

Progress Toward Building A Healthier St. Louis

Access to Care Data Book 2022



Introduction

The St. Louis Regional Health Commission

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

Access to Care Data Book

Access to Care provides a survey of annual operating statistics from primary, specialty and emergency care safety net health care provider institutions in St. Louis City and County. This year’s analysis focuses primarily on data reported over the past four years (2017 - 2020). 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 2020 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 Armbricht, chair, and the entire “Access to Care Data Workgroup” (see page 133 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 2017-2020. 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.

| | 2017 | 2018 | 2019 | 2020 | Percent Change, 2017-2020 | Percent Change, 2019-2020 |
|---|-----------|-----------|-----------|-----------|------------------------------|------------------------------|
| Uninsured in St. Louis City and County | 114,100 | 93,400 | 93,000 | 90,300 | -21% | -3% |
| Uninsured in Missouri | 548,200 | 566,300 | 598,500 | 560,689 | +2% | -6% |
| Medicaid | 166,400 | 151,100 | 138,781 | 171,748 | +4% | +24% |
| Total Safety Net Population | 280,500 | 244,500 | 261,500 | 182,000 | -35% | -30% |
| Total St. Louis City and County Population | 1,305,352 | 1,053,848 | 1,294,781 | 1,300,888 | - | - |
| Total Missouri Population | 6,000,326 | 6,014,742 | 6,137,428 | 6,124,160 | +2% | - |
| Uninsured as a % of Total Population | 8.8% | 8.9% | 5.9% | 4.9% | - | - |
| Safety Net Population as a % of Total Population | 21.5% | 23.2% | 20.2% | 14% | - | - |

- The number of individuals without health insurance coverage in St. Louis City and County decreased by 3% over the past year and by 21% over the past four years, while the number of uninsured individuals in Missouri decreased by 6% over the past year and remained relatively stable since 2017.
- Of the more than 90,300 users without health insurance coverage in St. Louis City and County, 46% identified as African American/Black, 42% White and 16% “Other”. Over the past four years, the racial composition of the uninsured has remained stable.
- The number of individuals covered by Medicaid living in St. Louis City and County remained relatively stable since 2017 and increased by 24% over the past year.
- The safety net population in St. Louis City and County decreased by 30% over the past year and by 35% since 2017.
- In 2020, individuals who were either uninsured or covered by Medicaid accounted for nearly 21% of St. Louis City and County population.

Note: Uninsured estimates based upon county-level data are from the American Community Survey, released March 2022. 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.

COVID-19 & Access to Care



COVID-19 & Access to Care

The COVID-19 pandemic began in earnest in Missouri around March 2020. During the most acute phases of the pandemic, many individuals nationwide reported a decreased access to care for a variety of reasons, including fear of exposure to the virus, lack of transportation options, and cancelled appointments. Many providers rescheduled or cancelled elective procedures, which has resulted in backlogs of medical care throughout the country.

This has especially impacted patients with chronic medical conditions, like heart diseases and cancer. Nationwide health workforce shortages were exacerbated by skyrocketing, pandemic induced unemployment that further strained safety net capacity as scores of people transitioned from employer-sponsored health insurance plans to Medicaid and similar gap insurance programs. At a national level, Medicaid and other similar gap insurance programs have been estimated to cover approximately 71% of the unemployed population.

Here in St. Louis, our approach to the pandemic has contributed to these broader national trends. Primary safety net sites have altered their operating hours due to the pandemic and related staffing issues and safety protocols. For many of the reasons mentioned above, there have been declines in rates of patients accessing care in the emergency health, behavioral health, primary health, and specialty care settings.

COVID-19 & Access to Care

The local unemployment rate in the St. Louis region skyrocketed from around 3% to nearly 12% during the beginning phase of the pandemic in early 2020; at the time of writing, the unemployment rate is back to a more typical 3.2%. However, in the absolute, this still means that 52,354 people throughout the St. Louis region are unemployed—leaving approximately 15,180 uninsured, if the 71% nationwide estimate is applied.

BJH Clinics and Family Care sites, two out of the three safety net sites that previously offered Saturday hours, are no longer operating on the weekends. The only remaining safety net site open on Saturdays is BJK People's Health Centers. Family Care health sites saw a significant decrease in operating hours over the past year as their closing times went from 5pm - 4day/week; 8pm - Fridays; 1pm - Saturdays to 4:30pm - 5day/week w/no Saturday hours in 2020. St. Mary's SSM is the only primary safety net site that increased hours from 9:00am to 4:30pm in 2019 to 8:00am to 5:00pm four days per week in 2020.

COVID-19 & Access to Care

Overall, there have been declines in emergency department, behavioral health, primary health, and specialty care health settings. Total emergency department encounters declined by 18% over the past year. Non-emergent encounters decreased by 28%. The largest decline in non-emergent encounters was among the uninsured at 39%. Behavioral health encounters at safety net primary care providers declined by 13% over the past year. Total primary care encounters at safety net organizations declined by 18% over the past year. Total specialty care encounters at St. Louis area specialty care organizations declined by 33% over the last four years.

The State of Missouri has recognized that COVID-19 is becoming another part of our world, much like the cold or flu. However, these kinds of negative impacts on patients' access to health care cannot become another part of our world. Many of the staffing shortages and impacts to patients with chronic medical conditions caused by the pandemic persist to this day. Medicaid Expansion is one tool that Missouri now has to begin to try to reverse these downward trends and to help patients access the care they need.

For more information about current COVID-19 trends and information related to Medicaid Expansion in the St. Louis region, see the **Appendix, pages 117 - 122.**

COVID-19 & Access to Care

Action Items, Recommendations & Solutions

We can never truly know when the next pandemic will occur. We must however learn and adapt from our experience with the COVID-19 pandemic to facilitate early and equitable responses in future public health emergencies that minimize risk and maintains access for individuals relying on the safety net for care.

State Representatives Should Fund Medicaid Expansion Long-Term

- Currently, Medicaid Expansion efforts are undertaken with the same (or worse) staffing levels and funding as MO HealthNet had prior to Expansion
- This has resulted in lengthy delays in assessing eligibility for Medicaid & processing applications and unnecessarily stressed this critical safety net institution
- Constituents can and should contact state representatives to let them know how important and necessary funding Medicaid Expansion is
- Organizations should mobilize expert witnesses to testify at state legislative hearings & investigations regarding the importance & necessity of Medicaid Expansion

Improve Volume of Clinical Staff Education

- We need more clinical & auxiliary staff to be able to keep health care facilities running during any kind of emergency
- MO should partner with hospitals & health systems to invest in expanding clinical schools' class sizes & scholarship opportunities for students interested in clinical careers (CNA, RN, MD, DO, etc.)

Support & Enact Data-Driven Policies to Reduce Spread of Disease at the State Level

- Elected officials had a hands-off approach to the COVID-19 pandemic and left many decisions in the hands of local governments, resulting in a patchwork of local policies
- Greater centralization and organization of pandemic response would promote consistency & uniformity to reduce spread of a new disease

References

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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. In Missouri, the number of uninsured individuals decreased by 6% over the past year, while remaining relatively stable since 2017.

Of the more than 90,300 users without health insurance coverage in St. Louis City and County in 2020, 46% identified as African American/Black, 42% White, and 16% “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 21% from 2017 to 2020, but remained relatively stable over the past year, while the total number of uninsured individuals in Missouri rose by 2% from 2017 to 2020 and decreased by 6% over the past year.

In 2020, there were 90,300 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) increased 24% from 2019 to 2020, while remaining relatively stable since 2017.

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 70% of all uninsured individuals in St. Louis City and County in 2020. The share of uninsured served by these organizations has decreased by about 7% 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. Some of this decline can be attributed to the COVID-19 pandemic and an increased number of individuals eligible for an exchange product as a result of change in financial stability during the pandemic.

Encounters among uninsured users of safety net primary care organizations have declined by 19% over the past four years. Uninsured medical encounters have declined by 4% since 2017, and total primary care medical encounters have declined by 28% since 2017. Additionally, primary care dental encounters have declined by 53% and primary care behavioral health encounters by 5% over the past four years. Behavioral health users increased at community mental health providers during this period; for these users, uninsured primary payor status has increased by 66% since 2017.

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

- Visits among uninsured patients to specialty care providers have decreased by 15% over the past year, and 6% over the past four years.
- Visits by uninsured patients to hospital emergency decreased by 21% over the past year, and 13% over the past four years.

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 new and returning adult patients remained relatively the same since 2017, while they decreased for new and returning pediatric patients among primary care safety net organizations. The longest wait times are seen for new dental and adult medical appointments, in which patients are waiting on average 90 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 podiatry, gastroenterology, pulmonology, rheumatology, hepatology, urology, and neurology. Additionally, average wait times for new patients have at least doubled for podiatry, pulmonology, and rheumatology.

EXECUTIVE SUMMARY

Summary of Key Findings

Key Findings

Primary Care

- The number of individuals without health insurance coverage in St. Louis City and County remained relatively stable over the past year while decreasing by 21% over the past four years. Of the more than 90,300 users without health insurance coverage in St. Louis City and County, 46% identified as African American/Black, 42% White, and 16% “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 decreased by 12%, and uninsured users have decreased by 30% since 2017. Similar trends have been seen in encounters over the past four years. Privately insured encounters have decreased by 17%, and uninsured encounters have decreased by 19% since 2017 (pages 25 and 29).
- Safety net primary care providers served roughly 70% of the total uninsured population in St. Louis City and County in 2020 (page 28).
- Total primary care (medical, dental, and behavioral health) encounters at safety net organizations decreased by 21% over the past four years (page 35).
 - Medical encounters have declined by 18% over the past year and by 28% over the past four years (page 33).
 - Dental encounters at safety net primary care providers have decreased by 44% over the past year and 53% over the past four years (page 42).
 - Behavioral health encounters at safety net primary care providers have declined by 5% over the past year and 5% since 2017 (page 44).

Key Findings

Emergency Care

- Total emergency department encounters have declined by 18% over the past year. Uninsured emergency department encounters at St. Louis area hospitals have decreased by 13% from 2017 to 2020 (pages 55 and 59).
- Non-emergent encounters have decreased by 28% over the past year. Non-emergent encounters decreased by 39%, 28%, 23%, and 22% among uninsured, Medicaid, Medicare, and privately insured patients, respectively, over the past year (page 62).
- Approximately 14,700 patients visiting St. Louis area emergency departments had at least four emergency department visits at the same hospital, representing 4% of all emergency department patients in 2020 (page 67). Among these patients, there were more than 84,565 emergency department encounters in 2020 (page 68).
- Emergency department encounters with behavioral health diagnoses (primary) have decreased by 10% and account for 7% of all emergency department encounters in 2020 (page 69). The top primary behavioral health diagnoses are mood disorders, schizophrenia/delusional disorders, and alcohol use disorders (page 70).

Key Findings

Specialty Care

- Total specialty care users and encounters at St. Louis area specialty care organizations decreased by 33% and 13%, respectively, since 2017. This decline represents more than 182,400 fewer users and more than 178,300 fewer encounters (pages 80 and 82).
- Of the more than 462,300 specialty care users in 2020, approximately 74% were White, 20% were African American/Black and 8% were from the “Other” racial category (page 81).
- Over the past year, uninsured specialty care users decreased by 35%, while uninsured specialty care encounters decreased by 14% (pages 80 and 84).
- Medicaid specialty care encounters decreased by 15% over the past year and 17% since 2017 (page 86).
- While wait times for some specialty care appointments have either decreased or remained the same, gastroenterology, rheumatology, and pulmonology trend with the longest average wait times for both new and returning patients (pages 88 and 89).

Key Findings

Behavioral Health

- Users increased over the last year and since 2017 (page 94).
 - Behavioral health users served increased 17% to 40,556 in 2019, as compared to 36,713 served in 2018. Total users served have increased by 29%, or nearly 6,666 people, since 2017 (page 94).
 - Behavioral health users served increased 12% to 45,289 in 2020, as compared to 40,556 served in 2019. Total users served have increased by 34%, or nearly 11,399 people, since 2017 (page 94).
- Newly admitted users to behavioral health safety net agency programs increased by 5% to 14,455 in 2019 and increased by 21% to 17,433 users in 2020. Newly admitted users accounted for 41% of all users served in 2019, and 43% of all users served in 2020 (page 95).
- 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 96).
- Behavioral health encounters at safety net primary care providers decreased by 13% over the past year, and by 12% since 2017 (page 97).
- Emergency department encounters with behavioral health diagnoses (primary and secondary) have decreased over the past year and account for 33% of all emergency department encounters in 2020 (page 108). The top primary behavioral health diagnoses remain mood disorders, schizophrenia/delusional disorders, and alcohol use disorders (page 104).
- Acute psychiatric inpatient encounters decreased overall in 2019, inpatient psychiatric staffed bed capacity increased by 21.7% since 2018 and 14% since 2017 (page 113).
- Acute psychiatric inpatient encounters decreased overall in 2020, inpatient psychiatric staffed bed capacity increased by 0.5% since 2019 and 15% since 2017 (page 114).

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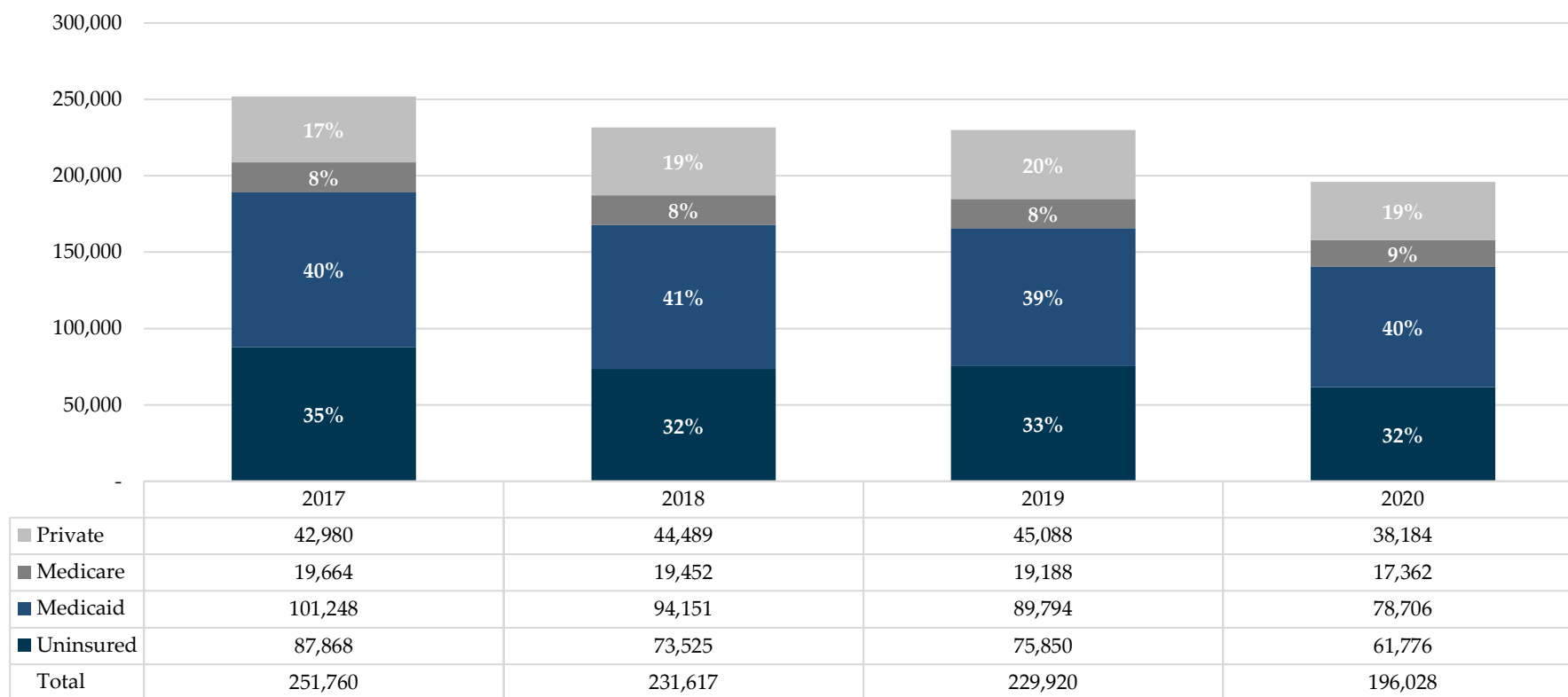
Primary Care Analysis

Primary Care: Key Findings

- The number of individuals without health insurance coverage in St. Louis City and County remained relatively stable over the past year while decreasing by 21% over the past four years. Of the more than 90,300 users without health insurance coverage in St. Louis City and County, 46% identified as African American/Black, 42% White, and 16% “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 decreased by 12%, and uninsured users have decreased by 30% since 2017. Similar trends have been seen in encounters over the past four years. Privately insured encounters have decreased by 17%, and uninsured encounters have decreased by 19% since 2017 (pages 25 and 29).
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 - Dental encounters at safety net primary care providers have decreased by 44% over the past year and 53% over the past four years (page 42).
 - Behavioral health encounters at safety net primary care providers have declined by 5% over the past year and 5% since 2017 (page 44).

The number of individuals utilizing primary care services at safety net organizations in St. Louis decreased by 15% over the past year, and 22% over the past four years.

Primary Care Users by Payor Category, 2017 - 2020

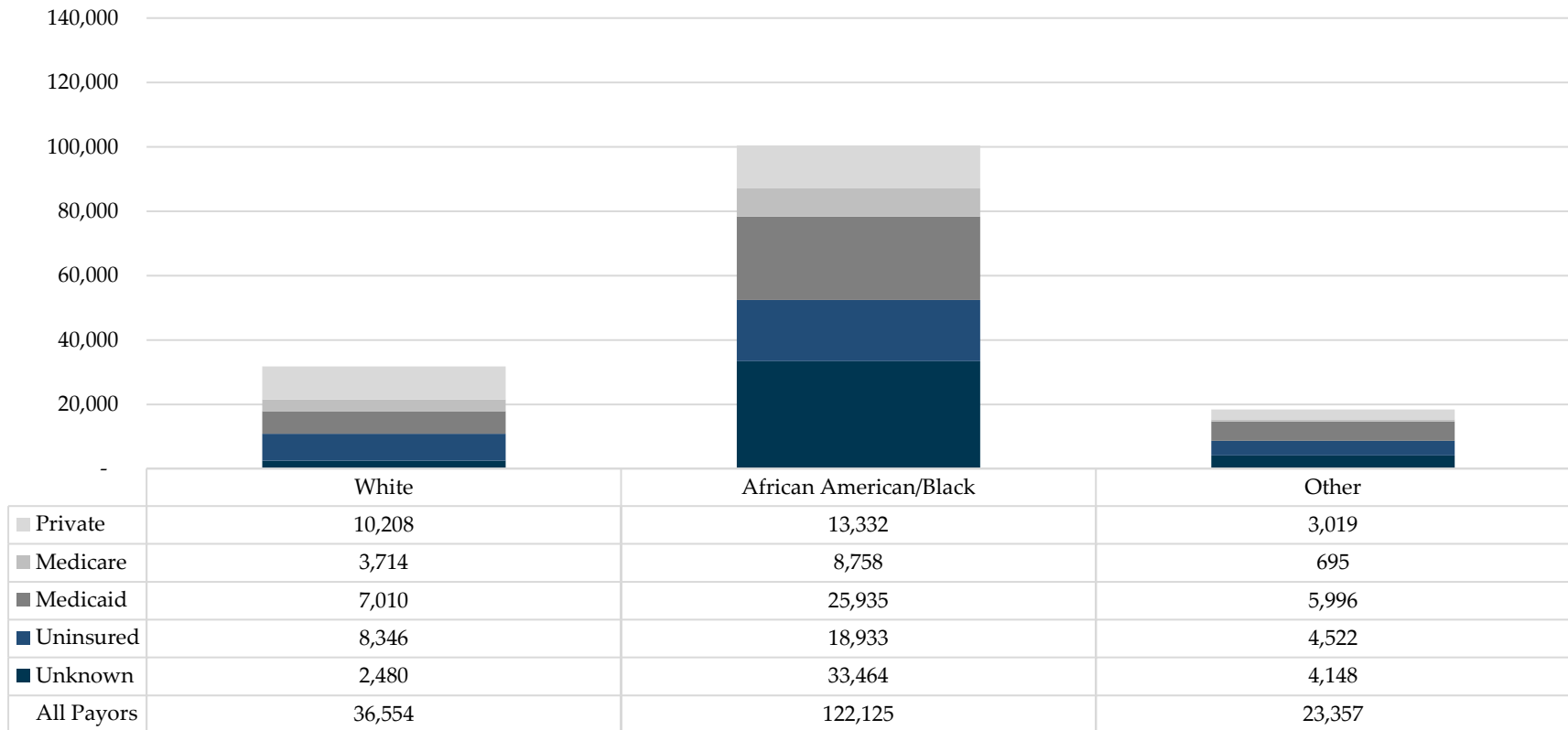


- Of the more than 196,000 primary care users reported in 2020, approximately 40% were insured through the Medicaid program, 32% were uninsured, 19% were privately insured and 9% were insured through the Medicare program.
- Over the past year, uninsured and Medicaid users decreased by 19% and 12%, respectively.

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 2020.

Of the more than 182,036 primary care safety net users in 2020, for which racial data is available, approximately 67% were African American/Black, 20% were White and 13% were from the “Other” racial category.

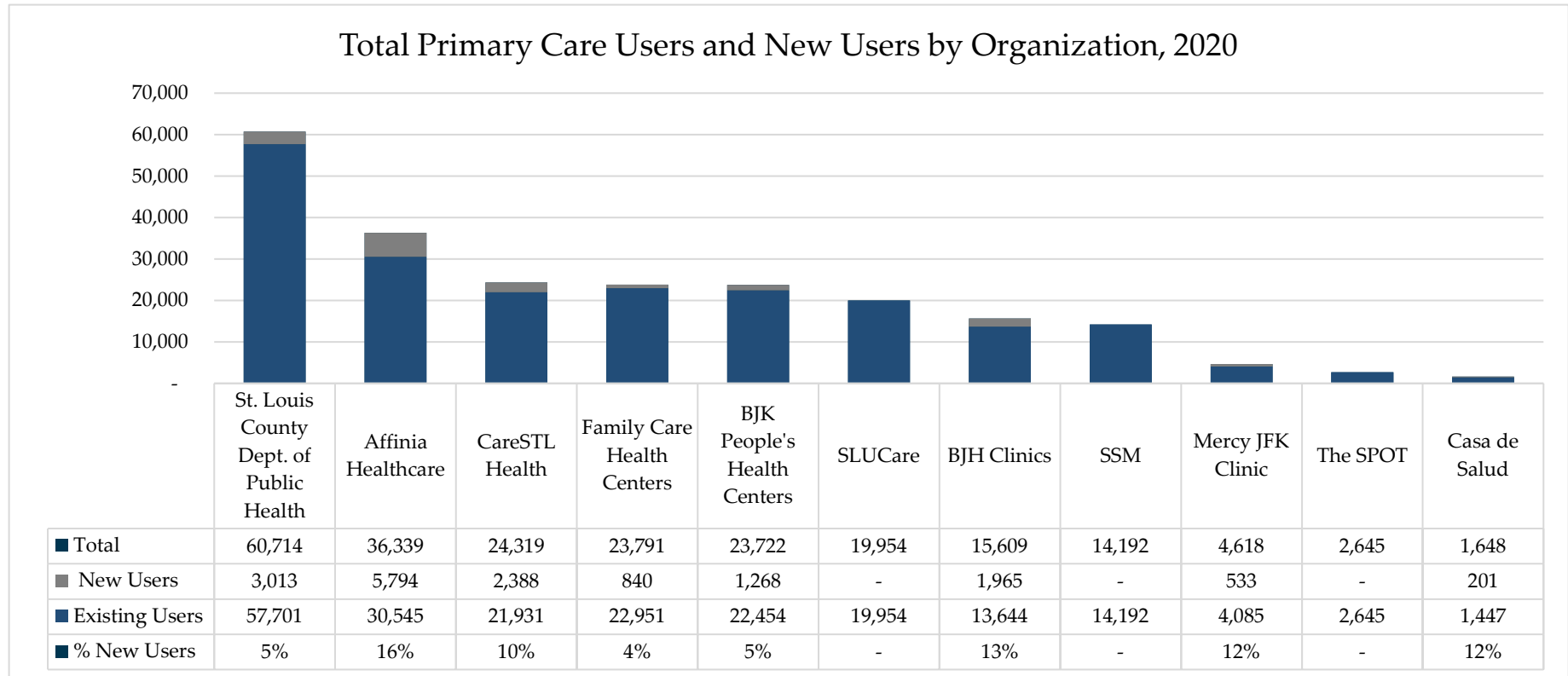
Primary Care Users by Race and Payor, 2020



- Approximately 23% of all White primary care users, 16% of all African American/Black primary care users and 19% 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 3% of all Whites, 3% of all African Americans/Blacks and 1% 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. BJH and Affinia Healthcare 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 and SSM St. Mary’s did not provide racial data for all of their users in 2020 included on page 21 of this report.

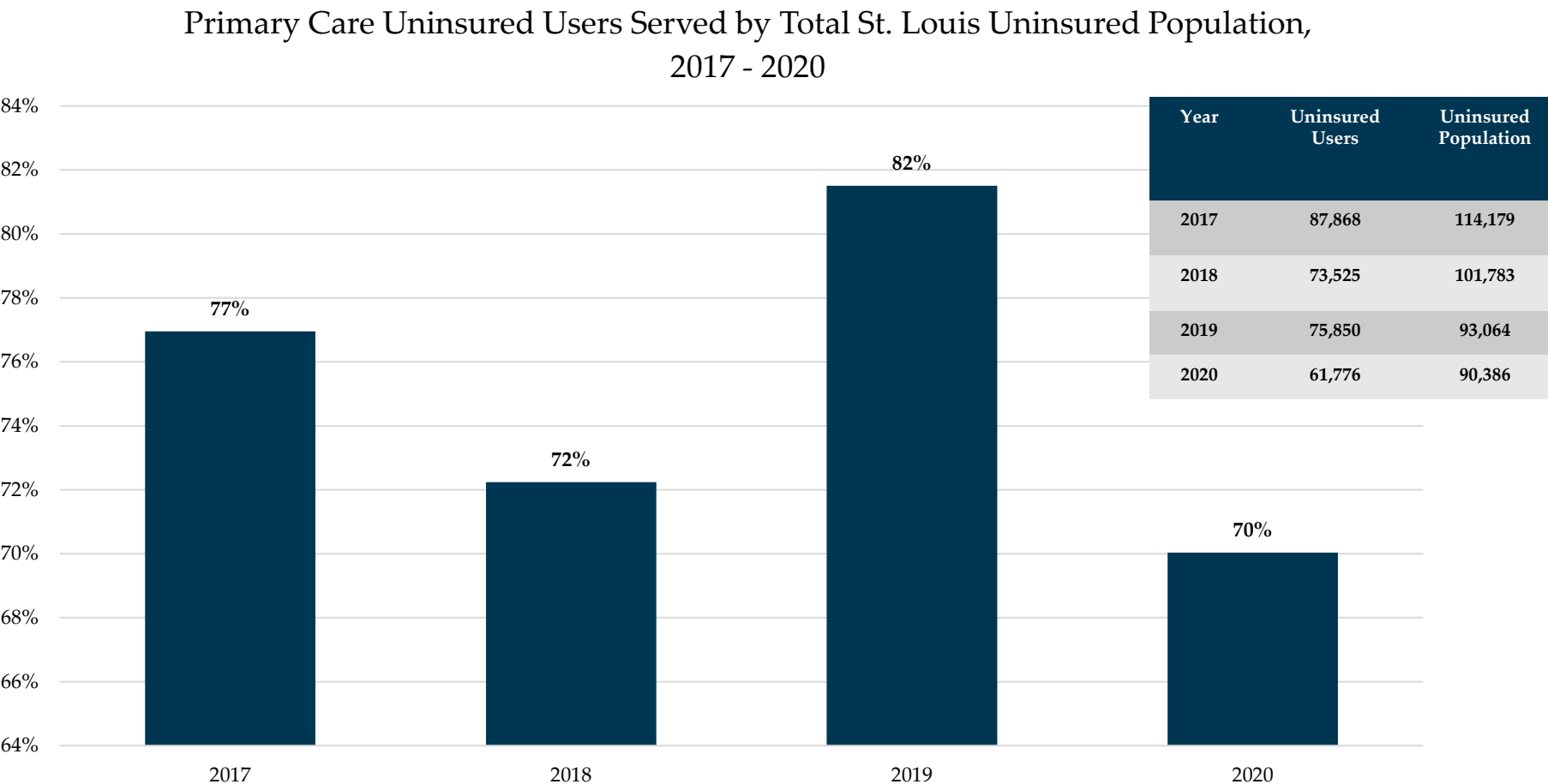
In 2020, there were more than 166,800 individuals who utilized safety net primary care services. Of that number, providers reported more than 12,900 new users.



- Of the more than 166,800 primary care users reported in 2020, approximately 8% were new users as compared to 10% in 2019.
- Affinia Healthcare (16%), BJH Clinics (13%), Casa de Salud (12%), Mercy JFK Clinic (12%), CareSTL Health (10%), BJK People's (5%), and St. Louis County Dept. of Public Health (5%) had the highest percentage of new users in 2020.

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 2020. New users are defined as any user who had a new patient encounter in 2020, 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, SSM and The SPOT did not report new users in 2020. 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.

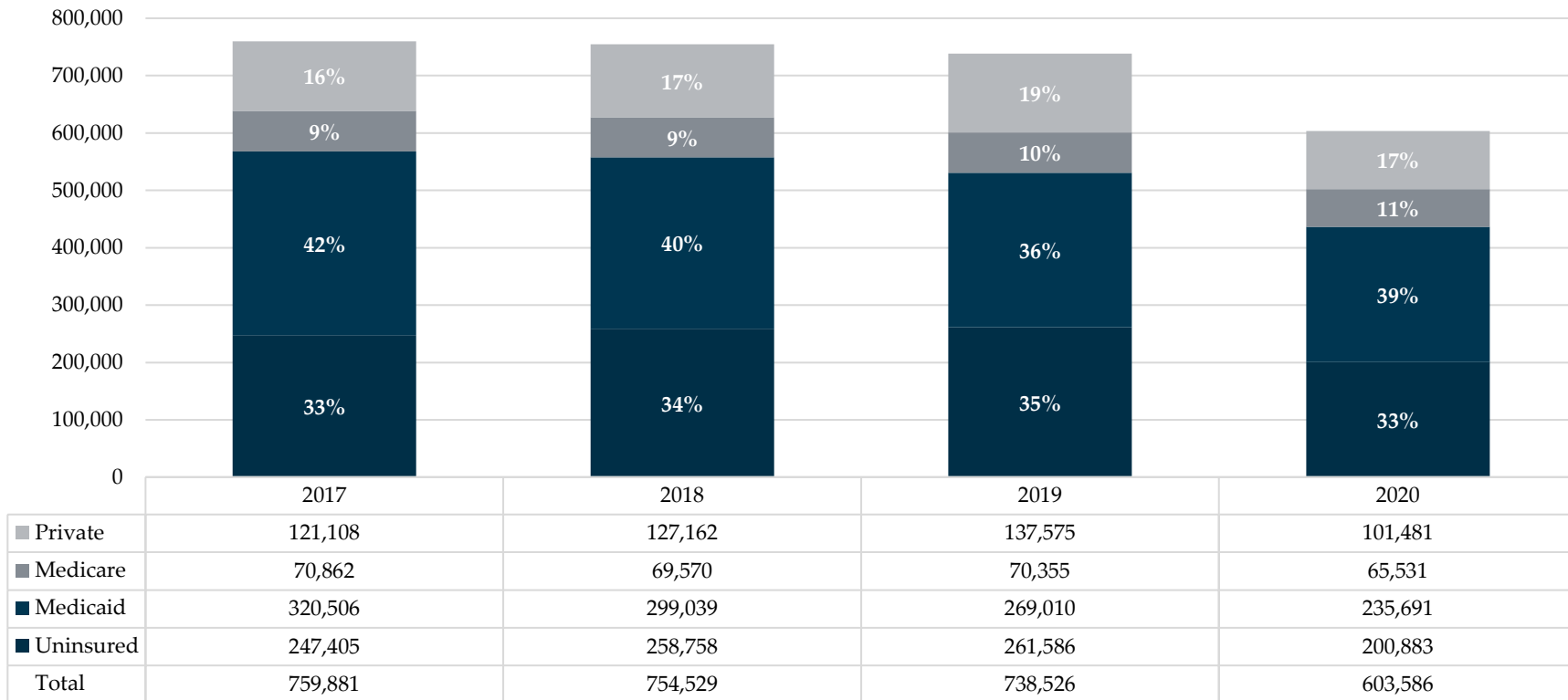
Safety net primary care providers served roughly 70% of the total uninsured population in St. Louis city and county in 2020.



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 2020. 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 March 2022.

Total primary care encounters at safety net organizations in St. Louis have declined by 18% over the past year, and 21% since 2017.

Primary Care Encounters by Payor Category, 2017 - 2020

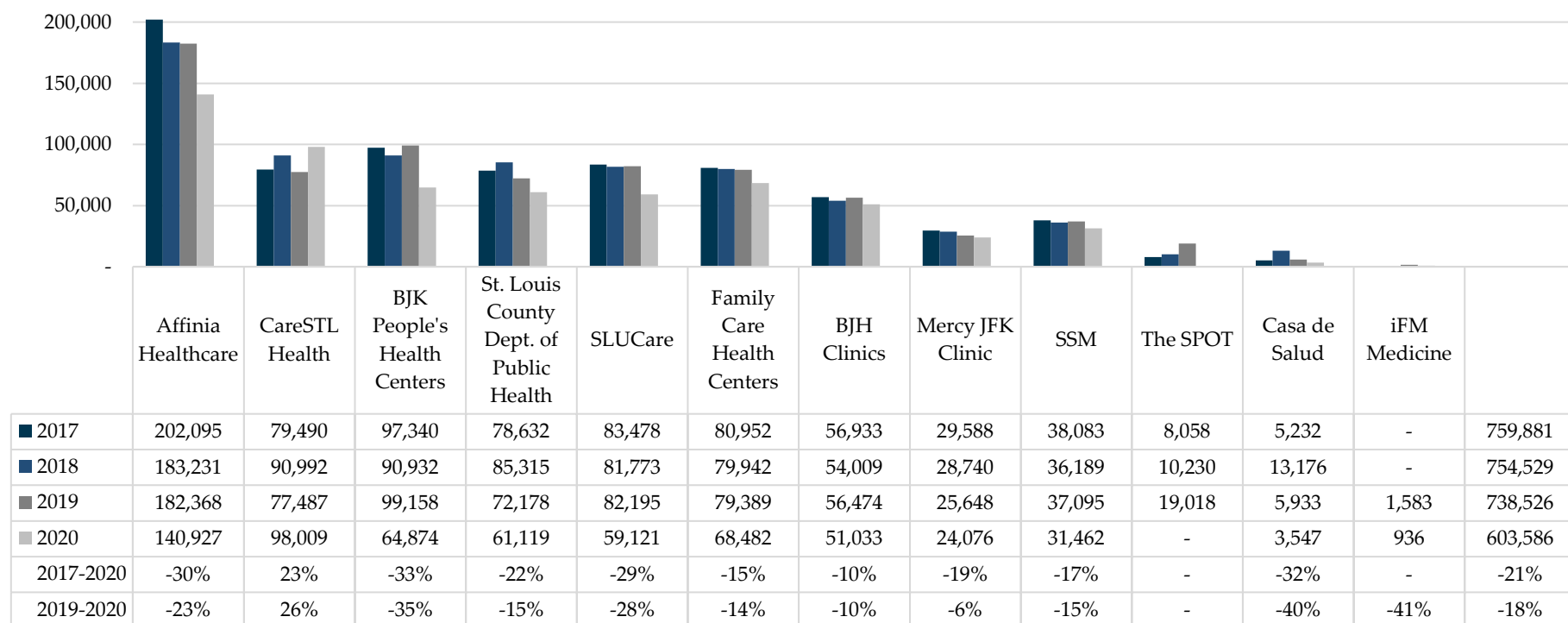


- Of the more than 603,500 total primary care encounters reported in 2020, approximately 39% were among the Medicaid population, 33% were among the uninsured, 17% were among those privately insured, and 11% were among the Medicare population.
- Uninsured primary care encounters decreased by 19% over the past four years.

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 increased by 24% 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 increased at one organization, while decreasing at ten St. Louis safety net organizations in 2020.

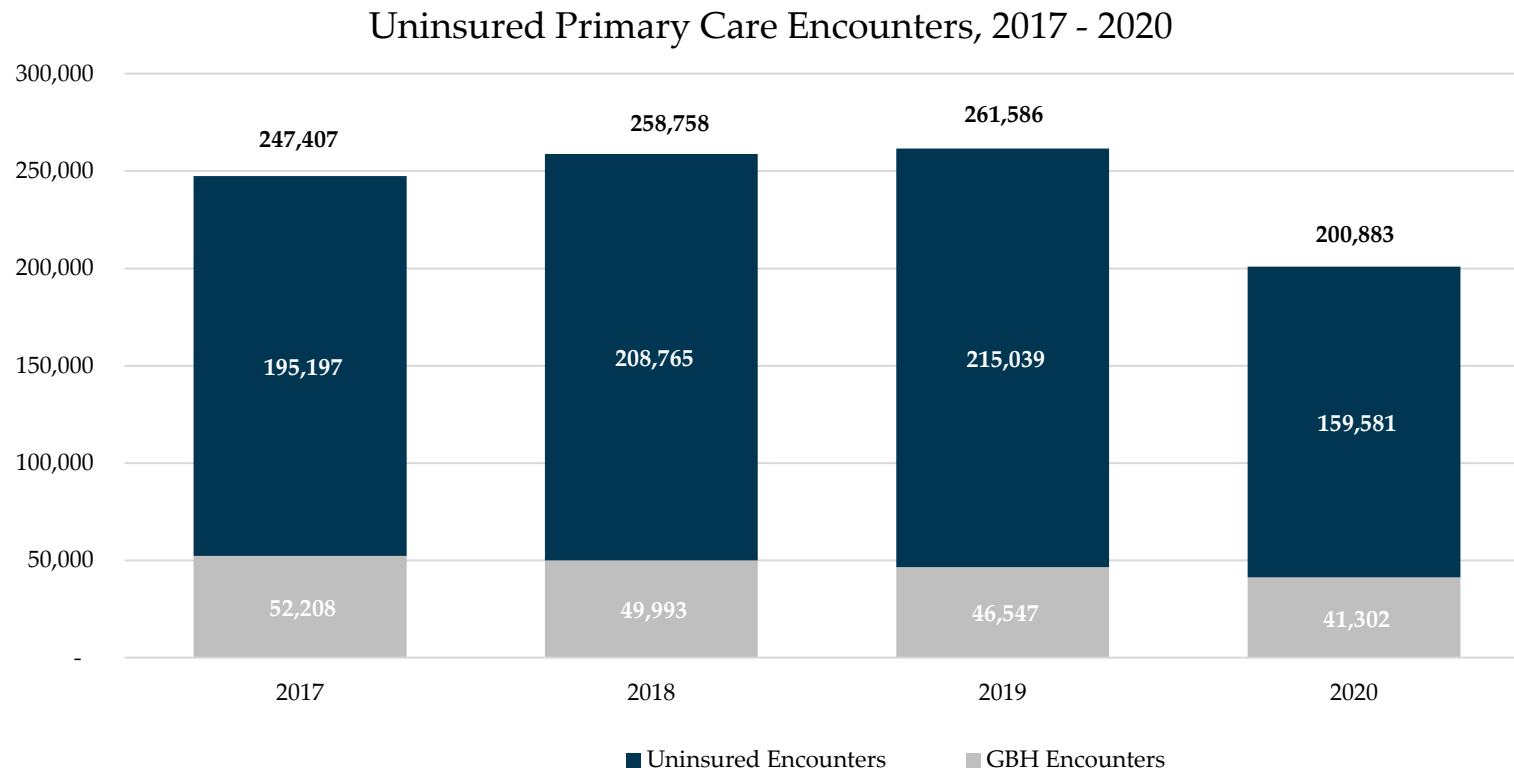
Total Primary Care Encounters by Organization, 2017 - 2020



- Total primary care encounters increased by 26% at CareSTL Health over the past year.
- Total primary care encounters decreased by more than 5% at ten primary care organizations over the past year: iFM Medicine (41%), Casa de Salud (40%), BJK People's (35%), SLUCare (28%), Affinia Healthcare (23%), St. Louis County Department of Public Health (15%), SSM (15%), Family Care Health Centers (14%), BJH Clinics (10%), and Mercy JFK (6%).

