St. Louis Health Care Industry Overview

2017

Volume 3: Outpatient Care

St. Louis Area
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Table of Contents

Message to the Community – Incentives work, quality improves

Restructuring of U.S. health care delivery for better value has been the major health policy focus of the past decade. The dominant fee-for-service payment model is widely regarded as the biggest obstacle to reducing the gap between the health care we have and the high value, patient-centered care we desire. The Centers for Medicare and Medicaid Services (CMS) has been at the forefront of this transition to better value care: measuring performance, reporting results publicly, restricting coverage for unsafe practices, and testing new payment models. Nationally and locally, **many physicians are participating in patient-centered medical homes, accountable care organizations (ACO), bundled payments for services** and other programs. These models show early signs of delivering better quality care for patients.

As the preferred primary care practice, the patient-centered medical home (PCMH) emphasizes team-based, coordinated, and patient focused care designed to promote health and minimize cost. It is foundational to ACO and other integrated delivery models. The National Committee for Quality Assurance (NCQA) provides clinician recognition for PCMH, condition-specific and specialty care based on national quality standards. In 2015, St. Louis physicians with NCQA recognitions continued to grow (pgs. 7-9).

When privately insured patients with diabetes sought care from a St. Louis primary care clinician with results in the top 10th percentile, they received comprehensive diabetes monitoring 71% of the time in 2015 (p.3). Evidence suggests consistent and timely monitoring of diabetes can greatly reduce serious complications. **Results were drawn from ChooseWellSTL.org**, a website launched by the Midwest Health Initiative in 2016 to help consumers make informed decisions about health care for themselves or a family member. Interestingly, top performing clinicians share important characteristics. The majority **voluntarily participate in programs that measure performance based on national quality standards.** These include NCQA physician recognition programs and also accountable care organizations that commonly reward providers for quality results.

Nationally, **one in three Medicare beneficiaries now receives care in an ACO**. Quality scores are improving and patients report being satisfied. Still, it remains unclear if ACOs are saving money. In 2015, in an illustration of the ramping up of the government's move from volume to value, participation increased 18% in CMS' largest ACO, **the Medicare Shared Savings Program** (MSSP). **In St. Louis, BJC, Mercy, SLPA and SSM participate in this program.** These ACOs performed well across most quality metrics however there was significant variation in some measures (p. 5). **SLPA, a physician-led ACO**, stood out in care coordination and patient safety, **performing as well or better on six out of seven metrics compared to the hospital-led ACOs**. Better care coordination can prevent costly hospital admissions which likely contributed to **SLPA**'s cost performance, the **only local ACO to save money** (p. 6). Smaller and physician-led ACOs seemed to make lasting changes to care delivery faster and performed better than larger groups, recent research found.[1]

The choice of surgeon matters. For decades, many surgical professional groups have tracked outcome indicators, recognizing variation in results among surgeons. Despite this, there has been no professional society-led effort to define minimum standards for performance or public reporting. **In a first** for this report, **top-performing heart surgeons practicing in the St. Louis area** are shown on page four. Consumers' Checkbook, a national non-profit consumer organization, rates individual surgeons on a scale of one to five stars using risk-adjusted outcomes for 12 common procedures based on Medicare data. A 5-star rating means the surgeon had fewer deaths or other bad outcomes compared to other surgeons performing similar surgeries. Critics argue the ratings do not fully account for patient health status. Still, Checkbook says the ratings use risk-adjustment methods studied for two decades. While the ratings are not perfect, they are better than the current options available to potential patients.

For the **third consecutive year, St. Louis patients seen at Federally Qualified Health Centers (FQHC) were more likely to have their hypertension and diabetes in control than privately-insured patients.** Nationally, 64% of health center patients had blood pressure in control as compared to 57% of patients with private coverage, even though FQHC patients are more likely to be uninsured and have low incomes. Similar to the results noted for high blood pressure, 70% of FQHC patients with diabetes had blood sugar in control compared to 61% of commercially insured patients (p. 13).

Nationally and locally, Medicaid covered approximately half of FQHC patients in 2015. In St. Louis, most Medicaid enrollees are children given Missouri's low income eligibility threshold for adults and lack of expansion under the Affordable Care Act. Still, health coverage increased for local adult FQHC patients through the Gateway for Better Health (GBH) program developed by the St. Louis Regional Health Commission. The GBH assists poor, uninsured adults get primary care at local FQHCs and a limited set of other outpatient services. **In 2015, 60% of adult patients were covered by GBH, the largest enrollment** since the program's inception. This **reduced the percentage of adults without health coverage at St. Louis FQHCs to 16%, as compared to 30%** the previous year (p. 10). In 2015, per capita **costs at FQHCs increased 11% nationally and 4% in Missouri**. However, **local health centers' cost per patient decreased 2% compared to the previous year and most were less expensive than FQHCs nationally** (p. 11). A recent study found FQHCs provide cost-effective care, saving Medicaid 24% in total spending per patient compared to other primary care providers, linked to lower use of costly hospital and specialty care.

Unless red flags are present, **imaging for back pain within six weeks is not recommended by Choosing Wisely**, a physician-led campaign to reduce low-value medical services launched in 2012. Medical evidence finds for most patients, back pain goes away on its own in a month or so. In 2016, over 50% of St. Louis hospitals were above the national average for rates of low-value outpatient imaging for back pain based on Medicare data (p. 14).

The St. Louis health care system is on the path to better value. Thus far, local clinicians participating in these new delivery models are engaging with their patients to realize better health and care quality. Some are saving money. Still, the fee-for-service payment structure remains largely in place, particularly in privately-insured plans. While there is reason to be optimistic about the region's potential to be a leader in health care value, much remains to be done to scale these initiatives to realize the widespread impact desired.

[1] D Muhlestein, et.al. "Medicare Accountable Care Organization Results for 2015: The Journey To Better Quality And Lower Costs Continues", *Health Affairs* Blog, September 2016

Section One: Designing care processes for better value
Recognizing and rewarding physician excellence

Retooling care delivery to more effectively respond to patient needs and expand the use of primary care have been the major health policy priorities of the past decade. Fundamental to this transition are a shared understanding of quality, measures which discriminate top results and payments that align recognition and rewards with excellence.

The Centers for Medicare and Medicaid Services (CMS) has been leading the campaign for better value via performance measurement, public reporting and testing of reimbursement models that shift away from fee-for-service to value-based payments. Nationally and locally, more physicians are participating in patient-centered medical homes, accountable care organizations, procedure bundles and other programs. BHC has tracked progress of these value-based programs in St. Louis and nationally in its reports. This section provides updates on physician performance measurement and rewards.

The ability to effectively design primary care to deliver better quality and lower cost care is well-established and believed by many to be essential to improving health while flattening the trajectory of health care cost growth in the U.S. The preferred primary care practice model, known as the **Patient-Centered Medical Home** (PCMH) is a team-based approach in which clinicians work together with patients and families toward defined health goals. They coordinate care by effectively sharing information and manage referrals to other providers to maximize health outcomes while minimizing cost, confusion, delayed or misdiagnosis, medical mistakes and inappropriate care. Hence the ability to simultaneously improve care quality, patient experience and affordability.

The National Committee for Quality Assurance (NCQA) provides clinician recognition programs for PCMH, diabetes, heart /stroke and specialty care based on national quality standards. The most predominant program is PCMH. Nationally and locally, the number of **PCMH-recognized clinicians and organized medical practices increased approximately 4% in 2017,** following larger increases in previous years. In St. Louis, **the NCQA diabetes and heart/stroke programs saw faster growth of more than one-third.** For over eight years, the BHC has assisted physicians in achieving NCQA recognition or re-certification across programs (see full list of local NCQA-recognized physicians on pages 7- 9).

For the first time, local top performing **primary care practices on diabetes care quality** for patients in private health plans based on data from **ChooseWellSTL.org** are shown on page three. These practices are **recognized by NCQA in one or more programs.** In addition, they are also members of **local commercial and Medicare accountable care organizations** (ACOs) which are groups of clinicians who accept **shared accountability for the care quality and cost delivered to a population of patients** (pgs. 5-6). The PCMH is foundational to ACOs that require a strong primary care focus on care coordination and patient engagement to sustain population health improvement and lower total cost of care.

In a first for this report, to provide greater transparency on outcomes of surgical care, t**op performing heart surgeons practicing in the St. Louis area** are shown on page four. These ratings, based on Medicare data, were provided by **Consumers' Checkbook**, a national non-profit consumer group.

In October 2016, the Centers for Medicare and Medicaid Services (CMS) launched the Quality Payment Program (QPP) which finalizes the Medicare Access and CHIP Reauthorization Act (MACRA), providing a roadmap and policy vehicle to expand the role of value-based payment for primary care and specialist clinicians participating in the Medicare program. In 2019, the QPP payment system establishes two payment tracks that physicians can choose from, based on size, specific practice model, and their ability to assume financial risk. The **first track is the Merit-Based Incentive Payment System (MIPS)** which alerts clinicians to future performance goals, paying them fee-for-service rates that increase 0.5% annually until 2019. Then, physicians will receive bonuses or penalties based on performance which is measured using the criteria listed in the box below right. **In the QPP, physicians** that choose the MIPS track that are **recognized as a PCMH by NCQA and/or participate in a Medicare Shared Savings Program ACO qualify for automatic full credit for Improvement Activities.**

Clinicians that qualify for the **second track, Advanced Alternative Payment Model (APM)** may **earn a 5% incentive payment** and are **exempt from MIPS reporting requirements.** Advanced APMs must be a Medical Home or practice in another CMS Innovation Center model, Shared Savings Program tracks, or certain federal demonstration programs. More importantly, **practices must bear more than nominal financial risk for losses.** The Advanced APMs listed below meet these requirements:

- Comprehensive End-Stage Renal Disease Model
- Comprehensive Primary Care Plus
- Medicare Shared Savings Program (ACO), Tracks 2 and 3
- Next Generation ACO Model
- Oncology Care Model (two-sided risk arrangement)

Merit-Based Incentive Payment System (MIPS)

Performance Categories	Weight
★ Quality	50%
✚ Advancing Care Information	25%
◌ Improvement Activities	15%
$ Cost	10%

Top performers excel in diabetes care quality for privately insured

More than a dozen primary care practices in St. Louis were the top performers on diabetes quality of care measures associated with better outcomes. For the first time in this report, private physicians' performance on diabetes care monitoring for patients with commercial health plan coverage is shown in the graph below. This metric indicates how often patients with diabetes receive three of four recommended tests aimed to better manage their condition and prevent complications. Tests include hemoglobin (HbA1C), kidney function, cholesterol levels and a retinal eye exam.

