **Progress to Date:**
    
    Examined in 2003; EMTALA regulations and patient flow issues preclude effective implementation.

    **Degree of Implementation:**
    
    X Found not feasible

13. Conduct analysis of Urgent Care site geographic locations relative to areas of high need and volume of non-emergent visits to Emergency Departments.

    **Progress to Date:**
    
    Completed as part of Primary Care Home Initiative in 2006.

    **Degree of Implementation:**
    
    ✓ Fully implemented

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**Score Card Key:**

✓ Fully implemented  ► Ongoing  ••• Significant efforts underway  X Found not feasible  ( ) No progress to date
## II. CARE COORDINATION (Continued)

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<th>Recommendation</th>
<th>Progress to Date</th>
<th>Degree of Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.</td>
<td>Establish a Joint Medical Advisory Committee across safety net institutions.</td>
<td>Currently in progress. Included in IHN strategic plan 2010-2012.</td>
</tr>
<tr>
<td>15.</td>
<td>Establish quarterly joint continuing medical education conferences for area safety net providers.</td>
<td>Currently in progress. Included in IHN strategic plan 2010-2012.</td>
</tr>
<tr>
<td>16.</td>
<td>Ensure continuity of care by linking every safety net patient to a specific primary care physician.</td>
<td>Regional Primary Care Home Initiative underway.</td>
</tr>
<tr>
<td>17.</td>
<td>Implement open access scheduling at all primary care safety net sites.</td>
<td>Pilot ed in safety net currently through Grace Hill Health Centers and Crider Health Center. Other sites in consideration – currently being analyzed by IHN Task Force.</td>
</tr>
<tr>
<td>18.</td>
<td>Develop a master patient index across safety net providers.</td>
<td>More than $4 million invested in collaborative development of a Network Master Patient Index (NMPI) linking IHN providers to seven St. Louis hospital emergency departments. Ready for “go live” in 2011.</td>
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## III. AVAILABILITY OF SPECIALTY CARE

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<tr>
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<th>Progress to Date</th>
<th>Degree of Implementation</th>
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<tbody>
<tr>
<td>1.</td>
<td>Enhance employed safety net specialist recruitment and retention by offering more competitive compensation packages.</td>
<td>Enhanced specialist capacity through expansion of services at St. Louis ConnectCare, including new services in endocrinology, nephrology, and endoscopy procedures. Compensation review is an ongoing process within ConnectCare.</td>
</tr>
<tr>
<td>2.</td>
<td>Use volunteer specialty physicians as an interim measure to increase availability of specialist appointment slots.</td>
<td>Initiative sponsored by Lutheran Foundation began in 2006 to increase use of volunteer physicians and other medical professionals in community.</td>
</tr>
<tr>
<td>3.</td>
<td>Indemnify contracted community specialists.</td>
<td>2007 Missouri General Assembly passed legislation as part of Medicaid transformation bill that extends professional liability coverage to physicians who care without compensation for patients referred by city or county health departments and other safety net health centers.</td>
</tr>
<tr>
<td>4.</td>
<td>Establish a task force to streamline the process for specialty care referrals, communication and follow-up.</td>
<td>IHN Specialty Care Task Force formed 2004-2007. Specialty care wait times have decreased from several months to &lt;14 days for most subspecialties as a result of collaborative efforts between ConnectCare and Task Force members.</td>
</tr>
<tr>
<td>5.</td>
<td>Increase Medicaid physician fee schedule.</td>
<td>Fee schedule increased in 2009 Missouri Legislative Session – other actions TBD pending federal Patient Protection and Affordable Care Act implementation of Medicaid expansion in 2014.</td>
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## IV. MEASUREMENT

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Progress to Date</th>
<th>Degree of Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Link health status measurement and reporting to an ongoing change process.</td>
<td>RHC annual reporting linked to allocation of safety net funds.</td>
</tr>
<tr>
<td>2.</td>
<td>Release an annual health report card for St. Louis City and County for select health status and access indicators.</td>
<td>The RHC 2010 Access to Care report included an update of health status indicators. Full health status update in progress by RHC - released 2012.</td>
</tr>
</tbody>
</table>

