PROGRESS TOWARD BUILDING A HEALTHIER ST. LOUIS

Access to Care Data Book 2019

INTRODUCTION

The St. Louis Regional Health Commission

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

Access to Care Data Book

Access to Care provides a survey of annual operating statistics from primary, specialty and emergency care safety net health care provider institutions in St. Louis City and County. This year's analysis focuses primarily on data reported over the past four years (2015 - 2018). Hours of operation and appointment availability for regional safety net provider institutions from the most recent calendar year are included. Also included are utilization volumes and outcomes from the 2018 calendar year of the Gateway to Better Health Pilot Program.

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

The RHC would also like to thank Dr. Eric Armbrecht, chair, and the entire "Access to Care Data Workgroup" (see page 119 for full roster) for their leadership on the creation of this report.

Gateway to Better Health Pilot Program

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

*Definition of Access**

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

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

The St. Louis Safety Net

Information below provides detailed statistics of the safety net population in St. Louis City and County from 2015-2018. For the purpose of this report, the "safety net" population is comprised of individuals who are uninsured or who have coverage under the state of Missouri's Medicaid program. Evidence strongly suggests that these groups face additional barriers to accessing healthcare in St. Louis, if not for the safety net providers included in this report.

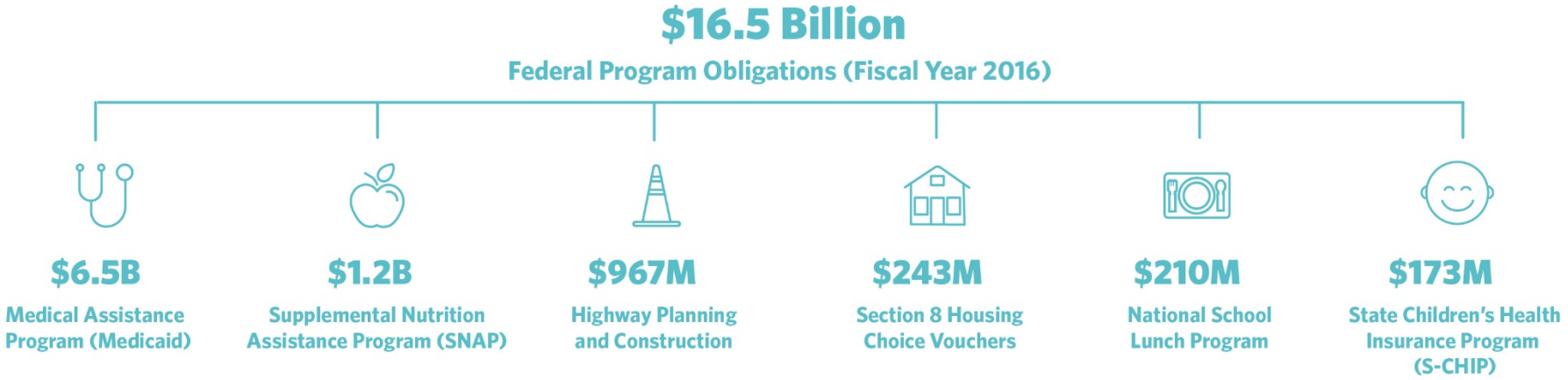
	2015	2016	2017	2018	Percent Change, 2015-2018	Percent Change, 2017-2018
Uninsured in St. Louis City and County	140,000	126,500	114,100	93,400	-33%	-18%
Uninsured in Missouri	583,100	531,900	548,200	566,300	-3%	+3
Medicaid	170,800	197,300	166,400	151,100	-12%	-9%
Total Safety Net Population	310,800	323,800	280,500	244,500	-21%	-13%
Total St. Louis City and County Population	1,302,500	1,316,590	1,305,352	1,053,848	-19%	-19%
Total Missouri Population	5,969,392	5,977,199	6,000,326	6,014,742	+1%	-
Uninsured as a % of Total Population	10.7%	9.6%	8.7%	8.9%	-	-
Safety Net Population as a % of Total Population	23.9%	24.6%	21.5%	23.2%	-	-

- The number of individuals without health insurance coverage in St. Louis City and County decreased by 18% over the past year and by 33% over the past four years, while the number of uninsured individuals in Missouri remained relatively stable over the past year, and since 2015.
- Of the more than 93,400 users without health insurance coverage in St. Louis City and County, 46% identified as African American/Black, 47% White and 13% "Other". Over the past five years, the racial composition of the uninsured has remained stable.
- The number of individuals covered by Medicaid living in St. Louis City and County decreased by 12% since 2015 and decreased by 9% over the past year.
- The safety net population in St. Louis City and County decreased by 13% over the past year and by 21% since 2015.
- In 2018, individuals who were either uninsured or covered by Medicaid accounted for nearly 23% of St. Louis City and County population.

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

Why is the 2020 Census important?

Once every ten years, America comes together to count every resident in the United States in an effort to provide the basis for reapportioning congressional seats, redistricting, and distributing more than $675 billion in federal funds annually to support states, counties and communities' vital programs. These programs impact housing, education, transportation, employment, healthcare and public policy.[1]



This information adapted from Counting for Dollars[iii], and does not include all federal program dollars.

More than $16.5 billion in federal funds are distributed to Missouri annually, and these funds are used to funds programs, such as, Medicaid/Medicare/CHIP, SNAP and other essential programs. In the 2010 census, Missouri lost $1,272 per year for every person that was missed.[2] Per Missouri Foundation for Health, "low participation in the 2020 Census could have substantial negative consequences for Missouri.[3]

There are 232,000 uninsured adults in Missouri who would be eligible for Medicaid and rely on those federal dollars to cover the cost of the care that they receive. Therefore, it is imperative to ensure that all Missouri residents are counted in the 2020 census. When all respond to the census, Missouri hospitals and health centers receive the funds they need to care for all who need it. To find more ways to engage with this effort, visit www.mffh.org/census for more information.

[1]Census 101. www.census.gov/partners/2020.html
[2]Alterman, Elina and Monroe, Keely. Census 2020: What's at Stake for Missouri Funders, August 2018.
[3]Missouri Foundation for Health Fact Sheet, "Missouri Counts: 2020 Census", published November 2019.

Medicaid expansion and its impact on access to care

As part of our mission to increase access to health care, reduce health disparities, and improve health outcomes in the St. Louis region, the RHC supports Medicaid expansion and endorses Health Care for Missouri's campaign to bring Medicaid expansion to the 2020 ballot.

- In the **St. Louis region, 93,400 individuals are uninsured**, representing about 9% of the total population.[1] Approximately **one-third of all patients are uninsured at our region's safety net primary care organizations**, putting a heavy strain on the health centers.
- More than **500,000 individuals in Missouri are uninsured**.[1] Medicaid expansion would improve access to health care by providing **coverage to more than 200,000 Missourians**.[2]
- Medicaid expansion would **improve the health of Missourians**, reduce overall mortality, and **decrease health disparities** among covered populations.[3]
- With changes to Medicaid coverage, there would be a net flow of federal funds to the State in the amount of **2.3 billion annually** to support increases to access.[4]

Take Action

Healthcare for Missouri is a statewide coalition that is committed to expanding Medicaid through a ballot initiative in the November 2020 election. With 172,000+ signatures before May 2020, the petition to put Medicaid expansion on the ballot can be achieved. Below are ways in which you can get involved and take action.

- ✓ Sign the petition to put Medicaid expansion on the ballot
- ✓ Volunteer to help spread the word and collect signatures
- ✓ Share your story if you or a family member has gone without health insurance
- ✓ Endorse the campaign for Medicaid expansion as an organization
- ✓ **Spread the word** with your community

Access the links above at: https://www.healthcareformissouri.org/get-involved

[1]American Community Survey, released September 2019.
[2]Kaiser Family Foundation Issue Brief, "The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid", published January 2020.
[3]Kaiser Family Foundation Issue Brief, "The Effects of Medicaid Expansion under the ACA: Updated Findings", published August 2019.
[4]Common Wealth Fund Issue Brief, "How States Stand to Gain or Lose Federal Funds by Opting In or Out of the Medicaid Expansion", published December 2013.

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EXECUTIVE SUMMARY

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

1. The overall rate of uninsured individuals has continued to steadily decline in both St. Louis City and County over the past four years. Yet, in Missouri, the number of uninsured individuals has remained relatively stable. Additionally, more people are being covered through both commercial and public insurance.

Of the more than 93,400 users without health insurance coverage in St. Louis City and County in 2018, 46% identified as African American/Black, 47% Caucasian and 13% "Other". Over the past four years, the racial composition of the uninsured has remained stable.

The total number of uninsured individuals in St. Louis City and County fell by 18% from 2017 to 2018, and 33% since 2015, while the total number of uninsured individuals in Missouri rose by 3% from 2017 to 2018, and remained relatively stable since 2015.

In 2018, there were 93,400 uninsured individuals. Using data sourced directly from MO HealthNet (Medicaid) Division, the number of Missouri Medicaid adults living in St. Louis City and County (excluding those with Medicaid/Medicare dual eligibility) decreased 9% from 2017 to 2018, while decreasing by 12% since 2015.

These trends indicate a shift in uninsured individuals to commercial and public health coverage options, which has likely been impacted by healthcare reform.

EXECUTIVE SUMMARY

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

Safety net primary care organizations served roughly 78% of all uninsured individuals in St. Louis City and County in 2018. The share of uninsured served by these organizations has decreased by about 8% over the past four years. When examining trends in primary care access for different patient populations based on payor, a shift in the overall payor mix of St. Louis safety net organizations across all care settings is observed, most notably a decline in the uninsured population, while the number of privately insured patients has increased.

Encounters among uninsured users of safety net primary care organizations have declined by 17% over the past four years. Uninsured medical encounters have declined by 17% since 2015, while total primary care medical encounters have decreased by 12% since 2015. Conversely, primary care dental encounters continue to remain stagnant, while primary care behavioral health encounters increased by 34% over the past four years. Behavioral health users have also increased at community mental health providers during this period; for these users, uninsured primary payor status has increased by 43% since 2014.

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

- Visits among uninsured patients to specialty care providers have remained relatively stable.
- Visits by uninsured patients to hospital emergency departments have remained relatively stable since 2015.

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

EXECUTIVE SUMMARY

3. Wait times across primary and specialty care safety net sites continue to lengthen over time.

Wait times for both new and returning adult and pediatric patients have lengthened since 2015 among primary care safety net organizations. The longest wait times are seen for new dental and new adult medical appointments, in which patients are waiting on average 87 and 55 days to see a safety net provider. Although wait times continue to lengthen at safety net organizations, community health centers continue to provide same-day and urgent appointments.

Wait times among specialty care providers also continue to lengthen for both new and returning patients. The longest specialty care wait times for both new and returning patients are seen for rheumatology, endocrinology, OB/GYN, hepatology, and infectious disease. Additionally, average wait times for new patients have at least doubled for ENT and pain management.

EXECUTIVE SUMMARY

SUMMARY OF KEY FINDINGS

Key Findings

Primary Care

- The number of individuals without health insurance coverage in St. Louis City and County decreased by 18% over the past year and by 33% over the past four years. Of the more than 93,400 users without health insurance coverage in St. Louis City and County, 46% identified as African American/Black, 47% White and 13% "Other". Over the past four years, the racial composition of the uninsured has remained stable (page 5).
- There have been notable changes in payor mix over the past four years . Privately insured users have increased by 7%, while uninsured users have declined by 17% since 2015. Similar trends have been seen in encounters over the past four years. Privately insured encounters have increased by 11%, while uninsured encounters have declined by 8% since 2015 (pages 19 and 23).
- Safety net primary care providers served roughly 78% of the total uninsured population in St. Louis City and County in 2018 (page 22).
- Total primary care (medical, dental and behavioral health) encounters at safety net organizations have remained relatively stable over the past four years (page 23).
    - Medical encounters have declined by 7% over the past year, while also decreasing by 12% over the past four years (page 29).
    - Dental encounters at safety net primary care providers decreased by 14% over the past year, while staying relatively stable over the past four years (page 36).
    - Behavioral health encounters at safety net primary care providers remained relatively stable over the past year and increased by 34% since 2015 (page 38).

Emergency Care

- Total emergency department encounters have remained relatively stable over the past year. Uninsured emergency department encounters at St. Louis area hospitals have remained relatively stable from 2017 to 2018 (pages 49 and 52).
- Non-emergent encounters have decreased by 9% over the past year. Non-emergent encounters among privately insured and Medicaid patients have declined by 13%, while increasing by 21% and 7% among Medicare and uninsured patients, respectively (page 56).
- Approximately 18,800 patients visiting St. Louis area emergency departments had at least four emergency department visits at the same hospital, representing 3% of all emergency department patients in 2018 (page 61). Among these patients, there were more than 103,300 emergency department encounters in 2018 (page 62).
- Emergency department encounters with behavioral health diagnoses (primary) have remained stable over the past year and account for 7% of all emergency department encounters in 2018 (page 63). The top primary behavioral health diagnoses are mood disorders, schizophrenia/delusional disorders and alcohol use disorders (page 63).

Key Findings

Specialty Care

- Total specialty care users and encounters at St. Louis area specialty care organizations increased by 28% and 6%, respectively, since 2015. This increase represents more than 133, 100 additional users and more than 75,300 additional encounters (pages 74 and 76).
- Of the more than 600,600 specialty care users in 2018, approximately 74% were White, 19% were African American/Black and 7% were from the "Other" racial category.
- Over the past year, uninsured specialty care users increased by 19%, while uninsured specialty care encounters remained stable (pages 74 and 78).
- Medicaid specialty care encounters remained stable over the past year and since 2015 (page 80).
- While wait times for some specialty care appointments have either decreased or remained the same, rheumatology and endocrinology continue to trend with the longest average wait times for both new and returning patients (pages 82 and 83).

Behavioral Health

- Behavioral health users increased by 9% to 34,530 users in 2018. Total users has increased by 17%, or nearly 5,000 people, since 2014 (page 88).
- Newly admitted users to behavioral health safety net agency programs increased by 40% to 13,796 in 2018. Newly admitted users accounted for 40% of all users served in 2018 (page 89).
- Wide variation exists in the rate of serving the safety net population within the designated service areas of respective behavioral health safety net administrative agents in Missouri's Eastern Region (page 90).
- Behavioral health encounters at safety net primary care providers increased by 51% since 2014 and remained stable over the past year (page 94).
- Emergency department encounters with behavioral health diagnoses (primary and secondary) have remained stable over the past year and account for 26% of all emergency department encounters in 2018 (page 96). The top primary behavioral health diagnoses remain mood disorders, schizophrenia/delusional disorders and alcohol use disorders (page 96).
- While acute psychiatric inpatient encounters remained stable overall in 2018, inpatient psychiatric staffed bed capacity decreased by 6% since 2017 and 13% since 2014 (page 105).

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PRIMARY CARE ANALYSIS

Primary Care: Key Findings

- The number of individuals without health insurance coverage in St. Louis City and County decreased by 18% over the past year and by 33% over the past four years. Of the more than 93,400 users without health insurance coverage in St. Louis City and County, 46% identified as African American/Black, 47% White and 13% "Other". Over the past four years, the racial composition of the uninsured has remained stable (page 5).
- There have been notable changes in payor mix over the past four years . Privately insured users have increased by 7%, while uninsured users have declined by 17% since 2015. Similar trends have been seen in encounters over the past four years. Privately insured encounters have increased by 11%, while uninsured encounters have decreased by 8% since 2015 (pages 19 and 23).
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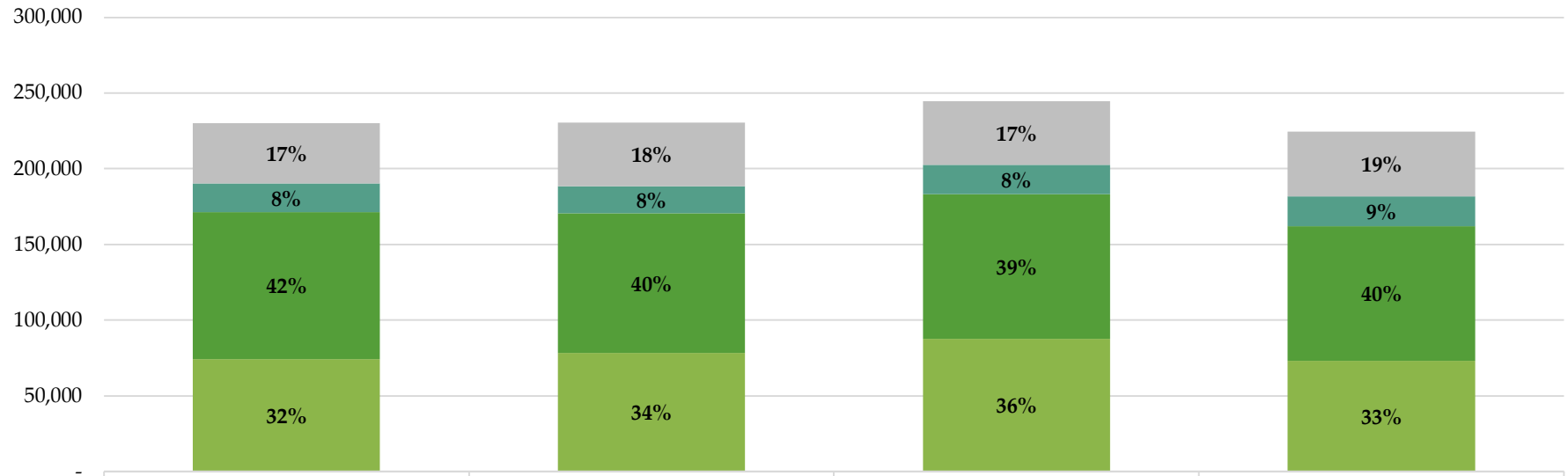
    - Dental encounters at safety net primary care providers decreased by 14% over the past year, while staying relatively stable over the past four years (page 36).
    - Behavioral health encounters at safety net primary care providers remained relatively stable over the past year and increased by 34% since 2015 (page 38).

The number of individuals utilizing primary care services at safety net organizations in St. Louis have decreased by 8% over the past year, and remained relatively stable over the past four years.

Primary Care Users by Payor Category, 2015 - 2018



	2015	2016	2017	2018
Private	39,884	42,129	41,784	42,792
Medicare	18,861	17,700	19,657	19,442
Medicaid	96,848	92,510	95,387	89,024
Uninsured	74,428	78,243	87,683	73,178
Total	230,021	230,582	244,511	224,436

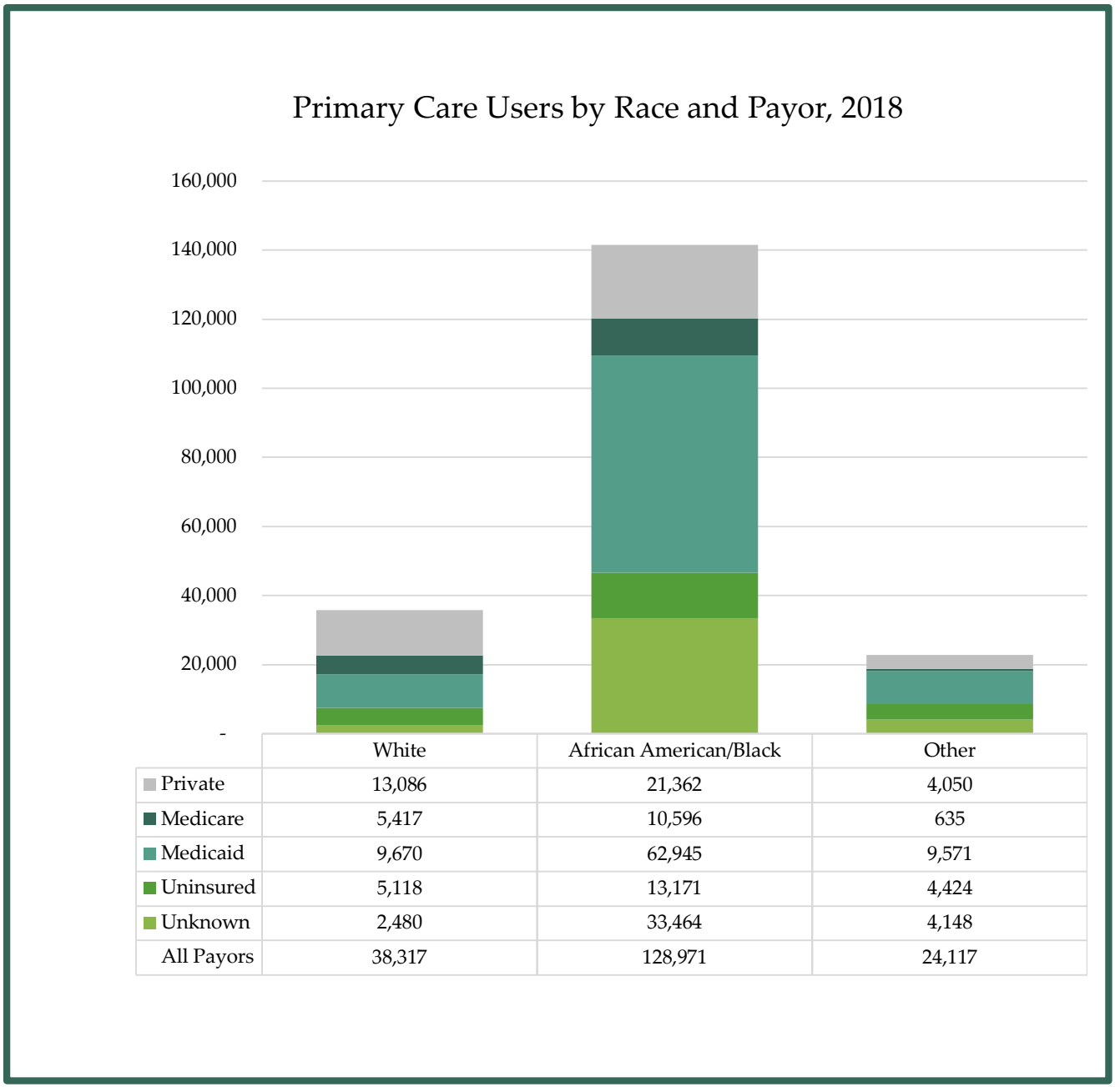
- Of the more than 224,400 primary care users reported in 2018, approximately 40% were insured through the Medicaid program, 33% were uninsured, 19% were privately insured and 9% were insured through the Medicare program.
- Over the past year, uninsured and Medicaid users decreased by 17% and 7%, respectively.

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. While users are unduplicated within each organization, there may be some duplication in total user counts across reporting organizations if a patient was seen at more than one organization in 2018.

Of the more than 191,405 primary care safety net users in 2018, for which racial data is available, approximately 67% were African American/Black, 20% were White and 13% were from the "Other" racial category.

- Approximately 13% of all White primary care users, 10% of all African American/Black primary care users and 18% of all users included in the "Other" racial group are uninsured.
- Based on census data for the general population of St. Louis City and County, about 5% of all Whites, 11% of all African Americans/Blacks and 8% of those included in the "Other" racial group are uninsured.

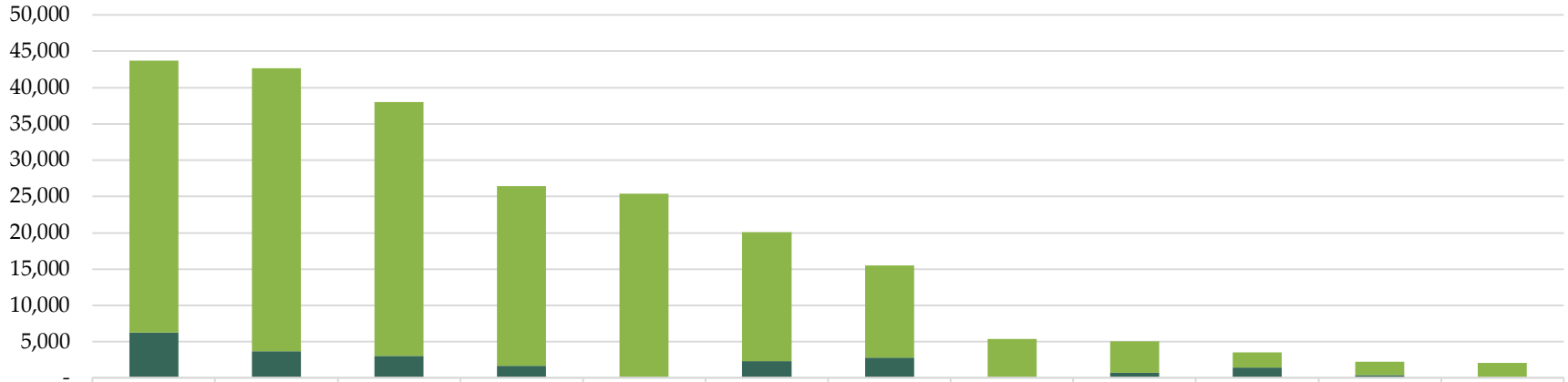
Note: There may be some duplication in the user count across safety net organizations in the region. The "other" racial/ethnic group includes: those of Asian, American Indian/Alaska Native and Native Hawaiian/Other Pacific Islander descent, as well as those identifying with more than one racial/ethnic group, those identifying as Hispanic/Latino and those whose race/ethnicity is unknown. However, the American Community Survey includes Hispanic/Latinos throughout all racial groups, whereas all Hispanic/Latinos safety net users, regardless of race, are captured separately in the "other" category only. BJK People's did not provide payor data for their users by race. Therefore, all of their users have been included in the unknown payor grouping. The SPOT, SSM Cardinal Glennon, and SLUCare did not provide racial data for all of their users in 2018 included on page 21 of this report.



	White	African American/Black	Other
Private	13,086	21,362	4,050
Medicare	5,417	10,596	635
Medicaid	9,670	62,945	9,571
Uninsured	5,118	13,171	4,424
Unknown	2,480	33,464	4,148
All Payors	38,317	128,971	24,117

In 2018, there were more than 230,000 individuals who utilized safety net primary care services. Of that number, providers reported more than 22,300 new users.

Total Primary Care Users and New Users by Organization, 2018



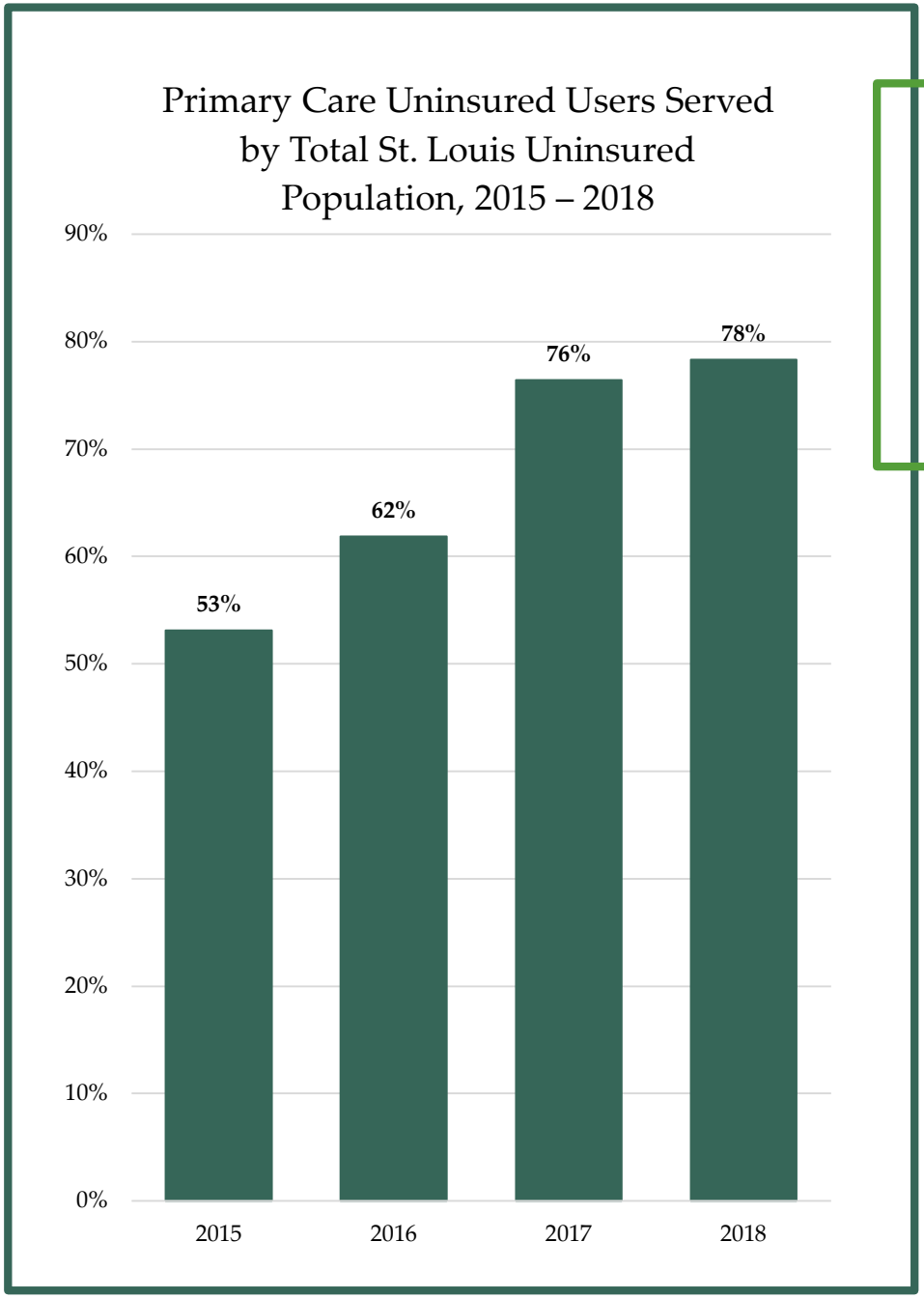
	Affinia Healthcare	St. Louis County Dept. of Public Health	BJK People's Health Centers	Family Care Health Centers	SLUCare	CareSTL Health	BJH Clinics	SSM	Mercy JFK Clinic	The SPOT	St. Luke's Pediatric Care Center	Casa de Salud
Existing Users	37,376	39,017	35,008	24,704	25,392	17,802	12,648	5,398	4,345	2,065	1,866	2,089
New Users	6,301	3,670	3,031	1,719	-	2,311	2,838	-	686	1,436	365	-
Total	43,677	42,687	38,039	26,423	25,392	20,113	15,486	5,398	5,031	3,501	2,231	2,089

- Of the more than 230,000 primary care users reported in 2018, approximately 10% were new users as compared to 8% in 2017.
- BJH Clinics (18%), St. Luke's Pediatric Care Center (16%), Mercy JFK Clinic (14%), Affinia Healthcare (14%), and CareSTL Health (11%) had the highest percentage of new users in 2018.

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. While users are unduplicated within each organization, there may be some duplication in total user counts across reporting organizations if a patient was seen at more than one organization in 2018. New users are defined as any user who had a new patient encounter in 2018, based on CPT codes 99201-99205, and who had never been seen or had not been seen by that organization in at least three years. SLUCare and SSM did not report new users in 2018. The "SSM" category includes St. Mary's Health Center and Glennon Care Pediatrics. Data for SSM's Danis Pediatrics is included in SLUCare's data, as this clinic is serviced by SLUCare providers.

Safety net primary care providers served roughly 78% of the total uninsured population in St. Louis city and county in 2018.

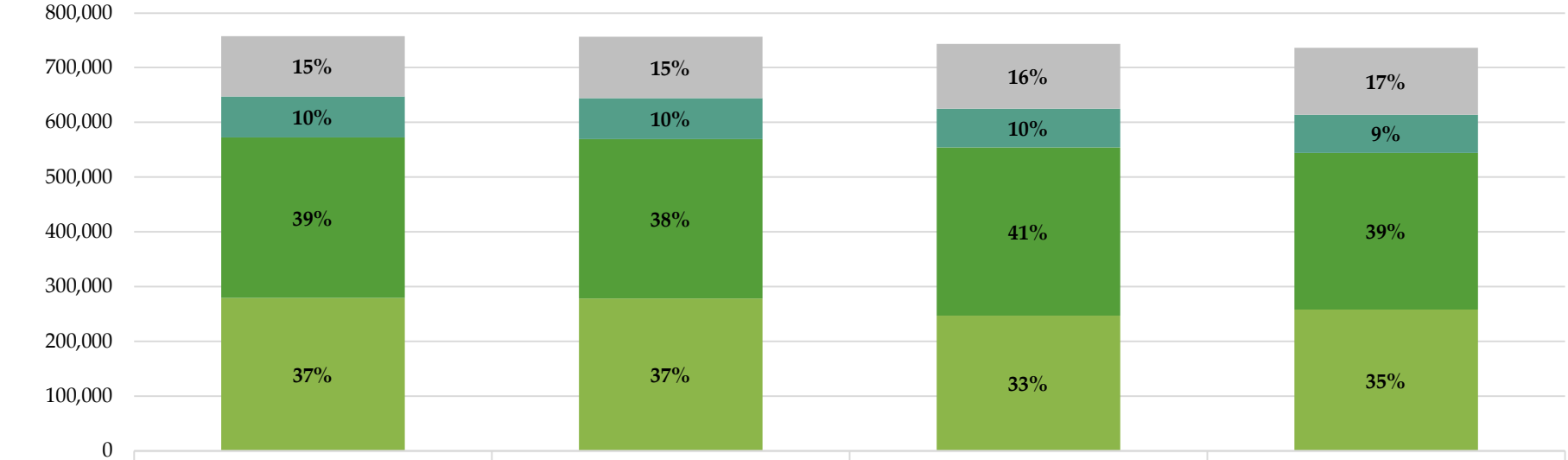
Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. While users are unduplicated within each organization, there may be some duplication in total user counts across reporting organizations if a patient was seen at more than one organization in 2018. The numerator for this rate is the number of primary care uninsured users within the safety net, while the denominator is the number of users uninsured within the St. Louis area. St. Louis area uninsured estimates based on county level data from the American Community Survey, released September 2019.



Year	Uninsured Users	Uninsured Population
2015	74,428	140,073
2016	78,243	126,503
2017	87,663	114,179
2018	73,178	93,440

Total primary care encounters at safety net organizations in St. Louis have remained relatively stable over the past year, and since 2015.

Primary Care Encounters by Payor Category, 2015 - 2018

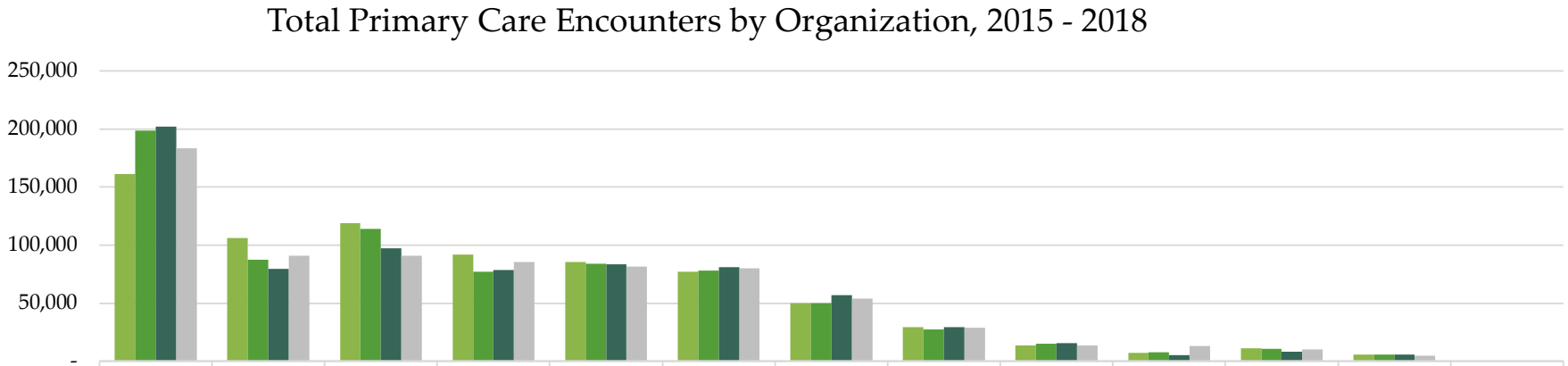


	2015	2016	2017	2018
Private	110,155	112,285	118,269	122,586
Medicare	75,178	75,047	70,851	69,552
Medicaid	293,171	290,919	306,963	286,457
Uninsured	279,354	278,418	247,011	258,165
Total	757,858	756,669	743,094	736,760

- Of the more than 736,700 total primary care encounters reported in 2018, approximately 39% were among the Medicaid population, 35% were among the uninsured, 17% were among those privately insured, and 9% were among the Medicare population.
- Uninsured primary care encounters decreased by 8% over the past four years, while private insured primary care encounters increased by 11%, since 2015.