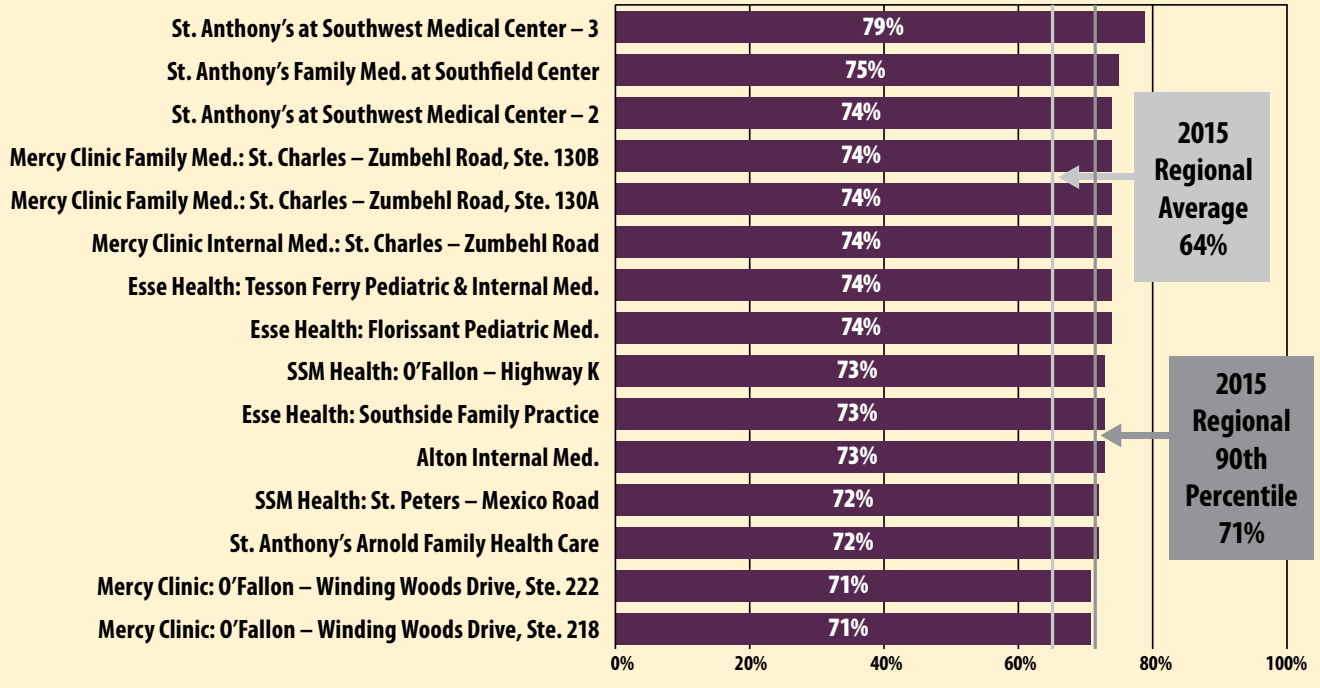
In 2015, the highest performing practice sites had an overall diabetes care score of 71% for privately-insured patients, which was the **top 10th percentile for physicians in the region.** Yet, when compared to national performance scores from the National Committee for Quality Assurance (NCQA), there is room for improvement, shown in the table to the right.

Diabetes Care Monitoring	2015 MHI Regional Top 10th Percentile	2015 NCQA National Top 10th Percentile
Hemoglobin (HbA1C)	85%	94%
Kidney Function	83%	93%
Cholesterol (LDL-C)	78%	NA
Retinal Eye Exam	41%	69%

Source: Midwest Health Initiative, National Committee for Quality Assurance (NCQA).

ChooseWellSTL.org, a website launched in 2016, makes this information available to **consumers to help them make decisions about health care for themselves and their families.** The website is sponsored by the **Midwest Health Initiative (MHI)**, a non-profit organization that brings together groups of physician, patient, and hospital, employer, labor union and health plan leaders to improve health in the St. Louis region and the quality and affordability of its health care.

Top Performing St. Louis Primary Care Practices
Diabetes Care Monitoring for Patients in Private Health Plans, 2015



Source: Midwest Health Initiative. Physicians in the top performance category scored in top 10th percentile (90th percentile) and the confidence interval of their score confirmed they were above average.

Top performing practices share a common theme. All of these providers take part in one or more voluntary national programs that measure performance based on the quality of care they provide. For example, **most of these clinicians** have earned **certification in NCQA's Diabetes Recognition Program**, and some may have multiple recognitions such as Patient Centered Medical Home (pgs. 7-9). In addition, **the majority of these practices are members of local accountable care organizations (ACO)** sponsored by private health plans, such as **Anthem's Enhanced Personal Health Care program, and the Medicare Shared Savings Program** (pgs. 5-6). These initiatives typically align financial incentives for hospitals, physicians and other providers to provide high quality care at lower cost. It is important to note many of the providers also participate in Medicare Advantage health plan networks, which are more likely to have aligned financial incentives that reward providers for better results. Thus, **there is reason to be optimistic that financial incentives are resulting in better care quality for patients.**

Diabetes is one of the most prevalent conditions in health care. It ranked as the fourth most expensive chronic condition, costing an estimated $245 billion in 2016, the CDC said. As the seventh-leading cause of death in the U.S., persistent high blood sugar levels in diabetes over time can damage the vascular system leading to various health complications such as blindness, kidney disease, amputations and heart disease.[1] Evidence suggests when physicians ensure their patients with diabetes receive comprehensive diabetes care monitoring on a timely basis, serious complications can be greatly reduced.

[1] T Beaton, "Top 10 Most Expensive Chronic Diseases for Healthcare Payers," *Health Payer* Intelligence," July 19, 2017.

Rating website provides starting point in evaluating surgeons' quality of care

Many share the perspective that having greater transparency of patient outcomes is a critical step toward improving the quality and safety of complex surgical procedures. Yet, there is no nationally agreed-upon method to measure outcomes at the surgeon-level.

In 2015, Consumers' Checkbook, a non-profit consumer group **released nationwide ratings of individual surgeons based on patient outcomes**. Consumers can use the site as a starting point when considering a surgeon for an elective procedure for themselves or a family member. It is important to note there is one other rating website available and a patient might find different results for the same surgeon.

"Surgeon Ratings" focus on 12 broad categories of inpatient surgeries relatively common among Medicare patients and have substantial bad outcome rates. The procedures fit into groups that tend to be done by the same surgeons with similar skills. Checkbook rates surgeons on a scale ranging from one to five stars based on four measures of bad outcomes risk-adjusted for the severity of a patient's illness, illustrated in the box at right. A **top 5-star** rating indicates consumers can be **95% confident that the surgeon had fewer deaths and bad outcomes** that were not just the result of good luck and his or her rates of bad outcomes ranked lower compared to 80% of surgeons nationally performing similar procedures.

Bad Outcomes Criteria

Death in the hospital

Prolonged length of stay caused by infection, fall or other complication

Death 90-days after hospital discharge

Readmission within 90-days of discharge

SURGEONRATINGS.ORG

St. Louis Area Surgeons Heart Valve or Bypass Surgery 5-Star Rating Based on Outcomes

Name	Fewer Deaths, Prolonged Length of Stay & Readmissions	Surgeon's Hospitals (√ = Hospital high-rated for outcomes for the surgery)
Bill Bates Daily (258 Cases)	★★★★★	√ Memorial Hospital St. Elizabeth's Hospital
Hersh S. Maniar (218 Cases)	★★★★★	Barnes-Jewish Hospital
Michael C. Murphy (251 Cases)	★★★★★	Missouri Baptist Med. Ctr.
James R. Scharff (254 Cases)	★★★★★	Missouri Baptist Med. Ctr. St. Luke's Hospital St. Anthony's Med. Ctr.

Source: Consumers' Checkbook Surgeon Ratings website. Analysis based on Centers for Medicare and Medicaid fee-for-service physician claims data for patients 65 or older over a five-year period (2010-14) performed by MPA Healthcare Solutions (formerly Michael Pine & Associates).

In St. Louis, Consumers' Checkbook awarded 5-star ratings to four surgeons that perform heart valve and coronary artery bypass surgery, listed in the table at left. The hospitals where the surgeon performed the procedures are listed in the far right column. A check mark (√) indicates a surgeon's outcomes were better at that hospital. The heart valve or bypass procedure group includes open heart operations for mechanical or transplanted heart valves, or valves that are surgically repaired. The group also includes open heart surgery for coronary artery bypass where healthy arteries or veins from the patient are used to bypass severely diseased blood vessels in the heart.

For all of the procedure groups examined, Consumers' Checkbook found **large differences existed among individual surgeons.** For example, **heart valve and bypass surgery death rates ranged from less than 3% for the best performing one-tenth of surgeons to more than 11% for the bottom one-tenth.**

Before undergoing surgery, patients should consider whether it is necessary, no better options exist, and the benefits outweigh the risks. In addition to the ratings, the website provides helpful tips to patients on decision-making and how to do their part in getting quality of care.

Critics argue that the surgeon ratings do not fully account for the severity of a patient's condition. The American College of Surgeons noted that rating a surgeon's skill without considering risk factors or the fact that surgery is a team experience, "leads to an incomplete analysis." However, Consumers' Checkbook says the ratings account for illness severity by employing risk adjustment algorithms that have been studied for over two decades. **The model examines the risk profile of each patient population** and calculates a predicted value, which **adjusts for patient age, gender, mix of procedures and primary and secondary diagnoses**. The predicted value is compared to the observed value to determine whether a surgeon has performed better or worse than predicted. More importantly, the model gives more weight to more severe outcomes such as mortality.[1]

Measuring complications is more difficult. Since the analysis uses Medicare claims data, diagnosis coding for complications is often incomplete. To overcome this limitation, the model employs the prolonged risk-adjusted length of stay algorithm as an indicator of adverse outcomes associated with surgical complications. The algorithm is risk-adjusted for a number of severe complications such as heart attack, pneumonia and stroke. A study found that combined with surgical mortality, prolonged risk-adjusted length of stay appeared to reflect surgical quality far better than mortality rates alone, or rates of coded complications.[2] The mortality and prolonged length of stay models performed well in adjusting for patients' severity of illness.

[1] "Surgeon ratings websites aim to make a mark on patient care," *Patient Safety Monitor Journal*, July 2016.

[2] D Fry, M Pine, B Jones, R Meimban, "Adverse outcomes in surgery: a redefinition of postoperative complications," *The American Journal of Surgery*, doi:10.1016/j.amjsurg.2008.07.056.

SLPA ACO earns high marks for reducing admissions, readmissions

In 2012 The Centers for Medicare and Medicaid Services (CMS) launched the Accountable Care Organization (ACO) initiative that rewards groups of hospitals, physicians and other providers for providing high quality care at lower cost to a defined patient population. The Medicare Shared Savings Program (MSSP), the largest of the ACO models, includes four ACOs in St. Louis.

Nationally, almost 400 ACOs participated in the MSSP in 2015, up 18% compared to the previous year. Approximately one in three Medicare beneficiaries now receives care in an ACO. As in prior years, ACOs demonstrated relatively high quality with an average score of 91%, up from 86% in 2014, across 33 quality measures divided into four domains of care (listed in the box at right).

