



# **Safety Net Provider Organizational Changes Since 2003**

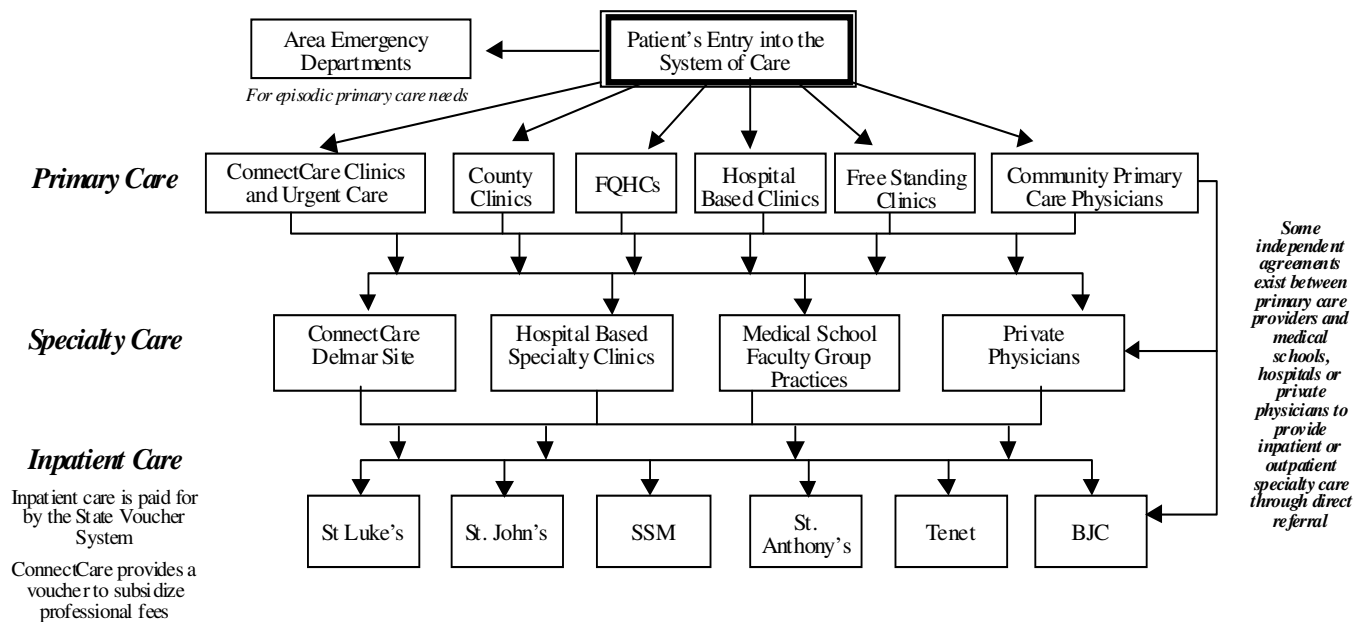


# ORGANIZATION OF THE HEALTH CARE DELIVERY SYSTEM - 2002

## Key Findings from 2003 “Building a Healthier St. Louis” Report

- Prior to 2003, the safety net health care system was highly fragmented with limited collaboration and care coordination across safety net providers (*see diagram below*)
- This complex delivery system was difficult for patients to understand and navigate

