On October 1, 2013, Saint Louis ConnectCare (ConnectCare or SLCC) will cease providing specialty care and transportation services. Other St. Louis health care providers are developing plans to absorb the patient population previously served by ConnectCare. In response, the St. Louis Regional Health Commission (RHC) formed a "Short-Term Specialty Care and Transportation Planning Team" (see Appendix A for a roster of team members) to:

1. assess the size and scope of the impact of SLCC's service closures, to enable fact-based planning and decision-making (see "The Scope and Impact of 2013 Specialty Care and Transportation Service Line Closures Saint Louis ConnectCare", attached as Appendix B), and

2. develop and evaluate potential immediate, short-term solutions for transitioning patients from discontinued service lines at St. Louis ConnectCare in the 40-day window provided.

This document is intended to fulfill the second portion of the team's charge. The background and key statistics regarding these service line closures have been summarized in full in the attached Impact Statement (see Appendix B). Key summary statistics from this document are:

- SLCC had approximately 2,300 appointments and referrals scheduled after October 1 that may need to be rescheduled with another provider.
- Of the appointments that need to be rescheduled:
  - Approximately 2,000 patients have some payer source (e.g. Medicaid, Gateway to Better Health, Medicare)
  - Approximately 1,000 are scheduled for October. Note that some of these appointments may not be medically urgent.
- In fiscal year 2013, ConnectCare reported 18,085 transportation "trips," which is defined as a transport between one "pick-up" location and one "drop-off" location.
  - It is highly likely that in many cases, two "trips" were necessary for one patient for one medical appointment.
  - ConnectCare reported that approximately one-third of patient transports in 2013 were provided to Gateway to Better Health patients; one-third of patient transports in 2013 were provided to Medicaid patients through a sub-contract with Logisticare, the State-contracted provider of transportation services for Medicaid patients; and one-third of patient transports were provided to patients of Grace Hill or Myrtle Hilliard Davis under arrangements with these organizations.
  - ConnectCare currently does not directly fund transportation services for the uninsured.
Summary of Key Principles for Immediate Specialty Care Transfers:

Members of the "Short-Term Specialty Care and Transportation Planning Team," representing their respective organizations, unanimously agree to the following key principles to effectively manage the transition process, which is endorsed by members of the Regional Health Commission upon approval of this document:

1) **Referral processes implemented regardless of payer status:** Regional specialty care providers agree to accept all patients referred from the community health centers regardless of insurance coverage, i.e. uninsured, Gateway to Better Health, Medicaid, Medicare and commercial payers. It is acknowledged that charity care policies at each specific institution may vary; however, these policies should be fair and transparent for the patient and referring provider. The specialty care providers receiving ConnectCare patients agree to manage the transfer of patients from ConnectCare in a fair and equitable manner, to ensure a smooth transition of patient care and maximize regional collaboration among providers.

2) **Reasonable appointment wait times:** Whenever possible given capacity constraints, appointments for specialty care should be provided within a reasonable time frame from the date of request.

3) **Ease of navigation for patient and referring provider:** The process for referring patients and scheduling specialty care appointments should be administratively simple and standardized to the fullest extent possible across all subspecialties and organizations. To schedule appointments as geographically convenient as possible for patients.

4) **Coordination of care:** Specialty care consultation reports should be communicated to the referring provider in a timely manner.

5) **Patient Choice:** Patients, in consultation with primary care providers, remain ultimately responsible for selecting their specialty care providers long-term.
Immediate Recommendations - Specialty Care:

1) For patients where it is possible to maintain care with the specialist physician originally scheduled to see them at SLCC, ConnectCare will transition the patients’ appointments and records to the appropriate provider’s practice. Patients will be told that they have an option to continue care with this specialist or to receive care from another provider in the same specialty who has volunteered to care for former SLCC patients.

2) If a patient needs to be scheduled with a new specialty care provider, the referrals will be sent back to the primary care provider (PCP) for the PCP to determine in consultation with the patient where they would like to redirect the specialist referral/follow up care. Patient and PCP requests will be honored to the extent possible, taking into consideration the provider capacity at each participating specialty care organization. If SLCC physicians believe particular patients require immediate medical care, they may triage patients to another provider immediately, notifying both the PCP and patient of the change. However, primary care physicians and patients remain ultimately responsible for selecting specialty care providers long term.

3) For Gateway to Better Health patients (which represent approximately 50% of all ConnectCare patients to be transferred), community health centers may use the Gateway network and infrastructure (i.e. Gateway electronic portal, Gateway call center, Gateway St. Louis support team) to make or reschedule appointments within the Gateway specialty care network.

4) For specialties where significant provider shortage exists, PCPs will work with SLCC to identify and prioritize the highest risk patients to the next available appointment slots.

5) Specialty care organizations receiving new patients will actively communicate with their front-line staff the policies and procedures for effectively serving the new patients.

6) Receiving specialty care provider organizations will communicate available capacity via RHC Transition Teams in each sub-specialty through the transition process (see Appendix C for a summary of Specialty Care Capacity Analysis as of September 2013)

7) "Patient Access Teams" will form to manage logistical transitions within the referral process flow. A document entitled "Patient Access Teams - Proposed Work Plan and Next Steps" is attached as Appendix D for additional details.

8) RHC will host special public meetings in September and October, at a minimum, to inform the general public of current status and obtain community input into this process.