For the first time in this report, **quality of care data is available for all four St. Louis ACOs** taking part in the MSSP: BJC, Mercy, SLPA and SSM, shown in the table below. Local ACOs performed well across most of the quality metrics, yet there was significant variation in some measures. The physician-led **SLPA ACO stood out in the Care Coordination/Patient Safety domain, performing as well or better on six out of seven metrics compared to the hospital-led ACOs.** Better care coordination can prevent costly readmissions which likely contributed to SLPA's cost performance, the only local ACO to save money (p. 6). Still, SLPA had low scores on depression screening and the diabetes composite metric that includes blood sugar control and eye exams. Performance gaps on these quality measures have been linked to poor outcomes. "**SLPA views some of the low scores as a reflection of the documentation learning curve.** In the **diabetes composite, we found eye exams and the HbA1c were performed but not always documented.** We are working to improve documentation practices," said **Amy Sullivan, Executive Director. Quality scores for BJC and SSM** demonstrate **performance above the national average for 2015.**

Medicare Shared Savings Program Quality Performance St. Louis Accountable Care Organizations, 2015

Quality Performance Indicators	BJC HealthCare ACO, LLC	Mercy Health ACO, LLC	SLPA ACO, LLC	SSM ACO, LLC
Preventive Health				
Adult Weight Screening & Follow-up	86%	83%	81%	77%
Depression Screening	36%	63%	9%	76%
Care Coordination/Patient Safety				
Risk-Standardized, All Cause Readmissions	68%	90%	90%	70%
SNF 30-Day All-Cause Readmissions	59%	54%	39%	33%
Unplanned Admissions for Diabetes	20%	60%	72%	66%
Unplanned Admissions for Heart Failure	51%	58%	77%	48%
Admissions Multiple Chronic Conditions	47%	54%	72%	42%
Ambulatory Sens. Cond.- COPD or Asthma	100%	100%	100%	100%
Ambulatory Sens. Cond.- Heart Failure	100%	100%	100%	100%
At-Risk Population				
Diabetes Composite	70%	60%	40%	50%
% Patients Blood Pressure in Control <140/90	74%	71%	73%	68%
Patient/Caregiver Experience				
How Well Your Doctors Communicate	93%	94%	93%	93%
Patients' Rating of Doctor	92%	93%	91%	91%
Shared Decision Making	36%	90%	64%	90%
Stewardship of Patient Resources	70%	87%	62%	54%
Average Quality Score	**98%**	**NA**	**NA**	**95%**

Medicare Shared Savings Program Quality Measures 2016-2017

- **Preventive Health**
  - Influenza Immunization
  - Pneumococcal Immunization
  - Adult Weight Screening & Follow-up
  - Tobacco Use Assessment & Cessation Intervention
  - Depression Screening
  - Colorectal Cancer Screening
  - Mammography Screening
  - Adults Screened for BP past 2 years
- **Care Coordination/Patient Safety**
  - All-Cause Readmissions
  - SNF All-Cause Readmissions
  - All-Cause Unplanned Admissions
    - Diabetes
    - Heart Failure
    - Multiple Chronic Conditions
  - Ambulatory Sensitive Condition (ASC) Admissions
    - COPD or Asthma in Older Adults
    - Heart Failure
  - % PCPs EHR Incentive Payment
  - Medication Documentation in Medical Record
  - Falls: Screening for Fall Risk
- **At-Risk Population**
  - Depression Remission at 12 months
  - Diabetes Composite
    - HbA1c Control >9%
    - Eye Exam
  - Hypertension: BP <140/90
  - Ischemic Vascular Disease (IVD): Use of Aspirin or other antithrombotic use
  - Heart Failure (HF) : Beta-Blocker Therapy for LVSD
  - ACE Inhibitor or ARB Therapy for patients with Coronary Artery Disease & Diabetes &/or LVSD
- **Patient/Caregiver Experience**
  - Getting Timely Care, Appointments & Information
  - How Well Your Doctors Communicate
  - Patients' Rating of Doctor
  - Access to Specialists
  - Health Promotion & Education
  - Shared Decision Making
  - Health Status/Functional Status
  - Stewardship of Patient Resources

In the Medicare population, readmissions and postacute care, such as skilled nursing facilities (SNF) are major cost drivers. Patients who have co-occurring health conditions, such as diabetes and heart failure, are the most at risk for readmissions and utilization of postacute care. These patients are likely to encounter multiple care settings, requiring ongoing communication to and from each service point. Thus, improving care coordination during transitions and reducing postacute care has been identified as a central focus in driving the economics of success for ACOs.

Participation in the MSSP has been associated with significant reductions in spending on inpatient hospital and postacute SNF care while maintaining care quality for ACO patients, as compared to patients served by nonparticipating providers, a recent study found. These reductions did not require full integration or ownership of nursing homes, suggesting that improvement may be due to how ACO physicians managed the care of their patients. Reductions in spending were similar for independent physician groups and organizations acquired by hospitals. The study suggests that ownership is not necessary to achieve improved post-acute care.[1]

[1] J Michael McWilliams et al., "Changes in Postacute Care in the Medicare Shared Savings Program," *JAMA Internal Medicine*, February 13, 2017.

More ACOs succeed, SLPA ACO exceeds expectations in first year

One in three Medicare beneficiaries nationally now receives care in an accountable care organization (ACO), of which the largest initiative is the Medicare Shared Savings Program (MSSP). Quality scores are improving and patients say they are satisfied. Still, it remains unclear whether ACOs are saving money. In an illustration of the r**amping up of the government's move from volume to value, in 2015 more practices took part in Medicare's largest accountable care program. Spending increased to $72.9 billion, a 40% increase since 2014.**

Much of the debate over savings lies in how costs are calculated and trended. Current adjustment factors do not account for regional differences in health care inflation and the Centers for Medicare and Medicaid Services (CMS) is working to refine them. Putting those concerns aside, evidence of real savings is sparse and bonus payments outpaced savings. Only 1% of ACOs chose to be eligible for downside risk.

In 2015, CMS paid $646 million in shared savings bonuses resulting in a net loss of -0.3% to the program. And only **31% of MSSP ACOs nationally saved enough money to receive a bonus, up from 26% the previous year.** Whether ACOs saved money is calculated based on real vs. an expected cost benchmark based on historical costs set by CMS. An ACO earns a bonus if it saves between 2% and 3.9% of the benchmark and the required savings rate varies based on population size. Of the two tracks for taking risk in the MSSP, **99% of ACOs chose Track 1** which has **no downside risk**. Practices can earn up to 50% of shared savings and receive full credit in the Quality Payment Program (QPP) Merit-Based Incentive Payment System (MIPS) Improvement Activities (p. 2). In Track 2, ACOs can earn up to 60%, however, practices must repay CMS if losses are 2% or more than the benchmark. However, in the QPP, **Track 2 ACOs** are rewarded for taking financial risk **with an automatic 5% incentive payment annually** and are **not subject to the MIPS performance criteria.**

The Benchmark Matters

It is important to note that most of the ACOs that earned bonuses in 2015 had significantly higher benchmarks per beneficiary ($11,393) going into the program than those that did not share savings ($9,968). Thus, ACOs that earned a bonus had higher actual spending per patient ($10,555) compared to those that did not ($10,187).[1] For example nationally the top earner in 2015, Memorial Hermann, had higher benchmark spending than 85% of all **ACOs in the MSSP. Thus, ACOs that are taking out waste and offering the best value are not rewarded.**

Findings in Missouri and St. Louis

The table below compares benchmark and actual spending for ACOs in St. Louis and Missouri participating in the MSSP. Among the ACOs in Missouri, only one opted to take risk and two-thirds lost money in 2015. Of the three Missouri ACOs in the black, none saved enough money to earn shared savings from CMS. **Still, in St. Louis the physician-led SLPA ACO had the lowest estimated benchmark per patient among ACOs in Missouri and notably, was lower than 95% of ACOs nationally.** "The low SLPA ACO benchmark in 2015 was a result of the success our PCPs have had managing their Medicare Advantage (MA) population and the spillover effect of that success on their fee-for-service (FFS) Medicare patients," said Lisa Hunt, Director of Network Development. In a recent study, counties that had the largest increase in MA enrollment experienced a "spillover effect" resulting in the largest decreases in FFS Medicare cost growth.[2]

Select Medicare Shared Savings Program Accountable Care Organizations, 2015

ACO Name	Takes Risk	Patient Count		Total Benchmark Spending (millions)		Total Actual Spending (millions)		Savings/ Loss (%)		Bonus (millions)		Benchmark Spending/ Patient		Actual Spending/ Patient	
	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015
National Site Example – Medicare Shared Savings Program Top Performer															
Memorial Hermann ACO (Houston, TX)	No	40,911	50,055	$483	$636	$430	$547	11.0%	14.0%	$23	$42	$11,806	$12,708	$10,513	$10,928
Missouri Sites*															
SLPA ACO, LLC (IL, MO)	No	NA	10,388	NA	$82	NA	$81	NA	1.8%	NA	$0	NA	$7,914	NA	$7,771
Physician Collab. of Kansas City (KS, MO)	No	14,723	14,403	$116	$116	$119	$122	-2.5%	-4.9%	$0	$0	$7,886	$8,082	$8,083	$8,474
Mercy ACO (AR, Springfield, MO)	No	36,301	36,287	$285	$296	$283	$295	0.6%	0.3%	$0	$0	$7,848	$8,152	$7,804	$8,129
BJC HealthCare ACO (IL, MO)	No	40,622	39,778	$333	$339	$328	$342	1.5%	-1.0%	$0	$0	$8,193	$8,519	$8,065	$8,608
Kansas Primary Care Alliance (KS, MO)	No	6,593	9,936	$49	$86	$49	$85	1.3%	0.8%	$0	$0	$7,569	$8,610	$7,462	$8,538
Mercy Health ACO, LLC (AR, MO, OK)	No	NA	82,591	NA	$759	NA	$777	NA	-2.4%	NA	$0	NA	$9,188	NA	$9,407
KCMPA (KS, MO)	No	13,419	13,477	$122	$127	$127	$131	-4.3%	-3.8%	$0	$0	$9,092	$9,400	$9,479	$9,755
SSM ACO (IL, MO)	No	22,553	21,724	$206	$207	$205	$217	0.5%	-5.2%	$0	$0	$9,112	$9,514	$9,068	$10,004
Mosaic Life Care (St. Joseph, MO)	Yes	13,423	13,951	$130	$139	$126	$140	2.8%	-0.5%	$2	$0	$9,670	$9,980	$9,394	$10,030

Research finds smaller ACOs, including small physician groups without hospitals, have performed better than larger groups with larger populations. It may be that smaller, less complicated organizations are able to make changes to care delivery faster, and the changes seem to last. Even after several years, smaller and physician-led ACOs seemed to retain their performance advantage, a recent study found.[3]

Experience Matters

The longer an organization participates in an ACO, the more time it has to learn how to be efficient and improve care delivery. In 2015, 55% of the ACOs that joined the first year in 2012 earned a bonus. **The Memorial Hermann ACO**, shown in the table above, joined the MSSP in 2012. It has **earned the largest bonus in the MSSP for two consecutive years.** The story was different in St. Louis. The BJC ACO, which was the only local early adopter in 2012, lost money in 2015 and in the year prior did not save enough money to earn a bonus.

[1,3] D Muhlestein, R Saunders, M McClellan, "Medicare Accountable Care Organization Results for 2015: The Journey To Better Quality And Lower Costs Continues", *Health Affairs* Blog, September 9, 2016

[2] G Johnson, et.al, "Recent Growth in Medicare Advantage Enrollment Associated With Decreased Fee-For-Service Spending in Certain US Counties, *Health Affairs*, September 2016

National Committee for Quality Assurance (NCQA)

Diabetes Physician Recognition Program (DRP) **Patient-Centered Medical Home (PCMH)**
Heart Stroke Recognition Program (HSRP)

St. Louis Metropolitan Area

Christopher S. Abercrombie
Susan E. Adams
Susan R. Adams
William Stuart Adams
Modupe Aderibigbe
Sabina Aderibigbe
Nadira Adil
Lisa Alderson
Juan M. Alvarez
Patricia J. Amato
Renee Amato
George Anderson
Scott Anderson
Paul Angleton
Mohammed Ashraf
Sarah Aubuchon
Jennie Austin
Mirha Avdagic
Bryce A. Ayers
Fariba Azarpour
Maureen Azzam
Sheerin Badri Sturm
Kelly J. Bain
Fred Balis
Byron Baptist
Seth N. Barbanell
Michael Bartell
Treena Bartlem
Aneela Bashir
Maria Silva Baszis
Daniel J. Bauer
Susan Baumer
William F. Beaman
David K. Bean
Amy S. Beck
Sara Beck
Matthew A. Beckerdite
Michele T. Bellamy
Daniel R. Berg
Brian Bergfeld
Peter V. Bettonville
BJK People's Health Ctrs - Central
BJK People's Health Ctrs - Lindell
BJK People's Health Ctrs - North Site
Amita R. Bhalla
Anjan Bhattacharyya
Asif Bhutto
Shadab Bhutto
Saqib Bhutto
Joshua D. Binek
Donald E. Binz
Emily Bira
Jean E. Birmingham
Joy N. Bittle
Andrew Bjorn
Anita Blackwell
James Bockhorst
Joyce E. Boehmer
Jamie M. Borgmann
Jill M. Bosanquet
Tinarose M. Bosslet
Sarah Boutwell
Brentwood Pediatrics
Teresa L. Brewer
Jay Brieler