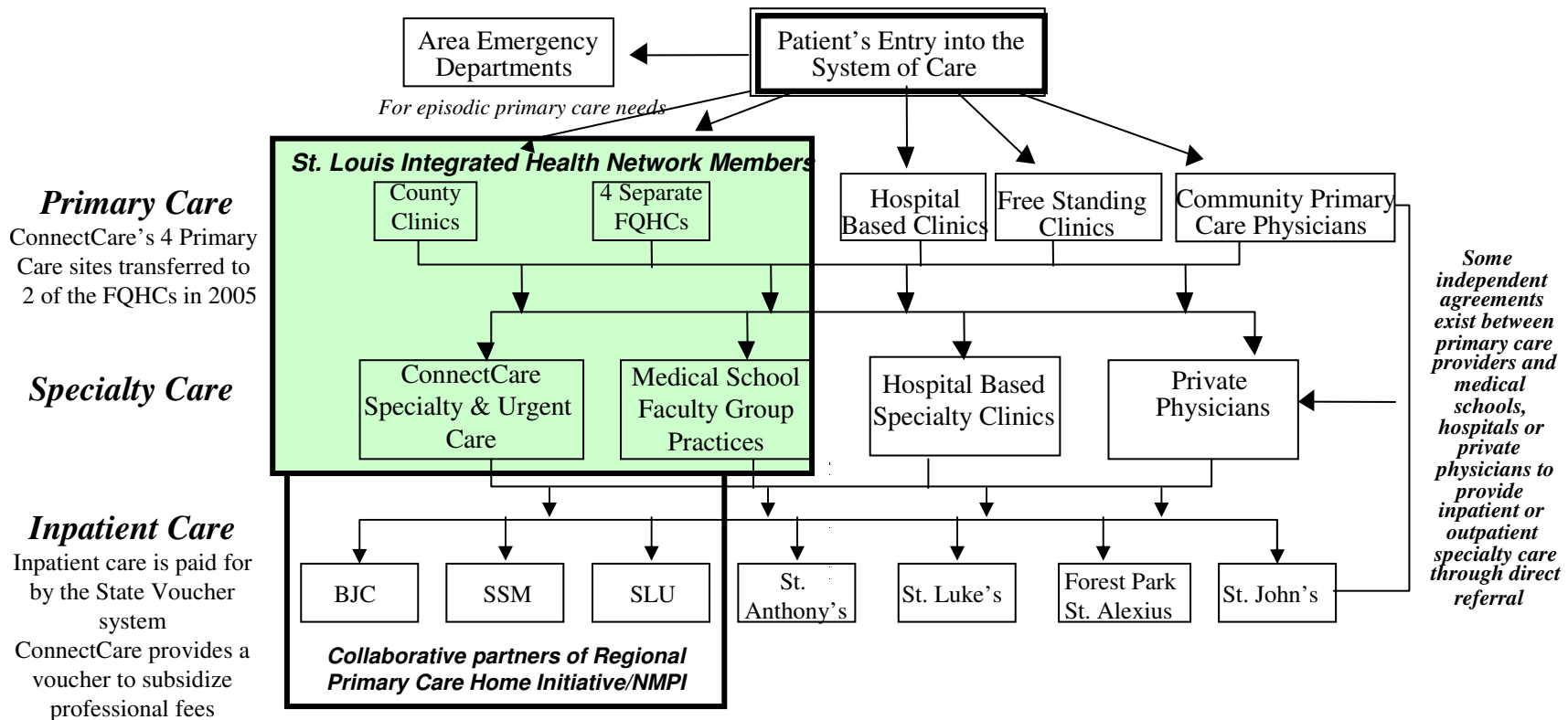
The Safety Net System – St. Louis City and St. Louis County, 2002





# ORGANIZATION OF THE HEALTH CARE DELIVERY SYSTEM - 2007

## The Safety Net System – St. Louis City and St. Louis County, 2007





# ST. LOUIS HEALTH CARE SAFETY NET

## Organizational Changes Since 2003

Five major organizational changes have occurred since the RHC issued its initial report in 2003:

- 1) Formation of the St. Louis Integrated Health Network (IHN) in November 2003
- 2) Transfer of 4 primary care health centers previously operated by St. Louis ConnectCare (SLCC) to two Federally Qualified Health Centers in October 2005
- 3) Preservation of approximately \$23 million annually for the St. Louis safety net through an agreement with the hospital community until at least 2010
- 4) Primary Care/Emergency Department integration through a “Primary Care Home Initiative” launched in May 2007
- 5) Eastern Region Behavioral Health Initiative began in early 2006

These organizational changes are described in greater detail on the following pages