Note: In 2017, BJK People's Health Centers acquired Health and Dental Care for Kids. As of 2017, 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 2020 was driven by planned volume decrease due to Epic go-live. BJH volume prior to 2017 is understated due to different reporting methodology. iFM Medicine is a new reporting provider.

Uninsured primary care encounters have decreased by 23% over the past year.

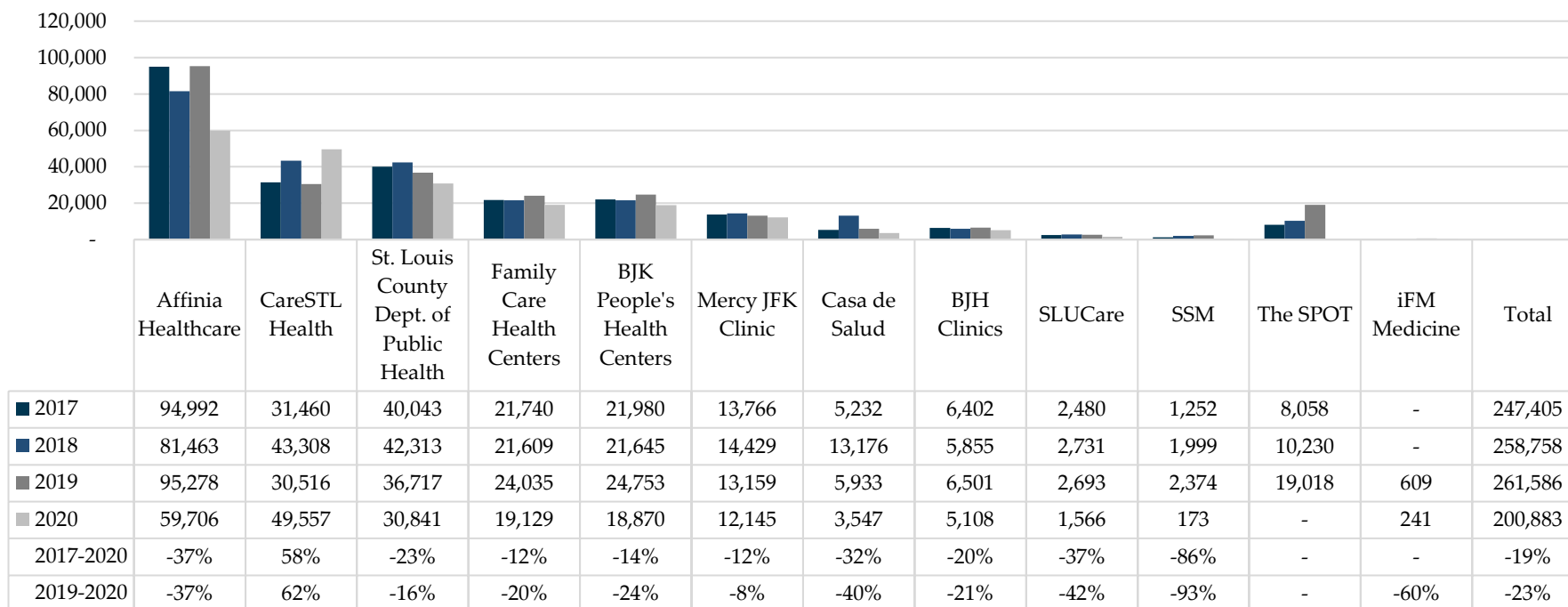


- Uninsured primary care encounters have decreased by 19% since 2017.
- Gateway to Better Health primary care encounters have decreased by 21% since 2017.
- Approximately 41,300 primary care encounters were provided to Gateway to Better Health patients in 2020, comprising 20% of all uninsured primary 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 16,194 in 2017 to an average of 14,408 in 2020. An additional 36,600+ diagnostic and other outpatient services were provided to Gateway to Better Health patients in 2020, which are not included in the chart above. Medicaid Expansion was approved in October 2020. The Gateway to Better Health program is currently working to transition its' members to a Medicaid Health Plan. To date, 3,518 Gateway to Better Health members have transitioned to Medicaid.

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

Uninsured Primary Care Encounters by Organization, 2017 - 2020

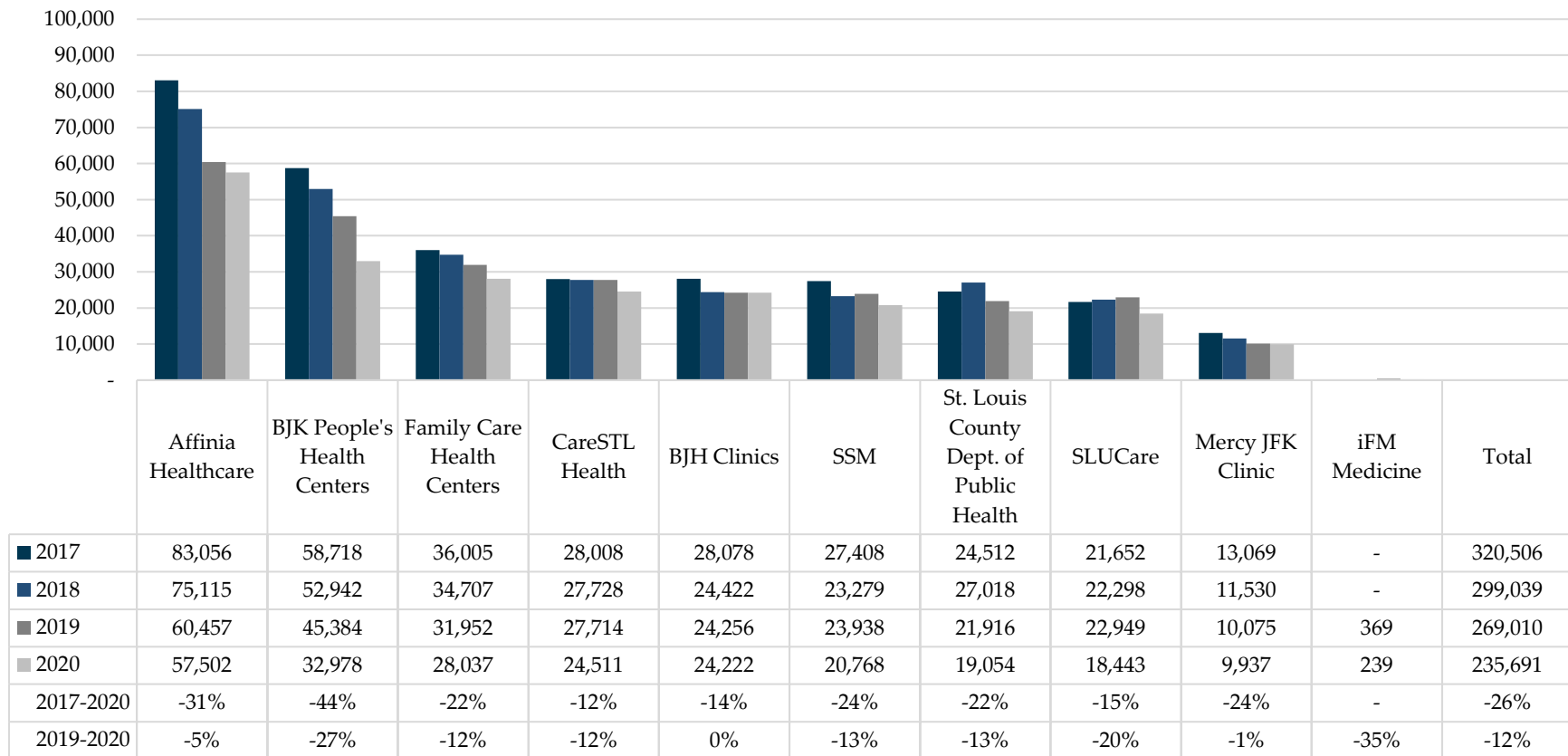


- CareSTL Health had a 62% increase in uninsured encounters over the past year.
- Uninsured encounters decreased at ten safety net primary care organizations over the past year: SSM (93%), iFM Medicine (60%), SLUCare (42%), Casa de Salud (40%), Affinia Healthcare (37%), BJK People's (24%), BJH Clinics (21%), Family Care Health Centers (20%), St. Louis County Department of Public Health (16%), and Mercy JFK (8%).

Note: In 2017, BJK People's Health Centers acquired Health and Dental Care for Kids. As of 2017, 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. iFM Medicine is a new reporting provider.

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

Medicaid Primary Care Encounters by Organization, 2017 - 2020

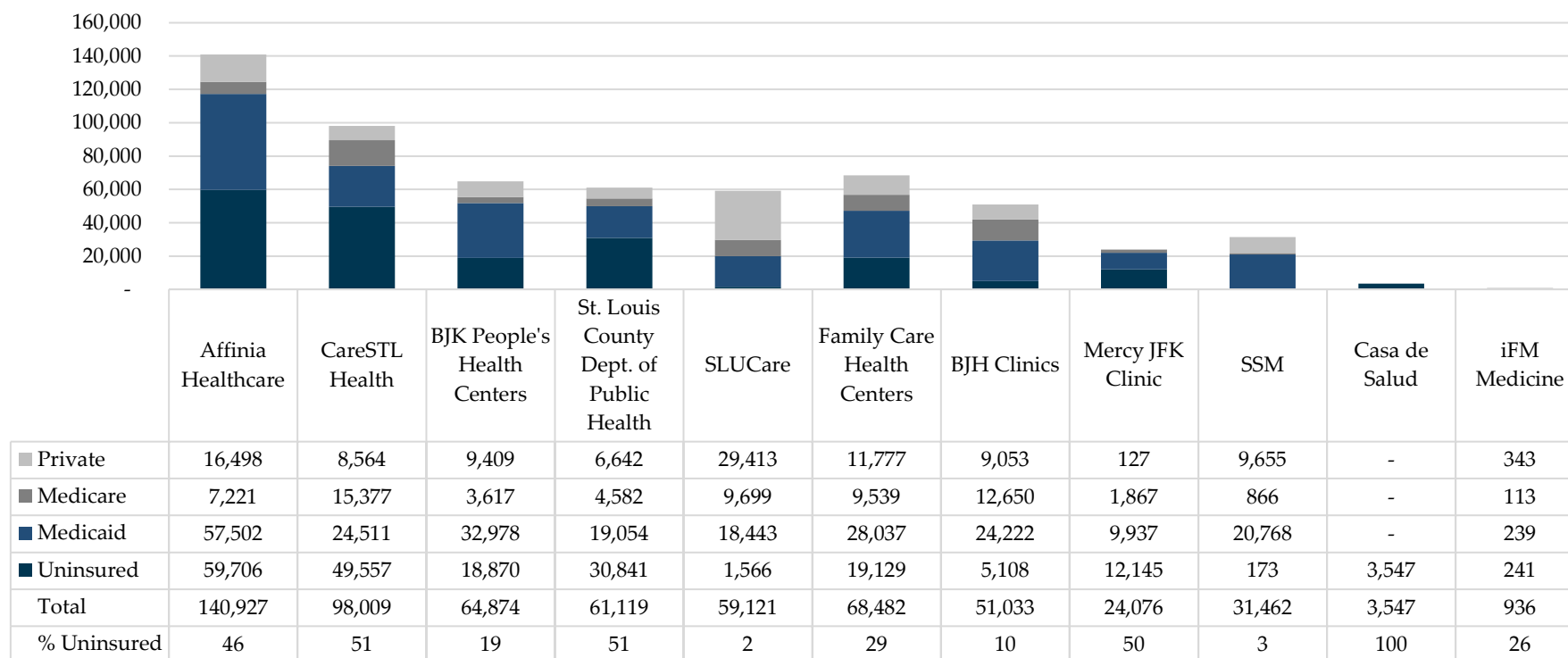


The eight primary care organizations with a decrease of 5% or more in Medicaid primary care encounters over the past year include: iFM Medicine (35%), BJK People's (27%), SLUCare (20%), SSM (13%), St. Louis Department of Public Health (13%), Family Care Health Centers (12%), CareSTL (12%) and Affinia Healthcare (5%).

Note: In 2017, BJK People's Health Centers acquired Health and Dental Care for Kids. As of 2017, 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. iFM Medicine is a new reporting provider.

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

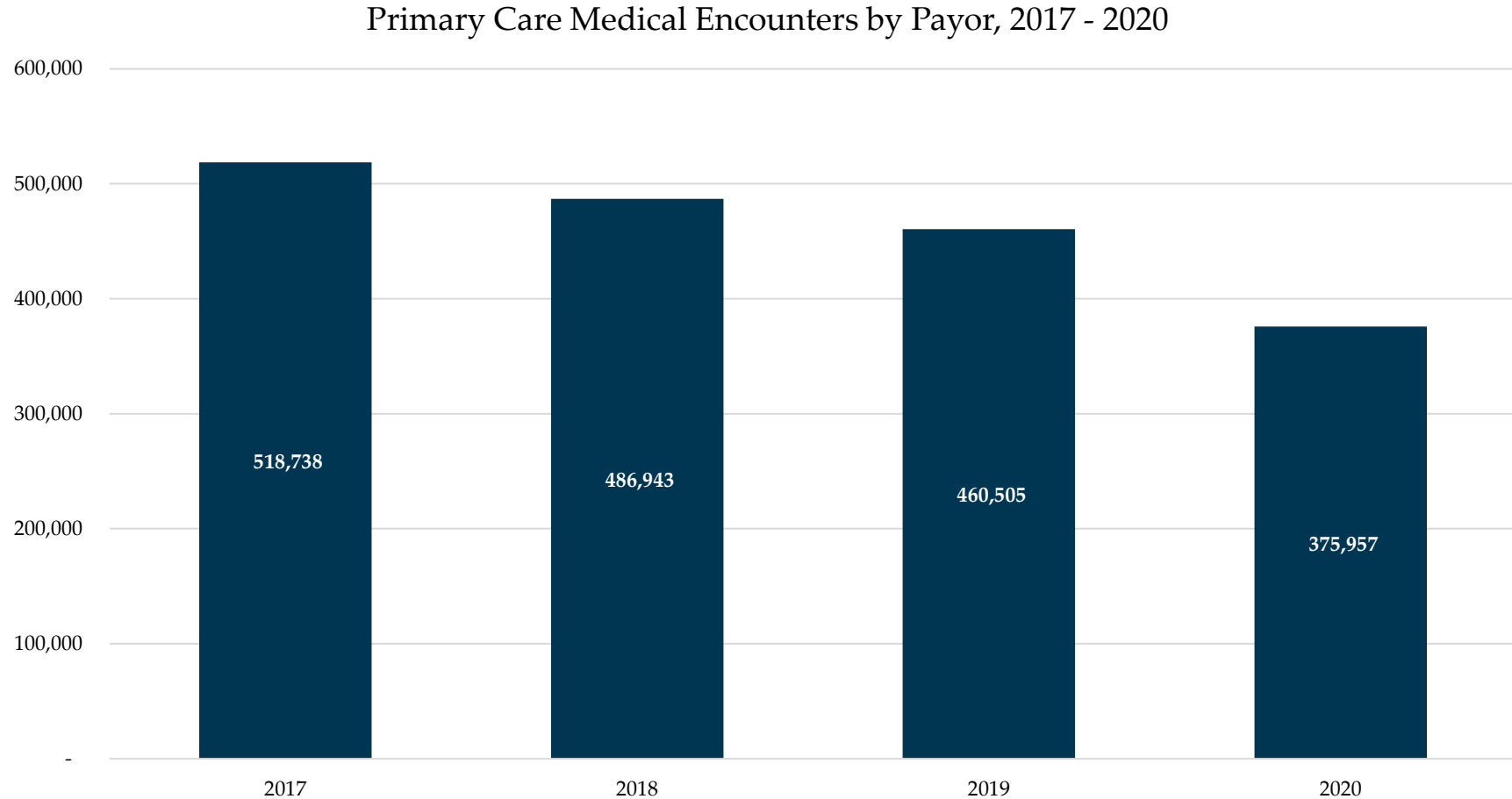
Primary Care Encounters by Organization and Payor Category, 2020



Five primary care organizations (Affinia Healthcare, CareSTL Health, St. Louis County Dept. of Public Health, Mercy JFK Clinic, and Casa de Salud) 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 Casa de Salud, serve predominantly uninsured users and they do not collect insurance information, nor do they bill for the services that they provide. iFM Medicine is a new reporting provider.

Total medical encounters have decreased by 18% over the past year.

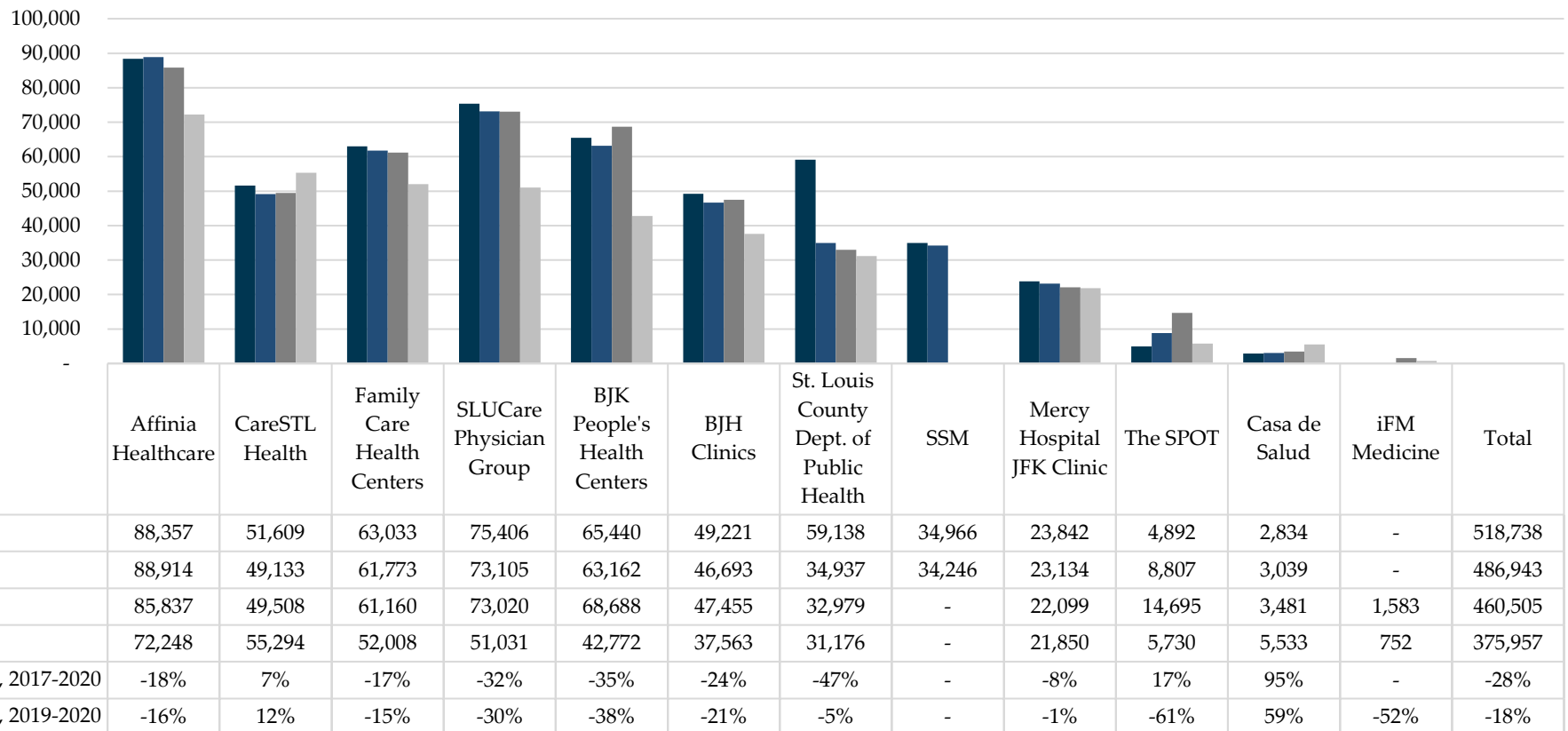


Total medical encounters at safety net organizations have decreased by 28% since 2017.

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 eight safety net organizations over the past year.

Medical Encounters by Organization, 2017 - 2020

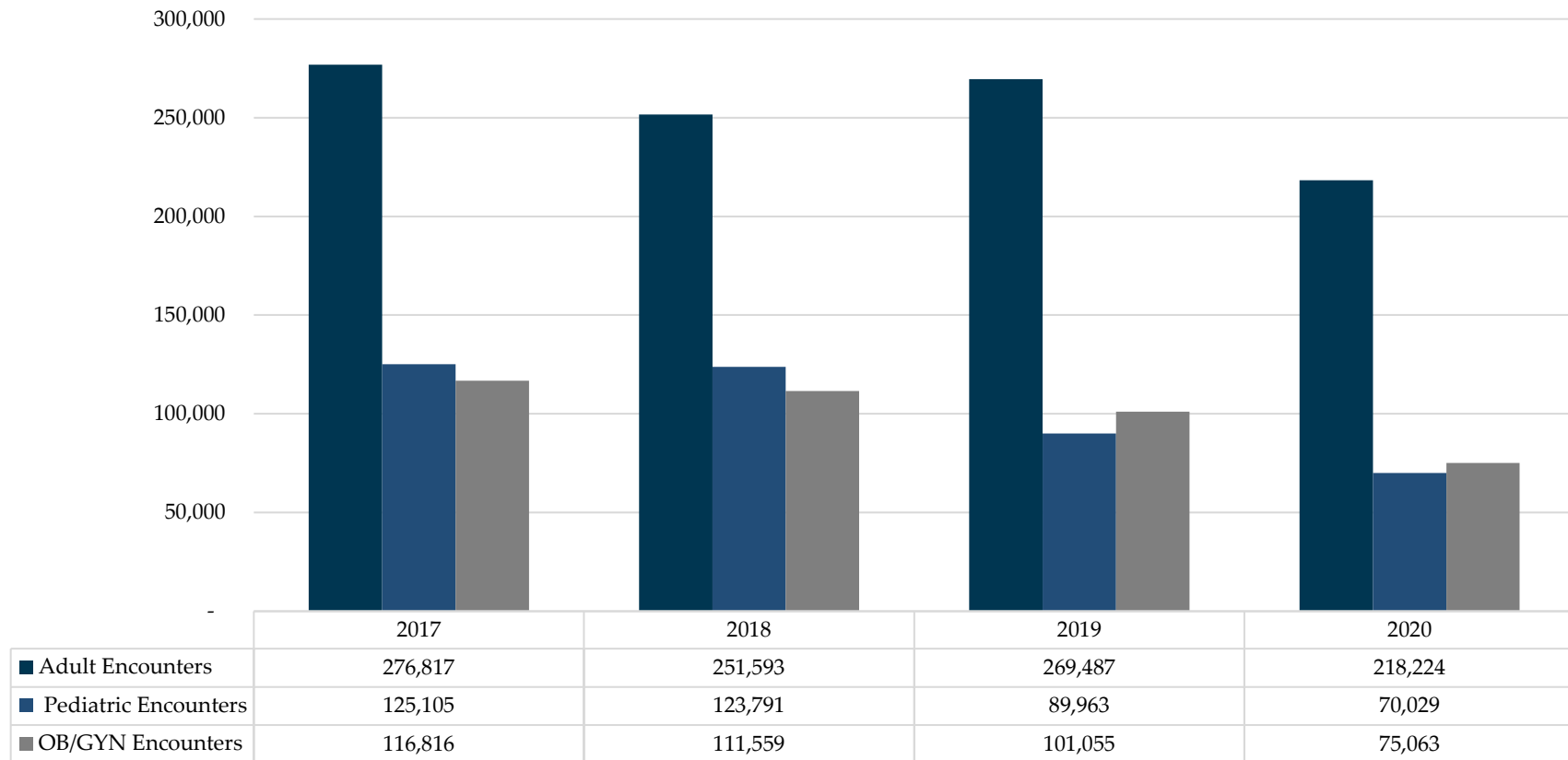


- Medical encounters increased at Casa de Salud and CareSTL by 59% and 12%, respectively.
- Medical encounters decreased by 5% or more at eight organizations over the past year: The SPOT (61%), iFM Medicine (52%), BJK People's (38%), SLUCare Physician Group (30%), BJH Clinics (21%), Affinia Healthcare (16%), Family Care Health Centers (15%), and St. Louis County Department of Public 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. 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 2020 was driven by planned volume decrease due to Epic go-live. BJH volume prior to 2017 is understated due to different reporting methodology. iFM Medicine is a new reporting provider.

Adult medical encounters have decreased by 19% over the past year.

Medical Encounters by User Type, 2017 - 2020

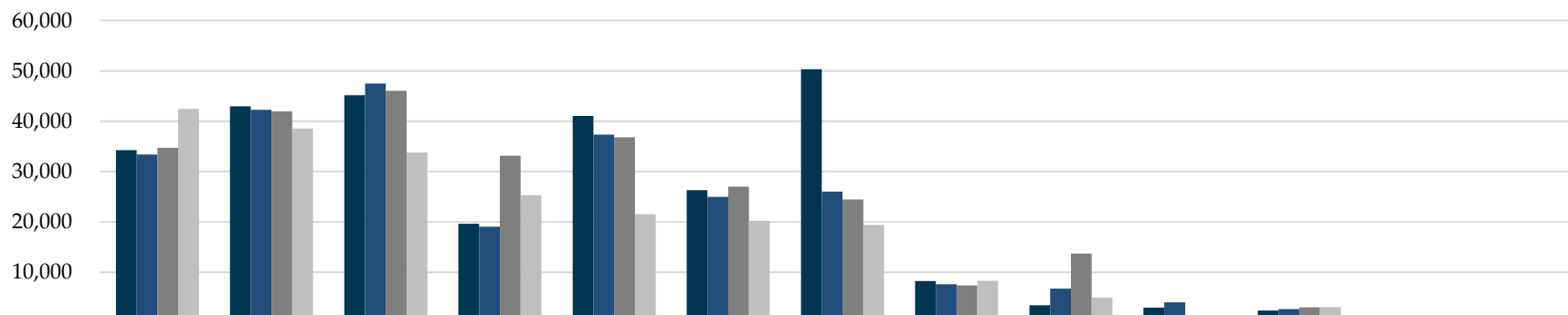


- Adult encounters decreased by 19% over the past year, and by 21% since 2017.
- Pediatric encounters declined by 22% over the past year, and by 44% since 2017.
- Obstetrics/gynecology encounters declined by 26% over the past year, and by 36% since 2017.

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 19% over the past year, and by 21% since 2017.

Adult Medical Encounters by Organization, 2017 - 2020



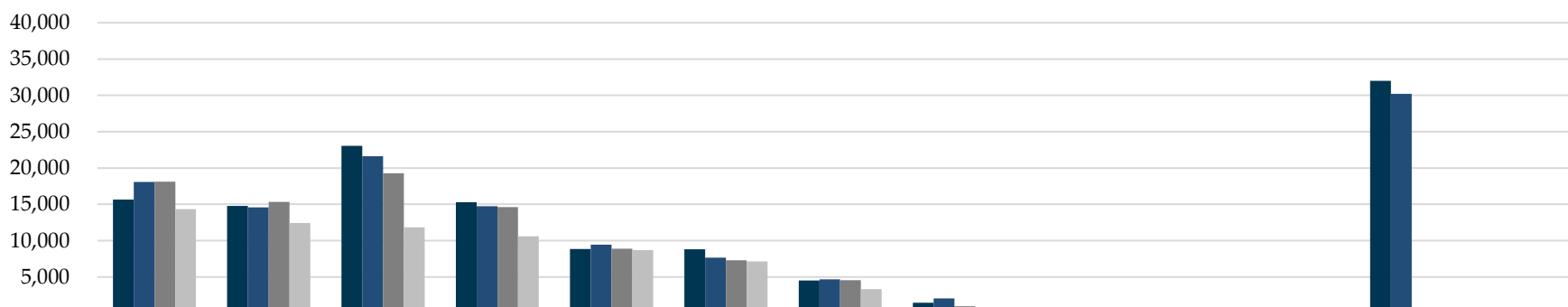
| | CareSTL Health | Family Care Health Centers | Affinia Healthcare | BJK People's Health Centers | SLUCare | BJH Medicine Clinics | St. Louis County Dept. of Public Health | Mercy JFK Clinic | The SPOT | SSM | Casa de Salud | iFM Medicine | Total |
|---------------------|----------------|----------------------------|--------------------|-----------------------------|---------|----------------------|---|------------------|----------|-------|---------------|--------------|---------|
| ■ 2017 | 34,239 | 42,971 | 45,141 | 19,656 | 41,067 | 26,308 | 50,355 | 8,267 | 3,450 | 2,955 | 2,408 | - | 276,817 |
| ■ 2018 | 33,378 | 42,255 | 47,470 | 19,054 | 37,355 | 24,993 | 26,007 | 7,621 | 6,769 | 4,037 | 2,654 | - | 251,593 |
| ■ 2019 | 34,708 | 41,965 | 46,055 | 33,168 | 36,798 | 26,982 | 24,436 | 7,403 | 13,727 | - | 3,027 | 1,218 | 269,487 |
| ■ 2020 | 42,449 | 38,536 | 33,810 | 25,338 | 21,519 | 20,231 | 19,389 | 8,324 | 4,934 | - | 3,077 | 617 | 218,224 |
| % Change, 2017-2020 | 24% | -10% | -25% | 29% | -48% | -23% | -61% | 1% | 43% | - | 28% | - | -21% |
| % Change, 2019-2020 | 22% | -8% | -27% | -24% | -42% | -25% | -21% | 12% | -64% | - | 2% | -49% | -19% |

- Adult medical encounters increased by 5% or more over the past year at 2 organizations: CareSTL Health and MercyJFK Clinic at 22% and 12%, respectively.
- Adult medical encounters decreased by 8% or more at eight organizations over the past year: The SPOT (64%), iFM Medicine (49%), SLUCare (42%), Affinia Healthcare (27%), BJK People's (24%), BJH Clinics (25%), St. Louis County Dept. of Public Health (21%), and Family Care Health Centers (8%).

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. iFM Medicine is a new reporting provider.

Total pediatric medical encounters decreased by 22% over the past year, and 44% since 2017.

Pediatric Medical Encounters by Organization



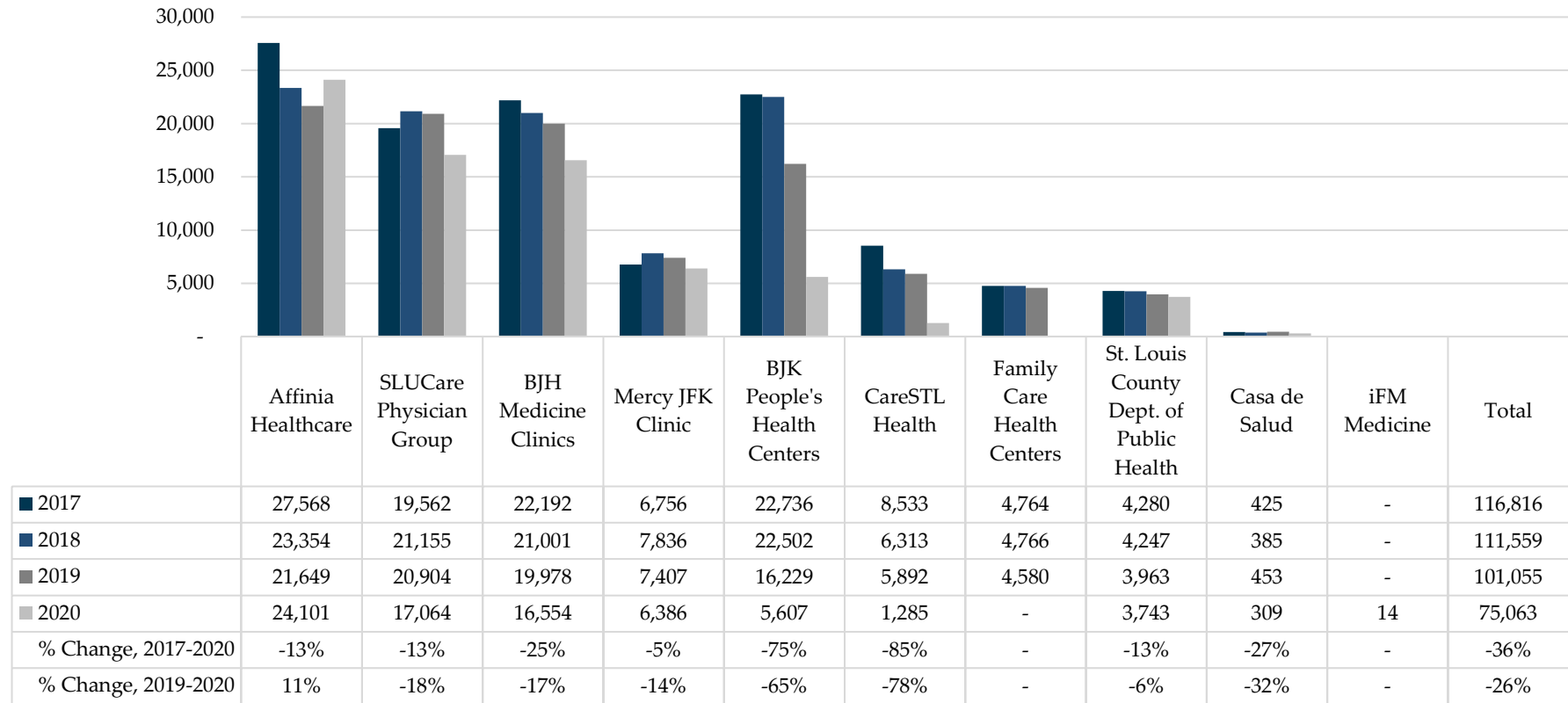
| | Affinia Healthcare | SLUCare | BJK People's Health Centers | Family Care Health Centers | CareSTL Health | Mercy Hospital JFK Clinic | St. Louis County Dept. of Public Health | The SPOT | BJH Medicine Clinics | iFM Medicine | Casa de Salud | SSM | Total |
|---------------------|--------------------|---------|-----------------------------|----------------------------|----------------|---------------------------|---|----------|----------------------|--------------|---------------|--------|---------|
| ■ 2017 | 15,648 | 14,777 | 23,048 | 15,298 | 8,837 | 8,819 | 4,503 | 1,442 | 721 | - | 1 | 32,011 | 125,105 |
| ■ 2018 | 18,090 | 14,595 | 21,606 | 14,752 | 9,442 | 7,677 | 4,683 | 2,038 | 699 | - | - | 30,209 | 123,791 |
| ■ 2019 | 18,133 | 15,318 | 19,291 | 14,615 | 8,908 | 7,289 | 4,580 | 968 | 495 | 365 | 1 | - | 89,963 |
| ■ 2020 | 14,337 | 12,448 | 11,827 | 10,605 | 8,709 | 7,140 | 3,308 | 796 | 708 | 121 | 30 | - | 70,029 |
| % Change, 2017-2020 | -8% | -16% | -49% | -31% | -1% | -19% | -27% | -45% | -2% | - | - | - | -44% |
| % Change, 2019-2020 | -21% | -19% | -39% | -27% | -2% | -2% | -28% | -18% | 43% | -67% | - | - | -22% |

- Pediatric medical encounters increased at BJH Clinics by 43% over the past year.
- Pediatric medical encounters decreased by 18% or more at seven safety net organizations over the past year: iFM Medicine (67%), BJK People's (39%), St. Louis County Dept. of Public Health (28%), Family Care Health Centers (27%), Affinia Healthcare (21%), SLUCare (19%), and The SPOT (18%).

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. iFM Medicine is a new reporting provider.

Total OB/GYN medical encounters decreased by 31% over the past year, and 41% since 2017.

OB/GYN Medical Encounters by Organization, 2017 - 2020

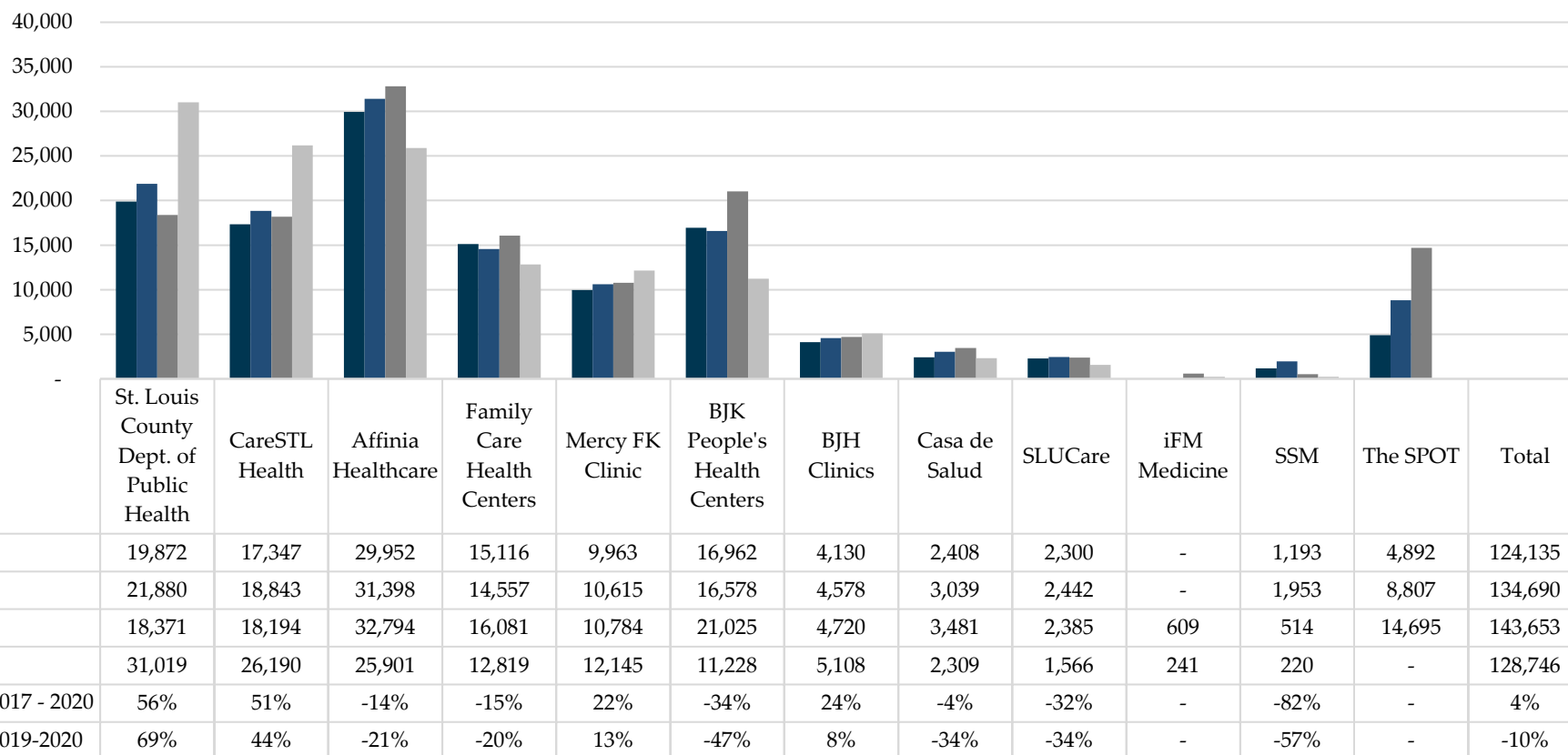


- OB/GYN medical encounters increased at Affinia Healthcare by 11% over the past year.
- OB/GYN medical encounters decreased by 6% or more at seven safety net organizations over the past year: CareSTL (78%), BJK People's (65%), Casa de Salud (32%), SLUCare (18%), BJH Clinics (17%), Mercy JFK (14%), and St. Louis County Dept. of Public Health (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. iFM Medicine is a new reporting provider.

