



Changes in Access to Care

(2001 to 2006)



UNINSURED & MEDICAID INDIVIDUALS IN ST. LOUIS CITY & COUNTY

(2002 vs. 2006)

- The total number of uninsured and Medicaid individuals in St. Louis City and County increased by at least 13,000 individuals between 2002 and 2006, from approximately 307,000 to 320,000 individuals. This increase is likely due to the reduction in employer-sponsored health insurance in the St. Louis region over these years.
- Within this population, a significant shift has occurred since 2002 as approximately 18,000 individuals (net) lost Medicaid coverage and became uninsured in St. Louis City and County.
- Due to the combination of the reduction of employer-sponsored health insurance and the reduction in Medicaid coverage, the total number of uninsured individuals in St. Louis City and County rose by at least 31,000 individuals (24%) between 2002 and 2006.

Change in Total Safety Net Population in St. Louis City and County

	<u>2002</u>	<u>2006</u>	<u>Change</u>
Total Safety Net Population (Medicaid and Uninsured)	307,000	320,323	+13,323

Change Within Safety Net Population in St. Louis City and County

	<u>2002</u>	<u>2006</u>	<u>Change</u>
Medicaid	178,000	160,323	-17,677
Uninsured	129,000	160,000*	+31,000

*The number of uninsured in 2006 was estimated based upon statewide data from the 2002 and 2006 Current Population Surveys and the 2002 estimate of St. Louis uninsured. County-level data will be released from the U.S. Census Bureau upon the completion of the 2010 census.

The number of uninsured in 2002 was estimated based on the 2002 Current Population Survey and other U.S. Census Bureau data; see 2003 report for methodology.

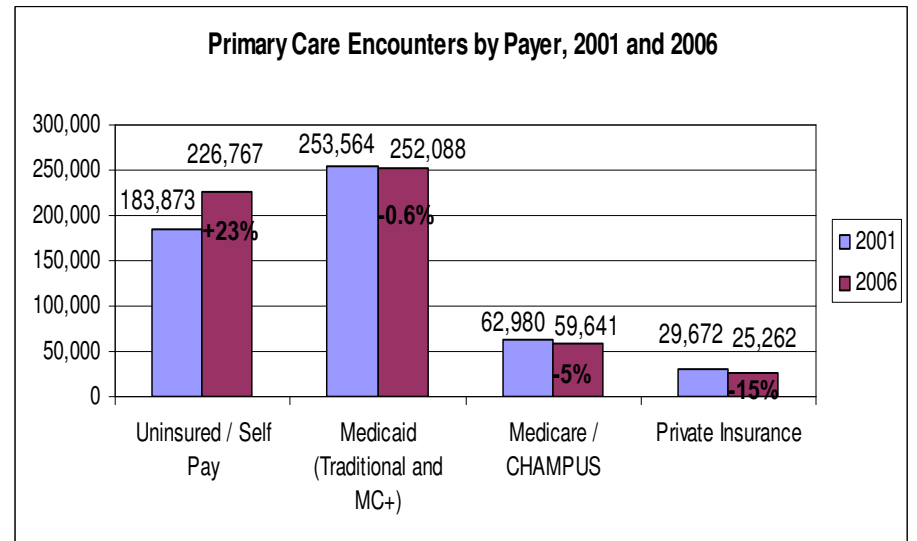
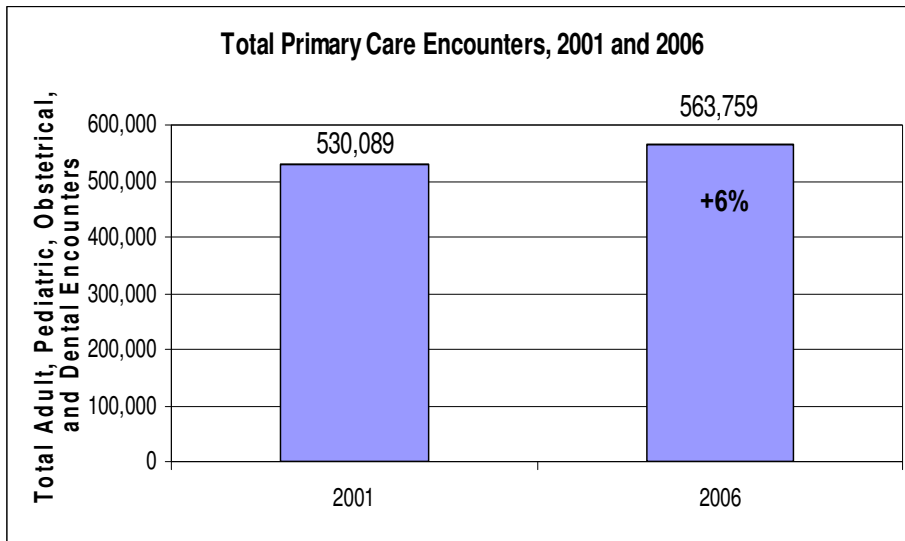
Medicaid data provided by Missouri Medicaid as of Dec. 2006.