9) The "Special Considerations" as documented in the Impact Statement (see Appendix B) will be actively managed by the "Patient Access Teams " during the transition process.
The Planning Team recommends the following process flow for ConnectCare immediate patient transfers:

**Process Flow for Rescheduling Approximately 2300 Existing Appointments/Referrals**

1. **SLCC notifies PCP of pt. transition**
2. **Pts. able to transition care with current physician at new location**
3. **SLCC transitions pt. records to new facility**
4. **Receiving physician/facility coordinates new appt., and communicates appt. information to pt.**
5. **Receiving physician sends consultation notes to PCP**
6. **SLCC sends referral back to PCP**
7. **PCP makes referral to new provider per normal procedures**
8. **SLCC moves pt. to new provider and notifies both pt. and PCP**
9. **SLCC transitions pt. records accordingly**

**Ongoing Referrals:**
- Physicians may direct Gateway to Better Health patients (approx. 20% of all SLCC patients to be transferred) to Gateway specialty care network.
- Medicaid, Medicare, and commercial patients (approx. 30% of all SLCC patients to be transferred) may continue to be referred to other providers as in the past.
- Patients may access provider charity care policies for uninsured and underinsured patients.
- Receiving specialty care providers will communicate available capacity via RHC transition teams.
- “Patient Access Teams” will form to manage logistical transitions within the process flow.
Replacing Transportation Services Provided by ConnectCare - Immediate Recommendations

In fiscal year 2013, ConnectCare reported 18,085 transportation "trips," which is defined as a transport between one "pick-up" location and one "drop-off" location. It is highly likely that in many cases, two "trips" were necessary for one patient for one medical appointment, although the data for the number of transportation services per patient visit is not available. To enable these trips, ConnectCare maintained a fleet of fourteen medical transport vehicles (twelve para-lift vans and two mini-vans). These services will no longer be available after October 1.

SLCC reports that three organizations and/or program vendors utilized their transportation services in FY2013, including Gateway to Better Health, Grace Hill and Myrtle Hilliard Davis Health Centers, and Logisticare, a contractor to the Missouri Medicaid program. ConnectCare reports that it did not fund transportation services for uninsured patients in 2013.

Recommendations for each impacted population are:

1) **Patients covered by Gateway to Better Health**: one-third of Non-Emergency Medical Transportation (NEMT) trips provided by SLCC in FY2013 were for Gateway patients. The Gateway to Better Health program has engaged in a conversation with a local medical transportation company operating in the St. Louis region. It remains possible that a contract may be in place by October 1, maintaining uninterrupted access to this service for Gateway to Better Health patients. If this contract is not completed by October 1, Gateway primary care homes will receive a capitated payment to arrange transportation for their patients, pending final State approval.

2) **Medicaid patients via Logisticare**: one-third of Non-Emergency Medical Transportation (NEMT) trips in FY2013 provided by SLCC were for Medicaid patients. SLCC is a subcontractor to the State contracted provider for Medicaid patients, Logisticare. Logisticare has indicated that it has the transportation capacity in St. Louis to absorb the loss of ConnectCare as a vendor without disrupting service levels to this population.

3) **Grace Hill and Myrtle Hilliard Davis patients**: one-third of Non-Emergency Medical Transportation (NEMT) trips in FY2013 provided by SLCC were for patients of Grace Hill and Myrtle Hilliard Davis Health Centers. Grace Hill and Myrtle Hilliard use SLCC as their transportation vendor primarily for uninsured and Medicare patients. Both Grace Hill and Myrtle Hilliard are currently exploring alternative vendor options for patient transport. Other community health centers report that they do not utilize transportation services offered at SLCC but do subsidize transportation for some of their patients.
Specialty Care Solutions for 2014 and beyond

In its Fiscal Year ending June 2013, ConnectCare reported a total of 19,410 specialty care encounters, as documented in detail in Appendix B. In September 2013, ConnectCare’s General Surgery, Neurology, and Pulmonary services successfully transitioned to Washington University School of Medicine and Barnes-Jewish Hospital. These specialties represented approximately 4,500 annual visits, or 23% of the total specialty care visits at ConnectCare in 2013.

However, approximately 15,000 annual specialty care visits will need to be absorbed by other specialty care providers in other specialty care lines in 2014 and beyond, and capacity among community specialty care providers long-term remains a concern. St. Louis ConnectCare was a safety net for patients that enabled, in many instances, a smooth transition to specialty care services for uninsured and Medicaid patients. As hospital and physician payments continue to decrease and the Missouri Medicaid question is left undecided, it will be important to continually assess capacity among regional providers as patient care is transitioned. It remains unclear at this time how much capacity will be available among providers to continue to serve uninsured and underinsured populations moving forward, especially until the Medicaid question is resolved in the State.

Long-term recommendations to plan for and address these issues will be created post-September 2013 by RHC for provider and community input as this transition process unfolds. Please visit www.stlrhc.org for additional reports, materials and progress updates in the future.
Appendix A

Specialty Care and Transportation Short-Term Crisis Planning Team  
St. Louis Regional Health Commission

Team Charge, Deliverables, and Membership

Background:
On August 21, 2013, the Chairman of Saint Louis ConnectCare (SLCC) provided a letter to the St. Louis Regional Health Commission (RHC), and requested RHC "convene an appropriate group of community partners to assist in developing and implementing a transition plan for Specialty Clinics and transportation services...as a goal, we have set October 1, 2013 as the date by which service eliminations would be completed. We foresee that assistance may be needed in securing sufficient access to care for approximately 12,000 patient visits [annually]."