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. The number of individuals enrolled in MO HealthNet (Medicaid) from St. Louis City and County decreased by 9% over the past year. Primary care encounters include all medical, dental, mental health, substance abuse and other encounters provided by a primary care organization. Additional slides have been provided on medical, dental and behavioral health encounters.

Patient volumes varied at most major St. Louis safety net organizations in 2018.



	Affinia Healthcare	CareSTL Health	BJK People's Health Centers	St. Louis County Dept. of Public Health	SLUCare	Family Care Health Centers	BJH Clinics	Mercy JFK Clinic	SSM	Casa de Salud	The SPOT	St. Luke's Pediatric Care Center	Total
2015	161,391	106,096	118,954	91,830	85,473	76,916	50,236	29,325	13,519	7,077	11,167	5,874	757,858
2016	198,537	87,622	114,187	77,108	84,248	78,341	49,914	27,402	15,276	7,852	10,419	5,763	756,669
2017	202,095	79,490	97,340	78,632	83,478	80,952	56,933	29,588	15,729	5,232	8,058	5,567	743,094
2018	183,231	90,992	90,932	85,315	81,773	79,942	54,009	28,740	13,472	13,176	10,230	4,948	736,760
% Change, 2017-2018	-9%	14%	-7%	8%	-2%	-1%	-5%	-3%	-14%	152%	27%	-11%	-1%

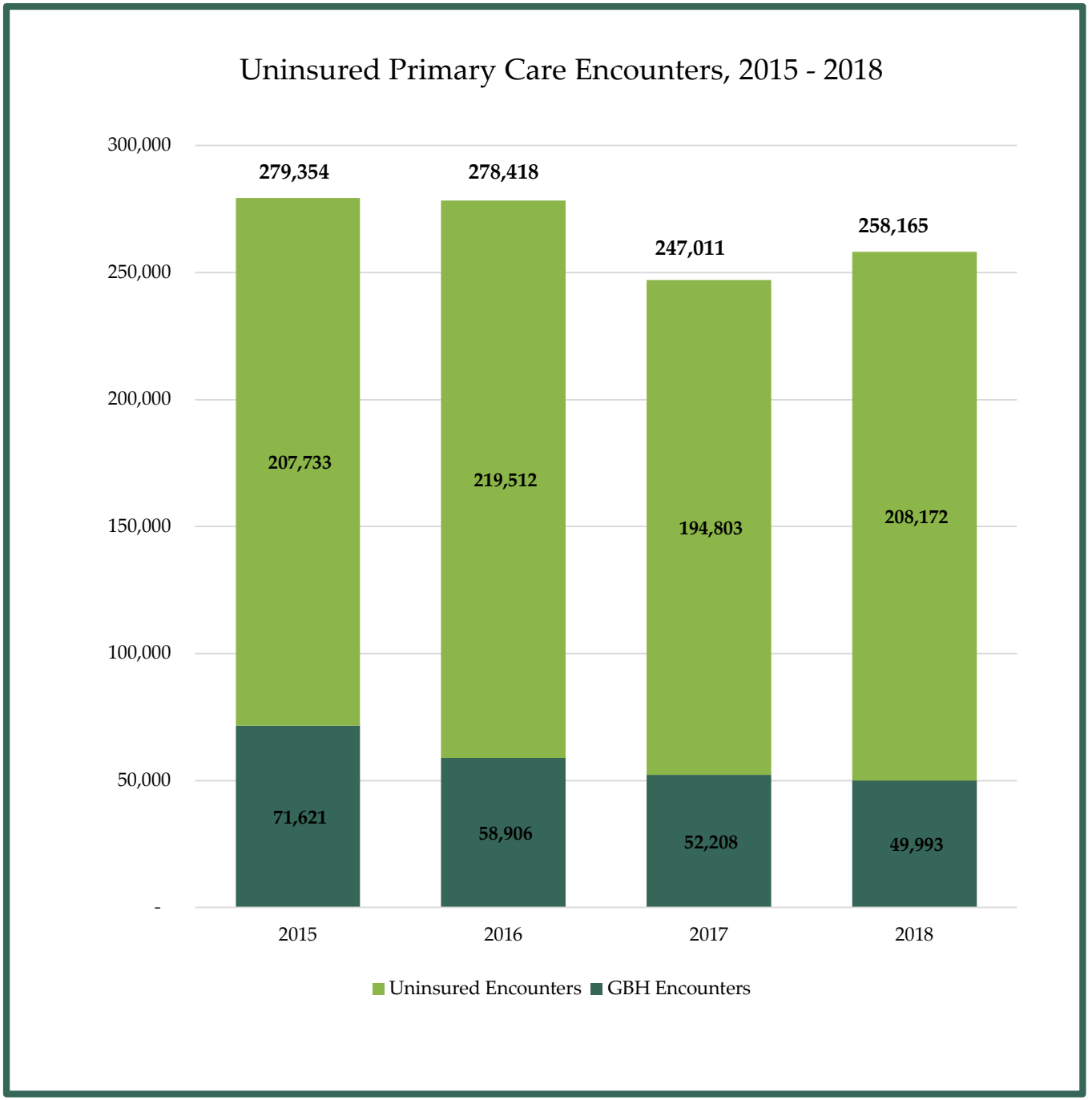
- Total primary care encounters increased by 5% or more at four primary care organizations over the past year: Casa de Salud (152%), The SPOT (27%), CareSTL Health (14%) and St. Louis County Department of Public Health (8%).
- Total primary care encounters decreased by more than 5% at five primary care organizations over the past year: SSM (14%), St. Luke's Pediatric Care Center (11%), Affinia Healthcare (9%),BJK People's Health Centers(7%) and BJH Clinics (5%).

Note: In 2015, BJK People's Health Centers acquired Health and Dental Care for Kids. As of 2015, all encounters and users at Health and Dental Care for Kids' site are included in BJK People's data. The "SSM" category includes St. Mary's Health Center and Glennon Care Pediatrics. Data for SSM's Danis Pediatrics is included in SLUCare's data, as this clinic is serviced by SLUCare providers. Primary care encounters include all medical, dental, mental health and substance abuse encounters provided by a primary care organization. BJH volume decline in 2018 was driven by planned volume decrease due to Epic go-live. BJH volume prior to 2017 is understated due to different reporting methodology.The increase in Casa de Salud's encounters can be attributed to an increase in capacity through the addition of providers and a change in their scheduling system.

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

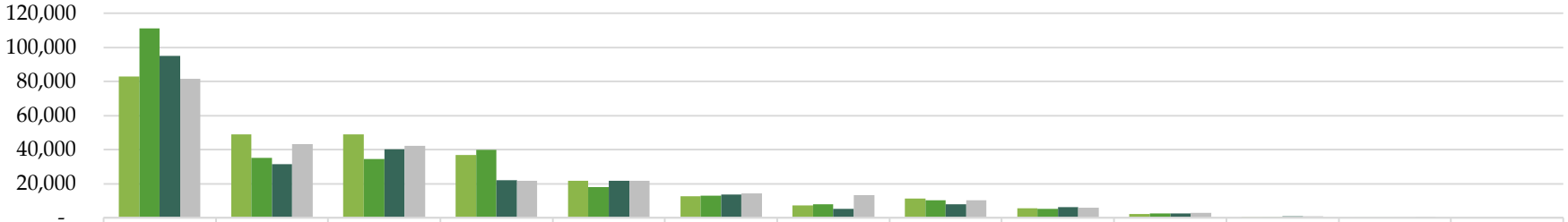
- Uninsured primary care encounters have decreased by 8% since 2015.
- Gateway to Better Health primary care encounters have remained relatively stable since 2017.
- Approximately 49,900 primary care encounters were provided to Gateway to Better Health patients in 2018, comprising 19% of all uninsured primary care safety net encounters.

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. The Gateway to Better Health program began in July 2012. Beginning January 1, 2014, income eligibility for the Gateway to Better Health program was reduced to 100% of the federal poverty line (FPL). Consistent with the trend in reported encounters among Gateway patients, overall enrollment for the Gateway program has declined over time from an average of 14,569 in 2017 to an average of 13,305 in 2018. An additional 31,400+ diagnostic and other outpatient services were provided to Gateway to Better Health patients in 2018, which are not included in the chart above.



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

Uninsured Primary Care Encounters by Organizations, 2015 - 2018



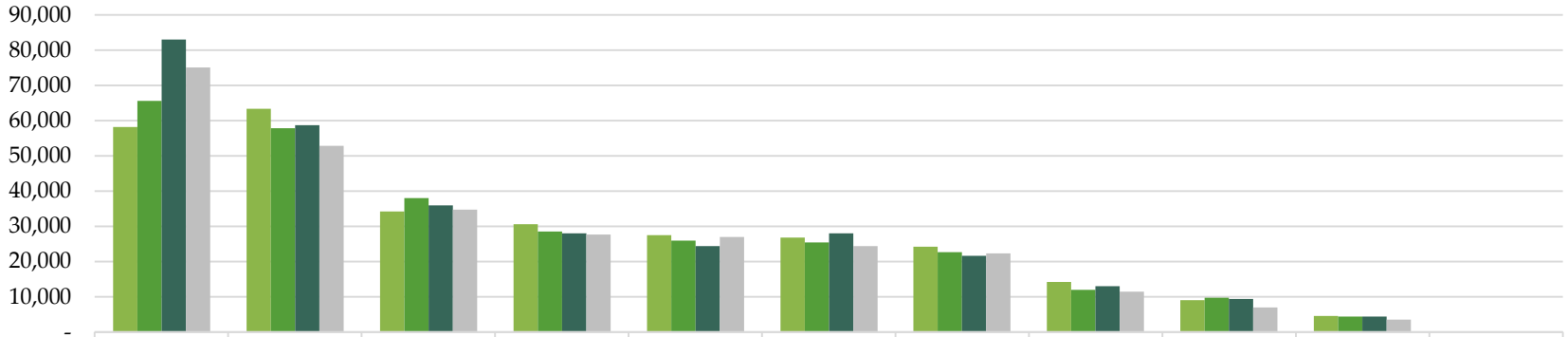
	Affinia Healthcare	CareSTL Health	St. Louis County Dept. of Public Health	BJK People's Health Centers	Family Care Health Centers	Mercy JFK Clinic	Casa de Salud	The SPOT	BJH Clinics	SLUCare	SSM	St. Luke's Pediatric Care Center	Total
2015	83,061	49,107	49,070	36,677	21,821	12,630	7,077	11,167	5,691	2,089	674	290	279,354
2016	111,039	35,007	34,620	39,972	18,019	12,909	7,852	10,419	5,339	2,395	663	184	278,418
2017	94,992	31,460	40,043	21,980	21,740	13,766	5,232	8,058	6,402	2,480	751	107	247,011
2018	81,463	43,308	42,313	21,645	21,609	14,429	13,176	10,230	5,855	2,731	998	408	258,165
% Change, 2017-2018	-14%	38%	6%	-2%	-1%	5%	152%	27%	-9%	10%	33%	281%	5%

- The eight safety net primary care organizations with an increase of 5% or more in uninsured encounters over the past year include: St. Luke's Pediatric Care Center (281%), Casa de Salud (152%), CareSTL Health (38%), SSM (33%), The SPOT (27%), SLUCare (10%), St. County Dept. of Public Health (6%) and Mercy JFK Clinic (5%).
- Uninsured encounters decreased at two safety net primary care organizations over the past year: Affinia Healthcare (14%) and BJH Clinics (9%).

Note: In 2015, BJK People's Health Centers acquired Health and Dental Care for Kids. As of 2015, all encounters and users at Health and Dental Care for Kids' site are included in BJK People's data. The "SSM" category includes St. Mary's Health Center and Glennon Care Pediatrics. Data for SSM's Danis Pediatrics is included in SLUCare's data, as this clinic is serviced by SLUCare providers. Primary care encounters include all medical, dental, mental health and substance abuse encounters provided by a primary care organization. The increase in Casa de Salud's encounters can be attributed to an increase in capacity through the addition of providers and a change in their scheduling system.

Medicaid primary care encounters have increased by 5% or more at St. Louis County Dept. of Public Health over the past year.

Medicaid Primary Care Encounters by Organization, 2015 - 2018



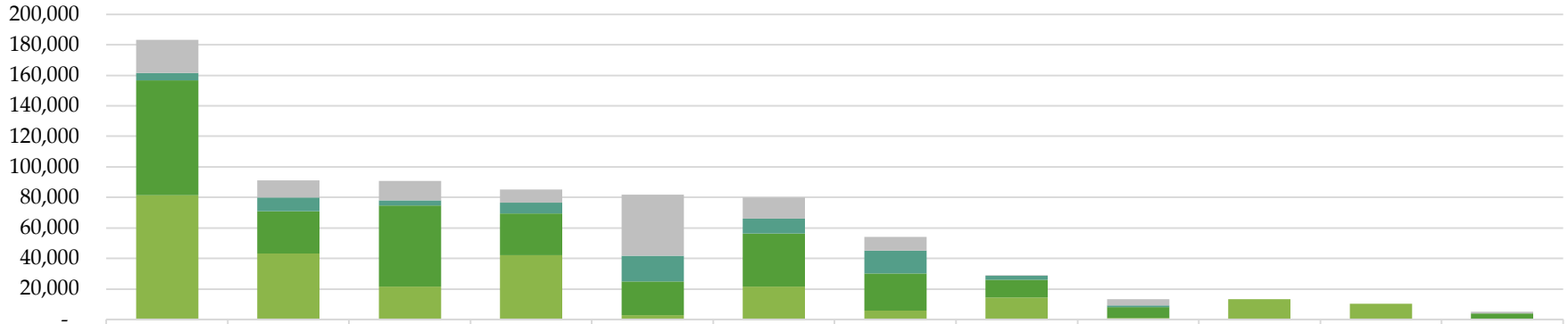
	Affinia Healthcare	BJK People's Health Centers	Family Care Health Centers	CareSTL Health	St. Louis County Dept. of Public Health	BJH Clinics	SLUCare	Mercy JFK Clinic	SSM	St. Luke's Pediatric Care Center	Grand Total
2015	58,177	63,415	34,328	30,649	27,506	26,935	24,279	14,210	9,102	4,570	293,171
2016	65,651	57,929	38,101	28,622	25,973	25,551	22,757	12,080	9,804	4,451	290,919
2017	83,056	58,718	36,005	28,008	24,512	28,078	21,652	13,069	9,483	4,382	306,963
2018	75,115	52,942	34,707	27,728	27,018	24,422	22,298	11,530	7,089	3,608	286,457
% Change, 2017-2018	-10%	-10%	-4%	-1%	10%	-13%	3%	-12%	-25%	-18%	-7%

The six primary care organizations with a decrease in Medicaid primary care encounters over the past year include: SSM (25%), St. Luke's Pediatric Care Center (18%), BJH Clinics (13%), Mercy JFK Clinics (12%), Affinia Healthcare (10%) and BJK People's Health Centers (10%).

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

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

Primary Care Encounters by Organization and Payor Category, 2018



	Affinia Healthcare	CareSTL Health	BJK People's Health Centers	St. Louis County Dept. of Public Health	SLUCare	Family Care Health Centers	BJH Clinics	Mercy JFK Clinic	SSM	Casa de Salud	The SPOT	St. Luke's Pediatric Care Center
Private	21,870	10,981	13,004	8,759	39,823	13,814	9,004	166	4,233	-	-	932
Medicare	4,783	8,975	3,341	7,225	16,921	9,812	14,728	2,615	1,152	-	-	-
Medicaid	75,115	27,728	52,942	27,018	22,298	34,707	24,422	11,530	7,089	-	-	3,608
Uninsured	81,463	43,308	21,645	42,313	2,731	21,609	5,855	14,429	998	13,176	10,230	408
Total	183,231	90,992	90,932	85,315	81,773	79,942	54,009	28,740	13,472	13,176	10,230	4,948
% Uninsured	44%	48%	24%	50%	3%	27%	11%	50%	7%	100%	100%	8%

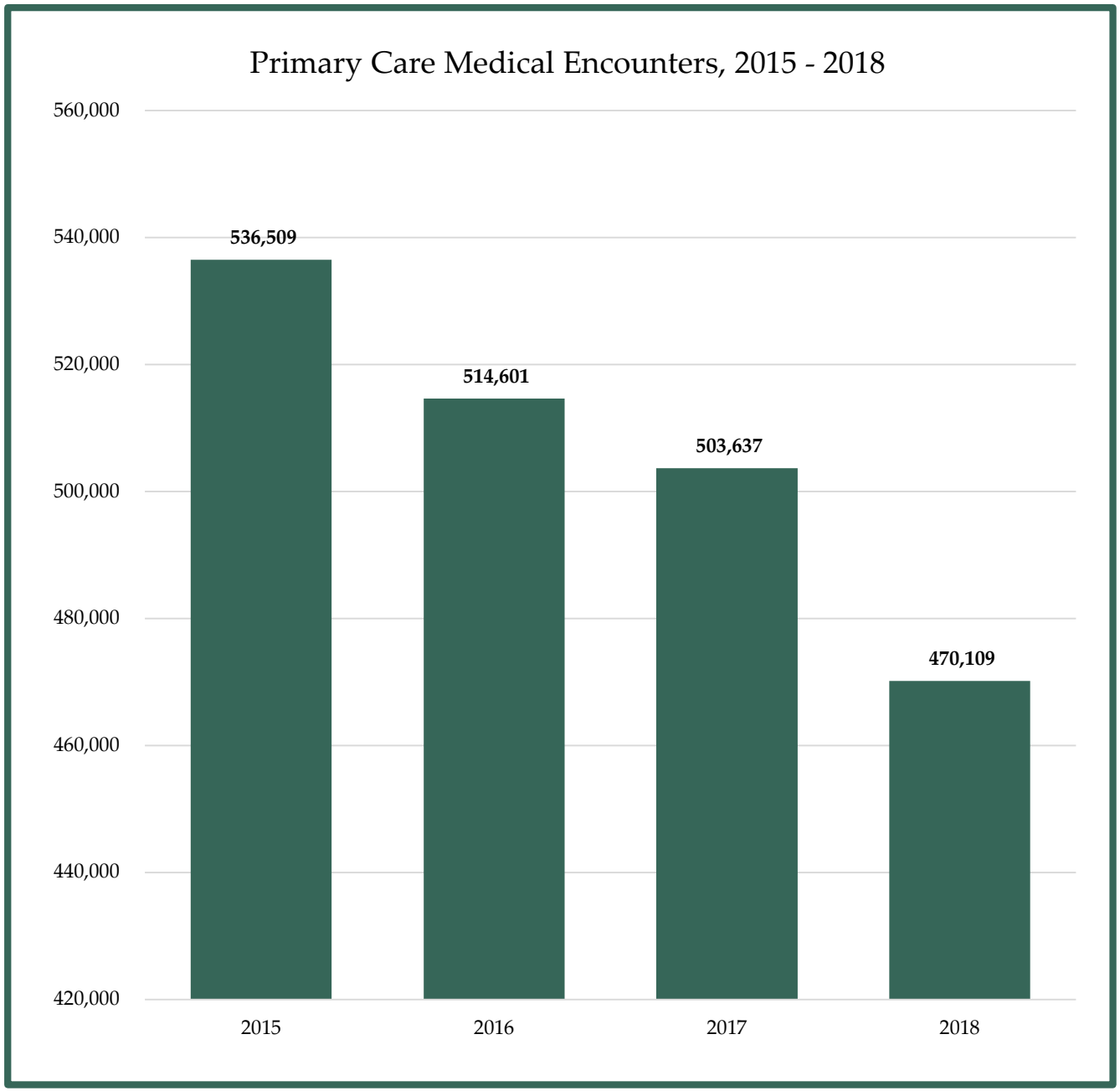
Six primary care organizations (Affinia Healthcare, CareSTL Health, St. Louis County Dept. of Public Health, Mercy JFK Clinic, Casa de Salud and The SPOT) have payor mixes with at least 40% uninsured encounters.

Note: The "SSM" category includes St. Mary's Health Center and Glennon Care Pediatrics. Data for SSM's Danis Pediatrics is included in SLUCare's data, as this clinic is serviced by SLUCare providers. Primary care encounters include all medical, dental, mental health and substance abuse encounters provided by a primary care organization. The increase in Casa de Salud's encounters can be attributed to an increase in capacity through the addition of providers and a change in their scheduling system. Organizations, such as The SPOT and Casa de Salud, serve predominantly uninsured users and they do not collect insurance information, nor do they bill for the services that they provide.

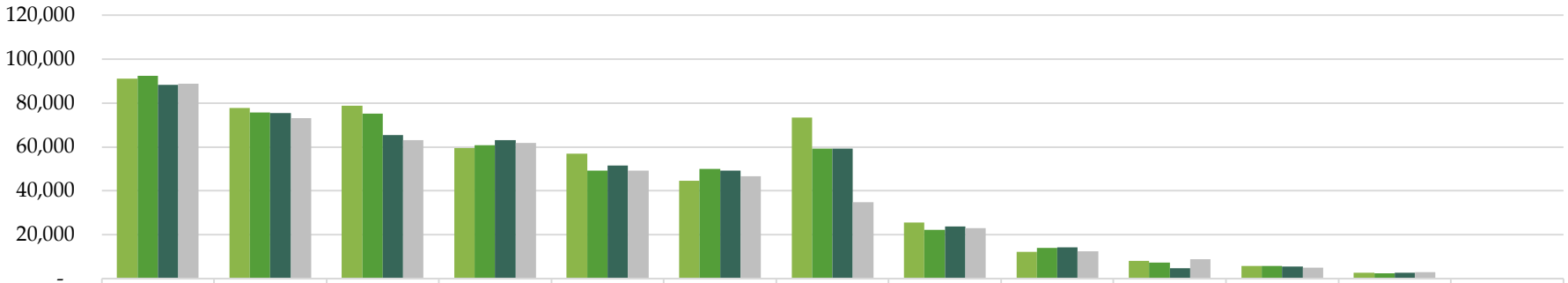
Total medical encounters have decreased by 7% over the past year.

Total medical encounters at safety net organizations have decreased by 12% since 2015.

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



Medical encounters increased at two safety net organizations, while decreasing at five safety net organizations over the past year.

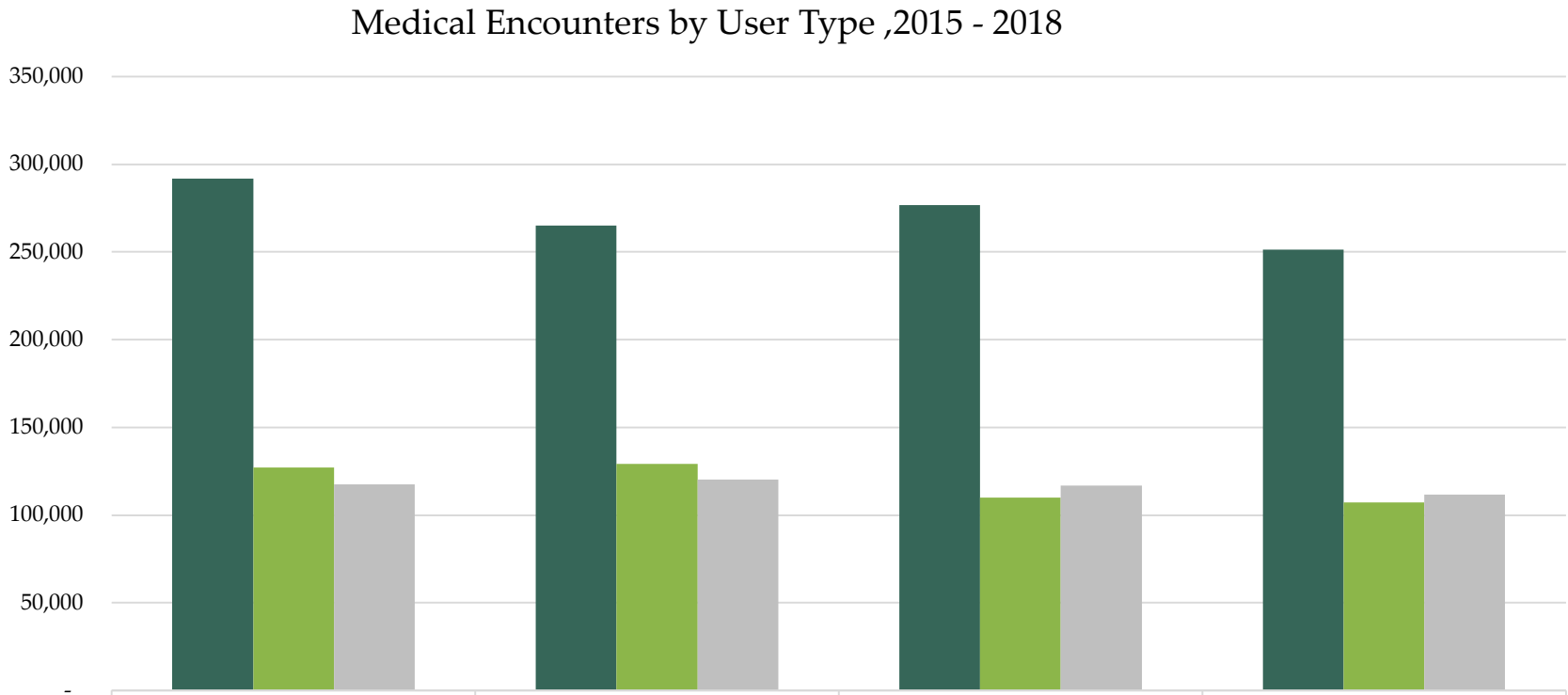


	Affinia Healthcare	SLUCare Physician Group	BJK People's Health Centers	Family Care Health Centers	CareSTL Health	BJH Clinics	St. Louis County Dept. of Public Health	Mercy Hospital JFK Clinic	SSM	The SPOT	St. Luke's Pediatric Care Center	Casa de Salud	Total
2015	90,999	77,653	78,799	59,635	56,831	44,545	73,379	25,603	12,355	8,208	5,874	2,628	536,509
2016	92,368	75,700	75,093	60,867	49,238	49,918	59,331	22,372	14,093	7,266	5,763	2,592	514,601
2017	88,357	75,406	65,440	63,033	51,609	49,221	59,138	23,842	14,298	4,892	5,567	2,834	503,637
2018	88,914	73,105	63,162	61,773	49,133	46,693	34,937	23,134	12,464	8,807	4,948	3,039	470,109
% Change, 2015-2018	-2%	-6%	-20%	4%	-14%	5%	-52%	-10%	1%	7%	-16%	16%	-12%
% Change, 2017-2018	1%	-3%	-3%	-2%	-5%	-5%	-41%	-3%	-13%	80%	-11%	7%	-7%

- Medical encounters increased at The SPOT and Casa de Salud by 80% and 7%, respectively.
- Medical encounters decreased at five organizations over the past year: St. Louis County Dept. of Public Health (41%), SSM (13%), St. Luke's Pediatric Care Center (11%), BJH Clinics (5%) and CareSTL Health (5%).

Note: The "SSM" category includes St. Mary's Health Center and Glennon Care Pediatrics. Data for SSM's Danis Pediatrics is included in SLUCare's data, as this clinic is serviced by SLUCare providers. Two thirds of the decline seen , from 2014 – 2018, is attributed to the decline of medical encounters at St. Louis County Dept. of Public Health. Reporting capabilities have become significantly better as changes with St. Louis County Dept. of Public Health's reporting system have changed. BJH volume decline in 2018 was driven by planned volume decrease due to Epic go-live. BJH volume prior to 2017 is understated due to different reporting methodology.

Adult medical encounters have decreased by 9% over the past year.



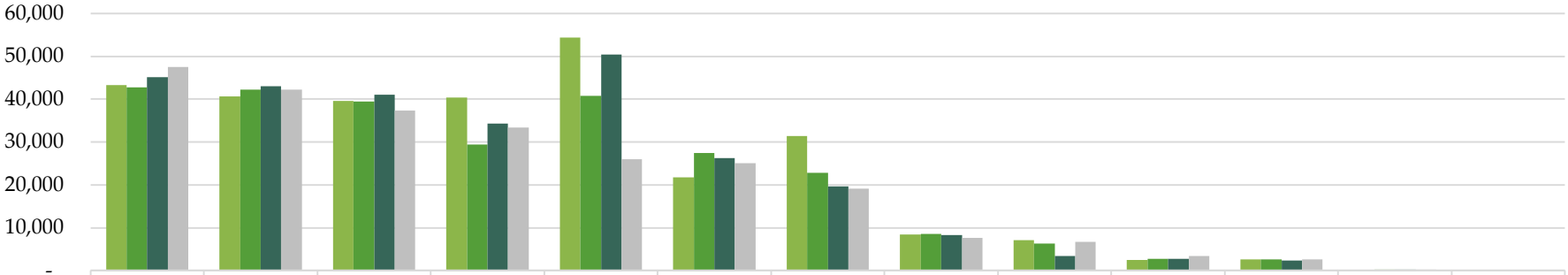
	2015	2016	2017	2018
Adult Encounters	291,944	265,187	276,874	251,255
Pediatric Encounters	127,183	129,111	109,947	107,295
OB/GYN Encounters	117,382	120,303	116,816	111,559

- Adult encounters have decreased by 9% over the past year, while decreasing by 14% since 2015.
- Pediatric encounters remained relatively stable over the past year, while decreasing by 15% since 2015.
- Obstetrics/gynecology encounters remained relatively stable over the past year, and since 2015.

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

Total adult medical encounters decreased by 9% over the past year, while also decreasing by 14% since 2015.

Adult Medical Encounters by Organization, 2015 - 2018



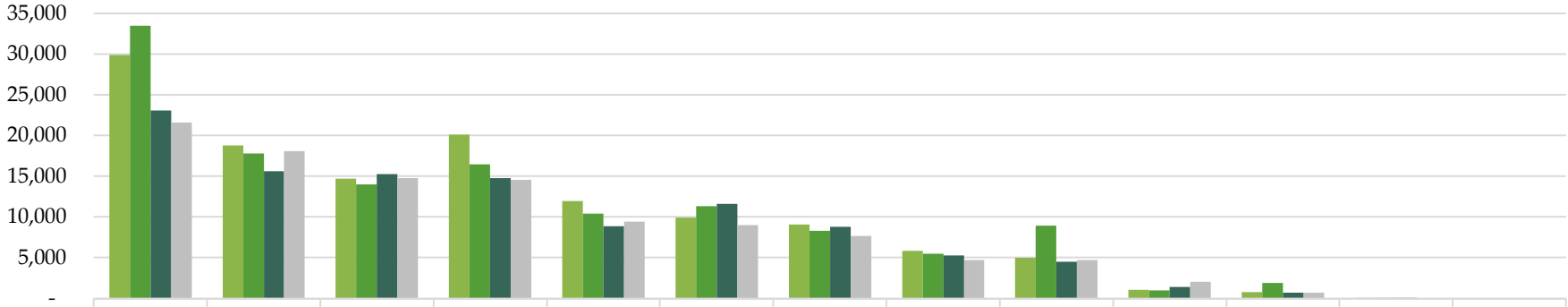
	Affinia Healthcare	Family Care Health Centers	SLUCare	CareSTL Health	St. Louis County Dept. of Public Health	BJH Clinics	BJK People's Health Centers	Mercy JFK Clinic	The SPOT	SSM	Casa de Salud	St. Luke's Pediatric Care Center	Total
2015	43,334	40,568	39,556	40,332	54,384	21,786	31,397	8,370	7,133	2,457	2,627	-	291,944
2016	42,773	42,215	39,383	29,392	40,738	27,380	22,759	8,570	6,309	2,777	2,591	300	265,187
2017	45,141	42,971	41,067	34,239	50,355	26,308	19,656	8,267	3,450	2,709	2,408	303	276,874
2018	47,470	42,255	37,355	33,378	26,007	24,993	19,054	7,621	6,769	3,449	2,654	250	251,255
% Change, 2015-2018	13%	1%	-3%	-17%	-70%	15%	-39%	-14%	-13%	32%	1%	-	-14%
% Change, 2017-2018	5%	-2%	-9%	-3%	-48%	-5%	-3%	-8%	96%	27%	10%	-17%	-9%

- Adult medical encounters increased by 5% or more over the past year at four organizations: The SPOT (96%), SSM (27%), Casa de Salud (10%) and Affinia Healthcare (5%).
- Adult medical encounters decreased by 8% or more at five organizations over the past year: St. Louis County Dept. of Public Health (48%), St. Luke's Pediatric Care Center (17%), SLUCare (9%), Mercy JFK Clinic (8%) and BJH Clinics (5%).

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

Total pediatric medical encounters remained relatively stable over the past year, while decreasing by 16% since 2015.

Pediatric Medical Encounters by Organization, 2015 - 2018



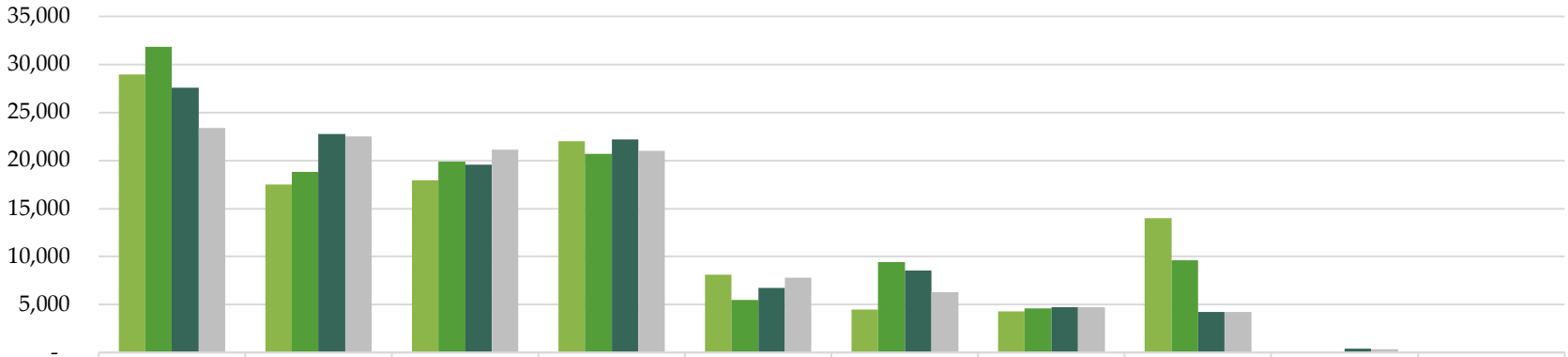
	BJK People's Health Centers	Affinia Healthcare	Family Care Health Centers	SLUCare	CareSTL Health	SSM	Mercy Hospital JFK Clinic	St. Luke's Pediatric Care Center	St. Louis County Dept. of Public Health	The SPOT	BJH Clinics	Casa de Salud	Total
2015	29,896	18,751	14,732	20,132	11,985	9,898	9,091	5,874	4,971	1,075	777	1	127,183
2016	33,494	17,807	14,007	16,468	10,434	11,316	8,325	5,463	8,959	957	1,880	1	129,111
2017	23,048	15,648	15,298	14,777	8,837	11,589	8,819	5,264	4,503	1,442	721	1	109,947
2018	21,606	18,090	14,752	14,595	9,442	9,015	7,677	4,698	4,683	2,038	699	-	107,295
% Change, 2015-2018	-28%	-4%	-	-28%	-21%	-9%	-16%	-20%	-6%	90%	-10%	-	-16%
% Change, 2017-2018	-6%	16%	-4%	1%	13%	-22%	-13%	-11%	4%	87%	-3%	-	-2%

- Pediatric medical encounters increased at three organizations over the past year: The SPOT (87%), Affinia Healthcare (16%) and CareSTL Health (13%).
- Pediatric medical encounters decreased by 6% or more at four safety net organizations over the past year: SSM (22%), Mercy JFK Clinic (13%), St. Luke's Pediatric Care Center (11%) and BJK People's Health Centers (6%).