SAFETY NET PRIMARY CARE VOLUMES & INSURANCE STATUS

(2001 and 2006)

- Between 2001 and 2006, total safety net institution primary care encounters increased by 33,669 encounters (6% increase)
- Between 2001 and 2006, uninsured and Medicaid patient encounters increased while Medicare and private insurance patient encounters declined
- In 2006, the following 3 safety net institutions accounted for 51% of total safety net primary care encounters and 70% of uninsured primary care encounters:
 - ✓ Grace Hill Neighborhood Health Centers
 - ✓ Myrtle Hilliard Davis Comprehensive
 - ✓ St. Louis County Health Centers



Data from RHC provider surveys.

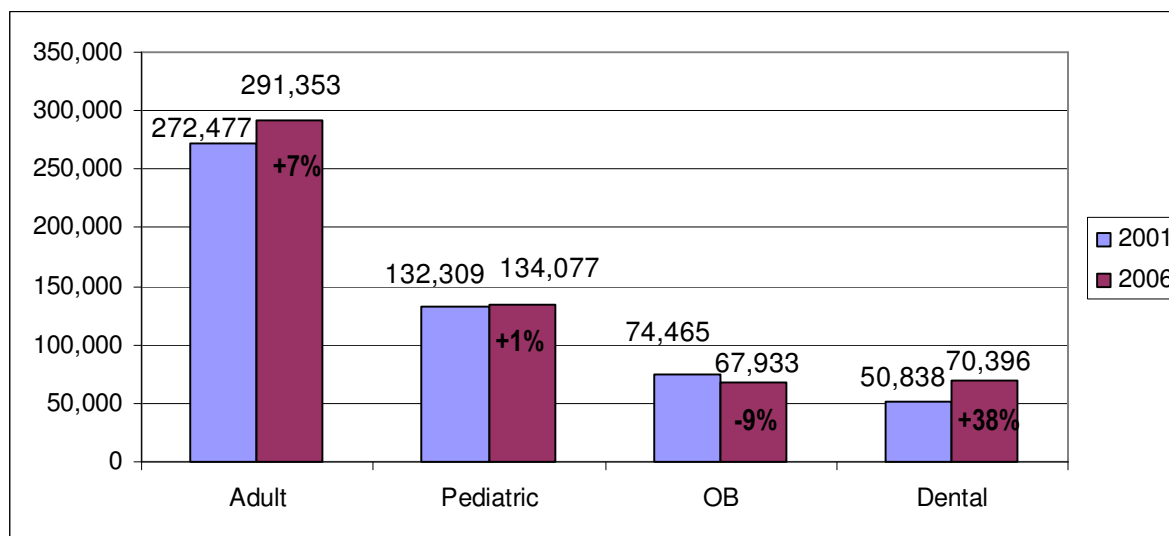


PRIMARY CARE ENCOUNTERS BY DISCIPLINE

(2001 and 2006)

- Adult primary care and dental patient care volumes have increased at area safety net institutions since 2001 with pediatric volumes remaining relatively stable
- While the number of deliveries in St. Louis City and County has remained stable between 2001 and 2006, prenatal visit volumes have decreased by 6,500 encounters. This observation may be attributable to multiple factors, including the migration of safety net patients to private practices, the closure of Forest Park Hospital's OB practice, and the closure of the OB clinic at the DePaul Health Center campus.

Encounters by Primary Care Discipline, 2001 and 2006



N = 563,759

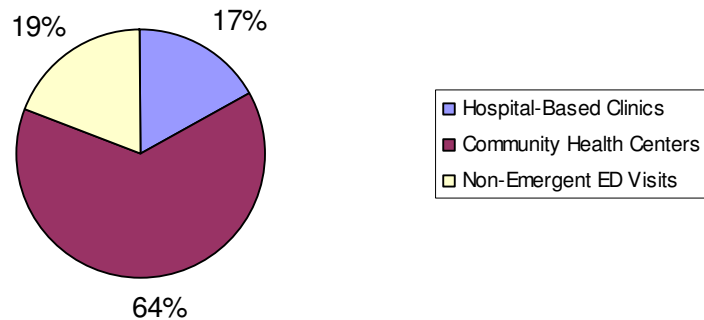
Data from RHC provider surveys.



PRIMARY CARE AND NON-EMERGENT PATIENT ENCOUNTERS BY TYPE OF SAFETY NET FACILITY

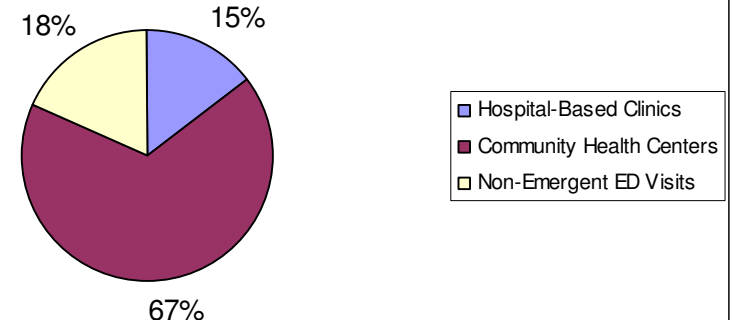
- Despite the closure of 4 hospital-based clinics since 2001, uninsured and Medicaid primary care encounters have increased by 41,418 visits
- Non-emergent use of hospital emergency departments accounts for 18% of all ambulatory encounters for these uninsured and Medicaid patients in 2006, down 1% compared to 2001

Safety Net Care by Site Category, 2001



N = 540,728

Safety Net Care by Site Category, 2006



N = 585,614

Data from RHC provider surveys. Non-emergent visit figures include reported and estimated volumes from providers. "Safety net primary care visits" include uninsured and Medicaid visits.