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

Uninsured Medical Encounters by Organization, 2017 - 2022

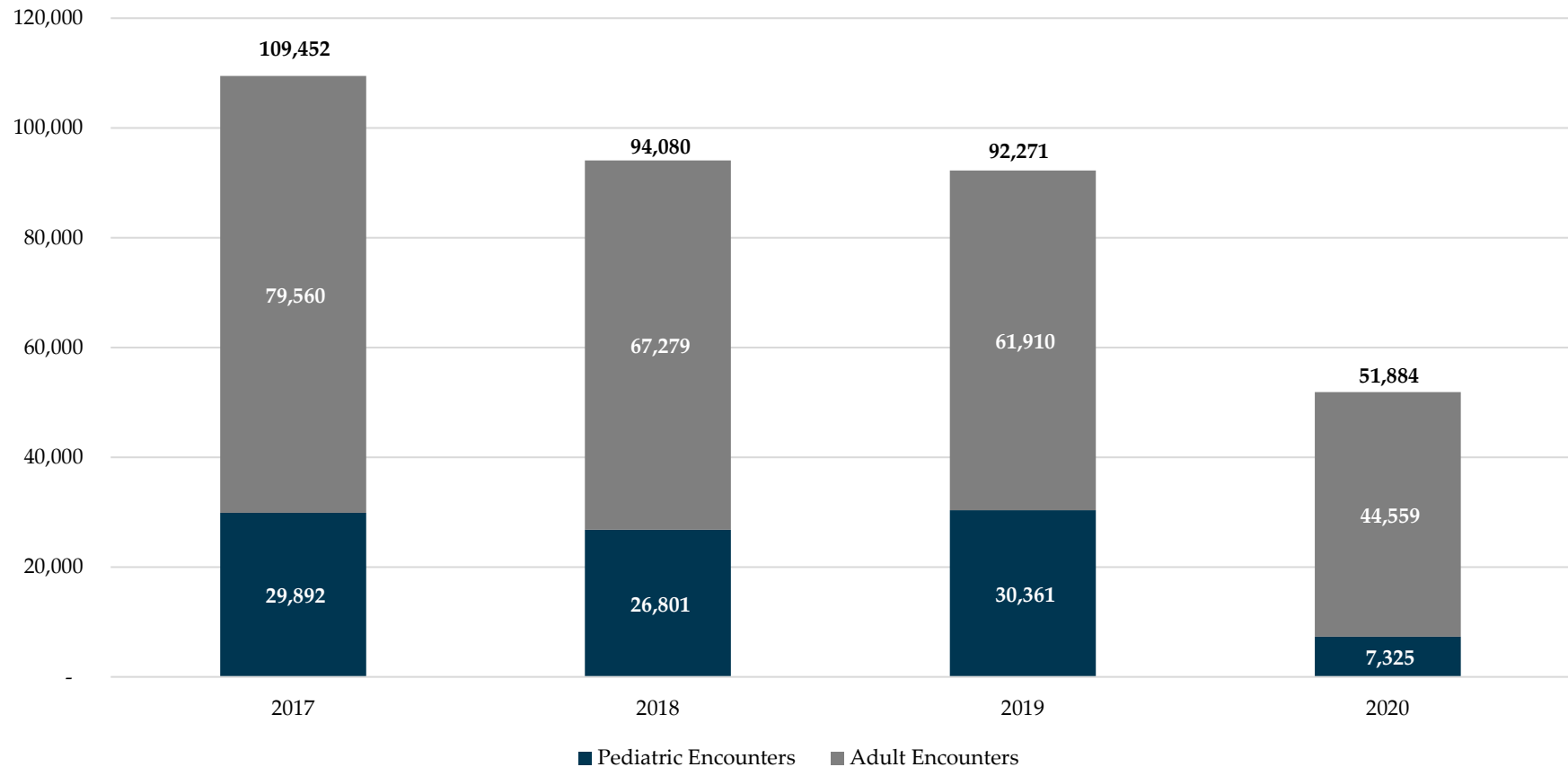


- Uninsured medical encounters increased by 8% or more at four safety net organizations over the past year: St. Louis County Dept. of Public Health (69%), CareSTL (44%), Mercy JFK (13%), and BJH Clinics (8%).
- Uninsured medical encounters decreased by 20% or more at six safety net organizations over the past year: SSM (57%), BJK Peoples (47%), SLUCare (34%), Casa de Salud (34%), Affinia Healthcare (21%), and Family Care Health Centers (20%).

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. iFM Medicine is a new reporting provider.

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

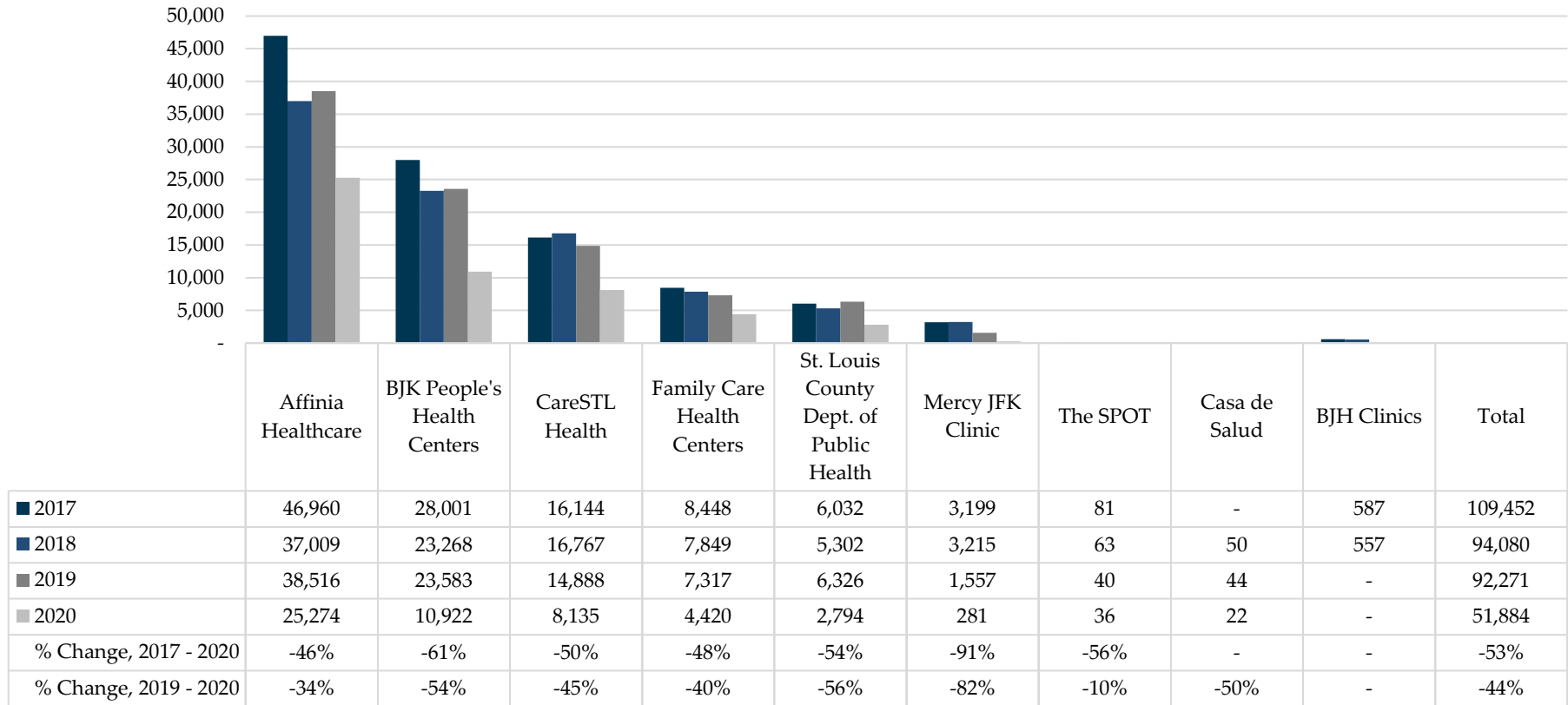
Primary Care Dental Encounters by Type, 2017 - 2020



- Dental encounters provided at safety net primary care providers have decreased by 44% over the past year.
- Pediatric dental encounters comprise 14% (over 7,300 encounters) of all dental encounters reported in 2020.
- The skewed trends seen can be attributed to COVID-19. At this time, since dental encounters required very intimate contact, in addition to changes in technology and only emergency cases being seen, dental services were directly impacted. Another factor to consider is the healthcare workforce shortage and the difficulties with recruiting and hiring essential workers.

Dental encounters decreased at eight organizations over the past year.

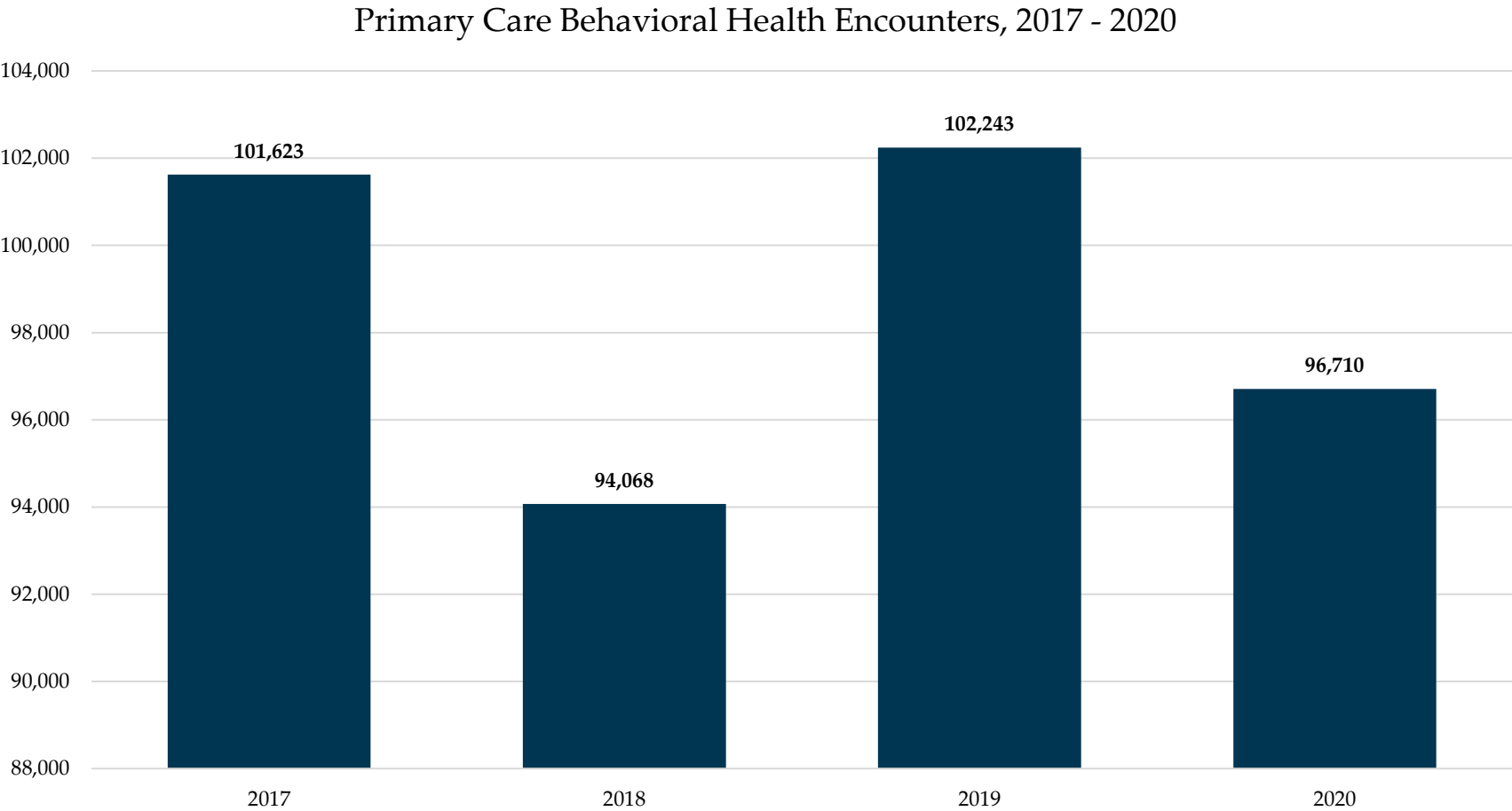
Dental Encounters by Organization, 2017 - 2020



The eight primary care organizations with reported decreases in dental encounters over the past year include: Mercy JFK (82%), St. Louis County Dept. of Public Health (56%), BJK People's (54%), Casa de Salud (50%), CareSTL (45%), Family Care Health Centers (40%), Affinia Healthcare (34%), and The SPOT (10%).

Note: Affinia Healthcare expanded dental operations in June 2015 with the opening of a dental training clinic, in partnership with A.T. Still University.

Behavioral health encounters at safety net primary care providers have decreased by 5% (4,900), since 2017.

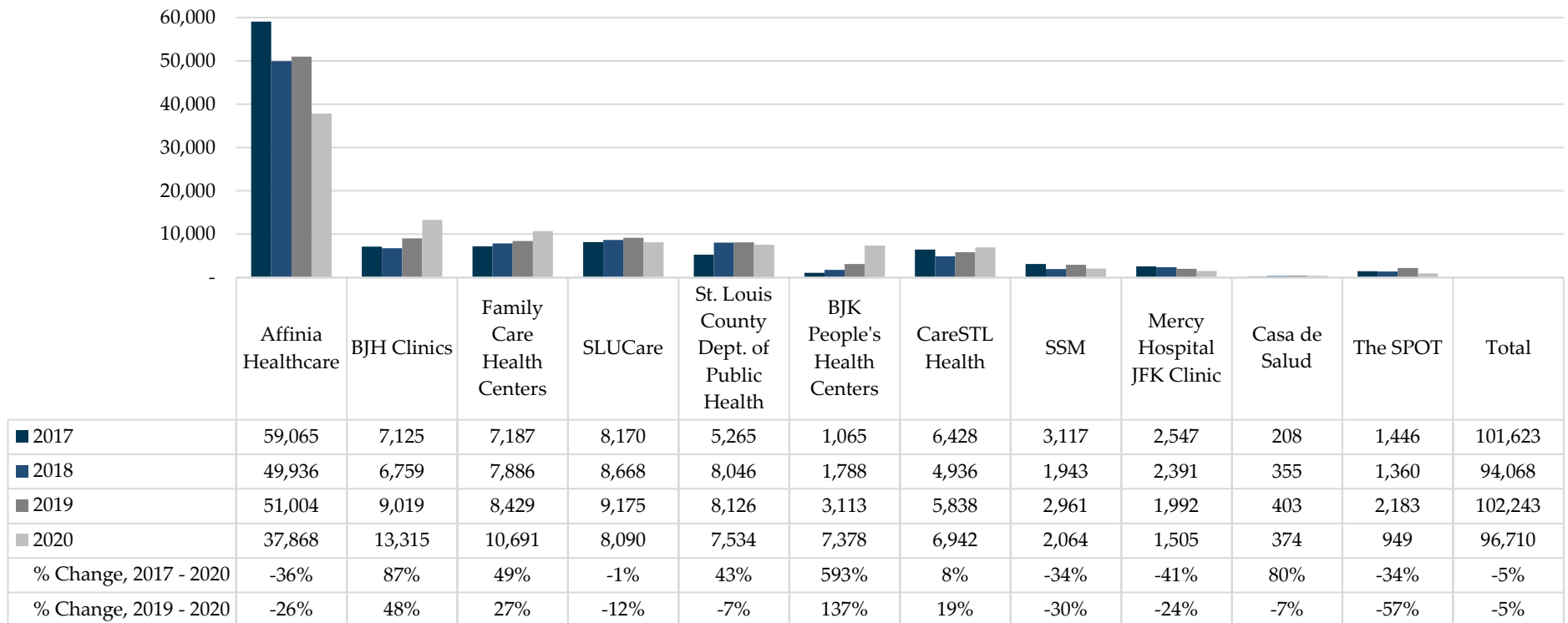


Behavioral health encounters at safety net primary care providers decreased by 5% over the past year.

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

Behavioral health encounters have decreased by 7% or more at seven safety net primary care organizations over the past year.

Behavioral Health Encounters by Organization, 2017 - 2020



- Behavioral health encounters increased at four organizations over the past year: BJK People's (137%), BJH Clinics (48%), Family Care Health Centers (27%), and CareSTL Health (19%).
- The seven primary care organizations with decreases in behavioral health encounters over the past year include: The SPOT (57%), SSM (30%), Affinia Healthcare (26%), Mercy Hospital JFK (24%), SLUCare (12%), Casa de Salud (7%), and St. Louis County Dept. of Public Health (7%).

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 use services. CareSTL Health increased capacity for behavioral health services in 2014 and 2017 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.

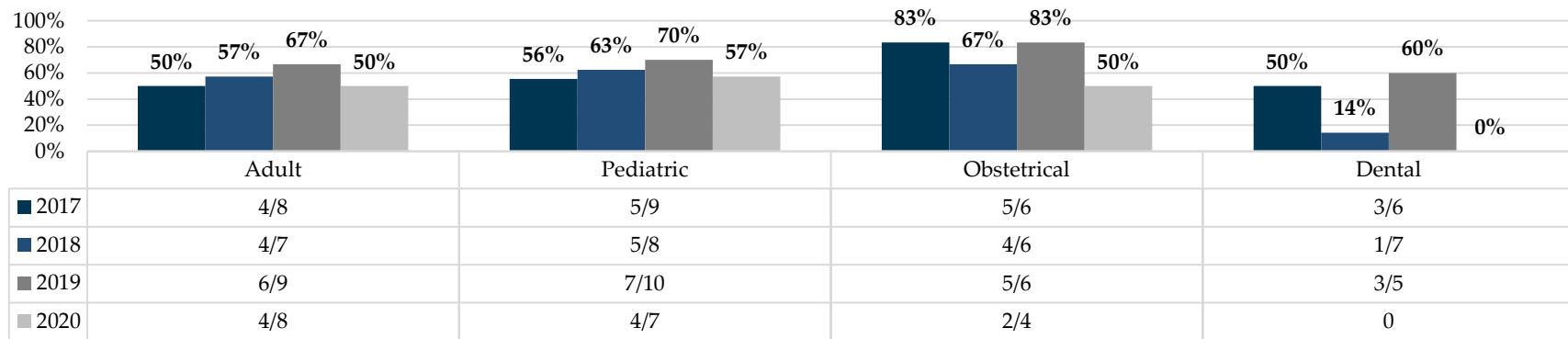
Evening and weekend hours remain available at St. Louis primary care safety net sites.

| 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 | Closed | Closed |
| 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-4:30pm | 8:00am-4:30pm | 8:00am-4:30pm | 8:00am-4:30pm | Closed | 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-4:00pm | 7:30am-4:00pm | 7:30am-4:00pm | 7:30am-4:00pm | Closed | Closed |
| SSM St. Mary's | 8:00am-5:30pm | 8:00am-5:30pm | 8:00am-5:30pm | 8:00am-5:30pm | 8:00am-12:00pm | 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 |

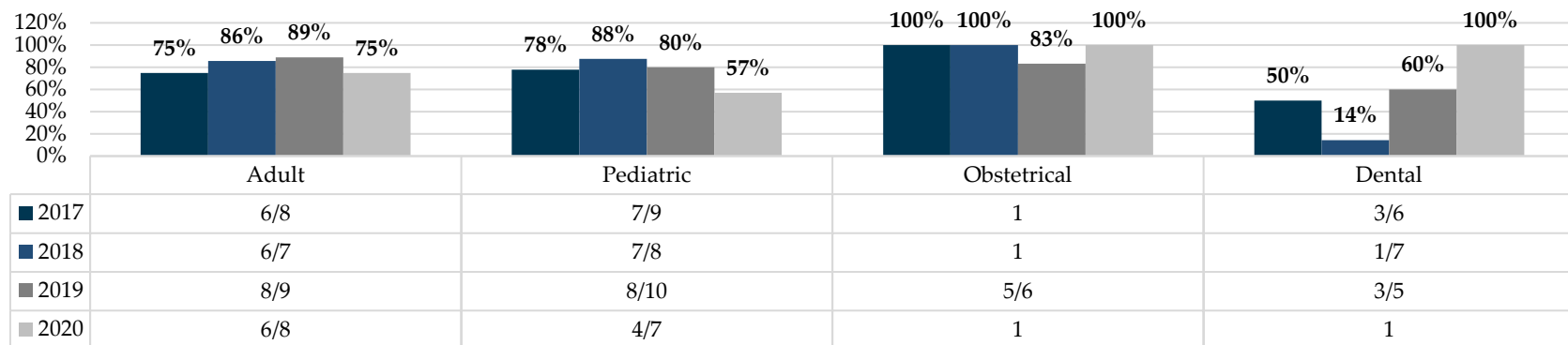
- Denotes organizations providing evening and weekend hours. For organizations with multiple sites, hours reported reflect sites with the longest available hours of operation each day. Affinia Healthcare and CareSTL Health had walk-in urgent care facilities available seven days a week throughout 2016 and 2017. However, as of September 1, 2020, urgent care services at Affinia Healthcare and CareSTL Health are no longer available on Saturdays or Sundays.
- * During 2020, Affinia Healthcare sites closed at 5:30pm on Thursdays and Fridays.

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

Primary Care Appointment Availability within 14 Days of Request for New Patients, 2017 - 2020



Primary Care Appointment Availability within 14 Days of Request for Returning Patients, 2017 - 2020



- Appointment availability for new and returning adult patients decreased over the past year.
- 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 decreased 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 and returning dental appointments.

| Organization | Wait Time for Non-Urgent Appointment (in days), as of June 2021 | | | | | | | |
|--|---|---------------------|-----------------|-----------------------|-----------|-----------------|------------|------------------|
| | Pediatric New | Pediatric Returning | Obstetrical New | Obstetrical Returning | Adult New | Adult Returning | Dental New | Dental Returning |
| Family Care | 31 | 21 | 18 | 9 | 19 | 11 | 90 | 80 |
| The SPOT | 4 | 4 | - | - | 1 | 1 | 60 | 60 |
| BJH Clinics | 21 | 21 | 7 | 7 | 9 | 6 | - | - |
| BJK People's* | 27 | 24 | 12 | 4 | 55 | 27 | 48 | 49 |
| Mercy JFK Clinic | 2 | 2 | 1 | 1 | 2 | 4 | - | - |
| St. Louis County Department of Public Health | 9 | 5 | 17 | 7 | 16 | 14 | 30 | 14 |
| Affinia Healthcare Sites | 4 | 4 | 4 | 4 | 4 | 4 | - | 18 |

- 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 and 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 2021. 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. Federally Qualified Health Centers (FQHCs) report having same day appointments available, as required by federal regulations.

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

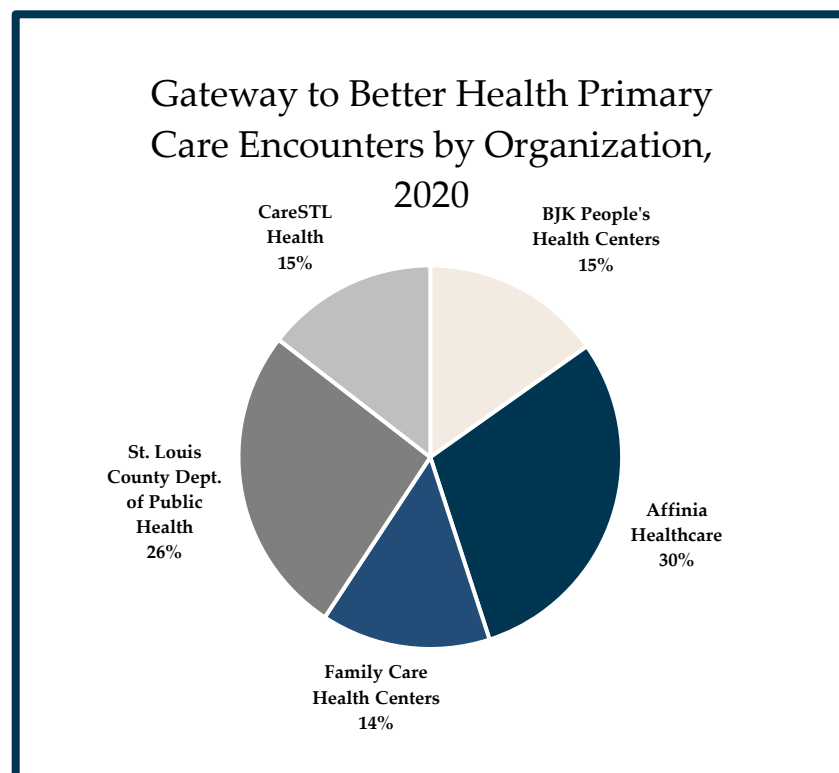
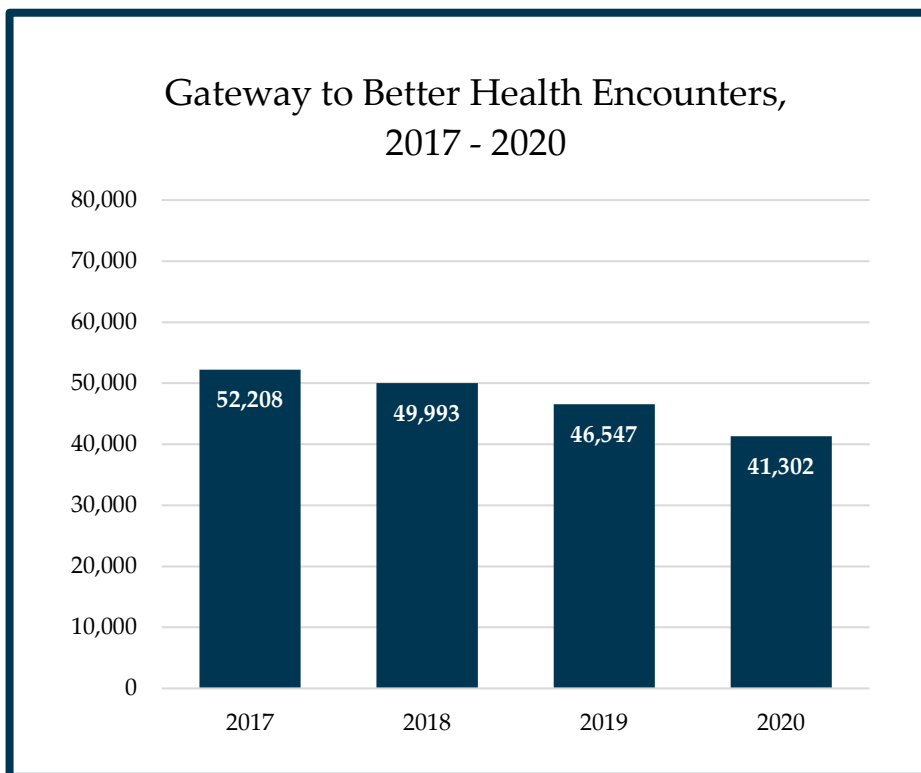
| Organization | Wait Time for Urgent Appointment (in days), as of June 2021 | | | | | | | |
|--|---|---------------------|-----------------|-----------------------|-----------|-----------------|------------|------------------|
| | Pediatric New | Pediatric Returning | Obstetrical New | Obstetrical Returning | Adult New | Adult Returning | Dental New | Dental Returning |
| Family Care | 14 | 0 | 0 | 0 | 20 | 0 | 108 | 0 |
| CareSTL Health | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| BJH Clinics | 14 | 14 | 7 | 3 | 7 | 4 | - | - |
| BJK People's | 36 | 9 | 1 | 7 | 55 | 8 | 5 | 7 |
| Mercy JFK Clinic | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| St. Louis County Department of Public Health | 2 | 2 | 7 | 5 | 1 | 1 | 1 | 1 |
| Affinia Healthcare Sites | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

- BJK People's has the longest wait time for new *urgent* pediatric appointments, while BJH Clinics has the longest wait times for returning, *urgent* medical pediatric appointments.
- BJH Clinics and St. Louis County Dept. of Public Health have the longest wait times for new *urgent* obstetrical appointments, while BJK People's has the longest wait time 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 2021. 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 41,300 primary care encounters were provided to gateway to better health patients in 2020, comprising 20% of all uninsured primary care encounters at St. Louis area safety net organizations.



- Over the past four years, Gateway to Better Health membership has decreased by 11%, as uninsured users in the St. Louis area has decreased by 30%.
- Primary care encounters among Gateway to Better Health patients have decreased by more than 21% over the past four years.
- Affinia Healthcare saw the highest volume of Gateway to Better Health primary care encounters (30%) in 2020.

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. Consistent with the trend in reported encounters among Gateway patients, overall enrollment for the Gateway program has declined over time from an average of 16,194 in 2017 to an average of 14,408 in 2020. Medicaid Expansion was approved in October 2020. The Gateway to Better Health program is currently working to transition its' members to a Medicaid Health Plan. To date, 3,518 Gateway to Better Health members have transitioned to Medicaid.

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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 2020 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.

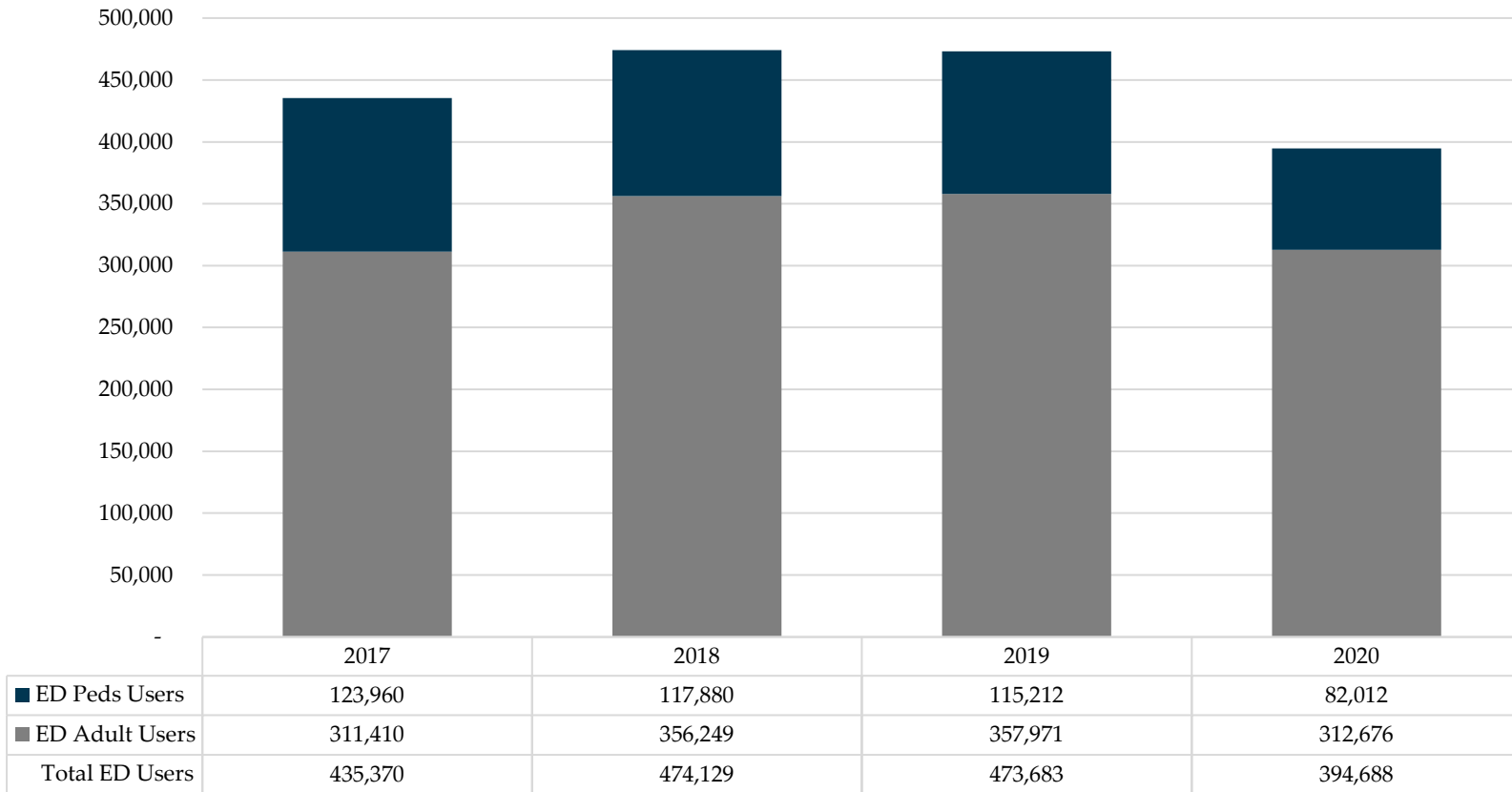
Gateway to Better Health is a limited coverage model that does not include reimbursement for emergency care services. Therefore, emergency department encounters and user volumes occurring among Gateway enrollees in calendar year 2020 are captured in the “uninsured” payor category of the figures presented.

Emergency Care: Key Findings

- Total emergency department encounters have declined by 18% over the past year. Uninsured emergency department encounters at St. Louis area hospitals have decreased by 13% from 2017 to 2020 (pages 55 and 59).
- Non-emergent encounters have decreased by 28% over the past year. Non-emergent encounters decreased by 39%, 28%, 23%, and 22% among uninsured, Medicaid, Medicare, and privately insured patients, respectively, over the past year (page 62).
- Approximately 14,700 patients visiting St. Louis area emergency departments had at least four emergency department visits at the same hospital, representing 4% of all emergency department patients in 2020 (page 67). Among these patients, there were more than 84,565 emergency department encounters in 2020 (page 68).
- Emergency department encounters with behavioral health diagnoses (primary) have decreased by 10% and account for 7% of all emergency department encounters in 2020 (page 69). The top primary behavioral health diagnoses are mood disorders, schizophrenia/delusional disorders, and alcohol use disorders (page 70).

Emergency care users decreased by 17% over the past year.

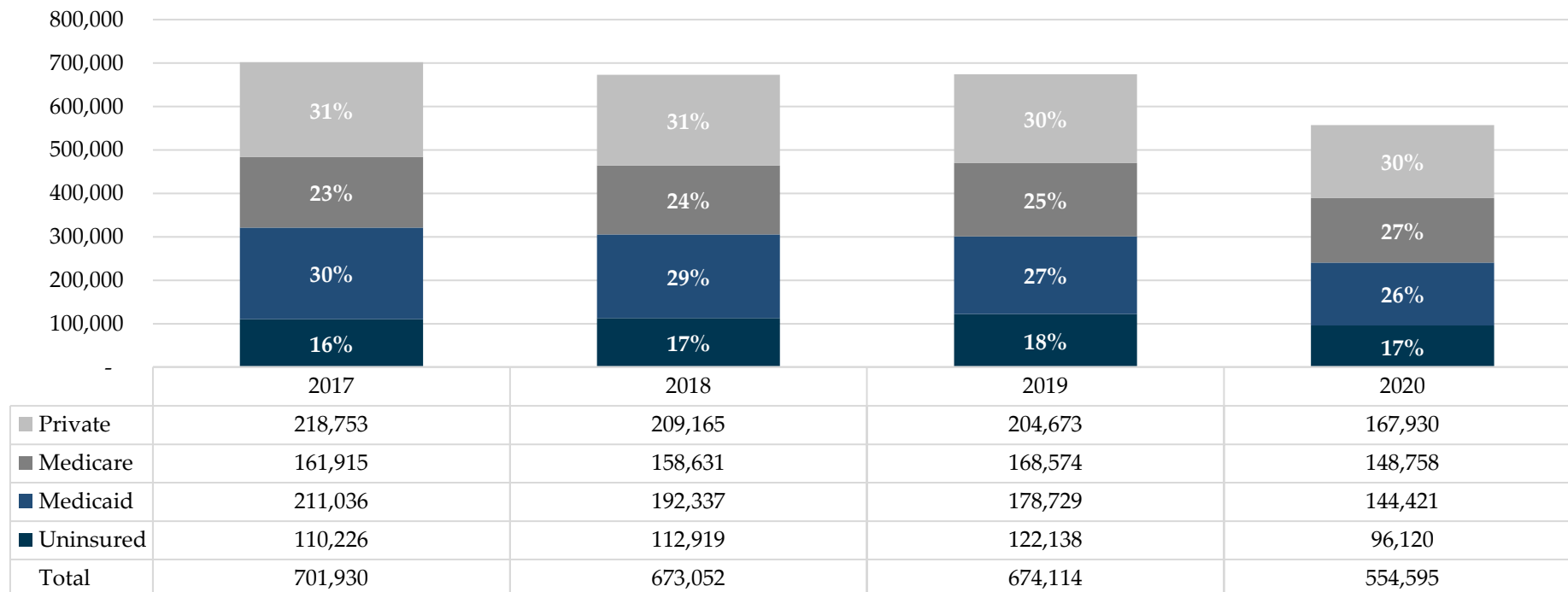
Emergency Care Users by Type, 2017 - 2020



- Pediatric users make up 21% of all users in 2020, compared to 24% in 2019.
- Adult users make up 79% of all users in 2020, compared to 76% in 2019.

Emergency care encounters have declined by 18% over the past year.

Emergency Department Encounters by Payor Category, 2017 - 2020

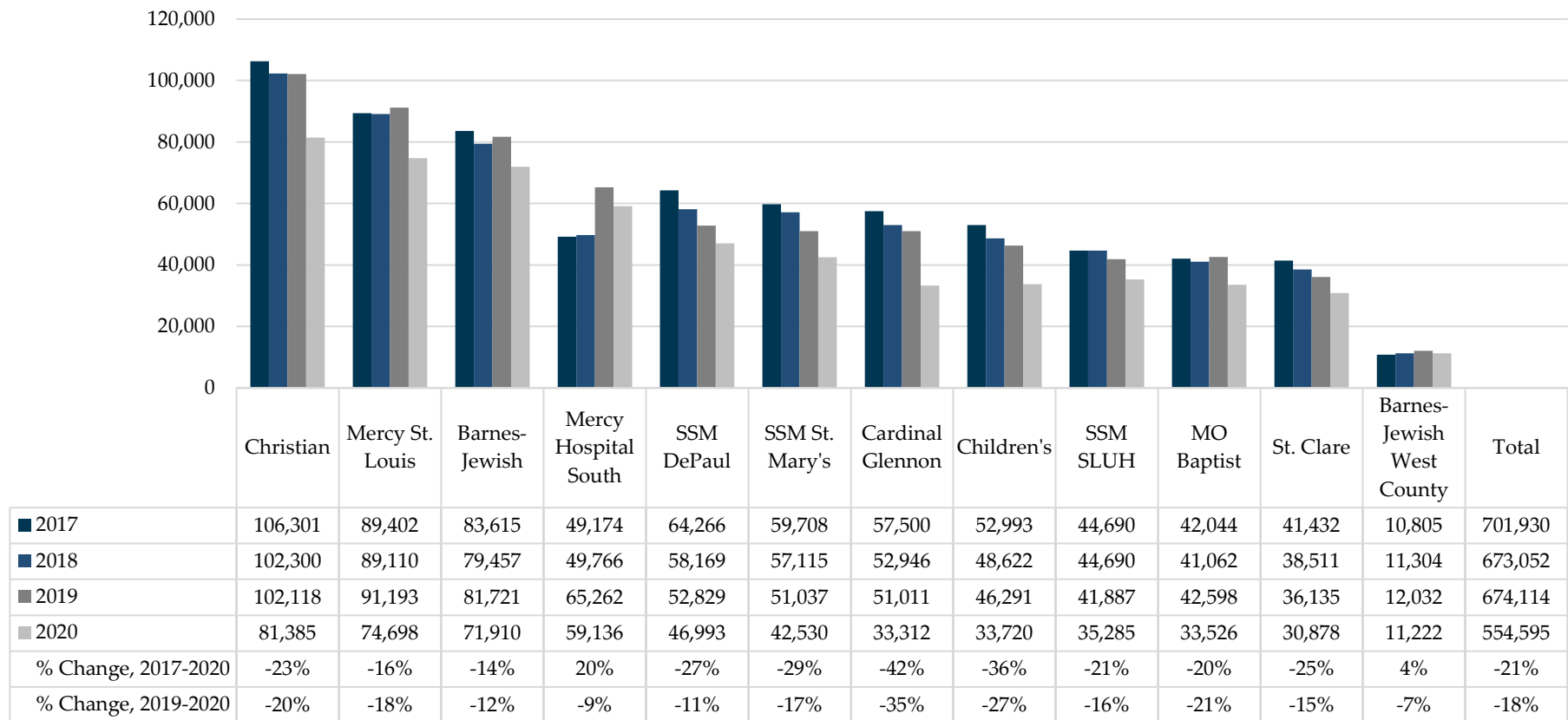


- Of the more than 554,500 emergency care encounters reported in 2020, 30% were among those privately insured, 27% were among the Medicare population, 26% were among the Medicaid population, and 17% were among the uninsured.
- Emergency care encounters at safety net hospitals have decreased by 21% (approximately 147,300 encounters) since 2017.

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

Emergency department encounters decreased by 18% at St. Louis area emergency departments over the past year.