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

Total OB/GYN medical encounters remained relatively stable over the past year, and since 2015.

OB/GYN Medical Encounters by Organization, 2015 - 2018

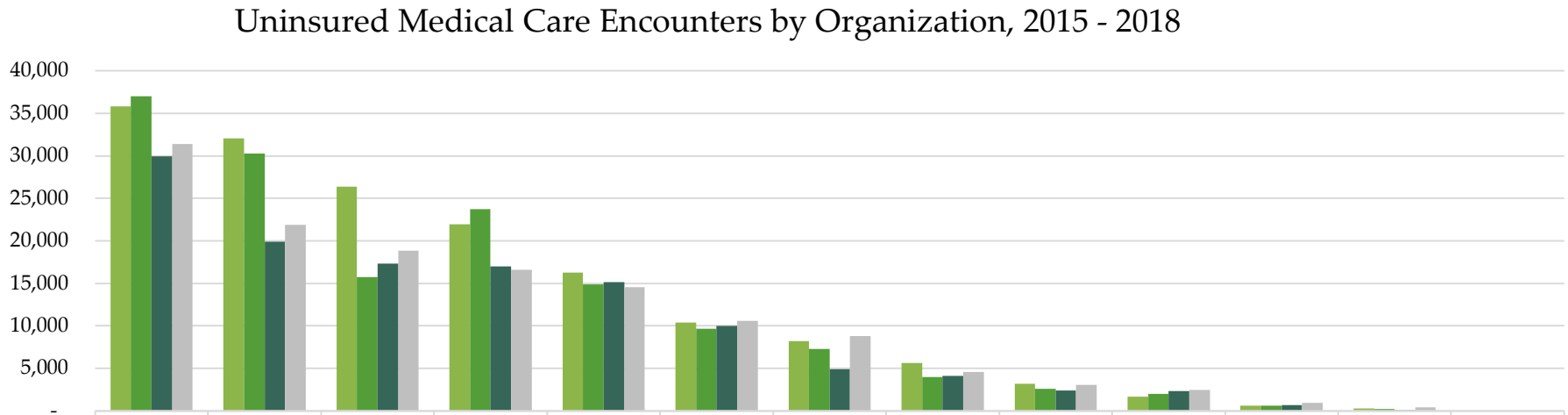


	Affinia Healthcare	BJK People's Health Centers	SLUCare Physician Group	BJH Clinics	Mercy JFK Clinic	CareSTL Health	Family Care Health Centers	St. Louis County Dept of Public Health	Casa de Salud	Total
2015	28,914	17,506	17,965	21,982	8,142	4,514	4,335	14,024	-	117,382
2016	31,788	18,840	19,849	20,658	5,477	9,412	4,645	9,634	-	120,303
2017	27,568	22,736	19,562	22,192	6,756	8,533	4,764	4,280	425	116,816
2018	23,354	22,502	21,155	21,001	7,836	6,313	4,766	4,247	385	111,559
% Change, 2015-2018	-19%	29%	18%	-4%	-4%	40%	10%	-70%	-	-4%
% Change, 2017-2018	-15%	-1%	8%	-5%	16%	-26%	-	-1%	-9%	-4%

- OB/GYN medical encounters increased at two safety net organizations over the past year: Mercy JFK (16%) and SLUCare (8%).
- OB/GYN medical encounters decreased by 15% or more at four safety net organizations over the past year: CareSTL Health (26%), Affinia Healthcare (15%), Casa de Salud (9%) and BJH Clinics (5%).

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

Uninsured medical encounters increased at ten safety net organizations over the past year.

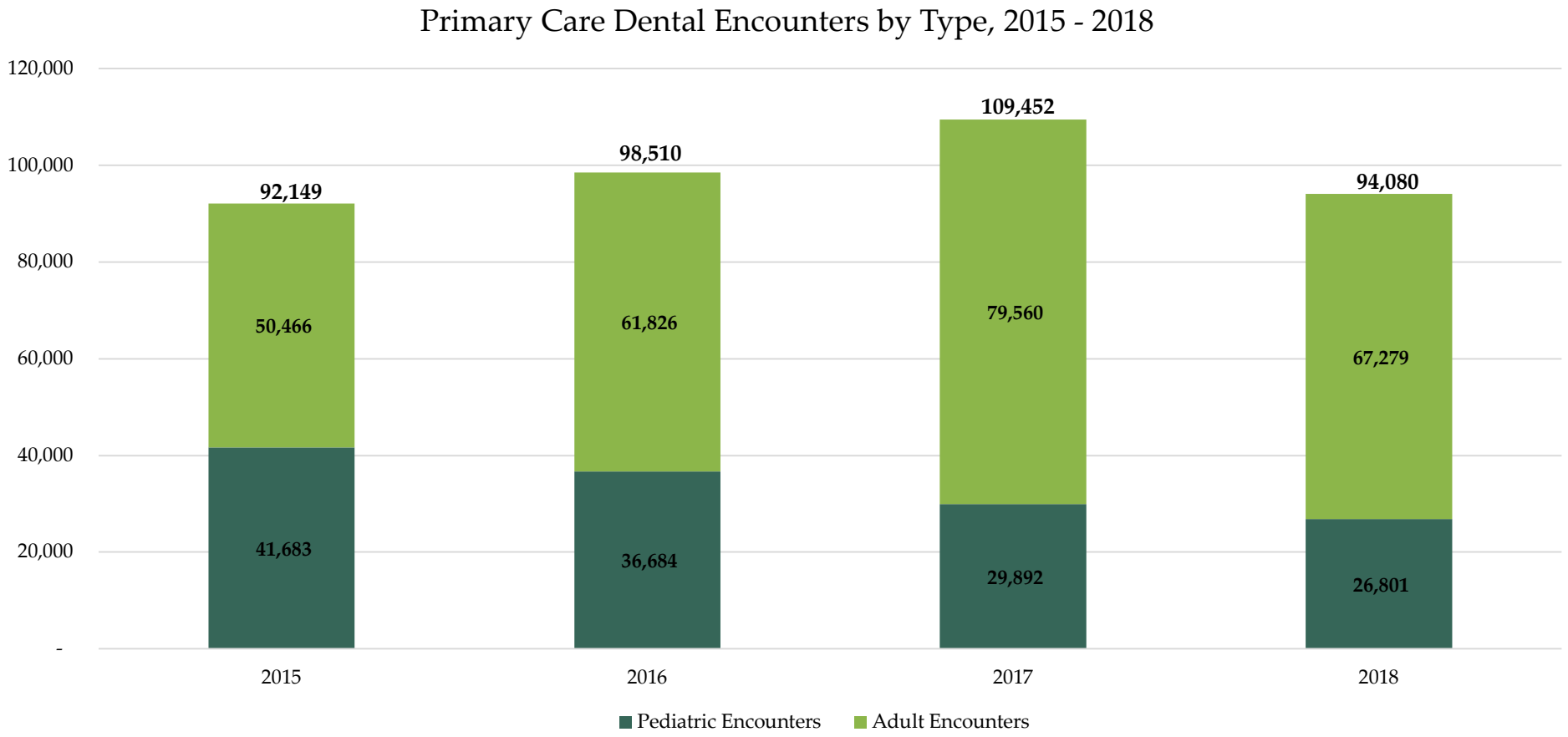


	Affinia Healthcare	St. Louis County Dept. of Public Health	CareSTL Health	BJK People's Health Centers	Family Care Health Centers	Mercy FK Clinic	The SPOT	BJH Clinics	Casa de Salud	SLUCare	SSM	St. Luke's Pediatric Care Center	Total
2015	35,843	32,033	26,404	21,954	16,282	10,397	8,208	5,635	3,212	1,697	600	290	162,555
2016	36,984	30,300	15,739	23,715	14,870	9,629	7,266	3,994	2,591	2,019	622	184	147,913
2017	29,952	19,872	17,347	16,962	15,116	9,963	4,892	4,130	2,408	2,300	702	107	123,751
2018	31,398	21,880	18,843	16,578	14,557	10,615	8,807	4,578	3,039	2,442	961	408	134,106
% Change, 2017-2018	5%	10%	9%	-2%	-4%	7%	80%	11%	26%	6%	37%	281%	8%

Uninsured medical encounters increased by 5% or more at ten safety net organizations over the past year: St. Luke's Pediatric Care Center (281%), The SPOT (80%), SSM (37%), Casa de Salud (26%), BJH Clinics (11%), St. Louis County Dept. of Public Health (10%), CareSTL Health (9%), Mercy JFK Clinic (7%), SLUCare (6%) and Affinia Healthcare (5%).

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

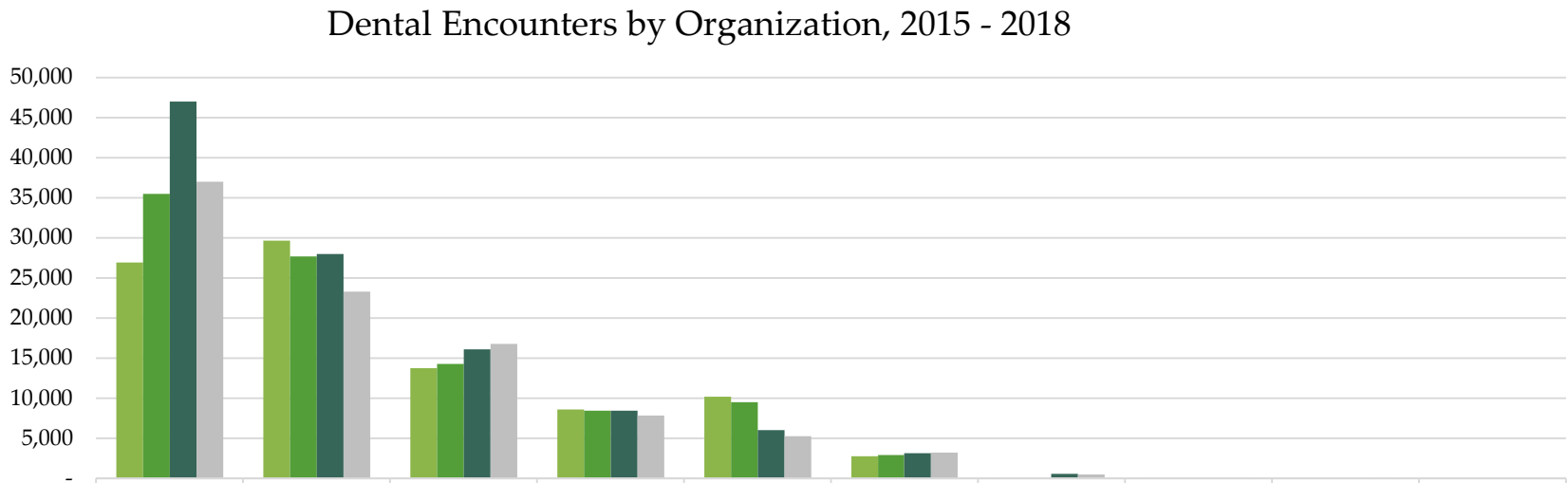
Pediatric and adult dental encounters at safety net primary care organizations have declined over the past year.



- Dental encounters provided at safety net primary care providers have decreased by 14% over the past year.
- Pediatric dental encounters comprise 28% (over 26,800 encounters) of all dental encounters reported in 2018.

Note: The Gateway to Better Health program reimburses for limited dental services for adults.

Dental encounters decreased at six organizations over the past year.

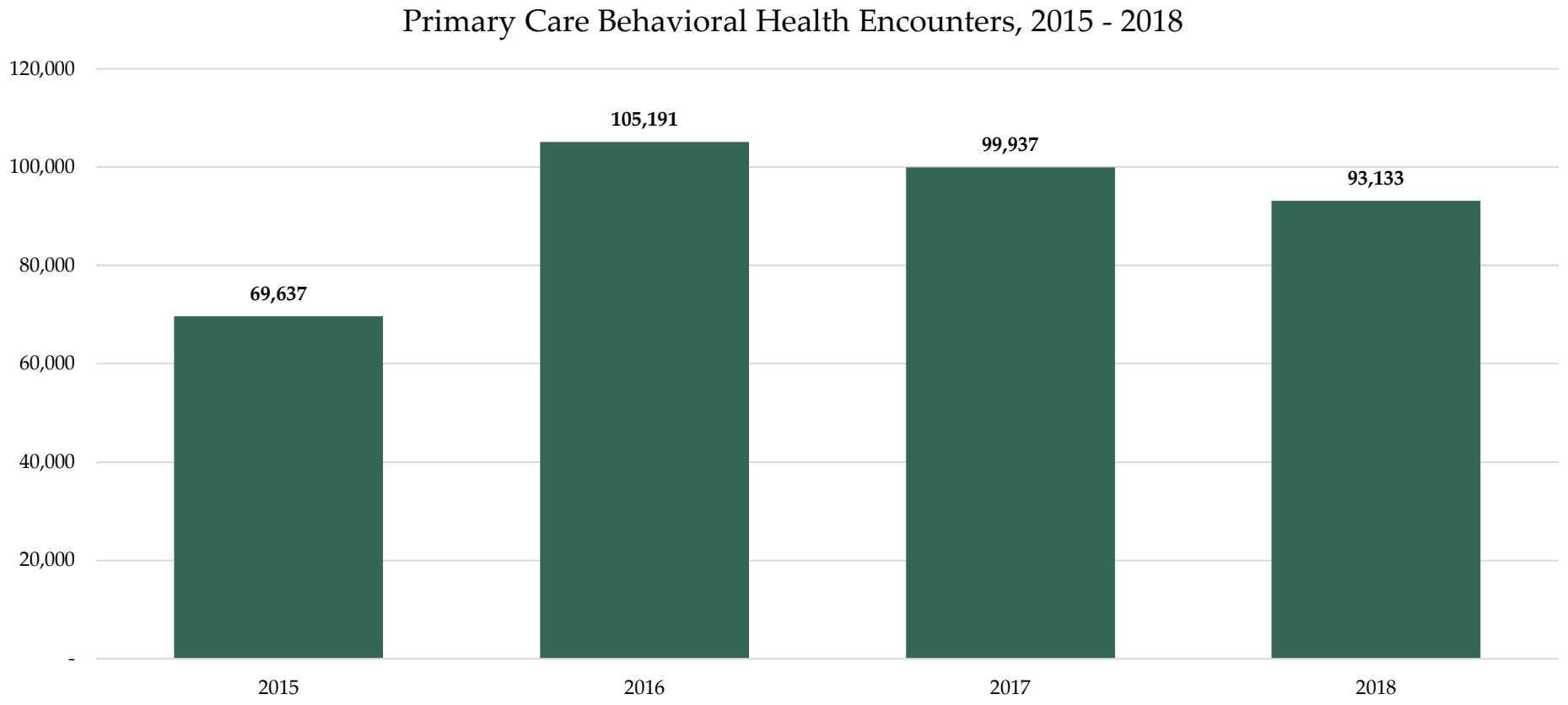


	Affinia Healthcare	BJK People's Health Centers	CareSTL Health	Family Care Health Centers	St. Louis County Dept. of Public Health	Mercy JFK Clinic	BJH Clinics	The SPOT	Casa de Salud	Total
2015	26,925	29,659	13,759	8,621	10,242	2,801	43	99	-	92,149
2016	35,518	27,715	14,263	8,503	9,507	2,925	11	68	-	98,510
2017	46,960	28,001	16,144	8,448	6,032	3,199	587	81	-	109,452
2018	37,009	23,268	16,767	7,849	5,302	3,215	557	63	50	94,080
% Change, 2017-2018	-21%	-17%	4%	-7%	-12%	1%	-5%	-22%	-	-14%

The six primary care organizations with reported decreases in dental encounters over the past year include: The SPOT (22%), Affinia Healthcare (21%), BJK People's Health Centers (17%), St. Louis County Dept. of Public Health (12%), Family Care Health Centers (7%) and BJH Clinics (5%).

Note: Affinia Healthcare expanded dental operations in June 2015 with the opening of a dental training clinic, in partnership with A.T. Still University. The significant increase seen in BJH's dental encounters can be attributed to the organizations ability to better capture data.

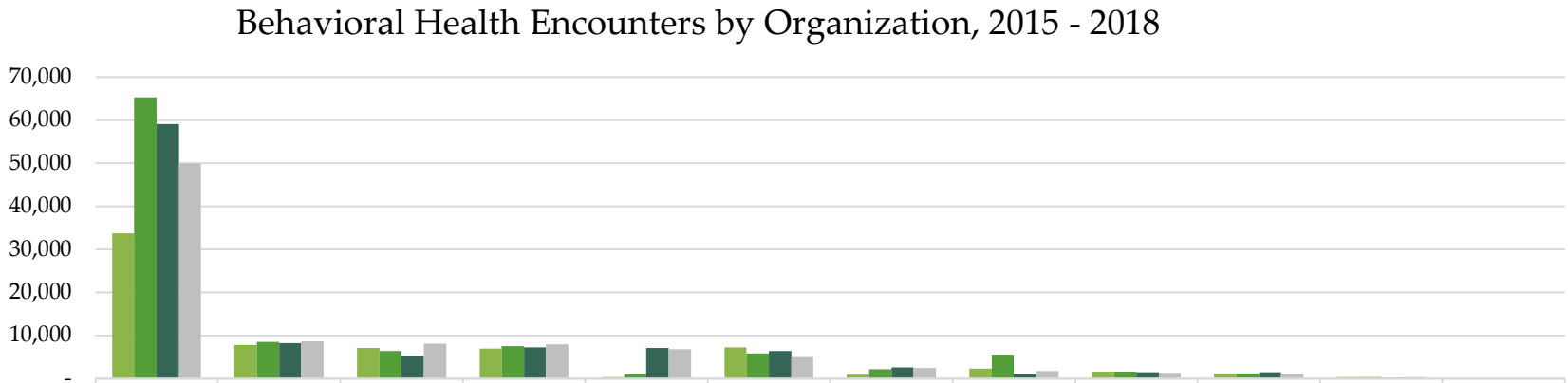
Behavioral health encounters at safety net primary care providers have increased by 34% (23,400), since 2015.



Behavioral health encounters at safety net primary care providers decreased by 7% over the past year.

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

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



	Affinia Healthcare	SLUCare	St. Louis County Dept. of Public Health	Family Care Health Centers	BJH Clinics	CareSTL Health	Mercy Hospital JFK Clinic	BJK People's Health Centers	The SPOT	SSM	Casa de Salud	Total
2015	33,774	7,820	7,052	7,012	338	7,258	921	2,334	1,575	1,164	389	69,637
2016	65,217	8,548	6,354	7,452	1,046	5,855	2,105	5,559	1,604	1,183	268	105,191
2017	59,065	8,170	5,265	7,187	7,125	6,428	2,547	1,065	1,446	1,431	208	99,937
2018	49,936	8,668	8,046	7,886	6,759	4,936	2,391	1,788	1,360	1,008	355	93,133
% Change, 2017-2018	-15%	6%	53%	10%	-5%	-23%	-6%	68%	-6%	-30%	71%	-1%

- Behavioral health encounters increased at five organizations over the past year: Casa de Salud (71%), BJK People's Health Centers (68%), St. Louis County Dept. of Public Health (53%), Family Care Health Centers (10%) and SLUCare (6%).
- The six primary care organizations with decreases in behavioral health encounters over the past year include: SSM (30%), CareSTL Health (23%), Affinia Healthcare (15%), The SPOT (6%), Mercy JFK Clinic (6%) and BJH Clinics (5%).

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

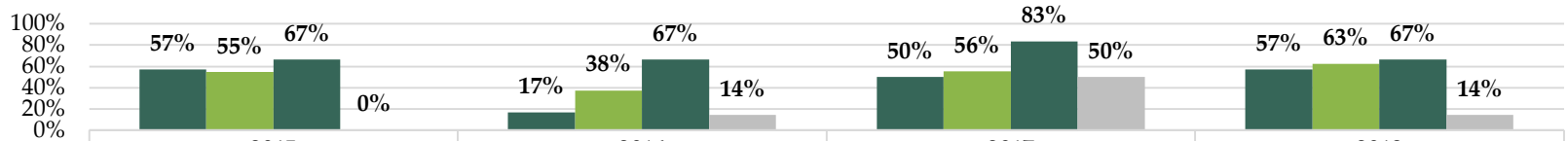
Evening and weekend hours remain available at St. Louis primary care safety net sites.

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

* Denotes organizations providing evening and weekend hours. For organizations with multiple sites, hours reported reflect sites with the longest available hours of operation each day. Affinia Healthcare and CareSTL Health had walk-in urgent care facilities available seven days a week throughout 2016 and 2017. However, as of September 1, 2019, urgent care services at Affinia Healthcare and CareSTL Health are no longer available on Saturdays or Sundays.

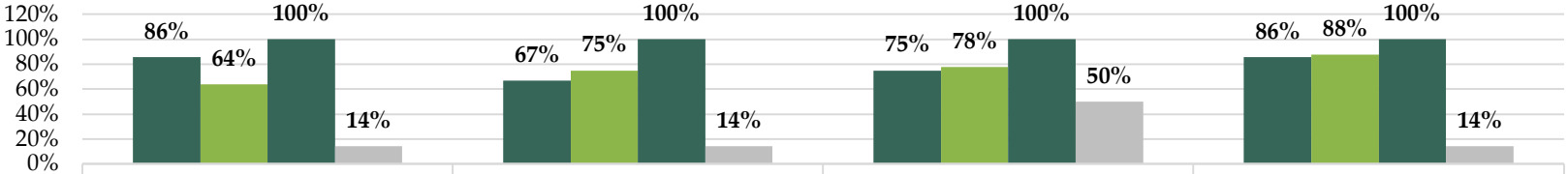
Appointment availability for new and returning patients varies by service line.

Primary Care Appointment Availability within 14 Days of Request for New Patients, 2015 - 2018



	2015	2016	2017	2018
Adult	4/7	1/6	4/8	4/7
Pediatric	6/11	3/8	5/9	5/8
Obstetrical	4/6	4/6	5/6	4/6
Dental	0	1/7	3/6	1/7

Primary Care Appointment Availability within 14 Days of Request for Return Patients, 2015 - 2018



	2015	2016	2017	2018
Adult	6/7	4/6	6/8	6/7
Pediatric	7/11	6/8	7/9	7/8
Obstetrical	1	1	1	1
Dental	1/7	1/7	3/6	1/7

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

* The numerator is the number of primary care organizations that reported appointment availability within 14 days of request, while the denominator is the number of primary care organizations that reported wait times data. The number "1", signifies that all reporting organizations had availability within 14 days of request for patients.

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

Organization	Wait Time for Non-Urgent Appointment (in days), as of June 2019							
	Pediatric New	Pediatric Returning	Obstetrical New	Obstetrical Returning	Adult New	Adult Returning	Dental New	Dental Returning
Affinia Healthcare	7	7	16	4	38	6	16	16
Family Care	**39**	6	**28**	**10**	27	2	**87**	**87**
The SPOT	4	4	-	-	1	1	60	60
CareSTL Health	5	5	10	**10**	5	5	15	15
BJH Clinics	7	7	7	7	7	4	-	-
BJK People's*	27	**24**	12	4	**55**	**27**	48	49
Mercy JFK Clinic	2	1	2	2	7	1	2	1
St. Luke's	14	7	-	-	-	-	-	-
St. Louis County Department of Public Health	3	2	3	2	3	2	20	20

- BJK People's has the longest wait time for both new and returning, *non-urgent* adult medical appointments.
- Family Care has the longest wait time for new, *non-urgent* pediatric medical appointments, while BJK People's has the longest wait time for returning, *non-urgent* pediatric medical appointments.
- Family Care has the longest wait time for new, *non-urgent* obstetrical medical appointments, while CareSTL Health and Family Care have the longest wait time for returning, *non-urgent* obstetrical medical appointments.
- Family Care has the longest wait time for new and returning *non-urgent* dental appointments.

Note: Primary care organizations were asked to provide wait times as of June 2019. Wait times for pediatric appointments may be higher than usual due to the back-to-school season. Reported wait times are based on scheduling templates; experience in the health center may vary as many health centers utilize nurse triaging to schedule same day or next day appointments. Wait times reported above do not include triaged nursing appointments. Although the SPOT operates on a "first come, first served" basis; patients are allowed to come back the next day, if not seen.

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

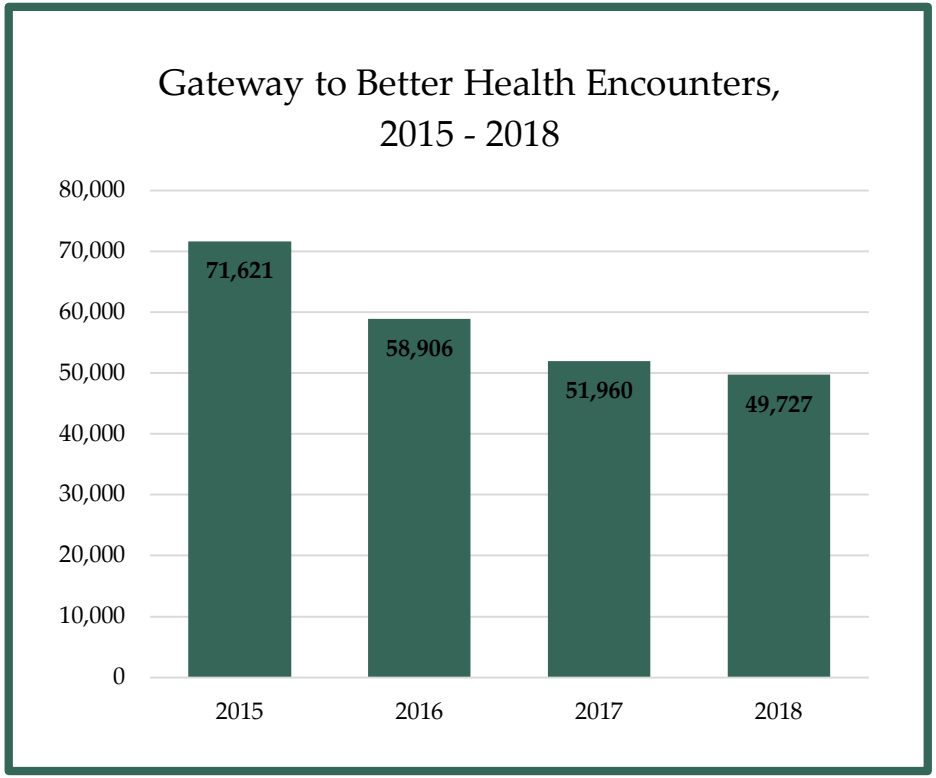
Organization	Wait Time for Urgent Appointment (in days), as of June 2019							
	Pediatric New	Pediatric Returning	Obstetrical New	Obstetrical Returning	Adult New	Adult Returning	Dental New	Dental Returning
Affinia Healthcare*	1	1	1	1	1	1	1	1
Family Care	8	5	-	-	20	-	**31**	-
The SPOT	-	-	-	-	-	-	-	-
CareSTL Health	2	2	2	2	2	2	5	5
BJH Clinics	7	7	**7**	0	7	0	-	-
BJK People's	**36**	**9**	1	**7**	**55**	**8**	5	**7**
Mercy JFK Clinic	1	1	1	1	1	1	1	1
St. Luke's	4	1	-	-	–	–	–	-
St. Louis County Department of Public Health	1	1	1	1	1	1	0	0

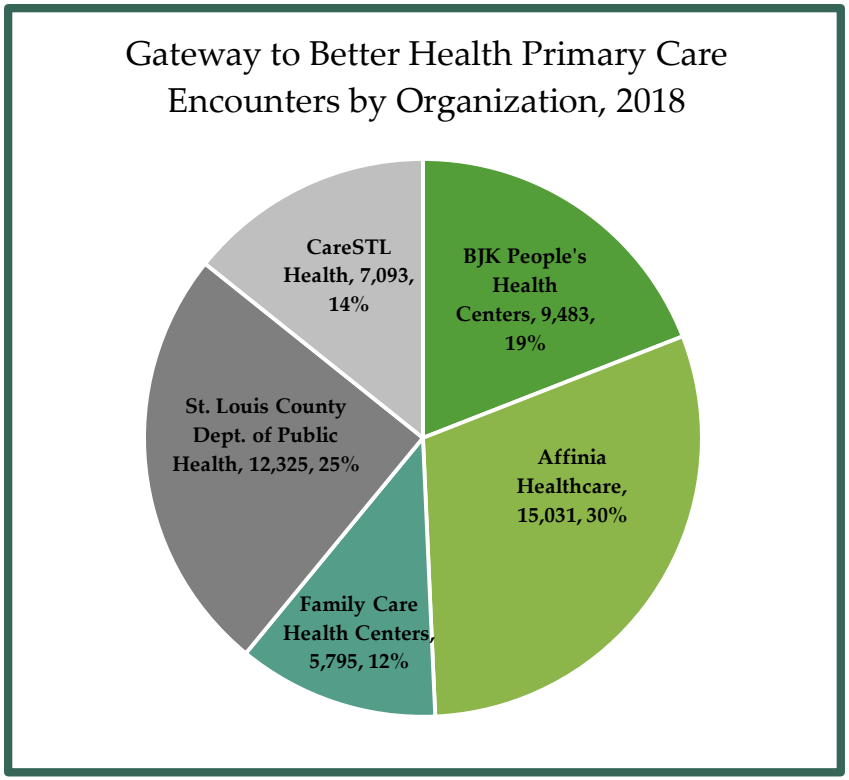
- BJK People's has the longest wait time for new and returning, *urgent* pediatric appointments.
- BJH Clinics has the longest wait time for new *urgent* obstetrical appointments, while BJK People's has the longest wait times for returning, *urgent* obstetrical appointments.
- BJK People's has the longest wait time for new and returning, *urgent* adult medical appointments.
- Family Care has the longest wait time for new, *urgent* dental appointments, while BJK People's has the longest wait times for returning, *urgent* dental appointments.

*Indicates availability of walk-in urgent care services.

Note: Primary care organizations were asked to provide wait times as of June 2019. Wait times for pediatric appointments may be higher than usual due to the back-to-school season. Zero indicates same day appointments are available for that service line. Reported wait times are based on scheduling templates; experience in the health center may vary as many health centers utilize nurse triaging to schedule same day or next day appointments. Wait times reported above do not include triaged nursing appointments. The SPOT does not provide urgent appointment availability. Federally Qualified Health Centers (FQHCs) report having same day appointments available, as required by federal regulations.

More than 49,700 primary care encounters were provided to gateway to better health patients in 2018, comprising 19% of all uninsured primary care encounters at St. Louis area safety net organizations.





- Over the past five years, Gateway to Better Health membership has declined by 37%, while the number of uninsured individuals residing in St. Louis City and County has declined by 38%.
- Primary care encounters among Gateway to Better Health patients have decreased by more than 26% over the past five years.
- Affinia Healthcare saw the highest volume of Gateway to Better Health primary care encounters (30%) in 2018.

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. The Gateway to Better Health program began in July 2012. As a result, reported encounters in 2012 only reflect encounters during a six-month period. Beginning January 1, 2014, income eligibility for the Gateway to Better Health program was reduced to 100% of the federal poverty line (FPL). This change in eligibility likely impacted the decline in Gateway encounters found in 2014, as compared to previous years. Consistent with the trend in reported encounters among Gateway patients, overall enrollment for the Gateway program has declined over time from an average of 14,569 in 2017 to an average of 13,305 in 2018.

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EMERGENCY CARE ANALYSIS

Emergency Care: Introduction

This section reviews detailed operating statistics of reporting emergency care institutions in the St. Louis City and County area (see Appendix B for a list of 2019 reporting emergency care organizations). All of the reporting organizations are hospital emergency departments. Organizations report total encounters and users, as well as inpatient admissions, non-emergent encounters, left without being seen rates, left against medical advice rates and behavioral health emergency care encounters.

Gateway to Better Health is a limited coverage model that does not include reimbursement for emergency care services. Therefore, emergency department encounters and user volumes occurring among Gateway enrollees in calendar year 2018 are captured in the "uninsured" payor category of the figures presented.

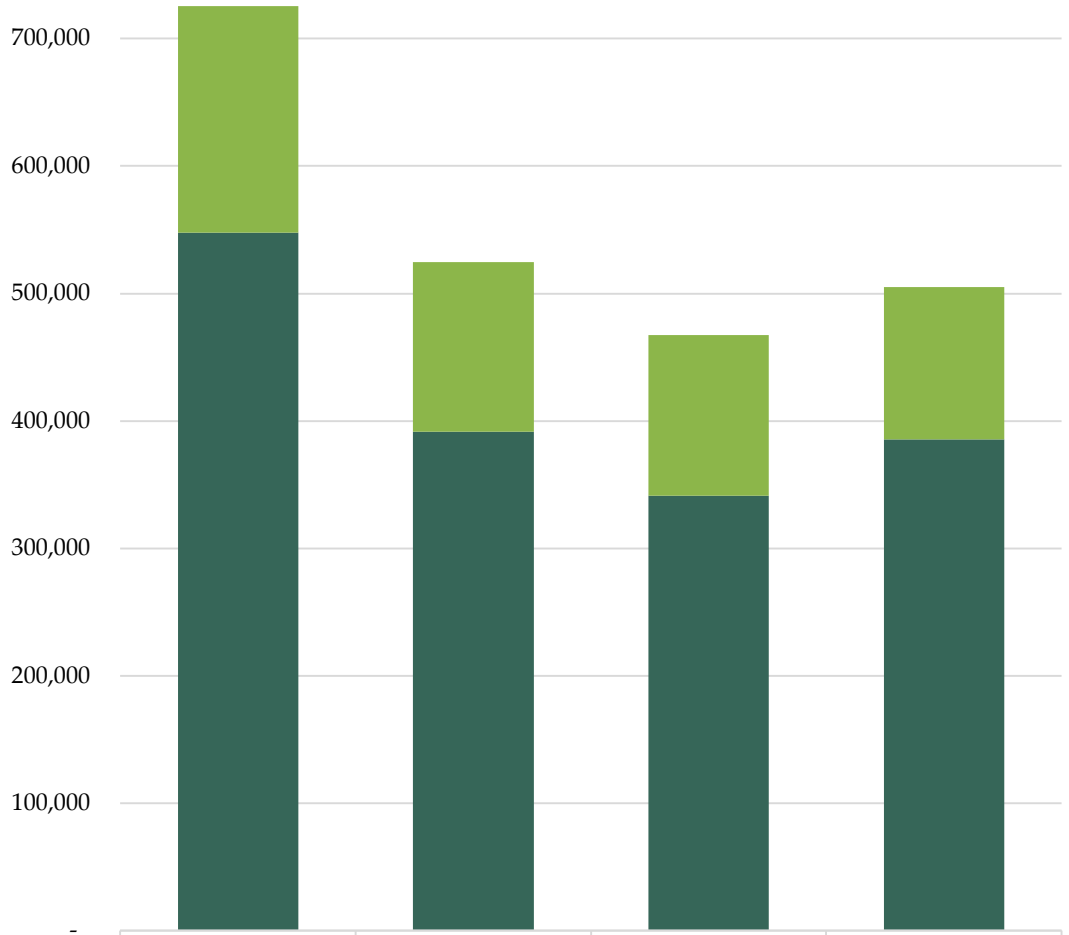
Emergency Care: Key Findings

- Total emergency department encounters have remained relatively stable over the past year. Uninsured emergency department encounters at St. Louis area hospitals have remained relatively stable from 2017 to 2018 (pages 49 and 52).
- Non-emergent encounters have decreased by 9% over the past year. Non-emergent encounters among privately insured and Medicaid patients have declined by 13%, while increasing by 21% and 7% among Medicare and uninsured patients, respectively (page 56).
- Approximately 18,800 patients visiting St. Louis area emergency departments had at least four emergency department visits at the same hospital, representing 3% of all emergency department patients in 2018 (page 61). Among these patients, there were more than 103,300 emergency department encounters in 2018 (page 62).
- Emergency department encounters with behavioral health diagnoses (primary) have remained stable over the past year and account for 7% of all emergency department encounters in 2018 (page 63). The top primary behavioral health diagnoses are mood disorders, schizophrenia/delusional disorders and alcohol use disorders (page 63).