PRIMARY CARE APPOINTMENT AVAILABILITY

(2002 and 2007)

- Wait times for routine pediatric and adult new and return patient appointments remain comparable to the private sector with access available within 14 days of patient request at a significant majority of primary care sites
- The percentage of safety net sites offering new OB appointments within 14 days of patient request dropped from 93% in 2002 to 58% in 2007

Sites Reporting Non-Urgent Appointments Available within 14 Days of Request

		Adult	Pediatric	Obstetrical	Dental
New Visit	2002	25/29 (86%)	22/26 (85%)	25/27 (93%)	7/22 (32%)
	2007	15/21 (71%)	15/21 (71%)	11/19 (58%)*	6/18 (33%)
Return Visit	2002	26/29 (89%)	25/26 (96%)	27/27 (100%)	6/22 (27%)
	2007	19/21 (90%)	19/21 (90%)	18/19 (95%)	6/18 (33%)

In 2007, 24 primary care sites provided data regarding appointment availability. Of these, 21 provide adult care, 21 provide pediatric care, 19 provide obstetrical care, and 18 provide dental care.

* Although wait times for new OB patients have increased since 2002, providers report having capacity to accommodate patient needs through the use of walk in hours and blocked times for late term, first appointment scenarios.



WEEKEND & AFTER HOURS PRIMARY CARE

(2002 and 2007)

- More primary care sites offered evening hours in 2007 compared to 2002
- The number of primary care sites offering patient appointments on Saturdays decreased from eight in 2002 to five sites in 2007 - Three of the four sites that previously offered Saturday hours have closed, and an additional site has started offering Saturday hours

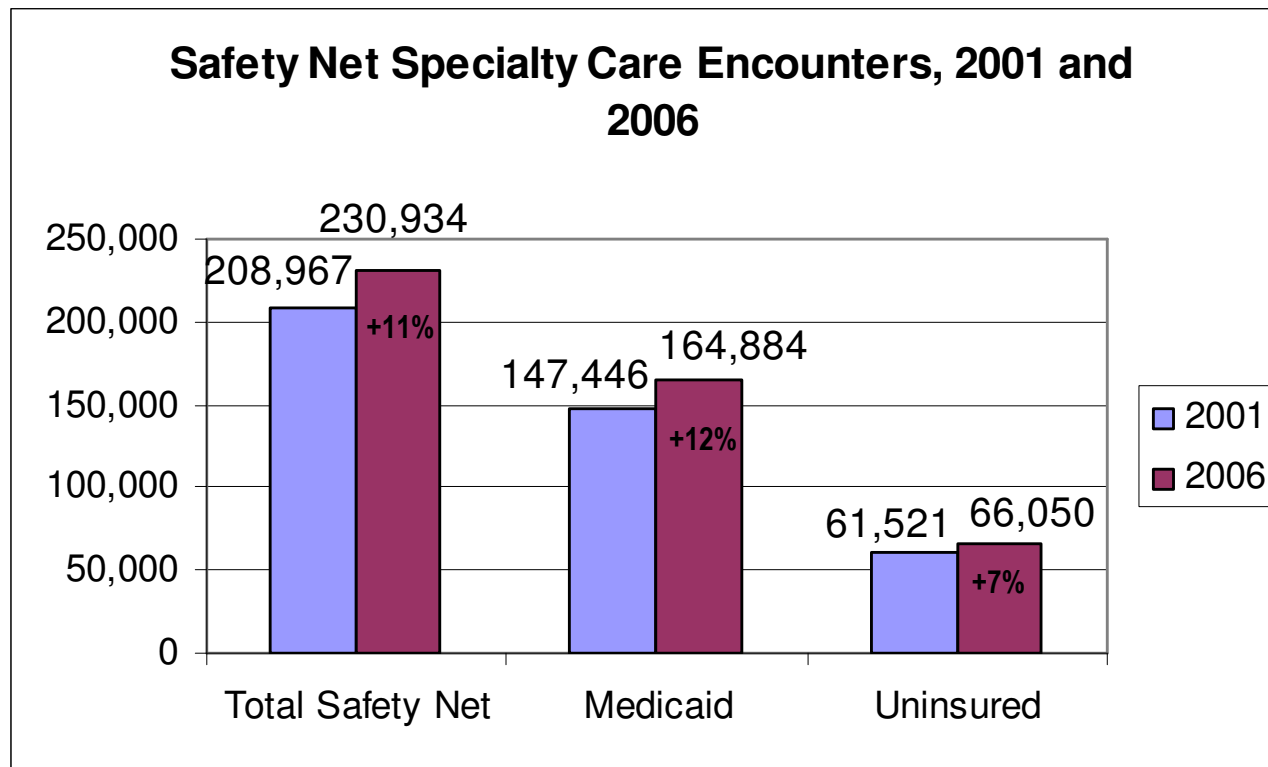
		2002	2007
Evening	Monday	3 sites (2 until 6:30 PM, 1 until 9 PM)	5 sites (2 until 6:30 PM, 1 until 7 PM, 1 until 8:30 PM, 1 until 9 PM)
	Tuesday	8 sites (2 until 6:30 PM, 1 until 7 PM, 1 until 8 PM, 3 until 8:30 PM, 1 until 9 PM, 1 until 10 PM)	8 sites (1 until 6 PM, 2 until 6:30 PM, 1 until 7 PM, 1 until 8 PM, 2 until 8:30 PM, 1 until 9 PM)
	Wednesday	8 sites (5 until 7 PM, 2 until 8:30 PM, 1 until 9 PM, 1 until 10 PM)	8 sites (1 until 6 PM, 4 until 7 PM, 2 until 8:30 PM, 1 until 9 PM)
	Thursday	3 sites (1 until 8 PM, 1 until 8:30 PM, 1 until 9 PM, 1 until 10 PM)	5 sites (1 until 6 PM, 1 until 8 PM, 2 until 8:30 PM, 1 until 9 PM)
	Friday	1 site (until 9 PM)	1 site (until 9 PM)
Weekend	Saturday	8 sites (1 full day, 6 half-day, 1 half-day every 3 rd Saturday)	5 sites (2 full day, 1 half-day, 2 half day every 3 rd Saturday)
	Sunday	1 site (half-day)	1 site (half-day)



