



Appendices



APPENDIX A

RHC Access To Care Committee & Call to Action Recommendations

Report Card on Progress To Date



RHC Access To Care Committee

2003 Recommendations

Report Card on Progress To Date – Summary

- In 2003, the RHC approved a set of 95 specific recommendations for improving access to care and reducing health disparities in our community – for purposes of implementation, these recommendations were grouped into 3 time horizons - short-term (1-2 years), intermediate-term (3-5 years) and long-term (>5 years)
- Over the past 3.5 years, many of these initiatives have been fully implemented or are in the process of implemented
- St. Louis area organizations have invested more than \$10 million to date to support these implementation efforts to date
- The 95 recommendations fall into 9 major areas of focus - a summary of the current status of each recommendation follows



RHC 2003 Access to Care Recommendations Summary of Progress to Date

	Percentage Implemented or Partially Implemented	Number of Recommendations	Implemented	Partially Implemented
Integration & Financing	66%	3	1 Short Term 1 Long Term	0
Care Coordination	58%	19	7 Short Term 1 Intermediate	2 Long Term 1 Intermediate
Availability of Specialty Care	100%	5	All 5	0
Dental *	54%	13	1	6
Mental Health	80%	15	4 Short Term 3 Long Term	5 Long Term
Pharmacy	42%	12	1 Short Term 2 Long Term Found Not Feasible	2 Long Term
Reducing Financial Barriers	63%	8	4 Short Term 1 Long Term	1 Intermediate 1 Long Term
Reducing Cultural Barriers	59%	17	2 Short Term 1 Long Term	7 remaining in progress as part of IHN or MFH Health Literacy programs
Measurement	100%	3	All 3	0

* Safety net dental capacity has been a recent focus of both IHN providers and the Missouri Foundation for Health. As a result, dental visits at safety net institutions in St. Louis have increased 40% since 2002.



RHC 2003 Recommendations Implementation Progress

2003 Recommendations	Progress to Date
<p>II. Recommendations for Improving Safety Net Care Coordination</p> <p><u>Short Term</u></p> <ol style="list-style-type: none"> 1. Standardize policies and procedures for establishing safety net eligibility, patient co-pays, and required documentation 2. Develop a Universal Application form for registration across safety net institutions 3. Reduce “No Show” rates by implementing automated appointment reminder systems across the safety net 4. Develop a 24x7 safety net information resource line for people in need of medical services 5. Create a community-wide safety net web site listing available resources 6. Create a community-wide safety net printed resource guide 7. Develop and distribute a community-wide safety net provider directory including provider photos and contact information 	<p>No progress to date</p> <p>Not done to date</p> <p>No progress to date</p> <p>211 program being implemented by United Way of Greater St. Louis to include safety net healthcare services and providers</p> <p>St. Louis IHN website developed listing safety net providers</p> <p>Not done</p> <p>Not done (see 4 above)</p>



RHC 2003 Recommendations Implementation Progress

2003 Recommendations	Progress to Date
<p>II. Recommendations for Improving Safety Net Care Coordination (continued)</p> <p><u>Short Term</u></p> <ol style="list-style-type: none"> 8. Develop a standardized/integrated after-hours nurse triage service across safety net institutions 9. Provide evening “flex hours” at each safety net primary care site at least one day per week 10. Provide Saturday morning “flex hours” at each safety net primary care site at least one weekend per month 11. Implement a marketing campaign to promote use of current safety net Urgent Care sites for urgent medical problems 12. Provide option of free transportation from hospital Emergency Departments to Urgent Care centers for non-emergent patients 13. Conduct analysis of Urgent Care site geographic locations relative to areas of high need and volume of non-emergent visits to Emergency Departments 	<p>No progress to date</p> <p>All community health centers in region now provide “flex hours”</p> <p>Saturday hours now available @ FQHCs</p> <p>Comprehensive marketing/branding program for “Smiley Urgent Care Center” @ SLCC currently underway (2005-2007)</p> <p>Examined in 2003; EMTLA regulations and patient flows issues preclude effective implementation</p> <p>Completed as part of Primary Care Home Initiative (2006)</p>



RHC 2003 Recommendations Implementation Progress

2003 Recommendations	Progress to Date
<p>II. Recommendations for Improving Safety Net Care Coordination (continued)</p> <p><u>Intermediate Term</u></p> <ol style="list-style-type: none"> 1. Establish a Joint Medical Advisory Committee across safety net institutions 2. Establish quarterly joint Continuing Medical Education conferences for area safety net providers 3. Enssure continuity of care by linking every safety net patient to a specific primary care physician 4. Implement open access scheduling at all primary care safety net sites 	<p>Clinical Best Practices Committee established @ IHN (2003-2007)</p> <p>Not done to date</p> <p>Regional Primary Care Home Initiative underway (see pages 20 & 21).</p> <p>No progress to date.</p>