During this meeting, the RHC unanimously agreed to convene such group, and authorized its CEO to begin all due actions to develop and execute these transition planning efforts. This plan will be accomplished in two phases: (1) immediate planning in the 40 days prior to service eliminations at SLCC on October 1, and (2) development of longer-term community solutions that may take weeks or months to implement that will preserve and enhance access to services historically provided by ConnectCare that are not sustainable at that institution long-term.

Short-term Crisis Planning Team Charge:
The Short-term Crisis Planning team will (1) assess the size and scope of the impact of SLCC's service closures, to enable fact-based planning and decision-making, and (2) develop and evaluate potential immediate, short-term solutions for transitioning patients from discontinued service lines at St. Louis ConnectCare in the 40 day window provided. The team will also evaluate communications for both patients and providers impacted by these transitions that have been developed by the RHC Outreach team, as needed.

Deliverables:
(1) Impact Statement
(2) Short-term Crisis Plan

The output of this team will be sent to the RHC Transition Team, previously formed in 2013, for input and discussion prior to final approval by the Commission's appointed board. The output of this team will also be sent to a RHC Community-wide Specialty Care and Transportation Planning Group, open to all members of the community, for feedback. It is acknowledged and recommended that specific providers, especially and including SLCC, may be executing solutions prior to formal approval of this community-wide plan, given the timeframe facing the region.

Once the Short-Term Crisis Plan is developed, RHC will reassess its team structure to produce longer-term community solutions that may be available to alleviate the impact of SLCC's service line closures post-2014, especially if Medicaid does not expand over the next several years in Missouri.
Appendix A

Membership Roster - Specialty Care and Transportation Short-Term Crisis Planning Team

Chair: James Crane, MD
CEO, Faculty Practice Plan
Washington University School of Medicine

Hospitals/Medical Schools:

Kelley Mullen
Senior Director of Clinical Operations
Washington University School of Medicine

John Lynch, MD
Chief Medical Officer
Barnes-Jewish Hospital

Chris Watts
Vice President, Capital and Program Planning
BJC HealthCare

Karen Canter-Koester
VP, BJC Medical Group

Kate Becker
CEO, SSM-St. Mary’s Medical Center

Charles Rehm, MD
Regional Chief Administrative Office
Mercy

Amy Yost-Hansel
Director of Managed Care Contracting, SLUCare

Ray Alvey
Chief Financial Officer
Saint Louis University Hospital

Community Health Centers/SLCC:

Barbara Bailey
VP/Chief Operating Officer
Grace Hill Health Centers

Daniel Berg, MD
Family Care, Family Care Health Centers

Angela Clabon
Chief Financial Officer and co-CEO
Myrtle Hilliard Davis Comprehensive Health Centers

Sam Joseph, PA
Chief Operating Officer
BJK People’s Health Center

Dr. Jade James, MD
Director of Medical Services and Research Director
St. Louis County Department of Health

Mary VanKirk
Chief Clinical Officer
St. Louis ConnectCare

Bethany Johnson-Javois
Chief Executive Officer
St. Louis Integrated Health Network

Pamela Walker
Interim Director, City of St. Louis Department of Health

RHC Advisory Boards:

PSAB:

Fred Rottnek, MD, MAHCM
Saint Louis University School of Medicine
Commissioner

CAB:

Erika Neal
Community Advisory Board/Gateway Member

Rosetta Keaton
Manager, Community and Volunteer Services
St. Louis ConnectCare
Community Advisory Board
The Scope and Impact of 2013 Specialty Care and Transportation Service Line Closures
Saint Louis ConnectCare

Executive Summary - September 2013

Key Statistics - Executive Summary

On October 1, 2013, Saint Louis ConnectCare (ConnectCare) will cease providing specialty care and transportation services. Other St. Louis health care providers are developing plans to absorb the patient population previously served by ConnectCare. Key statistics concerning this planning include:

Post-October Visits to Reschedule Immediately:

As of September 3, 2013, ConnectCare had 1,995 specialty care visits scheduled post-October 1. The number of patient visits that need to be transitioned to an alternative specialty care provider, by specialty and by payor type, are outlined below:

Table 1. Scheduled Office Visits Post October 1, 2013 by Payor Type

<table>
<thead>
<tr>
<th>Service</th>
<th>Self-Pay</th>
<th>Gateway</th>
<th>Medicaid</th>
<th>Medicare</th>
<th>Other*</th>
<th>Unknown**</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td>19 (4%)</td>
<td>255 (51%)</td>
<td>63 (13%)</td>
<td>94 (19%)</td>
<td>17 (4%)</td>
<td>54 (11%)</td>
<td>502 (100%)</td>
</tr>
<tr>
<td>GI</td>
<td>23 (8%)</td>
<td>174 (57%)</td>
<td>57 (19%)</td>
<td>23 (8%)</td>
<td>8 (3%)</td>
<td>21 (7%)</td>
<td>306 (100%)</td>
</tr>
<tr>
<td>Urology</td>
<td>21 (6%)</td>
<td>138 (45%)</td>
<td>41 (13%)</td>
<td>54 (18%)</td>
<td>17 (6%)</td>
<td>35 (11%)</td>
<td>306 (100%)</td>
</tr>
<tr>
<td>Ortho. Surgery</td>
<td>17 (6%)</td>
<td>138 (48%)</td>
<td>31 (11%)</td>
<td>17 (6%)</td>
<td>36 (13%)</td>
<td>47 (16%)</td>
<td>286 (100%)</td>
</tr>
<tr>
<td>Nephrology</td>
<td>4 (2%)</td>
<td>69 (31%)</td>
<td>41 (19%)</td>
<td>85 (39%)</td>
<td>3 (1%)</td>
<td>18 (8%)</td>
<td>220 (100%)</td>
</tr>
<tr>
<td>Dermatology</td>
<td>29 (14%)</td>
<td>101 (50%)</td>
<td>23 (11%)</td>
<td>15 (7%)</td>
<td>16 (8%)</td>
<td>20 (10%)</td>
<td>204 (100%)</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>6 (4%)</td>
<td>68 (42%)</td>
<td>28 (17%)</td>
<td>26 (16%)</td>
<td>14 (9%)</td>
<td>19 (12%)</td>
<td>161 (100%)</td>
</tr>
<tr>
<td>ENT</td>
<td>0 (0%)</td>
<td>5 (50%)</td>
<td>2 (20%)</td>
<td>2 (20%)</td>
<td>1 (10%)</td>
<td>10 (100%)</td>
<td></td>
</tr>
<tr>
<td>Total Visits</td>
<td>119 (6%)</td>
<td>948 (48%)</td>
<td>286 (14%)</td>
<td>316 (16%)</td>
<td>112 (6%)</td>
<td>214 (11%)</td>
<td>1995 (100%)</td>
</tr>
</tbody>
</table>

*Other payors include: private insurance; referral insurance only, support from St. Louis County; and other employer-supported services.

**214 scheduled appointments do not indicate payor.

In addition to these scheduled office visits, ConnectCare continues to receive referrals. As of September 11, 2013, approximately 300 specialty care referrals have been logged by ConnectCare staff. Payor source and appointment information is not currently available for these referrals. An estimated 2,300 combined patient appointments and referrals will need to be transferred post-October 1, 2013.

Taking into consideration scheduled appointments where payor status is not indicated, it is estimated that 83-94% of scheduled appointments have an identified payor source, with 6-17% self-pay patients scheduled post-October 1, 2013. At least 48% of these ConnectCare specialty care visits will be reimbursed by funding from the "Gateway to Better Health Demonstration", which is scheduled to expire on December 31, 2013 unless extended by CMS as requested by the RHC and State of Missouri...
(decision pending). Some patients currently categorized as “self-pay” or “unknown” may be eligible for Gateway, which covers individuals up to 200% of the Federal Poverty Level through 2013.

Of these scheduled appointments:

- 50% (approximately 1,000) are scheduled to occur in October
- 22% (approximately 450) are scheduled to occur in November
- 11% (approximately 225) are scheduled to occur in December
- 17% (approximately 340) are scheduled to occur in 2014

**Total Estimated Annual Specialty Care Encounters (FY2013 ending June 30):**

<table>
<thead>
<tr>
<th>Specialty Service</th>
<th>Total Encounters (2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenterology (GI)</td>
<td>3300</td>
</tr>
<tr>
<td>Cardiology</td>
<td>2529</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>2051</td>
</tr>
<tr>
<td>Nephrology</td>
<td>1841</td>
</tr>
<tr>
<td>Neurology*</td>
<td>1809</td>
</tr>
<tr>
<td>General Surgery*</td>
<td>1806</td>
</tr>
<tr>
<td>Dermatology</td>
<td>1587</td>
</tr>
<tr>
<td>Otolaryngology (Ear, Nose, Throat)</td>
<td>1211</td>
</tr>
<tr>
<td>Urology</td>
<td>979</td>
</tr>
<tr>
<td>Pulmonary*</td>
<td>864</td>
</tr>
<tr>
<td><strong>Total Specialty Care Encounters</strong></td>
<td><strong>19,410</strong></td>
</tr>
</tbody>
</table>

*Service closed Sept 1, 2013, and service already transferred to Washington University and Barnes-Jewish Hospital in August 2013.

In fiscal year 2013, approximately 82% of the 19,410 reported SLCC specialty care encounters were attached to a payor source, with 18% reported as self-pay.

In addition to Specialty Care services, ConnectCare announced the closure of its Transportation services as of October 1, 2013. In fiscal year 2013, ConnectCare reported 18,085 transportation "trips"—a trip is defined by ConnectCare as a one way transport to or from a medical appointment.

A detailed data summary for each discontinued specialty has been completed and is provided as "Appendix A" to this Impact Statement.
Introduction to Scope and Impact Statement

On August 21, 2013, ConnectCare indicated that, due to financial constraints, it would cease providing all specialty care and transportation services by a target date of October 1, 2013. ConnectCare had previously announced that it was closing three main specialty service lines - General Surgery, Neurology, and Pulmonary services, as of September 1, 2013. It is important to note that ConnectCare has announced and intends to continue its urgent care services, radiology, laboratory, pharmacy, and preventative health services (Sexually Transmitted Infection, Tuberculosis, and Hepatitis A clinics) at its site on 5535 Delmar.

In response, and at the request of ConnectCare, the St. Louis Regional Health Commission (RHC) unanimously agreed to initiate a community-based planning process to understand and plan for these closures. This plan will be accomplished in two phases: (1) immediate planning in the 40 days prior to service eliminations at ConnectCare on October 1, 2013, and (2) development of longer-term community solutions that may take weeks or months to implement that will preserve and enhance access to services historically provided by ConnectCare that are not sustainable at that institution long-term.