Emergency care users increased by 8% over the past year.

- Pediatric users make up 24% of all users in 2018, compared to 27% in 2017.
- Adult users make up 76% of all users in 2018, compared to 73% in 2017.

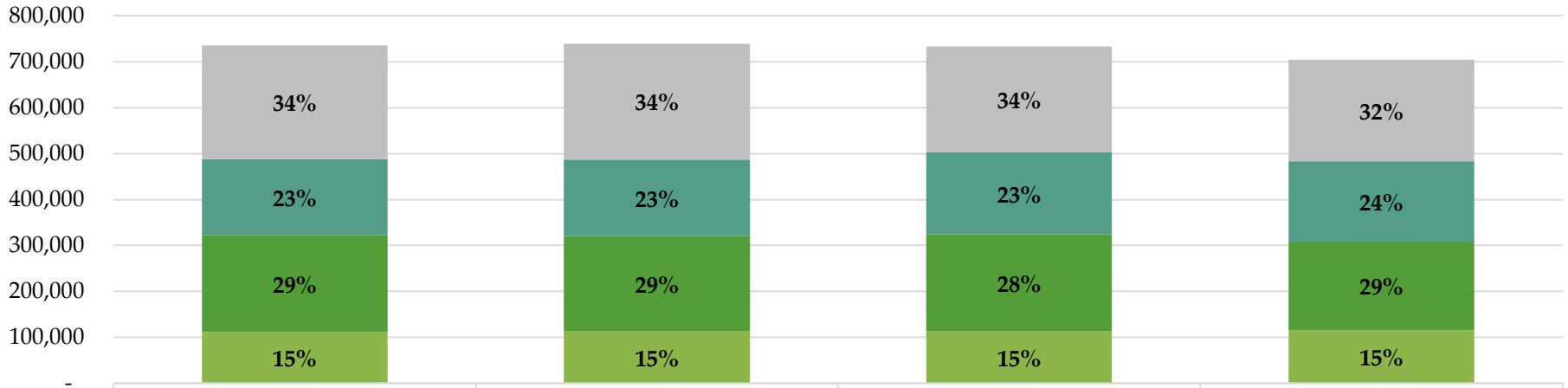
Emergency Care Users by Type, 2015 - 2018



	2015	2016	2017	2018
ED Peds Users	177,855	133,151	125,743	119,534
ED Adult Users	547,686	391,482	341,471	385,641
Total ED Users	725,541	524,633	467,214	505,175

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

Emergency Department Encounters by Payor Category, 2015 - 2018



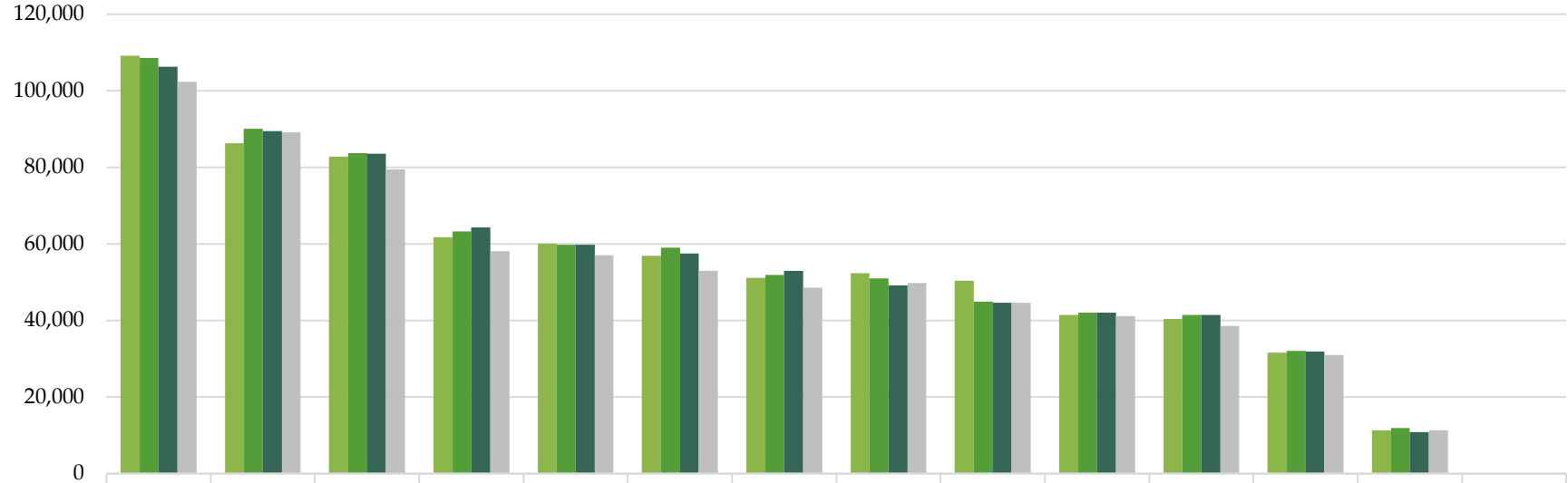
	2015	2016	2017	2018
Private	247,141	251,854	231,585	221,125
Medicare	165,757	167,708	177,656	174,580
Medicaid	210,783	207,150	212,187	193,443
Uninsured	111,774	112,711	112,346	114,950
Total	735,455	739,423	733,774	704,098

- Of the more than 704,000 emergency care encounters reported in 2018, 31% were among those privately insured, 27% were among the Medicaid population, 25% were among the Medicare population and 16% were among the uninsured.
- Emergency care encounters at safety net hospitals have remained relatively stable (decreased approximately 31,300 encounters) since 2015.

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018 figures.

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

Total Emergency Department Encounters by Organization, 2015 - 2018



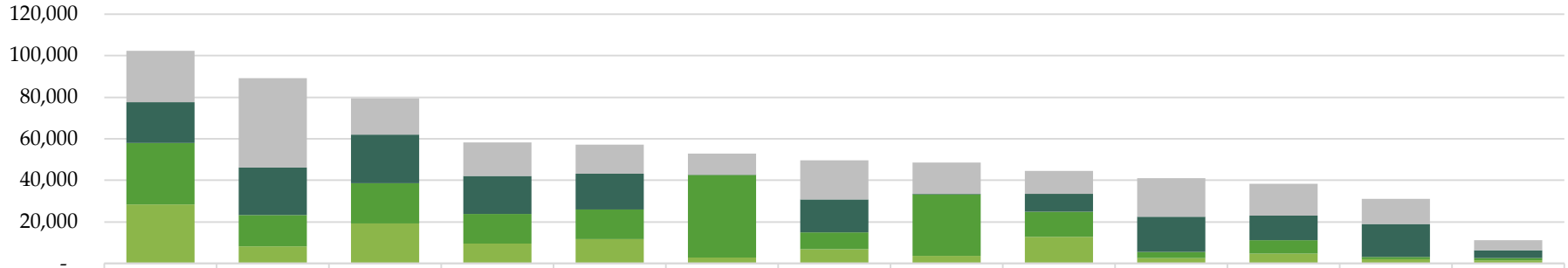
	Christian	Mercy St. Louis	Barnes-Jewish	SSM DePaul	SSM St. Mary's	Cardinal Glennon	Children's	Mercy Hospital South	SSM SLUH	MO Baptist	St. Clare	St. Luke's	Barnes-Jewish West County	Total
2015	109,186	86,244	82,754	61,737	60,037	56,909	51,069	52,358	50,342	41,461	40,421	31,656	11,281	735,455
2016	108,573	90,124	83,702	63,203	59,757	58,986	51,918	50,929	44,922	42,005	41,413	31,990	11,901	739,423
2017	106,301	89,402	83,615	64,266	59,708	57,500	52,993	49,174	44,690	42,044	41,432	31,844	10,805	733,774
2018	102,300	89,110	79,457	58,169	57,115	52,946	48,622	49,766	44,690	41,062	38,511	31,046	11,304	704,098
% Change, 2017-2018	-4%	-	-5%	-9%	-4%	-8%	-8%	1%	-	-2%	-7%	-3%	5%	-4%

Total emergency department encounters increased by 5% over the past year at Barnes-Jewish West County.

Note: Christian Hospital's figures include data for both sites, Christian Northeast and Northwest Healthcare. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018 figures.

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

Emergency Department Encounters by Payor Category and Organization, 2018

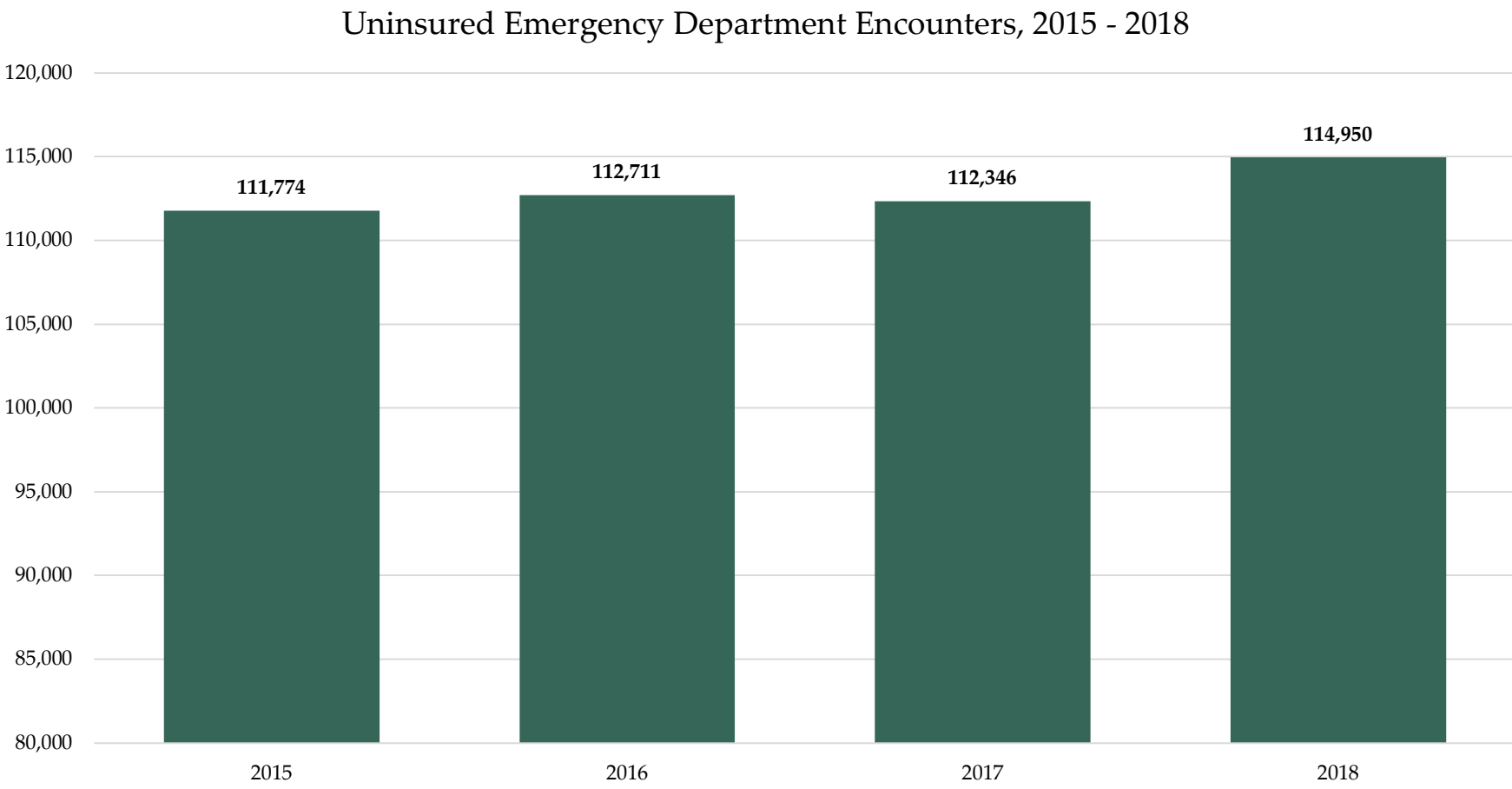


	Christian	Mercy St. Louis	Barnes-Jewish	SSM DePaul	SSM St. Mary's	Cardinal Glennon	Mercy Hospital South	Children's	SSM SLUH	MO Baptist	St. Clare	St. Luke's	Barnes-Jewish West County
Private	24,617	42,838	17,367	16,074	13,899	10,289	18,902	15,203	11,065	18,626	15,397	11,960	4,888
Medicare	19,762	22,814	23,485	18,167	17,094	56	15,850	57	8,752	16,919	11,983	15,949	3,692
Medicaid	29,602	15,295	19,221	14,188	14,347	39,600	8,140	29,531	12,085	2,938	6,297	1,106	1,093
Uninsured	28,319	8,163	19,384	9,740	11,775	3,001	6,874	3,831	12,788	2,579	4,834	2,031	1,631
Total	102,300	89,110	79,457	58,169	57,115	52,946	49,766	48,622	44,690	41,062	38,511	31,046	11,304
% Uninsured	28%	9%	24%	17%	21%	6%	14%	8%	29%	6%	13%	7%	14%

- Four hospitals (SSM SLUH, Christian, Barnes-Jewish Hospital and SSM St. Mary's) have payor mixes with over 20% uninsured emergency department encounters.
- More than 54% of Medicaid encounters were provided by three hospitals (Christian, Cardinal Glennon and Children's). St. Louis Children's and Cardinal Glennon primarily serve pediatric populations.

Note: Christian Hospital's figures include data for both sites, Christian Northeast and Northwest Healthcare. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018 figures.

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

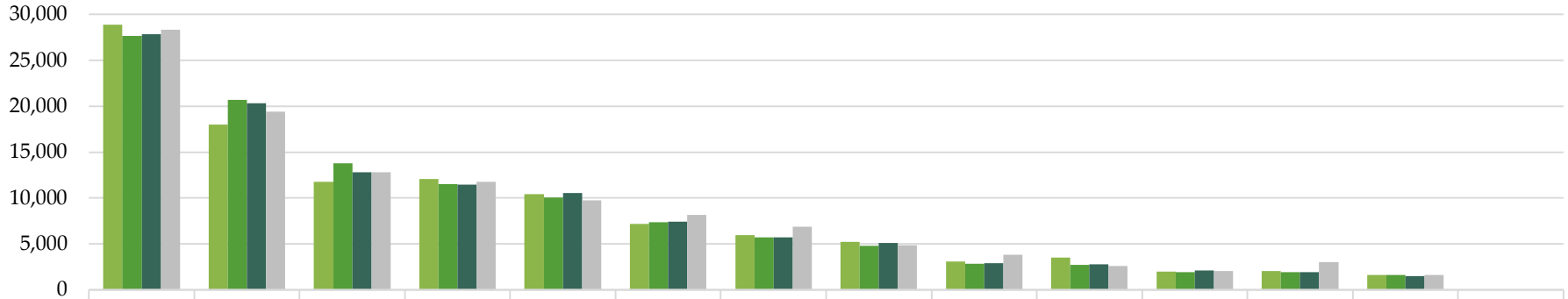


Uninsured emergency department encounters have remained relatively stable since 2015.

Note: SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018 figures.

Three hospitals (Christian, Barnes Jewish hospital SSM SLUH) provided nearly 53% of all uninsured emergency department encounters in 2018.

Uninsured Emergency Department Encounters by Organization, 2015 - 2018



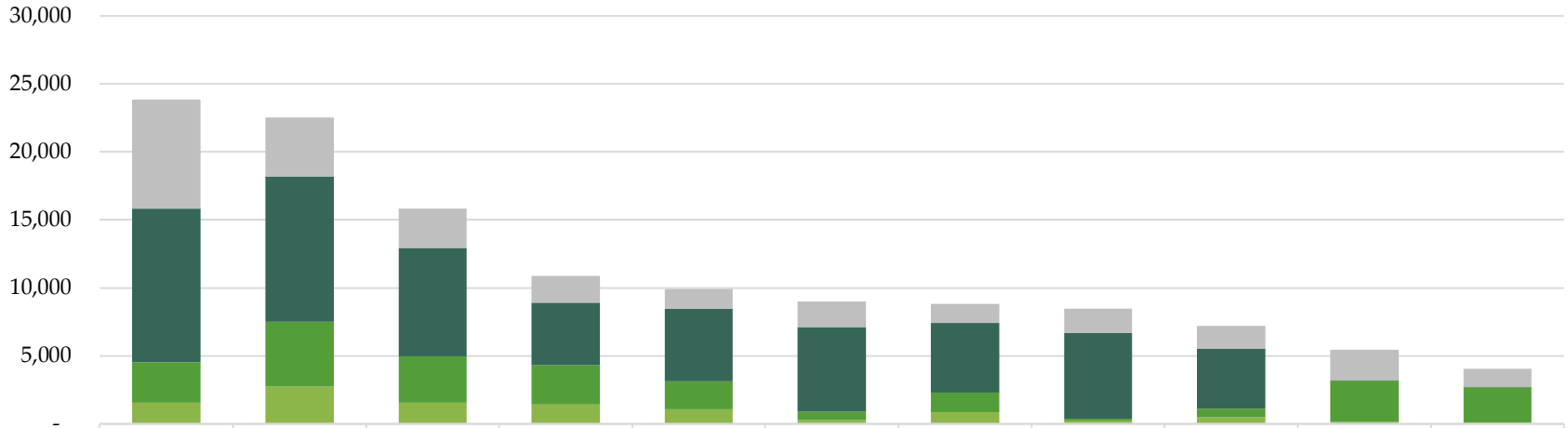
	Christian	Barnes-Jewish	SSM SLUH	SSM St. Mary's	SSM DePaul	Mercy St. Louis	Mercy Hospital South	St. Clare	Children's	MO Baptist	St. Luke's	Cardinal Glennon	Barnes-Jewish West County	Total
2015	28,887	17,997	11,786	12,079	10,399	7,175	5,987	5,240	3,107	3,491	1,967	2,068	1,591	111,774
2016	27,686	20,666	13,766	11,547	10,078	7,371	5,742	4,818	2,861	2,733	1,933	1,894	1,616	112,711
2017	27,820	20,325	12,788	11,474	10,531	7,397	5,729	5,101	2,905	2,750	2,120	1,935	1,471	112,346
2018	28,319	19,384	12,788	11,775	9,740	8,163	6,874	4,834	3,831	2,579	2,031	3,001	1,631	114,950
% Change, 2017-2018	2%	-5%	-	3%	-8%	10%	20%	-5%	32%	-6%	-4%	55%	11%	2%

- Five organizations had more than a 5% increase in uninsured emergency department encounters over the past year: Cardinal Glennon (55%), St. Louis Children's (32%), Mercy Hospital South (20%), Barnes-Jewish Hospital West County (11%) and Mercy St. Louis (10%).
- Uninsured emergency department encounters decreased over the past year at four St. Louis area hospitals: SSM DePaul (8%), Missouri Baptist (6%), St. Clare (5%) and Barnes-Jewish Hospital (5%).

Note: Christian Hospital's figures include data for both sites, Christian Northeast and Northwest Healthcare. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018 figures.

Approximately 18% of patients in emergency departments throughout the St. Louis region were admitted in 2018, as compared to 19% in 2017.

Inpatient Admisssions by Payor Category and Organization, 2018

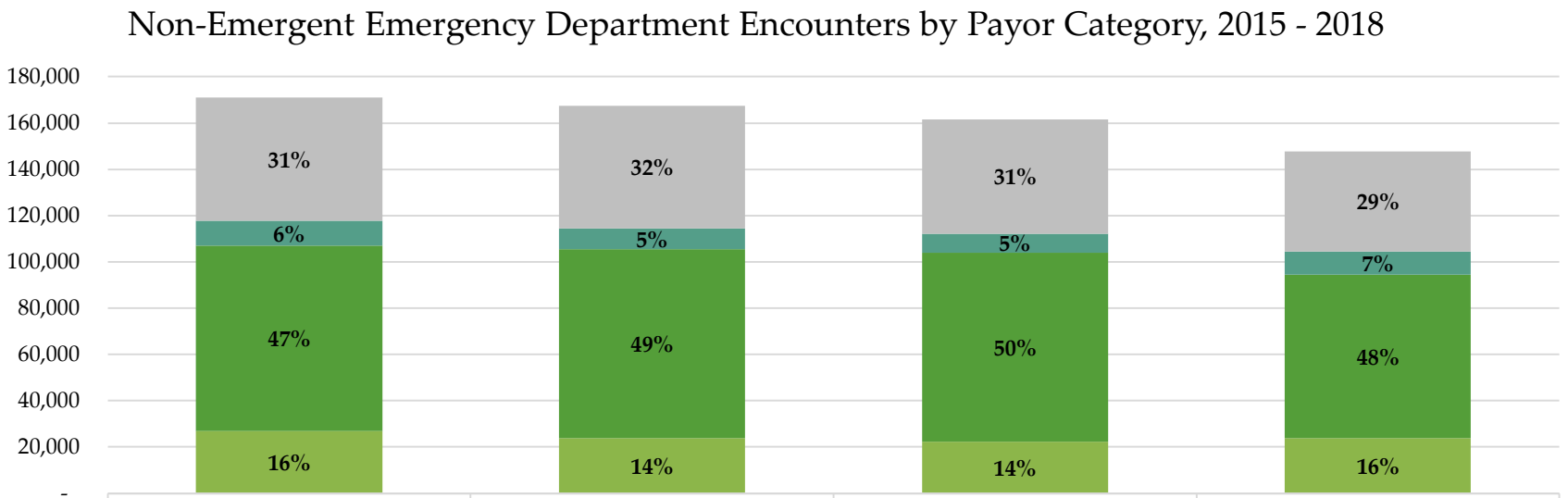


	Mercy St. Louis	Barnes-Jewish	SSM DePaul	SSM SLUH	SSM St. Mary's	MO Baptist	Christian	St. Luke's	St. Clare	Children's	Cardinal Glennon
Private	8,034	4,351	2,907	1,985	1,427	1,887	1,381	1,796	1,659	2,237	1,328
Medicare	11,299	10,695	7,940	4,586	5,370	6,201	5,122	6,286	4,419	23	9
Medicaid	2,951	4,762	3,450	2,912	2,041	628	1,435	158	626	3,032	2,623
Uninsured	1,566	2,738	1,535	1,411	1,081	291	865	229	509	154	92
Total	23,850	22,546	15,832	10,894	9,919	9,007	8,803	8,469	7,213	5,446	4,052

Emergency department encounters that were converted to inpatient admissions represent more than 20% of total emergency department encounters at four organizations: Barnes-Jewish Hospital (28%), Mercy St. Louis (27%), SSM DePaul (27%) and SSM SLUH (24%).

Note: Christian Hospital's figures include data for both sites, Christian Northeast and Northwest Healthcare. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018 figures.

Non-emergent emergency department encounters decreased by 9% over the past year.



	2015	2016	2017	2018
Private	53,180	53,053	49,460	43,171
Medicare	10,851	8,987	8,276	10,040
Medicaid	79,971	81,644	81,569	70,653
Uninsured	26,970	23,727	22,375	23,834
Total	170,972	167,411	161,680	147,698

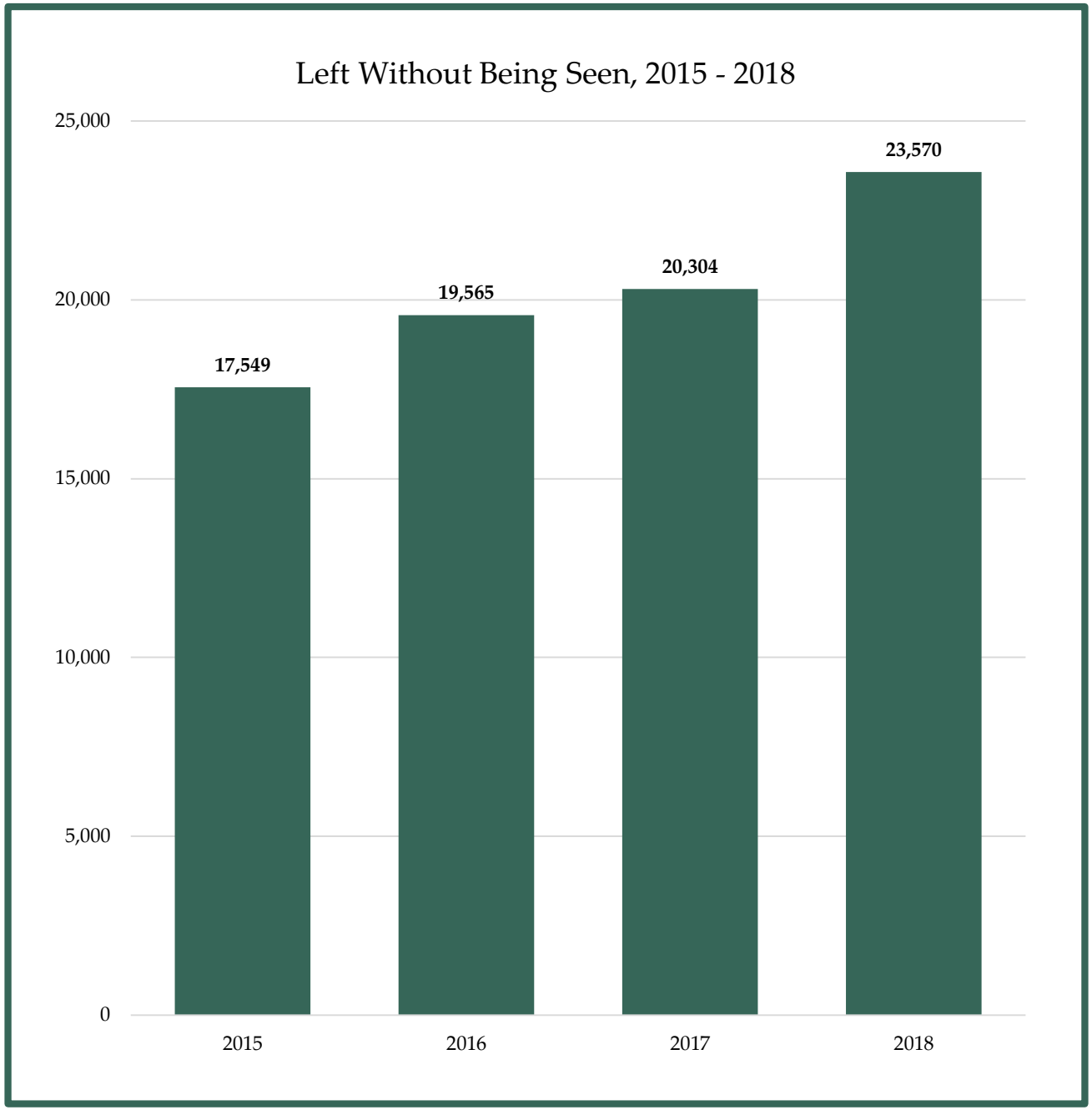
- Of the more than 147,600 non-emergent emergency encounters reported in 2018, 48% were among the Medicaid population, 29% were among those privately insured, 16% were among the uninsured population and 7% were among the Medicare population.
- Over the past year, non-emergent emergency department encounters decreased by 13% among privately insured and Medicaid patients, respectively.
- Non-emergent emergency department encounters increased by 21% and 7% among Medicare and uninsured patients, respectively, over the past year.

Note: Many self-reporting organizations define non-emergent encounters using patient acuity ratings assigned during the encounter. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018 figures.

Left without being seen volumes increased by 16% over the past year.

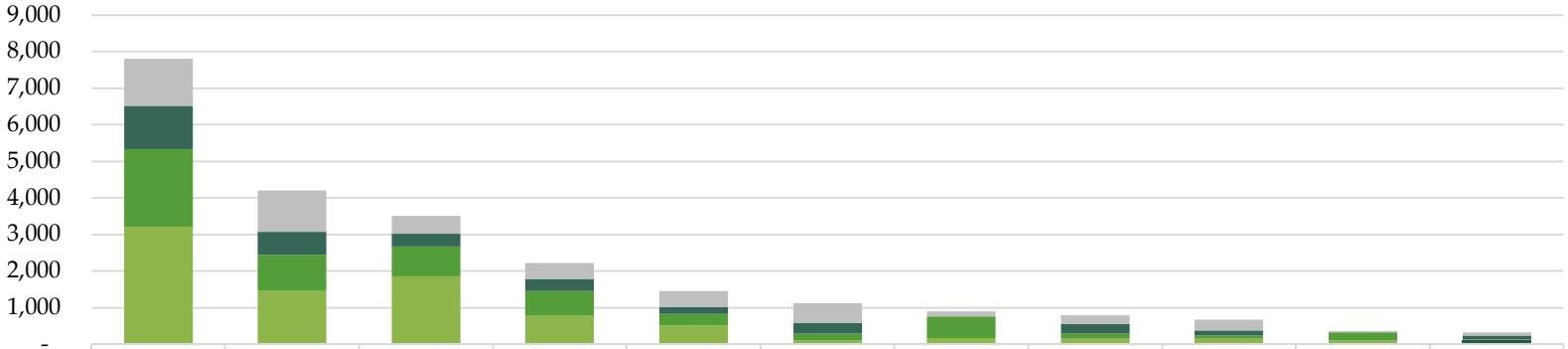
- Encounters where patients left hospital emergency departments without being seen have increased by 34% since 2015.
- The approximately 23,500 encounters where patients left hospital emergency departments without being seen represent nearly 4% of all emergency department encounters in the St. Louis region during 2018.

Note: For the purposes of analysis on this page, "all emergency department encounters" includes emergency department encounters with charges, encounters where patients left without being seen and encounters where patients left against medical advice. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018 figures.



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

Left Without Being Seen by Payor Category and Organization, 2018



	Barnes-Jewish	SSM DePaul	Christian	SSM St. Mary's	St. Clare	Mercy St. Louis	Children's	Mercy Hospital South	MO Baptist	Cardinal Glennon	St. Luke's
Private	1,297	1,138	479	429	420	544	139	241	293	36	88
Medicare	1,179	627	352	330	193	290	-	271	152	-	101
Medicaid	2,124	985	807	671	322	194	581	134	79	226	23
Uninsured	3,205	1,455	1,860	784	512	103	172	147	151	89	-
Unknown Payor	-	-	-	-	-	-	-	-	-	-	107
Total	7,805	4,205	3,498	2,214	1,447	1,131	892	793	675	351	319

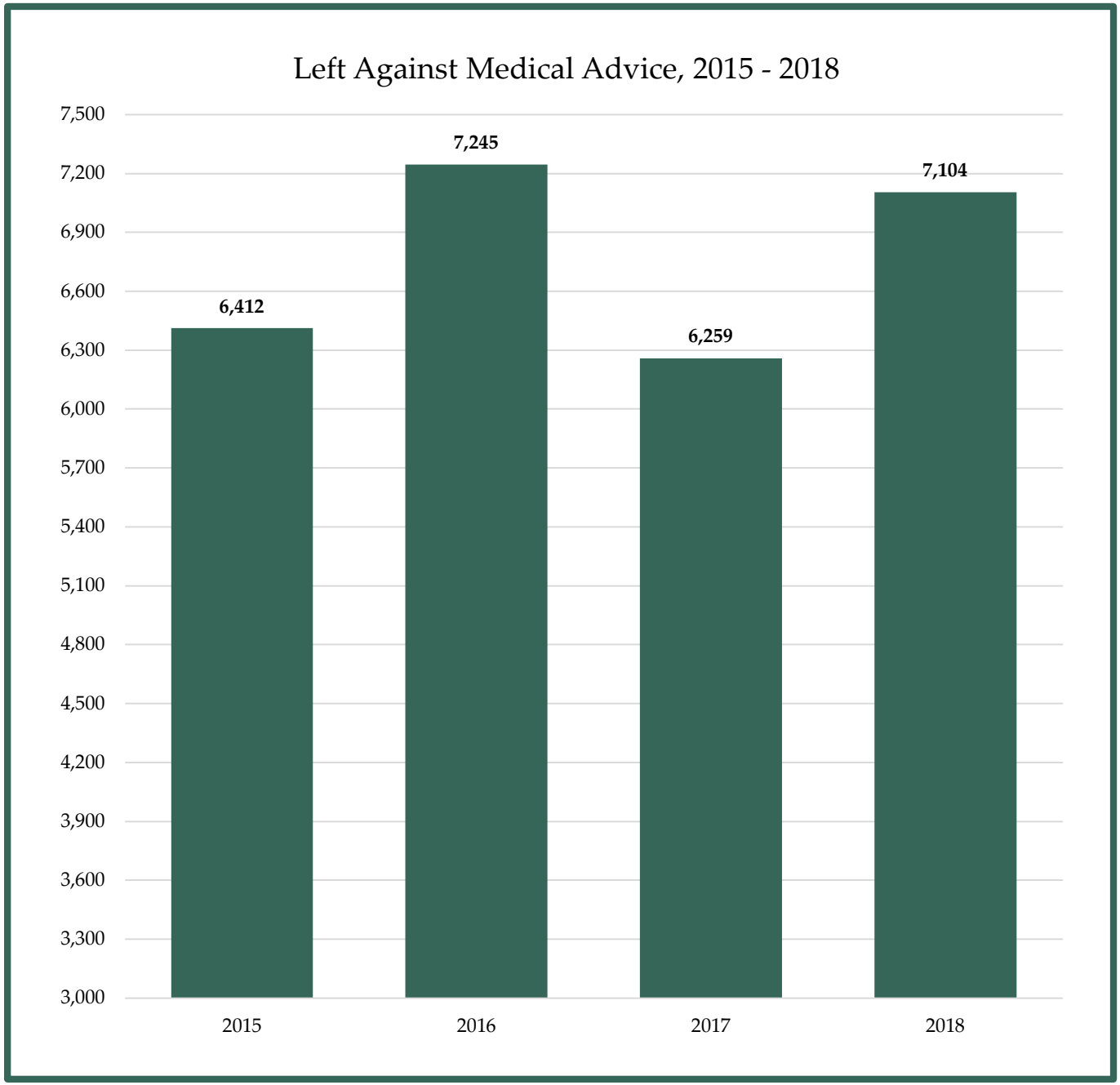
- All reporting emergency departments had left without being seen rates at or below 5% of their total emergency department encounters, except for Barnes-Jewish Hospital and SSM DePaul, which had left without being seen rates of 10% and 7%, respectively.
- Left without being seen volumes among uninsured patients represent 36% of the total left without being seen volume for the St. Louis region in 2018.

Note: For the purposes of analysis on this page, "total emergency department encounters" includes emergency department encounters with charges, encounters where patients left without being seen and encounters where patients left against medical advice. Christian Hospital's figures include data for both sites, Christian Northeast and Northwest Healthcare. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018 figures.

Left against medical advice volumes have increased by 11% over the past four years.