RHC 2003 Recommendations Implementation Progress

2003 Recommendations	Progress to Date
<p>III. Recommendations for Improving Availability of Specialty Care Services</p>	
<p><u>Short Term</u></p>	
<ol style="list-style-type: none"> 1. Enhance employed safety net specialist recruitment and retention by offering more competitive compensation packages 2. Use volunteer specialty physicians as an interim measure to increase availability of specialist appointment slots 	<p>Enhanced specialist capacity through expansion of services at St. Louis ConnectCare, including new services in endocrinology, rheumatology, nephrology, and endoscopy procedures. Compensation review on-going process within ConnectCare.</p> <p>Initiative sponsored by Lutheran Foundation begun in 2006 to increase use of volunteer physicians and other medical professionals in community – over \$400,000 invested to date.</p>
<ol style="list-style-type: none"> 3. Indemnify contracted community specialists 	<p>2007 Missouri General Assembly passed legislation as part of Medicaid transformation bill that extends professional liability coverage to physicians who care without compensation for patients referred by city or county health departments and other safety net health centers</p>
<p><u>Intermediate Term</u></p>	
<ol style="list-style-type: none"> 1. Establish a task force to streamline the process for specialty care referrals, communication and follow-up 	<p>IHN Specialty Care Task Force formed 2004-2007. Specialty care wait times have decreased from several months to <14 days for most subspecialties as a result of collaborative efforts between SLCC and Task Force members. Specialty care wait times published by IHN on website @ www.stlouisihn.org</p>
<p><u>Long Term</u></p>	
<ol style="list-style-type: none"> 1. Increase Medicaid physician fee schedule 	<p>2007 Missouri General Assembly appropriated incremental \$25 million in state general revenues to increase Medicaid payments to physicians, however, Medicaid fee schedule is still significantly below Medicare, thereby limiting the number of community physicians willing to accept Medicaid patients.</p>



RHC 2003 Recommendations Implementation Progress

2003 Recommendations	Progress to Date
<p>IV. Recommendations for Improving Safety Net Dental Services</p> <p><u>Short Term</u></p> <ol style="list-style-type: none"> 1. Partner with existing efforts to develop school initiatives that encompass the provision of preventive dental services, the removal of soda and sugary/high calorie snack foods from school vending machines, and the offering of healthy food choices in school cafeterias 2. Include information on safety net dental health services in coordinated safety net marketing and health literacy campaigns 3. Include medical providers, dental providers, and pharmacists in the community-wide safety net provider directory 	<p>Implementation underway through partnership with the St. Louis Healthy Youth Partnership (HYP).</p> <p>No progress to date</p> <p>No progress to date</p>



RHC 2003 Recommendations Implementation Progress

2003 Recommendations	Progress to Date
<p>IV. Recommendations for Improving Safety Net Dental Services (continued)</p> <p><u>Intermediate Term</u></p> <ol style="list-style-type: none"> 1. Advocate for the preservation of Medicaid dental coverage 2. Advocate for improved Medicaid reimbursement for dental services <p><u>Long Term</u></p> <ol style="list-style-type: none"> 1. Partner with existing efforts to recruit and retain safety net dental health professionals, particularly minority dentists and dental hygienists 2. Increase integration between primary care providers and dental services, including improving compliance with the Federal Medicaid requirement to perform dental screens as part of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program 3. Explore the feasibility of expanding the use of mobile dental units to provide access to preventive services and education at schools and nursing homes 	<p>Implementation efforts underway through the Missouri Oral Health Network.</p> <p>Implementation efforts underway through the Missouri Oral Health Network.</p> <p>Eight new dentists recruited since 2002. Dental visits at safety net providers have increased 40% since 2002.</p> <p>No progress to date</p> <p>No progress to date</p>



RHC 2003 Recommendations Implementation Progress

2003 Recommendations	Progress to Date
<p>IV. Recommendations for Improving Safety Net Dental Services (continued)</p> <p><u>Long Term</u></p> <ol style="list-style-type: none"> 4. Advocate for the continuation and expansion of dental hygiene services 5. Implement a coordinated awareness campaign for policymakers and lawmakers concerning the importance of dental health 6. Implement a coordinated dental education program for medical providers (e.g., school nurses, safety net physicians) 7. Interface oral health records with integrated safety net data repository/electronic medical record 8. Collaborate with the Missouri Department of Health and Senior Services to develop an oral health status database 	<p>Implementation efforts underway through the Missouri Oral Health Network.</p> <p>Implementation efforts underway through the Missouri Oral Health Network.</p> <p>No progress to date</p> <p>No progress to date</p> <p>Implementation efforts underway through the Missouri Oral Health Network.</p>