# ST. LOUIS INTEGRATED HEALTH NETWORK

## What is the IHN?

- In October 2003, the RHC recommended the creation of an umbrella organization to better coordinate and integrate primary/specialty care services in St. Louis. The St. Louis Integrated Health Network (IHN) was formed in November 2003.
- Goal – to improve the **quality**, **accessibility** and **affordability** of safety net health care in the St. Louis region through increased integration and coordination of services
- The IHN is a non-profit organization comprised of major health care safety net outpatient providers in St. Louis City and County.
- IHN members collectively serve over 200,000 uninsured and underinsured individuals in over 450,000 encounters each year.
- The IHN Board of Directors meets monthly and is comprised of the CEOs/executive leadership of the following organizations:
  - Family Care Health Centers
  - Grace Hill Neighborhood Health Centers
  - Myrtle Hilliard Davis Comprehensive Health Centers
  - People's Health Centers
  - St. Louis ConnectCare
  - City of St. Louis Department of Health
  - St. Louis County Department of Health
  - St. Louis University School of Medicine
  - Washington University School of Medicine



# ST. LOUIS INTEGRATED HEALTH NETWORK

## Selected IHN Initiatives 2005-2007

Upon its creation, the IHN launched a series of initiatives to improve access to care, to help patients navigate the safety net delivery system, and to achieve operational efficiencies through collaborative efforts. Three examples are summarized below:

### Specialty Care Access

- IHN member institutions worked collaboratively to streamline the process for St. Louis ConnectCare specialty care consultations, making the system more user-friendly for patients and enhancing communication and coordination of care among specialty and primary care providers
  - Key elements of new system include: developed common referral process across providers; implemented new patient-focused scheduling process; assigned primary point persons at primary care and specialty care sites to communicate regularly and coordinate patient scheduling and navigation; developed system to ensure timely communication/sharing of patient records and specialist consultative notes between primary care and specialty care sites; increased specialty care capacity
- This collaborative effort has dramatically improved access to care with appointment wait times for specialty care being reduced from several months to less than 3 weeks [see page 34 for changes in specialty care wait times from 2002 to 2006]

### HELP (Health Education & Literacy Program)

- This collaborative IHN program serving minority and new American populations was established in November 2005 with financial support from the Episcopal-Presbyterian Trust
- The goals of the program are to: 1) improve health literacy, 2) help patients with chronic illnesses improve their health status by achieving care management goals, and 3) assist patients in navigating the safety net health care delivery system and keeping their medical appointments
- The IHN currently has trained 60 lay health coaches who have provided over 5,000 one-on-one encounters to the targeted population since the program began

### Operational Efficiency

- Through collaborative process redesign, the IHN implemented standardized quality measures for provider credentialing and reduced the time required to credential new providers by two months
- IHN members also identified opportunities for cost savings of up to 20% via group purchasing arrangements for medical, surgical, and office supplies with the resulting savings redirected to patient care



# HEALTH CENTER AFFILIATIONS

## Background

- In early 2004, the RHC facilitated the development of affiliation agreements between St. Louis ConnectCare (SLCC) and two Federally Qualified Health Centers (FQHCs) – Grace Hill Neighborhood Health Centers (GH) and Myrtle Hilliard Davis Comprehensive Health Centers (MHD)
- The affiliation agreements were designed to foster financially-sustainable and coordinated health services for medically underserved residents, particularly the uninsured and underinsured, in the St. Louis community
- Key components of the affiliation agreement included:
  - Transferring ownership of four primary care health centers from St. Louis ConnectCare to the two FQHCs
  - Agreement by the two FQHCs to refer patients in need of specialty consultation to St. Louis ConnectCare
- The affiliation agreements were finalized in October 2005 and benefited the community in several ways:
  - Improved the efficiency of operations by allowing consolidation of four geographically proximate primary care sites into two sites
  - Increased federal funding to support the delivery of primary care services by allowing SLCC's former primary care sites to qualify for FQHC designation, making them eligible to receive:
    - Cost-based reimbursement for care provided to Medicaid and Medicare patients
    - More favorable discounts on medication costs
    - Professional liability insurance coverage under the Federal Tort Claims Act
    - Federal grants limited to FQHC-designated primary care providers
  - As part of the affiliation process, \$7.1 million was donated by area foundations, hospitals, and the City of St. Louis to upgrade the existing physical plant of the 4 transferred health centers
- The affiliation agreements were also essential to receiving a 3 year extension from the federal government to continue the flow of \$23 million per year in Disproportionate Share Hospital (DSH) payments tied to the former St. Louis Regional Hospital. Without the SLCC-FQHC affiliation agreements, this critical source of safety net funds would have been lost to the St. Louis community.