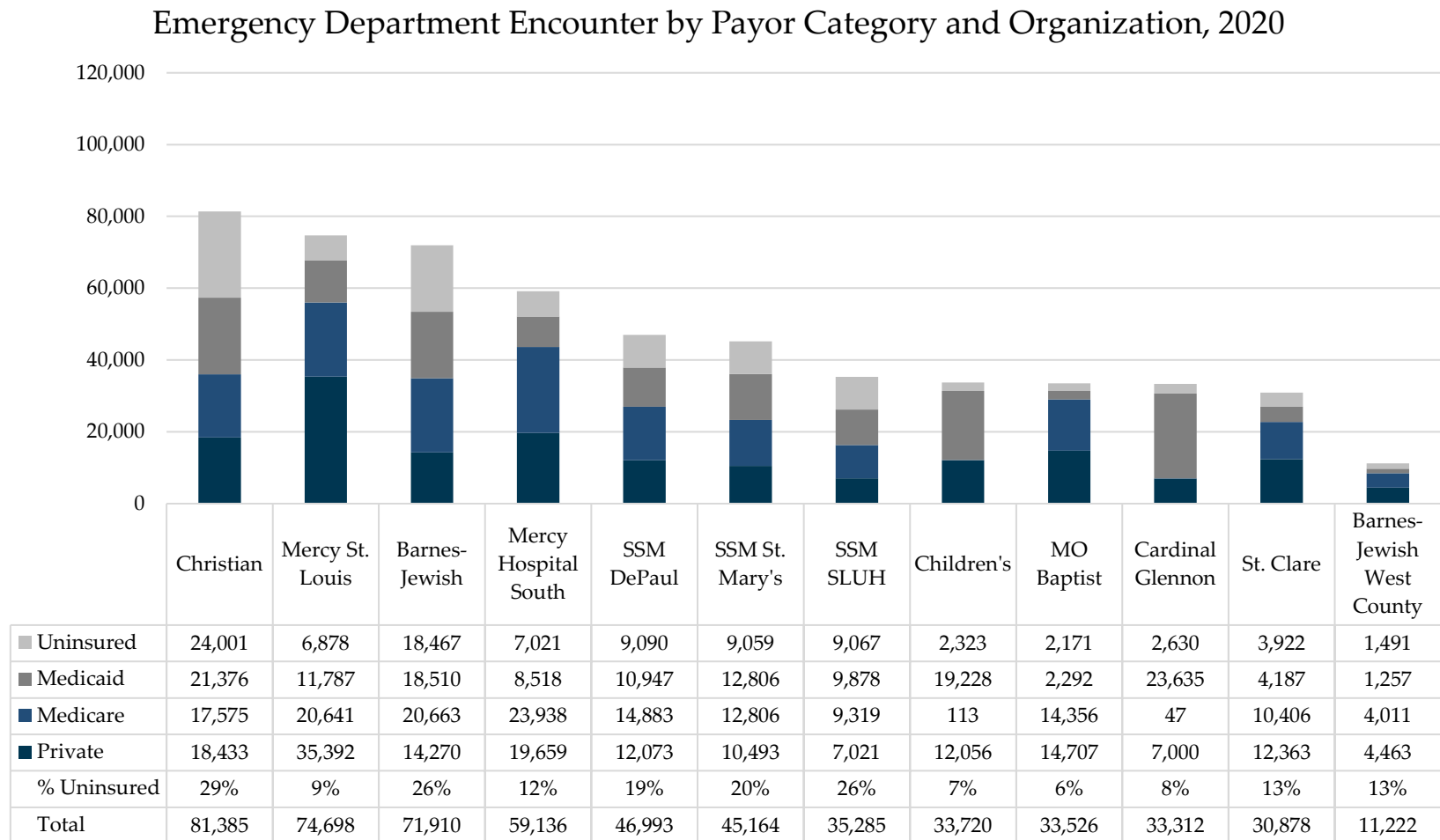
Total Emergency Department Encounters by Organization, 2017 - 2020



- Total emergency department encounters decreased by 7% or more at eight organizations over the past year: Mercy St. Louis (18%), SSM St. Mary's (17%), SSM SLUH (16%), St. Clare (15%), Barnes-Jewish (12%), SSM DePaul (11%), Mercy Hospital South (9%), and Barnes-Jewish West County (7%).
- Total emergency department encounters decreased by 20% more at four organizations over the past year: Cardinal Glennon (35%), MO Baptist (21%), Children's (27%), and Christian (20%).

Note: Christian Hospital's figures include data for both sites, Christian Northeast and Northwest Healthcare.

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

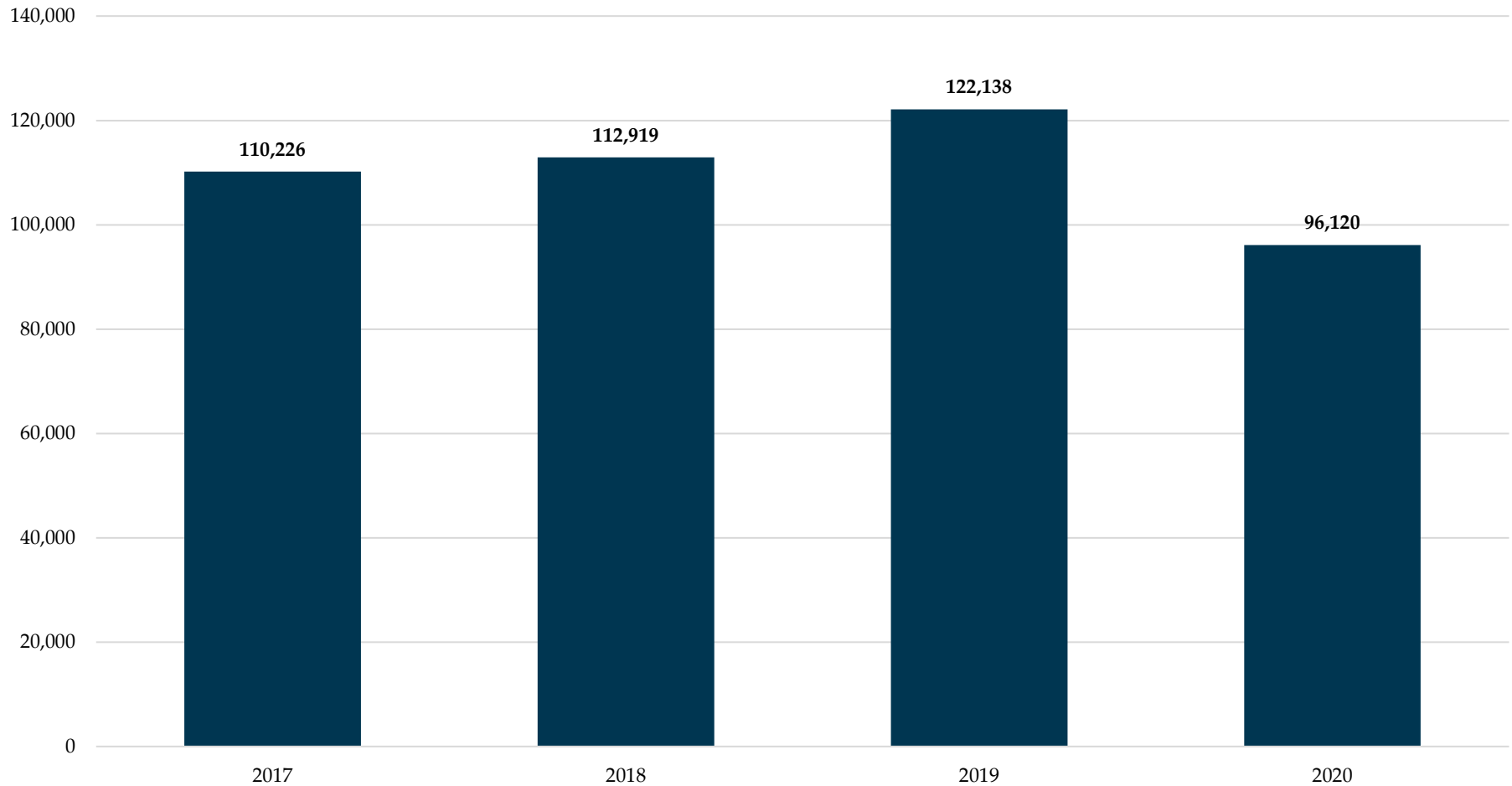


- Four hospitals (Christian, Barnes-Jewish, SSM SLUH, SSM St. Mary's) have payor mixes with 20% or greater uninsured emergency department encounters.
- More than 44% of Medicaid encounters were provided by three hospitals (Cardinal Glennon, Christian, and Children's). St. Louis Children's and Cardinal Glennon primarily serve pediatric populations.

Note: Christian Hospital's figures include data for both sites, Christian Northeast and Northwest Healthcare.

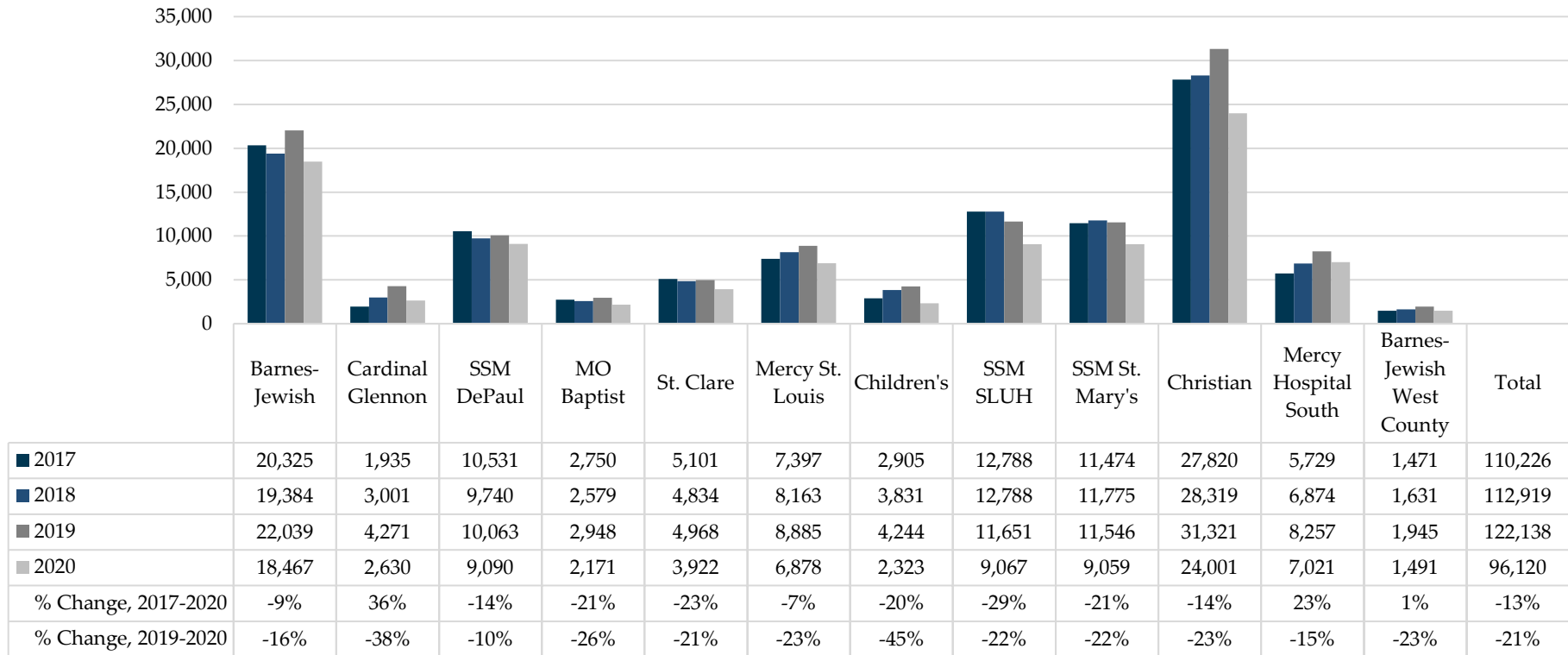
Uninsured emergency department encounters decreased by 21% over the past year, representing 17% of emergency department encounters.

Uninsured Emergency Department Encounters, 2017 - 2020



Three hospitals (Christian, Barnes-Jewish, and SSM DePaul) provided nearly 54% of all uninsured emergency department encounters in 2020.

Uninsured Emergency Department Encounters by Organization, 2017 - 2020

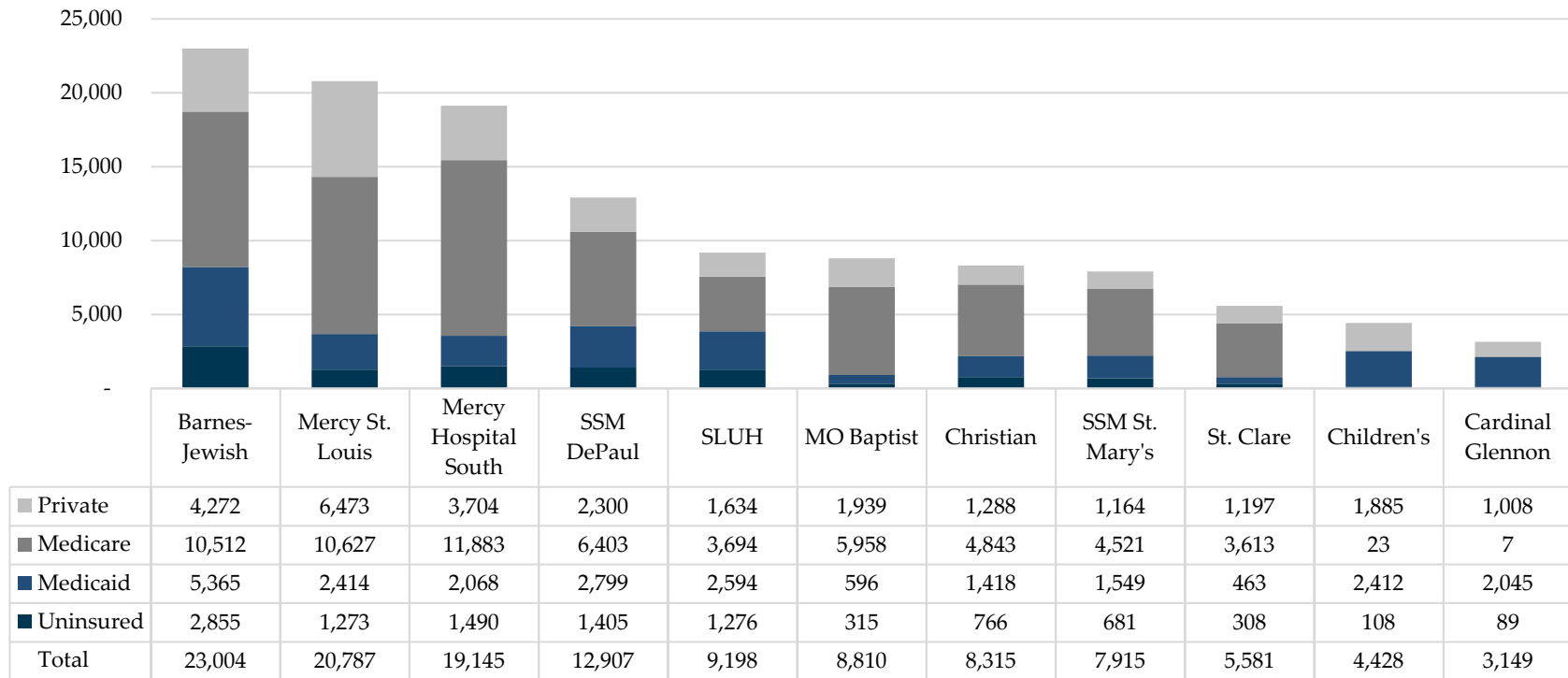


- Nine organizations had more than a 20% decrease in uninsured emergency department encounters over the past year: Children's (45%), Cardinal Glennon (38%), MO Baptist (26%), Mercy St. Louis (23%), Christian (23%), Barnes-Jewish West County (23%), SSM St. Mary's (22%), SSM SLUH (22%), and St. Clare (21%).
- Uninsured emergency department encounters decreased over the past year at each St. Louis area hospital with safety net providers.

Note: Christian Hospital's figures include data for both sites, Christian Northeast and Northwest Healthcare.

Approximately 23% of patients in emergency departments throughout the St. Louis region were admitted in 2020, as compared to 20% in 2020.

Inpatient Admissions by Payor Category and Organization, 2020

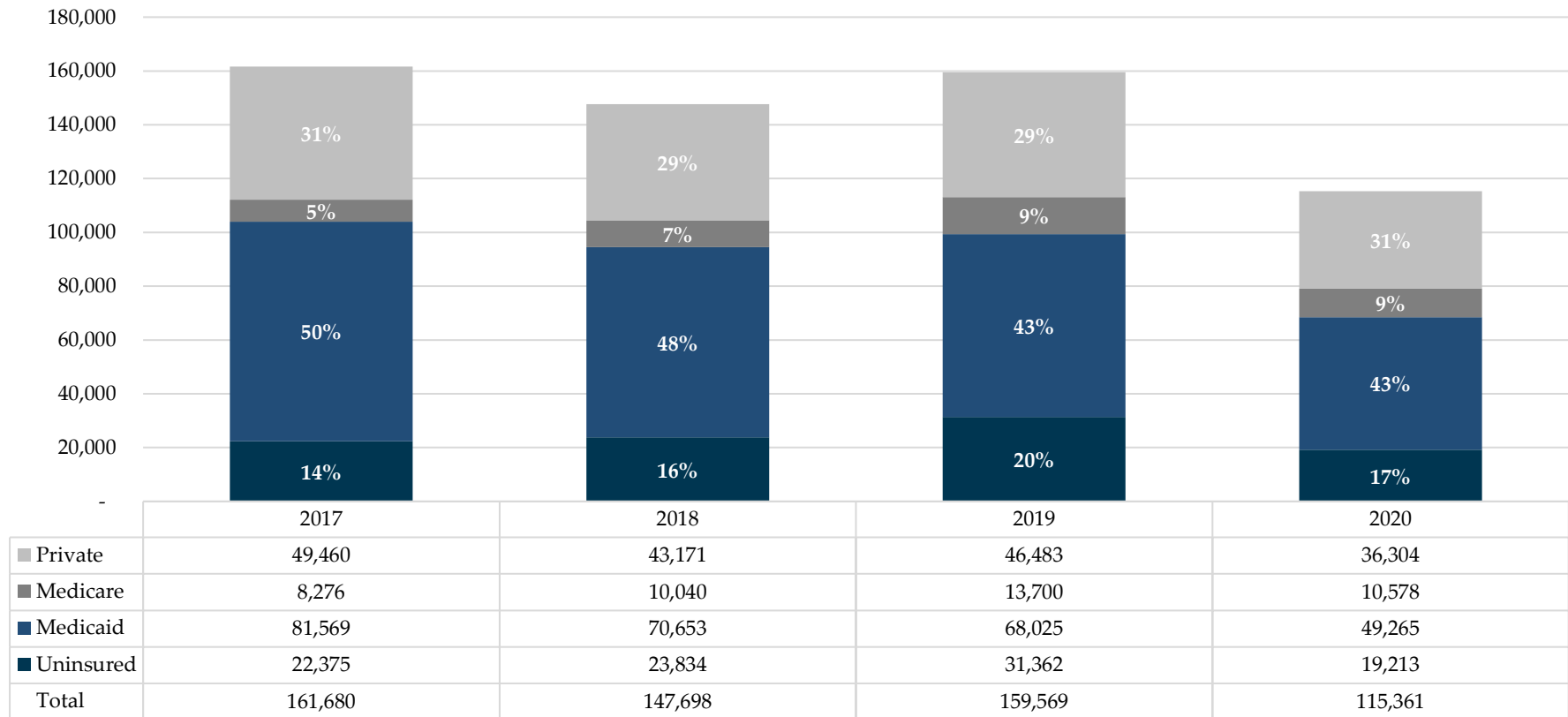


Emergency department encounters that were converted to inpatient admissions represent more than 20% of total emergency department encounters at six organizations: Mercy Hospital South (33%), Barnes-Jewish Hospital (32%), Mercy St. Louis (28%), SSM DePaul (28%), MO Baptist (27%), and SSM SLUH (26%).

Note: Christian Hospital's figures include data for both sites, Christian Northeast and Northwest Healthcare.

Non-emergent emergency department encounters decreased by 28% over the past year.

Non-Emergent Emergency Department Encounters by Payor Category, 2017 - 2020



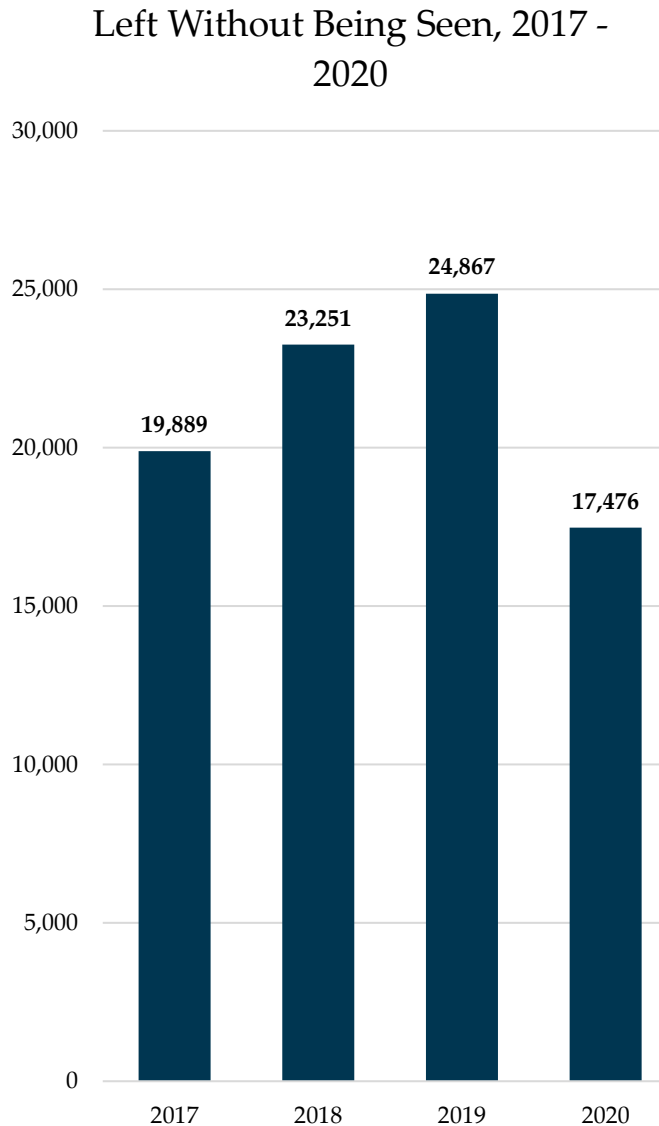
- Of the more than 115,300 non-emergent emergency encounters reported in 2020, 43% were among the Medicaid population, 31% were among those privately insured, 17% were among the uninsured population, and 9% were among the Medicare population.
- Non-emergent emergency department encounters decreased by 39%, 28%, 23%, and 22% among uninsured, Medicaid, Medicare, and privately patients insured, respectively, over the past year.

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

**Left without being seen
volumes decreased by 30%
over the past year.**

- Encounters where patients left hospital emergency departments without being seen have decreased by 12% since 2017.
- The approximately 17,400 encounters where patients left hospital emergency departments without being seen represent 3% of all emergency department encounters in the St. Louis region during 2020, which remains consistent with 2020 data.

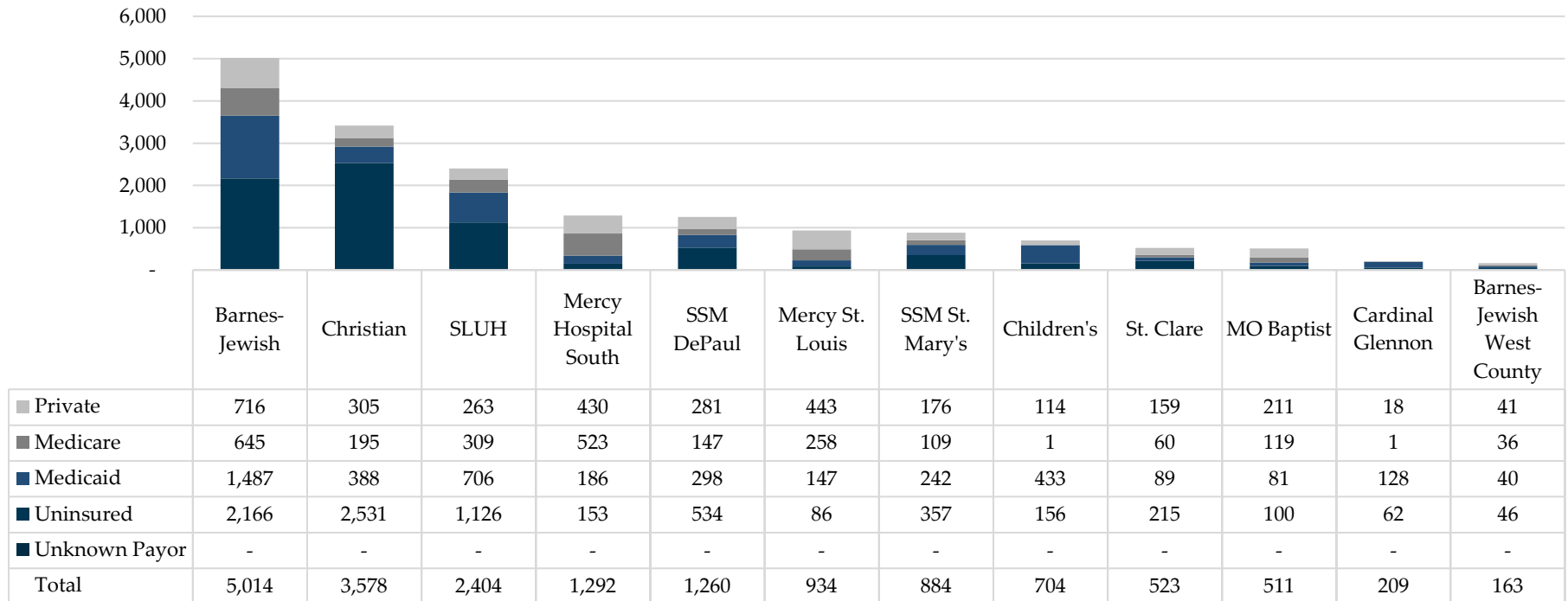
Note: For the purposes of analysis on this page, "all emergency department encounters" includes emergency department encounters with charges, encounters where patients left without being seen, and encounters where patients left against medical advice.



| Year | Total LWBS | Total Encounters | % |
|------|------------|------------------|-----|
| 2017 | 19,889 | 701,930 | 2.8 |
| 2018 | 23,251 | 673,052 | 3.5 |
| 2019 | 24,867 | 674,114 | 3.7 |
| 2020 | 17,476 | 554,595 | 3.1 |

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, 2020



- All reporting emergency departments had left without being seen rates below 5% of their total emergency department encounters, except for Barnes-Jewish Hospital and SLUH, which had left without being seen rates of 7%, respectively.
- Left without being seen volumes among uninsured patients represent 43% of the total left without being seen volume for the St. Louis region in 2020.

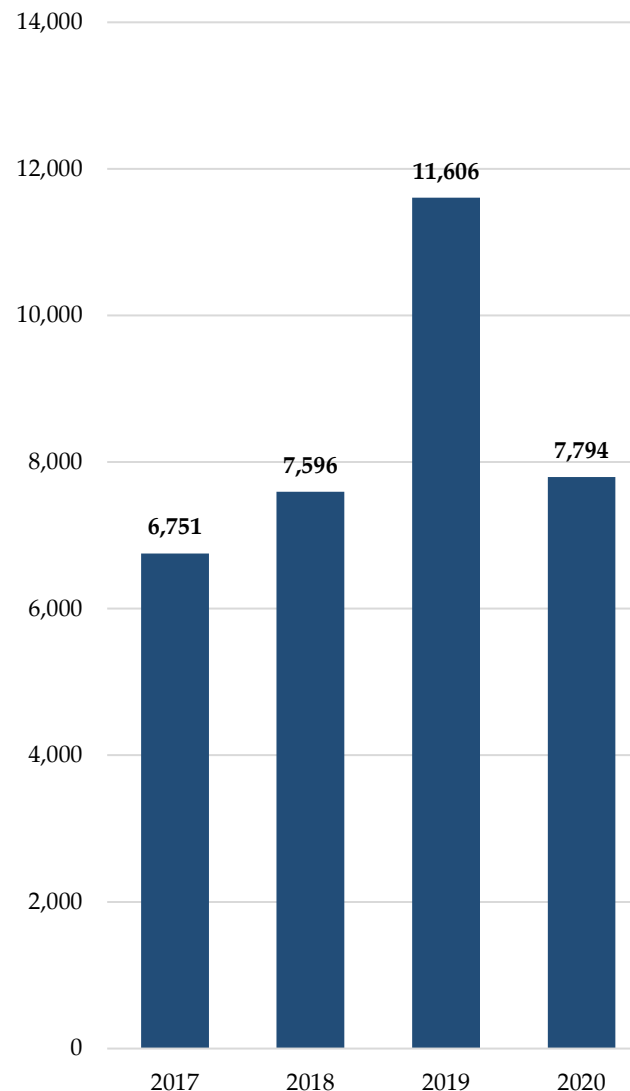
Note: For the purposes of analysis on this page, "total emergency department encounters" includes emergency department encounters with charges, encounters where patients left without being seen, and encounters where patients left against medical advice. Christian Hospital's figures include data for both sites, Christian Northeast and Northwest Healthcare.

Left against medical advice volumes have increased by 15% over the past four years.

- In 2020, across the St. Louis region, there were approximately 7,700 encounters where patients left hospital emergency departments against medical advice, a decrease of 33% as compared to the 2019 rate.
- Encounters where patients left hospital emergency departments against medical advice represent 1% of all emergency department encounters in the St. Louis region during 2020, which is consistent with 2020 data.

Note: For the purposes of analysis on this page, "all emergency department encounters" includes emergency department encounters with charges, encounters where patients left without being seen, and encounters where patients left against medical advice.

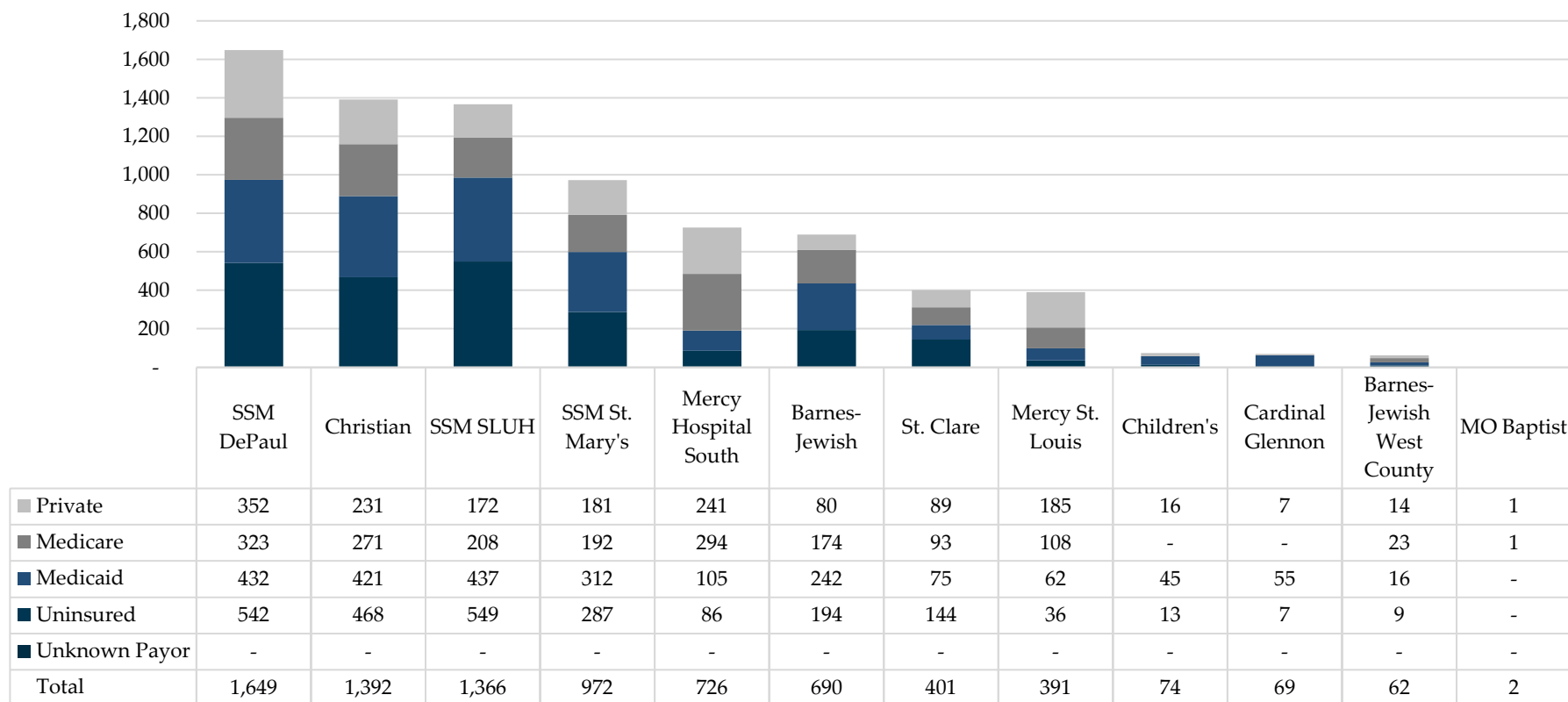
Left Against Medical Advice,
2017 - 2020



| Year | Total LAMA | Total Encounters | % |
|------|------------|------------------|-----|
| 2017 | 6,751 | 701,930 | 0.9 |
| 2018 | 7,596 | 673,052 | 1.1 |
| 2019 | 11,606 | 674,114 | 1.7 |
| 2020 | 7,794 | 554,595 | 1.4 |

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, 2020

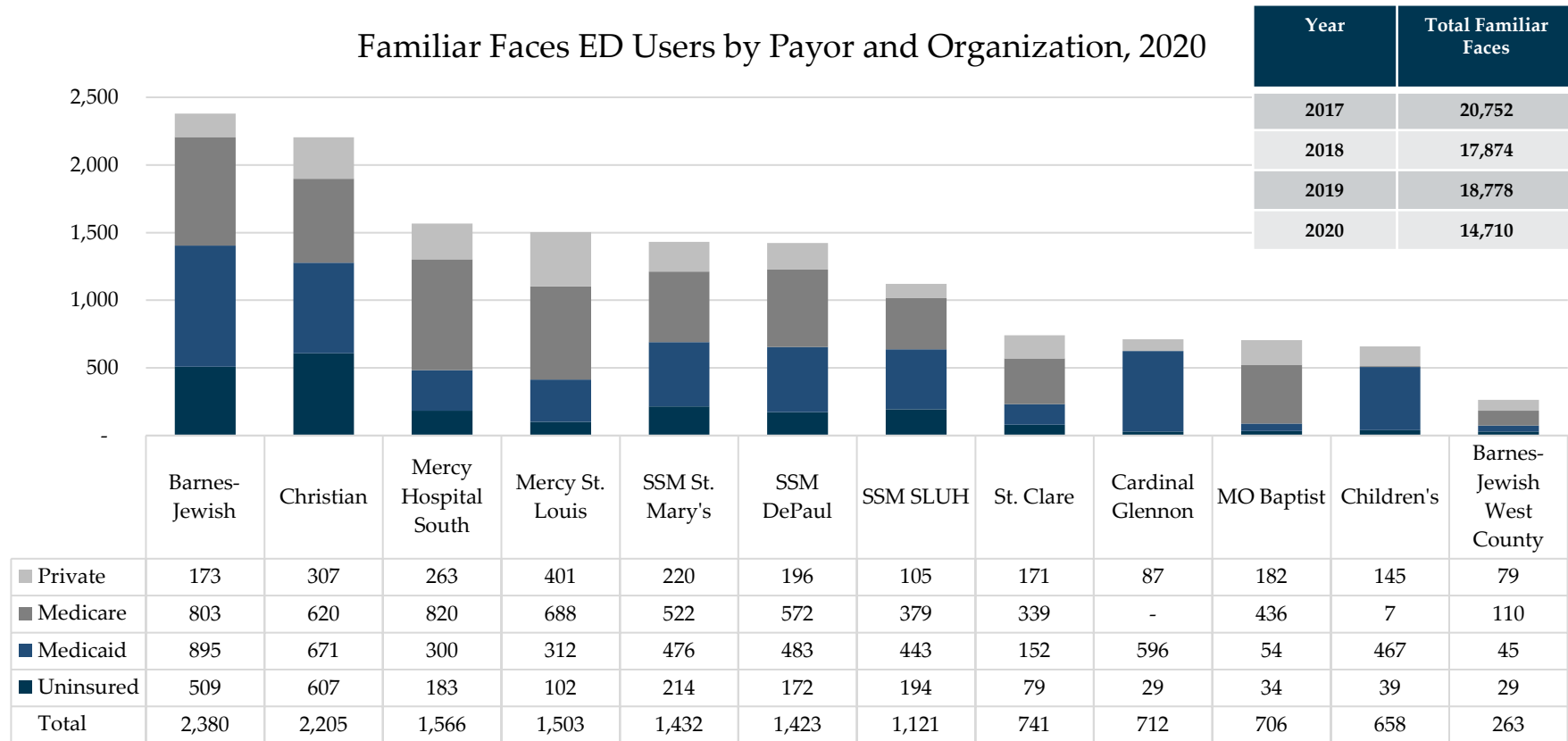


- All reporting emergency departments had left against medical advice rates that were below 5% of their total emergency department encounters.
- Left against medical advice volumes among uninsured patients represent 30% of the total left against medical advice volume for the St. Louis region in 2020.

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.

Approximately 14,700 patients visiting St. Louis area emergency departments in 2020 had four or more emergency department visits at the same hospital in the 2020 calendar year, which is an 22% decrease from the prior year.

Familiar Faces ED Users by Payor and Organization, 2020

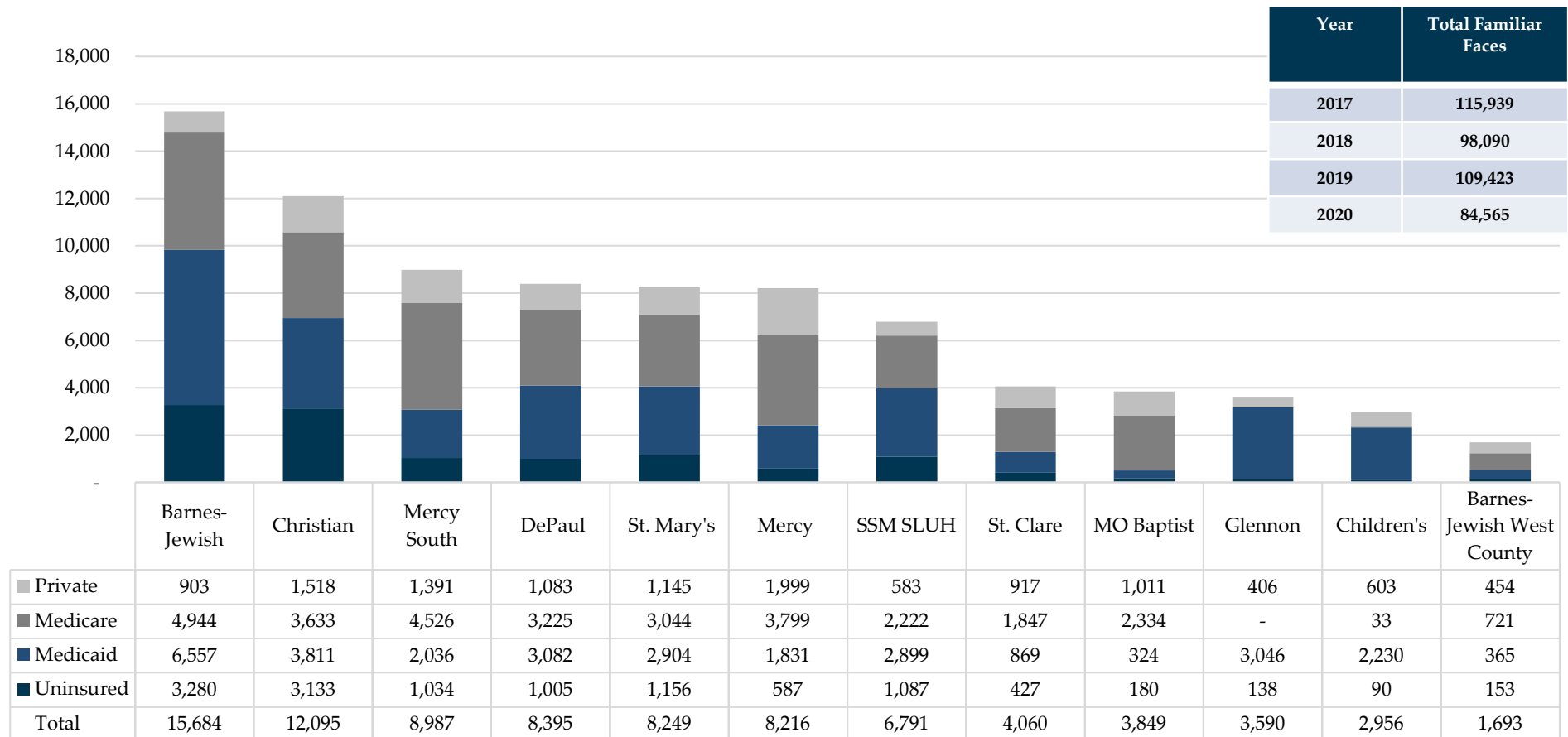


- Of the nearly 14,700 returning emergency department users reported in 2020, 36% were among Medicare patients, 33% were among Medicaid patients, 16% were among privately insured patients, and 15% were among uninsured patients.
- Familiar faces represent 4% of all patients who visited a St. Louis area emergency department in 2020, and account for 84,500 visits.