**Score Card Key:**
- ✔ Fully implemented
- ▶ Ongoing
- ••• Significant efforts underway
- X Found not feasible
- () No progress to date
## V. MENTAL HEALTH

<table>
<thead>
<tr>
<th></th>
<th>Progress to Date</th>
<th>Degree of Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Convene area managed care organization leadership to identify opportunities for improving provision of safety net mental health services.</td>
<td>No progress to date.</td>
</tr>
<tr>
<td>2.</td>
<td>Hold Continuing Medical Education conferences on mental health and safety net mental health services.</td>
<td>Implemented through Eastern Region Behavioral Health Initiative.</td>
</tr>
<tr>
<td>3.</td>
<td>Include information on safety net mental health services in coordinated safety net marketing and health literacy campaigns.</td>
<td>In progress through IHN joint marketing campaign.</td>
</tr>
<tr>
<td>4.</td>
<td>Expand current efforts to train police, social workers, health professionals, and teachers in mental health crisis intervention.</td>
<td>Major initiative underway led by National Alliance for the Mentally Ill (NAMI).</td>
</tr>
<tr>
<td>5.</td>
<td>Develop collaborative proposals and grant applications among mental health network, safety net umbrella organization, and other providers.</td>
<td>Completed as part of RHC Eastern Region Behavioral Health Initiative. Now led by the Behavioral Health Network formed by the RHC.</td>
</tr>
<tr>
<td>6.</td>
<td>Conduct an analysis on types of mental health services that should be provided to children and youth.</td>
<td>Completed by St. Louis County Children’s Services fund, passed in November 2008.</td>
</tr>
<tr>
<td>7.</td>
<td>Partner existing network of Eastern Region mental health providers with safety net umbrella organization and managed care providers to coordinate and integrate the delivery of safety net mental and physical health services.</td>
<td>Behavioral Health Network of Greater St. Louis formed by the RHC to coordinate and integrate the delivery of safety net mental health services.</td>
</tr>
<tr>
<td>8.</td>
<td>Expand implementation of current best practices in integrating mental health services into existing safety net primary care sites.</td>
<td>Integration of behavioral health services into primary care sites implemented by major providers. The RHC provided $550,000 to assist with integration costs associated with the People’s/Hopewell Center merger. In addition, the Episcopal-Presbyterian Health Trust will provide $800,000, and the RHC will provide $1.8 million, to improve behavioral health service availability at community health centers.</td>
</tr>
<tr>
<td>9.</td>
<td>Improve the flow of information between outpatient and inpatient mental health service providers, and across the mental and physical health systems.</td>
<td>Implemented as part of the RHC Eastern Region Behavioral Health Initiative. Ongoing efforts will continue through the Behavioral Health Network.</td>
</tr>
<tr>
<td>10.</td>
<td>Standardize mental health screening tool(s) to be utilized across systems and points of entry.</td>
<td>Implemented as part of the RHC Eastern Region Behavioral Health Initiative.</td>
</tr>
<tr>
<td>11.</td>
<td>Convene area medical school leadership to identify opportunities to improve medical student/resident education regarding mental health care.</td>
<td>No progress to date.</td>
</tr>
<tr>
<td>12.</td>
<td>Explore feasibility of enhancing public funding streams for mental health services.</td>
<td>Initiatives led by the Missouri Coalition of Community Mental Health Centers.</td>
</tr>
<tr>
<td>13.</td>
<td>Advocate for core principles to improve children's mental health services.</td>
<td>Work to improve children’s mental health services underway through the St. Louis County Children’s Services Fund and the St. Louis City Mental Health Board.</td>
</tr>
<tr>
<td>14.</td>
<td>Develop a program to improve recruitment and retention of safety net mental health providers, particularly for children.</td>
<td>No progress to date.</td>
</tr>
<tr>
<td>15.</td>
<td>Explore opportunities to improve access to mental health services for those within and discharged from the corrections system.</td>
<td>Recommendations issued as part of RHC 2010 work pertaining to the closure of Metropolitan St. Louis Psychiatric Center services. Major initiative led by St. Louis County Department of Health and Drug Courts in St. Louis City and County. Also, major initiative funded by St. Louis City Mental Health Board.</td>
</tr>
</tbody>
</table>