# HEALTH CENTER AFFILIATIONS

## Health Center Affiliations Expanded Patient Access to Primary and Specialty Care Services

- The four transferred primary care sites provided 104,000 patient encounters for over 46,000 individuals in CY06:
  - ✓ In CY02, the transferred primary care sites provided 67,000 patient encounters for 41,000 individuals.
  - ✓ Approximately 70% of these individuals seen in CY06 were uninsured with incomes less than 200% of the Federal Poverty Level (FPL)
- Each of the four health centers now offers extended hours of operation not available prior to the affiliation which help to decrease wait times for appointments and increase access to medical care (see Appendix B for a listing of exact hours)
- Expanded primary care patient services and clinical programs are now offered including:
  - ✓ Additional dental clinic sessions
  - ✓ Extended children's mental health services
  - ✓ Greater utilization of federally-sponsored chronic disease management programs
  - ✓ Increased availability of optometry services and eyeglasses
  - ✓ Expanded access to community health services such as prenatal classes and case management for expectant mothers and infants, community health nurses, and healthy eating and fitness classes
  - ✓ Increased outreach and health care access through health service programs for the homeless and public housing residents
- SLCC specialty care services have been strengthened:
  - ✓ The referral process for patients requiring subspecialty consultation has been streamlined, making it easier for patients and referring physicians to navigate the safety net health care system
  - ✓ Appointment wait times for specialty care were reduced substantially, from several months to under 3 weeks for most specialties (see page 34)
  - ✓ New specialty services including rheumatology, nephrology, and endocrinology have been added to meet patient needs
  - ✓ A new GI endoscopy facility has been built
  - ✓ Communication and coordination of care between specialists and primary care providers has been enhanced by assigning point persons at primary care and specialty care sites to coordinate patient scheduling and navigation / developed system to ensure timely communication/sharing of patient records and specialist consultative notes between primary care and specialty care sites



# HEALTH CENTER AFFILIATIONS

- It is estimated that if the four affiliation site health centers were to close, an additional 76,000 encounters would occur annually at area hospitals
- As modeled, this would result in a 37.5% increase in non-emergent visits for all hospitals in the St. Louis region, assuming area Emergency Departments could fully absorb this volume
- The seven hospitals in the areas of highest need (Barnes-Jewish Hospital, St. Louis Children's Hospital, Christian Hospital Northeast, St. Mary's Health Center, DePaul Health Center, Cardinal Glennon Children's Hospital, and SLU Hospital) would see an additional 55,600 encounters annually—an increase of 45.5% in non-emergent visits—assuming these EDs could fully absorb this volume



# CONTINUATION OF SAFETY NET FINANCING

- With successful completion of the health center affiliations, the federal government agreed to extend the flow of \$23 million per year in DSH funding into the St. Louis community for two additional years until May 2007
  - ✓ This funding was allocated to St. Louis ConnectCare and the two affiliated Federally Qualified Health Centers and was critical to their ability to expand and improve clinical services for the medically underserved
- With the support of the Missouri Hospital Association and State of Missouri, a new agreement was recently finalized to extend this level of funding for at least an additional 3 years, with extension beyond 2010 contingent upon continued progress of the affiliated institutions in meeting the health care needs of uninsured and underinsured citizens in our community
- As part of this new agreement, the RHC has been charged with continuing to monitor the usage of these funds and making an annual recommendation to the hospital community regarding the allocation of this funding