Note: Christian Hospital's figures include data for both sites, Christian Northeast and Northwest Healthcare. A "familiar face" is any patient that has four or more emergency department visits at the same hospital.

The 14,700 patients identified as familiar faces had 84,565 emergency department encounters at St. Louis area hospitals in 2020, which is a 23% decrease from the prior year.

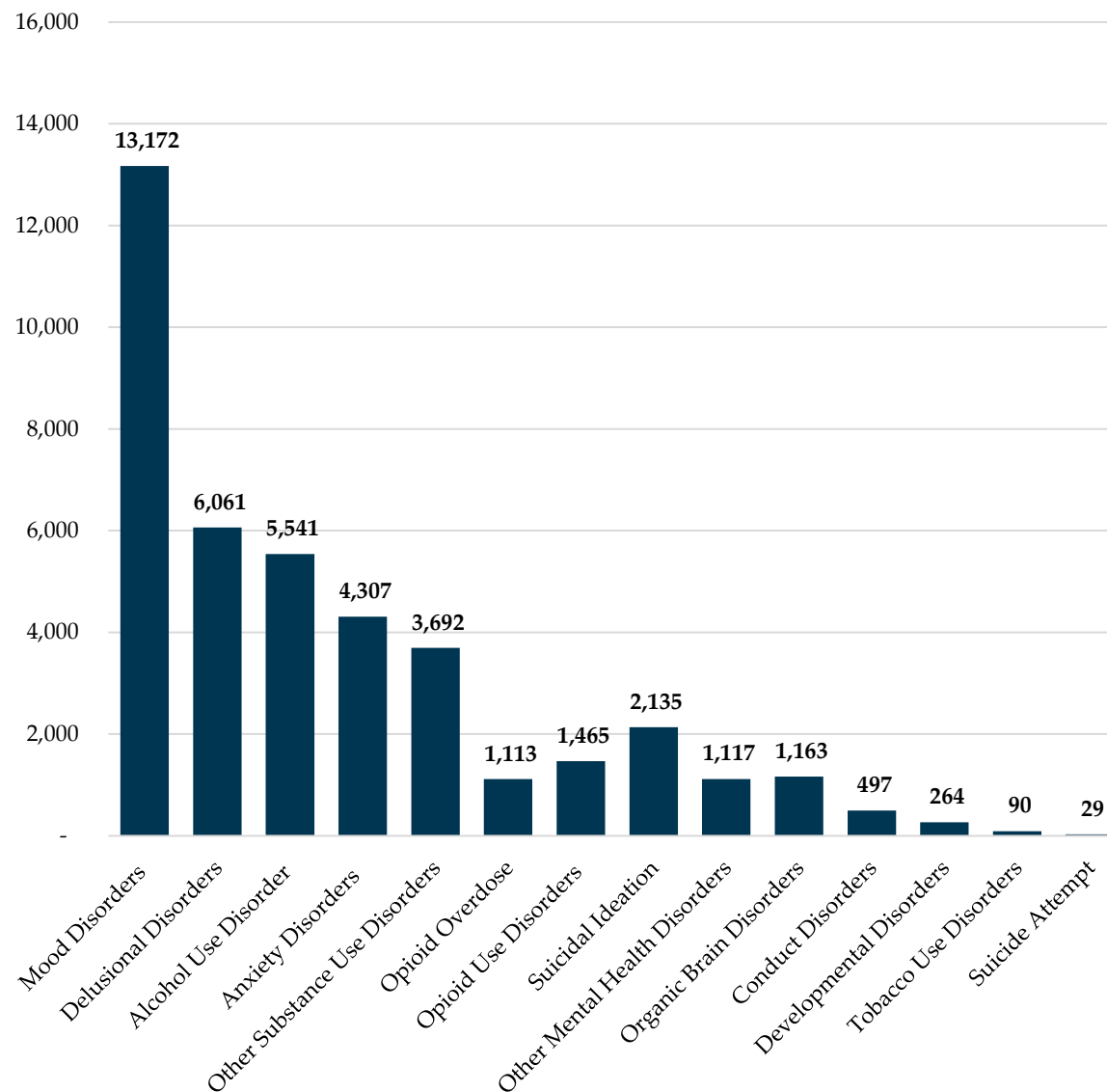
Familiar Faces ED Encounters by Payor and Organization, 2020



- Of the nearly 84,500 emergency department encounters among returning users reported in 2020, 36% were among Medicare patients, 35% among Medicaid patients, 15% were among uninsured patients, and 14% were among privately insured patients.
- Emergency department encounters among returning users represent 17% of all emergency department encounters in the St. Louis region during 2020, compared to 16% of all emergency department encounters in 2019.

Note: Christian Hospital's figures include data for both sites, Christian Northeast and Northwest Healthcare. A "familiar face" is any patient that has four or more emergency department visits at the same hospital.

Primary Behavioral Health Diagnoses for Emergency Department Encounters, 2020



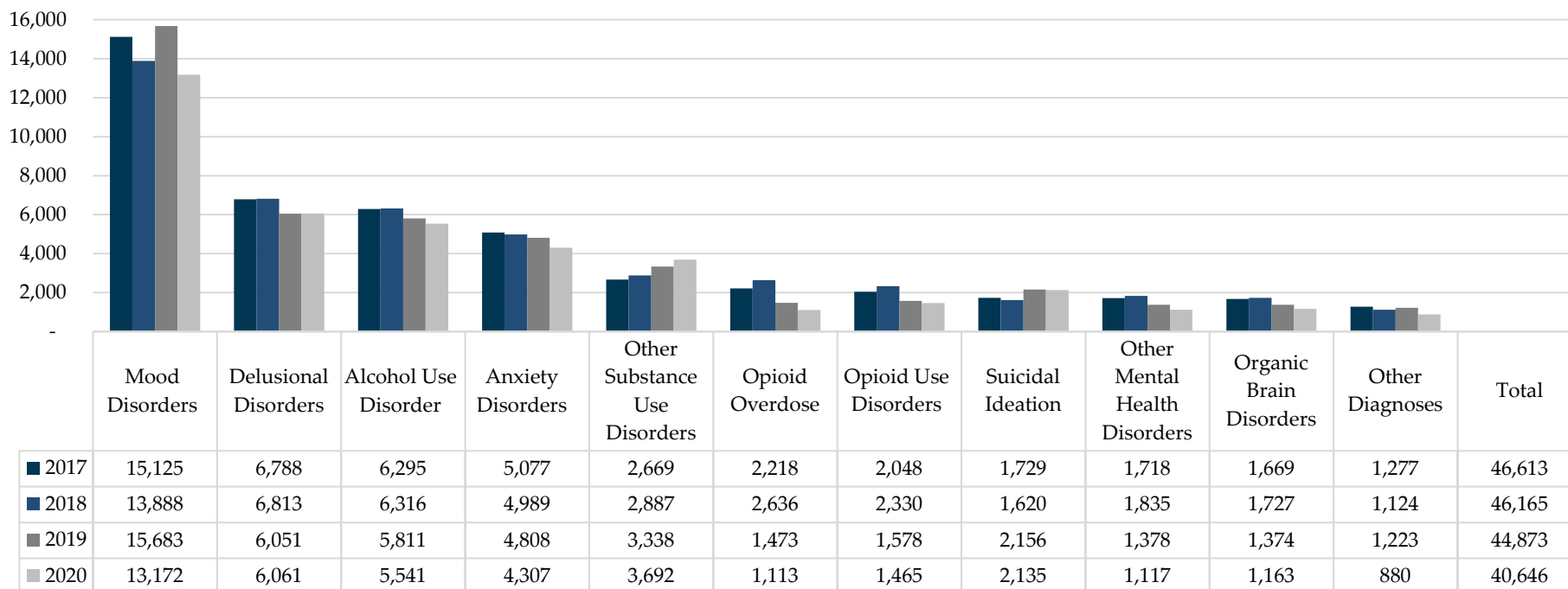
Emergency department encounters with primary behavioral health diagnoses account for more than 40,600 (7%) of total emergency department encounters in 2020.

Mood disorders (32%), schizophrenia/delusional disorders (15%), and alcohol use disorders (14%) are the main primary behavioral health diagnoses presenting to St. Louis area emergency departments.

Note: Encounters where tobacco use reflects the only behavioral health diagnoses are excluded. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments.

Opioid overdose and opioid use disorders decreased by 24% and 7%, respectively, over the past year.

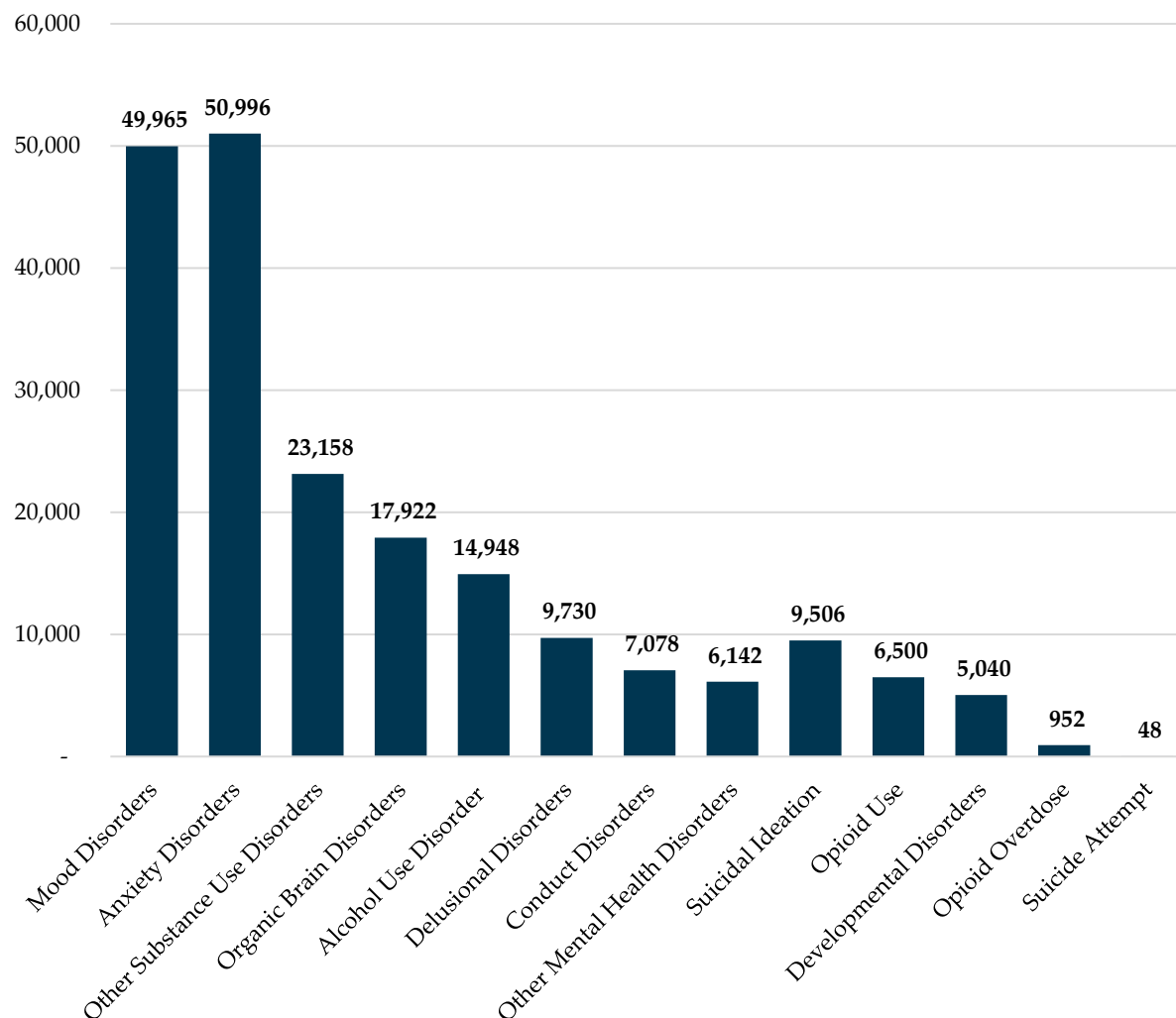
Primary Behavioral Health Diagnoses for Emergency Department Encounters, 2017 - 2020



- The total number of primary behavioral health diagnoses for emergency department encounters decreased by 10% over the past year.
- Other Substance Use Disorders increased by 11% over the past year.
- Five behavioral health diagnoses decreased by 10% or more over the past year: Other Diagnoses (28%), Other Mental Health Disorders (19%), Mood Disorders (16%), Organic Brain Disorders (15%), and Anxiety Disorders (10%).

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

Secondary Behavioral Health Diagnoses for Emergency Department Encounters, 2020



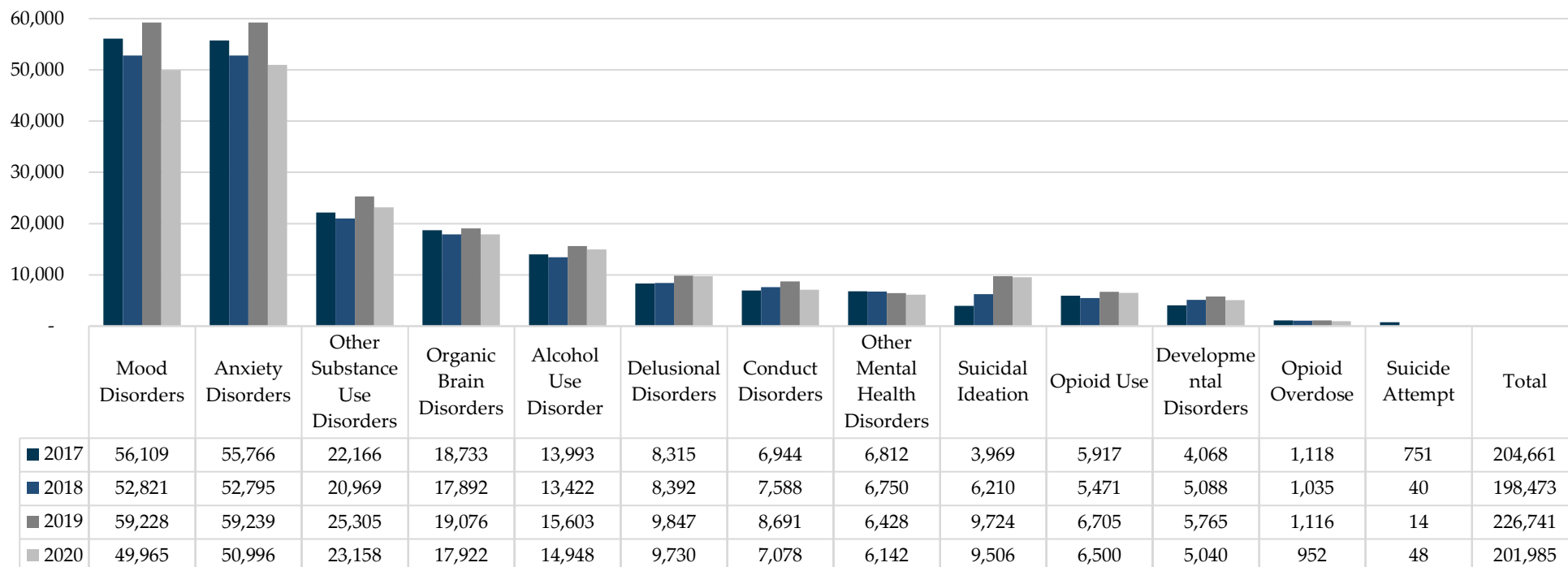
Emergency department encounters with secondary behavioral health diagnoses account for more than 201,900 (36%) of total emergency department encounters in 2020.

Mood and anxiety disorders make up to 50% of all secondary emergency department behavioral health diagnoses in 2020.

Note: Encounters where tobacco use reflects the only behavioral health diagnoses are excluded. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments.

The number of secondary behavioral health diagnoses for emergency department encounters have decreased by 11% over the past year.

Secondary Behavioral Health Diagnoses for Emergency Department Encounters, 2017 - 2020



- Seven behavioral health diagnoses decreased by 5% or more over the past year: Conduct Disorders (19%) Mood Disorders (16%), Opioid Overdose (15%), Anxiety Disorders (14%), Developmental Disorders (13%), Other Substance Use Disorders (8%), and Organic Brain Disorders (6%).
- Suicide Attempts increased by 243% over the past year.

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

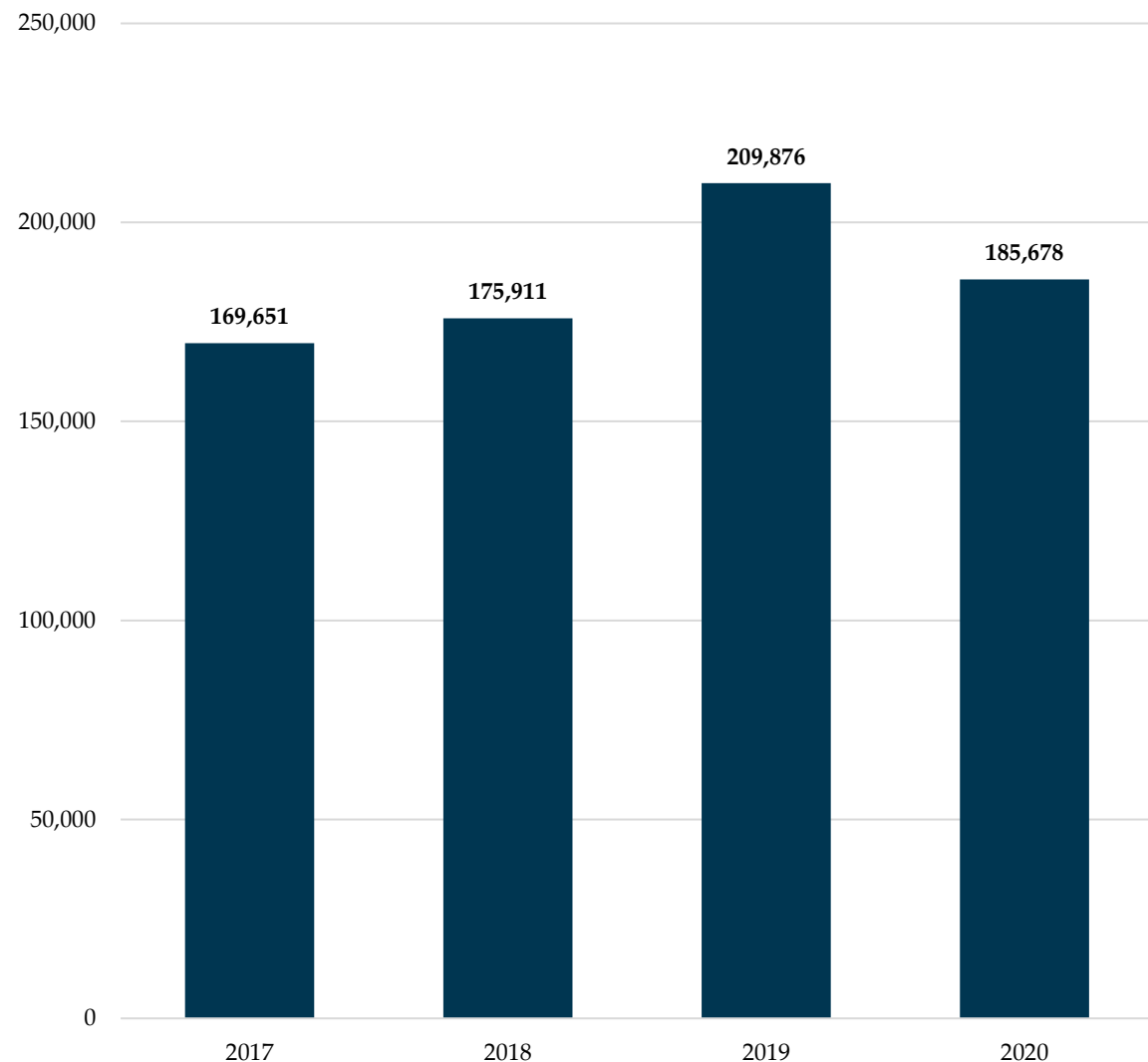
Emergency department encounters with primary or secondary behavioral health diagnoses decreased by 12% over the past year and account for 33% of total emergency department encounters in 2020.

Behavioral health emergency department encounters have increased by 9% over the past four years.

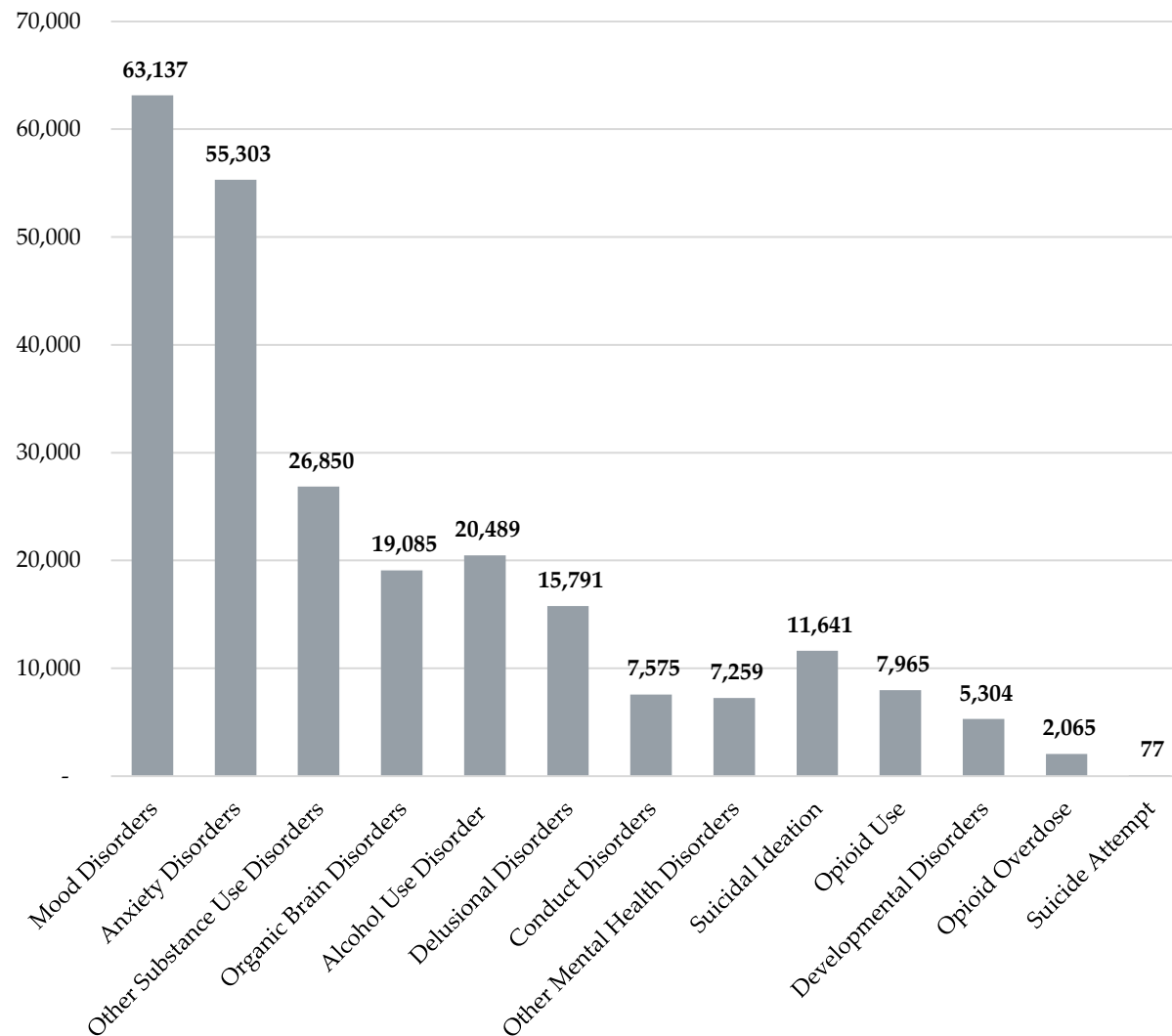
*Behavioral health encounters include mental health and substance abuse disorder emergency department encounters as a primary or secondary diagnosis.

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.

Emergency Care Encounters with Behavioral Health* as Primary or Secondary Diagnosis, 2017 - 2020



Primary and Secondary Behavioral Health Diagnoses for Emergency Department Encounters, 2020



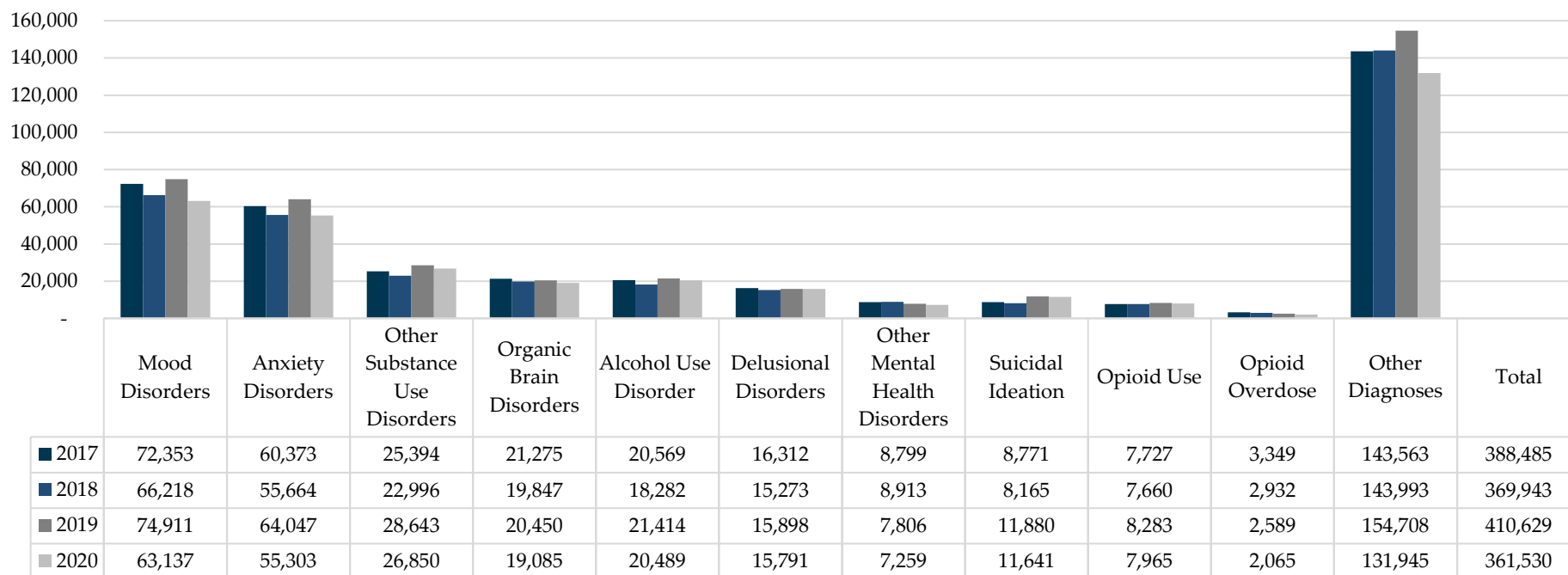
Emergency department encounters with primary and secondary behavioral health diagnoses account for more than 242,500 (44%) of total emergency department encounters in 2020.

Mood and Anxiety Disorders make up 49% of all primary and secondary emergency department behavioral health diagnoses in 2020.

Note: Encounters where tobacco use reflects the only behavioral health diagnoses are excluded. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments.

The number of primary and secondary behavioral health diagnoses for emergency department encounters have decreased by 12% over the past year.

Primary Behavioral and Secondary Behavioral Health Diagnoses for Emergency Department Encounters, 2017 - 2020



Eight behavioral health diagnoses decreased by 5% or more over the past year: Opioid Overdose (21%), Mood Disorders (16%), Other Diagnoses (15%), Anxiety Disorders (14%), Other Substance Use Disorders (7%), Organic Brain Disorders (7%), Other Mental Health Disorders (7%), and Alcohol Disorders (5%).

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

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Specialty Care Analysis

Specialty Care: Introduction

This section reviews detailed operating statistics of reporting specialty care safety net institutions in St. Louis City and County (see Appendix C for a list of 2020 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.

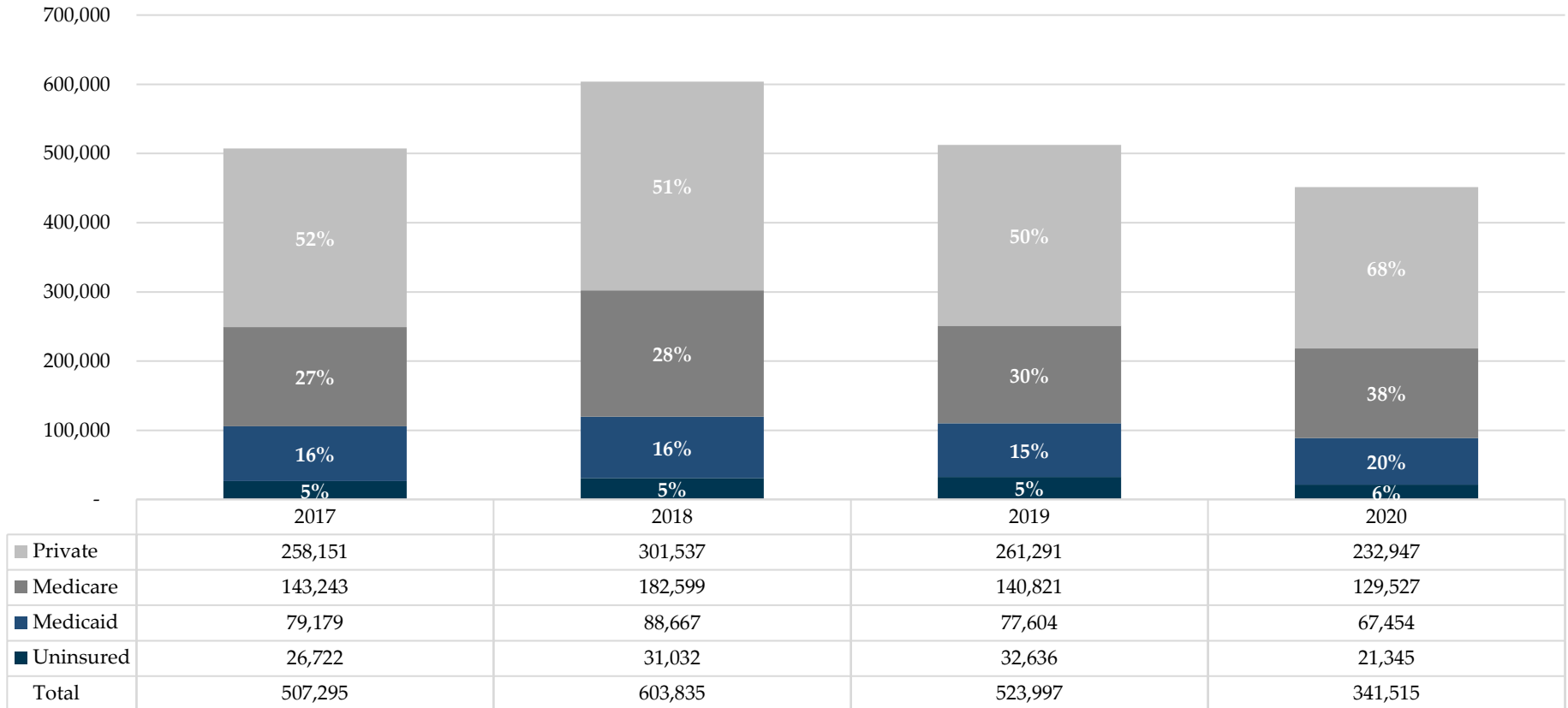
Specialty care encounters and individual user volumes occurring among Gateway to Better Health enrollees in calendar year 2020 are captured in the “uninsured” payor category of the figures presented.

Specialty Care: Key Findings

- Total specialty care users and encounters at St. Louis area specialty care organizations decreased by 33% and 13%, respectively, since 2017. This decline represents more than 182,400 fewer users and more than 178,300 fewer encounters (pages 80 and 82).
- Of the more than 462,300 specialty care users in 2020, approximately 74% were White, 20% were African American/Black and 8% were from the “Other” racial category (page 81).
- Over the past year, uninsured specialty care users decreased by 35%, while uninsured specialty care encounters decreased by 14% (pages 80 and 84).
- Medicaid specialty care encounters decreased by 15% over the past year and 17% since 2017 (page 86).
- While wait times for some specialty care appointments have either decreased or remained the same, gastroenterology, rheumatology, and pulmonology trend with the longest average wait times for both new and returning patients (pages 88 and 89).

Specialty care users at safety net organizations have decreased by 33% since 2017.

Specialty Care Users by Payor, 2017 - 2020

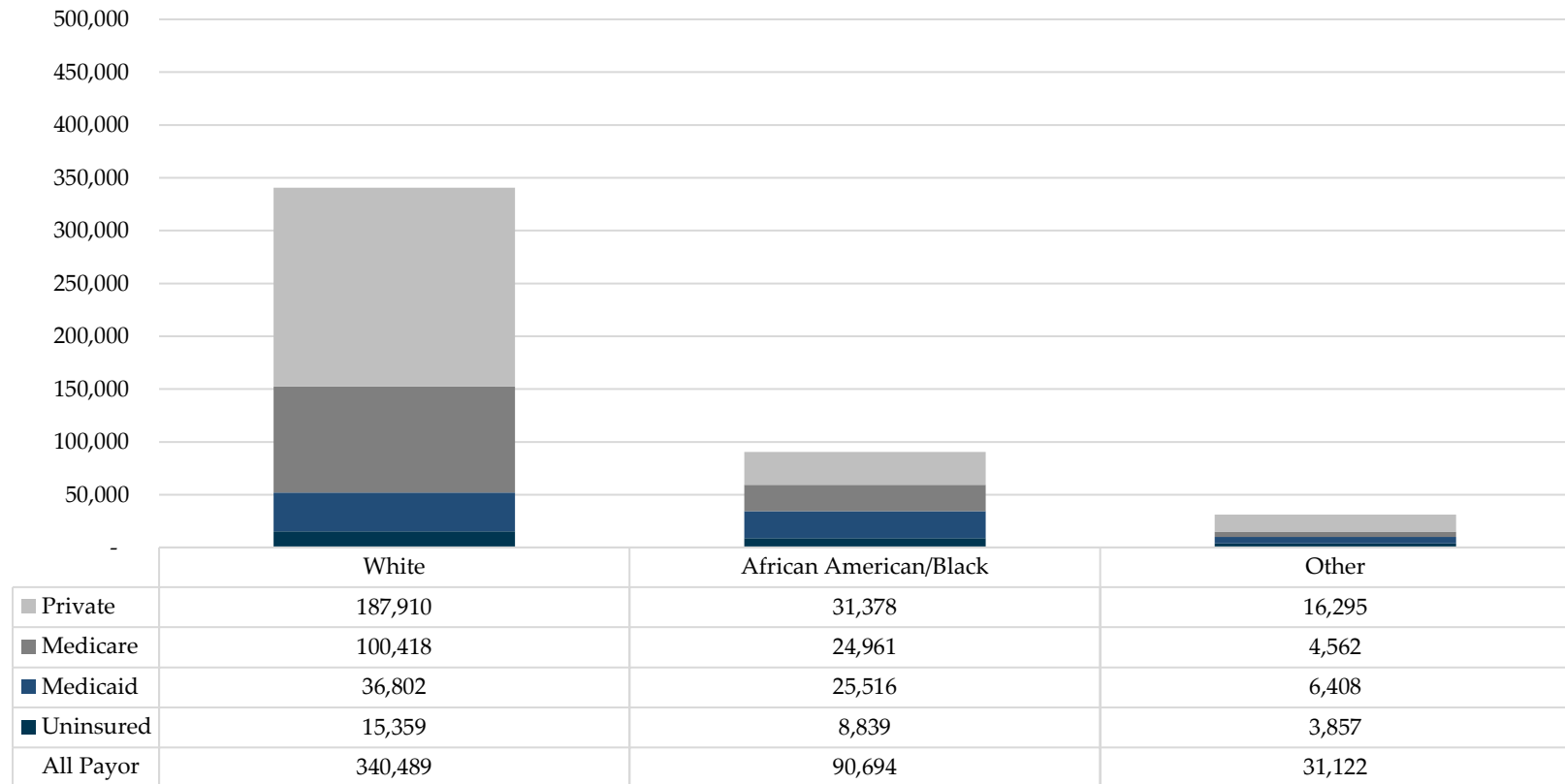


- Total specialty care users decreased by 35% in 2020, as compared to the prior year.
- Of the more than 341,500 specialty care users reported in 2020, approximately 68% were privately insured, 38% were Medicare, 20% were Medicaid and 6% were uninsured.

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 2020.

Of the more than 462,300 specialty care users in 2020, approximately 74% were white, 20% were African American/Black and 8% were from the “Other” racial category.

Specialty Care Users by Race and Payor, 2020

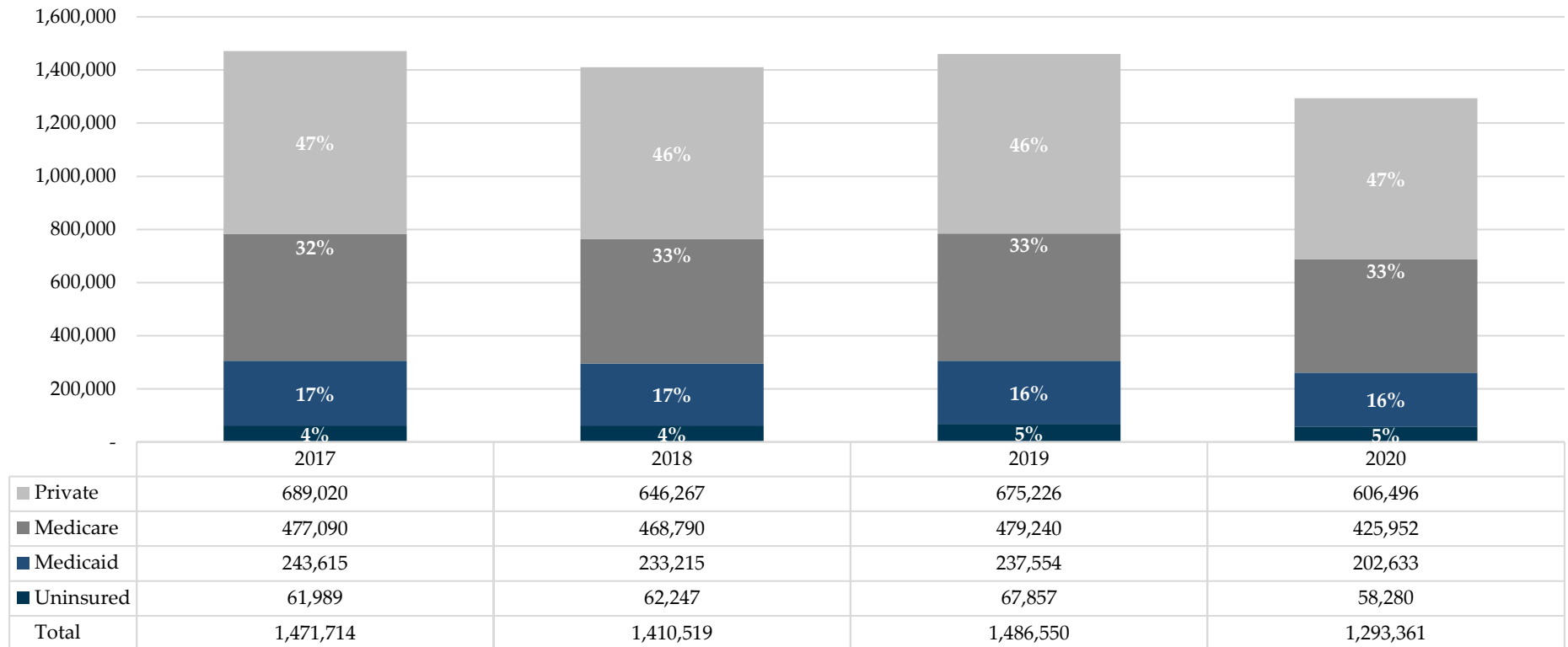


About 5% of all White specialty care users, 10% of all African American/Black specialty care users and 12% of all specialty care users included in the “Other” racial group are uninsured.