ACCESS TO SPECIALTY CARE

(2001 and 2006)

- Total safety net specialty care patient encounters grew by 21,967 visits (10.5%) between 2001 and 2006



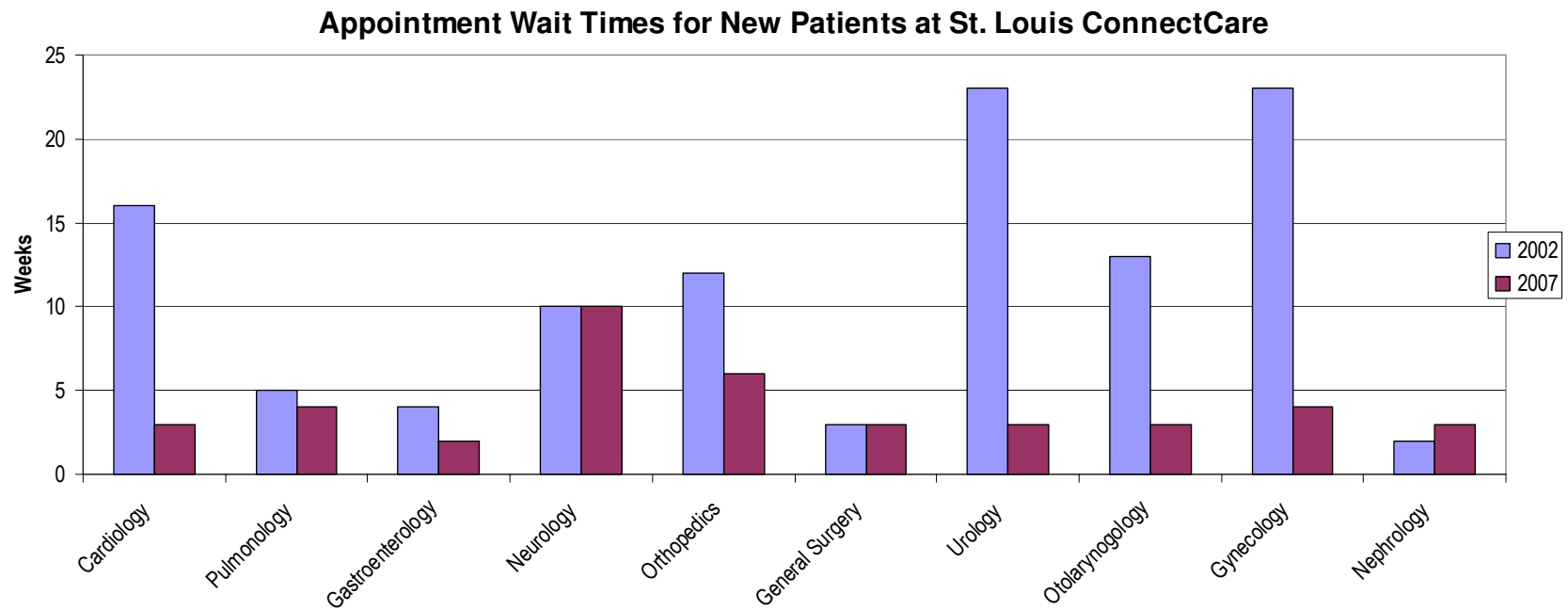
Data from RHC provider surveys.