Kenneth R. Brightfield
Kirk E. Brockman
Glenn T. Brothers
David Brown
Damon R. Broyles
John T. Brunts
Kathleen S. Brunts
Sarah Bryant
Richard Bruce Buckles
Gokul Budati
William Budd
Tara Budetti
Amanda M. Burkheart
Bryan P. Burns
Lisa Burns
Julie E. Busch
Jason Butler
Robert M. Byrne
Curt E. Calcaterra
Janelle Carron
Kyra A. Cass
Shelly Chandler
Edward Chen
Danielle Chi
Mary Beth Chitwood
Jeff Ciaramita
Kathleen M. Cizek
Terri C. Coble
Susan R. Colbert-Threats
Danita Cole
Sarah Z. Cole
Lora Pearlman Collier
Kim D. Colter
Teresita Cometa
Comm. Treatment Inc. (COMTREA) - High Ridge
Comm. Treatment, Inc. (COMTREA) - Hickory Ridge
Compass Health - Warrenton
Compass Health - Wentzville
Crider Health Ctr - Union
Philip G. Conway
Joseph A. Craft
Johnetta Craig
James Cuellar
Robert F. Curtin
Bruce T. Czarnik
Peter G. Danis
Michael E. Danter
A. Jill Davis
John Davis
Sarah Davis
Thomas E. Davis
Caroline E. Day
Ananda De Silva
Louis V. Deane
Lauren E. Deichmann
Roohi Desai
Sunny Desai
Gerry L. Deschamps
Stacie Detmer
Stephanie M. Dettlebach
Ramadevi Devabhaktuni
Francis Dickerson
Kimberly R. Dickherber
Shobha Dixit
Delores C. Dotson

Matthew P. Dougherty
Troy A. Dowers
Steven Drake
Douglas Dripps
John J. DuBois
Gary Dumontier
John Durbin
James Ebel
Mykale R. Elbe
Felipe Eljaiek
Lamice El-Kholy
Katherine Endicott
Esse Health - Florissant Int. Med.
Esse Health - Florissant Ped.
Esse Health - Lake St. Louis
Esse Health - Mason Rd. Ped.
Esse Health - N. County Int. Med.
Esse Health - O'Fallon Ped.
Esse Health - Off. of Dr. Robert Byrne Bridgeton
Esse Health - Off. of Dr. Robert Byrne St. Peters
Esse Health - Off. of Drs. Byrne & Launch
Esse Health - Off. of Susan Colbert-Threats, MD
Esse Health - Off. of Dr. LaDonna Finch
Esse Health - Off. of Dr. Thomas Hastings
Esse Health - Off. of Dr. Stephen Knapp
Esse Health - Off. of Drs. Knapp & Miranda
Esse Health - Off. of Sean McLaughlin, MD
Esse Health - Off. of Drs. McLaughlin & Fisher
Esse Health - Off. of Dr. Irwin Plisco, MD
Esse Health - Off. of Dr. James Speiser
Esse Health - Off. of Dr. Ronald Wepprich
Esse Health - Ped. & Adolescent Med. at Watson Rd.
Esse Health - Physicians at St. Clare
Esse Health - Richmond Heights Int. Med.
Esse Health - St. Charles Int. Med.
Esse Health - S. County Int. Med.
Esse Health - Southroads Int. Med.
Esse Health - Southside Family Practice
Esse Health - Tesson Ferry Ped. & Int. Med.
Esse Health - Webster Int. Med.
Esse Health - Esse West
Esse Health - West Bend
Mary Epperson
Oscar Etuk
Carol Jane Evers
Fam. Care Health Ctrs - Carondelet
Fam. Care Health Ctrs - FPSE
Jeffrey C. Faron
Mark A. Faron
Adolphus C. Favors
Michael Fedak
William Feldner
Robert P. Ferrara
Ladonna Finch
Dion Grant Fisher
Tracy Fite
Adam Fitzgerald
Eric Flug
Brett D. Foersterling
Jennifer Foersterling
Mark Fogarty
Chad R. Fowler
Idelle M. Fraser
Barney T. Fritz
Kelly Gage

Marian Gakes
Dana C. Galbraith
Jack A. Galbraith
John P. Galgani
Snehal R. Gandhi
Paul Ganninger
Leigh Gartland
Robert C. Geekie
Wahied Gendi
Rachel Meenu George
Keith Georger
Matthew J. Gibfried
David Glick
Julia Gold
Bari Golub
Alicia Gonzalez
Andrew M. Grabowski
Hillarie Graham
Nicholas Greiner
Leigh Griggs Gartland
James R. Grimes
Sarah Guillaume
David P. Guss
Thomas P. Gutmann
Heather Halenkamp
Donna Hall
Robert W. Halsted
David T. Hammond
Melanie Hampton
Jason A. Hand
Laila G. Hanna
John Hardeman
Eileen M. Harrahill
Samara Harrell
David E. Hartenbach
Felicia L. Harvey
Jaqueline G. Harvey
Thomas F. Hastings
Jacqueline Hayes
Paul Hauptman
John G. Helton
Michael P. Hemmersmeier
Kathryn R. Henderson
Dale M. Henselmeier
Mark Herbers
Maryjo Hernandez
Lauren Hesterberg
Joseph T. Hilgeman
Amanda Hilmer
Keya Bhatt Hindia
Rose Lee Hiner
Mark Hingst
Ha Minh Hoang
Thien-An Hoang
Grant S. Hoekzema
Leonard M. Hoffmann
Alan Holshouser
Craig S. Holzem
Denise Hooks-Anderson
Michael K. Houser
Mark T. Houston
Howard Bon Hsu
Raymond J. Hu
John W. Hubert
Justin E. Hugo

Source: **https://reportcards.ncqa.org/#/practices/list**. NCQA physician recognitions are current as of July 19, 2017.

National Committee for Quality Assurance (NCQA)

Diabetes Physician Recognition Program (DRP) **Patient-Centered Medical Home (PCMH)**
Heart Stroke Recognition Program (HSRP)

St. Louis Metropolitan Area

Susan R. Hull
Justin Huynh
Richard Ihnat
Christina Guyton Ingram
Regina Inman
Susan Irvine
Sherill M. Jackson
Anne Jacob
Christine Jacobs
Denise L. Janosik
Victoria L. Jansen
Timothy W. Jennings
Patricia Jentsch
Melissa D. Johnson
Coleen R. Jones
Theresa M. Jones
Samuel Joseph
Julie Jost
Marketa Kasalova
Andrew M. Kazdan
Karla B. Keaney
Elizabeth Ann Keegan-Garrett
Mary Keegan
Alyssa L. Keller
L Joseph Kennington
Emir Keric
James W. Ketchum
Kenneth Kilian
Alicia King
Kevin P. King
Kirkwood Fam. Med.
William S. Knapp
Shirley M. Knight
Jennifer L. Knox
Carolyn L. Koenig
Sri Devi Kolli
Wan in L Koo
Daniel J. Kramer
Kathryn H. Kranbuhl
Mark S. Krasnoff
Peter Krewet
James Kriegshauser
Babul Ram Kulkarni
Suraj Kumar Alakkassery Kumaran
Teresa Kurtz
Timothy Lackey
Abhay Laddu
John Lamping
Richard L. Lazaroff
Janelle Lee
Stephanie E. Liebmann
Michael Lim
Meghan Blum Linden
Daniel H. Lischwe
Steven B. Livingstone
Ellen Loeffler
Deborah Loman
Timothy P. Long
Thomas A. Lord
Catherine L. Lowder
John Lowry
Leonard Lucas
Gary A. Maassen
Nancy Mabe
Julie K. MacPhee

John C. Madden
Daniel J. Maestas
Elizabeth Mahon
Nawras Makhsida
William T. Manard
Artan Markollari
Carol Martin
Gina Marusic
Dawn Matschiner
Julianne Matt
Ariane May
Ardell Mays
Jina L. McAtee
Judith McCaul
Leslie McCrary-Etuk
Deryk L. McDowell
Jacquelyn R. McFadden
Ashliegh McGrath
Veronica P. McGregor
Bernard J. McGuire
Sean T. McLaughlin
Aravindaksha P. Menon
Marc O. Merbaum
Mercy Clinic Endocrinology
Mercy Clinic Endocrinology - Festus Calvary
Mercy Clinic Family Med. - Cuba
Mercy Clinic Family Med. - Eureka
Mercy Clinic Family Med. - Marthasville
Mercy Clinic Family Med. - New Haven
Mercy Clinic Family Med. - Pacific
Mercy Clinic Family Med. - Piper Hill Ste. 150
Mercy Clinic Family Med. - St. Clair
Mercy Clinic Family Med. - Sullivan
Mercy Clinic Family Med. - Warrenton
Mercy Clinic Family Med. - Washington
Mercy Clinic Family Med. - Clayton-Clarkson
Mercy Clinic Family Med. - Fenton
Mercy Clinic Family Med. - Gerald
Mercy Clinic Family Med. - Hazelwood
Mercy Clinic Family Med. - Jefferson
Mercy Clinic Family Med. - Kirkwood
Mercy Clinic Family Med. - O'Fallon
Mercy Clinic Family Med. - Olive-Mason
Mercy Clinic Family Med. - Olivette
Mercy Clinic Family Med. - Ronnie's Plaza
Mercy Clinic Family Med. - South Lindbergh
Mercy Clinic Family Med. - Technology Drive
Mercy Clinic Family Med. - Union
Mercy Clinic Family Med. - Washington Suite 208
Mercy Clinic Family Med. - Wentzville
Mercy Clinic Family Med. - Winghaven
Mercy Clinic Family Med. - Zumbehl Ste. 130A
Mercy Clinic Family Med. - Wildwood
Mercy Clinic Heart and Vascular
Mercy Clinic Int. Med. - Eureka
Mercy Clinic Int. Med. - Sullivan Progress Pkwy
Mercy Clinic Int. Med. - Union
Mercy Clinic Int. Med. - Washington
Mercy Clinic Int. Med. - 1177 E. Cherry
Mercy Clinic Int. Med. - Calvary Church Road
Mercy Clinic Int. Med. - Clayton/Clarkson Suite 320
Mercy Clinic Int. Med. - Creve Coeur
Mercy Clinic Int. Med. - DesPeres Ste 300
Mercy Clinic Int. Med. - DesPeres Ste. 310
Mercy Clinic Int. Med. - Dunn Road

Mercy Clinic Int. Med. - Florissant Oaks
Mercy Clinic Int. Med. - Graham Rd.
Mercy Clinic Int. Med. - Lindbergh
Mercy Clinic Int. Med. - Medical Tower A, Ste. 189
Mercy Clinic Int. Med. - Medical Tower A, Ste. 507A
Mercy Clinic Int. Med. - New Florissant Rd.
Mercy Clinic Int. Med. - O'Fallon
Mercy Clinic Int. Med. - Old Tesson
Mercy Clinic Int. Med. - Olive-Mason
Mercy Clinic Int. Med. - Zumbehl Ste. 120A
Mercy Clinic Int. Med. - Crestwood
Mercy Clinic Primary Care Water Tower Pl.
Mercy Clinic W. County Fam. Practice
Marsha K. Mertens
Audrey Meyer
Janice Ann Meyer
Matthew B. Meyer
Lucias Meyer
Lewis Aaron Meyerson
Wendy L. Meyr-Cherry
Robert B. Michaels
Heidi Miller
Jessica A. Miller
Dion G. Miranda
Matthew Miriani
Ayoub Mogassbi
John M. Mohart
Keith Moll
Jessica N. Montgomery Mims
Peter Montgomery
Audrey K. Montooth
Maya Moody
Annya Moody
Kristi A. Moore
Heather L. Morgan
Robert F. Morgan
Tyler A. Mork
Kyle C. Moylan
Richard Muchnick
Nona Mungle
Timothy P. Murphy
Melissa J. Murray
Richard S. Murray
Robin Musselman
Myrtle Hilliard Davis Comp. Health Ctrs Inc.- Comp 1
Myrtle Hilliard Davis Comp. Health Ctrs Inc.- Riverview
Myrtle Hilliard Davis Comp. Health Ctrs Inc.- Whittier
Maryam Naemi
Rama G. Naidu
Eric Nalagan
John A. Nash
Donna Naumann
Tejaswini R. Nayak
Clarice Nelson
Stephen J. Nester
Michele Niemczyk
Christopher B. Normile
Karen K. Norton
John J. O'Brien
Ma Cristina Mereria Ocampo
Michael D. O'Connor
Jerome O'Neil
Robert Oertli
Becky Oetting
Irma Ortiz-Arroyo