RHC 2003 Recommendations Implementation Progress

2003 Recommendations	Progress to Date
<p>V. Recommendations for Improving Safety Net Mental Health Services</p> <p><u>Short Term</u></p> <ol style="list-style-type: none"> 1. Convene area managed care organization leadership to identify opportunities for improving provision of safety net mental health services 2. Hold Continuing Medical Education conferences on mental health and safety net mental health services 3. Include information on safety net mental health services in coordinated safety net marketing and health literacy campaigns 4. Expand current efforts to train police, social workers, health professionals, and teachers in mental health crisis intervention 5. Develop collaborative proposals and grant applications among mental health network, safety net umbrella organization, and other providers 	<p>No progress to date.</p> <p>Underway as part of IHN initiatives and RHC Eastern Region Behavioral Health Transformation project.</p> <p>No progress to date.</p> <p>Major initiative in region underway led by National Alliance for the Mentally Ill (NAMI)</p> <p>Underway as part of RHC Eastern Region Behavioral Health Transformation project.</p>



RHC 2003 Recommendations Implementation Progress

2003 Recommendations	Progress to Date
<p>V. Recommendations for Improving Safety Net Mental Health Services (continued)</p> <p><u>Short Term</u></p> <p>6. Conduct an analysis on types of mental health services that should be provided to children and youth</p> <p><u>Long Term</u></p> <p>1. Partner existing network of Eastern Region mental health providers with safety net umbrella organization and managed care providers to coordinate and integrate the delivery of safety net mental and physical health services</p> <p>2. Expand implementation of current best practices in integrating mental health services into existing safety net primary care sites</p>	<p>Completed by Citizens for Missouri's Children (CMC) in 2003.</p> <p>RHC Eastern Region Behavioral Health Transformation project initiated May 2006. CEOs of mental health providers and IHN members meet monthly to discuss coordination and integration of care delivery.</p> <p>Underway as part of RHC Eastern Region Behavioral Health Transformation project.</p>



RHC 2003 Recommendations Implementation Progress

2003 Recommendations	Progress to Date
<p>V. Recommendations for Improving Safety Net Mental Health Services (continued)</p> <p><u>Long Term</u></p> <ol style="list-style-type: none"> 3. Improve the flow of information between outpatient and inpatient mental health service providers, and across the mental and physical health systems 4. Standardize mental health screening tool(s) to be utilized across systems and points of entry 5. Convene area medical school leadership to identify opportunities to improve medical student/resident education regarding mental health care 6. Explore feasibility of enhancing public funding streams for mental health service delivery 	<p>Underway as part of RHC Eastern Region Behavioral Health Transformation project.</p> <p>Underway as part of RHC Eastern Region Behavioral Health Transformation project.</p> <p>No progress to date.</p> <p>Underway as part of RHC Eastern Region Behavioral Health Transformation project.</p>



RHC 2003 Recommendations Implementation Progress

2003 Recommendations	Progress to Date
<p>V. Recommendations for Improving Safety Net Mental Health Services (continued)</p> <p><u>Long Term</u></p> <ol style="list-style-type: none"> 7. Advocate for core principles to improve children’s mental health services 8. Develop a program to improve recruitment and retention of safety net mental health providers, particularly for children 9. Explore opportunities to improve access to mental health services for those within and discharged from the corrections system 	<p>Regional efforts led by Citizens for Missouri Children (CMC).</p> <p>No progress made to date.</p> <p>Major initiative led by St. Louis County Department of Health and Drug Courts in City & County. Also major initiative funded by St. Louis City Board of Mental Health. No regional, coordinated initiative begun to date.</p>



RHC 2003 Recommendations Implementation Progress

2003 Recommendations	Progress to Date
<p>VI. Recommendations for Improving Safety Net Pharmacy Services</p> <p><u>Short Term</u></p> <ol style="list-style-type: none"> 1. Develop a common Pharmacy and Therapeutics Committee across the safety net 2. Implement coordinated group/bulk purchasing for safety net pharmacies 3. Pilot a user-friendly database kiosk for consumers at a safety net pharmacy site <p><u>Intermediate Term</u></p> <ol style="list-style-type: none"> 1. Hold Continuing Medical Education conferences focused on safety net pharmacy services <p><u>Long Term</u></p> <ol style="list-style-type: none"> 1. Make comprehensive patient counseling and medication monitoring services available at each safety net pharmacy site (Long term) 	<p>No progress to date.</p> <p>Feasibility analysis completed as part of Joint Purchasing initiative by IHN in 2004 and found unfeasible (2004).</p> <p>No progress to date.</p> <p>No progress to date.</p> <p>No progress to date.</p>



RHC 2003 Recommendations Implementation Progress

2003 Recommendations	Progress to Date
<p>VI. Recommendations for Improving Safety Net Pharmacy Services (continued)</p> <p><u>Long Term</u></p> <ol style="list-style-type: none"> 2. Conduct a feasibility analysis on the development of a centralized medication filling service across safety net pharmacies 3. Develop a common formulary across safety net providers 4. Convene providers to conduct a feasibility analysis on the development of a standardized sliding-scale co-payment system across safety net pharmacies 5. Include patient medication, allergy and drug interaction information in an integrated safety net data repository/electronic medical record 6. Develop an integrated database of consumers who qualify for reduced-fee prescription medication 7. Include pharmacy services information in safety net information resources 8. Conduct a feasibility analysis on the development of a Pharmacy Information Center 	<p>Completed by IHN and found unfeasible (2004).</p> <p>No progress to date.</p> <p>No progress to date.</p> <p>Underway as part of regional Primary Care Home/NMPI initiative.</p> <p>Underway as part of regional Primary Care Home/NMPI initiative.</p> <p>No progress to date.</p> <p>Completed by IHN and found unfeasible (2004)</p>