SPECIALTY CARE APPOINTMENT WAIT TIMES

(2002 and 2007)

St. Louis ConnectCare specialty care wait times have dramatically improved since 2007 with appointments currently available in < 3 weeks of request for most subspecialties



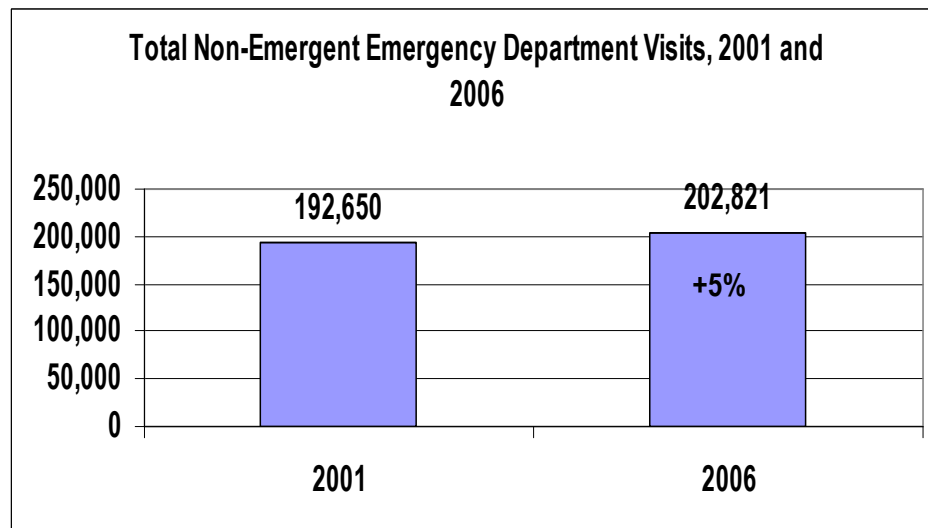
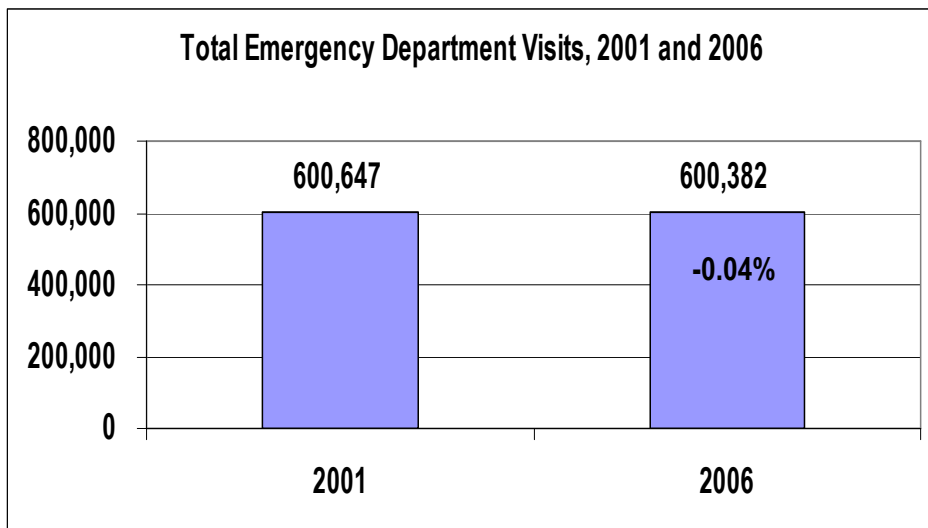
Data from RHC provider surveys.



HOSPITAL EMERGENCY DEPARTMENT VOLUMES

(2001 and 2006)

- Although volumes at some hospitals have increased significantly, the total number of hospital ED visits in St. Louis City and County remained constant between 2001 and 2006
- Four area hospitals (Barnes-Jewish Hospital, Christian Hospital, DePaul Hospital, and St. Louis University Hospital) accounted for 61% of all ED visits among uninsured and underinsured (Medicaid) adult populations in St. Louis City and County
- St. Louis Children's Hospital and Cardinal Glennon Children's Medical Center accounted for nearly 66,000 Medicaid and uninsured ED visits in 2006
- Non-emergent visits to area emergency departments increased 5% between 2001 and 2006 – the IHN's Primary Care Home Initiative is an important tactic to decrease the number of non-emergent ED visits



Total ED visits figure includes data from RHC provider surveys and the Missouri Hospital Association.