# PRIMARY CARE HOME INITIATIVE

## Background & Rationale

- An established patient-doctor relationship and continuity of care are key imperatives to optimizing health status and clinical outcomes, especially for patients with chronic medical conditions such as diabetes and heart disease. According to the Commonwealth Fund report “Closing the Divide: How Medical Homes Promote Equity in Health Care,” when adults have both health insurance and a medical home, racial and ethnic disparities in health care access and quality tend to disappear.
- Unfortunately, many patients utilize hospital EDs as a surrogate for primary care as confirmed by a recent RHC survey of one major hospital ED which revealed that :
  - ✓ 33% of ED patient visits were for non-emergent problems
  - ✓ 22% of these patients utilized the ED for non-emergent reasons at least twice per year and 9% had 3 or more non-emergent ED visits per year
  - ✓ 55% of non-emergent patients went to the ED because they did not see the need to have a regular doctor or did not know where to find one
- Using the ED as a surrogate for primary care is less than ideal for several reasons:
  - ✓ The opportunity to keep people healthy through preventive measures and regular primary care visits is lost
  - ✓ Non-emergent conditions can be managed in a primary care setting at a fraction of the cost of “episodic emergency room care,” especially when the cost of delayed diagnosis that can lead to severe complications and otherwise avoidable hospitalizations is considered
  - ✓ Use of hospital EDs for non-emergent care compromises the ability of these facilities to meet the needs of patients with truly emergent and life-threatening conditions



# PRIMARY CARE HOME INITIATIVE

The IHN launched the “Primary Care Home Initiative” to address the challenges associated with lacking a primary care home

## Program Goals

- Connect every patient in the St. Louis region with a primary care home, especially the uninsured and underinsured
- Reduce use of hospital emergency departments for non-emergent care
- Enhance the coordination, quality, and efficiency of medical care through health information exchange

## Participants

- 4 area federally qualified health centers and St. Louis ConnectCare
- 7 hospital emergency departments in areas of high need
- St. Louis City and County Health Departments
- Washington University and St. Louis University Schools of Medicine

## Project Components

- Placement of trained referral coordinators in area EDs to:
  - 1) Educate patients about the benefits and importance of primary and preventive care
  - 2) Make patients aware of primary care resources in our community
  - 3) Arrange referrals to a primary care home and health resources
  - 4) Connect patients to a community health coach, as needed, to assist with health literacy, system navigation, and chronic disease management
  - 5) Identify patients with unmet psychosocial needs and arrange for these patients to be seen by a social worker or other appropriate health care professional
- Development of a “Network Master Patient Index” (NMPI) to enable electronic exchange of essential patient information across providers

## Progress To Date

- Over \$1 million in local investment to date in planning and implementation, including over \$500,000 invested by BJC Health Care
- Initial pilot of ED referral coordinators in St. Mary’s Health Center and Barnes-Jewish Hospital Emergency Departments
- Comprehensive NMPI vendor analysis completed and preferred vendor selected



# EASTERN REGION BEHAVIORAL HEALTH CARE INITIATIVE

## Background

- In late 2005, behavioral health providers and the Missouri Department of Mental Health asked the St. Louis Regional Health Commission to initiate a community-wide planning process to develop a more integrated public behavioral health care system
- Goal – to transform access to and the delivery of mental health and substance abuse services to the underserved in the Eastern Region of Missouri, which includes St. Louis City and St. Louis, St. Charles, Franklin, Jefferson, Lincoln, and Warren Counties
- Initiative involves 60+ stakeholders; 35+ organizations including:
  - Regional community mental health centers
  - Alcohol and drug abuse providers
  - Affiliate service providers
  - Advocate organizations
  - Community/self-help organizations
  - Independent providers and individuals
- Stakeholder organizations assessed the existing behavioral health system and developed recommendations for strengthening and enhancing coordination of behavioral health services. (These recommendations are available on our website at [www.stlrhc.org](http://www.stlrhc.org).)
- Providers are now beginning to implement key recommendations with a 18-month timeline