RHC 2003 Recommendations Implementation Progress

2003 Recommendations	Progress to Date
<p>VII. Recommendations for Reducing Financial Barriers to Care</p> <p><u>Short Term</u></p> <ol style="list-style-type: none"> 1. Develop a standardized uncompensated care policy across outpatient primary and specialty care safety net providers 1. Identify administrative barriers to Medicaid coverage determinations and conduct staff training sessions on Medicaid eligibility and policies 2. Safety net providers conduct a standardized review of eligibility for reduced fees and financial counseling prior to reporting uninsured patients with overdue payments to a collection agency 3. Convene area hospital leadership with community representatives to develop effective solutions to medical debt and uncompensated care and billing and to generate other ideas for reducing financial barriers to care within the boundaries of the law 4. Develop a uniform “no turn-away due to inability to pay” policy across outpatient safety net providers 	<p>No progress on standardization of policy on a regional basis to date. Individual health systems have implemented important organization-specific initiatives since 2002.</p> <p>Completed by individual IHN members and hospitals as part of each organization’s operations on an on-going basis.</p> <p>No progress on standardization of review process on a regional basis to date.</p> <p>No progress to date.</p> <p>Completed by IHN (2004) and published on IHN website</p>



RHC 2003 Recommendations Implementation Progress

2003 Recommendations	Progress to Date
<p>VII. Recommendations for Reducing Financial Barriers to Care (continued)</p> <p><u>Intermediate Term</u></p> <ol style="list-style-type: none"> 1. Advocate for maintenance and expansion of Medicaid coverage <p><u>Long Term</u></p> <ol style="list-style-type: none"> 1. Develop a regional ombudsmen program to help safety net consumers access/navigate the system and to assist with key financial counseling issues 2. Coordinate with the State of Missouri and existing entities to examine the development of a statewide or local insurance program for low-income uninsured residents 	<p>2007 Missouri General Assembly restored coverage to 10-12,000 of the 100,000 low income Missourians who lost coverage in 2005 / CY07 legislation also allowed for restoration of some benefits including durable medical equipment and dental and vision care.</p> <p>IHN's Health Literacy and Education Project (HELP) initiated in 2006. System navigation and financial counseling included as part of program. (see page 15).</p> <p>Coordination with State of Missouri efforts ongoing.</p>



RHC 2003 Recommendations Implementation Progress

2003 Recommendations	Progress to Date
<p>VIII. Recommendations for Reducing Cultural and Informational Barriers to Care</p> <p><u>Short Term</u></p> <ol style="list-style-type: none"> 1. Regularly assess, report and set goals for reducing cultural and racial barriers to safety net care 2. Institute service quality training programs and cultural sensitivity training programs 3. Integrate cross-cultural education into CME sessions for health care professionals 4. Develop a comprehensive coordinated marketing campaign to raise awareness about the safety net system and how to access care 5. Develop a coordinated health literacy program and campaign 6. Develop a minority health professional recruitment and retention program for the primary and specialty care safety net 	<p><u>Update on all Section VII Initiatives</u></p> <p>RHC convened a regional “Health Literacy Task Force” (2004-2006). Additional recommendations for reducing cultural barriers were developed and approved by RHC in January 2006. A “Health Literacy” Summit was held by RHC in April 2006 with over 500 attendees.</p> <p>Subsequently, the Missouri Foundation for Health (MFH) has selected Health Literacy as a priority area for several million dollars of annual investment, beginning in 2008.</p> <p>The RHC will continue to collaborate with MFH on its Health Literacy project. Recommendations for “Reducing Cultural and Informational Barriers to Care” will be coordinated statewide and/or regionally as part of MFH Health Literacy effort.</p> <p>IHN’s Health Literacy and Education Project (HELP) initiated in 2006 with over 5,000 encounters to date (see page 19). Other regional entities are implementing major health literacy initiatives at an organizational level.</p>



RHC 2003 Recommendations Implementation Progress

2003 Recommendations	Progress to Date
<p>IX. Recommendations for Reducing Cultural and Linguistic Barriers for New Americans</p> <p><u>Short Term</u></p> <ol style="list-style-type: none"> 1. Form a standing committee across safety net providers to improve implementation of CLAS standards 2. Conduct training on CLAS standards for medical professionals, including reception and frontline staff 3. Include compliance with CLAS standards in recommendation to regularly assess, report and set goals for reducing cultural and racial barriers to safety net care 4. Develop a system for providing interpreter services for the 24x7 safety net information resource line 5. Develop and distribute a list of bilingual medical professionals and safety net clinics 6. Include a focus on both racial and ethnic minorities in the minority health professional recruitment and retention program for the safety net 	<p>No progress to date.</p> <p>IHN's Health Literacy and Education Project (HELP) initiated in 2006 with focus on New American community (see page 19). Training of medical professionals included as part of HELP initiative.</p> <p>No progress to date.</p> <p>No progress to date.</p> <p>IHN website developed. Safety net clinics with bilingual services listed.</p> <p>No progress to date as a regional initiative.</p>