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

Specialty care encounters at safety net organizations decreased by 13% over the past year and decreased by 12% (over 178,300 encounters) since 2017.

Specialty Care Encounters by Payor Category, 2017 - 2020



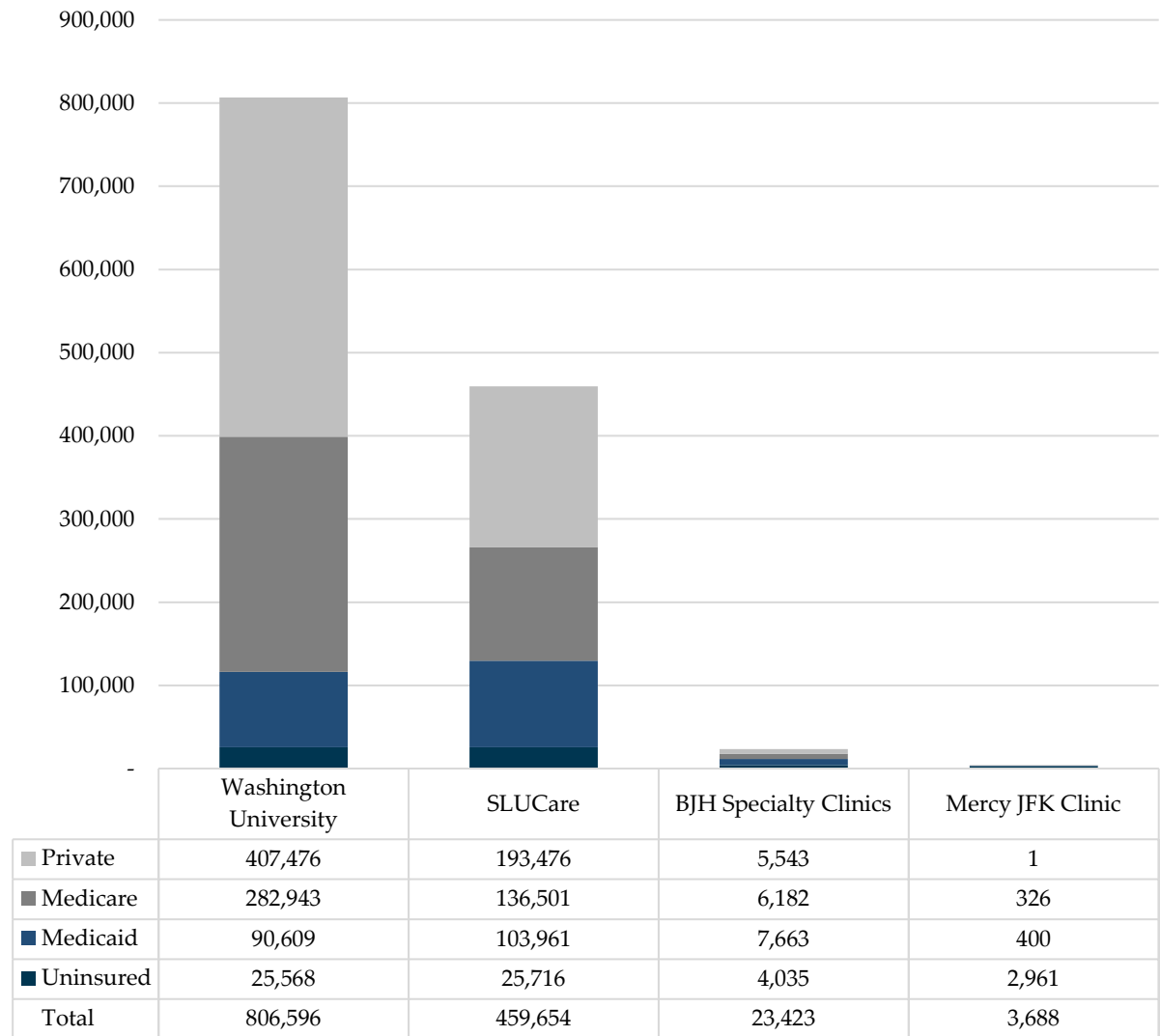
- Of the more than 1,293,000 total specialty care encounters reported in 2020, 47% occurred among those privately insured, 33% among the Medicare population, 16% among the Medicaid population and 5% among the uninsured.
- Over the past year, specialty care encounters among Medicaid, uninsured, and Medicare patients decreased by 15%, 14%, and 12%.
- Over the past year, specialty care encounters among Private patients have decreased by 11%.

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.

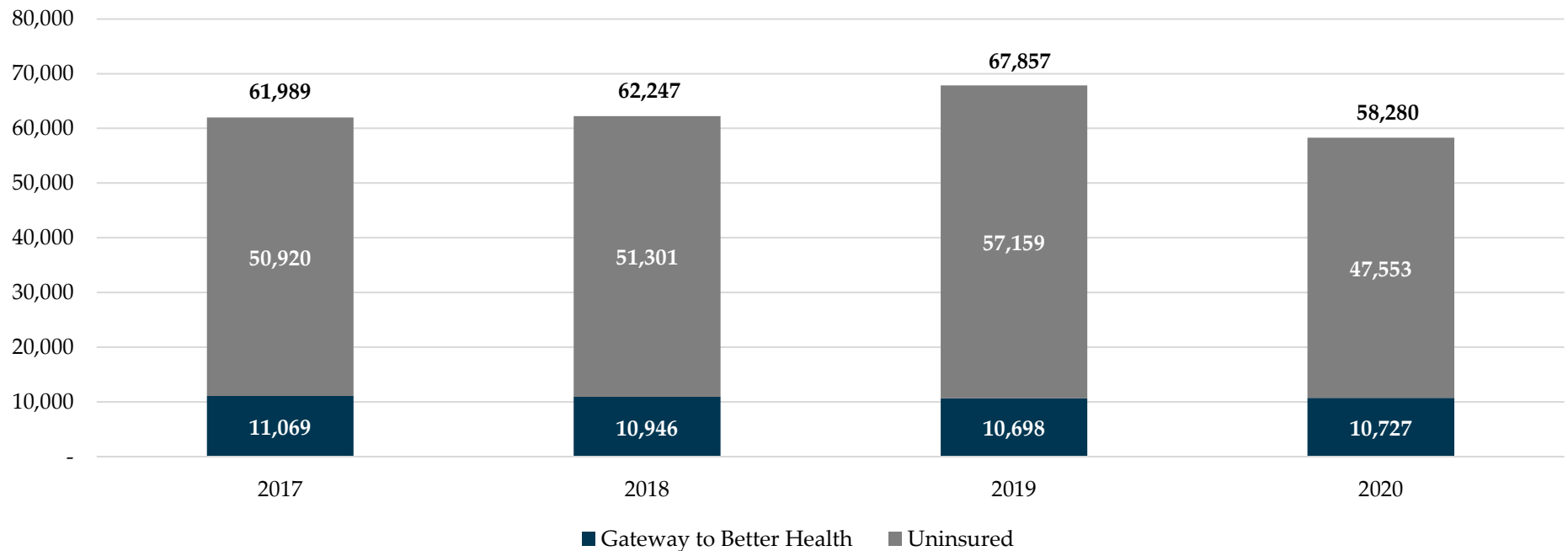
Note: SLUCare's reported data includes all sites in which their doctors practice, including the following hospital-based clinics: SSM St. Mary's, SSM St. Clare, SSM St. Joseph, SSM DePaul, SSM Cardinal Glennon and SSM St. Louis University (SLUH). SLUCare's data also includes some smaller practices located 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.

Specialty Care Encounters by Payor Category and Organization, 2020



Uninsured specialty care encounters decreased by 14% over the past year.

Uninsured Specialty Care Encounters, 2017 - 2020

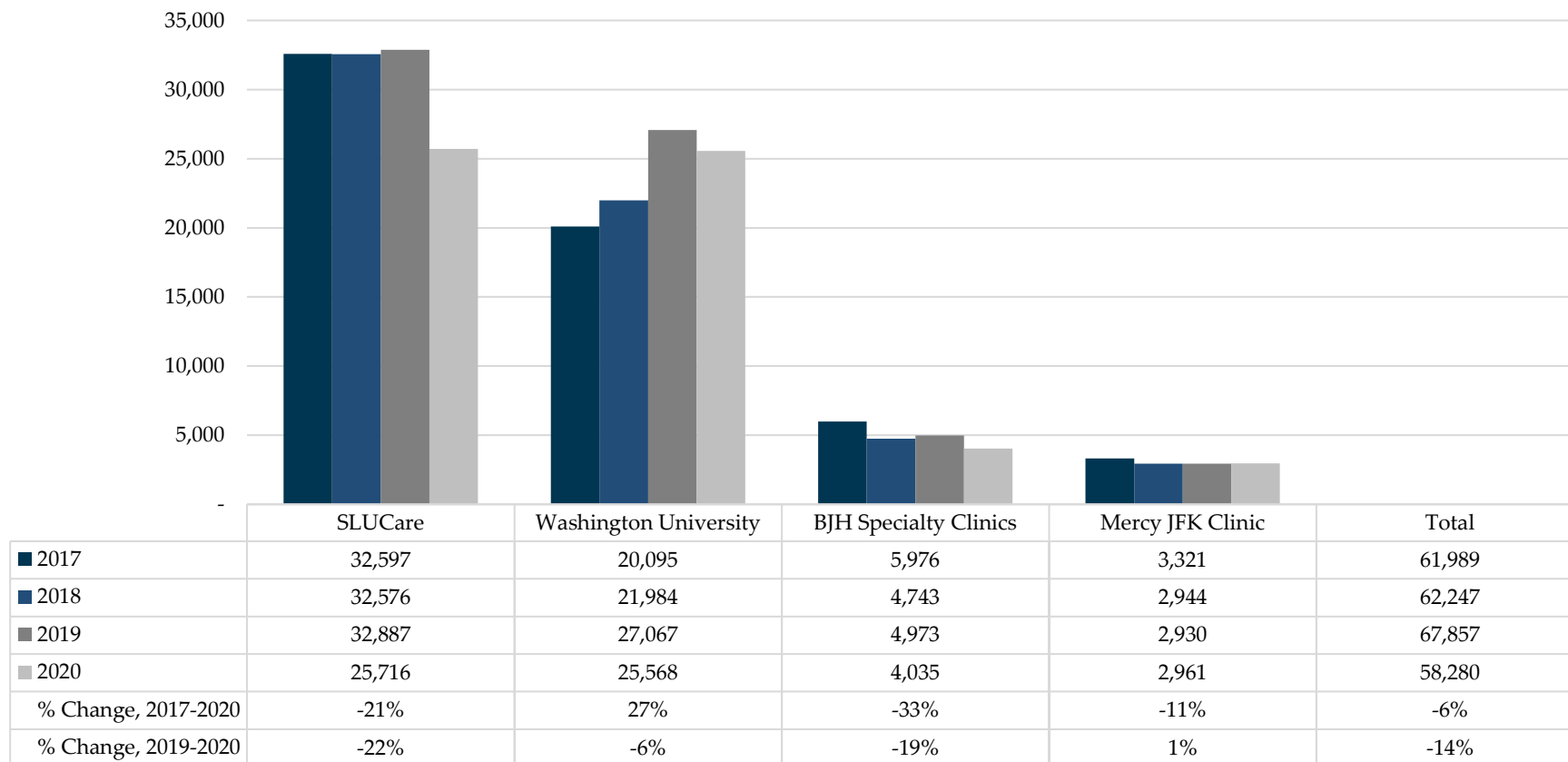


- Uninsured specialty care encounters have decreased by 6% since 2017.
- Gateway to Better Health specialty care encounters have remained relatively stable in 2020, as compared to 2020.
- Approximately 10,700 specialty care encounters were provided to Gateway to Better Health patients in 2020, comprising 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 16,194 in 2017 to an average of 14,408 in 2020. An additional 36,600+ diagnostic and other outpatient services were provided to Gateway to Better Health patients in 2020, which are not included in the chart above. Medicaid Expansion was approved in October 2020. The Gateway to Better Health program is currently working to transition its' members to a Medicaid Health Plan. To date, 3,518 Gateway to Better Health members have transitioned to Medicaid.

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

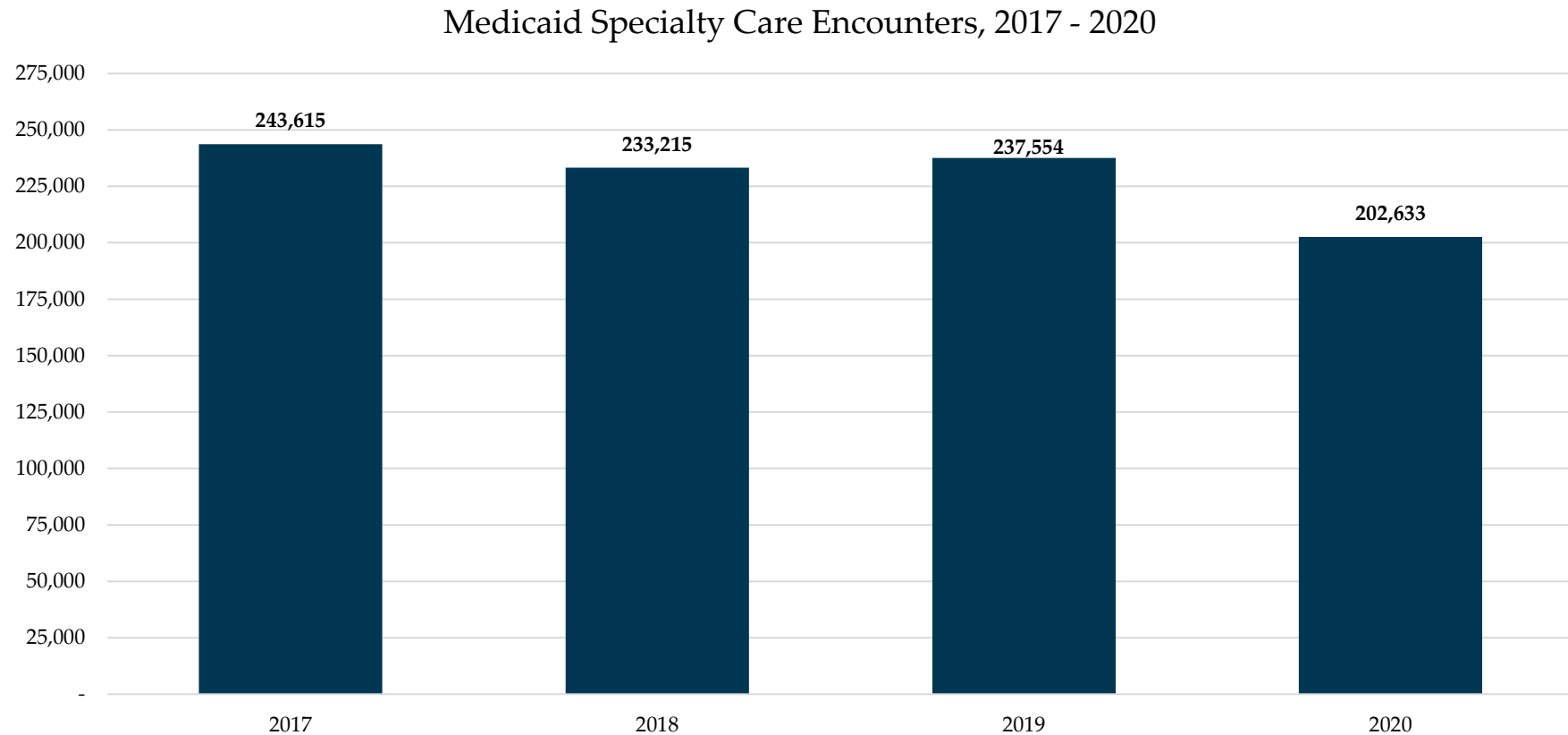
Uninsured Specialty Care Encounters by Organization, 2017 - 2020



Uninsured specialty care encounters decreased at SLUCare, BJH Specialty Clinics, and Washington University by 22%, 19%, and 6% since 2019.

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.

Medicaid specialty care encounters decreased by 15% over the past year.



Over the past four years, Medicaid specialty care encounters decreased by 17%.

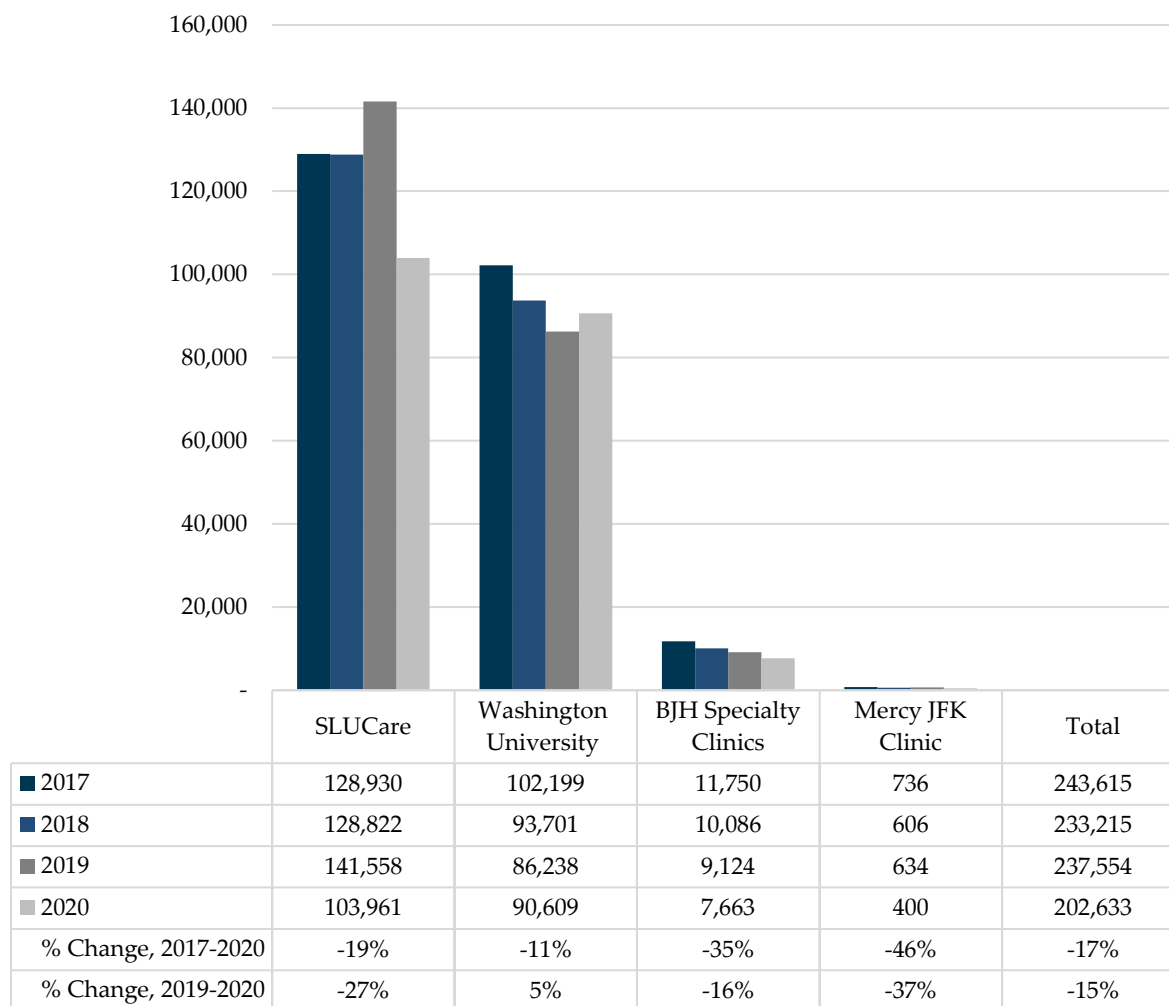
Note: The number of individuals enrolled in MO HealthNet (Medicaid) from St. Louis City and County decreased from 138,781 in 2019 to 171,748 in 2020; a 24% increase from the previous year.

Washington University and SLUCare account for 96% of all Medicaid specialty care encounters at major safety net organizations.

- Specialty care encounters among the Medicaid population decreased at Mercy JFK Clinic, SLUCare, and BJH Specialty Clinics by 37%, 27% and 16% over the past year.
- Specialty care encounters among the Medicaid population increased at Washington University by 5% in 2020.

Note: SLUCare services many 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.

Medicaid Specialty Care Encounters by Organization, 2017 - 2020



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

| Specialty | 2019 New Patient Average | 2020 New Patient Average | 2020 New Patient Range |
|----------------------------|-----------------------------|-----------------------------|---------------------------|
| Rheumatology | 37 | 62 | 17-103 |
| Hepatology | 2 | 38 | 16-83 |
| Endocrinology | 31 | 55 | 51-62 |
| Gastroenterology | 31 | 75 | 71-83 |
| Pain Management | 18 | 25 | 25 |
| Neurology | 17 | 61 | 50-68 |
| Infectious Disease | 28 | 37 | 26-43 |
| Gynecology/Obstetrics | 5 | 21 | 1-40 |
| Ophthalmology | 13 | 28 | 22-31 |
| Nephrology | 28 | 45 | 29-53 |
| Pulmonology | 30 | 63 | 56-67 |
| Podiatry | 56 | 100 | 100 |
| Neurosurgery | 85 | 53 | 23-120 |
| Mental Health | 24 | 29 | 23-34 |
| Urology | 18 | 23 | 17-33 |
| Cardiology | 30 | 28 | 19-32 |
| Orthopedics | 35 | 37 | 21-75 |
| Dermatology | 62 | 31 | 1-55 |
| Gynecology Only | 22 | 21 | 1-40 |
| Ear, Nose, Throat (ENT) | 15 | 16 | 13-21 |
| Hematology | 17 | 22 | 8-29 |
| Oncology | 21 | 17 | 8-21 |
| General Surgery | 22 | 12 | 11-12 |
| Physical Therapy | 1 | 16 | 16 |
| Obstetrics Only | 1 | 1 | 1 |

- For new patients, the five specialties with the longest wait times are podiatry, gastroenterology, pulmonology, rheumatology, and neurology.
- Average wait times for new patients at least or almost doubled for podiatry, pulmonology, and rheumatology.

Note: Providers were requested to provide wait times as close to June 3rd, 2021, 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 | 2019 Returning Patient Average | 2020 Returning Patient Average | 2020 Returning Patient Range |
|-----------------------|-----------------------------------|-----------------------------------|---------------------------------|
| Rheumatology | 30 | 43 | 17-68 |
| Endocrinology | - | 37 | 37 |
| Gynecology/Obstetrics | - | 20 | 1-39 |
| Infectious Disease | - | 20 | 20 |
| Neurology | 9 | 33 | 5-61 |
| Ophthalmology | 7 | 18 | 22-31 |
| Neurosurgery | 49 | 21 | 20-22 |
| Gastroenterology | - | 73 | 73 |
| Gynecology Only | 1 | 20 | 1-39 |
| Hepatology | - | 73 | 73 |
| Mental Health | 14 | 26 | 23-28 |
| Cardiology | - | 19 | 19 |
| Pulmonology | 7 | 45 | 45 |
| Urology | 21 | 42 | 25-59 |
| Ear,Nose,Throat (ENT) | 14 | 17 | 13-21 |
| Orthopedics | 20 | 23 | 20-25 |
| Dermatology | 30 | 25 | 3-55 |
| Hematology | - | 4 | 4 |
| Oncology | - | 4 | 4 |
| General Surgery | 7 | 14 | 14 |
| Podiatry | 21 | 20 | 20 |
| Obstetrics Only | 1 | 1 | 1 |
| Pain Management | - | - | - |
| Physical Therapy | - | - | - |
| Nephrology | - | 29 | 29 |

For returning patients, the five specialties with the longest wait times are gastroenterology, hepatology, pulmonology, rheumatology, and urology.

Note: Providers were requested to provide wait times as close to June 3rd,2021, 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 (community mental health and substance use treatment) and safety net hospitals with inpatient psychiatric services in the Eastern Region of Missouri (St. Louis City and Counties of Franklin, Jefferson, Lincoln, St. Charles, St. Louis and Warren). St. Louis City and County providers are denoted throughout (see Appendix D for a list of 2020 reporting institutions). Behavioral health services provided by local health centers are reflected in this section and in the primary care section of this report.

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

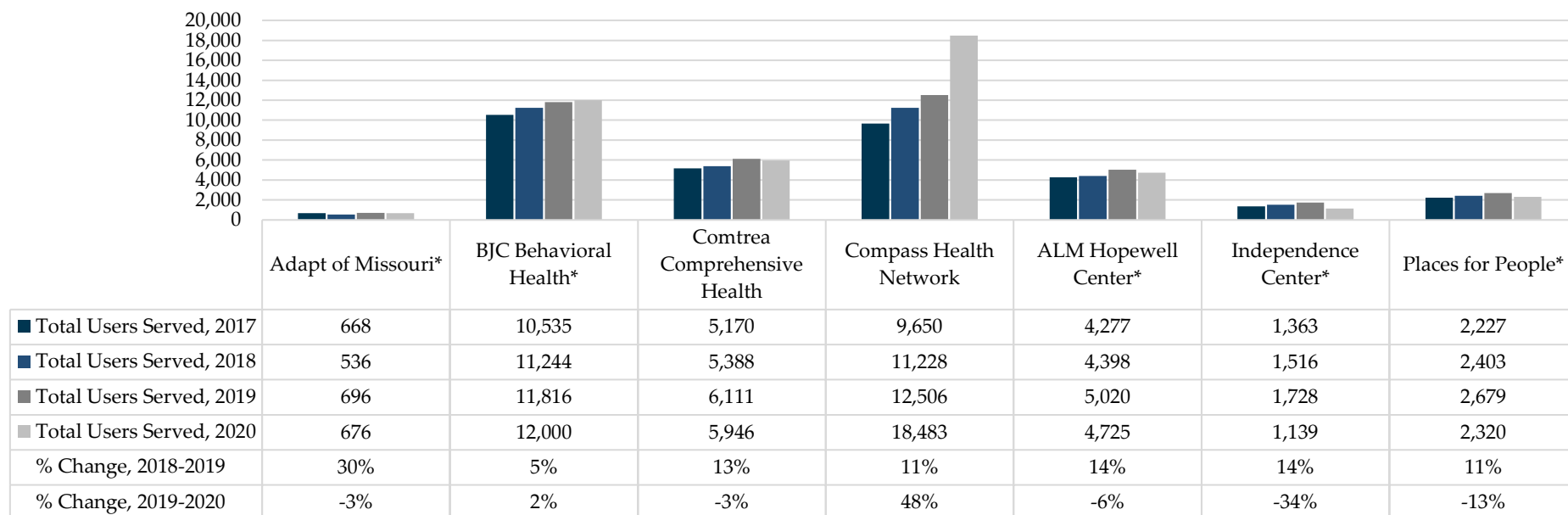
Historical data from 2005 is sourced from the Regional Health Commission's "Eastern Region Public Behavioral Health System: Utilization of Services" report. Historical data covering 2007-2010 stems from the RHC's "MPC Regional Psychiatric Capacity Analysis and Recommendations" report.

Behavioral Health: Key Findings

- Users increased over the last year and since 2017 (page 94).
 - Behavioral health users served increased 17% to 40,556 in 2019, as compared to 36,713 served in 2018. Total users served have increased by 29%, or nearly 6,666 people, since 2017 (page 94).
 - Behavioral health users served increased 12% to 45,289 in 2020, as compared to 40,556 served in 2019. Total users served have increased by 34%, or nearly 11,399 people, since 2017 (page 94).
- Newly admitted users to behavioral health safety net agency programs increased by 5% to 14,455 in 2019 and increased by 21% to 17,433 users in 2020. Newly admitted users accounted for 41% of all users served in 2019, and 43% of all users served in 2020 (page 95).
- 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 96).
- Behavioral health encounters at safety net primary care providers decreased by 13% over the past year, and by 12% since 2017 (page 97).
- Emergency department encounters with behavioral health diagnoses (primary and secondary) have decreased over the past year and account for 33% of all emergency department encounters in 2020 (page 108). The top primary behavioral health diagnoses remain mood disorders, schizophrenia/delusional disorders, and alcohol use disorders (page 104).
- Acute psychiatric inpatient encounters decreased overall in 2019, inpatient psychiatric staffed bed capacity increased by 21.7% since 2018 and 14% since 2017 (page 113).
- Acute psychiatric inpatient encounters decreased overall in 2020, inpatient psychiatric staffed bed capacity increased by 0.5% since 2019 and 15% since 2017 (page 114).

Behavioral health safety net community mental health providers⁺ served 40,556 users in 2019 and 45,289 users in 2020.

Behavioral Health Unduplicated Clients Served, 2017-2020



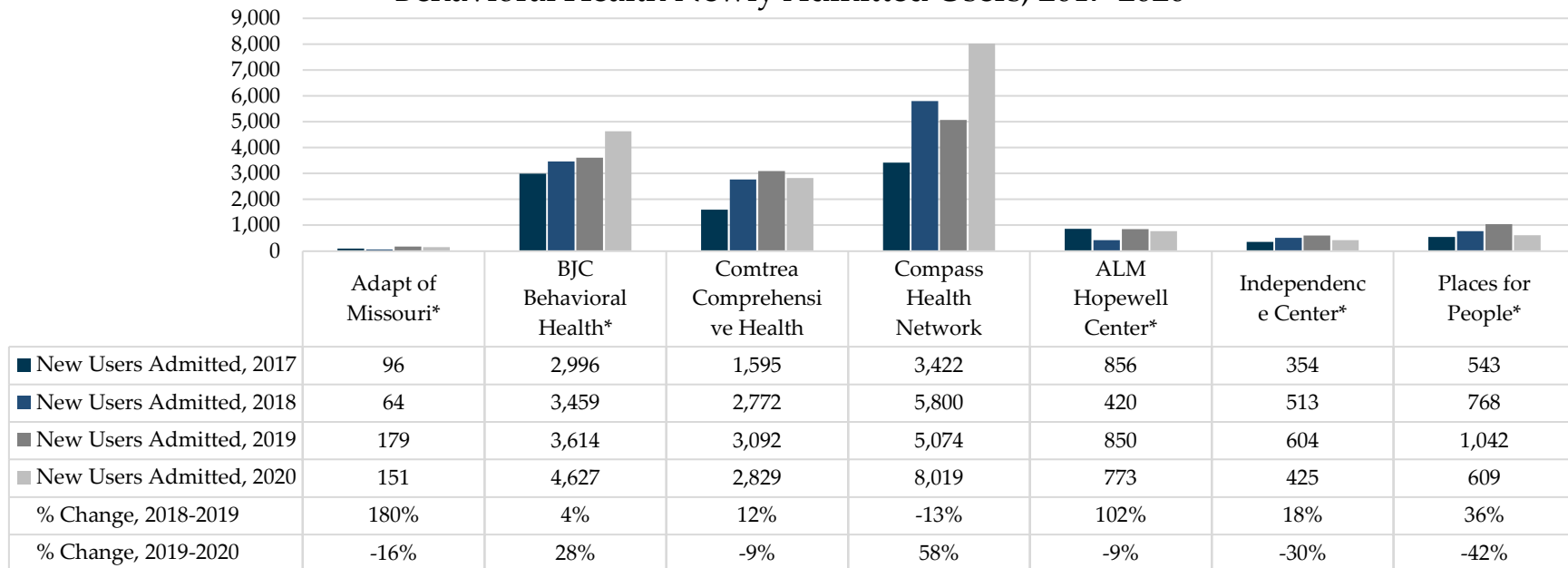
- Behavioral health users served increased 12% to 45,289 in 2020, as compared to 40,556 served in 2019. Total users served has increased by 34%, or nearly 11,399 people, since 2017.
- Behavioral health users served increased 17% to 40,556 in 2019, as compared to 36,713 served in 2018. Total users served has increased by 29%, or nearly 6,666 people, since 2017.
- Between 2018 and 2019, all seven organizations saw an increase in the number of users served. However, Between 2019 and 2020, Only two organizations maintain slight growth in the number of users served, including BJC Behavioral Health (2%) and Compass Health Network (48%). All others had a slightly decrease in number. One organization saw significant decrease, Independence Center (-34%).

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

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

Behavioral health safety net community mental health providers newly admitted 14,455 users to programs in 2019 and 17,433 users to the programs in 2020.

Behavioral Health Newly Admitted Users, 2017-2020



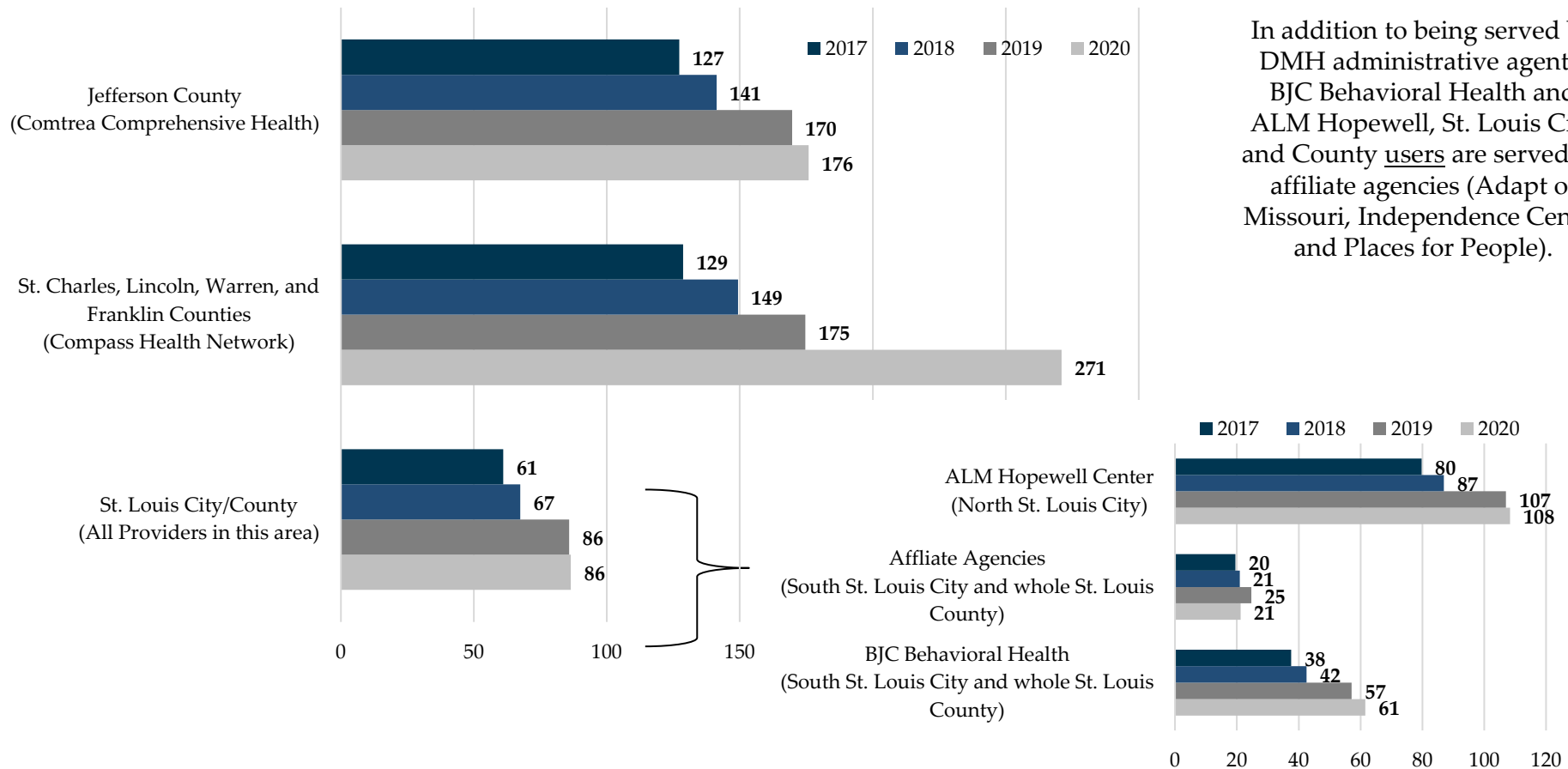
- Newly admitted users to behavioral health safety net agency programs increased by 5% in 2019, as compared to the 13,796 newly admitted in 2018. Newly admitted users have increased by 47% since 2017.
- Newly admitted users to behavioral health safety net agency programs increased by 21% in 2020, as compared to the 14,455 newly admitted in 2019. Newly admitted users have increased by 77% since 2017.
- Newly admitted users served accounted for 41% of overall users served in 2019 and 43% of overall users served in 2020.
- Between 2018 and 2019, newly admitted users increased at six organizations, including Comtrea (12%), Independence Center (18%), Places for People (36%), BJC Behavioral Health (4%), ALM Hopewell Center (102%), and Adapt of Missouri (180%). One organization saw a decrease, Compass Health Network (-13%).
- Between 2019 and 2020, Newly admitted users decreased at five organizations, including Comtrea (-9%), Independence Center (-30%), Places for People (-42%), ALM Hopewell Center (-9%), Adapt of Missouri (-16%). Newly admitted users increased at BJC Behavioral Health (28%) and Compass Health Network (58%).

Note: Behavioral health safety net community mental health providers include Department of Mental Health designated administrative agents and affiliate organizations providing comprehensive psychiatric services. Users served reflects children, youth and adults. Data does not include substance use treatment-only providers within the region. Newly admitted users may have previously received services prior to 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. The increase in Compass Health Network admissions is primarily related to the agency's Open Access System and multi-platform marketing to elevate community visibility. In addition, some of the increase is a result of the 2020 merger with Family Health Care.

*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.