# BEHAVIORAL HEALTH CARE

## RHC Behavioral Health Initiatives for Fall 2007 – Summer 2009

- **Coordinating Care for High-Users** – improve care for high-users of the behavioral health system
  - Conduct clinical audit of high-user individuals to develop a profile of high-users of the behavioral health system and identify additional or different services needed to improve care.
  - Develop and implement new and coordinated multi-provider treatment plans for highest-usage individuals to improve and streamline care.
- **Improving Entry** – implement a standardized screening tool across behavioral health care service providers
  - Identify common screening needs and existing best practice screening tools and methods of sharing information.
  - Develop and implement common screening tool and method for sharing information.
- **Reducing Stigma** – reduce stigma about individuals with behavioral health needs and increase our ability to provide culturally competent care
  - Develop and implement curriculum to train providers on ways to reduce stigma and improve cultural competency.
  - Increase dialogue and understanding among clients and providers, both behavioral and physical health providers.
- **Integrating Physical and Behavioral Health** – integrate physical and behavioral health care for individuals who want to be treated as a whole person
  - Partner with the St. Louis Integrated Health Network, specifically on initiatives to reduce non-emergent use of emergency rooms.
  - Support pilot projects that provide integrated care in Federally Qualified Health Centers.
- **Consumer and Family Member Input** – continue to engage consumers and family members in the project to ensure system changes actually improve clients' care and lives.



# HEALTH LITERACY INITIATIVE

## Background and Status

- In the October 2003 recommendations, the RHC recognized the importance of low health literacy as a barrier to improving health outcomes
- In 2005, the RHC established a Health Literacy Task Force to develop recommendations to improve health literacy in the St. Louis region
- Based on the Task Force's work, in April 2006, over 500 individuals attended a regional "Health Literacy Summit" to provide input on a regional health literacy agenda
- In June 2006, the Missouri Foundation for Health (MFH) announced that health literacy would be a funding priority for the foundation over the next several years
- A statewide effort was formed by MFH to improve health literacy. With RHC input, MFH convened a Health Literacy Coordinating Council that has recently adopted a conceptual logic model to guide short and long-term strategic planning. A resource inventory and tools assessment subcommittee were tasked to evaluate existing health literacy resources in Missouri
- In June 2007, MFH dispersed \$2.1 million to three regional centers, with funding for the St. Louis region being awarded by MFH to the School of Public Health at St. Louis University to support health literacy research activities. For 2008, MFH has committed an additional \$3 million to fund up to 10 two-year community-based demonstration projects across the State



# CURRENT STATUS AND FUTURE CHALLENGES

The St. Louis community has made remarkable progress since the RHC's 2003 report was issued:

- A highly fragmented and fragile group of safety net institutions has been stabilized. Providers are now working together with unprecedented collaboration and cooperation to meet the health care needs of our community's most vulnerable citizens
- This has been achieved in the face of uncontrollable external forces including:
  - ✓ The loss of Medicaid coverage for 17,981 low-income residents and increased cost-sharing for 3,199 low-income residents living in St. Louis City and County in 2005
  - ✓ Continued reduction in employer-sponsored coverage in Missouri at twice the national average – over a 5 percent decline was seen from 2001 to 2005
  - ✓ Closure of 4 safety net clinics in St. Louis City and County accounting for nearly 40,000 patient encounters per year:
    - Forest Park Hospital resident clinics
    - 2 St. John's Mercy Medical Center primary care clinic sites (in south St. Louis City and at Meacham Park)
    - SLUCare Obstetrical Clinic on the DePaul Health Center Campus
  - ✓ A significant and growing shortage of primary care providers, making it difficult to replace and recruit additional primary care physicians at safety net health centers
    - It should be noted that primary care recruitment is also a challenge in the St. Louis private sector and an evolving national concern
    - The trend for medical students and internal medicine residents to move away from primary care careers is attributable to multiple factors including a substantial gap in income potential as compared to specialist physicians and the time commitment and growing breadth and depth of knowledge required to care for patients with chronic medical conditions