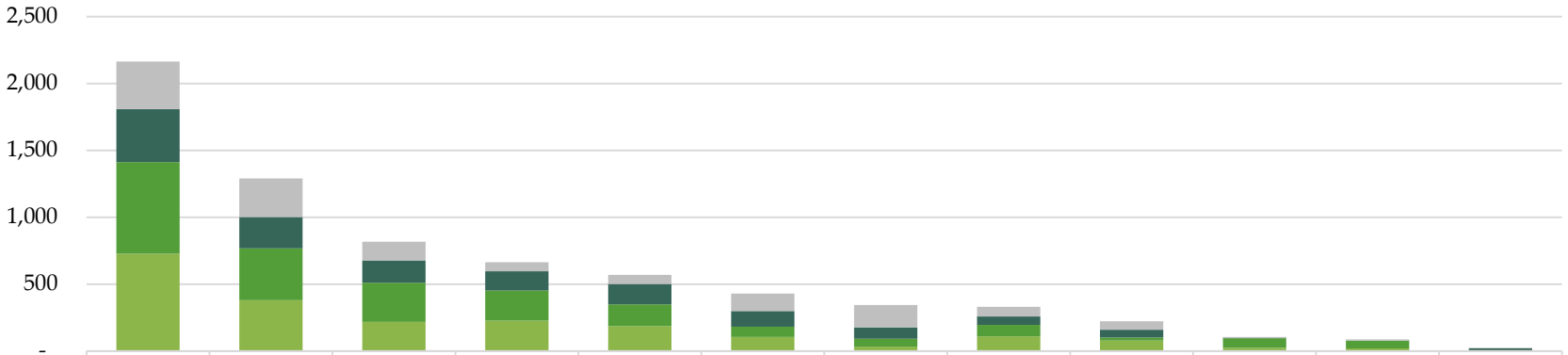
- In 2018, across the St. Louis region, there were approximately 7,100 encounters where patients left hospital emergency departments against medical advice, an increase of 14% as compared to the 2017 rate.
- Encounters where patients left hospital emergency departments against medical advice represent 1% of all emergency department encounters in the St. Louis region during 2018.

Note: For the purposes of analysis on this page, "all emergency department encounters " includes emergency department encounters with charges, encounters where patients left without being seen and encounters where patients left against medical advice. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018 figures.



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

Left Against Medical Advice by Payor Category and Organization, 2018



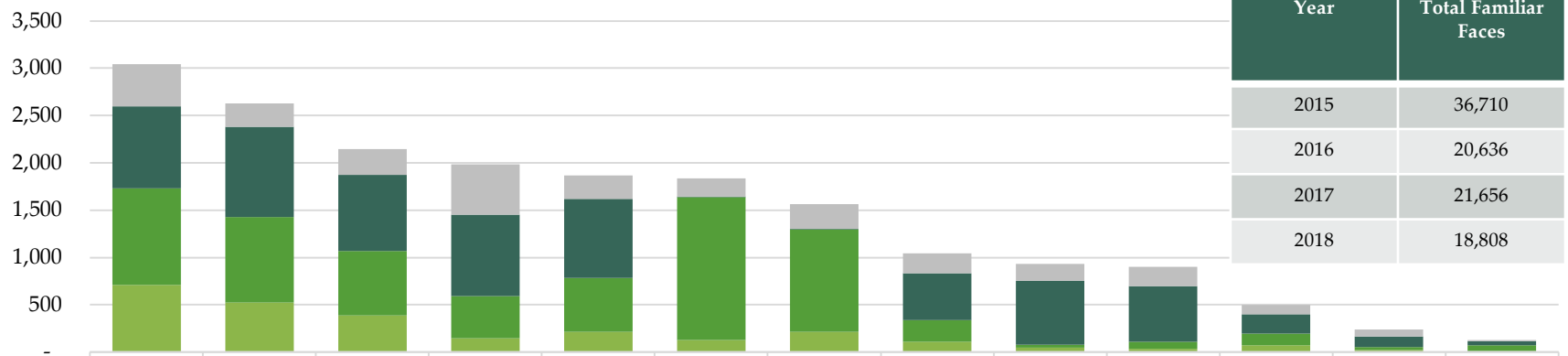
	Christian	SSM DePaul	SSM St. Mary's	SSM SLUH	Barnes-Jewish	Mercy Hospital South	Mercy St. Louis	St. Clare	St. Luke's	Cardinal Glennon	Children's	MO Baptist
Private	353	285	141	68	66	129	166	73	64	9	10	6
Medicare	399	235	165	145	153	119	88	62	60	1	-	14
Medicaid	683	387	292	226	166	79	59	86	19	72	58	3
Uninsured	727	381	218	226	184	103	31	110	80	23	21	1
Unknown Payor	-	-	-	-	-	-	-	-	-	-	-	-
Total	2,162	1,288	816	665	569	430	344	331	223	105	89	24

- All reporting emergency departments had left against medical advice rates that were below 5% of their total emergency department encounters.
- Left against medical advice volumes among uninsured patients represent 30% of the total left against medical advice volume for the St. Louis region in 2018.

Note: For the purposes of analysis on this page, "total emergency department encounters" includes emergency department encounters with charges, encounters where patients left without being seen and encounters where patients left against medical advice. Christian Hospital's figures include data for both sites, Christian Northeast and Northwest Healthcare. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018 figures.

Approximately 18,800 patients visiting St. Louis area emergency departments in 2018 had four or more emergency department visits at the same hospital in the 2018 calendar year, which is a 13% decrease from the prior year.

Familiar Faces ED Users by Payor and Organization, 2018



Year	Total Familiar Faces
2015	36,710
2016	20,636
2017	21,656
2018	18,808

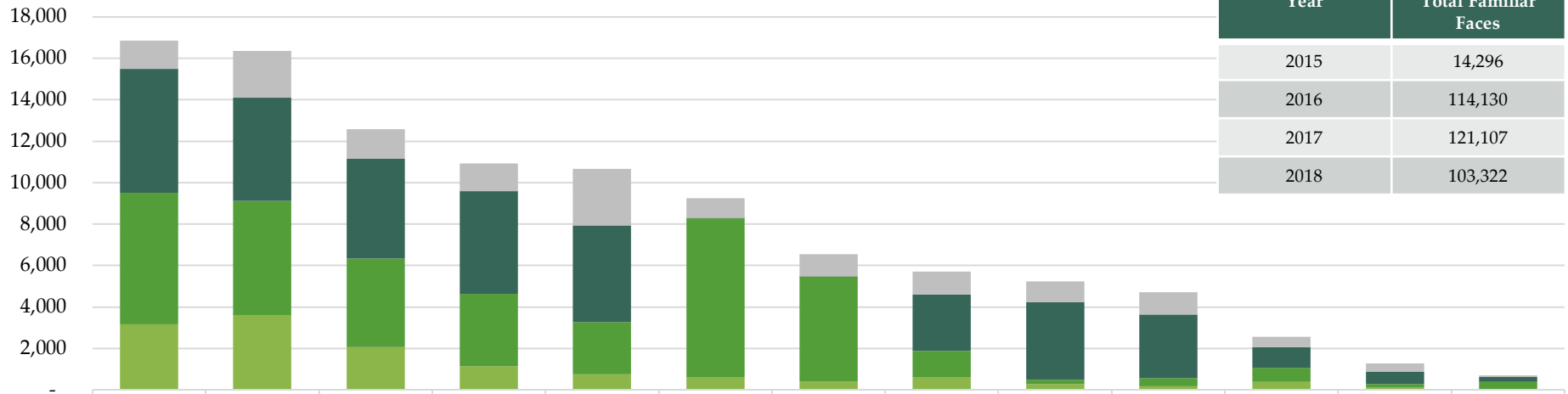
	Christian	Barnes-Jewish	SSM St. Mary's	Mercy St. Louis	SSM DePaul	Cardinal Glennon	Children's	St. Clare	St. Luke's	MO Baptist	Mercy Hospital South	Barnes-Jewish West County	SSM SLUH
Private	446	246	274	533	245	193	258	205	180	206	98	76	13
Medicare	867	951	801	862	839	4	7	496	674	588	205	110	41
Medicaid	1,019	904	683	446	567	1,513	1,084	229	34	69	122	29	66
Uninsured	711	525	387	145	215	126	213	111	46	38	74	25	9
Total	3,043	2,626	2,145	1,986	1,866	1,836	1,562	1,041	934	901	499	240	129

- Of the nearly 18,800 returning emergency department users reported in 2018, 36% were among Medicaid patients, 34% were among Medicare patients, 16% were among privately insured patients and 14% were among uninsured patients.
- Familiar faces represent 3% of all patients who visited a St. Louis area emergency department in 2018, and account for 103,300 visits.

Note: Christian Hospital's figures include data for both sites, Christian Northeast and Northwest Healthcare. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018 figures. A "familiar face", is any patient that has four or more emergency department visits at the same hospital.

The 18,8000 patients identified as familiar faces had 103,300 emergency department encounters at St. Louis area hospitals in 2018, which is a 15% decrease from the prior year.

Familiar Faces ED Encounters by Payor and Organization, 2018

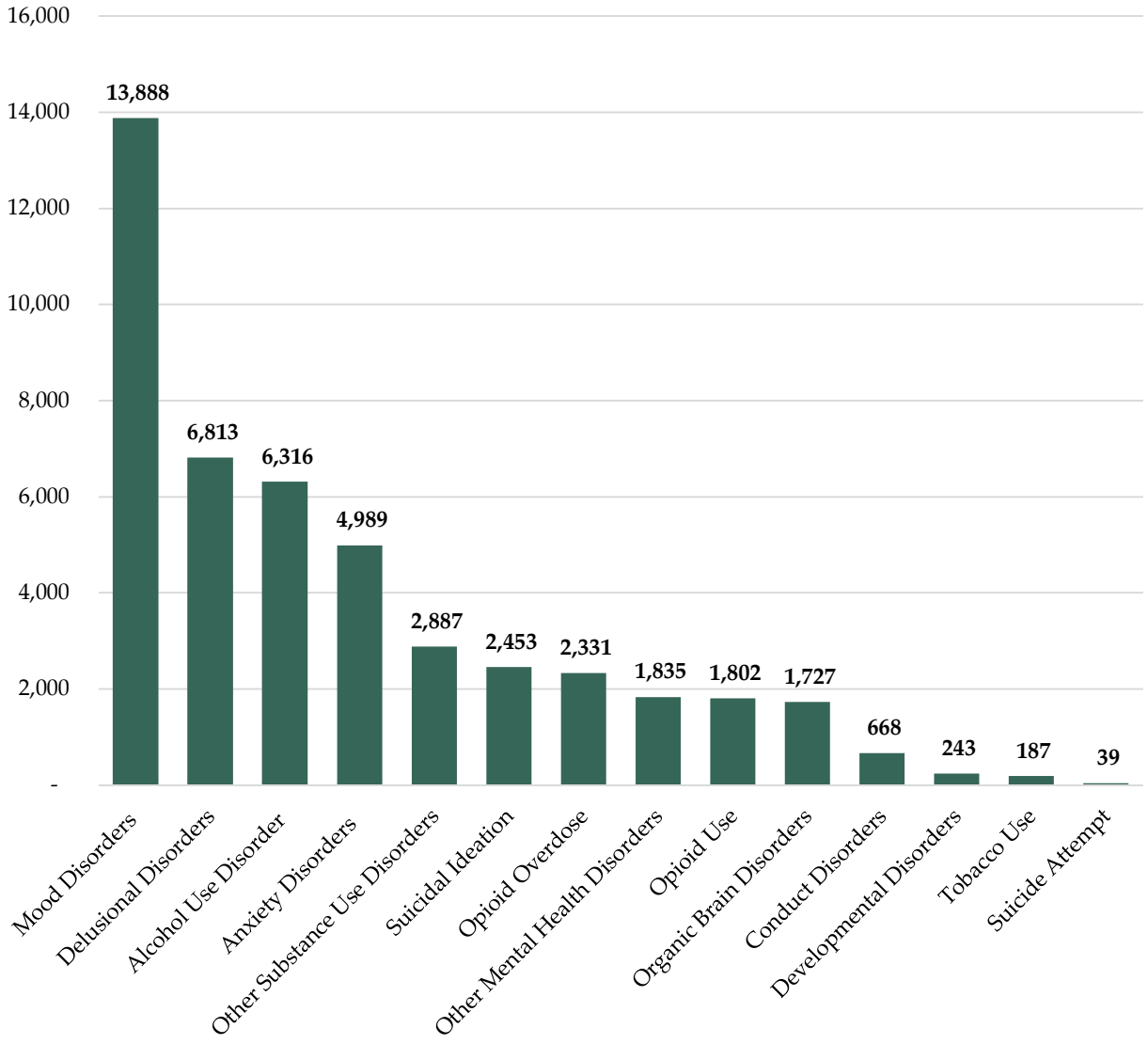


Year	Total Familiar Faces
2015	14,296
2016	114,130
2017	121,107
2018	103,322

	Barnes-Jewish	Christian	St. Mary's	DePaul	Mercy	Glennon	Children's	St. Clare	St. Luke's	MO Baptist	Mercy South	Barnes-Jewish West County	SSM SLUH
Private	1,362	2,241	1,404	1,330	2,707	948	1,072	1,085	979	1,077	497	394	67
Medicare	5,979	4,980	4,820	4,979	4,686	22	20	2,717	3,752	3,050	990	607	226
Medicaid	6,335	5,547	4,287	3,475	2,502	7,637	5,057	1,309	215	390	677	157	354
Uninsured	3,167	3,582	2,058	1,148	763	636	408	587	286	192	396	118	48
Total	16,843	16,350	12,569	10,932	10,658	9,243	6,557	5,698	5,232	4,709	2,560	1,276	695

- Of the nearly 103,300 emergency department encounters among returning users reported in 2018, 37% were among Medicaid patients, 36% were among Medicare patients, 15% were among privately insured patients and 13% were among uninsured patients.
- Emergency department encounters among returning users represent 15% of all emergency department encounters in the St. Louis region during 2018.

Note: Christian Hospital's figures include data for both sites, Christian Northeast and Northwest Healthcare. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018 figures. A "familiar face", is any patient that has four or more emergency department visits at the same hospital.

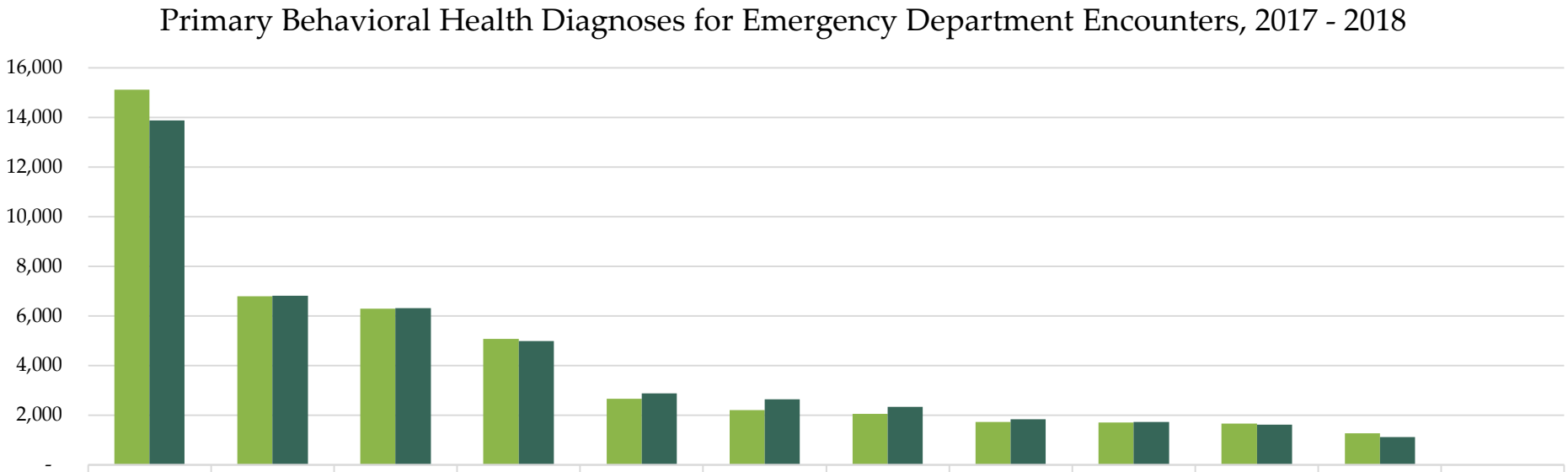


Emergency department encounters with primary behavioral health diagnoses account for more than 46,100 (7%) of total emergency department encounters in 2018.

Mood disorders (30%), schizophrenia/delusional disorders (15%) and alcohol use disorders (14%) are the main primary behavioral health diagnoses presenting to St. Louis area emergency departments.

Note: *Encounters where tobacco use reflect the only behavioral health diagnoses are excluded.* Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. SSM SLUH was unable to report data during this period; data from 2017 has been used a as an estimate for 2018.

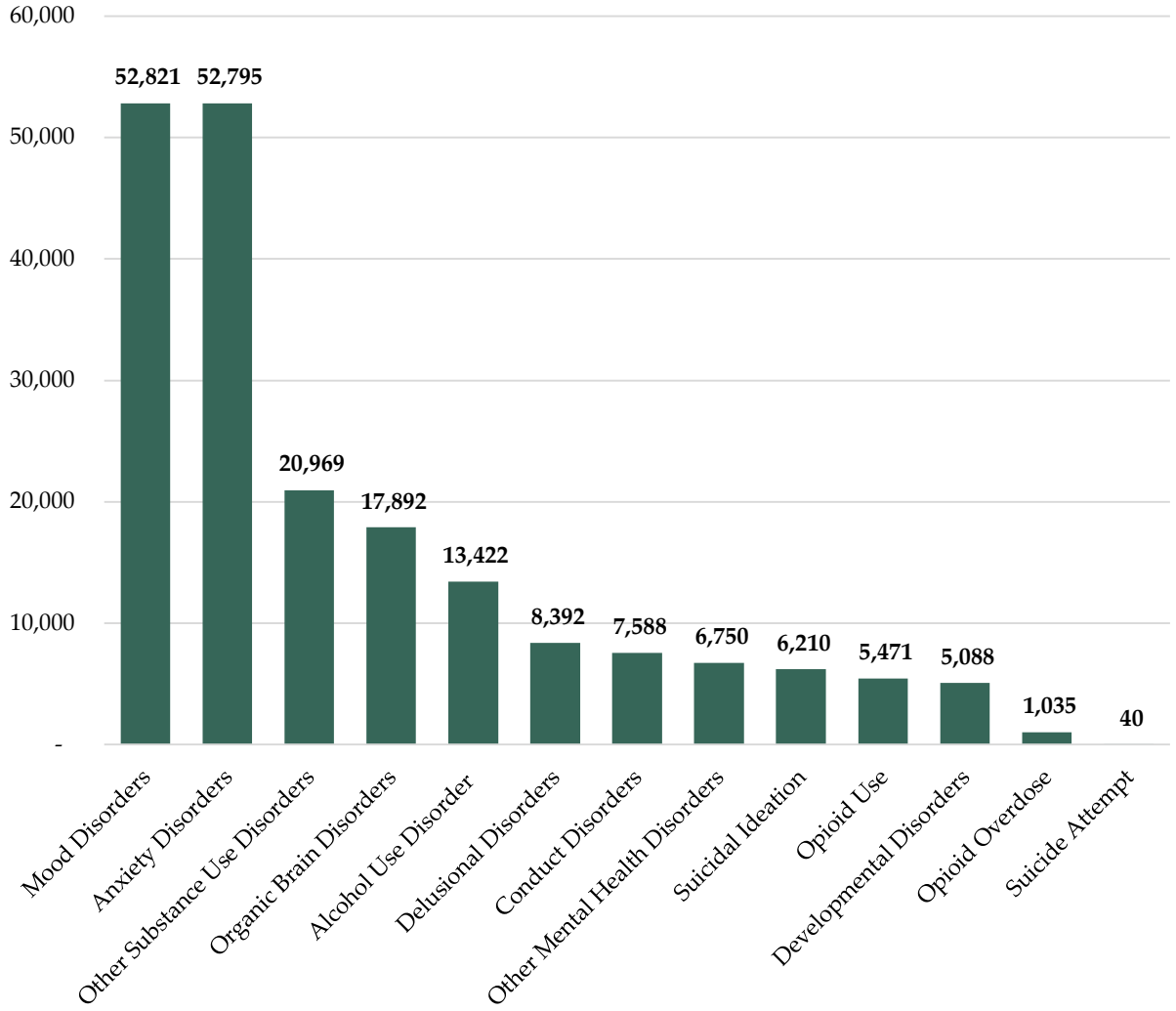
Opioid overdose and opioid use disorders increased by 19% and 14%, respectively, over the past year.



	Mood Disorders	Delusional Disorders	Alcohol Use Disorders	Anxiety Disorders	Other Substance Use Disorders	Opioid Overdose	Opioid Use Disorders	Other Mental Health Disorders	Organic Brain Disorders	Suicidal Ideation	Other Diagnoses	Total
2017	15,125	6,788	6,295	5,077	2,669	2,218	2,048	1,729	1,718	1,669	1,277	46,613
2018	13,888	6,813	6,316	4,989	2,887	2,636	2,330	1,835	1,727	1,620	1,124	46,165

- The number of primary behavioral health diagnoses for emergency department encounters have remained relatively stable over the past year.
- Three behavioral health diagnoses decreased by 5% or more over the past year: Other Diagnoses (12%), Mood Disorders (8%) and Other Substance Use Disorders (8%).

Note: *Encounters where tobacco use reflect the only behavioral health diagnoses are excluded*. Duplication across emergency department encounters does exist to account for both the primary and secondary diagnoses on each encounter. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. The 'Other Diagnoses' category includes: conduct disorders, tobacco use disorders, developmental disorders and suicide attempts. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018 figures.

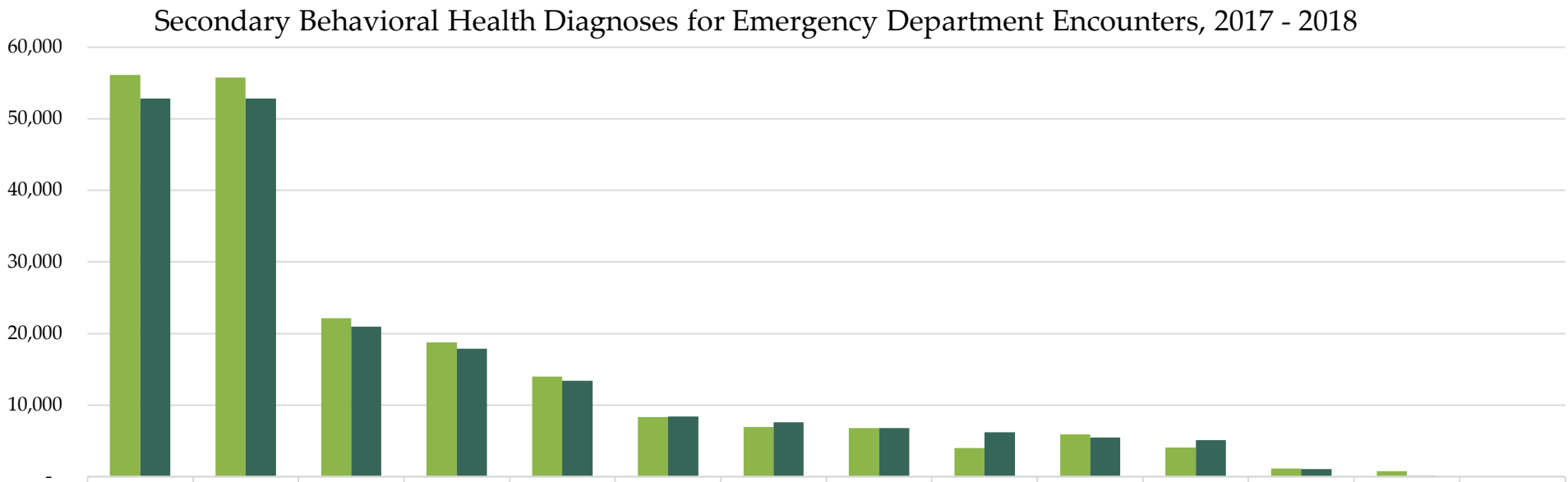


Emergency department encounters with secondary behavioral health diagnoses account for more than 198,400 (28%) of total emergency department encounters in 2018.

Mood and anxiety disorders make up to 53% of all secondary emergency department behavioral health diagnoses in 2018.

Note: *Encounters where tobacco use reflect the only behavioral health diagnoses are excluded.* Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. SSM SLUH was unable to report data during this period; data from 2017 has been used a as an estimate for 2018.

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



	Mood Disorders	Anxiety Disorders	Other Substance Use Disorders	Organic Brain Disorders	Alcohol Use Disorder	Delusional Disorders	Conduct Disorders	Other Mental Health Disorders	Suicidal Ideation	Opioid Use	Developmental Disorders	Opioid Overdose	Suicide Attempt	Total
2017	56,109	55,766	22,166	18,733	13,993	8,315	6,944	6,812	3,969	5,917	4,068	1,118	751	204,661
2018	52,821	52,795	20,969	17,892	13,422	8,392	7,588	6,750	6,210	5,471	5,088	1,035	40	198,473

- Six behavioral health diagnoses decreased by 5% or more over the past year: Suicide Attempt (95%), Opioid Use (8%), Opioid Overdose (7%), Mood Disorders (6%), Anxiety Disorders (5%) and Other Substance Use Disorders (5%).
- Three behavioral health diagnoses increased by 5% or more over the past year: Suicidal Ideation (56%), Developmental Disorders (25%) and Conduct Disorders (9%).

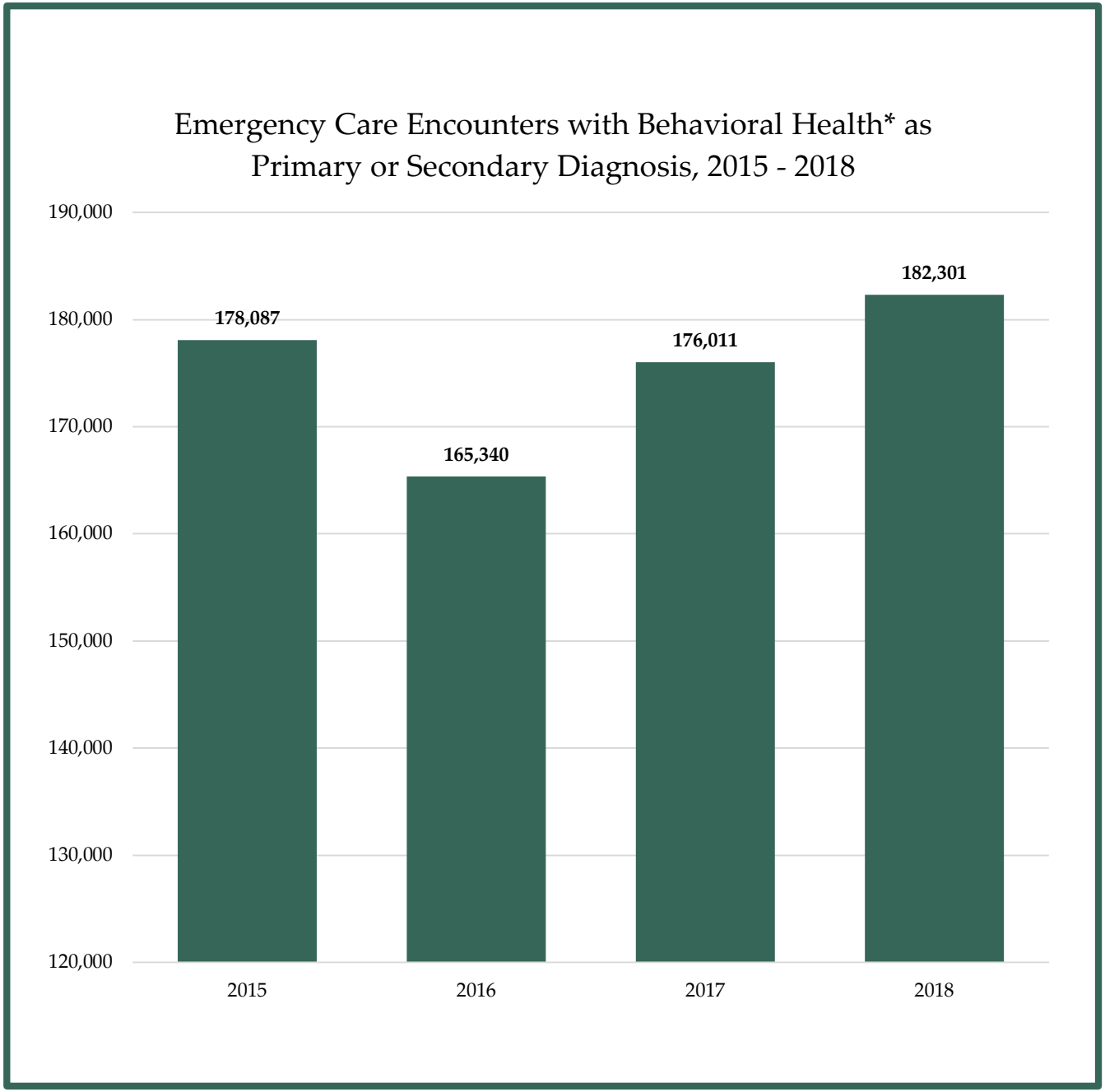
Note: *Encounters where tobacco use reflect the only behavioral health diagnoses are excluded.* Duplication across emergency department encounters does exist to account for both the primary and secondary diagnoses on each encounter. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. The 'Other Diagnoses' category includes: conduct disorders, tobacco use disorders, developmental disorders and suicide attempts. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018 figures.

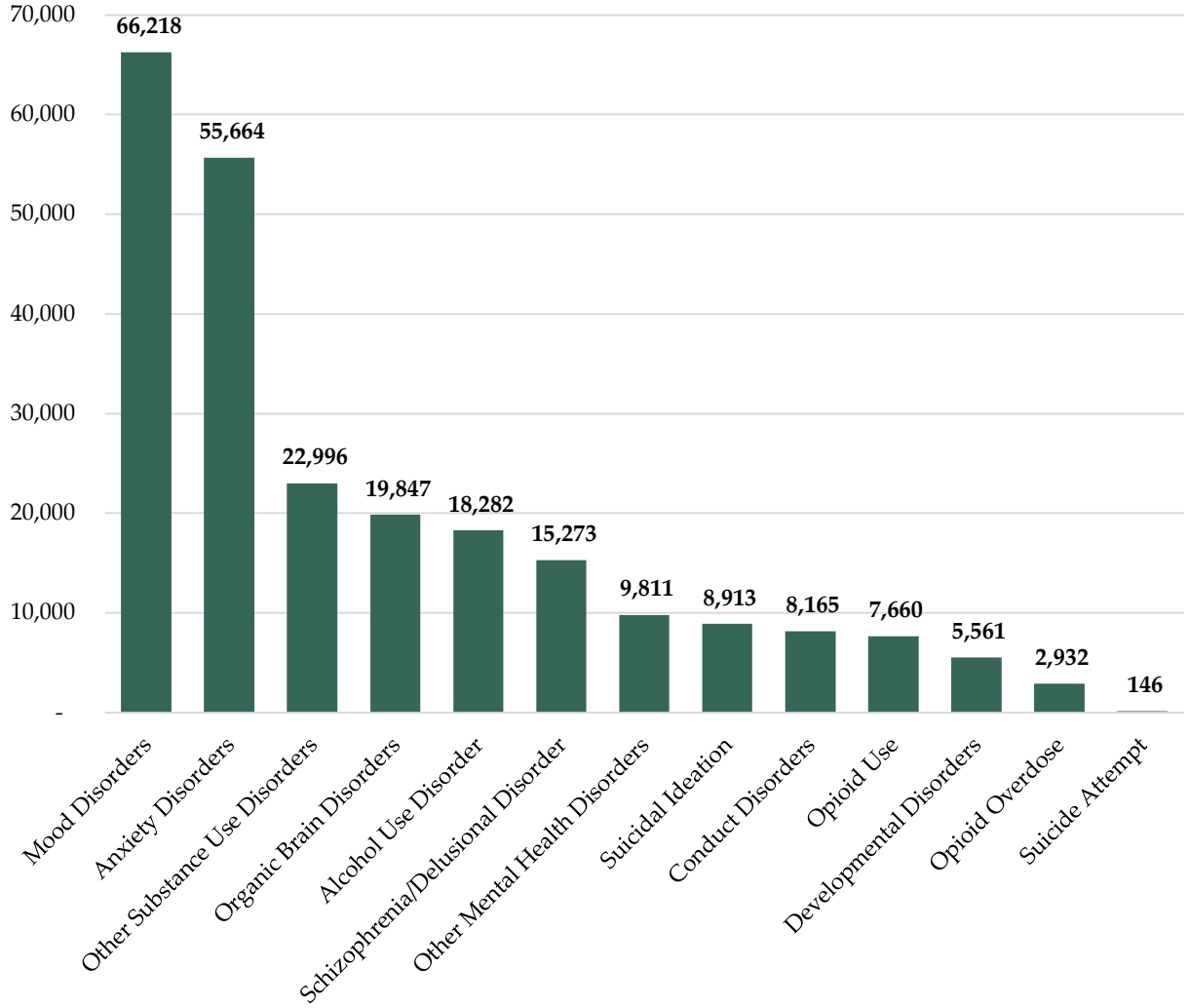
Emergency department encounters with primary or secondary behavioral health diagnoses remained relatively stable over the past year and account for 26% of total emergency department encounters in 2018.

Behavioral health emergency department encounters have remained relatively stable over the past four years.

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

Note: *Encounters where tobacco use reflects the only behavioral health diagnoses are excluded.* Changes in coding practices over time may impact trends seen in the prevalence of behavioral health encounters in emergency departments. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018 figures.





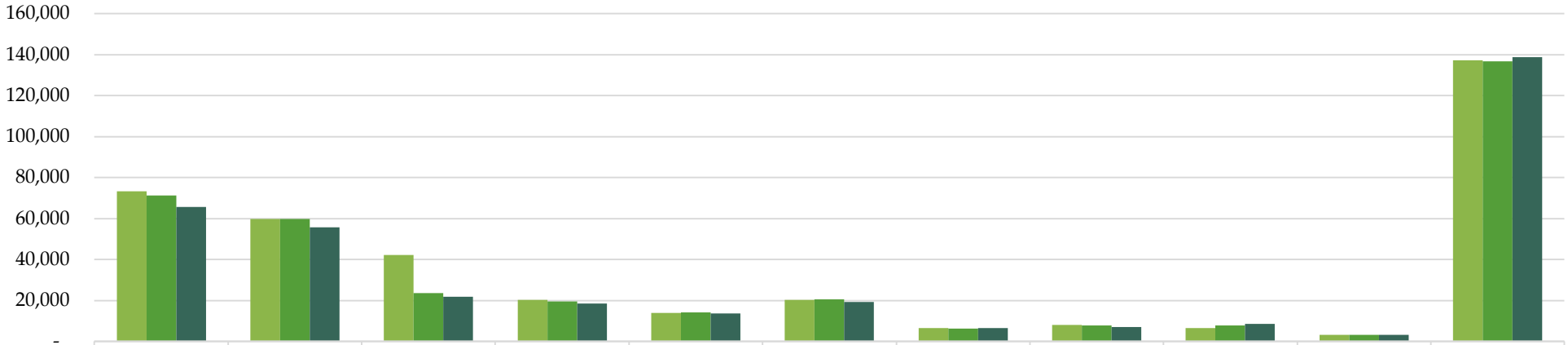
Emergency department encounters with primary and secondary behavioral health diagnoses account for more than 241,400 (34%) of total emergency department encounters in 2018.

Mood and anxiety disorders make up 50% of all primary and secondary emergency department behavioral health diagnoses in 2018.

Note: *Encounters where tobacco use reflect the only behavioral health diagnoses are excluded.* Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. SSM SLUH was unable to report data during this period; data from 2017 has been used a as an estimate for 2018.