RHC 2003 Recommendations Implementation Progress

2003 Recommendations	Progress to Date
<p>IX. Recommendations for Reducing Cultural and Linguistic Barriers for New Americans (continued)</p> <p><u>Long Term</u></p> <ol style="list-style-type: none"> 1. Safety net providers collaborate to secure increased funding (Federal, State and local) to support interpreter services and document translation 2. Standardize and expand training programs for medical interpreters 3. Develop a patient advocate system to assist New Americans in accessing/navigating the safety net health system 4. Develop a training program to assist medical professionals from other countries in entering a medical profession in the St. Louis area 5. Account for New American consumers in developing the Master Patient Index (Long term) 	<p>No progress to date.</p> <p>No progress to date.</p> <p>IHN's Health Literacy and Education Project (HELP) initiated in 2006 with focus on New American community (see page 19).</p> <p>No progress to date.</p> <p>Underway as part of Primary Care Home/NMPI project.</p>



RHC 2003 Recommendations Implementation Progress

2003 Recommendations	Progress to Date
<p>X. Recommendations for Improving Measurement and Reporting</p> <ol style="list-style-type: none"> 1. Link health status measurement and reporting to an ongoing change process. 2. Release an annual health report card for St. Louis City and County for select health status and access indicators. 3. Beginning in 2006, release a comprehensive report every three years assessing progress in improving health outcomes, reducing health disparities and improving access to health care. 	<p>RHC annual reporting linked to allocation of safety net funds.</p> <p>Not done</p> <p>RHC report issued Sept. 2007.</p>



Call to Action Recommendations Implementation Progress

Recommendations as presented to RHC	Progress to Date
<p>Recommendations For Role of the RHC</p>	
<p>1. Support the development of a coordinating entity in St. Louis to link currently available community resources and enhance coordination of effort across key components of our local health care safety net .</p>	<p>St. Louis Integrated Health Network formed in 2003</p>
<p>2. Develop a coordinated business plan for achieving 100% Access and Zero Health Disparities in our community. This plan should have: i) measurable goals and objectives, and ii) a demonstrable return on investment (ROI).</p>	<p>Plan submitted to Centers for Medicare and Medicaid Services in October 2003. Implementation efforts begun in 2003 and ongoing as documented in this report.</p>
<p>3. Work with the city and county public health departments to regularly monitor and publicly report zip code-specific metrics documenting progress toward better health care outcomes in St. Louis.</p>	<p>Building a Healthier St. Louis released in April 2003. Update report including zip-code specific health metrics issued by RHC in 2007. State of Missouri, St. Louis City and St. Louis County health departments also release periodic zip-code specific data to the public.</p>
<p>4. Create appropriate communication vehicles and venues to: i) keep the public informed of the Regional Health Commission's activities, ii) complement these communication efforts by issuing an annual written report summarizing the RHC's progress, and iii) position the broad community for future pacesetting events at periodic intervals.</p>	<p>RHC meetings open to the public. RHC web-site launched in 2002 and regularly updated. Commissioners, Advisory Board members, and RHC staff routinely meet with neighborhood and community groups. Building a Healthier St. Louis released in April 2003. Update report including zip-code specific health metrics issued by RHC in 2007. RHC Health Literacy Summit held in April 2006 with over 500 in attendance.</p>



Call to Action Recommendations Implementation Progress

Recommendations as presented to RHC

Recommendations for Immediate Tactical Action by the RHC

5. Adopt a resolution expressing its unanimous support for Presumptive Eligibility For Children, and interact with elected and appointed state officials to assure implementation of this program
6. Adopt a resolution expressing unanimous support for Reauthorization of the CHIPS/MC+ Program, and interact with elected and appointed state officials to assure extension of this vital program
7. Adopt a resolution expressing its unanimous support for the 4 key elements* of House Bill 1479 and help assure a successful voter referendum as authorized by either the Missouri General Assembly or an initiative petition
 - * --Provide funding to preserve Missouri's 32 trauma centers and implement interventions to reduce the prevalence of trauma and associated death rates
 - Expand physician participation in Missouri's Medicaid program by increasing payments to the same level as Medicare
 - Expand access to dental care by improving Medicaid payments to dentists
 - Reduce the prevalence of smoking and tobacco-related diseases via enhanced anti-smoking and smoking cessation programs as recommended by the Centers for Disease Control

Progress to Date

Resolution unanimously approved by RHC in 2002. Presumptive Eligibility for Children implemented by State in 2003.