In order to accomplish the first phase of this work (referenced above), RHC formed a "Specialty Care and Transportation Short-term Crisis Planning Team" that will: (1) assess the size and scope of the impact of SLCC's service closures, to enable fact-based planning and decision-making, and (2) develop and evaluate potential immediate, short-term solutions for transitioning patients from discontinued service lines at St. Louis ConnectCare in the 40 day window provided (see Appendix B for Team Charge and Roster). Once the Short-Term Crisis Plan is developed, the RHC will reassess its team structure to produce longer-term community solutions that may be available to alleviate the impact of SLCC's service line closures post-2014, especially if Medicaid does not expand over the next several years in Missouri.

This document is intended as the first step in this process - an assessment of the size and scope of the impact of SLCC's service closures, to enable fact-based planning and decision-making. Please note that all data contained in this Impact Statement was submitted to the RHC by ConnectCare or other area health care organizations for public dissemination. While all reasonable efforts have been taken to ensure the accuracy of this data, RHC does not attest to the complete accuracy of all information presented due to data limitations and/or the self-reported nature of the data sources.

Background

The reasons for the closure of ConnectCare's specialty care and transportation services are multifaceted, and beyond the scope of this report. The RHC's "Final Transition Plan" for the Gateway to Better Health program documents the financial pressures that led to this decision in August 2013, including the relevant sections of this report concerning ConnectCare, can be found as "Appendix C".

ConnectCare has historically been an important part of the region's safety net for the uninsured and underinsured since its inception during the closure of St. Louis' last remaining public hospital, St. Louis Regional Hospital, in the late 1990s, especially for adult specialty care services. According to the most recently released "Access to Care Data Book" from RHC, ConnectCare reported 13,922 adult specialty care encounters in calendar year 2011, or less than 2% of the approximately 900,000 total adult specialty care encounters seen by major specialty care providers in the St. Louis region.

1 Services were transferred to Washington University and BJH effective September 1, 2013.
However, in 2011, ConnectCare reported 11,422 adult specialty care encounters to uninsured and Medicaid recipients, which represented approximately 10% of the 113,155 total uninsured and Medicaid adult specialty care encounters among major regional specialty care providers, as follows:

*Figure 1*: Medicaid and Uninsured Specialty Care Encounters by Provider Institutions, CY2011

![Graph showing Medicaid and Uninsured Specialty Care Encounters by Provider Institutions, CY2011](image)

*Note - the "JFK Clinic" is operated by Mercy Health System at the Mercy Hospital St. Louis site on South New Ballas Road in St. Louis County.*

As is well-documented in previous RHC reports (see [www.stlrhc.org](http://www.stlrhc.org)), the Medicaid and uninsured populations in the St. Louis region have been identified as having a higher incidence of chronic disease, and face greater barriers to accessing health care services, due to complex socio-economic factors. Therefore, extra planning and assistance will be necessary to ensure a seamless transition of medical care for this vulnerable population previously served by ConnectCare prior to its service line closures.

**ConnectCare Specialty Care Services - Patient Demographic Information**

As noted earlier, there were 19,410 total specialty care encounters seen at ConnectCare in its fiscal year ending June 30, 2013. Of these patients:

- **Gender**
  - 58% of patients are female
  - 42% of patients are male

- **Race/Ethnicity (as documented by ConnectCare's reporting system)**
  - 70% of patients are Black/African-American
  - 20% of patients are non-Hispanic White
  - 2% of patients are Hispanic
  - 8% of patients are categorized as Other

---

2 “Other” includes: Asians, Native Hawaiians, Other Pacific Islander, American Indian/Alaskan Native, and individuals of more than one race.
Appendix B

- **Age**
  - 87% of patients are between the ages of 25-64 years
  - 10% of patients are 65 years and over
  - 4% of patients are under 25 years
- **Income**
  - 89% of patients live 100% and below the federal poverty level
  - 6% between 101-150%
  - 3% between 151-200%
  - 2% over 200%

The top ten zip codes of residence for ConnectCare specialty care services, in order of size, are as follows:

**Table 2. ConnectCare Specialty Care Patients by Zip Code, FY2013 ending June 30, 2013**

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Percent of patients residing (N=8481)</th>
<th>City/County</th>
<th>Neighborhood Anchor</th>
</tr>
</thead>
<tbody>
<tr>
<td>63136</td>
<td>10%</td>
<td>N County</td>
<td>Jennings</td>
</tr>
<tr>
<td>63115</td>
<td>7%</td>
<td>N City</td>
<td>Penrose</td>
</tr>
<tr>
<td>63116</td>
<td>5%</td>
<td>S City</td>
<td>Holly Hills</td>
</tr>
<tr>
<td>63118</td>
<td>5%</td>
<td>S City</td>
<td>Benton Park</td>
</tr>
<tr>
<td>63112</td>
<td>5%</td>
<td>City</td>
<td>Skinker-DeBaliviere</td>
</tr>
<tr>
<td>63121</td>
<td>5%</td>
<td>N County</td>
<td>Normandy</td>
</tr>
<tr>
<td>63107</td>
<td>4%</td>
<td>N City</td>
<td>Hyde Park</td>
</tr>
<tr>
<td>63120</td>
<td>4%</td>
<td>N City</td>
<td>Walnut Park East</td>
</tr>
<tr>
<td>63113</td>
<td>4%</td>
<td>N City</td>
<td>The Ville</td>
</tr>
<tr>
<td>63147</td>
<td>3%</td>
<td>N City</td>
<td>Baden</td>
</tr>
<tr>
<td>Other zip codes</td>
<td>48%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix B

See below for a map denoting the geographic distribution of ConnectCare patient residence in fiscal year 2013. As displayed on the map, there is a high concentration of patients residing in North St. Louis City and North St. Louis County.