## VI. DENTAL

<table>
<thead>
<tr>
<th></th>
<th>Progress to Date</th>
<th>Degree of Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Partner with existing efforts to develop school initiatives for the provision of preventive dental services, the removal of soda and high calorie snacks from school vending machines, and the offering of healthy food choices in cafeterias.</td>
<td>Implementation planning through St. Louis Healthy Youth Partnership.</td>
</tr>
<tr>
<td>2.</td>
<td>Include information on safety net dental health services in coordinated safety net marketing and health literacy campaigns.</td>
<td>Completed through IHN joint marketing campaign.</td>
</tr>
</tbody>
</table>
### Implementation Progress by Recommendation (continued)

<table>
<thead>
<tr>
<th>VI. DENTAL (Continued)</th>
<th>Progress to Date</th>
<th>Degree of Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3. Include medical providers, dental providers, and pharmacists in the community-wide safety net provider directory.</strong></td>
<td>Completed through IHN joint marketing campaign.</td>
<td>✓ Fully implemented</td>
</tr>
<tr>
<td><strong>4. Advocate for the preservation of Medicaid dental coverage.</strong></td>
<td>Implementation efforts underway through the Missouri Oral Health Network.</td>
<td>▶ Ongoing</td>
</tr>
<tr>
<td><strong>5. Advocate for improved Medicaid reimbursement for dental services.</strong></td>
<td>Implementation efforts underway through the Missouri Oral Health Network.</td>
<td>▶ Ongoing</td>
</tr>
<tr>
<td><strong>6. Partner with existing efforts to recruit and retain safety net dental health professionals, particularly minority dentists and dental hygienists.</strong></td>
<td>The RHC provided $1.1 million for further expansion of dental services at community health centers in St. Louis City and County.</td>
<td>✓ Fully implemented</td>
</tr>
<tr>
<td><strong>7. Increase integration between primary care providers and dental services, including improving compliance with the Federal Medicaid requirement to perform dental screens as part of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.</strong></td>
<td>No progress to date at regional level.</td>
<td>( ) No progress to date</td>
</tr>
<tr>
<td><strong>8. Explore the feasibility of expanding the use of mobile dental units to provide access to preventive services and education at schools and nursing homes.</strong></td>
<td>No progress to date at regional level.</td>
<td>( ) No progress to date</td>
</tr>
<tr>
<td><strong>9. Advocate for the continuation and expansion of dental hygiene services.</strong></td>
<td>Implementation efforts underway through the Missouri Oral Health Network.</td>
<td>▶ Ongoing</td>
</tr>
<tr>
<td><strong>10. Implement a coordinated awareness campaign for policymakers and lawmakers concerning the importance of dental health.</strong></td>
<td>Implementation efforts underway through the Missouri Oral Health Network.</td>
<td>▶ Ongoing</td>
</tr>
<tr>
<td><strong>11. Implement a coordinated dental education program for medical providers (e.g., school nurses, safety net physicians).</strong></td>
<td>No progress to date at regional level.</td>
<td>( ) No progress to date</td>
</tr>
<tr>
<td><strong>12. Interface oral health records with integrated safety net data repository/electronic medical record.</strong></td>
<td>Included in Network Master Patient Index.</td>
<td>⬤ ⬤ ⬤ Significant efforts underway</td>
</tr>
<tr>
<td><strong>13. Collaborate with the Missouri Department of Health and Senior Services to develop an oral health status database.</strong></td>
<td>Implementation efforts underway through the Missouri Oral Health Network.</td>
<td>⬤ ⬤ ⬤ Significant efforts underway</td>
</tr>
</tbody>
</table>