Resolution unanimously approved by RHC in 2002. The Missouri General Assembly subsequently renewed the program.

Resolution unanimously approved by RHC in 2002. The bill did not pass in the Missouri General Assembly.



Call to Action Recommendations Implementation Progress

Recommendations as presented to RHC	Progress to Date
<p>Recommendations for Immediate Tactical Action by the RHC to Consider as Part of It's Strategic Planning Process</p> <p>8. Recognize Saint Louis ConnectCare and the 4 federally qualified Community Health Centers for reaching a new cooperative agreement, encourage additional efforts to enhance communication and care coordination between ConnectCare and the FQHC's, and ask for periodic progress reports on specific milestones resulting from this new collaborative venture.</p> <p>9. Endorse the "Friends of 106 Campaign" and assist this Work Group's efforts to identify corporate sponsors and other necessary resources to assure 100% access to early and regular prenatal care in St. Louis zip code 106.</p> <p>Recommendations For The RHC to Consider as Part of It's Strategic Planning Process</p> <p>10. Promote the St. Louis Lead Prevention Coalition to other health care safety net stakeholders as a model for success.</p>	<p>St. Louis Integrated Health Network formed to formally enhance communication and care coordination in November 2003. Affiliations between Saint Louis ConnectCare and FQHCs completed in November 2005. Progress reports submitted to RHC semi-annually on progress by affiliation partners.</p> <p>Resolution endorsing "Friends of 106 Campaign" unanimously approved by RHC in 2002. Between 2002 and 2005, adequacy of prenatal care increased by 4% within the 63106 zip code.</p> <p>Resolution to do so unanimously approved by RHC in 2002.</p>



Call to Action Recommendations Implementation Progress

Recommendations as presented to RHC	Progress to Date
<p>Recommendations For The RHC to Consider as Part of It's Strategic Planning Process</p>	
<p>11. Actively encourage area health care providers to: i) offer and provide language assistance at no cost to patients with limited English proficiency, and ii) develop collaborative health care and wellness programs with ethnic communities.</p>	<p>Building a Healthier St. Louis report issued in April 2003 with section addressing health care for New Americans; RHC's October 2003 strategic plan for improving safety net services also including specific recommendations for addressing health care for New Americans. IHN health coaches program launched in 2006 to develop collaborative programs with ethnic communities – over 5000 patient encounters seen to date by health coaches.</p>
<p>12. Endorse the pharmacy community's efforts to provide medication services to the underserved of St. Louis and provide assistance in soliciting community support and funding.</p>	<p>Building a Healthier St. Louis report issued in April 2003 with section addressing pharmacy services to underserved; RHC's October 2003 strategic plan for improving safety net services also including specific recommendations for addressing pharmacy services. Implementation progress as documented in Appendix A.</p>
<p>13. Endorse the dental community's effort to improve dental health and access to dental care and add a member of the dental community to the RHC Provider Services Advisory Board.</p>	<p>Building a Healthier St. Louis report issued in April 2003 with section addressing dental services to underserved; RHC's October 2003 strategic plan for improving safety net services also including specific recommendations for addressing dental services. Dental visits to safety net providers have increased 40% between 2002 and 2006. Member of the dental community added to PSAB in 2002.</p>