Figure 2. ConnectCare Specialty Care Patients by Zip Code, FY2013 ending June 30, 2013

Additional detail concerning ConnectCare Specialty Care Patient Demographics, by Specialty, can be found in the detailed data summary included as "Appendix A" to this document.
Special Considerations for Care Coordination of ConnectCare Specialty Care Patients

At the first meeting of the RHC's "Specialty Care and Transportation Short-Term Crisis Planning Team," held on September 3, 2013, team members identified specific issues that will be important to consider as patient transitions of care are managed over the next several weeks and months. While this list of considerations is not necessarily definitive nor exhaustive, these important issues will need dedicated focus. These considerations include:

**Triaging of High-Risk Patients**

- Approximately 75 ConnectCare patients are currently undergoing treatment for Hepatitis C - smooth transitions of care for these patients should be prioritized during patient transitions.
- Several cardiology patients may currently access electrophysiology services - these patients should be identified and smooth transitions of care for these patients should be prioritized during patient transitions.
- A system for identifying other medically high-risk patients and prioritizing a smooth transition of patient care for these individuals should be a high priority for ConnectCare’s staff, primary care providers, and the "receiving" specialty care provider organizations over the next 30-60 days.

**Reducing Barriers to Care**

The team members identified the following key barriers to consider and manage as ConnectCare services are transferred to other providers over the next several weeks and months:

- Transportation to and from appointments will reduce "no show" rates and will make it easier for patients to find a new facility - managing the transportation process, especially in light of ConnectCare's decision to eliminate transport services effective Oct 1, will be important as patient transitions occur (see Transportation section later in this document).
- A process should be developed to ensure a smooth transition of medications for patients, such as ensuring that current ConnectCare specialty care providers prescribe enough medications until the next available appointment at another facility. In managing the patient transitions, consideration should be given to the patients’ abilities to access affordable medications.
- The transfer of patients' medical records will facilitate smooth transitions of care between specialty care providers, and should be prioritized by ConnectCare's current staff and the new specialty care provider organizations during the transition process.
- Nearly 90% of ConnectCare’s patient population lives under the Federal poverty level. Historically, managing patient communications to those living in poverty is particularly challenging due to factors such as the mobile nature of the population, on average lower literacy levels, and a historical mistrust by some within this population of the medical system. A specific and dedicated focus on communications during this transition process by RHC, ConnectCare, area community health centers, Community Referral Coordinators (associated with the Integrated Health Network’s Community Referral Coordinator Program), and receiving specialty care providers will be critical to ensure a successful transition process.
- A process for notifying primary care physicians and community health center "medical homes" of each patient's new specialty care provider should be developed and implemented during the transition of care process.

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3 High-risk individuals include patients who present with high medical acuity and/or co-morbidity.
Appendix B

- Maintaining appropriate "wait times until next appointment" will be important, and should be tracked and reported during the transition process.

- For the 6-17% of ConnectCare patients that are currently in the "self-pay" category, an "easy-to-navigate" financial assistance policy should be documented and communicated to patients as care transitions occur. It will be important for specialty care providers to communicate to patients an estimated cost for their care in advance of their scheduled appointment.

- Access to interpretive services will be important for a sub-set (less than 10%) of the current ConnectCare population. While it is acknowledged that the major specialty care providers absorbing ConnectCare’s population (i.e. Washington University, St. Louis University, BJC HealthCare, Mercy Health Systems, SSM Health Care) already provide extensive services to non-English speaking populations, planners should ensure that these services are known and available to the ConnectCare population as patient transfers occur.

- For orthopedic patients, an urgent referral process between Emergency Departments (EDs) and orthopedics should be developed for fractures, due to the time-sensitive nature of properly setting fractures for the healing process.

- A specific process should be developed for screening and managing pain management consults to avoid unnecessary orthopedic visits, given the limited capacity of this specialty service in the region.

- In some instances, community health centers/primary care physicians may be utilized to mitigate space and, when medically appropriate, specialist capacity constraints. As the region develops solutions to transition the ConnectCare specialty care population, these important community resources should be "leveraged" as much as possible to appropriately manage the demand for access to limited specialty care appointments, both short- and long-term.

ConnectCare Transportation Services

In fiscal year 2013, ConnectCare reported 18,085 transportation "trips", which is defined as a transport between one "pick-up" location and one "drop-off" location. It is highly likely that in many cases, two "trips" were necessary for one patient for one medical appointment, although the data for the number of transportation services per patient visit is not available.

To enable these trips, ConnectCare maintained a fleet of fourteen medical transport vehicles (twelve para-lift vans and two mini-vans). These services will no longer be available after October 1.

One unique feature of ConnectCare’s transportation services was that typically ConnectCare arranged transportation services within 24 hours of patient request - many alternative services, such as those funded in the region by Medicaid/Medicare, typically require at least a three-day notice prior to scheduling. The loss of this "last minute" scheduling option may negatively impact show rates at receiving specialty care providers as the ConnectCare population adapts to new access models post-October 1, and should be considered as transition planning recommendations are developed.