Kyle F. Ostrom
Stefanie Otten
Andrea S. Otto
Alan Valente Padua
Josey Mitchell Page
Thomas J. Panasci
Clara Lee Parks
Payal R. Patel
Rajiv Patel
Radha Patnana
Sherri Patten
Dennis R. Patton
John Pearson
Mark S. Pelikan
Gregorius Resuma Penilla
Roberto Perez
Cindy Perkins
David Peter
Tysen J. Petre
Kristin E. Philbrick
Rachel Phillips
Serin Phruttitum
Nicole M. Delsoin Pierre
Steven Pisoni
Irwin S. Plisco
Joseph L. Polizzi
Prasanna Ponugoti
Janette Powers
Robert J. Pozzi
Simeon Prager
Fredric A. Prater
Peter J. Putnam
Jenna M. Putzel
Tahir Qayum
Amin Radparvar
Sean T. Ragain
Srinivasan Raghavan
Adam Ralko
Rimki Rana
Michael E. Rau
Sheryl Ream
Edward Reh
Jose Remo
Catherine R. Remus
Elizabeth Ann Remus
John H. Rice
Christy L. Richardson
Mark D. Rickmeyer
Tracy M. Riordan
Rebecca Rodriguez
Janelle A. Roethemeyer
Patrick Rose
Isabelle Rosenbloom
Eileen Rosenkoetter
Kelly A. Rourke
Kristen L. Rowe
Joseph Rudolph
Natalya Rukhman
Geraldine A. Ryan
Priya Sadhu
James D. Saffa
Robert M. Saitz
Stephen G. Sanders
Alan R. Sandidge
Jaime Santos
Sue Sateesha

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Physician recognition programs list

National Committee for Quality Assurance (NCQA)

Diabetes Physician Recognition Program (DRP) **Patient-Centered Medical Home (PCMH)**
Heart Stroke Recognition Program (HSRP)

St. Louis Metropolitan Area

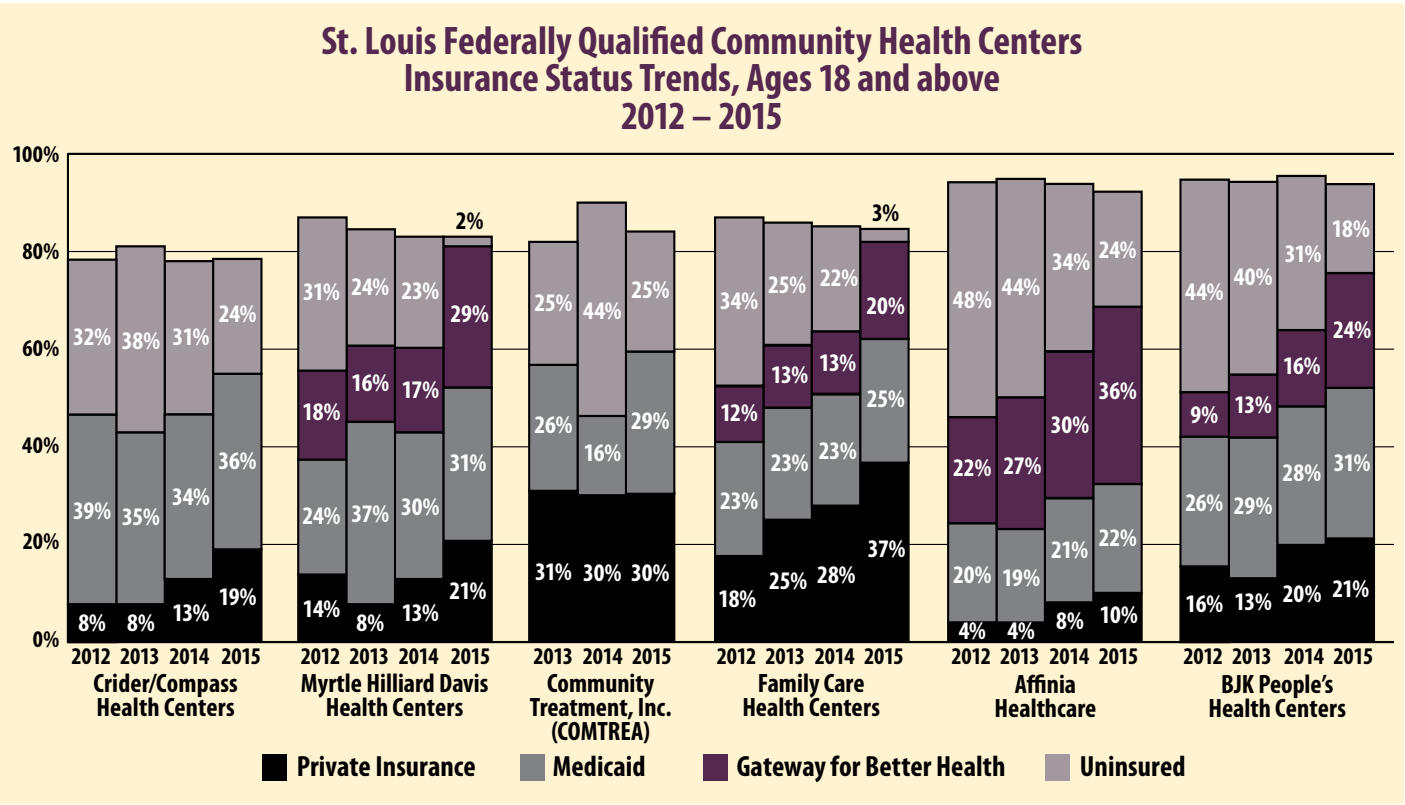
Gabrielle P. Satterfield
Samantha Sattler
Krishnasamy Savadamuthu
Randa Sawaf-Hajji
Joseph Schachter
Jennifer L. Scheer
David F. Schlitt
Timothy W. Schloss
Martin P. Schmidt
Edwin Schmidt, III
F. David Schneider
Paul Schneider
David M. Schoenwalder
Lisa A. Schultz
Ann Schumacher
Kristin Scullin
Brian A. Seeck
Sarah Jean Seeck
Neelavathi Senkottaiyan
Laurie D. Senol
Jennifer P. Sewing
Vani Sharma
David L. Shaw
Amanda Sherwood
Athmaram Shetty
Beth Ann Sjoblom
SLUCare Family Med. - Des Peres
SLUCare Family Med. - Doctors Off. Bldg.
Lorinna Shniter
Katherine Siebert
Christine Sigman
Leah Silver
Morton J. Singer
Brian M. Smith
Chad J. Smith
Joshua Smith
Jessica Smith
Patrick R. Smith
Kenneth B. Smith
Kevin B. Smith
Rosalind Smith
Mariea Snell
Anthony T. Sonn
South County Ped. Assoc.
Southwest Pediatrics
Michael Spearman
Michael A. Specter
James C. Speiser
Robert D. Spewak
Thomas Spiro
SSM Health Med. Grp .Ped.
SSM Med. Grp. - Dardenne Prairie
SSM Med. Grp. - DPMG Endocrinology
SSM Med. Grp. - Int. Med. in Richmond Heights
SSM Med. Grp. - Lake St. Louis, 300 Med. Plaza
SSM Med. Grp. - Lake St. Louis, 400 Med. Plaza
SSM Med. Grp. - Manchester
SSM Med. Grp. - O'Fallon
SSM Med. Grp. - Ped. at Cross Keys
SSM Med. Grp. - Prim. Care at Cross Keys
SSM Med. Grp. - Prim.Care at DePaul
SSM Med. Grp. - Prim.Care at Dorsett Village
SSM Med. Grp. - Prim.Care at Ferguson
SSM Med. Grp. - Prim.Care at North County
SSM Med. Grp. - Prim.Care at St. Charles
SSM Med. Grp. - S. County Fam. Practice
SSM Med. Grp. - S. County Ped.
SSM Med. Grp. - St. Clare Endocrinology
SSM Med. Grp. - St. Clare Fam. Practice
SSM Med. Grp. - St. Clare Int. Med.
SSM Med. Grp. - St. Clare Ped.
SSM Med. Grp. - St. Joseph Med. Park
SSM Med. Grp. - St. Mary's Endocrinology
SSM Med. Grp. - St. Mary's Int. Med.
SSM Med. Grp. - St. Mary's Ped.
SSM Med. Grp. - St. Peters
SSM Med. Grp. - Sunset Hills Int.Med.
SSM Med. Grp. - Sunset Hills Ped.
SSM Med. Grp. - Troy
SSM Med. Grp.- Wall Street
SSM Med. Grp. - Wall Street Ped.
SSM Med. Grp. - Warrenton
SSM Med. Grp. - Webster Groves Int. Med.
SSM Med. Grp. - Wentzville
Julia Sprague
St. Anthony's at Arnold Fam. Med.
St. Anthony's at Eureka Fam. Med.
St. Anthony's at Fenton Fam. Med.
St. Anthony's at Kirkwood Fam. Med.
St. Anthony's at Lemay Ferry Int. & Fam. Med.
St. Anthony's at Southfield
St. Anthony's at Southfield Fam. Med.
St. Anthony's Family Med.
St. Anthony's Health Care Partners
St. Anthony's Internal & Geriatric Med.
St. Anthony's Internal Med.
St. Anthony's Kennerly Fam. Med.
St. Anthony's Medical Group Int. Med.
St. Anthony's Plaza Med. Assoc.
St. Anthony's Primary Care Consultants
St. Anthony's at Southwest Med. Center
St. Anthony's at Telegraph Fam. Med.
Kara Stackley
Stephen F. Staten
Eileen Steiniger
Shane Stephenson
Randall S. Sterkel
James Stokes
Joshua Stolker
Michael G. Stone
Joy Stowell
Robert H. Strashun
Katherine Anne Stuckmeyer
Sheerin B. Sturm
Abbe Sudvarg
Christian M. Sutter
Mary Ann Sweeney
Linda Tackes
Karl Taira
Chukiat Tansuwan
Annu A. Terkonda
Kristen A. Terrill
Shaukat A. Thanawalla
Joseph W. Thompson
Jessica Thomure
Jerome E. Thurman
Matthew J. Tiefenbrunn
Elizabeth A. Tracy
Dorrie C. Tredway
Michael C. Treisman
Rupal Trivedi
Jane L. Tucker
Kevin Marcell Turner
James D. Turner
Thomas A. Tyree
Jason B. Vangundy
Christian Verry
Gary Vickers
Sasi Vinjamoori
Chad M. Voges
George Vournas
Stanley G. Vriezelaar
Donna Wagstaff
Sanaa Waheed
Martin J. Walsh
Joanne Waltman
Fikisha L. Warden
Chezna W. Warner
Cami L. Watkins
Garey Watkins
Beth Weber
Raymond M. Weick
Kristin Ann M. Weidle
Ronald K. Wepprich
Mattie White
Daniel W. Whitehead
Karen L. Whiteside
Ashley Whitley
Chandra K. Wiewel
Catherine S. Wilke
Basima Williams
Michael L. Williams
Roy J. Williams
Christopher Wilson
Linda Rene Winterberger
Joanne Wolfe
LaToya Woods
Susan Wilson Yang
Julia C. Young
Delaine Yowell
John F. Zalewski
Meng Zhao
Beth Zimmer
Darryl Zinck
Kimberly A. Zoberi
Josie M. Zuckerman