APPENDIX B

Hours of Operation at Primary Care Sites



HOURS OF OPERATION AT PRIMARY CARE SITES

Organization	Site Name / Location	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
People's Health Centers	Central	8:30 - 5:30	8:30 - 8:30	8:30 - 5:30	8:30 - 8:30	8:30 - 5:30	closed	closed
	West	8:30 - 5:00	11:30 - 8:00	8:30 - 5:00	8:30 - 5:00	8:30 - 5:00	closed	closed
	North County	8:30 - 5:30	8:30 - 5:30	11:30 - 8:30	8:30 - 5:30	8:30 - 5:30	closed	closed
Grace Hill Neighborhood Health Centers	Murphy O'Fallon	10:00 - 6:30	9:00 - 5:30	10:30 - 7:00	9:00 - 5:30	9:00 - 5:30	closed	closed
	Soulard-Benton	8:30 - 5:00	10:00 - 6:30	10:30 - 7:00	8:30 - 5:00	8:30 - 5:00	closed	closed
	Water Tower	10:00 - 6:30	9:00 - 5:30	10:30 - 7:00	9:00 - 5:30	9:00 - 5:30	10:00 - 4:00	closed
	Grace Hill South	9:00 - 5:30	10:00 - 6:30	10:30 - 7:00	9:00 - 5:30	9:00 - 5:30	9:00 - 5:30	closed
	at St. Patrick	8:30 - 4:30	8:30 - 4:30	8:30 - 4:30	8:30 - 4:00	8:30 - 4:00	closed	closed
Myrtle Hilliard Davis Comprehensive Health Centers	Homer G. Phillips	9:00 - 5:30	9:00 - 5:30	9:00 - 5:30	9:00 - 8:30	9:00 - 5:30	closed	closed
	Florence Hill	9:00 - 8:30	9:00 - 5:30	9:00 - 5:30	9:00 - 5:30	9:00 - 5:30	closed	closed
	Comp I	9:00 - 5:30	9:00 - 5:30	9:00 - 8:30	9:00 - 5:30	9:00 - 5:30	closed	closed
	Comp II	9:00 - 5:30	9:00 - 8:30	9:00 - 5:30	9:00 - 5:30	9:00 - 5:30	closed	closed
Family Care Health Centers	Forest Park Southeast	8:30 - 5:00	8:30 - 7:00	8:30 - 5:00	8:30 - 5:00	8:30 - 5:00	9:00 - 1:00*	closed
	Carondelet	8:00 - 5:00	8:00 - 8:00	8:00 - 5:00	8:00 - 8:00	8:00 - 5:00	8:00 - 12:30*	closed
St. Louis County Health Centers	John C. Murphy	8:00 - 5:00	9:00 - 6:00	8:00 - 5:00	8:00 - 5:00	8:00 - 5:00	closed	closed
	North Central Community	8:00 - 5:00	8:00 - 5:00	8:00 - 5:00	9:00 - 6:00	8:00 - 5:00	closed	closed
	South County	8:00 - 5:00	8:00 - 5:00	9:00 - 6:00	8:00 - 5:00	8:00 - 5:00	closed	closed
Health Care for Kids		9:00 - 9:00	9:00 - 9:00	9:00 - 9:00	9:00 - 9:00	9:00 - 9:00	12:00 - 6:00	12:00 - 6:00
CHIPS		8:30 - 5:00	8:30 - 5:00	8:30 - 5:00	8:30 - 5:00	8:30 - 5:00	closed	closed
Barnes-Jewish Hospital	Medicine Clinic	8:00 - 5:00	8:00 - 5:00	8:00 - 5:00	8:00 - 5:00	8:00 - 5:00	closed	closed
	OB-GYN Clinic	8:00 - 7:00	8:00 - 5:00	8:00 - 5:00	8:00 - 5:00	8:00 - 4:30	closed	closed
SSM St. Mary's Health Center		9:00 - 4:00	9:00 - 4:00	9:00 - 4:00	9:00 - 4:00	9:00 - 4:00	closed	closed
SSM Cardinal Glennon		8:30 - 5:00	8:30 - 5:00	8:30 - 5:00	8:30 - 5:00	8:30 - 5:00	closed	closed
St. John's John F. Kennedy Clinic		closed	8:00 - 4:30	8:00 - 4:30	8:00 - 4:30	8:00 - 4:30	closed	closed
St. Luke's Pediatric Care Center		8:00 - 4:30	8:00 - 4:30	8:00 - 6:00	8:00 - 4:30	8:00 - 4:30	closed	closed
expanded hours since 2002		previously established evening / weekend hours				* every other weekend during summer		



APPENDIX C

Additional Background Information About the *St. Louis Regional Health Commission*



ABOUT THE ST. LOUIS REGIONAL HEALTH COMMISSION

- Mission: To improve access to care, to reduce health disparities, and to improve health outcomes in the St. Louis region
- Appointed body: government, health sector, and community leadership
 - 19 Commission Members
 - 60 Advisory Board members (30 Community; 30 Provider Services)
 - 15 members of Behavioral Health Steering Committee
 - Several ad hoc “workgroups” operational at any one time addressing key regional health issues
- Formed in 2001 in response to immediate funding crisis for St. Louis health system
- Role/Strategic Priorities:
 - Ensure financial sustainability of medical delivery system for uninsured/underinsured
 - Create & implement business plan to restructure safety net care in St. Louis – (plan submitted to CMS October 2003)
 - Coordinate funding allocation of approximately \$25 Million in St. Louis region
 - Develop coordinated safety-net health care system through partnership with the St. Louis Integrated Health Network and regional Behavioral Health Steering Committee
 - Revitalize health prevention/education efforts across region
 - Serve as point-of-contact for State/Federal agencies re: health care safety net issues

For more information, see www.stlrhc.org or “Building a Healthier St. Louis”, Chapter II, April 2003.