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

Primary and Seconday Behavioral Health Diagnoses for Emergency Department Encounters, 2016 - 2018



	Mood Disorders	Anxiety Disorders	Other Substance Use Disorders	Alcohol Use Disorders	Schizophrenia /Delusional Disorders	Organic Brain Disorders	Other Mental Health Disorders	Opioid Use Disorders	Suicidal Ideation	Opioid Overdose	Other Diagnoses
2016	73,403	59,720	42,173	20,282	13,871	20,286	6,641	8,060	6,675	3,189	137,251
2017	71,179	59,758	23,602	19,478	14,243	20,612	6,354	7,873	7,915	3,181	136,813
2018	65,616	55,663	21,840	18,649	13,773	19,443	6,520	7,144	8,653	3,197	138,842

- Six behavioral health diagnoses decreased by 5% or more over the past year: Other Diagnoses (12%), Opioid Use Disorders (9%), Mood Disorders (8%), Anxiety Disorders (7%), Other Substance Use Disorders (7%) and Organic Brain Disorders (6%).
- Suicidal Ideation increased by 9% over the past year.

Note: *Encounters where tobacco use reflect the only behavioral health diagnoses are excluded.* Duplication across emergency department encounters does exist to account for both the primary and secondary diagnoses on each encounter. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. The 'Other Diagnoses' category includes: conduct disorders, tobacco use disorders, developmental disorders and suicide attempts. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018 figures.

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SPECIALTY CARE ANALYSIS

Specialty Care: Introduction

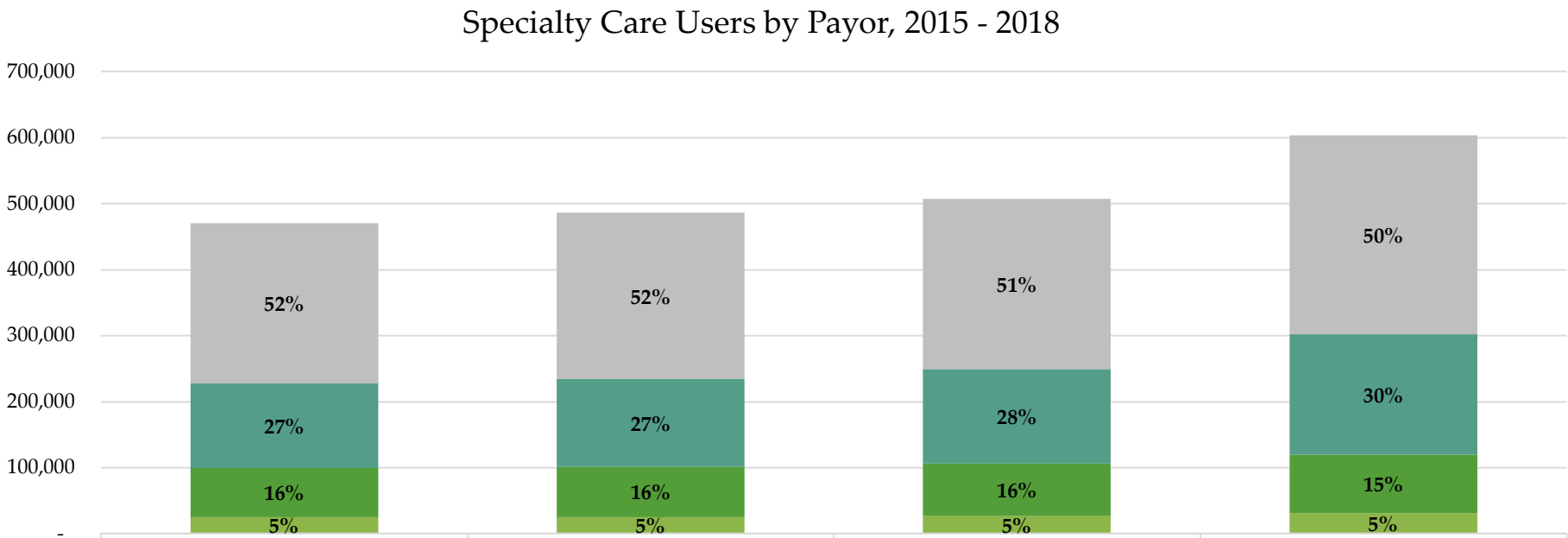
This year's specialty care analysis reviews detailed operating statistics of reporting specialty care safety net institutions in St. Louis City and County (see Appendix C for a list of 2019 reporting specialty care organizations). These institutions include hospital-based clinics and university-sponsored physician groups, which provide the majority of specialty care services to safety net patients in St. Louis City and County.

Specialty care encounters and individual user volumes occurring among Gateway to Better Health enrollees in calendar year 2018 are captured in the "uninsured" payor category of the figures presented.

Specialty Care: Key Findings

- Total specialty care users and encounters at St. Louis area specialty care organizations increased by 28% and 6%, respectively, since 2015. This increase represents more than 133,100 additional users and more than 75,300 additional encounters (pages 74 and 76).
- Of the more than 600,600 specialty care users in 2018, approximately 74% were White, 19% were African American/Black and 7% were from the "Other" racial category.
- Over the past year, uninsured specialty care users increased by 19%, while uninsured specialty care encounters remained stable (pages 74 and 78).
- Medicaid specialty care encounters remained stable over the past year and since 2015 (page 80).
- While wait times for some specialty care appointments have either decreased or remained the same, rheumatology and endocrinology continue to trend with the longest average wait times for both new and returning patients (pages 82 and 83).

Specialty care users at safety net organizations have increased by 28% since 2015.



	2015	2016	2017	2018
Private	242,889	251,686	258,151	301,537
Medicare	128,063	132,945	143,243	182,599
Medicaid	74,346	76,293	79,179	88,667
Uninsured	25,400	25,097	26,722	31,032
Total	470,698	486,021	507,295	603,835

- Total specialty care users increased by 19% in 2018, as compared to the prior year.
- Of the more than 603,800 specialty care users reported in 2018, approximately 50% were privately insured, 30% were Medicare, 15% were Medicaid and 5% were uninsured.

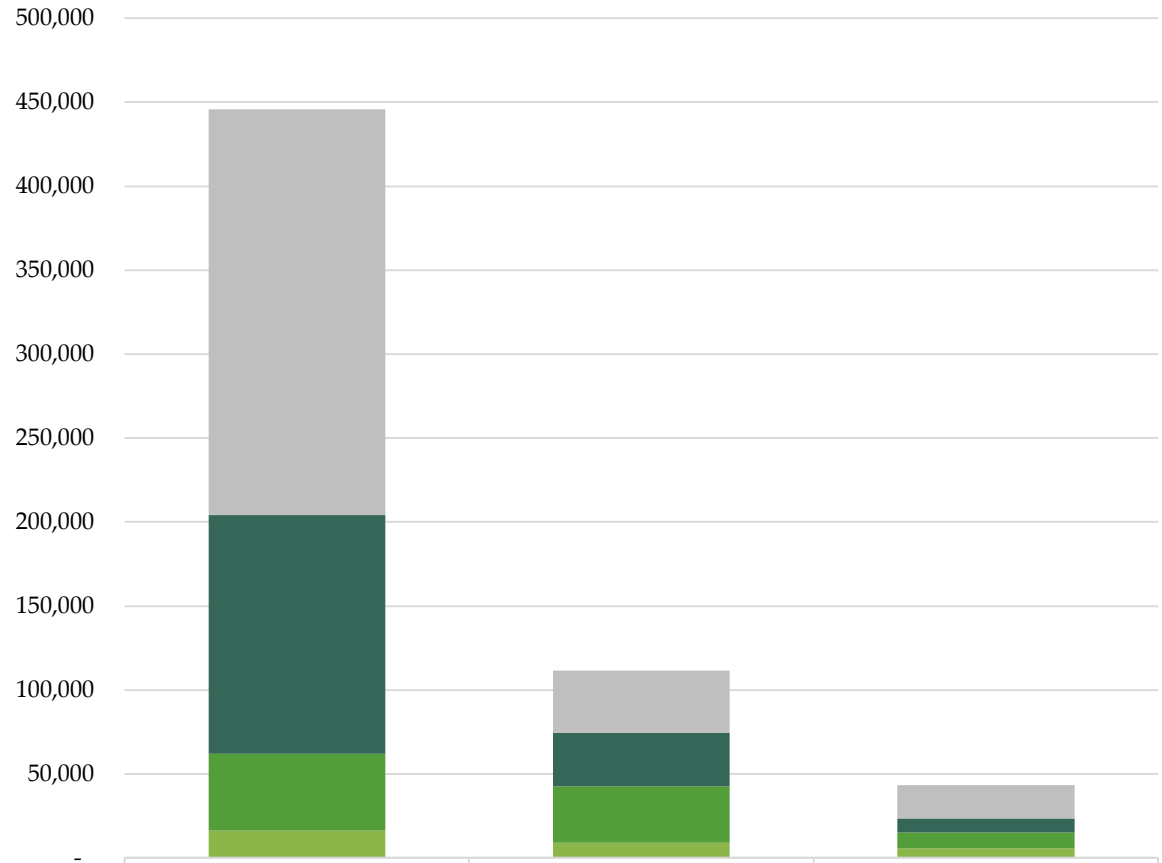
Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. While users are unduplicated within each organization, there may be some duplication in total user counts across reporting organizations if a patient was seen at more than one organization in 2018.

Of the more than 600,600 specialty care users in 2018, approximately 74% were white, 19% were African American/Black and 7% were from the "Other" racial category.

- About 4% of all White specialty care users, 8% of all African American/Black specialty care users and 13% of all specialty care users included in the "Other" racial group are uninsured.
- Based on census data for the general population of St. Louis City and County, about 5% of all Whites, 11% of all African Americans/Blacks and 8% of those included in the "Other" racial group are uninsured.

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

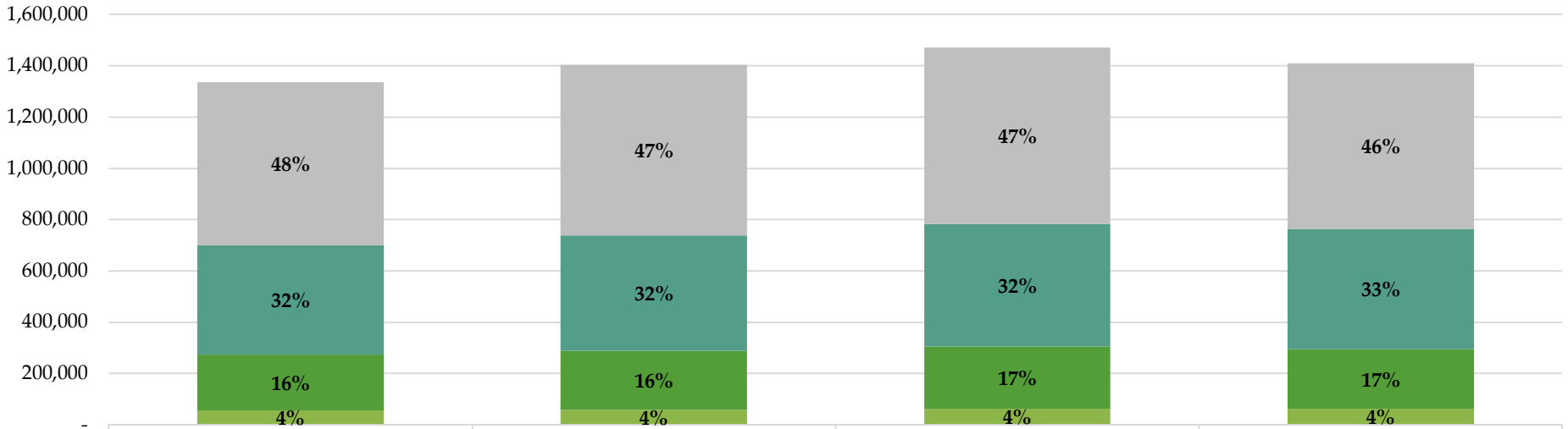
Specialty Care Encounters by Race and Payor, 2018



	White	African American/Black	Other
Private	241,727	36,661	19,929
Medicare	141,997	32,173	8,429
Medicaid	45,729	33,396	9,542
Uninsured	16,264	9,209	5,558
All Payor	445,717	111,439	43,458

Specialty care encounters at safety net organizations remained relatively stable over the past year and increased by 6% (over 75,300 encounters) since 2015.

Specialty Care Encounters by Payor Category, 2015 - 2018



	2015	2016	2017	2018
Private	635,920	664,398	689,020	646,267
Medicare	425,451	451,319	477,090	468,790
Medicaid	217,548	230,144	243,615	233,215
Uninsured	56,246	57,378	61,989	62,247
Total	1,335,165	1,403,239	1,471,714	1,410,519

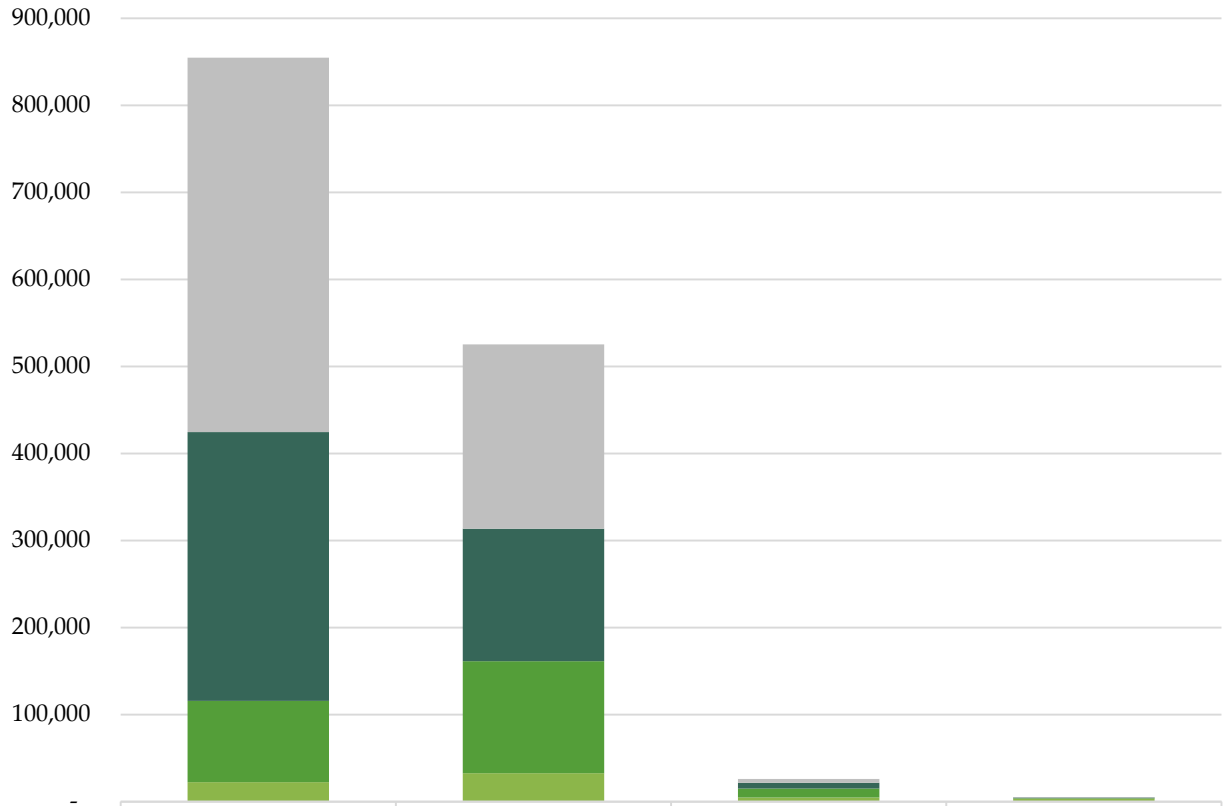
- Of the more than 1,400,000 total specialty care encounters reported in 2018, 46% occurred among those privately insured, 33% among the Medicare population, 17% among the Medicaid population and 4% among the uninsured.
- Over the past year, specialty care encounters among uninsured, Medicare, and Medicaid patients has remained relatively stable.
- Over the past year, specialty care encounters among Private patients has decreased by 6%.

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

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

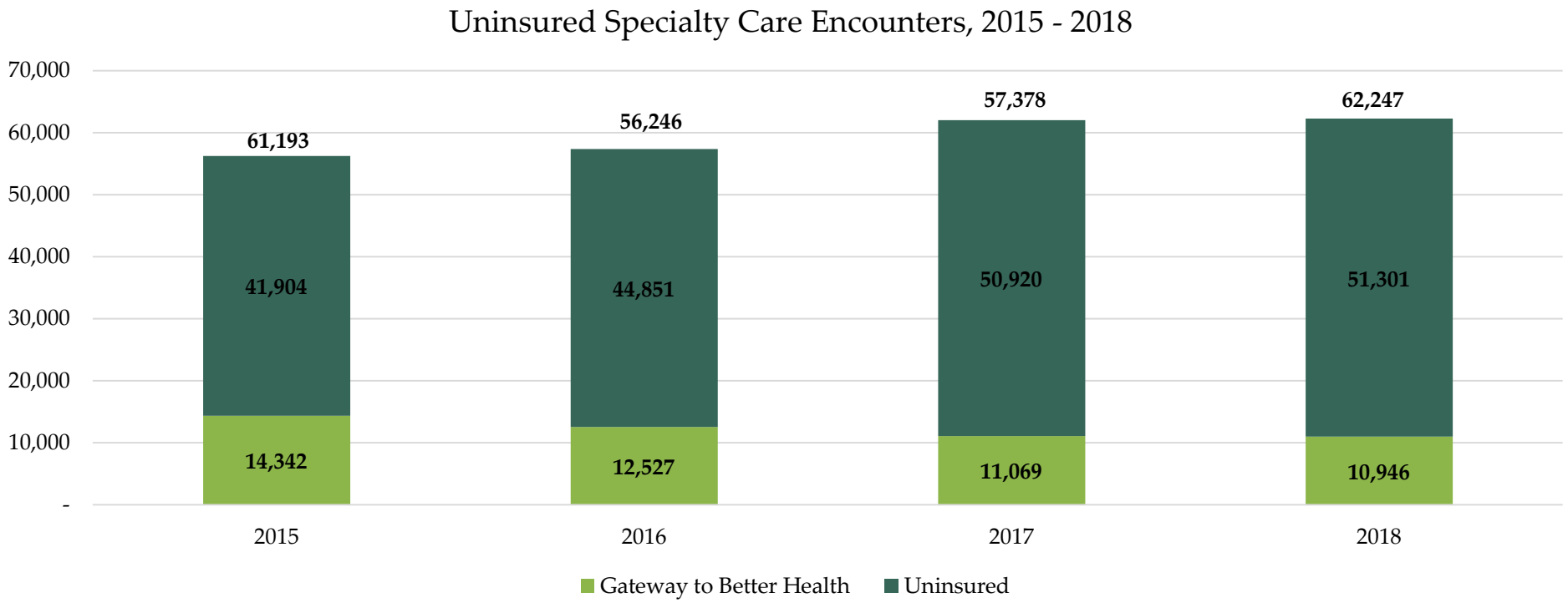
Note: SLUCare's reported data includes all sites in which their doctors practice, including the following hospital based clinics: SSM St. Mary's, SSM St. Clare, SSM St. Joseph, SSM DePaul, SSM Cardinal Glennon and SSM St. Louis University (SLUH). SLUCare's data also includes some smaller practices located outside of St. Louis City and County limits, which accounts for less than 2% of their total reported encounters. SLUCare's and Washington University's data includes information for both pediatric and adult patients. Washington University and SLUCare experienced a 30% decrease in access due to transitions within Epic during 2018.

Specialty Care Encounters by Payor Category and Organization, 2018



	Washington University	SLUCare	BJH Specialty Clinics	Mercy JFK Clinic
Private	430,018	211,862	4,382	5
Medicare	309,293	151,996	6,928	573
Medicaid	93,701	128,822	10,086	606
Uninsured	21,984	32,576	4,743	2,944
Total	854,996	525,256	26,139	4,128

Uninsured specialty care encounters remained relatively stable over the past year.

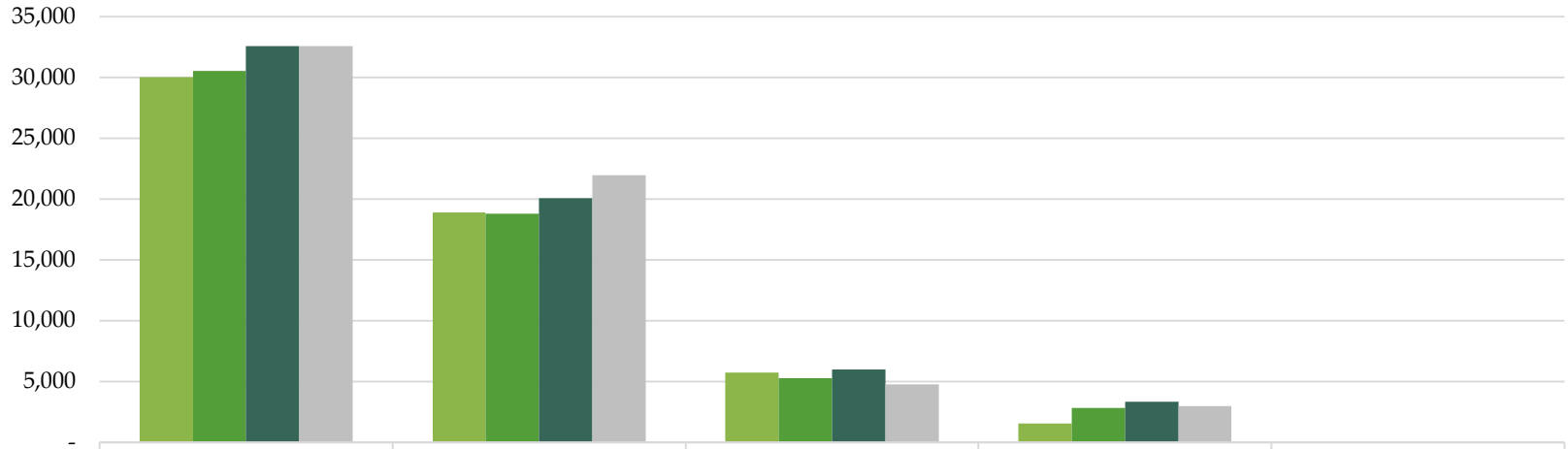


- Uninsured specialty care encounters have remained relatively stable since 2015.
- Gateway to Better Health specialty care encounters remained relatively stable in 2018 as compared to 2017.
- Approximately 11,000 specialty care encounters were provided to Gateway to Better Health patients in 2018, comprising 18% of all uninsured specialty care safety net encounters.

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. The Gateway to Better Health program began in July 2012. Beginning January 1, 2014, income eligibility for the Gateway to Better Health program was reduced to 100% of the federal poverty line (FPL). Consistent with the trend in reported encounters among Gateway patients, overall enrollment for the Gateway program has declined over time from an average of 14,569 in 2017 to an average of 13,305 in 2018. An additional 32,000+ diagnostic and other outpatient services were provided to Gateway to Better Health patients in 2018, which are not included in the chart above.

Washington University and SLUCare account for more than 88% of all uninsured specialty care encounters at major safety net organizations.

Uninsured Specialty Care Encounters by Organization, 2015 - 2018

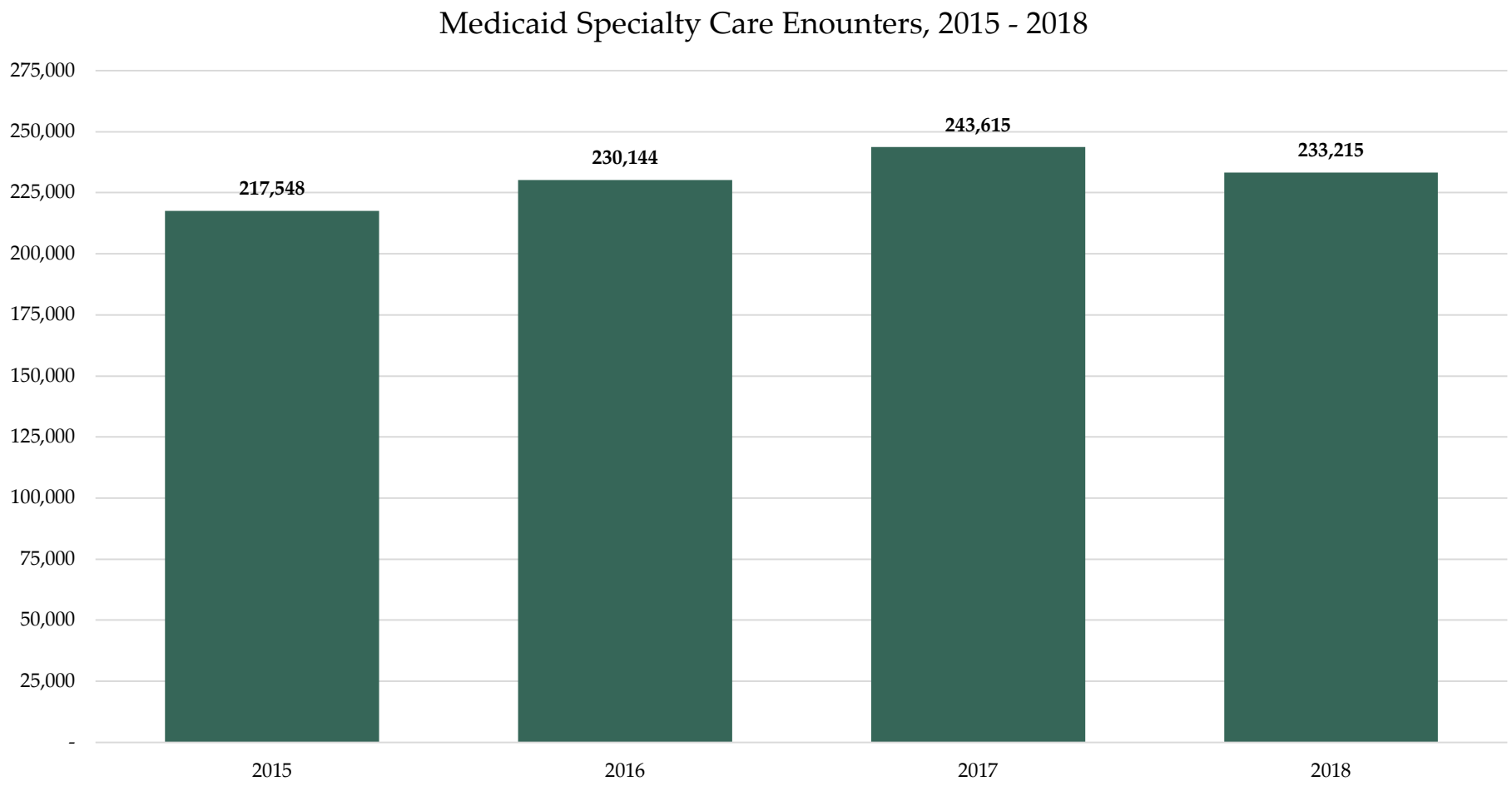


	SLUCare	Washington University	BJH Specialty Clinics	Mercy JFK Clinic	Total
2015	30,051	18,912	5,748	1,535	56,246
2016	30,556	18,781	5,245	2,796	57,378
2017	32,597	20,095	5,976	3,321	61,989
2018	32,576	21,984	4,743	2,944	62,247
% Change, 2015-2018	8%	16%	-17%	92%	11%

- Uninsured specialty care encounters increased by 9% at Washington University since 2017.
- Over the past year, uninsured specialty care encounters decreased at Mercy JFK Clinic and BJH Specialty Clinics by 21% and 11%, respectively.

Note: For the purpose of this report, all Gateway to Better Health encounters and users are reported as uninsured. SLUCare's reported data includes all sites in which their doctors practice, including the following hospital based clinics: SSM St. Mary's, SSM St. Clare, SSM St. Joseph, SSM DePaul, SSM Cardinal Glennon and SSM St. Louis University Hospital (SLUH). SLUCare's data also includes some smaller practices located outside of St. Louis City and County limits, which accounts for less than 2% of their total reported encounters. SLUCare's and Washington University's data includes information for both pediatric and adult patients. BJH volume decline in 2018 was driven by planned volume decrease due to Epic go-live. BJH volume prior to 2017 is understated due to different reporting methodology.

Medicaid specialty care encounters remained relatively stable over the past year.



Over the past four years, Medicaid specialty care encounters have increased by 7%.

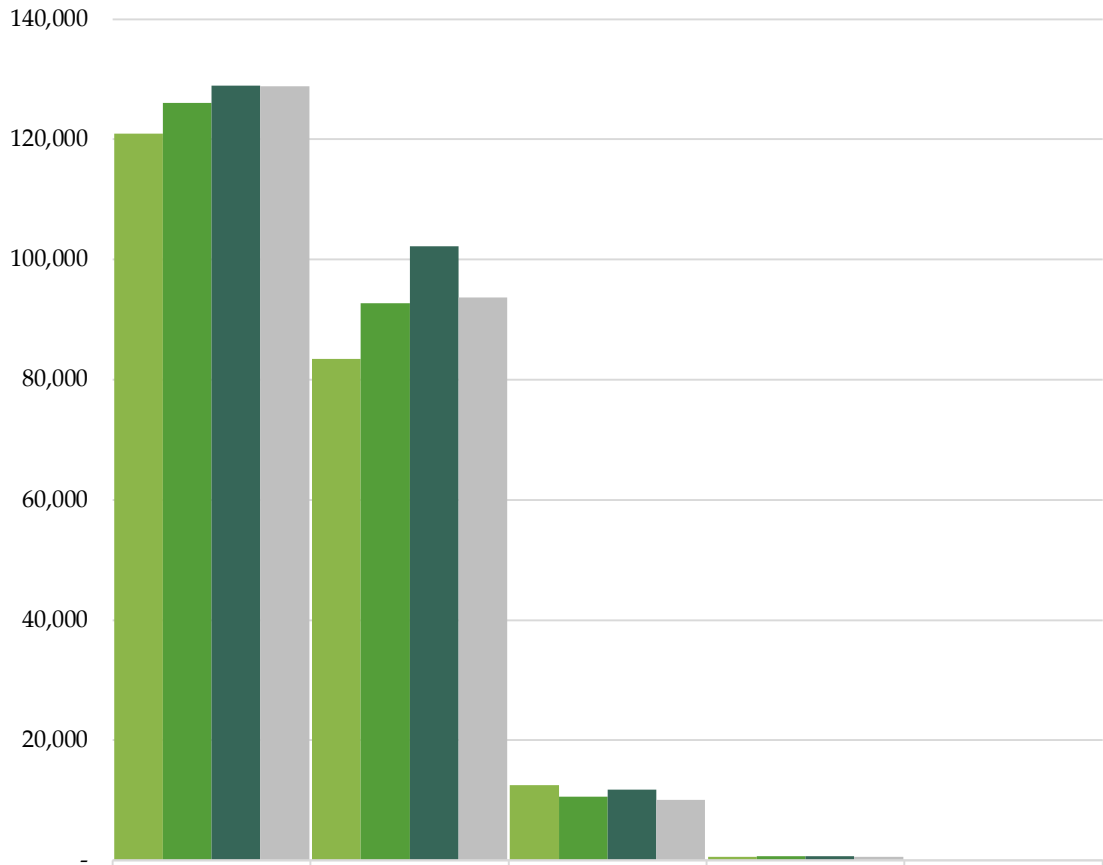
Note: The number of individuals enrolled in MO HealthNet (Medicaid) from St. Louis City and County decreased from 166,400 in 2017 to 151,100 in 2018; a 9% decline from the previous year.

Washington University and SLUCare account for 95% of all Medicaid specialty care encounters at major safety net organizations.

Specialty care encounters among the Medicaid population decreased at Mercy JFK Clinic, BJH Specialty Clinics, and Washington University by 18%, 14%, and 8% over the past year.

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

Medicaid Specialty Care Encounters by Organization, 2015 - 2018



	SLUCare	Washington University	BJH Specialty Clinics	Mercy JFK Clinic	Total
2015	120,927	83,469	12,518	634	217,548
2016	126,078	92,707	10,661	698	230,144
2017	128,930	102,199	11,750	736	243,615
2018	128,822	93,701	10,086	606	233,215
% Change, 2015-2018	7%	12%	-19%	-4%	7%

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

Specialty	2017 New Patient Average	2018 New Patient Average	2018 New Patient Range
Rheumatology	71	72	16-169
Hepatology	62	70	70
Endocrinology	60	52	25-70
Gastroenterology	65	46	26-70
Pain Management	18	44	30-58
Neurology	48	43	15-97
Infectious Disease	39	41	24-74
Gynecology/Obstetrics	30	39	27-51
Ophthalmology	31	39	30-49
Nephrology	30	38	9-67
Pulmonology	49	36	7-54
Podiatry	-	35	35
Neurosurgery	51	35	13-75
Mental Health	29	34	23-66
Urology	28	34	4-105
Cardiology	28	31	21-46
Orthopedics	18	31	10-90
Dermatology	42	29	7-54
Gynecology Only	18	25	2-51
Ear, Nose, Throat (ENT)	10	23	18-30
Hematology	16	18	16-19
Oncology	19	17	16-18
General Surgery	19	16	7-22
Physical Therapy	21	10	10
Obstetrics Only	16	06	1-11

- For new patients, the four specialties with the longest wait times are rheumatology, hepatology, endocrinology and gastroenterology.
- Average wait times for new patients at least doubled for specialties such as ENT and pain management.

Note: Providers were requested to provide wait times as close to June 3rd,2019, as possible. The number of organizations who provided responses are different for each specialty, based on availability. Averages were calculated using only the provided wait times for each specialty, individually. This data was collected from BJH Specialty Clinics, Mercy JFK Clinic, SLUCare and Washington University.

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

Specialty	2017 Returning Patient Average	2018 Returning Patient Average	2018 Returning Patient Range
Rheumatology	55	92	73-111
Endocrinology	69	80	80
Gynecology/Obstetrics	27	52	52
Infectious Disease	29	34	34
Neurology	40	33	14-69
Ophthalmology	31	33	30-36
Neurosurgery	23	28	11-45
Gastroenterology	57	27	27
Gynecology Only	17	27	1-52
Hepatology	30	27	27
Mental Health	21	27	26-27
Cardiology	26	25	25
Pulmonology	48	25	7-43
Urology	28	22	4-32
Ear,Nose,Throat (ENT)	12	18	14-21
Orthopedics	18	18	10-30
Dermatology	19	17	7-38
Hematology	21	16	16
Oncology	17	16	16
General Surgery	12	10	7-15
Podiatry	-	07	07
Obstetrics Only	14	01	01
Pain Management	19	-	-
Physical Therapy	11	-	-
Nephrology	33	-	-

For returning patients, the four specialties with the longest wait times are rheumatology, endocrinology, gynecology/obstetrics and infectious disease.

Note: Providers were requested to provide wait times as close to June 3rd,2019, as possible. The number of organizations who provided responses are different for each specialty, based on availability. Averages were calculated using only the provided wait times for each specialty, individually. This data was collected from BJH Specialty Clinics, Mercy JFK Clinic, SLUCare and Washington University.

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BEHAVIORAL HEALTH ANALYSIS

Behavioral Health: Introduction

This section reviews detailed operating statistics of reporting community-based behavioral health safety net providers and safety net hospitals, including inpatient psychiatric services in the Eastern Region of Missouri (St. Louis City and Counties of Franklin, Jefferson, Lincoln, St. Charles, St. Louis and Warren). Behavioral health includes mental health and substance use care.

St. Louis City and County providers are denoted throughout (see Appendix D for a list of 2018 reporting institutions). Behavioral health services provided by local health centers are reflected in this section and in the primary care section of this report. Of note, data collection processes and reporting for community-based substance use treatment providers are under revision in order to ensure comprehensiveness and quality of data and participating organizations. Data of community-based substance use treatment providers is not included in this years' data book.