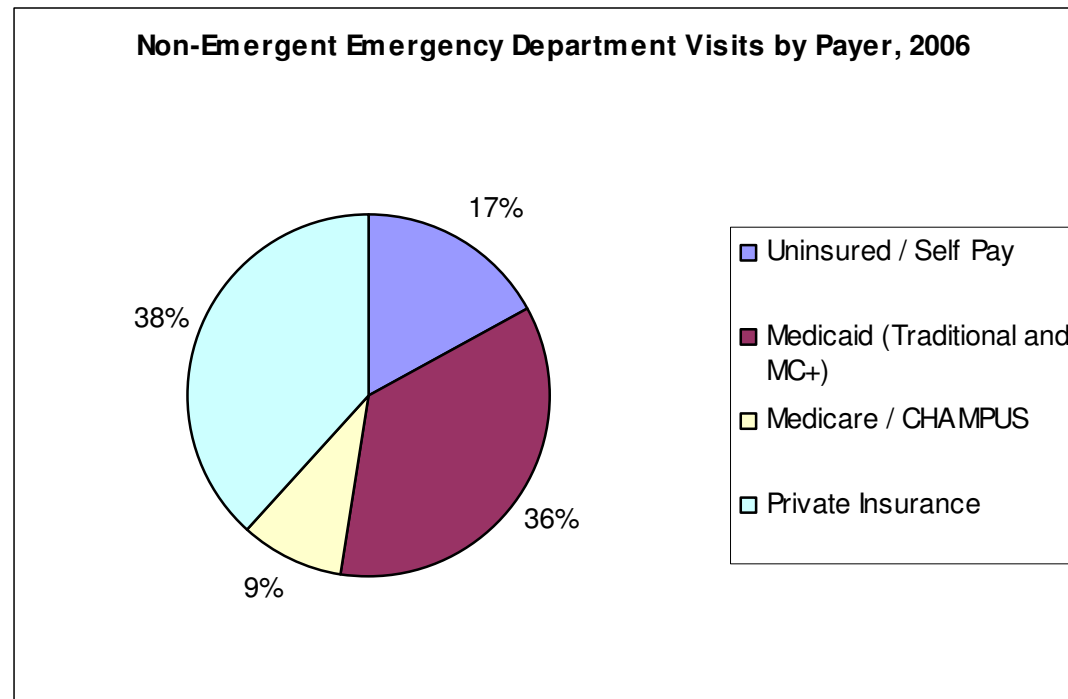
Total non-emergent visits includes reported and estimated volumes from providers.



NON-EMERGENT ED VISITS BY PAYER

(2006)

- Uninsured patients accounted for 17% of non-emergent hospital ED visits in 2006
- Medicaid patients accounted for 36% of non-emergent ED visits in 2006
- Commercially insured patients accounted for 38% of non-emergent ED visits in 2006



N = 178,676 (directly reported)



EMERGENCY DEPARTMENT LEFT WITHOUT BEING SEEN RATES

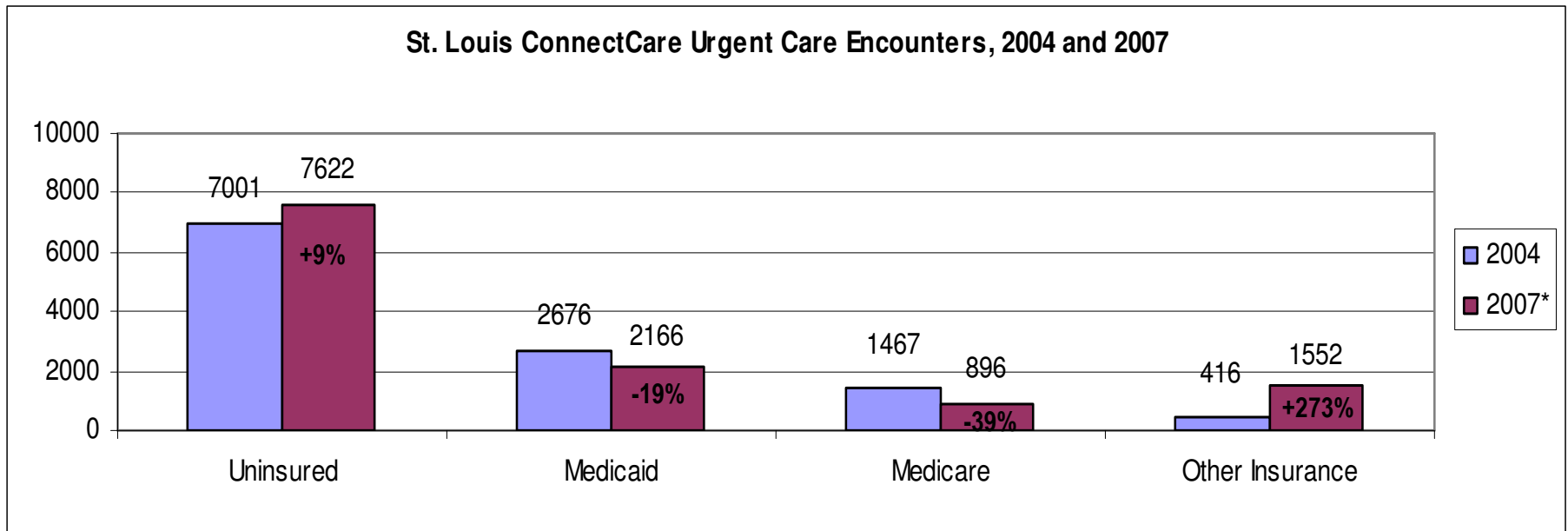
- On a community-wide basis*, nearly 24,000 individuals left hospital emergency departments without been seen in 2006 often because of long wait times - this accounts for 4.3% of all patients seeking emergency care services and reflects the capacity constraints in our current health care system
- Depending on geographic location, there is wide variation in the “left without being seen” (LWBS) rates across hospitals in the region:
 - For example, three hospitals located in or near the St. Louis City limits reported the highest rate of LWBS (Barnes-Jewish – 7.8%; Cardinal Glennon – 7.3%; St. Mary’s – 6.5%) while the three lowest reported rates were clustered in West St. Louis County (St. Luke’s – under 1%; St. John’s – under 1%; and Missouri Baptist – 2.5%)
- Comparison LWBS data was not available prior to 2006 - it is recommended that these data be regularly tracked and reported moving forward