St. Louis Metro East (Illinois)

375 MDG
Bethalto Health Center
Thomas Bayer
Danielle L. Bogue
Heather S. Brasfield
Rebekah G. Briscoe
Hollis A. Burggraf
Bret Burton
Chad Carter
Laura A. Crandall
Dustin Creech
Sean M. Debuysere
Heather A. Elsner-Bolt
Esse - Swansea Internal Medicine
Esse Health - Belleville Internal Medicine
Kyle Ewald
Erin Lane Friedman
Bruce J. Gardner
Lawrence Gibbs
Miguel H. Granger
Natalie A. Greene
Marjorie H. Guthrie
Justin N. Henry
Uraiwan Hompluem
Mark D. Irwin
James Jablonski
Alfred Johnson
Denise L. Johnson Pritchett
Latasha Johnson
Basel Katerji
Scott R. Keller
Jennifer Krick
Krishna Mohan Kunche
Fei-tung Leu
Tammy Lindsay
Jefferson Livermon
Macoupin Family Practice Centers, LLP - Carlinville
Macoupin Family Practice Centers, LLP - Gillespie
Macoupin Family Practice Centers, LLP - Mt. Olive
Maple Street Clinic
Deborah K. McDermott
Joyce A. McKinney
Jeremy D. Moll
Jennifer Neville
Elizabeth E. Obrien
Miguel A. Paniagua
Rina S. Patney
Chris P. Poirot
Brian L. Quarton
Kristen Reineke-Piper
Robert B. Ringhofer
Melody Santos
Amanda Schaefer
Carrie A. Schmid
Paul Schroth
Victoria B. Shin
Joseph Silhavy
Trevor Smith
Matthew J. Snyder
Springfield Clinic - Carlinville
SSM Medical Group - Belleville Pediatrics
SSM Medical Group - Maryville Pediatrics
State Street Health Center
Maria Stohler
Nanthini Suthan
Chauncey D. Tarrant
Cole Robert Taylor
Eldon A. Trame
Franklin D. Waddell
Bruce F. Weber
Matthew D. Weirath
Natalia Wetterer
Julia Wiegers
Sarah Wilson

Source: **https://reportcards.ncqa.org/#/practices/list**. NCQA physician recognitions are current as of July 19, 2017.

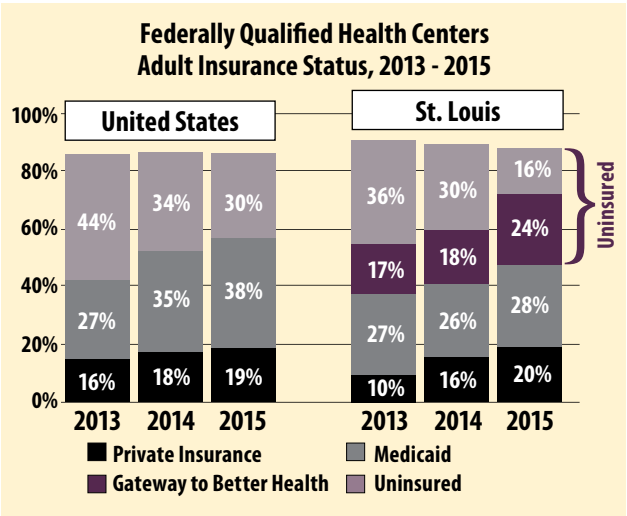
Despite coverage gains, adult uninsured at local centers higher than nationally



Source: Health Resources and Services Administration, Uniform Data System. Prior to 2013, the UDS adult age range was 20 and above. Only St. Louis City and County centers are eligible for Gateway for Better Health (GBH), thus Community Treatment Inc. and Crider/Compass are excluded. St. Louis County Health Center's 4,313 GBH patients are not shown.

Federally Qualified Health Centers (FQHC) provide access to care to patients in medically underserved communities regardless of their ability to pay. In 2015, over 70% of health center patients nationally and in Missouri had income of no more than 100% of the federal poverty guideline (FPL), or $24,500 for a family of four.

Nationally and locally, Medicaid is the predominant source of insurance covering approximately half of health center patients in 2015. Locally, health coverage increased for adult patients at FQHCs across the region in 2015, as shown in the graph above. **The largest gains for adult uninsured patients** were those covered by **the Gateway to Better Health program** (GBH). The program was developed by the St. Louis Regional Health Commission. Funding is granted year-to-year through a waiver from the Centers for Medicare and Medicaid Services. Given the nature of its funding, it is unclear what will happen to GBH with changes in health policy. The program provides a limited set of benefits for uninsured adults living in St. Louis City or County that earn too much to be eligible for Medicaid but too little to qualify for income-based subsides on the exchanges. People who apply for GBH must enroll in a primary care medical home at a St. Louis City or County health center. Thus, Crider/Compass and Community Treatment patients are not eligible since they live outside of the GBH geographic area. In 2015, **60% of adult uninsured patients at St. Louis FQHCs were covered by GBH**, the largest enrollment since the program's inception in 2012. Notably, **Family Care and Myrtle Hilliard Davis enrolled virtually all of their uninsured adult patients in GBH, the largest percentage among centers in the region**. Providers at FQHCs earn incentive payments for meeting quality goals for patients.



For example, 65% of the program's diabetic patients had blood sugar in control within six months of diagnosis in the most recent year data was available, the St. Louis Regional Health Commission said. While the program provides primary and outpatient care, it does not cover emergency department, inpatient hospital or mental health care.

In St. Louis, only 35% of Medicaid patients at FQHCs were adults, as compared to 53% nationally. Missouri's low income eligibility threshold and lack of Medicaid expansion under the Affordable Care Act (ACA) are responsible for this difference. For example, for an adult with a family of four to qualify for coverage in 2015, he or she could earn no more than $5,449 annually, equivalent to 22% of the FPL. The eligibility guidelines are more generous for children, whose families may earn up to 305% of the FPL, or $73,963 for a family of four.

In 2015, more adult health center patients nationally and locally gained coverage coinciding with the second year of expansion under the ACA. Nationally, the percentage of adult FQHC patients covered by Medicaid grew to 38%, private insurance increased slightly to 19% and the rate of uninsured decreased to 30% compared to the previous year, shown in the graph above right. In **St. Louis, the story was different. The percentage of uninsured adult patients is still 40% despite a slight increase in Medicaid enrollment.**

Federal funds enable St. Louis FQHCs to expand, centers less costly than the national average

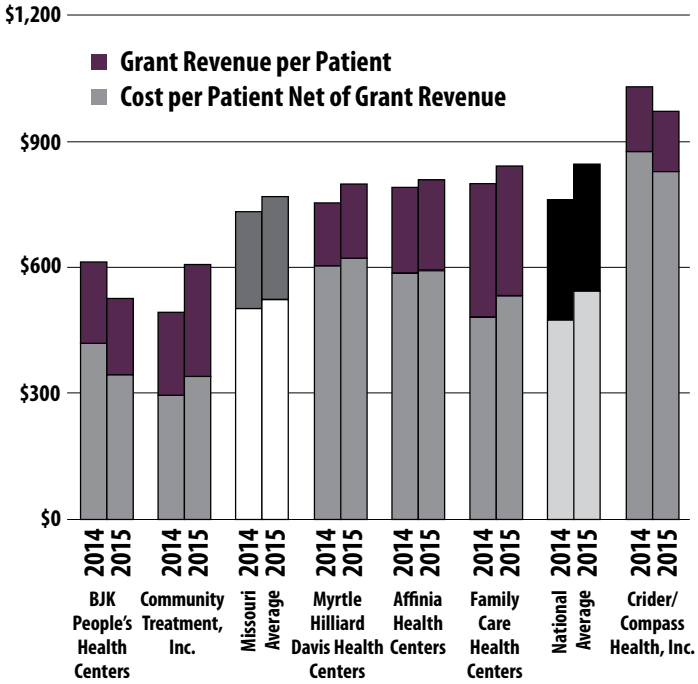
In recent years, the Affordable Care Act (ACA) and the Medicare Access and CHIP Reauthorization Act have bolstered federal grants to support core funding for Federally Qualified Health Centers (FQHC), a recent study found.[1] This fueled expansion of community health centers nationally and locally. In 2015, federal grants to FQHCs grew 13% nationally and 17% in Missouri, as compared to the previous year. **In St. Louis, FQHCs garnered a 28% increase in federal grants.** This was not shared equally among centers. BJK People's, Crider Compass and Community Treatment health centers received the largest increases. The centers expanded capacity, which in part drove an 11% increase in the FQHC patient population in the region.

In 2015, nationally total revenue at FQHCs grew 15% as patient volume increased 6%, compared to the previous year. In Missouri, the increase in patient volume was larger at 10%, yet revenue grew at a slower rate compared to FQHCs nationally, increasing 17%.

Nationally and in Missouri, Medicaid revenue and grants accounted for more than 80% of FQHC funding, about the same as in prior years. However, **in Missouri private insurance revenue grew faster than the national rate, increasing by one-third** compared to 2014. As the number of uninsured patients declined, self-pay revenue decreased (see graph at right). In Missouri, a larger share of FQHC patients gained private coverage compared to the average for health centers nationally. Since Missouri did not expand Medicaid under the ACA, uninsured FQHC patients eligible for subsidies may have obtained coverage on the exchange. In Missouri and other nonexpansion states, exchanges could have subsidized private coverage for FQHC patients with incomes of 100%-138% of poverty, while in expansion states people in that income range were eligible for Medicaid.[2]

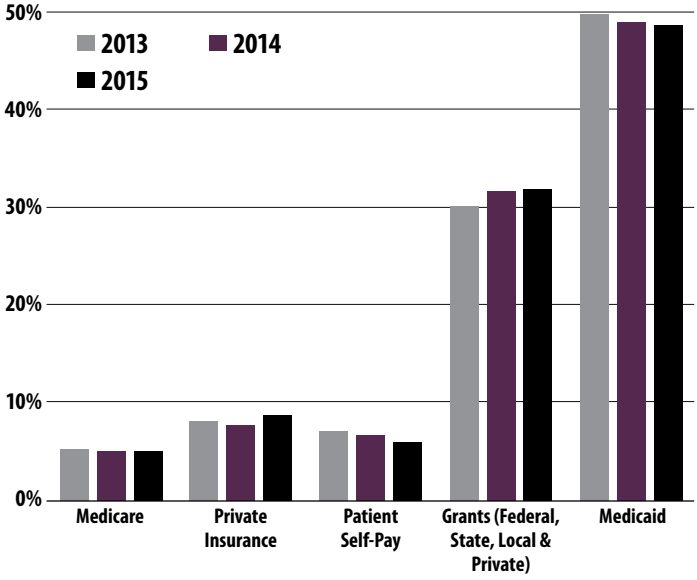
[1,2] L Ku, et.al. "Medicaid Expansion And Grant Funding Increases Helped Improve Community Health Center Capacity," *Health Affairs*, January 9, 2017.

St. Louis Federally Qualified Health Centers Cost per Patient, 2014-2015



Source: U.S. Health Resources and Services Administration, Bureau of Primary Health Care Uniform Data System.

Missouri Federally Qualified Health Centers % Source of Revenue, 2013-2015



Source: U.S. Health Resources and Services Administration, Bureau of Primary Health Care Uniform Data System. Medicaid includes non-Medicaid CHIP revenue.