SLCC reports that three primary organizations and/or program vendors utilized their transportation services in FY2013, including Gateway to Better Health, Grace Hill and Myrtle Hilliard Davis Health Centers, and Logisticare.
Appendix B

**Gateway**: one-third of Non-Emergency Medical Transportation (NEMT) trips provided by SLCC in FY2013 were for Gateway patients. The Gateway Pilot Program Planning Team has requested that the State of Missouri explore options that may be available with Non-Emergency Medical Transportation providers currently contracted by the State for Medicaid.

**Grace Hill and Myrtle Hilliard Davis**: one-third of Non-Emergency Medical Transportation (NEMT) trips in FY2013 were for patients of Grace Hill and Myrtle Hilliard Davis Health Centers. Grace Hill and Myrtle Hilliard use SLCC as their transportation vendor primarily for uninsured and Medicare patients. St. Louis SLCC does not currently fund transportation services for the uninsured. Both Grace Hill and Myrtle Hilliard are currently exploring alternative vendor options for patient transport. Other community health centers report that they do not utilize transportation services offered at SLCC but do subsidize transportation for some of their patients. St. Louis County Clinics report that they do not provide transportation services for their patients.

**Logisticare**: one-third of Non-Emergency Medical Transportation (NEMT) trips in FY2013 were for Medicaid patients. SLCC is a subcontractor to the State contracted provider, Logisticare.

It was acknowledged by the Short-term Crisis Team members that effectively managing the transportation process, especially in light of ConnectCare's decision to eliminate transport services effective Oct 1, will be an important crucial success factor as patient transitions occur in the short-term.

**Conclusion**

The initial assessment of the impact of the closure of ConnectCare's specialty care and transportation service lines reveals that ConnectCare accounts for approximately 2% of total adult specialty care visits in the region and 10% of total adult specialty care volumes among the Uninsured/Medicaid population. As reviewed in this document, specific issues will need to be addressed in the immediate patient transition planning efforts to ensure that access to care for this population is maintained post-October 2013.

Specifically, triaging of high-risk patients; reducing barriers to care historically faced by ConnectCare's predominately low-income population; carefully managing important transition of care issues such as medical record transfers, patient communications, medication refills, and wait times until next appointment; and ensuring a smooth transition of Transportation services will be critical issues over the next weeks and months to maintain access to specialty care services for the population affected by ConnectCare's service line closures in October 2013.

In addition, capacity among community specialty care providers remains a concern. St. Louis ConnectCare was a safety net for patients that enabled in many instances a smooth transition to specialty care services for uninsured and Medicaid patients. As hospital and physician payments continue to decrease and the Missouri Medicaid question is left undecided, it will be important to continually assess capacity among regional providers as patient care is transitioned. It remains unclear at this time how much capacity will be available among providers to continue to serve uninsured and underinsured populations moving forward.

The “Gateway to Better Health Demonstration” currently reimburses approximately half of ConnectCare’s specialty care visits. This program is scheduled to expire on December 31, 2013. The
State of Missouri has requested that the federal government extend the Gateway program for up to three years or until Missouri expands Medicaid. If Gateway is not extended beyond December 2013, provider capacity constraints will be of even greater concern as the region develops longer-term community solutions.

Short-term recommendations to plan for and address these issues will be created in September 2013 and beyond by RHC for provider and community input as the transition process unfolds. Please visit www.stlrhc.org for additional reports, materials and progress updates in the future.
**Specialty Care Capacity Analysis as of September 2013**

Area specialty care providers are currently and iteratively assessing specialty care capacity within their organizations for the remainder of 2013 to accommodate the patients previously served by ConnectCare. These providers include (in alphabetical order) BJC Medical Group, Mercy St. Louis, SLUCare/St. Louis University Hospital, St. Alexius Hospital, SSM Health Care, Washington University School of Medicine, as well as the Center for Outpatient Health jointly coordinated by Barnes-Jewish Hospital and Washington University. The private practice physicians previously employed or contracted by ConnectCare have also been surveyed to assess their willingness and capacity to continue to serve patients after ConnectCare's specialty care service line eliminations.

Based on a survey of providers, as of September 17, 2013, it is believed that sufficient capacity exists to reschedule existing appointments at St. Louis ConnectCare in the following specialties:

- Cardiology
- Otolaryngology (Ear, Nose, Throat)
- ConnectCare specialty care clinics previously transferred to Washington University as of Sept 1, 2013, including:
  - General Surgery
  - Neurology
  - Pulmonology

Other specialties may have little to no capacity issues, pending successful transitions with existing SLCC providers interested in continuing service with current patients:

- Urology
- Orthopedic Surgery
- Nephrology

Specialty areas with immediate capacity constraints where additional focus is necessary:

- Gastroenterology (G.I.)
- Dermatology
- Endocrinology

Primary care providers are encouraged to assess patients for medical urgency and medical fragility in all areas, but particularly GI and Dermatology, given capacity limitations in the near term.
Appendix D

RHC Short-Term Specialty Care and Transportation Planning Team

Patient Access Teams

Proposed Work Plan and Next Steps

9/17/2013

In response to ConnectCare’s recently announced closure of specialty care and transportation service lines, the Specialty Care and Transportation Planning Short-Term Planning Team has recommended the formation of Patient Access Teams to ensure a smooth transition for patients to new providers.