* Data includes all hospitals in St. Louis City and County except for Forest Park Hospital and St. Alexius Hospital, who did not respond to request for information.



URGENT CARE CENTER VOLUMES

- St. Louis ConnectCare’s Smiley Urgent Care Center opened in 2002 - the Smiley Center is the only urgent care center operating in St. Louis’ areas of highest need
- Urgent care volumes between 2004 and 2007* have increased approximately 6% from 11,560 encounters to 12,240 encounters (estimated)



Volumes from ConnectCare’s 2006 data submission to the Regional DSH Funding Authority. These volumes do not include visits to the City of St. Louis Department of Health’s STD clinic operated at ConnectCare.

* Data for 2007 provided by St. Louis ConnectCare and annualized based upon January-June data.



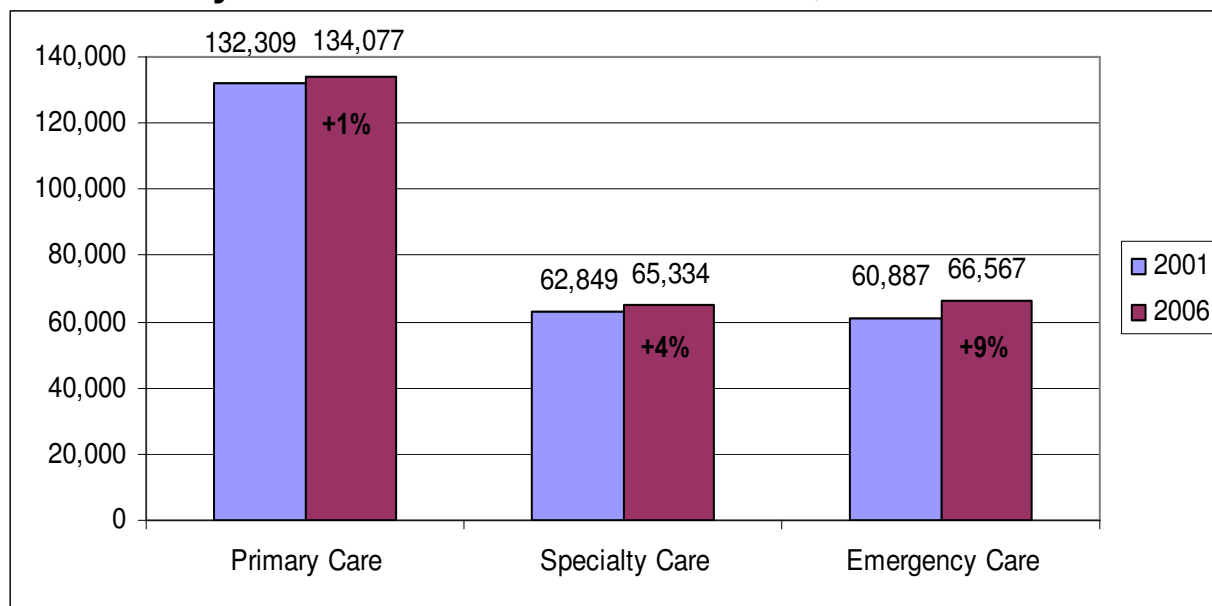
SAFETY NET PEDIATRIC CARE VOLUMES

(2001 and 2006)

- Pediatric Primary Care encounters at regional safety net institutions remained stable between 2001 and 2006
- Pediatric Specialty Care encounters for uninsured and Medicaid patients at Washington University School of Medicine and St. Louis University School of Medicine increased 4% between 2001 and 2006
- Pediatric Emergency Department encounters for uninsured and Medicaid patients at St. Louis Children's Hospital and Cardinal Glennon Hospital saw a 9% increase between 2001 and 2006

- Between 2001 and 2006, the population under age 13 in St. Louis City and County decreased by 6%.
- In 2006, pediatric volumes accounted for 24% of all primary care encounters to regional safety net providers.
- In 2006, pediatric volumes accounted for 28% of uninsured and Medicaid specialty care encounters to regional safety net providers.
- In 2006, pediatric volumes accounted for 27% of uninsured and Medicaid ED visits to regional hospitals.