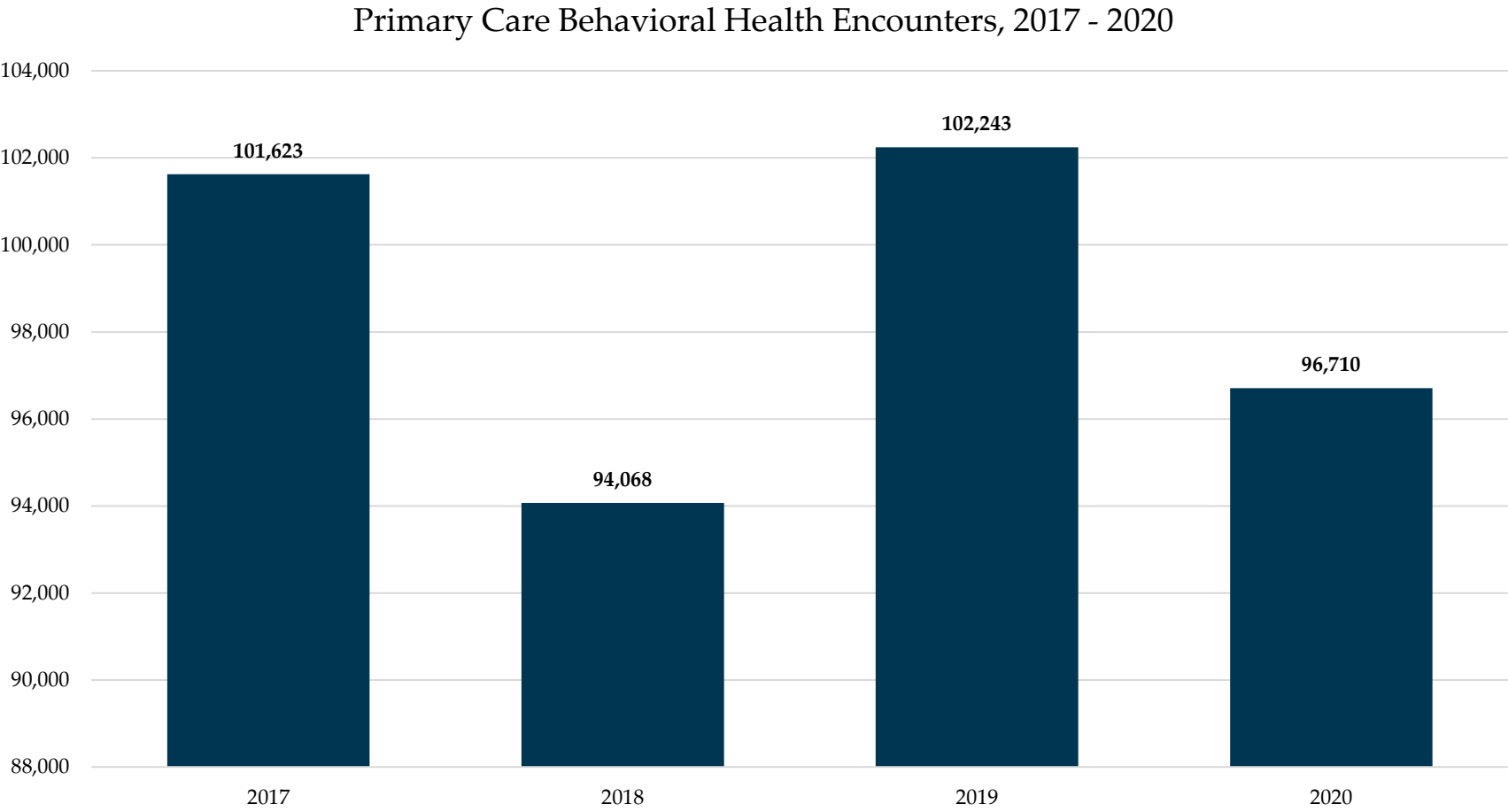
Behavioral Health Users Served, 2017 - 2020, per 1,000 service area residents below 150% of the Federal Poverty Level (FPL)



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 American Community Survey Five-Year Estimates (Census table S1701). 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. The increase in Compass Health Network admissions is primarily related to the agency's Open Access System and multi-platform marketing to elevate community visibility. In addition, some of the increase is a result of the 2020 merger with Family Health Care

Behavioral health encounters at safety net primary care providers have decreased by 5% (4,900), since 2017.

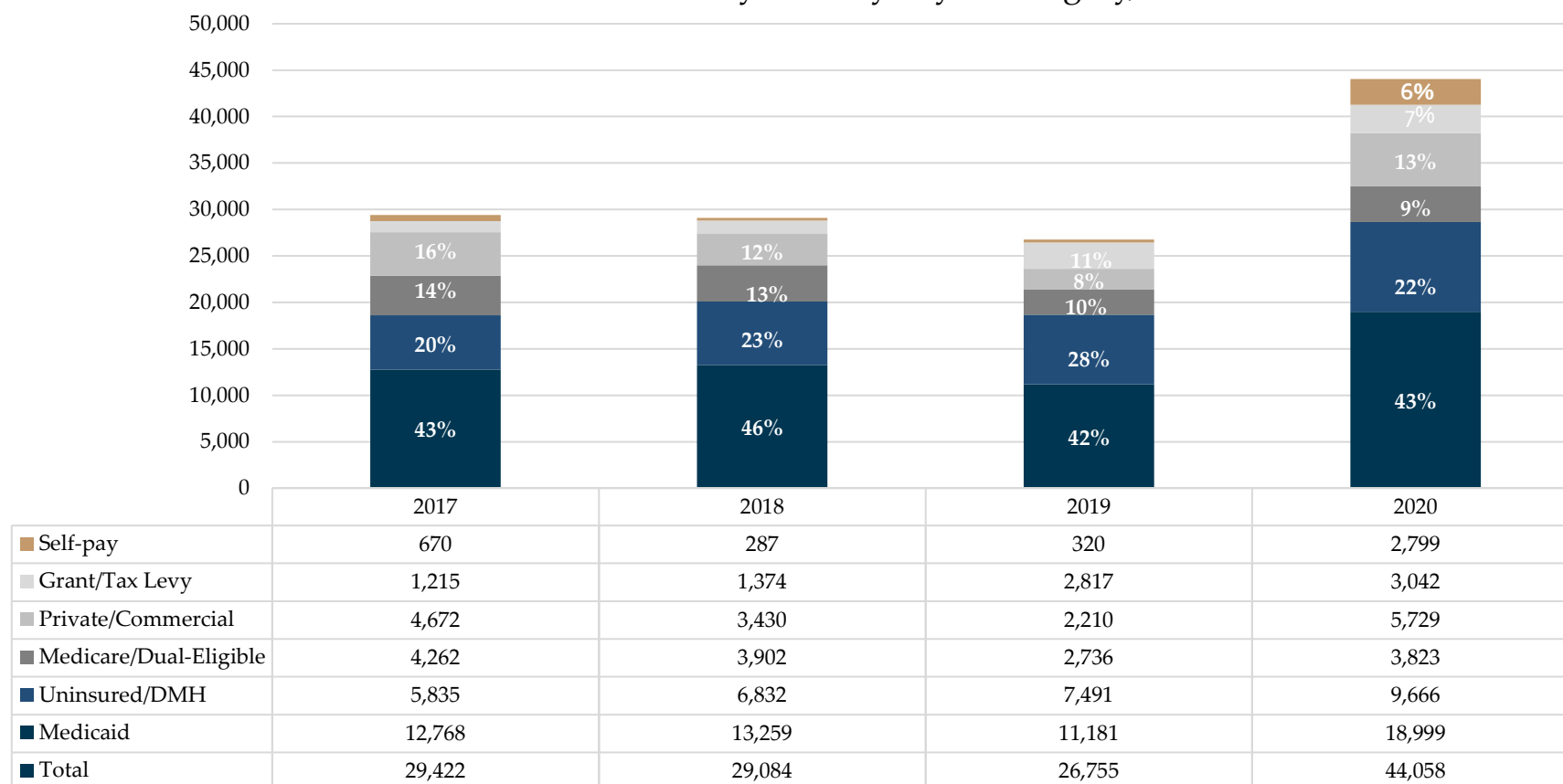


Behavioral health encounters at safety net primary care providers decreased by 5% over the past year.

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.

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).

Behavioral Health Users by Primary Payor Category, 2017 - 2020



- In 2020, the percentage of users served by community mental health centers with Private/Commercial and Self-pay primary payor sources increased, while users who were Uninsured/DMH decreased. Other payor sources remained similar between 2019 and 2020.
- The increase in Medicaid behavioral health users can be attributed to users not being dropped off of Medicaid due to COVID-19.

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.

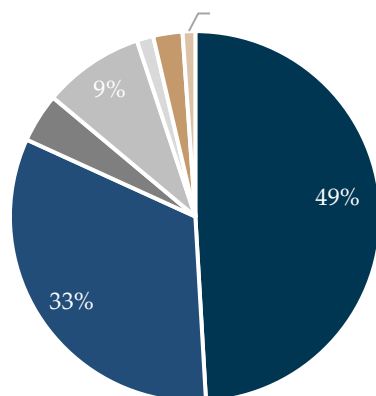
Behavioral health services are primarily available Monday through Friday, with some providers serving users on weekends at day program or clubhouse sites.

| 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-5:00pm | 8:00am-5:00pm | 8:00am-5:00pm | 8:00am-5:00pm | Closed | Closed |
| Comtrea Comprehensive Health Center Site: South (Festus) | 8:00am-7:00pm | 8:00am-7:00pm | 8:00am-7:00pm | 8:00am-7:00pm | 8:00am-5:00pm | Closed | Closed |
| Compass Health Network Site : St. Charles | 7:00am-5:30 pm | 7:00am-5:30 pm | 7:00am-5:30 pm | 7:00am-5:30 pm | 7:00am-5:30 pm | 8:00am-5:00 pm | Closed |
| ALM Hopewell Center* | 8:00am-5:00pm | 8:00am-5:00pm | 8:00am-5:00pm | 8:00am-5:00pm | 8:00am-5:00pm | 8:00am-2:00 pm | Closed |
| Independence Center* | 8:00am-6:00pm | 8:00am-6:00pm | 8:00am-6:00pm | 8:00am-6:00pm | 8:00am-6:00pm | (Hours are based on scheduled event times) | 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 2019, 5 of 7 providers surveyed offered open access appointments for services, a method of scheduling in which users can receive a same-day/next-day appointment. Hopewell offered open access appointments for services for Children 2 days a week, and Adults 2 half days. In 2020, Hopewell transitioned to full open access 3 days a week.

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

Crisis Call Outcomes 2019 (N=22,642)



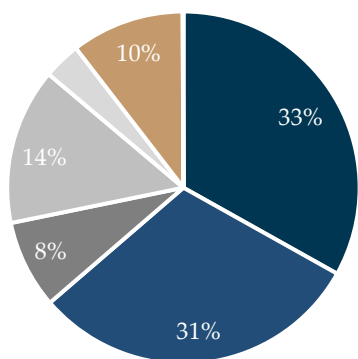
- Referred to other community agency
- Referred to follow-up with existing provider
- Referred to mobile crisis
- Problem Resolved
- Other
- Referred to 911/Law enforcement
- Referred/Admitted to inpatient psychiatric care

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

BEHAVIORAL HEALTH RESPONSE (BHR) ACCESS CRISIS INTERVENTION HOTLINE RECEIVED 22,642 CRISIS CALLS IN 2019. BHR PROVIDED IN-PERSON CRISIS INTERVENTION THROUGH 1,407 MOBILE OUTREACHES.

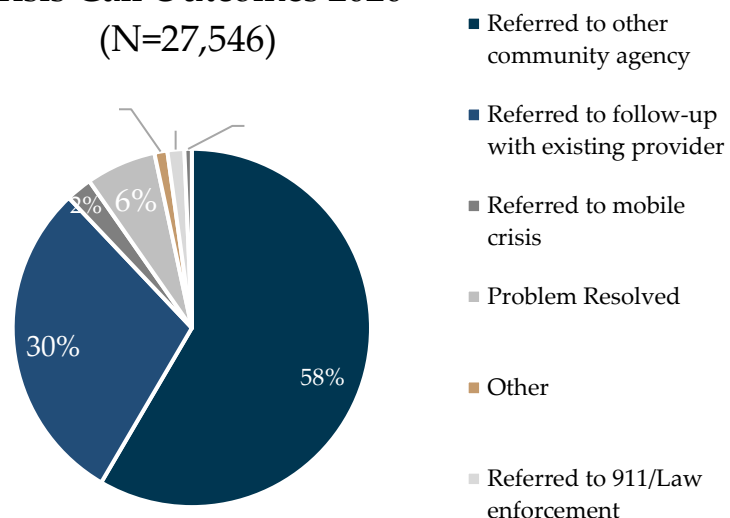
- While regional behavioral health services are available predominantly during traditional business hours, providers surveyed collaborate with BHR's regional Access Crisis Intervention hotline to provide 24/7 telephonic crisis intervention and mobile outreach services. Between 2017-2019, a majority of these calls resulted in referral to community-based services.
- BHR partners with community mental health providers (CMHCs) to give consumers access to next-day urgent appointments to comprehensive psychiatric services and provides follow-up services to consumers to ensure ongoing safety and linkage to needed support.
- BHR has reported these numbers using the DMH ACI method – calls actually equal cases or what BHR call episodes of care. Each case has multiple calls, on average about 2.5 per case. BHR also excluded all calls originating from outside the eastern region of Missouri.

Mobile Outreach Outcomes 2019 (N=1,407)



- Referred to other community agency
- Referred for next-day urgent (NDU) CPS appointments
- Referred to follow-up with existing provider
- Referred to a hospital for psychiatric care
- Problem Resolved
- Other
- Referred to 911/Law enforcement
- Referred/Admitted to inpatient psychiatric care

Crisis Call Outcomes 2020 (N=27,546)

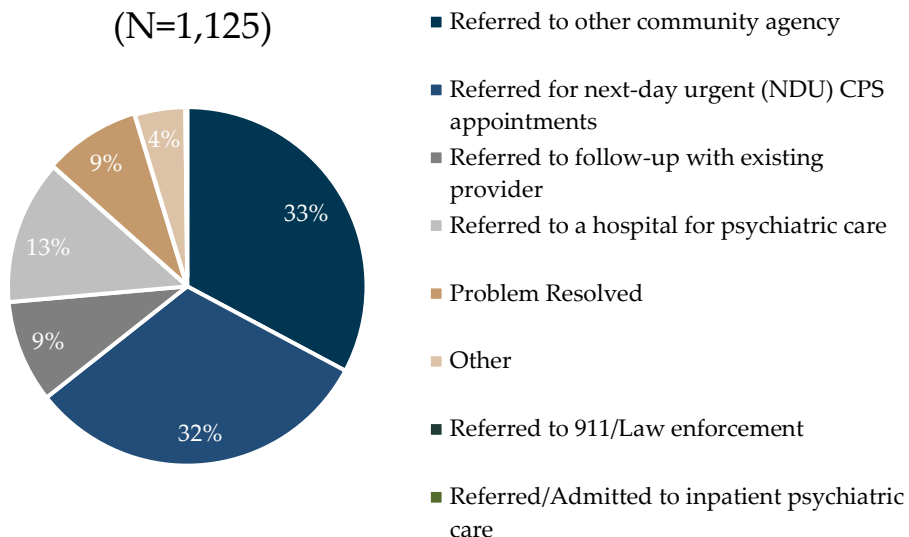


Behavioral Health Response (BHR) Access Crisis Intervention hotline call resolutions vary.

BEHAVIORAL HEALTH RESPONSE (BHR) ACCESS CRISIS INTERVENTION HOTLINE RECEIVED 27,546 CRISIS CALLS IN 2020- AN INCREASE OF 4,904 FROM THE 22,642 IN 2019. BHR PROVIDED IN-PERSON CRISIS INTERVENTION THROUGH 1125 MOBILE OUTREACHES – AN DECREASE OF 20% FROM THE 1,407 IN 2019.

- 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. Between 2017-2020, a majority of these calls resulted in referral to community-based services.
- BHR partners with community mental health providers (CMHCs) to give consumers access to next-day urgent appointments to comprehensive psychiatric services and provides follow-up services to consumers to ensure ongoing safety and linkage to needed support.
- BHR has reported these numbers using the DMH ACI method – calls actually equal cases or what BHR call episodes of care. Each case has multiple calls, on average about 2.5 per case. BHR also excluded all calls originating from outside the eastern region of Missouri.

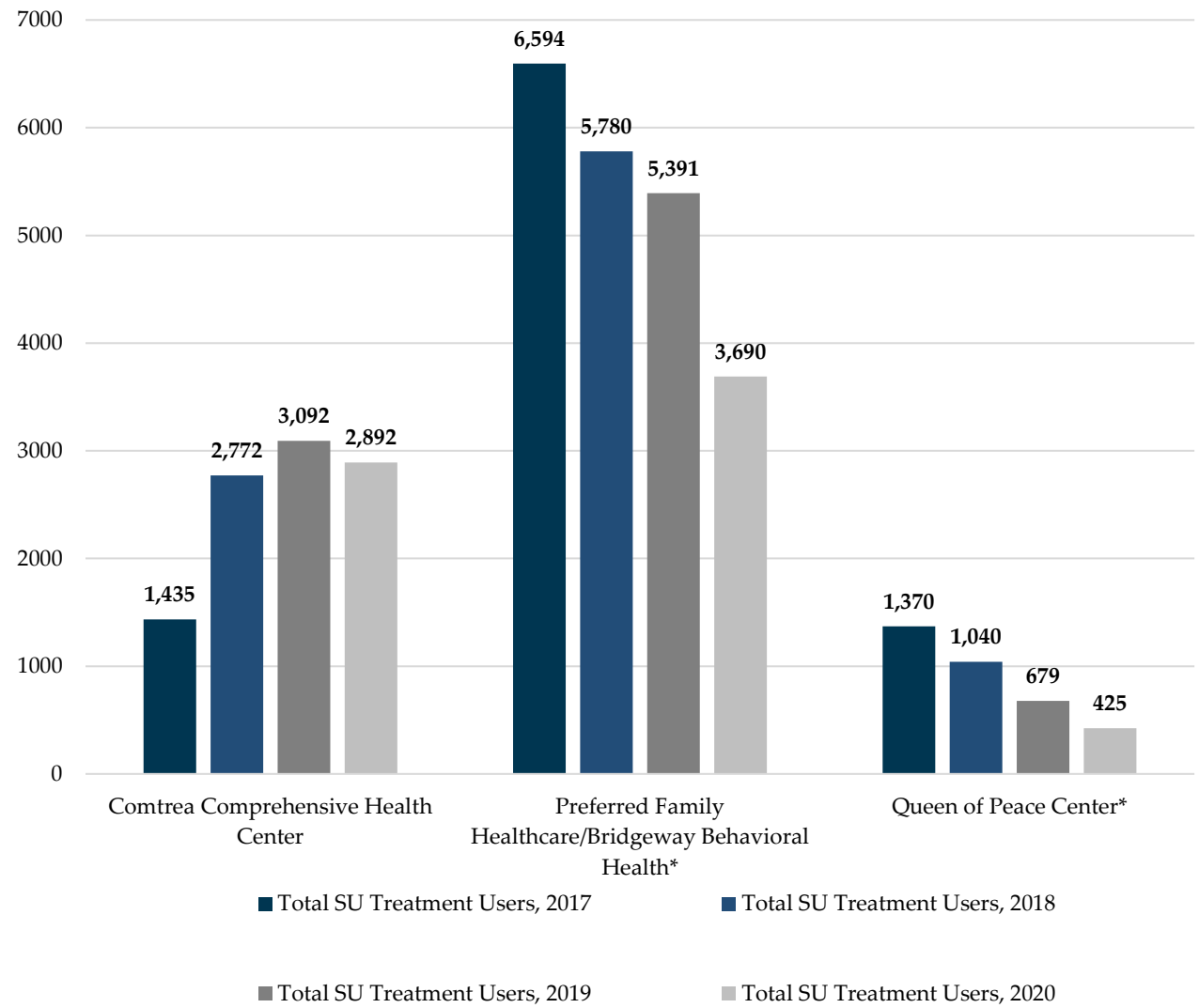
Mobile Outreach Outcomes 2020 (N=1,125)



**STATE-FUNDED SUBSTANCE
USE TREATMENT PROVIDERS
IN THE EASTERN REGION
NEWLY ADMITTED 9,162
TREATMENT USERS TO
PROGRAMMING IN 2019 AND
7,007 TREATMENT USERS TO
PROGRAMMING IN 2020.**

- Substance use treatment user admissions decreased by 4.5% in 2019, as compared to 9,592 users in 2018.
- Substance use treatment user admissions decreased by 24% in 2020, as compared to 9,162 users in 2019.
- Service mix varies by substance use treatment provider. Preferred Family Healthcare/Bridgeway Behavioral Health provides modified medical detox, residential and outpatient services. Comtrea Comprehensive Health Center provides outpatient services. Queen of Peace Center provides residential and outpatient services.

Substance Use Treatment (SUT) Users Newly Admitted to Programming, 2017-2020



Note: Only services delivered by the three largest state-funded substance use treatment providers with the widest array of services for the general population within the Eastern Region are listed. Substance use treatment services are provided by several additional agencies in the region through state-funding. Bridgeway Behavioral Health and Preferred Family Healthcare are reflected as a combined total for 2017-2020 for consistency in reporting, as they merged on January 1, 2016.

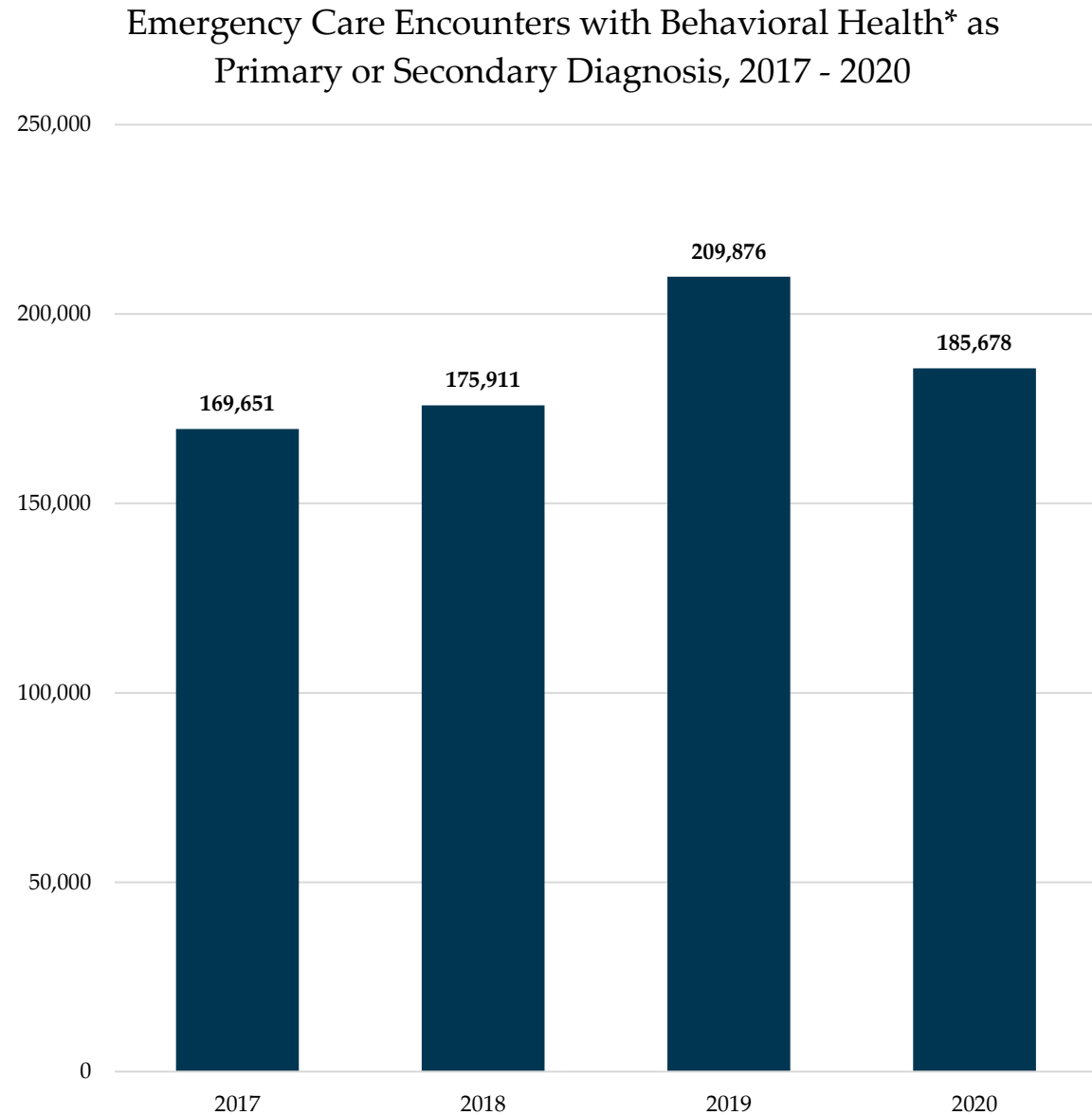
*Denotes St. Louis City or St. Louis County provider

Emergency department encounters with primary or secondary behavioral health diagnoses decreased by 12% over the past year and account for 33% of total emergency department encounters in 2020.

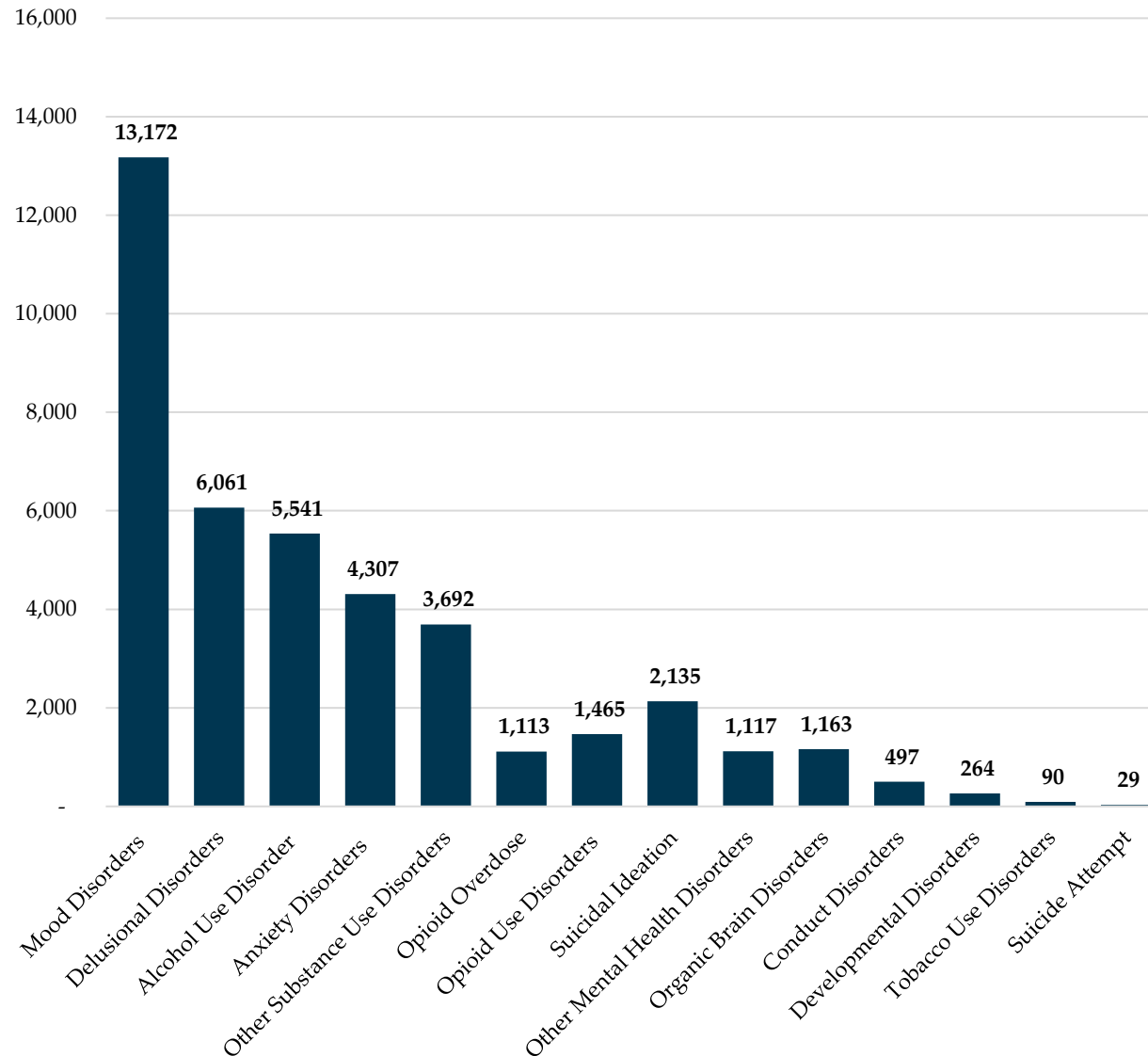
Behavioral health emergency department encounters have increased by 10% over the past four years.

*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.



Primary Behavioral Health Diagnoses for Emergency Department Encounters, 2020



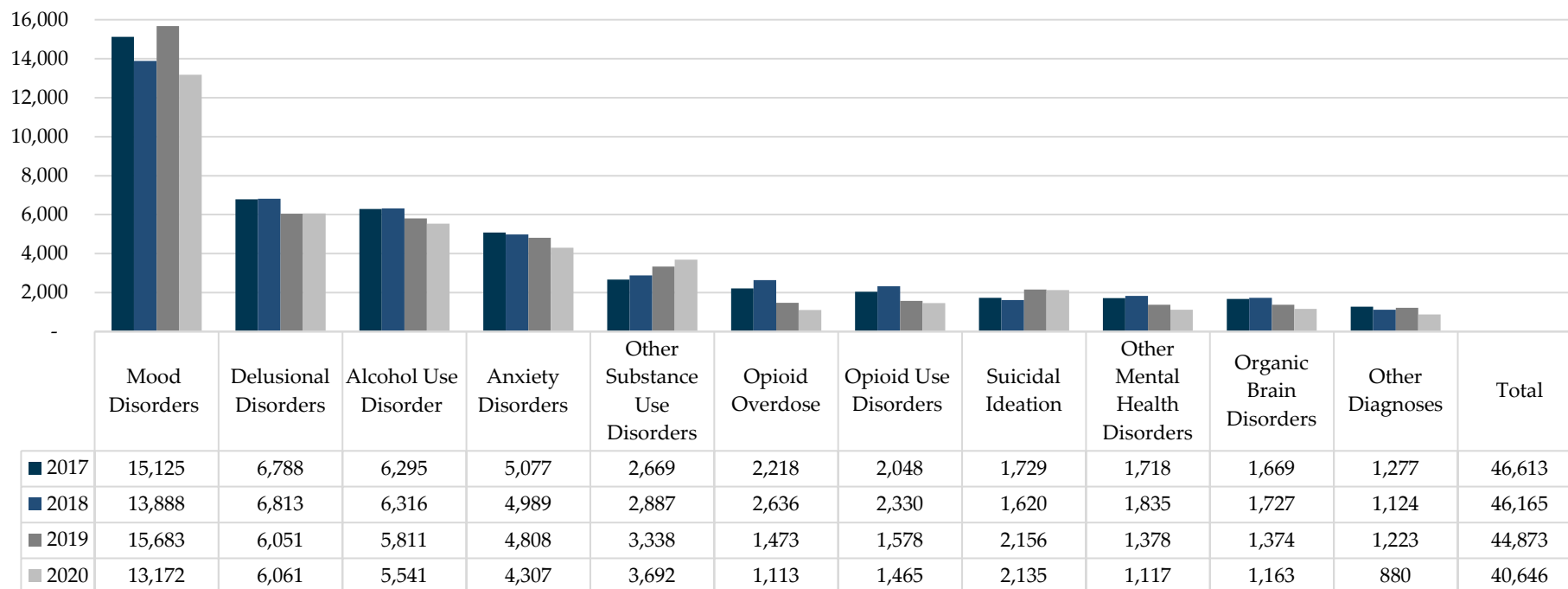
Emergency department encounters with primary behavioral health diagnoses account for more than 40,600 (7%) of total emergency department encounters in 2020.

Mood disorders (32%), 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.

Opioid overdose and opioid use disorders decreased by 24% and 7%, respectively, over the past year.

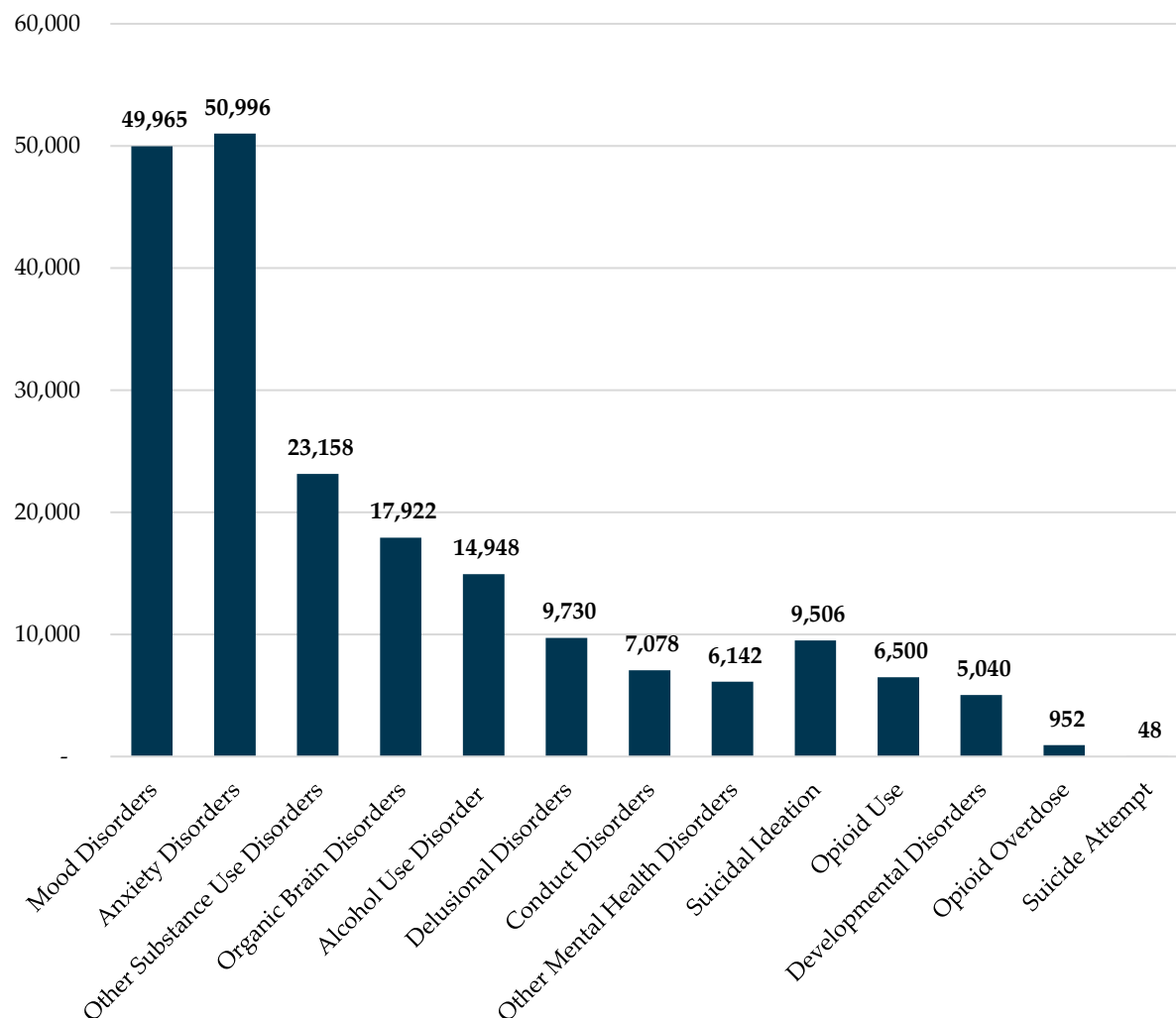
Primary Behavioral Health Diagnoses for Emergency Department Encounters, 2017 - 2020



- The total number of primary behavioral health diagnoses for emergency department encounters decreased by 10% over the past year.
- Other Substance Use Disorders increased by 11% over the past year.
- Five behavioral health diagnoses decreased by 10% or more over the past year: Other Diagnoses (28%), Other Mental Health Disorders (19%), Mood Disorders (16%), Organic Brain Disorders (15%), and Anxiety Disorders (10%).

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.

Secondary Behavioral Health Diagnoses for Emergency Department Encounters, 2020



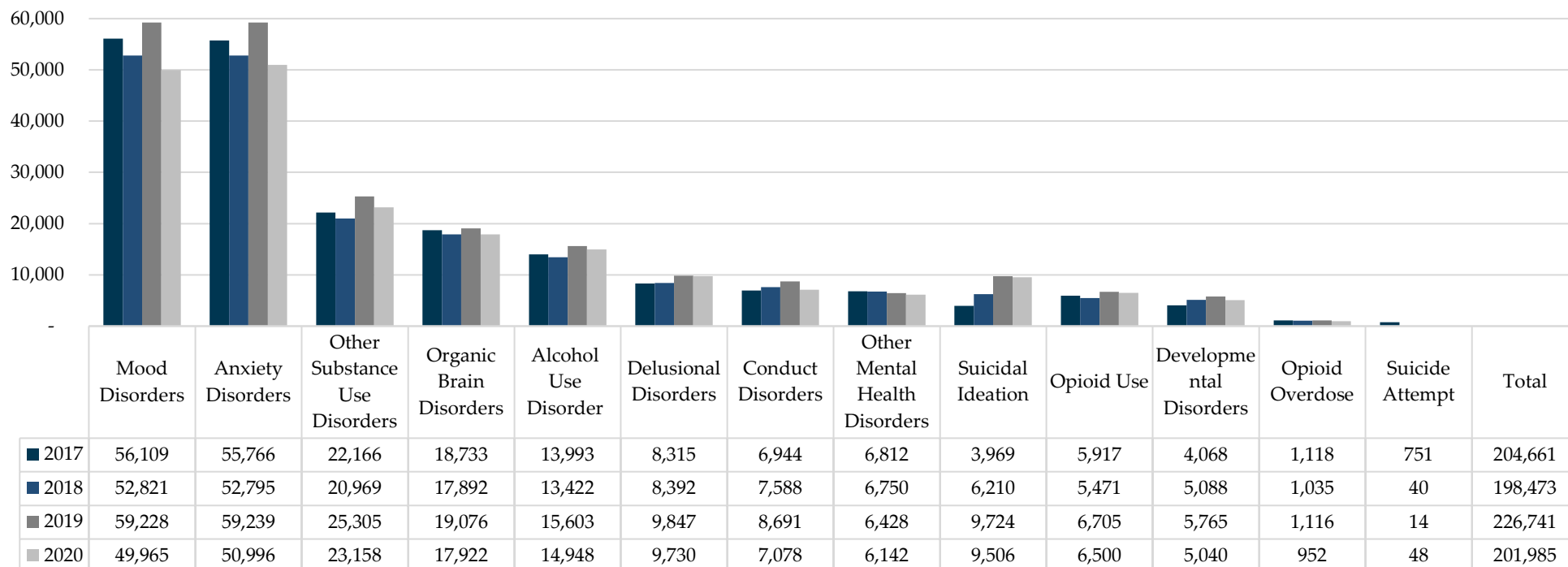
Emergency department encounters with secondary behavioral health diagnoses account for more than 201,900 (36%) of total emergency department encounters in 2020.

Mood and anxiety disorders make up to 50% of all secondary emergency department behavioral health diagnoses in 2020.

Note: Encounters where tobacco use reflect the only behavioral health diagnoses are excluded. Distribution of behavioral health diagnosis codes within emergency departments are based on billing/coding data and may not be reflective of diagnoses prevalence in the region or experiences in the emergency departments.

The number of secondary behavioral health diagnoses for emergency department encounters have decreased by 11% over the past year.

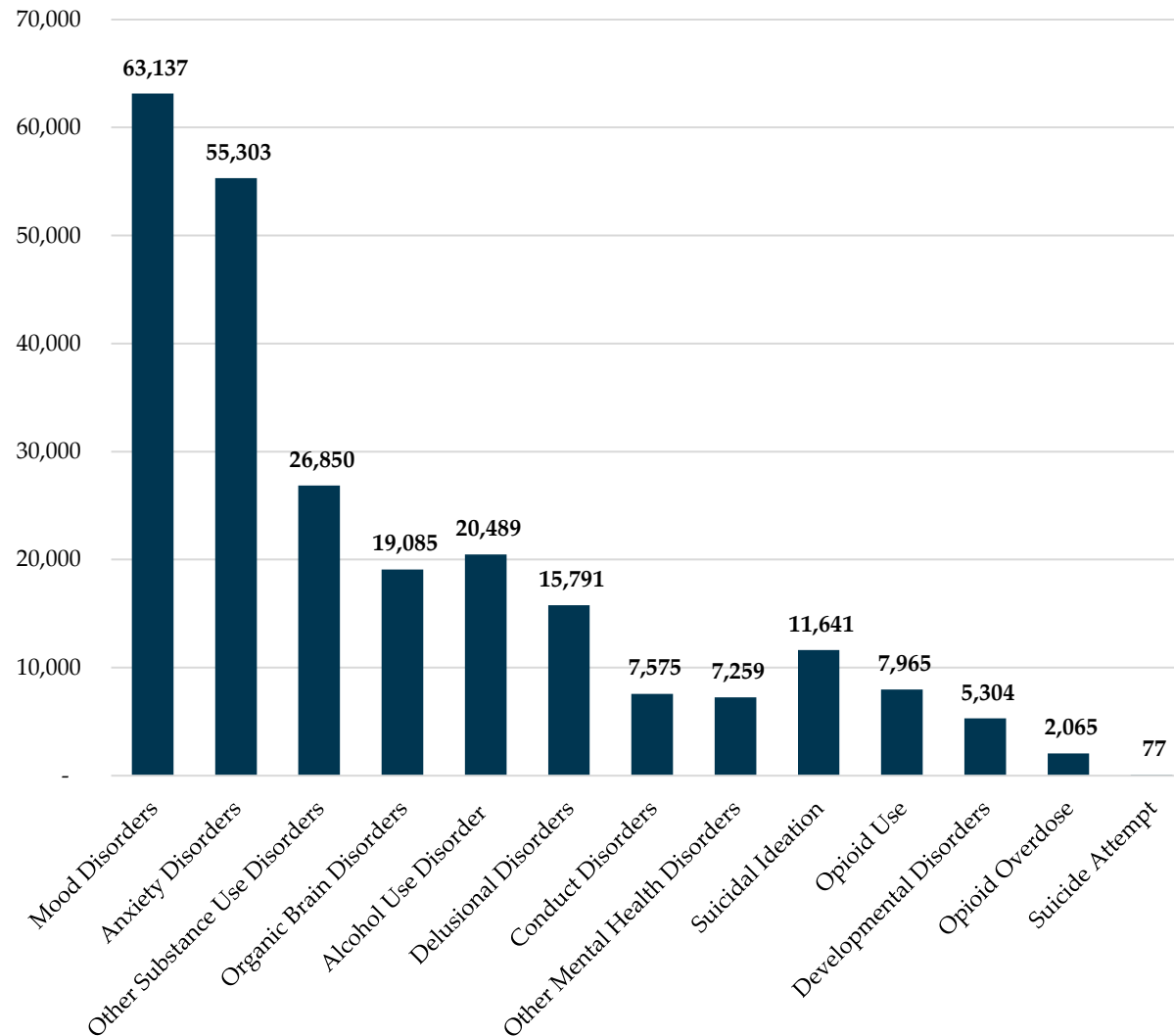
Secondary Behavioral Health Diagnoses for Emergency Department Encounters, 2017 - 2020



- Six behavioral health diagnoses decreased by 5% or more over the past year: Conduct Disorders (19%) Mood Disorders (16%), Opioid Overdose (15%), Anxiety Disorders (14%), Developmental Disorders (13%), Other Substance Use Disorders (8%), Organic Brain Disorders (6%).
- Suicide Attempts increased by 243% 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.