IMPORTANCE OF COMMUNITY INPUT

- The RHC believes that in order to create and implement change in our health care system, it is critical that our work be inclusive, and that citizens are engaged in our decision-making processes. We also recognize that in order for us to succeed, several things must occur:
 - Actions must be community driven
 - Partnerships must be developed with communities.
 - The engagement efforts must recognize and respect community diversity.
 - Community assets must be identified and mobilized
- It is important to our work that community members play a key role in defining the problems and in planning and instituting steps to create solutions. In February 2001, concerned individuals from across the region came together for a “Call to Action.” Community members provided the RHC with recommendations for improving health in our region. The RHC has taken its direction from the community priorities raised at the “Call to Action” Initiative and from dozens of citizen forums conducted by the RHC and other groups in our region.
- Throughout our work over the past 6 years, the RHC has also relied on its Advisory Board process to set its direction and priorities. The Advisory Boards are made up of health care providers, community organization representatives, safety net patients and other community leaders. The Advisory Board members have worked with the Commissioners to help define the problems, conduct research, and implement major improvement efforts in the community.
- In addition, community organizations from across the region have provided critical input into our work. Over the past 6 years, the RHC members and staff have met with thousands of neighborhood, community, and health-related groups. These organizations have contributed to both our process and priorities.
- The RHC will continue to reach out to the community. The public is invited to all of our meetings, which are posted on our web site at www.stlrhc.org. We will also be continuing to gather additional community feedback and to develop solutions for strengthening the safety net system. Members of the Commission, our Advisory Boards, or the RHC staff would be pleased to have an opportunity to meet with your community or neighborhood group.
- Together, we will continue to improve health for everyone in our region. Thank you for joining us in this work.



SURVEY RESPONDENTS

Primary Care	
People's Health Centers – Central	Family Care Health Centers – Forest Park Southeast
People's Health Centers – West	Family Care Health Centers - Carondelet
People's Health Centers – North County	St. Louis County Health Centers – John C. Murphy
Grace Hill Neighborhood Health Centers – Murphy O'Fallon	St. Louis County Health Centers – North Central Community
Grace Hill Neighborhood Health Centers – Soulard-Benton	St. Louis County Health Centers – South County
Grace Hill Neighborhood Health Centers – Water Tower	Barnes-Jewish Hospital – Medicine Clinic
Grace Hill Neighborhood Health Centers – Grace Hill South	Barnes-Jewish Hospital – OB/GYN Clinic
Grace Hill Neighborhood Health Centers – at St. Patrick	Health Care for Kids
Myrtle Hilliard Davis Comprehensive Health Centers – Comp I	St. Mary's Health Center
Myrtle Hilliard Davis Comprehensive Health Centers – Comp II	Cardinal Glennon University Pediatrics
Myrtle Hilliard Davis Comprehensive Health Centers – Homer G. Phillips	St. John's Mercy Medical Center – John F. Kennedy Clinic
Myrtle Hilliard Davis Comprehensive Health Centers – Florence Hill	St. Luke's Pediatric Care Center
LaClinica Health Center	
Specialty Care	
St. Louis ConnectCare	Cardinal Glennon Children's Medical Center
Washington University	St. Louis University
Barnes-Jewish Hospital	St. John's Mercy Medical Center – John F. Kennedy Clinic
Emergency Departments	
BJC – Barnes-Jewish Hospital	SSM – St. Mary's Health Center
BJC – St. Louis Children's Hospital	SSM – DePaul Hospital
BJC – Christian Hospital Northeast	SSM – Cardinal Glennon Children's Medical Center
BJC – Christian Hospital Northwest	Tenet – St. Louis University Hospital
BJC – Missouri Baptist Medical Center	St. Anthony's Medical Center
St. Luke's Hospital	St. John's Mercy Medical Center

Forest Park Hospital and St. Alexius Hospital did not respond to the RHC's request for data. These volumes were obtained from publicly available HIDI data from the Missouri Hospital Association.



POTENTIAL LIMITATIONS OF THIS REPORT

- Great care has been taken to ensure the accuracy of the data in this report. However, given the complexity of many of the measures, caution should be taken in drawing conclusions from the data.
- All health status indicator data contained within the report were obtained from secondary data collection sources such as vital records data from the Missouri Department of Health and Senior Services. Errors within this data could be present due to incorrect coding or improper categorization of the data when it was originally collected. Also, since some of the measures were derived with data from multiple sources, there could be underlying methodological issues with how each source calculated a measure or handled the data. It is assumed that the impact of such differences is minor.
- Although the statistical significance of changes in health indicators can be assessed, the analysis of only two points in time hinders our ability to make conclusions about the trends. In this report, interpretation of the comparison focuses on the baseline rate, magnitude, and direction of the change rather than statistical significance. It is important to recognize that data for health indicators are based on actual observations obtained from public health surveillance systems and are not merely estimates of morbidity and mortality.
- Significant improvements have been made to the health care safety net in St. Louis, and the number of primary and specialty care health care visits have significantly risen since 2003. In addition, many of the health status indicators for the St. Louis region have improved since 2003. It is important to note, however, that a direct correlation between these two observations has not been established, and that demographic and other changes in the region may also be influencing health status. Further study in this area is warranted in the future.
- For instances of data collected from area health care institutions, including data from RHC surveys, each participating institution was given the opportunity to verify its data for accuracy. The RHC is not attesting to the complete accuracy of all of the data in this report due to the margin for error in data sources, and for the potential of reporting error from each participating institution. However, extensive efforts to validate the data have significantly minimized potential inaccuracies. Data inaccuracies that may remain for individual entities, we believe, would have minimal impact on average values and would have no impact on the overall conclusions made in this report. Readers are encouraged to contact the RHC with questions concerning methodology or data validity.



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