Safety Net Pediatric Care Encounters, 2001 and 2006



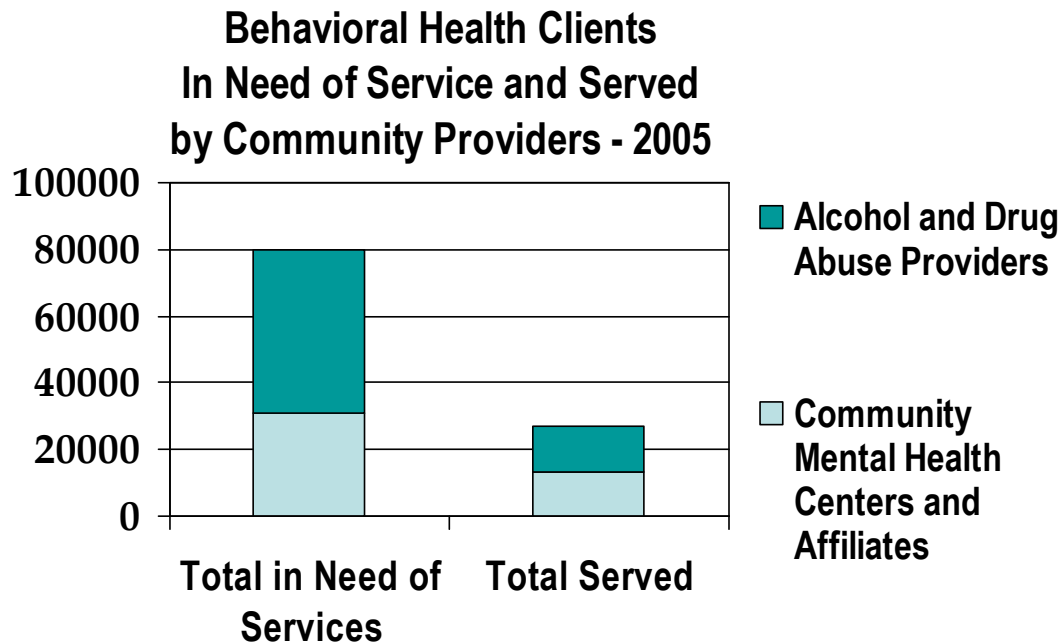
Data from RHC provider surveys and the US Census Bureau.

"2001" SLCH specialty care data for CY2002.



BEHAVIORAL HEALTH CARE

- Capacity for community based mental health and alcohol and drug abuse services for the safety net population in the Eastern region* is limited



- Wait Lists - 2005**
- 73% of state-funded behavioral health providers in the Eastern region utilize a wait list for services.
 - On average, 458 individuals were on the wait lists on any given day during 2005, with most in need of alcohol and drug abuse services
 - Most providers do not have reliable data on the length of time individuals are on a wait list

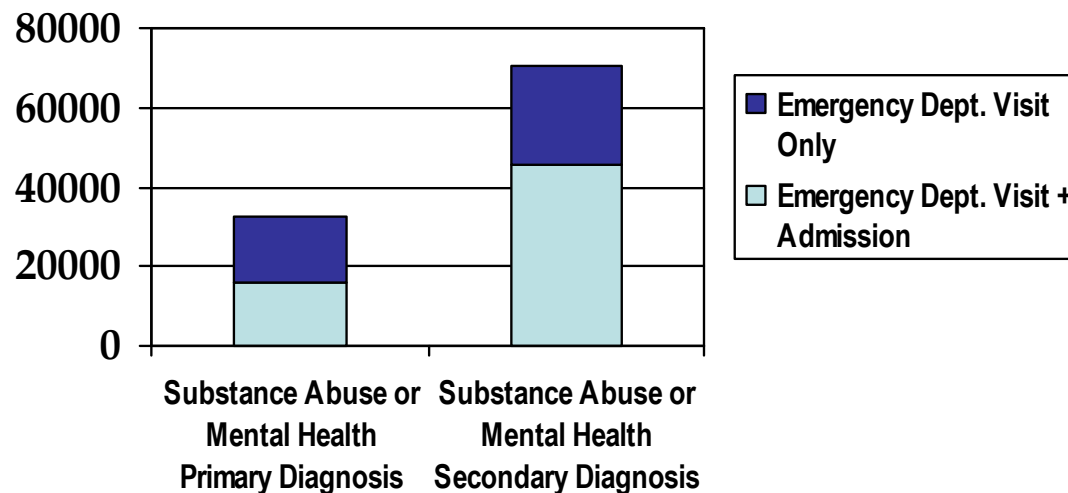
**The Eastern region includes St. Charles, Franklin, Jefferson, Lincoln, St. Louis, and Warren Counties and St. Louis City.*



EMERGENCY DEPARTMENTS' ROLE IN PROVIDING BEHAVIORAL HEALTH CARE SERVICES

- Emergency departments currently serve a critical role in meeting the behavioral health needs of the region
 - In 2005, more than 32,000 individuals visited area hospital EDs with a primary diagnosis of substance abuse or mental health conditions
 - 17,000 (53%) of these ED encounters could likely have been managed in a community-based behavioral health setting if there was adequate outpatient capacity

Public and Private Hospital Emergency Department Visits + Admissions - 2005



Data from the Missouri Hospital Association.