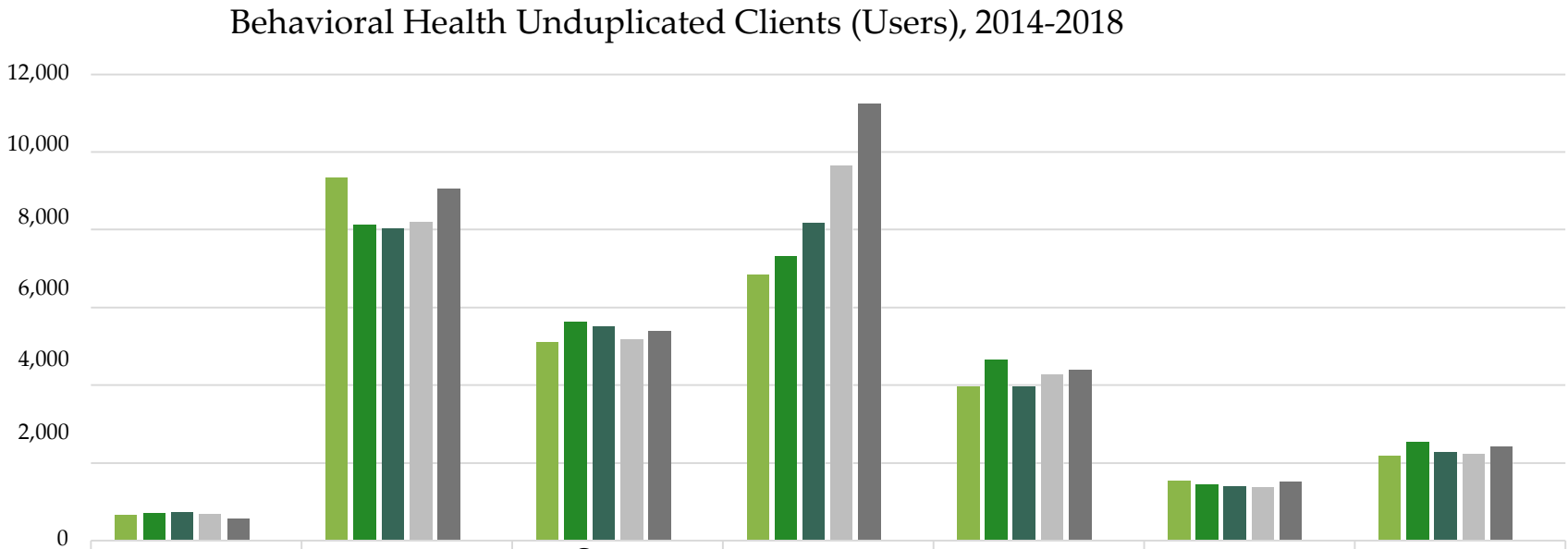
Self-reported data for this section of the report has been collected and verified by the Behavioral Health Network of Greater St. Louis (BHN). The Regional Health Commission would like to acknowledge and thank the BHN for their contribution to the annual Access to Care Report.

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

Behavioral Health: Key Findings

- Behavioral health users increased by 9% to 34,530 users in 2018. Total users has increased by 17%, or nearly 5,000 people, since 2014 (page 88).
- Newly admitted users to behavioral health safety net agency programs increased by 40% to 13,796 in 2018. Newly admitted users accounted for 40% of all users served in 2018 (page 89).
- Wide variation exists in the rate of serving the safety net population within the designated service areas of respective behavioral health safety net administrative agents in Missouri's Eastern Region (page 90).
- Behavioral health encounters at safety net primary care providers increased by 51% since 2014 and remained stable over the past year (page 94).
- Emergency department encounters with behavioral health diagnoses (primary and secondary) have remained stable over the past year and account for 26% of all emergency department encounters in 2018 (page 96). The top primary behavioral health diagnoses remain mood disorders, schizophrenia/delusional disorders and alcohol use disorders (page 96).
- While acute psychiatric inpatient encounters remained stable overall in 2018, inpatient psychiatric staffed bed capacity decreased by 6% since 2017 and 13% since 2014 (page 105).

Behavioral health safety net community mental health providers+ served 34,530 users in 2018.



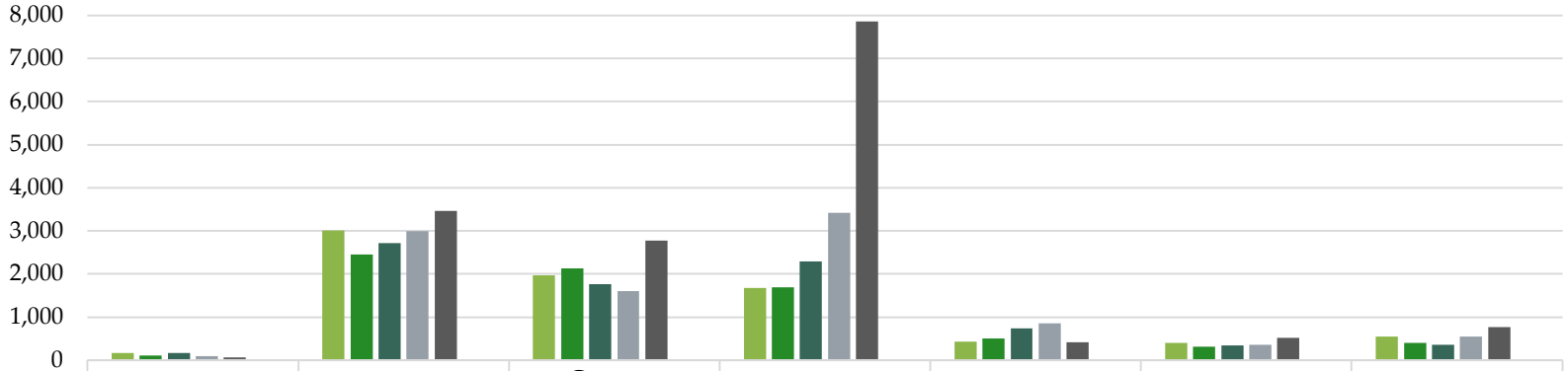
	Adapt of Missouri*	BJC Behavioral Health*	Comtrea Comprehensive Health	Compass Health Network	ALM Hopewell Center*	Independence Center*	Places for People*
Total Users Served, 2014	648	9,334	5,101	6,832	3,960	1,530	2,166
Total Users Served, 2015	684	8,138	5,630	7,323	4,639	1,442	2,523
Total Users Served, 2016	720	8,038	5,506	8,183	3,958	1,387	2,253
Total Users Served, 2017	668	8,200	5,170	9,650	4,277	1,363	2,227
Total Users Served, 2018	536	9,061	5,388	11,228	4,398	1,516	2,403
% Change 2017-2018	-20%	11%	4%	16%	3%	11%	8%

- Behavioral health users increased by 9% to 34,530 in 2018, as compared to 31,555 in 2017. Total users has increased by 17%, or nearly 5,000 people, since 2014.
- Between 2017 and 2018, four organizations saw an increase in the number of users, including Compass Health Network (16%), BJC Behavioral Health (11%), Independence Center (11%) and Places for People (8%). One organization, Adapt of Missouri, saw a decrease of 20%. All others remained stable.

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

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

Behavioral health safety net community mental health providers newly admitted 13,796 users to programs in 2018.



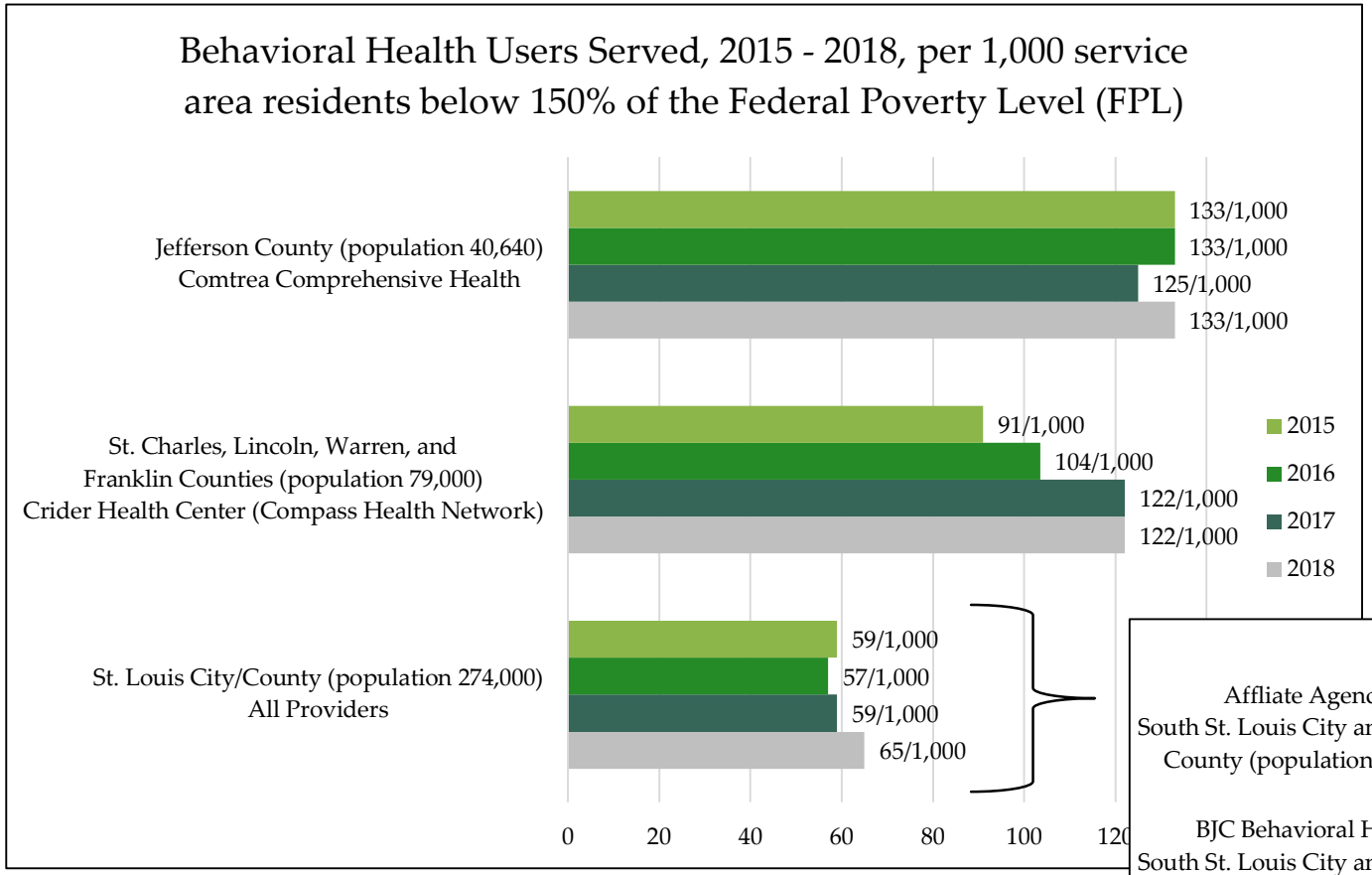
	Adapt of Missouri*	BJC Behavioral Health*	Comtrea Comprehensive Health	Compass Health Network	ALM Hopewell Center*	Independence Center*	Places for People*
Newly Admitted Users, 2014	164	3,003	1,965	1,673	435	403	546
Newly Admitted Users, 2015	102	2,458	2,123	1,683	502	314	406
Newly Admitted Users, 2016	167	2,709	1,767	2,291	734	335	354
Newly Admitted Users, 2017	96	2,996	1,595	3,422	856	354	543
Newly Admitted Users, 2018	64	3,459	2,772	7,855	420	513	768
% Change, 2017-2018	-33%	15%	74%	130%	-51%	45%	41%

- Newly admitted users to behavioral health safety net agency programs increased by 40% in 2018, as compared to the 9,862 newly admitted in 2017. Newly admitted users have increased by 68% since 2014.
- Newly admitted users accounted for 40% of overall users in 2018.
- Newly admitted users increased at five organizations, including Comtrea (74%), Compass Health Network (69%), Independence Center (45%), Places for People (41%), and BJC Behavioral Health (15%). Newly admitted users decreased at ALM Hopewell Center (51%) and Adapt of Missouri (33%).

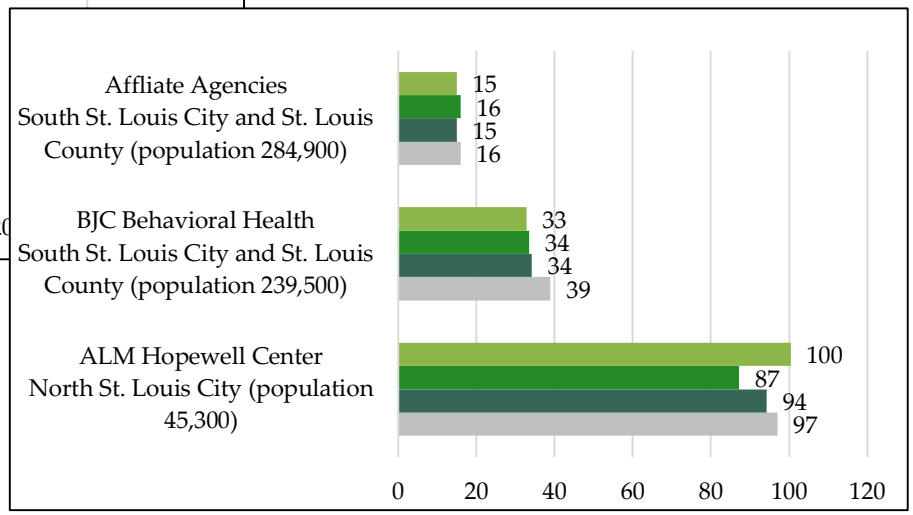
Note: Behavioral health safety net community mental health providers include Department of Mental Health designated administrative agents and affiliate organizations providing comprehensive psychiatric services. Users include children, youth and adults. Data does not include substance use treatment-only providers within the region. Newly admitted users may have previously received services prior to 2018 at a provider or may have been served by another provider during 2018, but they must have a new episode of care in 2018 at a provider.

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

Missouri department of mental health's (DMH), administrative agents have service catchment areas. Administrative agents' rate of serving the population below 150% of the federal poverty level (FPL) within their designated service areas varies significantly by agency.

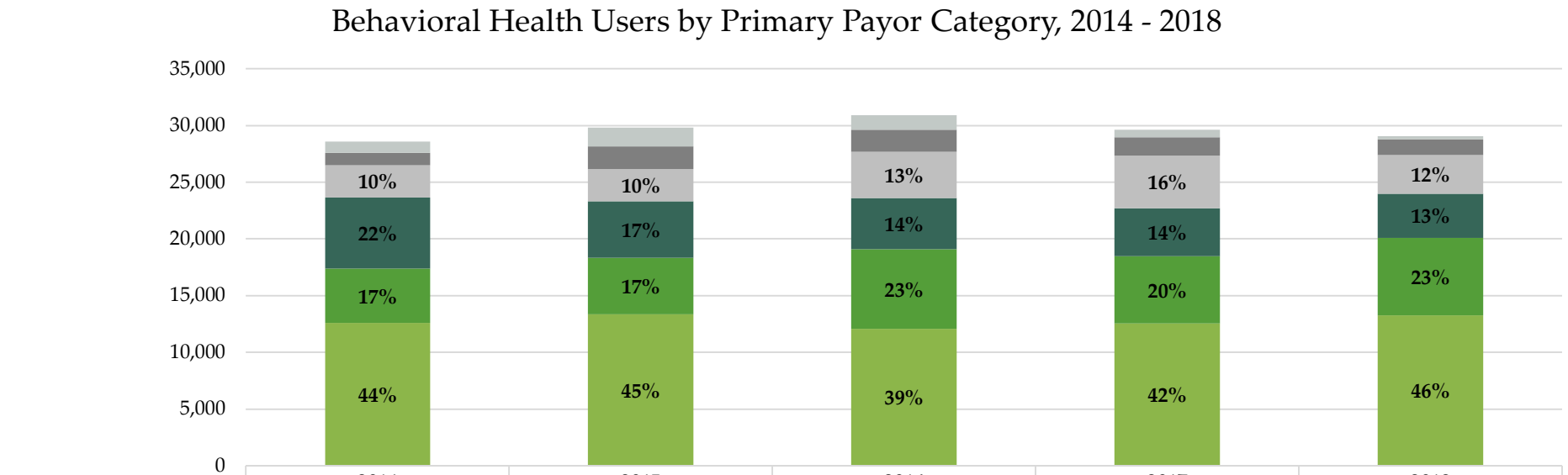


In addition to being served by DMH administrative agents, BJC Behavioral Health and ALM Hopewell, St. Louis City and County users are served by affiliate agencies (Adapt of Missouri, Independence Center and Places for People).



Note: Behavioral health users served are reported per 1,000 residents at or below 150% FPL, based on DMH designated service areas for each community mental health provider. Population counts are sourced from the 2012/13-2016/17 American Community Survey Five-Year Estimates. While agency catchment areas are prescribed to serve the geographic populations, a portion of users may receive services from organizations outside of the catchment area agency in their area of residence. Of note, client eligibility requirements of DMH, such as limitations on diagnoses eligible to receive services, impact administrative agent provision of service.

Community-based behavioral health users in the eastern region, for whom payor information was available, predominately had primary coverage through Medicaid or were uninsured, with care primarily funded through the Missouri department of mental health (DMH).



	2014	2015	2016	2017	2018
Self-pay	1,034	1,651	1,291	670	287
Grant/Tax Levy	1,064	1,965	1,967	1,589	1,373
Private/Commercial	2,831	2,887	4,090	4,672	3,430
Medicare/Dual-Eligible	6,293	4,969	4,474	4,229	3,902
Uninsured/DMH	4,781	4,972	7,042	5,916	6,832
Medicaid	12,601	13,359	12,068	12,543	13,259
Total	28,604	29,803	30,932	29,619	29,083

In 2018, across respective primary payor sources, the percentage of users served by community mental health centers remained relatively stable.

Note: Data reflects behavioral health safety net community mental health providers for whom primary payor information was available. Data does not include substance use treatment-only providers within the region.

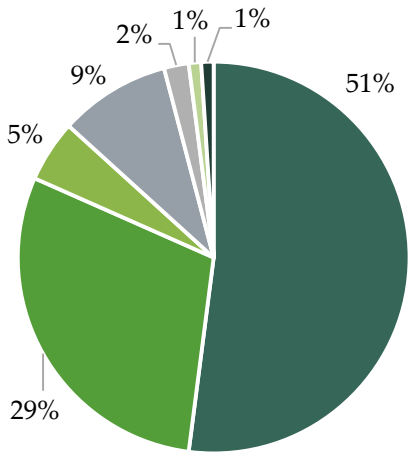
Behavioral health services are primarily available Monday through Friday, with some providers serving users on weekends at day program or clubhouse sites.

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

- In addition to standard hours of operation, many providers have limited specialty services on evenings or weekends, such as group programming. Evidence-based treatments (e.g. Assertive Community Treatment) or supported housing models also provide support after hours or 24/7.
- In 2018, 6 of 7 providers surveyed offered open access appointments for services, a method of scheduling in which users can receive a same-day/next-day appointment. This is consistent with 2017.

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

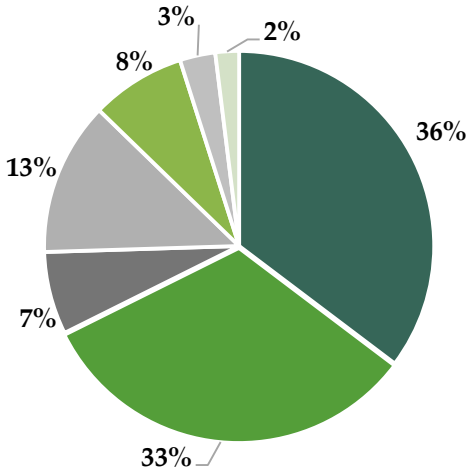
Crisis Call Outcomes
(N=75,450)



- Referred to other community agency
- Referred to follow-up with existing provider
- Referred to mobile crisis
- Problem Resolved
- Other
- Referred to 911/Law enforcement
- Referred/Admitted to inpatient psychiatric care

Behavioral Health Response (BHR) Access Crisis Intervention hotline call resolutions vary.

Mobile Outreach Outcomes
(N=1,428)

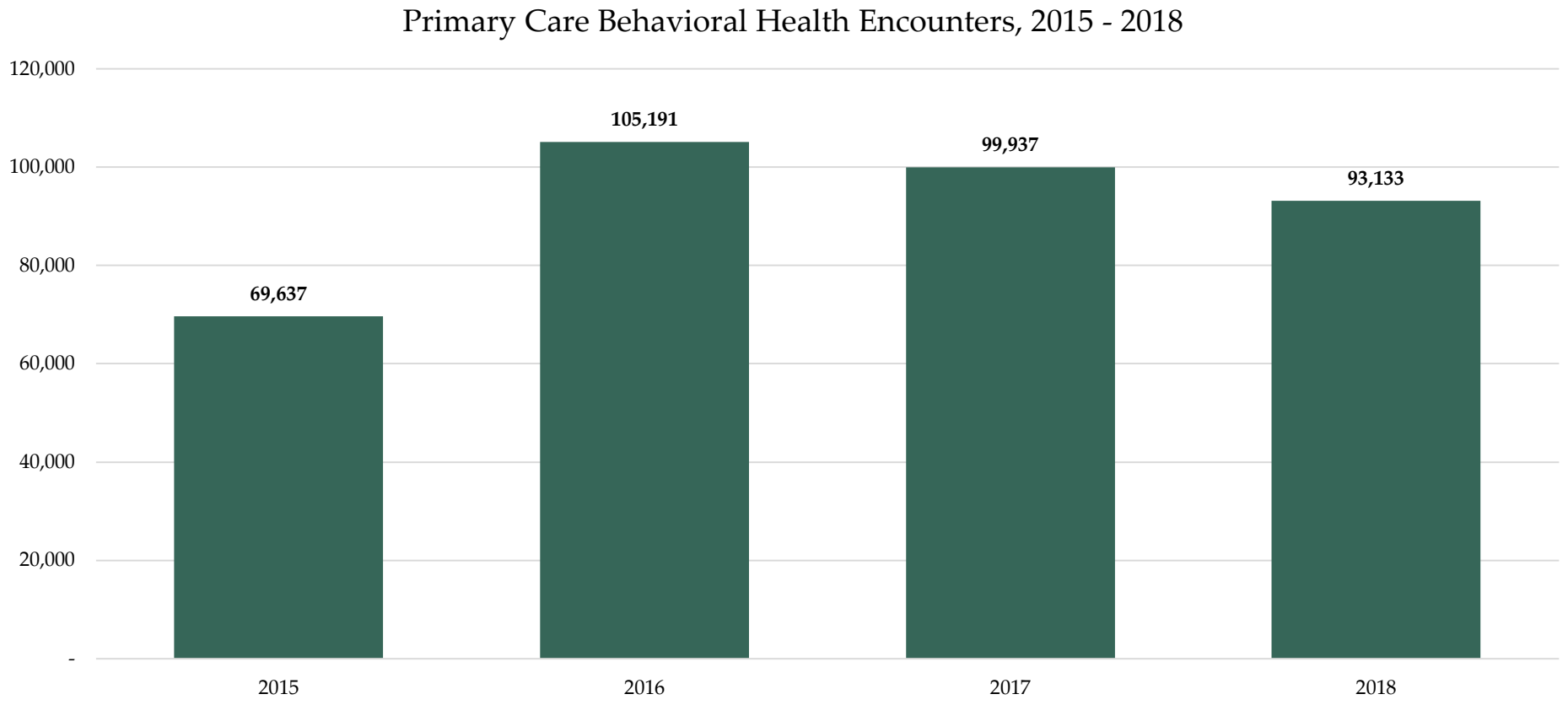


- Referred to another community agency
- Referred for urgent appointment for comprehensive psychiatric services (CPS)
- Referred to existing provider for follow-up
- Referred to inpatient psychiatric care
- Other/Not applicable
- Problem resolved
- Referred to 911/Law enforcement

Behavioral health response (BHR) access crisis intervention hotline received 75,450 crisis calls in 2018, which is stable from the 75,114 calls in 2017. BHR provided in-person crisis intervention through 1,428 mobile outreaches – an increase of 8% from the 1,317 and stable with 2016.

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

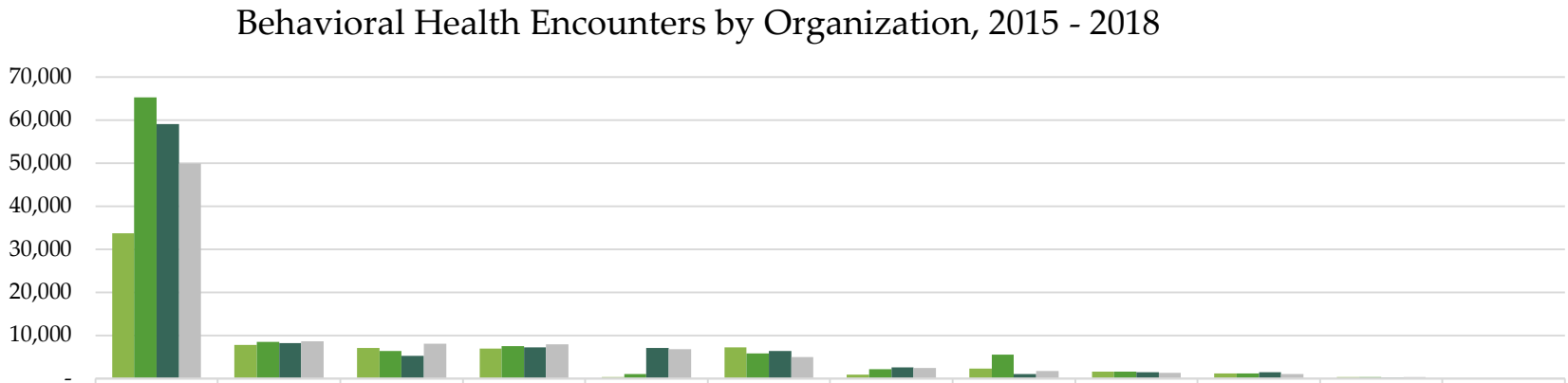
Behavioral health encounters at safety net primary care providers have increased by 34% (23,400), since 2015.



Behavioral health encounters at safety net primary care providers decreased by 7% over the past year.

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

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



	Affinia Healthcare	SLUCare	St. Louis County Dept. of Public Health	Family Care Health Centers	BJH Clinics	CareSTL Health	Mercy Hospital JFK Clinic	BJK People's Health Centers	The SPOT	SSM	Casa de Salud	Total
2015	33,774	7,820	7,052	7,012	338	7,258	921	2,334	1,575	1,164	389	69,637
2016	65,217	8,548	6,354	7,452	1,046	5,855	2,105	5,559	1,604	1,183	268	105,191
2017	59,065	8,170	5,265	7,187	7,125	6,428	2,547	1,065	1,446	1,431	208	99,937
2018	49,936	8,668	8,046	7,886	6,759	4,936	2,391	1,788	1,360	1,008	355	93,133
% Change, 2017-2018	-15%	6%	53%	10%	-5%	-23%	-6%	68%	-6%	-30%	71%	-1%

- Behavioral health encounters increased at five organizations over the past year: Casa de Salud (71%), BJK People's Health Centers (68%), St. Louis County Dept. of Public Health (53%), Family Care Health Centers (10%) and SLUCare (6%).
- The six primary care organizations with decreases in behavioral health encounters over the past year include: SSM (30%), CareSTL Health (23%), Affinia Healthcare (15%), The SPOT (6%), Mercy JFK Clinic (6%) and BJH Clinics (5%).

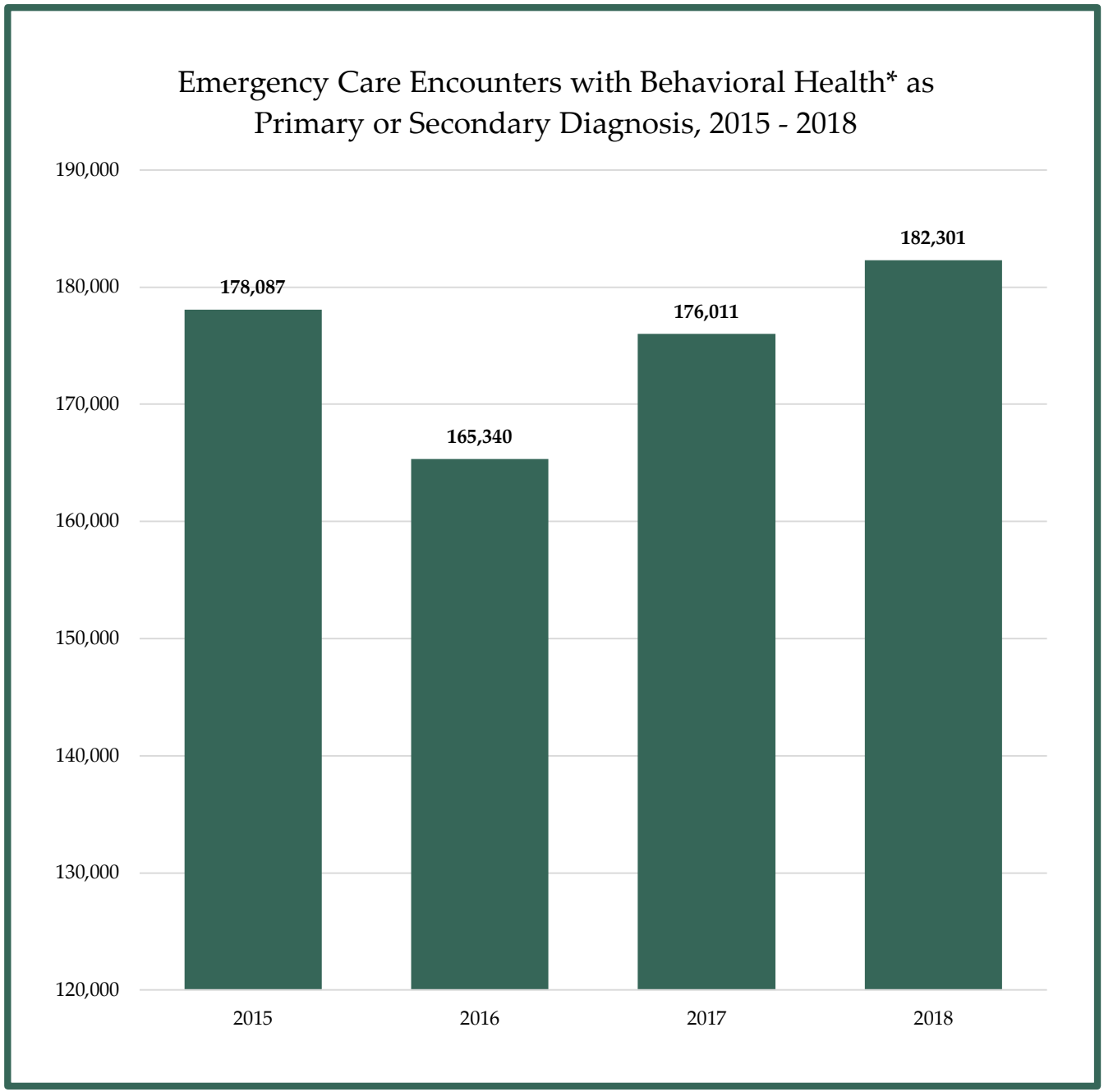
Note: Encounters above represent behavioral health services provided at St. Louis County Department of Public Health clinics, as well as services provided through their contracted provider, Family Mental Health Collaborative. St. Louis County Department of Public Health ended its partnership with Family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

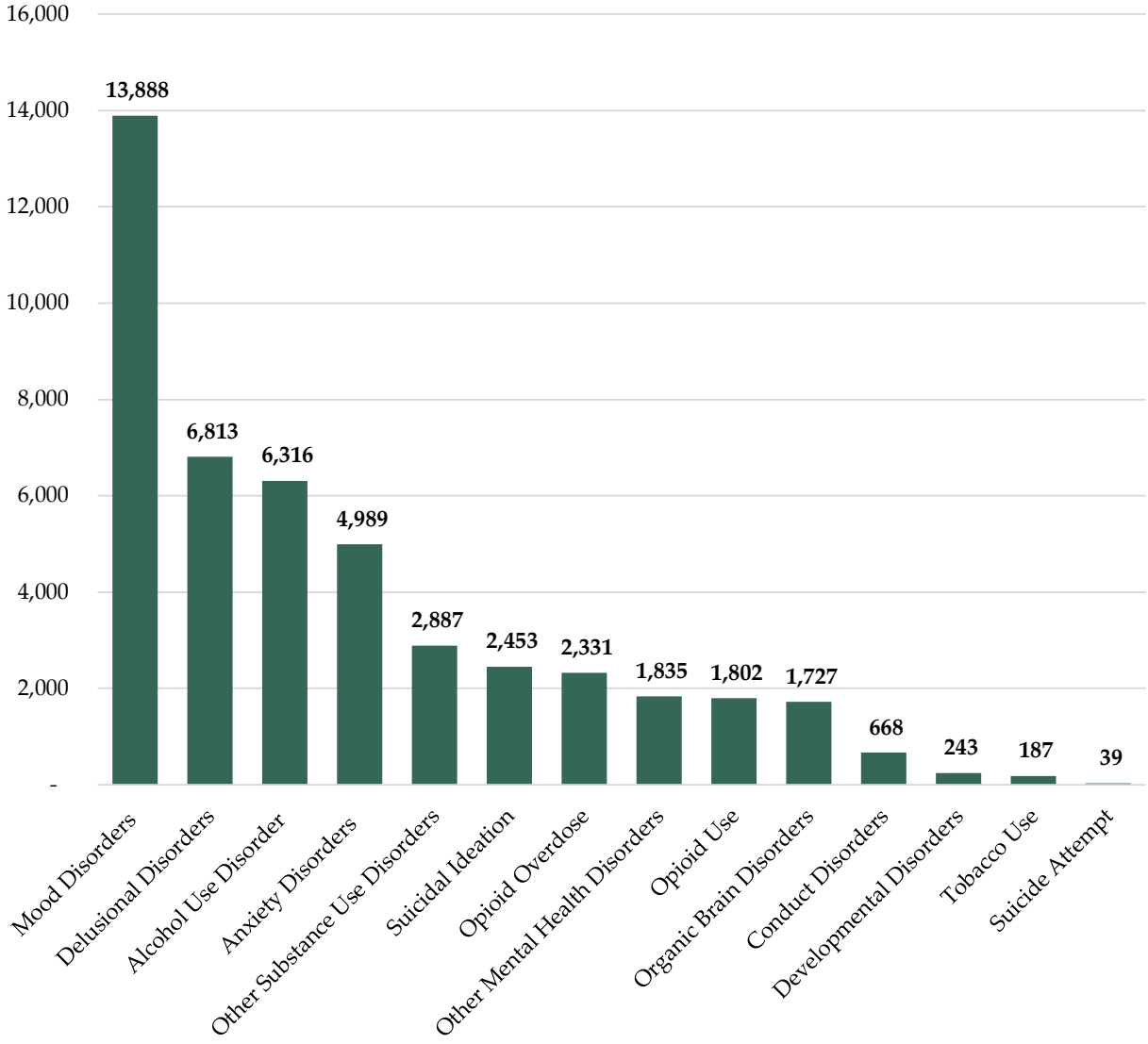
Emergency department encounters with primary or secondary behavioral health diagnoses remained relatively stable over the past year and account for 26% of total emergency department encounters in 2018.

Behavioral health emergency department encounters have remained relatively stable over the past four years.

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

Note: *Encounters where tobacco use reflects the only behavioral health diagnoses are excluded.* Changes in coding practices over time may impact trends seen in the prevalence of behavioral health encounters in emergency departments. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018 figures.