### VII. Reducing Cultural and Informational Barriers

<table>
<thead>
<tr>
<th>Progress to Date</th>
<th>Degree of Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Regularly assess, report and set goals for reducing cultural and racial barriers to safety net care.</strong></td>
<td>Planning underway as part of IHN strategic planning process.</td>
</tr>
<tr>
<td><strong>2. Institute service quality training programs and cultural sensitivity training programs.</strong></td>
<td>Planning underway as part of IHN strategic planning process. “Respect” training developed and delivered across health care leadership in 2009.</td>
</tr>
<tr>
<td><strong>3. Integrate cross-cultural education into CME sessions for healthcare professionals.</strong></td>
<td>BJC HealthCare has developed cultural competency training and makes it available to other non-profit organizations across region.</td>
</tr>
<tr>
<td><strong>4. Develop a comprehensive coordinated marketing campaign to raise awareness about the safety net system and how to access care.</strong></td>
<td>IHN coordinated marketing campaign underway.</td>
</tr>
<tr>
<td><strong>5. Develop a coordinated health literacy program and campaign.</strong></td>
<td>RHC convened a regional “Health Literacy Task Force (2004-2006). A “Health Literacy Summit” was held by RHC in April 2006 with more than 500 attendees. Subsequently, the Missouri Foundation for Health selected health literacy as a priority area for several million dollars of annual investment beginning in 2008. Health Literacy Missouri, a non-profit organization was established in 2009 with support from MFH to improve health literacy statewide.</td>
</tr>
<tr>
<td><strong>6. Develop a minority health professional recruitment and retention program for the primary and specialty care safety net.</strong></td>
<td>No progress to date.</td>
</tr>
</tbody>
</table>

**Score Card Key:** ✓ Fully implemented ▶ Ongoing ⬤ ⬤ ⬤ Significant efforts underway ⬠ Found not feasible ( ) No progress to date
### VIII. REDUCING FINANCIAL BARRIERS

<table>
<thead>
<tr>
<th>No.</th>
<th>Task Description</th>
<th>Progress to Date</th>
<th>Degree of Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Develop a standardized uncompensated care policy across outpatient primary and specialty care safety net providers.</td>
<td>No progress on standardization policy on a regional basis to date. Individual health systems have implemented organization-specific initiatives since 2002. As part of the federal Patient Protection and Affordable Care Act, non-profit hospitals will be required to make public their financial assistance policies.</td>
<td>No progress to date</td>
</tr>
<tr>
<td>2.</td>
<td>Identify administrative barriers to Medicaid coverage determinations and conduct staff training sessions on Medicaid eligibility and policies.</td>
<td>Completed by individual IHN members and hospitals as part of each organization’s operations on an ongoing basis.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>3.</td>
<td>Safety net providers conduct a standardized review of eligibility for reduced fees and financial counseling prior to reporting uninsured patients with overdue payments to a collection agency.</td>
<td>No progress on standardization of review process on a regional basis.</td>
<td>No progress to date</td>
</tr>
<tr>
<td>4.</td>
<td>Convene area hospital leadership with community representatives to develop effective solutions to medical debt and uncompensated care and billing and to generate other ideas for reducing financial barriers to care within the boundaries of the law.</td>
<td>Completed by individual hospitals as part of operations on an ongoing basis.</td>
<td>No progress to date</td>
</tr>
<tr>
<td>5.</td>
<td>Develop a uniform “no turn-away due to inability to pay” policy across outpatient safety net providers.</td>
<td>Completed by IHN in 2004 and published on IHN website.</td>
<td>Fully implemented</td>
</tr>
<tr>
<td>6.</td>
<td>Advocate for maintenance and expansion of Medicaid coverage.</td>
<td>Medicaid program eligibility will be expanded to all individuals under age 65 (including all children, pregnant women, parents and adults) with incomes up to 133% of the Federal Poverty Level beginning in 2014 under federal Patient Protection and Affordable Care Act.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>7.</td>
<td>Develop a regional ombudsmen program to help safety net consumers access/navigate the system and to assist with key financial counseling issues.</td>
<td>IHN’s Health Education and Literacy Program (HELP) initiated in 2006 and funded by RHC. System navigation and financial counseling included as part of program. Health coaches now provided by IHN member organizations.</td>
<td>Fully implemented</td>
</tr>
<tr>
<td>8.</td>
<td>Coordinate with the State of Missouri and existing entities to examine the development of a statewide or local insurance program for low-income uninsured residents.</td>
<td>In July 2010 the State of Missouri received federal approval for the “Gateway to Better Health” demonstration project to preserve and expand community health services for the St. Louis region’s uninsured through local coverage model. Implementation planning underway.</td>
<td>Fully implemented</td>
</tr>
</tbody>
</table>