In 2015, FQHC per capita costs increased 11% nationally and 4% in Missouri compared to the prior year. Operating margins were small, approximately 1% nationally and just 0.4% in Missouri. A recent study found FQHCs provide cost-effective care, saving Medicaid an average of 24% in total spending per patient compared to other primary care providers. **Savings** were attributed to **lower emergency, specialty care, inpatient, and outpatient services.**[1]

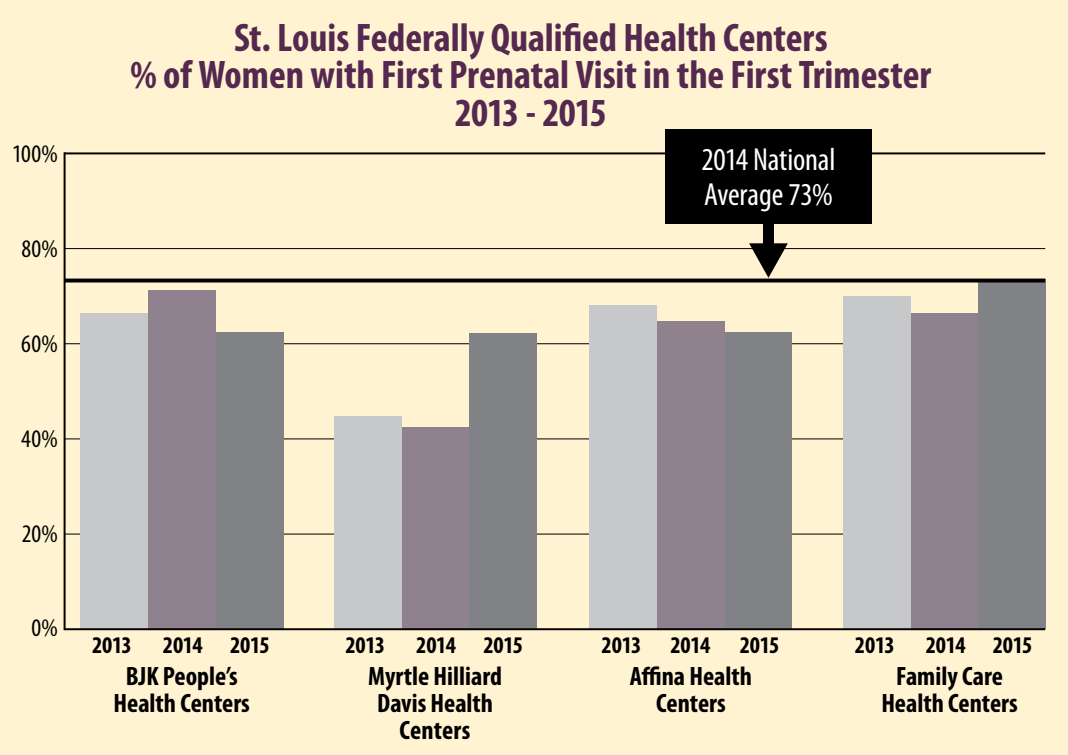
For the first time, costs for St. Louis FQHCs are included in this report. **In 2015, cost per patient for local centers decreased 2%** compared to the prior year. Costs varied widely across centers, **and most were less expensive on average than centers nationally**. Costs per patient were not adjusted to reflect illness burden or health status. Grant funding is the only public source of revenue data for local FQHCs and offset costs an average of 28%.

Crider/Compass had the highest cost per patient among local FQHCs, despite a 6% decrease in 2015, and was above national and state averages. This stems in part from Crider's merger with Pathways Community Health in 2014 to form Compass Health, Inc., which includes two primary care providers in Louisiana. "As far as cost per patient, the merger did contribute some as we went from 3 primary care centers to 6 in Missouri. The 3 newer clinics are small and in rural areas. In the future, as we build the patient base, it will help offset provider costs and bring down the cost per patient," said Jennifer Siervo, Senior Director of Primary Care Operations. In 2015, **BJK People's Health Centers had the lowest cost per patient** locally and saw the largest decline in cost of 18%.

[1] J Commins, "Community Health Centers Save Medicaid 24%," HealthLeaders Media, September 21, 2016.

Having a regular source of care can prevent pregnancy complications

In medically underserved areas, federally qualified health centers help to ensure access to high-quality care that promotes health and manages disease at every stage of life. Based on recommendations from the Institute of Medicine in 2003, the Health Resources and Services Administration (HRSA) established Core Clinical Measures that target health conditions which are more prevalent among safety-net populations. Health centers must report on these measures annually to HRSA as a condition of their funding.



Prenatal care is important

Some women have health problems before they become pregnant, such as diabetes and high blood pressure, which can lead to complications. Other problems can arise during pregnancy such as preeclampsia, a severe high blood pressure disorder that can progress and become severe quickly, may lead to stroke, seizures, organ failure and death. Identifying these problems earlier can prevent or reduce these adverse outcomes.

Source: Health Resources and Services Administration. The percentage of women that received prenatal care in the first trimester at Community Treatment, Inc. was 94% and 78% for Crider/Compass health centers. Both of these centers had small sample sizes and do not provide direct prenatal care but refer patients to a variety of obstetric providers.

At a time when research finds **American mothers are far more likely to die in childbirth** than in other countries in the developed world, more than a quarter of pregnant women visiting the nation's federally-qualified health centers (FQHC) do not receive prenatal care in the first trimester. **In 2015, while most St. Louis area FQHCs performed worse than the national average**, two local FQHCs have shown improvement. **Family Care Health Centers reported the highest score** which was above the national average of 73%, as shown in the graph above. The Center offers free pregnancy testing, Monday through Friday, and if the test is positive, providers do the first prenatal visit at that time. Providers aim to establish strong relationships with families and nurse case managers provide follow-up for patients throughout the pregnancy. **Myrtle Hilliard Davis improved its score to 63%, up from 43% the previous year, the greatest improvement among local health Centers.**

Nationally between 1990 and 2013, **maternal deaths more than doubled** from an estimated 12 to 28 per 100,000 births, and higher than most developed countries where these deaths have been declining steadily for decades. **Maternal mortality disproportionately affects minority and uninsured women, who are more than three times more likely to die in childbirth**, a recent study found.[1] **Lack of access to a regular source of care** is a large part of the problem. Many of these women have chronic conditions, such as obesity, hypertension and diabetes, which contribute to pregnancy-related complications. **Community-based FQHCS can help these women gain access to care and get their chronic conditions under control prior to becoming pregnant and early in their pregnancy.**

In 2015, two St. Louis FQHCs increased the percentage of children that received required vaccinations by age three (see table below). While required for school entry, child immunization ranked as the highest value preventive care service based on reduction in the clinical burden of care and cost effectiveness, a recent study found.[2] Yet, across Missouri, 30% of children are not up-to-date on vaccines by age three, which is lower than the national average. Cervical cancer is nearly 100% preventable with early screening. **Two-thirds of local FQHCs improved the percentage of women screened for cervical cancer in 2015** compared to the previous year, yet only two ranked above the national average.

[1] P Agrawal, "Maternal mortality and morbidity in the United States of America," *Bulletin of the World Health Organization* 2015; 93:135.

[2] M Maciosek, et.al. "Updated Priorities Among Effective Clinical Preventive Services," *Ann Fam Me*d January/February 2017 vol. 15 no. 1 14-22.

Table 1: Socioeconomic, Child and Women's Health Indicators, 2015

Federally Qualified Health Center (no. of locations)	% Living in Poverty			% of Three Year-Olds Immunized*			% of Women Having Pap Tests		
	St. Louis 2015	MO 2015	US 2015	St. Louis FQHC 2014	2015	MO	US	St. Louis FQHC 2014	2015	MO	US
										2015	
Affinia Healthcare (5)	96%	70.7%	70.9%	44%	81%	70.9%	77.5%	19%	56%	52.6%	56.0%
Myrtle Hilliard Davis (3)	93%			88%	80%			41%	42%		
Crider/Compass Health (9)	85%			77%	87%			43%	52%		
Family Care (3)	76%			89%	89%			71%	72%		
Community Treatment (2)	74%			46%	43%			13%	18%		
BJK People's (3)	51%			77%	71%			73%	63%		

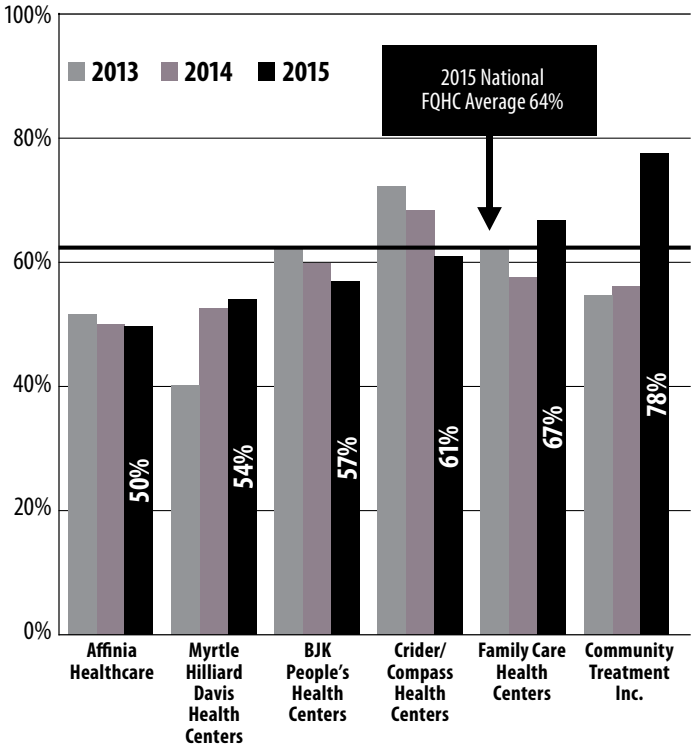
Centers improve blood pressure and diabetes control, privately insured fall further behind

In 2015, **federally qualified health centers (FQHC) had better performance than commercial insurance plans in managing outcomes for two chronic conditions, high blood pressure and diabetes.** This is the third consecutive year of the continuing pattern of commercially-insured patients having worse outcomes than those seen at FQHCs. It is also of note that patients with these chronic conditions covered by Medicare Advantage (MA) plans fared the best, as shown in the 2017 St. Louis Health Care Industry Overview Health Plan report. Financial incentives in MA plans are more likely to reward clinicians for results, than FQHCs or private health plans.

Nearly one in three adults in the U.S. has hypertension, the CDC said. Though it is widely known that keeping blood pressure in control prevents serious complications including stroke, many patients fail to achieve this goal. **Nationally 64% of FQHC patients** had blood pressure **in control as compared to 57% of patients with private coverage** even though FQHC patients are more likely to be uninsured and have low incomes.

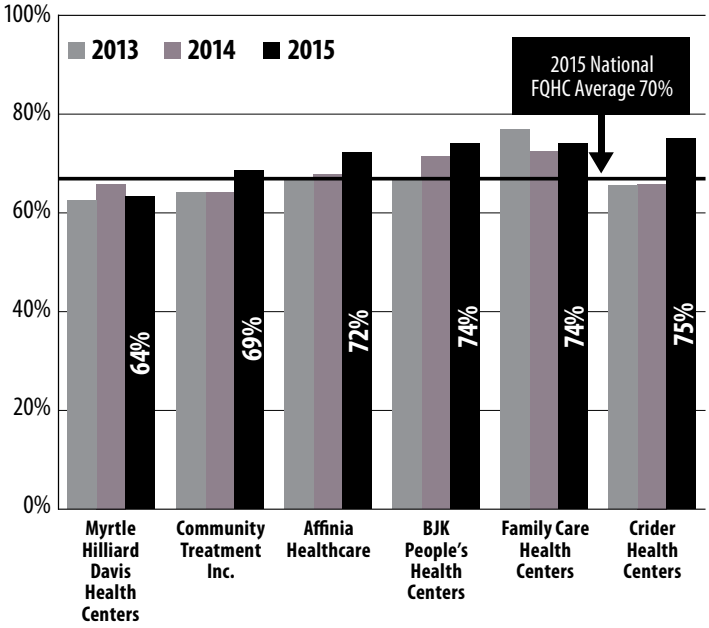
In St. Louis, **four of six FQHCs** had patients' **blood pressure in control in line with or better than commercially insured patients.** At **Community Treatment, Inc., 78% of patients** had blood pressure in control that increased by over a third from the previous year, shown in the graph to the right. **Family Care Health Centers had 67% of patients** with blood pressure in control. Both centers scored above the national average and had the best performance among local FQHCs.