Scope of Work

An estimated 2,300 combined patient appointments and referrals will need to be transferred to an alternative specialty care provider post-October 1, 2013. Short-term Patient Access Teams will work to transition these appointments and referrals in the immediate term.

Membership

Membership for the teams will include representatives from: the specialty care providers receiving the patients; St. Louis ConnectCare; Gateway to Better Health; and the Community Referral Coordinator program. Clinical, IT/medical records, and communications staff will play important roles on each of these teams. The teams will be sponsored by the receiving specialty provider organizations, and not by the RHC, as protected health information (PHI) will be shared in these meetings as a necessity. RHC staff may play a supporting role, as necessary.

Representatives from community health centers also will play a critical role in facilitating effective transitions. While all community health centers may not choose to actively participate in each Patient Access Team due to staffing constraints, the teams will report progress to the community health centers at the Short-Term Crisis Team meetings. Community health centers also are encouraged to contact the specialty care organizations directly with any questions or concerns as they arise.

Patient Access Team Charge

As agreed upon by the Short-term Crisis Team, Patient Access Teams are charged to complete the following action items in their transition of approximately 2,300 scheduled appointments and referrals post-October 1, 2013:

(a) Maintain key principles as agreed upon in “Proposed Immediate Next Steps for Transferring Patient Appointments from Discontinued Service Lines at SLCC” (see attached)

(b) Move patient appointments/referrals and records from SLCC to new provider per the principles outlined in “Proposed Immediate Next Steps for SLCC to new provider per the principles outlined in “Proposed Immediate Next Steps for Transferring Patient Appointments from Discontinued Service Lines at SLCC”

(c) Communicate new appointments/provider information to patient and referring provider
Appendix D

(c) Communicate self-pay policies to patients without a payer and coordinate as needed with payers (e.g. Gateway, Medicaid, Medicare, Commercial payers)

(d) Identify high-risk patients, prioritize scarce medical specialty slots for these patients when appropriate, and provide navigation assistance

**Time Commitment**

Based on the prior ConnectCare patient transition experiences, it is anticipated that Patient Access Teams will meet 3-6 times in the coming weeks. In some instances, conference calls will be sufficient.

**Updates to RHC Short-term Crisis Team**

The specialist organization accepting the appointments and referrals will be asked to provide an executive summary update at each meeting of the RHC's "Short-Term Planning Team", identifying any problems or barriers that arise that the group may assist in problem-solving.
**Key Considerations for Immediate ConnectCare Patient Transitions**

Outlined below are proposed considerations for each team to use as they address issues that may arise throughout the transition. This list is intended to be a tool for the teams to use and adapt as they see fit. Based on previous patient transition initiatives, it is recommended that the specialist organization receiving the patients adapt the plan to fit the specific operational considerations for their organization.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Considerations</th>
<th>Coordinating Entity</th>
<th>Timing</th>
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<tbody>
<tr>
<td>Scheduling</td>
<td>Which schedule(s) are impacted and are slots available?</td>
<td>Specialist Organization</td>
<td></td>
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<tr>
<td></td>
<td>Which appointments need to be moved (who, what, when, how long)?</td>
<td>SLCC and PCP</td>
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<td></td>
<td>How will medical urgency play a role in the scheduling process?</td>
<td>Specialist Organization/SLCC/PCP</td>
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<tr>
<td>Referrals</td>
<td>Where should referrals be directed and how? Who is the point of contact? Is the protocol the same for medically urgent appointments?</td>
<td>Specialist Organization</td>
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<td></td>
<td>What changes if any need to be made to Gateway referral system?</td>
<td>Gateway Team</td>
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<td>Payor Coordination</td>
<td>What (if any) prior authorizations need to be obtained?</td>
<td>Specialist Organization</td>
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<td></td>
<td>What is the self-pay policy and how does it apply to this population?</td>
<td>Specialist Organization/CRC</td>
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<tr>
<td>Medical Records</td>
<td>How will SLCC or PCP send medical records?</td>
<td>SLCC/PCP/Specialist Organization</td>
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<tr>
<td>Patient Communications</td>
<td>How will patients be notified of new appointment? What reminder calls will be placed?</td>
<td>Specialist Organization/CRC</td>
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<td></td>
<td>Once identified, how will the self-pay policy be communicated to patients?</td>
<td>Specialist Organization/CRC/PCP</td>
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<td>What is the process if patients need to reschedule?</td>
<td>Specialist Organization/PCP/CRC</td>
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<tr>
<td>Provider Communications</td>
<td>How will referring physicians be notified of patient transitions?</td>
<td>Specialist Organization</td>
<td></td>
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<td>Care Coordination</td>
<td>How will notes be provided to the referring provider? How will the two providers communicate with one another to coordinate care?</td>
<td>Specialist Organization/PCP</td>
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<tr>
<td>Patient Navigation</td>
<td>Who are the high-risk patients and what assistance do they need?</td>
<td>SLCC/CRC/PCP/Specialist Organization</td>
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<td></td>
<td>How will transportation services be coordinated?</td>
<td>Current protocols for Medicaid and Medicare patients remain. TBD for Gateway enrollees. ConnectCare did not provide transportation for self-pay unless reimbursed by Grace Hill or Myrtle Hilliard Davis (MHD) - these patients TBD pending Grace Hill/MHD policies.</td>
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