Primary and Secondary Behavioral Health Diagnoses for Emergency Department Encounters, 2020



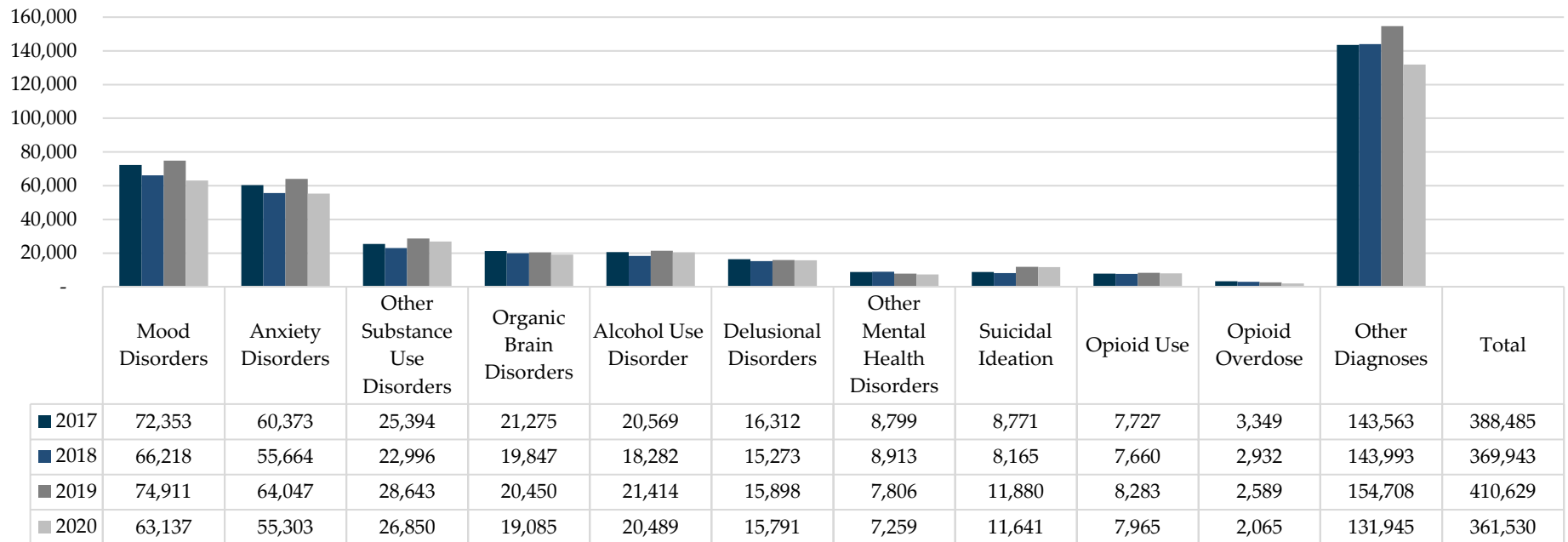
Emergency department encounters with primary and secondary behavioral health diagnoses account for more than 242,500 (44%) of total emergency department encounters in 2020.

Mood and Anxiety Disorders make up 49% of all primary and secondary emergency department behavioral health diagnoses in 2020.

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 as an estimate for 2020.

The number of primary and secondary behavioral health diagnoses for emergency department encounters have decreased by 12% over the past year.

Primary Behavioral and Secondary Behavioral Health Diagnoses for Emergency Department Encounters, 2017 - 2020

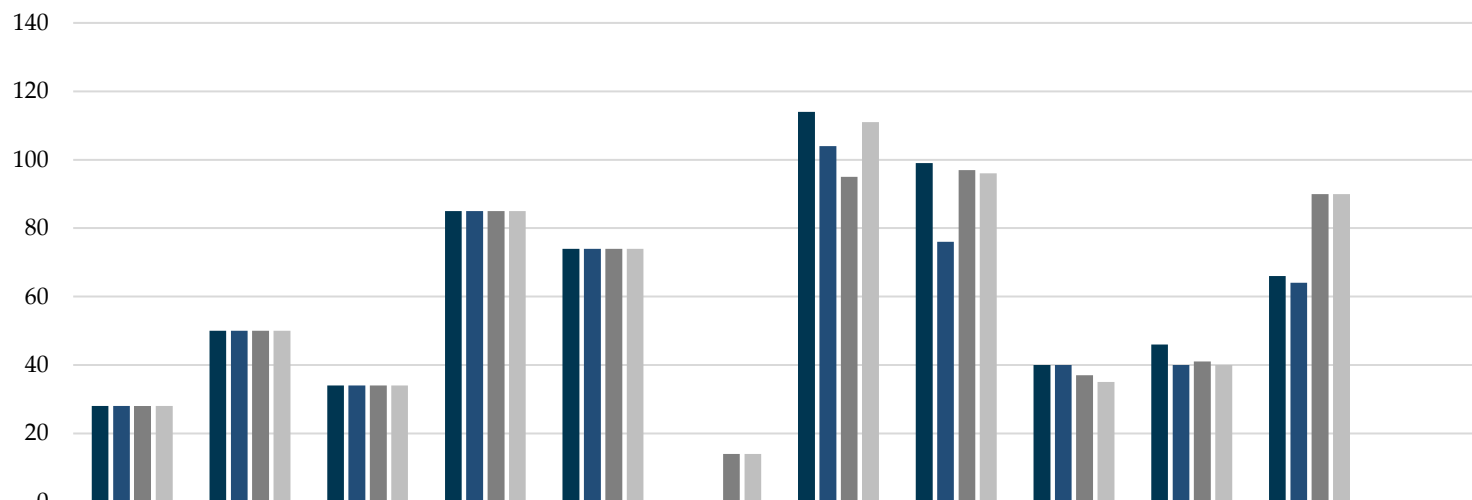


Eight behavioral health diagnoses decreased by 5% or more over the past year: Opioid Overdose (21%), Mood Disorders (16%), Other Diagnoses (15%), Anxiety Disorders (14%), Other Substance Use Disorders (7%), Organic Brain Disorders (7%), Other Mental Health Disorders (7%), and Alcohol Disorders (5%).

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.

Inpatient behavioral health safety net hospital staffed bed capacity increased by 129 beds (22%) in 2019 and 4 beds (0.6%) in 2020, part of a 14% increase between 2017-2020.

Staffed Inpatient Behavioral Health Beds, 2017 - 2020



| | Barnes-Jewish Hospital (BJH)* | BJH Psych. Support Center (PSC)* | Mercy Hospital Jefferson | Mercy Hospital St. Louis * | Mercy Hospital South * | BJC St Louis Childrens' Hospital* | SSM Health DePaul Hospital * | SSM Health St. Joseph Hospital- St. Charles/ Wentz. | SSM Health St. Louis Univ. Hospital* | SSM Health St. Mary's Hospital* | South City Hospital * | Total |
|---------------------------|-------------------------------|----------------------------------|--------------------------|----------------------------|------------------------|-----------------------------------|------------------------------|---|--------------------------------------|---------------------------------|-----------------------|-------|
| 2017 Staffed Bed Capacity | 28 | 50 | 34 | 85 | 74 | 0 | 114 | 99 | 40 | 46 | 66 | 636 |
| 2018 Staffed Bed Capacity | 28 | 50 | 34 | 85 | 74 | 0 | 104 | 76 | 40 | 40 | 64 | 595 |
| 2019 Staffed Bed Capacity | 28 | 50 | 34 | 85 | 74 | 14 | 95 | 97 | 37 | 41 | 90 | 724 |
| 2020 Staffed Bed Capacity | 28 | 50 | 34 | 85 | 74 | 14 | 111 | 96 | 35 | 40 | 90 | 728 |

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.. Data reflects staffed bed capacity as of December 31, 2020. 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 | Year 2020 Staffed Bed Capacity | | | | Total |
|---|-----------------------------------|-----------|------------|-------|-------|
| | ADULT | GERIATRIC | ADOLESCENT | CHILD | |
| 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 * | 42 | 16 | 27 | | 85 |
| Mercy Hospital South* | 52 | 0 | 22 | | 74 |
| SSM Health DePaul Health Center * | 85 | 0 | 24 | 0 | 109 |
| SSM Health St. Joseph Health Center - St. Charles | 0 | 0 | 0 | 0 | 0 |
| SSM Health St. Joseph Health Center - Wentzville | 65 | 0 | 31 | 0 | 96 |
| SSM Health St. Louis University Hospital* | 35 | 0 | 0 | 0 | 35 |
| SSM Health St. Mary's Hospital - St. Louis* | 18 | 22 | 0 | 0 | 40 |
| South City Hospital* | 58 | 32 | 0 | 0 | 0 |
| Children's Hospital | 0 | 0 | 14 | | 14 |
| TOTAL | 445 | 92 | 118 | | 655 |

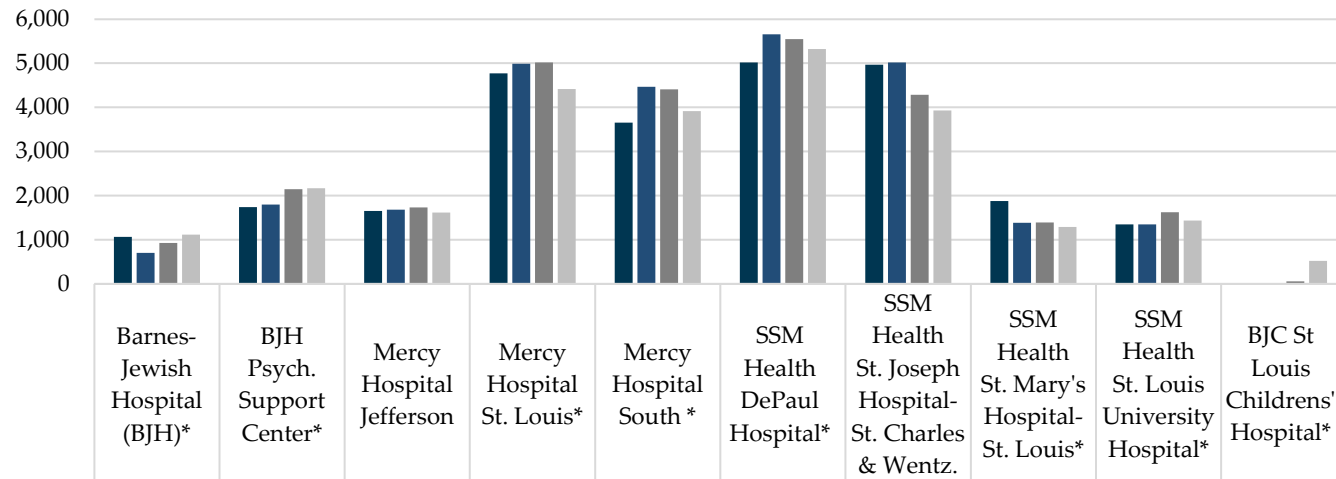
In 2020, total staffed beds increased by 12 beds across adult and geriatric populations.

Note: Data reflects community hospitals which provide acute psychiatric services and staffed bed capacity as of December 31, 2020. 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 decreased 11% in 2019, and this number dropped 1% further in 2020.

Total Inpatient Psychiatric Encounters, 2017- 2020



| | 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* | BJC St. Louis Children's Hospital* |
|--------------------------------------|-------------------------------|----------------------------|--------------------------|---------------------------|------------------------|-----------------------------|---|---|---|------------------------------------|
| ■ Total Inpt Psych. Encounters, 2017 | 1,067 | 1,737 | 1,652 | 4,774 | 3,654 | 5,014 | 4,969 | 1,879 | 1,347 | 0 |
| ■ Total Inpt Psych. Encounters, 2018 | 699 | 1,795 | 1,681 | 4,985 | 4,469 | 5,652 | 5,015 | 1,383 | 1,347 | 0 |
| ■ Total Inpt Psych. Encounters, 2019 | 929 | 2,143 | 1,734 | 5,015 | 4,409 | 5,547 | 4,286 | 1,392 | 1,619 | 56 |
| ■ Total Inpt Psych. Encounters, 2020 | 1,118 | 2,164 | 1,616 | 4,418 | 3,917 | 5,324 | 3,931 | 1,290 | 1,436 | 521 |
| % Change, 2018-2019 | -45% | -35% | 3% | 1% | -1% | -2% | -15% | 1% | 20% | |
| % Change, 2019-2020 | 190% | 85% | -7% | -12% | -11% | -4% | -8% | -7% | -11% | 830% |

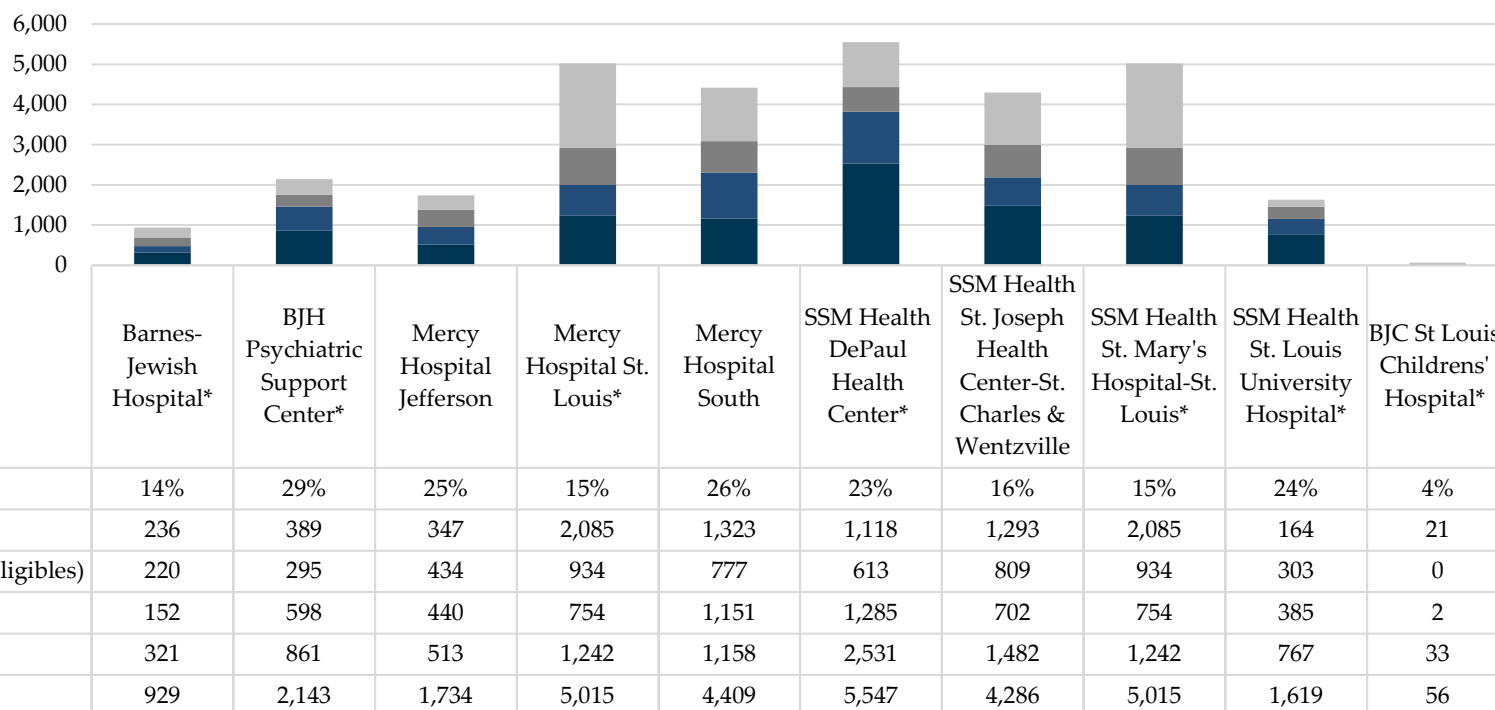
The number of total acute psychiatric encounters was 28,646 in 2018, 25,554 in 2019, and 25,214 in 2020

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 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 (33%), private insurance (30%) or Medicare (17%), varying by hospital provider.

Inpatient Psychiatric Encounter, by Payor Category and Organization, 2019



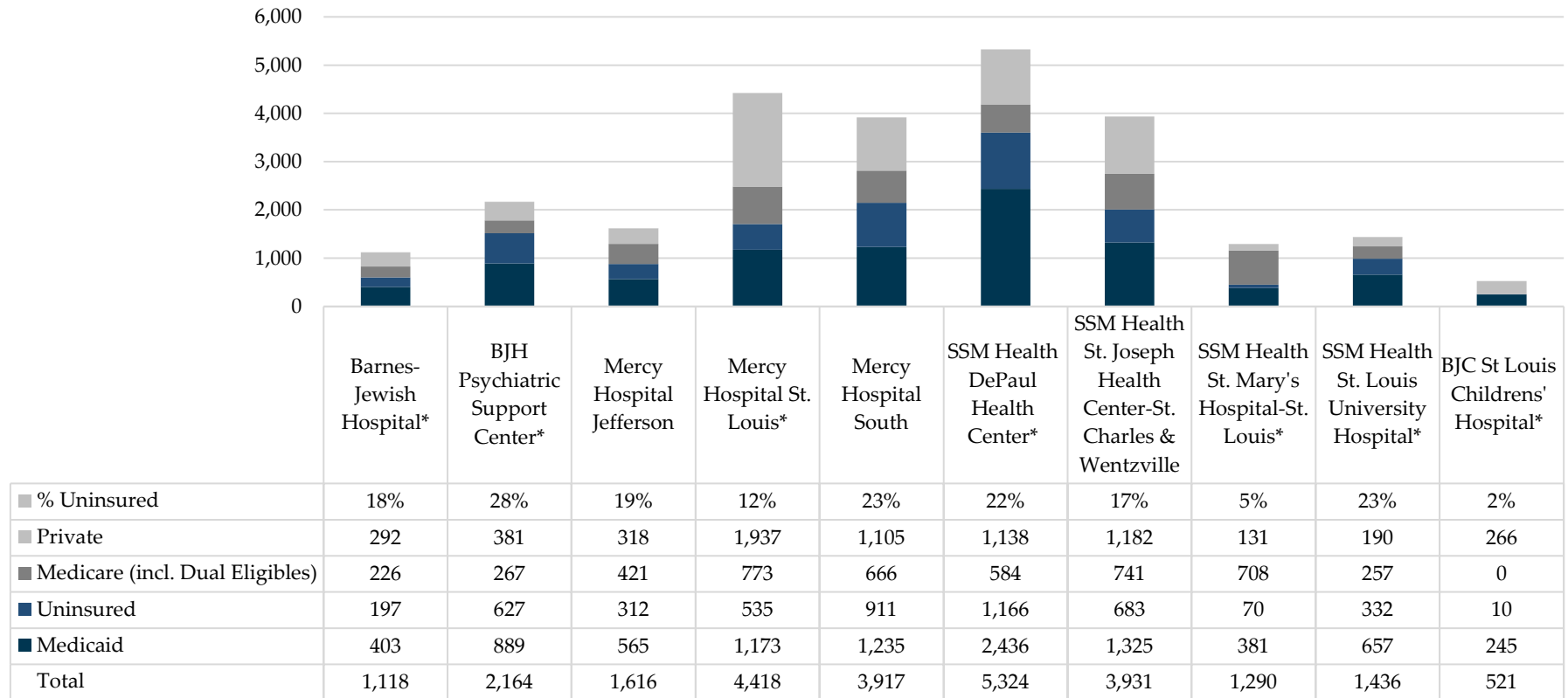
All agencies other than Barnes-Jewish Hospital, Mercy Hospital St. Louis, and SSM Health St. Joseph Health Center- St. Charles & Wentzville saw more than 5% increase in the percentage of acute psychiatric encounters that were uninsured in 2019 compared to those of 2018.

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

Acute psychiatric encounters were predominately covered by Medicaid (35%), private insurance (27%) or Medicare (19%), varying by hospital provider.

Inpatient Psychiatric Encounter, by Payor Category and Organization, 2020



The percentage of acute psychiatric encounters that were uninsured in 2020 increased at Barnes-Jewish Hospital to 18%, from 14% in 2019. All other hospitals' percentage of acute psychiatric encounters that were uninsured either remained stable or decreased in 2020.

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

2022 COVID-19
Trends & Other
Regional Topics
of Access to
Care



COVID-19 and its impact on access to care

The COVID-19 pandemic has greatly affected access to care across the world, with Missouri and St. Louis being no exception. Some hospitals experienced their ICUs at maximum capacity while scheduled routine and preventative procedures were delayed to accommodate the surge of COVID-19 patients in hospitals. The following data is as of May 13, 2022.

- Confirmed cases of COVID-19 have surpassed 47,060 in the City of St. Louis^[1] and 227,453 in St. Louis County^[2] since the beginning of the pandemic. **The state of Missouri has had more than 1,463,890 confirmed cases since the start of the pandemic in 2020^[3].**
- Deaths from COVID-19 have reached approximately 750 in the City of St. Louis¹, 3,341 in St. Louis County², **and 20,423 in Missouri.**
- As of May 11, 2022, there are 412 people hospitalized with COVID-19 in Missouri and **33 of those hospitalized are in the ICU.**
- The largest volume of confirmed cases are in those who are ages 20-49, but deaths are highest in the 70-90 age group nationwide¹.
- 56.2% of Missouri residents are fully vaccinated and 66.3% have received one dose of a COVID-19 vaccine^[4].

Since the start of the pandemic, PrepareSTL has distributed more than 54,600 cloth mask kits; 29,700 PPE kits; and participated in mobile outreach and canvassing, which account for approximately 1,500 PPE kits distributed. They visited a combination of non-profit organizations, schools, clinics, senior housing complexes, and public housing complexes.

In 2020, The St. Louis Regional Health Commission was awarded a \$1 million grant from Missouri Foundation for

ICU Bed Capacity



Health for the second phase of the PrepareSTL campaign. During this phase, PrepareSTL partnered with “The T”, a community trauma center, to assemble and distribute more than 50,000 additional PPE kits. PrepareSTL also planned to hire 300 people to engage Black residents and other communities of color about COVID-19 vaccines so they can make an informed choice.

PrepareSTL, “Outreach”. Retrieved from <https://www.preparestl.com/campaign/>

^[1] City of St. Louis, “COVID-19 Data: The latest novel coronavirus COVID-19-related data and maps for the City of St. Louis”, updated March 19, 2022. Retrieved from <https://www.stlouis-mo.gov/covid-19/data/index.cfm>

^[2] St. Louis County Missouri, “COVID-19 DATA & REPORTS”, updated March 19, 2022. Retrieved from <https://stlouiscountymo.gov/st-louis-county-departments/public-health/covid-19/>

^[3] Missouri Department of Health & Senior Services, “COVID-19 in Missouri at a Glance”, updated March 19, 2022. Retrieved from <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/data/public-health/>

^[4] Mayo Clinic, “U.S. COVID-19 vaccine tracker: See your state’s progress”, updated January 27, 2022. Retrieved from <https://www.mayoclinic.org/coronavirus-covid-19/vaccine-tracker>

COVID-19 and its impact on access to care

St. Louis primary safety net sites have altered their operating hours throughout the COVID-19 pandemic in response to resulting staff volume and safety protocol constraints. The decreased hours of operation and safety protocols that often prohibited or limited community members physical presence on site has had a sizable regional impact.

- BJH Clinics and Family Care sites, two out of the three safety net sites that previously offered Saturday hours, are no longer operating on the weekends.
- The only remaining safety net site open on Saturdays is BJK People's Health Centers. Family Care health sites saw a significant decrease in operating hours over the past year as their closing times went from 8:00pm, 5:00pm, and 1:00pm in 2019 to 4:30pm in 2020.
- St. Mary's SSM is the only primary safety net sits that increased hours from 9:00am to 4:30pm in 2019 to 8:00am to 5:00pm four days per week in 2020.

Vaccinate STL

Vaccinate STL aims to connect people with clear facts and resources that can help individuals make an informed decision for themselves and their family members about obtaining the vaccine. Many communities of color hold valid reasons for fear and distrust in healthcare. Through partnership with RHC, Regional Response Team (RRT), and St. Louis Integrated Health Network, Vaccinate STL takes these feelings into consideration and provides information on vaccination events, testing, and treatment location with an interactive map that filters provider locations based on service. Visit stlrhc.org/together-we-can-fight-covid-19/ to learn more.

- In 2021, the site had 17,804 unique visitors. It had 18,805 from the beginning of 2021 to today. The largest increase was in March of 2021.
- There were 8 community vaccination event requests that were able to be connected to a provider.
- Since the launch of the new map last fall, it has received 2,956 unique visitors. The map includes information on COVID-19 and flu vaccination events, testing, and monoclonal antibody treatment.

Overall, there have been declines in emergency department, behavioral health, primary health, and specialty care health settings.

- Total emergency department encounters declined by 18% over the past year. Non-emergent encounters decreased by 28%. The largest decline in non-emergent encounters was among the uninsured at 39%.
- Behavioral health encounters at safety net primary care providers declined by 13% over the past year.
- Total primary care encounters at safety net organizations declined by 18% over the past year.
- Total specialty care encounters at St. Louis area specialty care organizations declined by 33% over the last four years.

“... this was one of the most challenging years in the history of modern healthcare. It taught us the true value of everyone who works in healthcare in caring for our communities, the impacts of health threats on the underserved, and brought lessons learned that will help us address future issues in healthcare and health in general.”

-Dr. Alexander Garza, Chief Community Health Officer at SSMHealth

Telehealth and its impact on access to care

One of the most notable adaptations in response to the COVID-19 pandemic was the expanded implementation of telehealth as a mechanism of care. Telehealth is defined as “the use of electronic information and telecommunications technologies to support and promote long-distance clinical healthcare, patient and professional health-related education, and public health and health administration” (Health Resources and Services Administration).

According to the CDC, there was a 154% increase in telehealth visits during the last week of March 2020—the early peak of the pandemic. State-issued stay at home orders, the CDC’s guide for social distancing, and the inclusion of telehealth as a Medicaid covered benefit encouraged the use of the services. Telehealth services reduce disease exposure for both staff and patients, while preserving limited supplies of personal protective equipment (PPE) and reducing facility demands by patients. Telehealth use dramatically increased during the COVID-19 pandemic, however access to telehealth services was not equitable across population subgroups.

- Telehealth use rates were the lowest among the uninsured and highest among those with private insurance and Medicaid users.
- Video telehealth rates were lowest among those ages 65 and up, and Latino, Asian, and Black individuals.

Barriers to Telehealth:

- Technological literacy
- Video-enabled devices
- Broadband internet
- Privacy
- Time



Video modality requires a complex set up, video-enabled devices, and broadband internet which presents barriers for older adults and lower income households. Those who opt for audio-only services may be at work during their appointments or lack privacy in their home.

“We learned that telehealth could work well for many engagements, but the real value of this tool is to provide patients with a choice regarding their continuity of care. It’s a steppingstone between completely socially distant and in-person encounters. Having observed how well one steppingstone worked, we began asking ourselves, and our patients, if there might be additional opportunities to iterate and improve our telehealth delivery model in order to address access to care challenges.”

-Jesús Quiñones, Vice President of Operations at Casa de Salud

Assistant Secretary for Planning and Evaluation (2022). U.S. Department of Health and Human Services. Retrieved from: <https://aspe.hhs.gov/sites/default/files/documents/4e1853c0b4885112b2994680a58af9ed/telehealth-hps-ib.pdf>

“Trends in the Use of Telehealth During the Emergence of the COVID-19 Pandemic – United States, January – March 2020”. (2020). Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/mmwr/volumes/69/wr/mm6943a3.htm>

Medicaid Expansion in Missouri

Medicaid Expansion was approved in 2021, making it possible for people who earn up to 138% of the poverty level, about \$18,000 per year per individual, to receive free coverage even if they do not have a disability. Following Missouri legislature's refusal to fund the voter-approved program, the acceptance of applications was judge-ordered, creating uncertainty of eligibility among newly qualified Missouri residents.

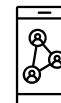
- **Approximately 144,000 out of 210,000 Medicaid Expansion enrollees previously lacked insurance.**
- Out of the estimated 275,000 people eligible in Missouri, **approximately 20,000, or 7%, have been enrolled.**
- Missouri has **done little more than legally required by the court order to promote Medicaid Expansion.**
- By federal law, Missouri is required to determine **whether an applicant is eligible for the program within 45 days.** As of March 2022, it is **taking upward of 80 days for applications to be processed.*** The confusion around eligibility is delaying the application process, hindering enrollment.

Enrollment Numbers, April 2022

- As of April 2022, **100,191 Missouri residents** are enrolled in Medicaid Expansion.
- Approximately **66,000 applications** are still pending.
- **2,927 Gateway to Better Health (GBH)** members have successfully transitioned to Medicaid Expansion and **591** have transitioned to **other forms of Medicaid.**

Learning from Oklahoma

- Missouri and Oklahoma share similar situations with Medicaid Expansion by being led by Medicaid-resistant leadership.
- **Oklahoma has enrolled over 210,000 residents, compared to Missouri's 20,000.** Before the program even began, 113,000 OK residents had been approved.
- The difference is largely due to advertising efforts.
- The OK state department was more proactive to move groups of eligible beneficiaries from other Medicaid programs and more engaged with community groups that were active in doing outreach and enrollment activities.
- While Medicaid Expansion in Missouri was advertised through **the Department of Social Services website, emailing participants in family support programs and posting on social media,** Oklahoma launched **widespread social media campaigns, hosted outreach events, and deployed televised interviews.**



* Original Average MAGI Processing Time included the days to process withdrawn applications, but did **not** include those withdrawn in the number of applications processed.
Updated Average MAGI Processing Time includes the days to process withdrawn applications **and** include those withdrawn in the number of applications processed.

Medicaid Expansion in Missouri

Many St. Louis residents remain unaware that they qualify for Medicaid Expansion, while others find the application difficult to complete. Some individuals hold misconceptions about who qualifies or hold negative connotations about accessing services through the state. Advocates have taken primary responsibility to help residents apply and navigate the long delays by organizing helplines and workshops to make the confusing process more accessible.



Right now, there are long wait times for Medicaid coverage after applying. Don't be discouraged!

You may be eligible for MO Medicaid if...

- You live in Missouri.
- You are aged 19-64.
- You are single and make less than \$1,481 per month before taxes.
- You are a family of four (there are 3 other people in your family and you live together), and your family makes less than \$3,048 per month before taxes.

What are the benefits of Medicaid Expansion?

- Medicaid insurance covers hospital stays, ER visits, visits to your doctor or the clinic, regular vaccines, brand name medications, dental fillings and root canals, vision care, mental health care including substance use treatment, and much more!

You can apply for MO Medicaid even if...

- You're not a parent.
- You do not currently work.
- You currently have other health insurance or benefits, such as Gateway to Better Health coverage or employer-sponsored insurance. If you have Medicare, you are not eligible for Medicaid Expansion.

How can you apply?

- **Online:** <https://cutt.ly/QRD7dOB>
- **Phone:** Family Support Division: 1-855-373-9994
- **On paper:** <https://cutt.ly/NRDBwe6>

Medicaid Expansion HelpLine

The Helpline is operated by trained assisters who answer questions regarding qualifications, navigation of the application, and any other questions about expansion. This HelpLine is made possible by partnerships between the St. Louis Regional Health Commission, Legal Services of Eastern Missouri, and Saint Louis University's Center for Health Law Studies.

As of May 2022, the RHC Medicaid Expansion HelpLine has received a total of **354 unique calls**. Of that 354, **95%** were helped (338 callers helped). Additionally, a total of **119 applications** were completed through the HelpLine.

Call the Medicaid Expansion Helpline at **1-888-686-1744** or Visit <https://www.stlrhc.org/blog/> for more information.

If you have questions,

Call the Medicaid Expansion
HelpLine at **888-686-1744!**

Trained helpers are there to answer your
questions and help you apply!



“Health justice is a reality when we consistently and intentionally prioritize communities of color.”

– Kendra Holmes, Pharm. D., Executive Vice President and Chief Operating Officer at Affinia Healthcare

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*
- iFM Medicine
- Mercy JFK Clinic
- CareSTL Health*
- SLUCare
- St. Louis County Department of Public Health*
- 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 2020

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

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 2020

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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Cheryl Walker (Chair)

Attorney

Walker Commercial Law Group, LLC

Dwayne Butler

Chief Executive Officer

Betty Jean Kerr People's Health Center

Angela Clabon

Chief Executive Officer

CareSTL Health

**Robin S. Cole, MA (Co-Chair,
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Coordinated Entry Case Manager

St. Patrick Center

Simone Cummings, Ph.D., MHA

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Webster University

Jeremy Fotheringham

Regional President

SSM Health

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*Dean's Fellow for Community Engagement, Assistant
Professor, UMSL College of Nursing*

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City of St. Louis Department of Health

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Neurosurgeon-in-Chief, St. Louis Children's Hospital

Washington University School of Medicine

Will Ross, MD

Associate Dean and Director of the Office of Diversity

*Washington University in St. Louis School
of Medicine*

Fred W. Rottnek, MD, MACHM

(Chair, Provider Services Advisory Board)

Professor and Director of Community Medicine

St. Louis University School of Medicine

Nia Sumpter (Co-Chair, Patient Advisory Board)

Sidney D. Watson, J.D.

Director, Jane and Bruce Robert Professor of Law

*Saint Louis University School of Law's Center for
Health Law Studies*

Ray Weick, MD

President

Mercy Clinic St. Louis and South Communities

Joe Yancey (Chair, Community Advisory Board)

Mental Health Advocate

Places for People (retired)

Angela Brown (Ex Officio)

Chief Executive Officer

St. Louis Regional Health Commission

Community Advisory Board Roster

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Places for People

Dr. Huldah Blamoville
Mound City Medical

Deneen Dusby
CareSTL Health

Anthony Davis
Missouri Department of Corrections
Board of Probation and Parole (retired)

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and Advocate

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DOORWAYS

Toni Jordan
Criminal Justice Ministry

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Community Volunteer

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St. Louis Mental Health Board

Poli Rijos
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St. Louis Area Foodbank

Katie Simpson
Operation Food Search

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DEAF, Inc.

Mary Beth Luna (Non-voting Ex Officio)
Office of U.S. Senator Roy Blunt

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Office of U.S. Congressman William Lacy
Clay

Angela Brown (Ex Officio)
Chief Executive Officer
St. Louis Regional Health Commission

Provider Services Advisory Board Roster

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Family and Community Medicine,
School of Medicine, St. Louis University

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Mercy

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iFM Community Medicine

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Generate Health

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St. Louis County Department of Public Health

Ronnie Drake, DDS
Private Practice

Gloria Grice, PHARM.D., BCPS, FNAP
University of Health Sciences and Pharmacy in St.
Louis

Deidre Griffith, MPH
SSM Health

Christine K. Jacob, MD, FAAFP
Family and Community Medicine,
School of Medicine, St. Louis University

Jade James-Halbert, MD, MPH
CareSTL Health

Rajeev John, MSW, LCSW, ACSW
Affinia Healthcare

Andwele Jolly, DPT, MBA, MHA
Washington University in St. Louis, School of
Medicine

April Jolly, MBA, MHA
Planned Parenthood of the St. Louis
Region and Southwest Missouri

Sean Marz, MA
Alive and Well Communities

Michael O'Connor, MD
Pediatrician

Cori Putz, MBA, CRADC
Preferred Family Healthcare

Jesus Quinones, BS
Casa de Salud

Kaytlin Reedy-Rogier, MSW
St. Louis Integrated Health Network

Ronald Tompkins, RN, MSN
Nurses for Newborns

Angela Brown (Ex Officio)
Chief Executive Officer
St. Louis Regional Health Commission

Access to Care Data Workgroup Roster

Eric Armbrecht (Chair)

*Associate Professor
St. Louis University*

P. Ariel Burgess

*Vice President and Director, Clinical Services
International Institute of St. Louis*

Nathan Dell

*Vice President of Knowledge Translation & Impact
Places for People*

Blake Exline

*Director of Strategic Planning
BJC Healthcare*

Renee Jones

*Chief Information Officer
CareSTL Health*

Tony Amato/Jennifer Keith

*Assistant Director, Managed Care/ Manager,
Financial Analysis
SLUCare*

Nancy Kelley

*Program Director
Missouri Foundation for Health*

Robert K. Massie, DDS/Lynn Kersting

*Chief Executive Officer
Family Care Health Centers*

Spring Schmidt/ Laura Klaesner

*Director, Division of Health Promotion and
Public Health Research
St. Louis County Department of Public Health*

Jen-Fu Lee

*Research Manager, Strategic Planning
BJC Healthcare*

Serena Muhammad

*Deputy Director
Mental Health Board*

Angela Herman-Nestor

*Deputy Director, Center for Health Care Quality and
Quality Coach
Missouri Primary Care Association*

Jesús Quiñones

*Vice President for Operations
Casa de Salud*

Amanda Stoermer

*Director of Evaluation, Quality, & Learning
St. Louis Integrated Health Network*

Vetta L. Sanders Thompson

*Associate Dean, Equity, Diversity & Inclusion
Washington University – Brown School*

Janet Voss

*Chief Financial Officer
Affinia Healthcare*

Bradley Wing

*Manager of Data Evaluation & Reporting
Behavioral Health Network of Greater St. Louis*

Jinhua Xu

*Data Analyst
Behavioral Health Network of Greater St. Louis*

Behavioral Health Network Board Roster

Patty Morrow (Chair)
Mercy Hospital

Sue King (Vice-Chair)
Mental Health America of Eastern Missouri

Laura McCallister
Places for People

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Compass Health Network

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Provident Behavioral Health

Kendra Copanas
Generate Health

Quincey McCoy
ADAPT of Missouri, Inc.

Mary Michaelleen Cradock
Saint Louis Children's Hospital

Shirley Repta
Barnes Jewish Hospital

Nancy Phillips-Kuelker
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Jaron Asher
Family Care Health Centers

Teresa Brandon
ALM Hopewell Center

Rachael Bersdale
COMTREA

Pat Coleman
Behavioral Health Response

Michelle Schafer
SSM Health

Steve Doherty
Gateway Foundation

Jenny Armbruster
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Sharon Spruell
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Anthony D'Agostino
St. Patrick's Center

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Trish Holmes
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Kimberly Beck
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Angela Brown
St. Louis Regional Health Commission

Christine Patterson
NAMI St. Louis

Rob Poirer
Washington University, School of Medicine

Cori Putz
Preferred Family Healthcare

Beth Sailors
Preferred Family Healthcare

Kim Faeman
Department of Mental Health

JJ Gossrau
Department of Mental health

Joanne Joseph
Veterans Administration

Wendy Orson
Behavioral Health Network

Allison Rekart
Board of Probation and Parole

Marcia Ford
Department of Mental Health

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