St. Louis Federally Qualified Health Centers % Hypertensive Adults, Ages 18-85 with Blood Pressure in Control, 2013 - 2015



Source: U.S. Health Resources and Services Administration (HRSA), Bureau of Primary Health Care Uniform Data System (UDS). Scores are based on the total hypertensive population.

St. Louis Federally Qualified Health Centers % of Diabetic Patients, Ages 18-75 with HbA1c<9% 2013 - 2015



Source: U.S. Health Resources and Services Administration (HRSA), Bureau of Primary Health Care UDS.

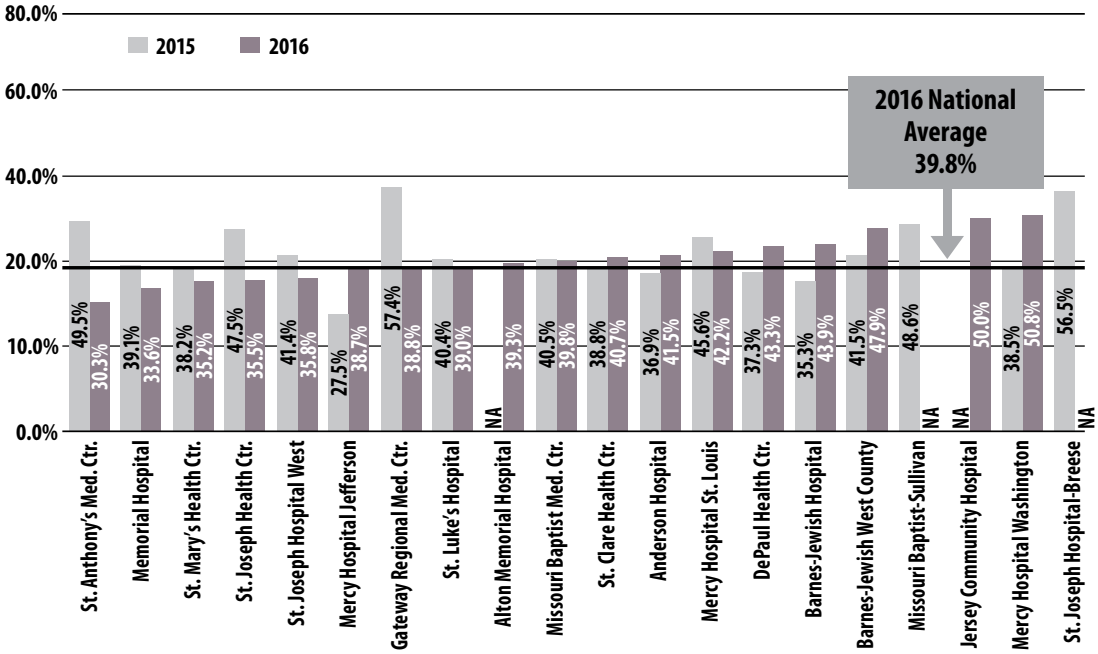
Similar to the results noted above for hypertension, **FQHCs were more likely to have diabetes patients' blood glucose in control** than privately insured patients in 2015. **Nationally 70% of FQHC patients with diabetes** had **hemoglobin A1C** (HbA1c) levels **below nine percent**, compared to **61% of privately insured patients**, despite having a higher percentage of poor and minority patients who are more at risk and have fewer resources to manage the disease. The HbA1c measures average blood sugar levels over an 8-12 week period and a score above nine percent is strongly linked to poor health outcomes such as heart disease, stroke, blindness, and nerve and kidney diseases.

In St. Louis, **four out of six health centers scored above the national FQHC average** keeping diabetes patients' blood sugar in control in 2015, the best performance in the history of this report. **Crider Health Centers had the highest percentage of 75%. "Our improvement in clinical outcomes is a direct result of doing pre-visit planning and huddles every morning** which covers all chronic care patients. **This provides the team with a quick view of patient needs to be addressed during their appointment," said Jennifer Siervo**, Senior Director of Primary Care Operations.

In 2015, the number of adults diagnosed with diabetes in the U.S. grew to 30.3 million, or 9.4% of the population, the CDC said. In Missouri, the percentage was higher at 15%.[1]

[1] B Drees, S Yun, "Reducing the Burden of Diabetes Mellitus in the State of Missouri: A Call to Action," *Missouri Medicine*, September/October 2016

% MRI Lumbar Spine for Low Back Pain
St. Louis Hospital Outpatient Services, 2015 - 2016



Source: Medicare Hospital Compare. Rates indicate the percentage of Medicare patients receiving Magnetic Resonance Imaging (MRI) of the lumbar spine for low back pain within six weeks of diagnosis.

Choosing Wisely for Low Back Pain

"Don't do imaging for low back pain in the first six weeks, unless red flags are present," was an initial recommendation of **Choosing Wisely**, an initiative launched in 2012 by the American Board of Internal Medicine (ABIM). Red flags may indicate a more serious underlying cause of back pain, such as neurological problems or osteomyelitis, where imaging is considered appropriate. Choosing Wisely aims to curb unnecessary medical services based on recommendations from influential medical societies, such as the American College of Radiology that partnered with ABIM on the initiative.[1]

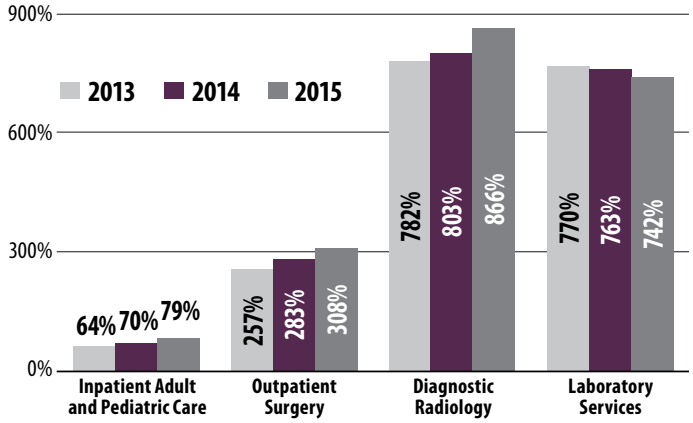
U.S. spending on unnecessary services and other inefficiencies in health care is estimated at $750 billion annually. Overtreatment accounts for an estimated $200 billion of this waste including a significant amount of unnecessary diagnostic imaging.[2] In the initial release of Choosing Wisely, mentioned above, the recommendation against low back pain imaging in the first six weeks was among the most prominent. Some forms of imaging, such as CT or MRI scans, are relatively expensive and evidence suggests for most people, back pain goes away on its own in a month or so.

Along with widespread media coverage that accompanied the release of Choosing Wisely, the campaign partnered with consumer groups to educate doctors and patients. Despite this, more than two years after release, **Choosing Wisely was associated with only a very small but statistically significant reduction in low-value back imaging of 3.8% among commercially-insured patients**, a recent study found. Among members of consumer-directed health plans the decrease was slightly larger at 4.7%.[3] It is unclear if patient demand is driving the small decline in low-value imaging or whether providers have been slower in responding to the Choosing Wisely recommendations.

In 2016, St. Louis hospitals' percentages of low-value imaging for back pain in the first six weeks decreased in 2016 as compared to the prior year based on Medicare data shown in the graph above. Still, half of local hospitals' rates back pain imaging were above the national average. Nationally, rates have increased in the past five years to 39.8% in 2016, up from 36.5% in 2012, the year Choosing Wisely was launched.

In 2015, aggregate hospital charge levels at St. Louis grew nearly 8% on an inflation-adjusted basis, the largest increase in 12 years. Expenses grew 5%, driven in part by an increase in use and intensity of services, based on the most recent data available. Mark-ups increased for outpatient surgery and diagnostic radiology services, shown in the graph to the right. The mark-up measures the charge, or list price of a service, compared to cost. Further analysis indicates these increases were not shared equally across local hospitals. **BJC HealthCare**, the largest system, had the **highest cost per hospital** and the **largest increase (10%) in overall mark-up**. In addition, its outpatient surgery charges grew at twice the rate of cost, while diagnostic radiology charges increased at three times the rate of cost. It is often said that hospital charge inflation is irrelevant since government and health plans pay lower negotiated rates. However, research finds hospitals' high charges for services not only affect uninsured patients and care out-of-network, they also serve to maximize revenue from patients receiving services under negotiated contracts over time.[4]

Average Mark-up by Hospital Outpatient Service
St. Louis Area Hospital Industry, 2013 - 2015



Source: CMS Medicare Cost Reports

[1,3] A Hong, et.al. "Small Decline in Low-Value Back Imaging Associated with the Choosing Wisely Campaign, *Health Affairs*, April 2017.

[2] R Reid, et.al. "Low-Value Health Care Services in a Commercially Insured Population," *JAMA Intern Med*., October 2016.

[4] M Batty, et.al. "Mystery Of The Chargemaster: Examining The Role Of Hospital List Prices In What Patients Actually Pay," *Health Affairs*, April 2017

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About the BHC

The St. Louis Area Business Health Coalition (BHC) represents leading St. Louis employers in their efforts to improve the well-being of their employees and enhance the overall value of their health benefit investments. BHC employers seek a transparent health care market where comparative information about quality, cost and outcomes is used to achieve high-quality, patient-centered, and affordable care for all people in the region.

The BHC Foundation is a separate non-profit subsidiary organization to BHC. The BHC Foundation's purpose is to provide pertinent health care information to the community.

About this Report

This report analyzes, summarizes, and presents information and trends on St. Louis area outpatient care for fiscal year 2015, with limited data for fiscal year 2016. The report includes data from the following sources: ChooseWellSTL.org, Consumers' Checkbook, Centers for Medicare and Medicaid Services (CMS) Physician Compare, National Committee for Quality Assurance (NCQA) Physician Recognition Programs, U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) Bureau of Primary Health Care Uniform Data System (UDS), St. Louis Regional Health Commission, CMS Medicare Cost Reports, and CMS Hospital Compare as well as additional information voluntarily submitted by providers. This report may be downloaded from the BHC website at www.stlbhc.org.

Data Limitation and Cautions

BHC has made every effort to provide accurate information. Each facility was given the opportunity to verify its data. As with any analysis of health care industry data, a note of caution is recommended. BHC depends upon the accuracy of the data sources and cannot guarantee the complete accuracy of all the data in this report. For example, hospital data from Medicare Cost Reports or federally qualified health center UDS data may contain a level of error. In this case, data inaccuracies that may remain for health centers, hospitals or physician practices would have minimal impact on weighted average values and virtually no impact on the overall conclusions.

Please read and become familiar with the technical discussion while reviewing or interpreting the data detailed in this report.

Acknowledgments

BHC would like to acknowledge the federally qualified health centers and hospital representatives who voluntarily provided BHC with financial, quality and utilization information. Federally qualified health centers, hospital representatives and their staff worked extensively with BHC to verify the accuracy of the data. The additional time and effort spent analyzing and verifying this information was invaluable to the project's success.

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