### IX. PHARMACY

<table>
<thead>
<tr>
<th>No.</th>
<th>Task Description</th>
<th>Progress to Date</th>
<th>Degree of Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Develop a common Pharmacy and Therapeutics Committee across the safety net.</td>
<td>No progress to date.</td>
<td>No progress to date</td>
</tr>
<tr>
<td>2.</td>
<td>Implement coordinated group/bulk purchasing for safety net pharmacies.</td>
<td>Feasibility analysis completed as part of Joint Purchasing initiative by IHN in 2004 and found unfeasible.</td>
<td>Found not feasible</td>
</tr>
<tr>
<td>3.</td>
<td>Pilot a user-friendly database kiosk for consumers at a safety net pharmacy site.</td>
<td>No progress to date.</td>
<td>No progress to date</td>
</tr>
<tr>
<td>4.</td>
<td>Hold Continuing Medical Education conferences focused on safety net pharmacy services.</td>
<td>No progress to date.</td>
<td>No progress to date</td>
</tr>
<tr>
<td>5.</td>
<td>Make comprehensive patient counseling and medication monitoring services available at each safety net pharmacy site.</td>
<td>No progress to date at regional level.</td>
<td>No progress to date</td>
</tr>
<tr>
<td>6.</td>
<td>Conduct a feasibility analysis on the development of a centralized medication filling service across safety net pharmacies.</td>
<td>Completed by IHN in 2004 and found unfeasible.</td>
<td>Found not feasible</td>
</tr>
<tr>
<td>7.</td>
<td>Develop a common formulary across safety net providers.</td>
<td>No progress to date.</td>
<td>No progress to date</td>
</tr>
</tbody>
</table>
### IX. PHARMACY (Continued)

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Progress to Date</th>
<th>Degree of Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Convene providers to conduct a feasibility analysis on the development of a standardized sliding-scale co-payment system across safety net pharmacies.</td>
<td>No progress to date.</td>
<td>No progress to date</td>
</tr>
<tr>
<td>9. Include patient medication, allergy and drug interaction information in an integrated safety net data repository/electronic medical record.</td>
<td>Underway as part of regional Primary Care Home/NMPI Initiative.</td>
<td>Significant efforts underway</td>
</tr>
<tr>
<td>10. Develop an integrated database of consumers who qualify for reduced-fee prescription medication.</td>
<td>Underway as part of regional Primary Care Home/NMPI Initiative.</td>
<td>Significant efforts underway</td>
</tr>
<tr>
<td>11. Include pharmacy services information in safety net information resources.</td>
<td>No progress to date.</td>
<td>No progress to date</td>
</tr>
<tr>
<td>12. Conduct a feasibility analysis on the development of a Pharmacy Information Center.</td>
<td>Completed by IHN in 2004 and found unfeasible.</td>
<td>Found not feasible</td>
</tr>
</tbody>
</table>