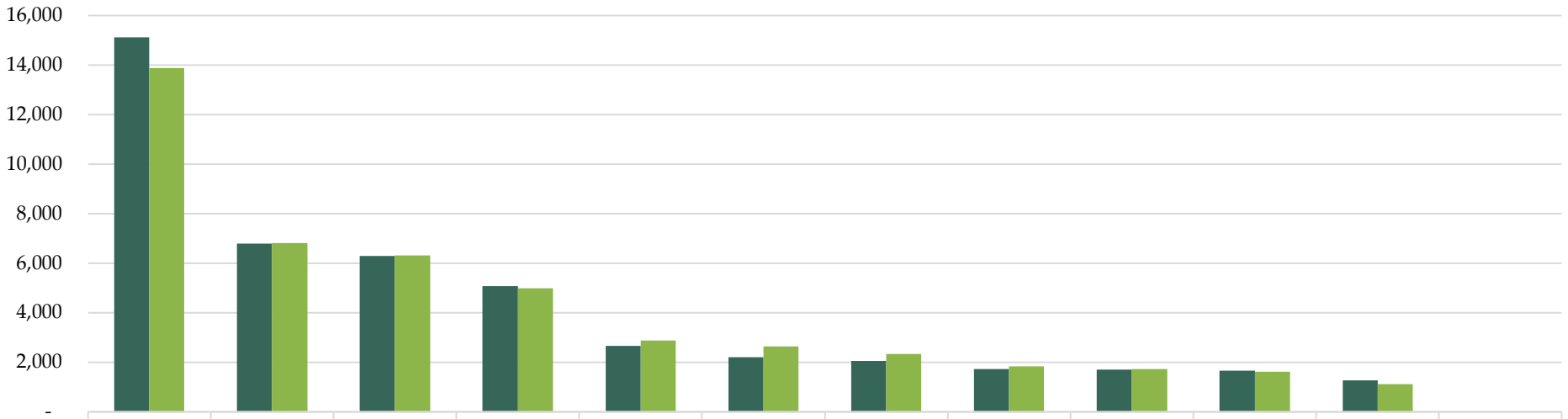
Emergency department encounters with primary behavioral health diagnoses account for more than 46,100 (7%) of total emergency department encounters in 2018.

Mood disorders (30%), schizophrenia/delusional disorders (15%) and alcohol use disorders (14%) are the main primary behavioral health diagnoses presenting to St. Louis area emergency departments.

Note: *Encounters where tobacco use reflect the only behavioral health diagnoses are excluded.* Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. SSM SLUH was unable to report data during this period; data from 2017 has been used a as an estimate for 2018.

Opioid overdose and opioid use disorders increased by 19% and 14%, respectively, over the past year.

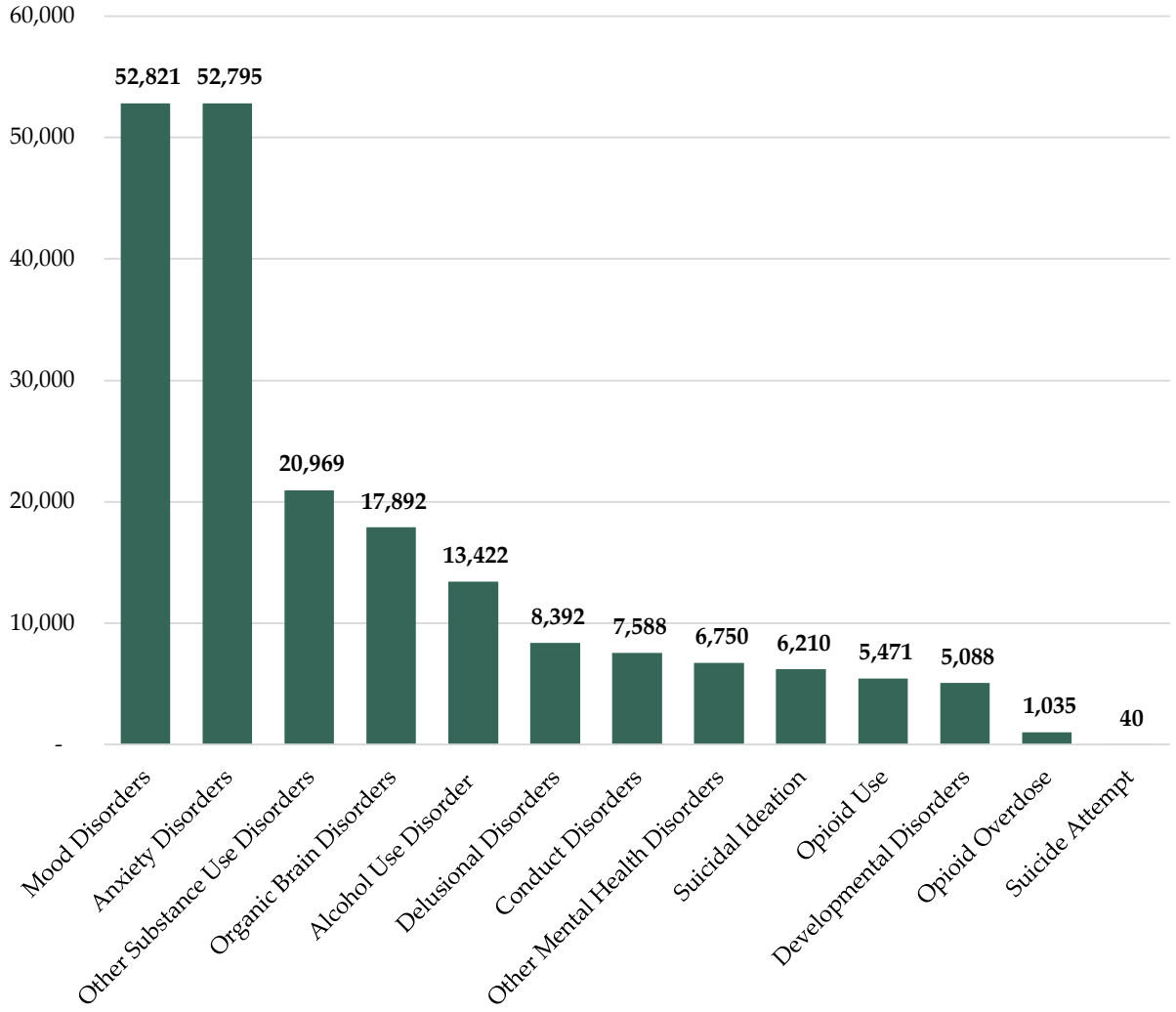
Primary Behavioral Health Diagnoses for Emergency Department Encounters, 2017 - 2018



	Mood Disorders	Delusional Disorders	Alcohol Use Disorders	Anxiety Disorders	Other Substance Use Disorders	Opioid Overdose	Opioid Use Disorders	Other Mental Health Disorders	Organic Brain Disorders	Suicidal Ideation	Other Diagnoses	Total
2017	15,125	6,788	6,295	5,077	2,669	2,218	2,048	1,729	1,718	1,669	1,277	46,613
2018	13,888	6,813	6,316	4,989	2,887	2,636	2,330	1,835	1,727	1,620	1,124	46,165

- The number of primary behavioral health diagnoses for emergency department encounters have remained relatively stable over the past year.
- Three behavioral health diagnoses decreased by 5% or more over the past year: Other Diagnoses (12%), Mood Disorders (8%) and Other Substance Use Disorders (8%).

Note: *Encounters where tobacco use reflect the only behavioral health diagnoses are excluded.* Duplication across emergency department encounters does exist to account for both the primary and secondary diagnoses on each encounter. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. The 'Other Diagnoses' category includes: conduct disorders, tobacco use disorders, developmental disorders and suicide attempts. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018 figures.

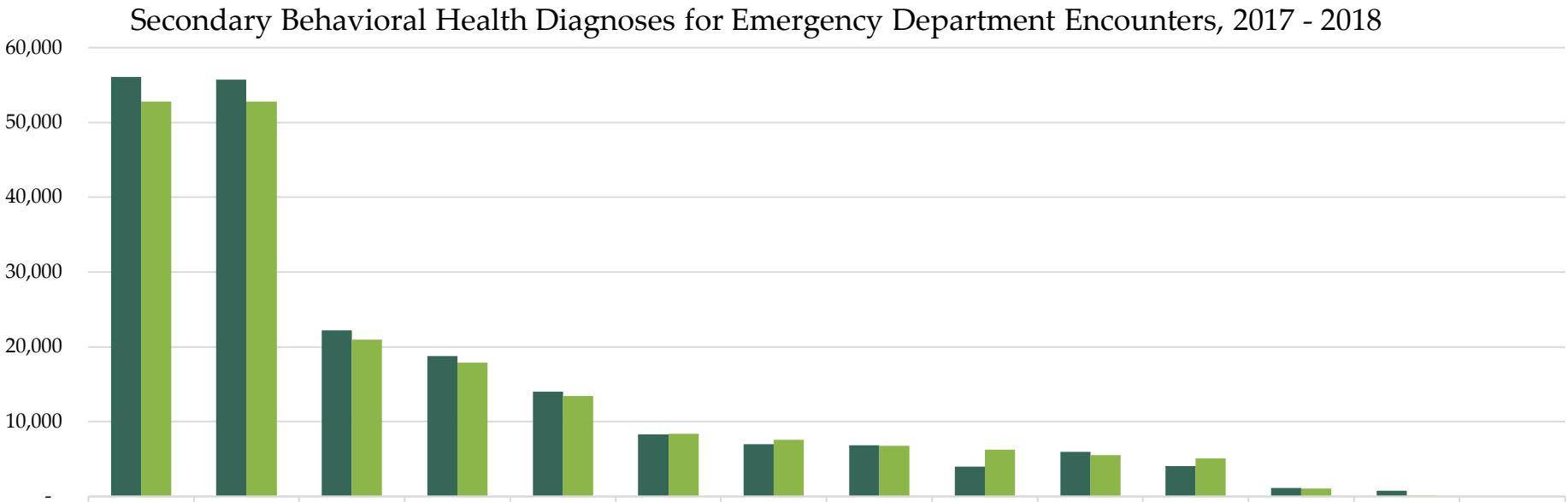


Emergency department encounters with secondary behavioral health diagnoses account for more than 198,400 (28%) of total emergency department encounters in 2018.

Mood and anxiety disorders make up to 53% of all secondary emergency department behavioral health diagnoses in 2018.

Note: *Encounters where tobacco use reflect the only behavioral health diagnoses are excluded*. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. SSM SLUH was unable to report data during this period;data from 2017 has been used a as an estimate for 2018.

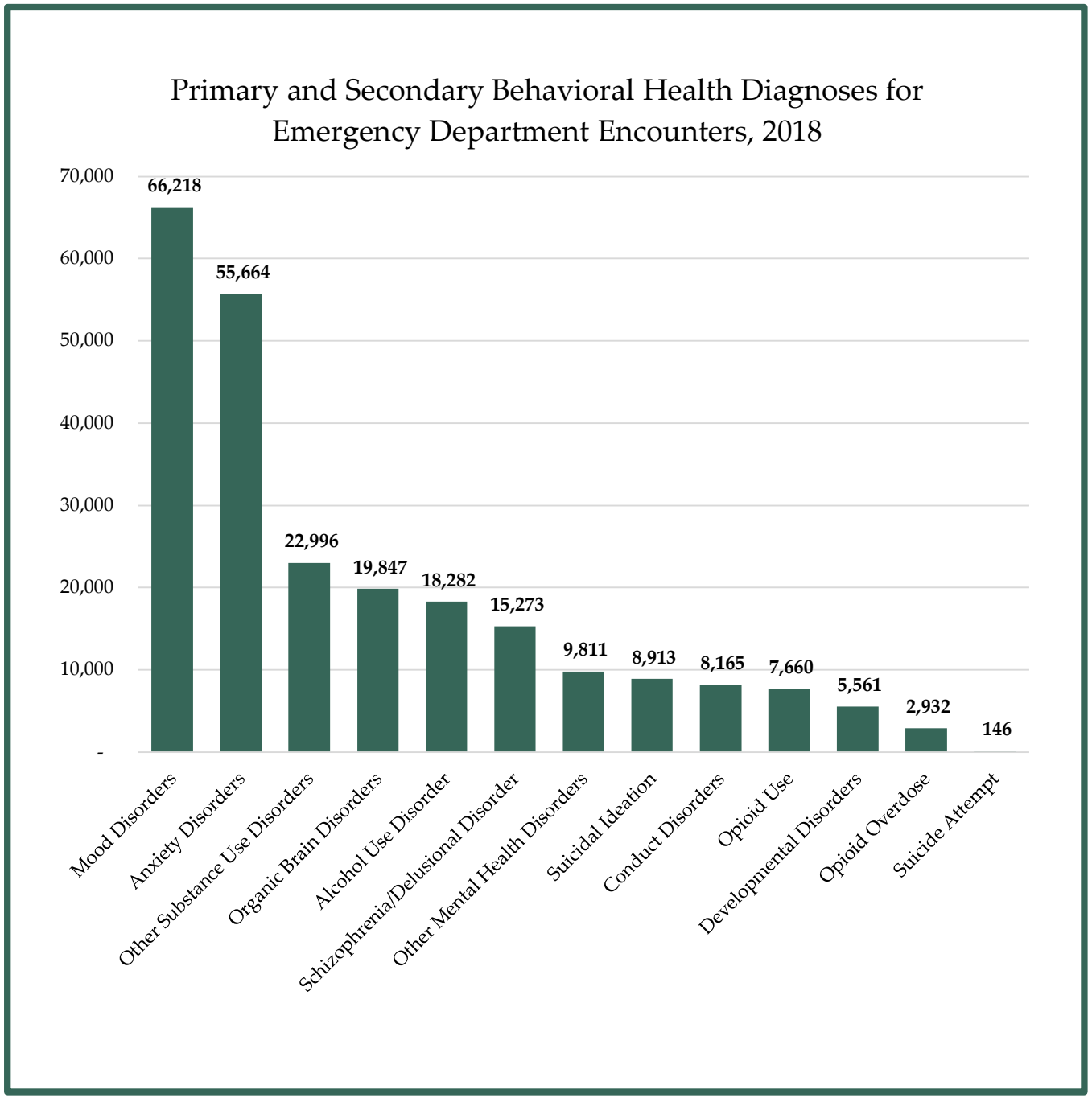
The number of secondary behavioral health diagnoses for emergency department encounters has remained relatively stable over the past year.



	Mood Disorders	Anxiety Disorders	Other Substance Use Disorders	Organic Brain Disorders	Alcohol Use Disorder	Delusional Disorders	Conduct Disorders	Other Mental Health Disorders	Suicidal Ideation	Opioid Use	Developmental Disorders	Opioid Overdose	Suicide Attempt	Total
2017	56,109	55,766	22,166	18,733	13,993	8,315	6,944	6,812	3,969	5,917	4,068	1,118	751	204,661
2018	52,821	52,795	20,969	17,892	13,422	8,392	7,588	6,750	6,210	5,471	5,088	1,035	40	198,473

- Six behavioral health diagnoses decreased by 5% or more over the past year: Suicide Attempt (95%), Opioid Use (8%), Opioid Overdose (7%), Mood Disorders (6%), Anxiety Disorders (5%) and Other Substance Use Disorders (5%).
- Three behavioral health diagnoses increased by 5% or more over the past year: Suicide Ideation (56%), Developmental Disorders (25%) and Conduct Disorders (9%).

Note: *Encounters where tobacco use reflect the only behavioral health diagnoses are excluded.* Duplication across emergency department encounters does exist to account for both the primary and secondary diagnoses on each encounter. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. The 'Other Diagnoses' category includes: conduct disorders, tobacco use disorders, developmental disorders and suicide attempts. SSM SLUH was unable to report data during this period; data from 2017 has been used as an estimate for 2018 figures.



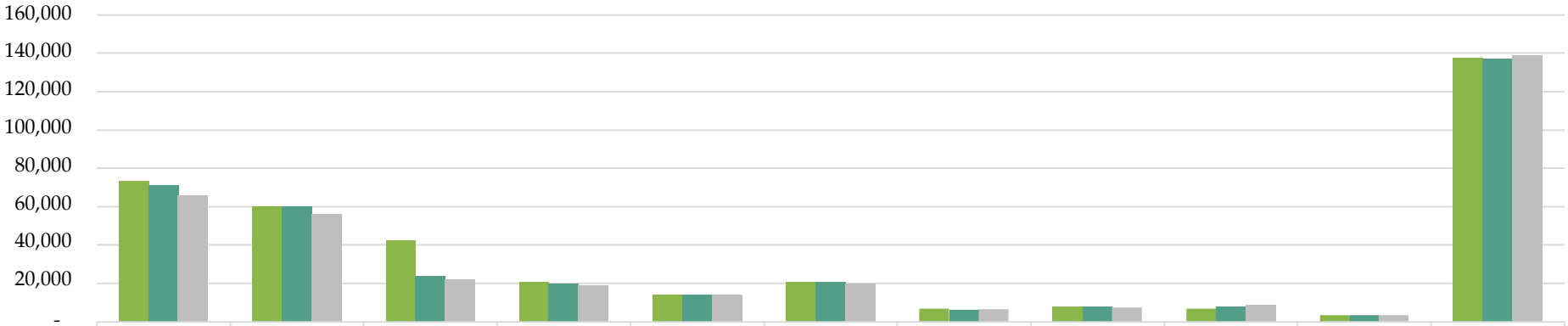
Emergency department encounters with primary and secondary behavioral health diagnoses account for more than 241,400 (34%) of total emergency department encounters in 2018.

Mood and anxiety disorders make up to 50% of all primary and secondary emergency department behavioral health diagnoses in 2018.

Note: *Encounters where tobacco use reflect the only behavioral health diagnoses are excluded.* Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. SSM SLUH was unable to report data during this period; data from 2017 has been used a as an estimate for 2018.

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

Primary and Seconday Behavioral Health Diagnoses for Emergency Department Encounters, 2016 - 2018

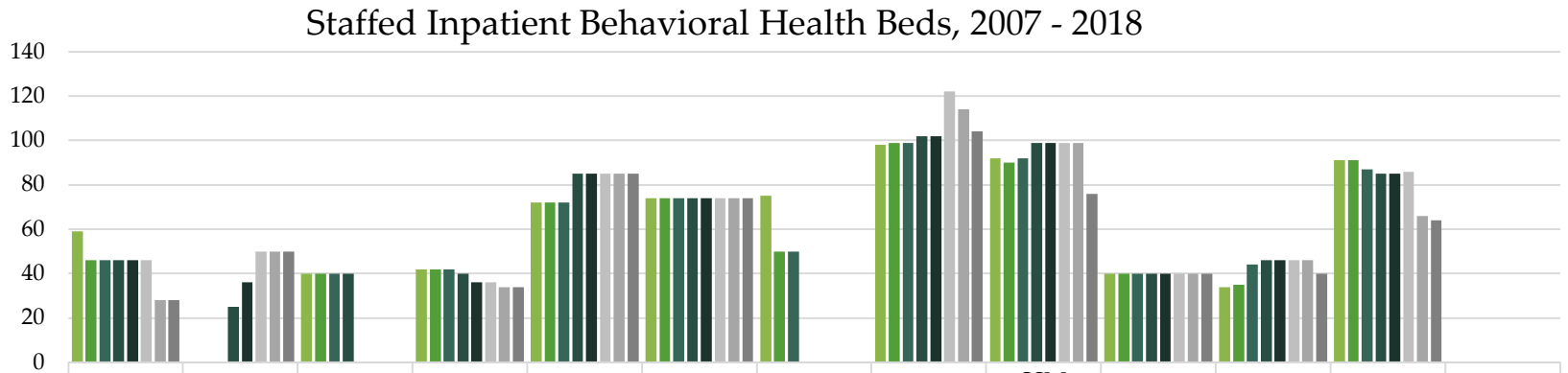


	Mood Disorders	Anxiety Disorders	Other Substance Use Disorders	Alcohol Use Disorders	Schizophrenia/Delusional Disorders	Organic Brain Disorders	Other Mental Health Disorders	Opioid Use Disorders	Suicidal Ideation	Opioid Overdose	Other Diagnoses
2016	73,403	59,720	42,173	20,282	13,871	20,286	6,641	8,060	6,675	3,189	137,251
2017	71,179	59,758	23,602	19,478	14,243	20,612	6,354	7,873	7,915	3,181	136,813
2018	65,616	55,663	21,840	18,649	13,773	19,443	6,520	7,144	8,653	3,197	138,842

- Six behavioral health diagnoses decreased by 5% or more over the past year: Other Diagnoses (12%), Opioid Use Disorders (9%), Mood Disorders (8%), Anxiety Disorders (7%), Other Substance Use Disorders (7%) and Organic Brain Disorders (6%).
- Suicidal Ideation increased by 9% over the past year.

Note: *Encounters where tobacco use reflect the only behavioral health diagnoses are excluded.* Duplication across emergency department encounters does exist to account for both the primary and secondary diagnoses on each encounter. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments. The 'Other Diagnoses' category includes: conduct disorders, tobacco use disorders, developmental disorders and suicide attempts. SSM SLUH was unable to report data during this period. Data from 2017 has been used as an estimate for 2018 figures.

Between 2017 and 2018 inpatient behavioral health safety net hospital staffed bed capacity decreased by 41 beds, or 6% (from 636 to 595 total staffed beds), and decreased by 13% since 2014.



	Barnes-Jewish Hospital (BJH)*	BJH Psych. Support Center (PSC)*	Christian Hospital*	Mercy Hospital Jefferson	Mercy Hospital St. Louis *	Mercy Hospital South *	Metro. Psych. Center (MPC)*	SSM Health DePaul Hospital *	SSM Health St. Joseph Hospital-St. Charles/ Wentz.	SSM Health St. Louis Univ. Hospital*	SSM Health St. Mary's Hospital*	St. Alexius Hospital*	Total
2007 Staffed Bed Capacity	59	0	40	42	72	74	75	98	92	40	34	91	717
2009 Staffed Bed Capacity	46	0	40	42	72	74	50	99	90	40	35	91	679
2010 Staffed Bed Capacity	46	0	40	42	72	74	50	99	92	40	44	87	686
2014 Staffed Bed Capacity	46	25	40	40	85	74	0	102	99	40	46	85	682
2015 Staffed Bed Capacity	46	36	0	36	85	74	0	102	99	40	46	85	649
2016 Staffed Bed Capacity	46	50	0	36	85	74	0	122	99	40	46	86	684
2017 Staffed Bed Capacity	28	50	0	34	85	74	0	114	99	40	46	66	636
2018 Staffed Bed Capacity	28	50	0	34	85	74	0	104	76	40	40	64	595

Note: Data reflects community hospitals that provide acute psychiatric services, as well as Metropolitan Psychiatric Center (MPC), a former state-run hospital. MPC ceased services in July 2010. Psychiatric Stabilization Center, later renamed Psychiatric Support Center (PSC), opened at MPC's former site in January 2012. As of April 2015, Christian Hospital's 40 psychiatric beds were closed. As part of this 2015 transition, BJC HealthCare took over operations of PSC and expanded PSC's capacity to 50 licensed beds, opening April 2015. Data reflects staffed bed capacity as of December 31, 2017. St. Louis Children's Hospital and SSM Health Cardinal Glennon Children's Hospital are not represented above, as they did not have dedicated psychiatric units for children and adolescents in 2014-2018. St. Louis Children's Hospital did add an inpatient psychiatric unit in 2019. Barnes–Jewish Hospital's bed decrease is a temporary result of renovation requiring the rotational closure of units within its psychiatric services—variation in capacity is anticipated through 2019. SSM SLUH was unable to report data during this period. Data from 2017 has been used as an estimate for 2018 figures.

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

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

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

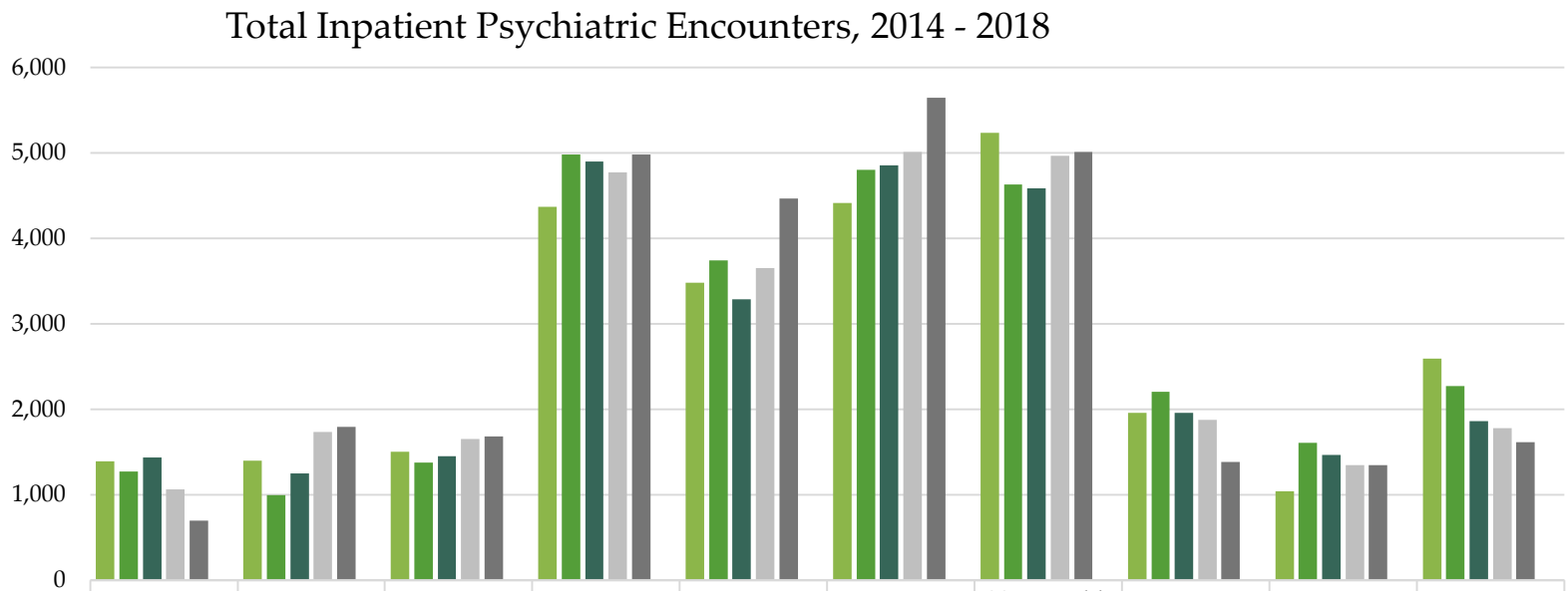
Hospitals with Inpatient Psychiatric Services	Staffed Bed Capacity ADULT	Staffed Bed Capacity GERIATRIC	Staffed Bed Capacity ADOLESCENT	Staffed Bed Capacity CHILD	Total Staffed Bed Capacity
Barnes-Jewish Hospital* (BJH)	18	10	0	0	28
BJH Psychiatric Support Center*	50	0	0	0	50
Mercy Hospital Jefferson	22	12	0	0	34
Mercy Hospital St. Louis *	56	16	13 combined		85
Mercy Hospital South*	52	0	22	0	74
SSM Health DePaul Health Center *	79	0	25 combined		104
SSM Health St. Joseph Health Center-St. Charles	0	19	0	0	19
SSM Health St. Joseph Health Center-Wentzville	26	0	31	0	57
SSM Health St. Louis University Hospital*	40	0	0	0	40
SSM Health St. Mary's Hospital-St. Louis*	18	22	0	0	40
St. Alexius Hospital*	42	22	0	0	64
TOTAL	403	101	91		595

In 2018, total staffed beds decreased by 41 beds across adult and geriatric populations.

Note: Data reflects community hospitals which provide acute psychiatric services and staffed bed capacity as of December 31, 2017. St. Louis Children's Hospital and SSM Health Cardinal Glennon Children's Hospital are not represented above, as they did not have dedicated psychiatric units for children and adolescents in 2014-2018. St. Louis Children's Hospital did add an inpatient psychiatric unit in 2019. State-run facilities are also not included. Barnes–Jewish Hospital's bed decrease is a temporary result of renovation requiring the rotational closure of units within its psychiatric services—variation in capacity is anticipated through 2019. In December 2017, SSM Health St. Louis University Hospital began to transition their geriatric beds to adult beds, maintaining a total of 40 staffed beds. . SSM SLUH was unable to report data during this period. Data from 2017 has been used as an estimate for 2018 figures.

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

Total acute psychiatric encounters at inpatient behavioral health safety net hospitals remained stable in 2018, with 28,646 encounters, compared to 27,872 total encounters in 2017.



	Barnes-Jewish Hospital (BJH)*	BJH Psych. Support Center*	Mercy Hospital Jefferson	Mercy Hospital St. Louis*	Mercy Hospital South *	SSM Health DePaul Hospital*	SSM Health St. Joseph Hospital- St. Charles & Wentz.	SSM Health St. Mary's Hospital-St. Louis*	SSM Health St. Louis University Hospital*	St. Alexius Hospital*
Total Inpt Psych. Encounters, 2014	1,394	1,404	1,509	4,370	3,481	4,415	5,236	1,960	1,043	2,598
Total Inpt Psych. Encounters, 2015	1,277	999	1,377	4,985	3,745	4,804	4,635	2,206	1,611	2,274
Total Inpt Psych. Encounters, 2016	1,439	1,255	1,452	4,899	3,292	4,857	4,585	1,962	1,468	1,861
Total Inpt Psych. Encounters, 2017	1,067	1,737	1,652	4,774	3,654	5,014	4,969	1,879	1,347	1,779
Total Inpt Psych. Encounters, 2018	699	1,795	1,681	4,985	4,469	5,652	5,015	1,383	1,347	1,620
% Change, 2017-2018	-34%	3%	2%	4%	22%	13%	1%	-26%	0%	-9%

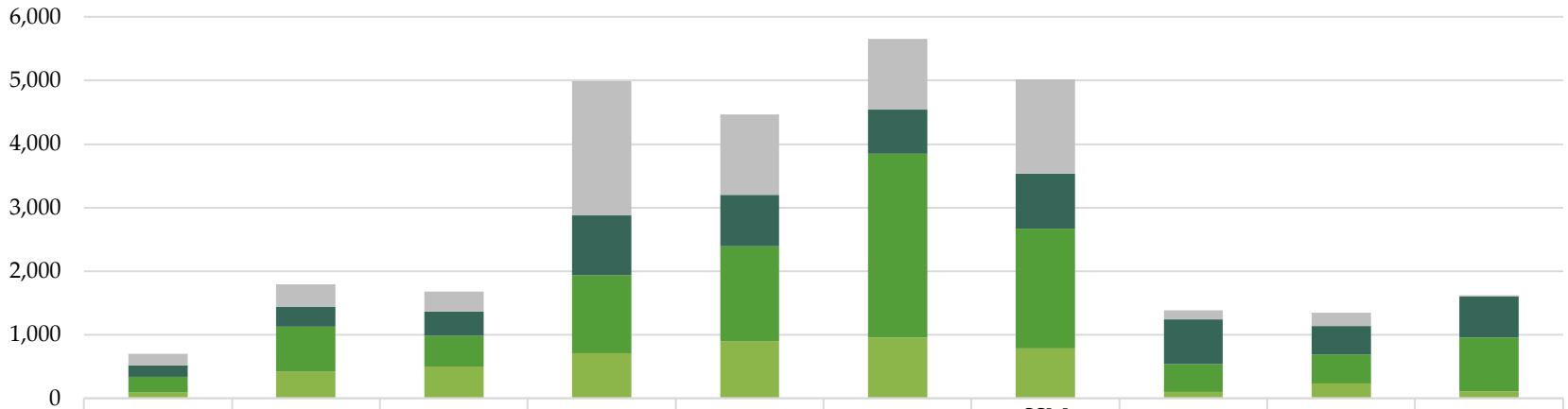
Acute psychiatric encounters remained stable overall in 2018, while inpatient psychiatric staffed bed capacity decreased by 6% since 2017.

Note: Data reflects community hospitals which provide acute psychiatric services. Encounter numbers reflect total admissions, including duplicate users. Encounters on medical service floors are not included. Barnes-Jewish Hospital Psychiatric Support Center data reflects encounters delivered post-BJC transition (initiated in April 2015). St. Louis Children's Hospital and SSM Health Cardinal Glennon Children's Hospital are not represented above, as they did not have dedicated psychiatric units for children and adolescents in 2014-2018. State-run facilities are also not included. SSM SLUH was unable to report data during this period. Data from 2017 has been used as an estimate for 2018 figures.

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

Acute psychiatric encounters were predominately covered by Medicaid (37%), private insurance (25%) or Medicare (21%), varying by hospital provider.

Inpatient Psychiatric Encounter, by Payor Category and Organization, 2018



	Barnes-Jewish Hospital*	BJH Psychiatric Support Center*	Mercy Hospital Jefferson	Mercy Hospital St. Louis*	Mercy Hospital South	SSM Health DePaul Health Center*	SSM Health St. Joseph Health Center-St. Charles & Wentzville	SSM Health St. Mary's Hospital-St. Louis*	SSM Health St. Louis University Hospital*	St. Alexius Hospital*
% Uninsured, 2018	14%	24%	30%	14%	20%	17%	16%	8%	17%	7%
Total	699	1,795	1,681	4,985	4,469	5,651	5,016	1,383	1,347	1,620
Private	179	349	311	2,107	1,263	1,112	1,477	135	204	13
Medicare (incl. Dual Eligibles)	181	313	378	937	811	695	867	703	447	651
Medicaid	242	709	486	1,232	1,493	2,888	1,882	441	461	839
Uninsured	97	424	506	709	902	956	790	104	235	117

The percentage of acute psychiatric encounters that were uninsured in 2018 increased at Mercy Hospital Jefferson to 30%, from 23% in 2017. All other hospitals' percentage of acute psychiatric encounters that were uninsured remained stable in 2018.

Note: Data reflects community hospitals which provide acute psychiatric services. Encounter numbers reflect total admissions, including duplicate users. Encounters on medical service floors are not included. St. Louis Children's Hospital and SSM Health Cardinal Glennon Children's Hospital are not represented above, as they did not have dedicated psychiatric units for children and adolescents in 2017. State-run facilities are also not included. SSM SLUH was unable to report data during this period. Data from 2017 has been used as an estimate for 2018 figures.

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

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APPENDIX

REPORT LIMITATIONS

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

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

Key Definitions

- **Safety net site**: health provider institutions whose mission is to service all regardless of ability to pay; in the St. Louis region, safety net institutions include community health centers, hospital/university-based clinics, physician groups and other free-standing clinics.
- **Encounter**: documented face-to-face contact between a patient and a provider who exercises independent professional judgment in the provision of services to the patient.
- **User**: a unique individual who had at least one encounter or service at a participating health care site during the calendar year. For behavioral health, users must have been enrolled in agency services, such that they had a clinical encounter and a unique patient identifier.
- **Adult**: users aged 18 years and above.
- **Pediatric**: users aged 17 and below.
- **Primary care encounter**: adult medical, pediatric, obstetrical, behavioral, dental and "other" medical-related encounters that occur at a participating primary care organization.
- **Specialty care encounter**: specialized medical services provided by a physician specialist in a non-primary and non-emergency department setting.
- **Emergency care encounter**: encounters that occur at hospital emergency departments.
- **Behavioral health care encounter**: encounters that occur at primary care organizations and hospital emergency departments that are coded as a mental health or substance use diagnosis (primary or secondary diagnosis) OR encounters that occur at an organization specializing in providing behavioral health services, such as a community mental health center or a substance use treatment center.
- **Non-emergent care encounter**: low-acuity, non-emergency visits that occur at hospital emergency departments that could have been treated in another provider setting, such as a primary care office, urgent care center or other non-emergency department setting.

Appendix A: Primary Care Providers

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

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

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

Appendix B: Emergency Care Providers

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

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

Appendix C: Specialty Care Providers

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

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

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

Appendix D: Behavioral Health Providers

Eastern Region Community-based Comprehensive Psychiatric Service Providers surveyed:

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

Eastern Region Inpatient Psychiatric Service Hospital Providers surveyed:

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

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

ACKNOWLEDGEMENTS

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

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

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