### X. REDUCING BARRIERS FOR NEW AMERICANS

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Progress to Date</th>
<th>Degree of Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Form a standing committee across safety net providers to improve implementation of CLAS standards.</td>
<td>No progress to date.</td>
<td>No progress to date</td>
</tr>
<tr>
<td>2. Conduct training on CLAS standards for medical professionals, including reception and frontline staff.</td>
<td>No progress to date.</td>
<td>No progress to date</td>
</tr>
<tr>
<td>3. Include compliance with CLAS standards in recommendation to regularly assess, report and set goals for reducing cultural and racial barriers to safety net care.</td>
<td>Included as part of recommendations.</td>
<td>Fully implemented</td>
</tr>
<tr>
<td>4. Develop a system for providing interpreter services for the 24x7 safety net information resource line.</td>
<td>No regional progress to date. Many health centers provide access to interpreter services.</td>
<td>No progress to date</td>
</tr>
<tr>
<td>5. Develop and distribute a list of bilingual medical professionals and safety net clinics.</td>
<td>No progress to date.</td>
<td>No progress to date</td>
</tr>
<tr>
<td>6. Include a focus on both racial and ethnic minorities in the minority health professional recruitment and retention program for the safety net.</td>
<td>No progress to date.</td>
<td>No progress to date</td>
</tr>
<tr>
<td>7. Safety net providers collaborate to secure increased funding (Federal, State and local) to support interpreter services and document translation.</td>
<td>No progress to date.</td>
<td>No progress to date</td>
</tr>
<tr>
<td>8. Standardize and expand training programs for medical interpreters.</td>
<td>No progress to date.</td>
<td>No progress to date</td>
</tr>
<tr>
<td>9. Develop a patient advocate system to assist New Americans in accessing/navigating the safety net health system.</td>
<td>IHN’s Health Education and Literacy Program (HELP) initiated in 2006. Health coaches from different immigrant backgrounds provide assistance in system navigation and patient advocacy. Health coaches now provided by IHN member organizations directly.</td>
<td>Fully implemented</td>
</tr>
<tr>
<td>10. Develop a training program to assist medical professionals from other countries in entering a medical profession in the St. Louis area.</td>
<td>No progress to date.</td>
<td>No progress to date</td>
</tr>
<tr>
<td>11. Account for New American consumers in developing the Master Patient Index (Long term).</td>
<td>Implementation underway through regional NMPI.</td>
<td>Significant efforts underway</td>
</tr>
</tbody>
</table>

**Score Card Key:**
- ✔️ Fully implemented
- ⬤ Ongoing
- ⬤ ⬤ Significant efforts underway
- ❌ Found not feasible
- ( ) No progress to date
Looking Ahead - the “St. Louis Model” Becomes a “Gateway to Better Health”

The U.S. health care system is undergoing substantial transformation as elements of the federal Patient Protection and Affordable Care Act are implemented over the next several years. Each community across our nation will be challenged to design a system that is both equitable and affordable, while still providing quality health care to all its citizens. The “Gateway to Better Health” demonstration has provided St. Louis a unique opportunity to continue to be a model for the rest of the nation.

Robert Fruend, Jr., the RHC’s Chief Executive Officer since its inception, remarks, “Over the past ten years, the St. Louis community has faced substantial challenges and threats to its health care system. However, by working together, the past decade has been one of remarkable progress toward providing a high-quality system of care for all in our community, regardless of the ability to pay. These successes will provide a critical foundation as we continue to work together in the new health care environment.”

The Commissioners would like to thank the thousands of individuals who have volunteered for an RHC or IHN team; visited one of our community forums; provided feedback through focus groups or through our website; or work at or have supported the safety net providers in our region. We would also like to thank our region’s federal delegation, the Governor of Missouri and the amazing team working at the State of Missouri, the Mayor of the City of St. Louis, the St. Louis County Executive, and all government officials who have supported the work of the Commission over the past decade – our successes are shared by us all!