





















ST. LOUIS HEALTH STATS

A Community Scorecard for Commercially Insured Populations

Provided by the Midwest Health Initiative

Midwest Health Initiative (MHI) is pleased to share with you its 2022 Health Stats based on medical claims for services, calendar year 2021.

The St. Louis Health Stats provides regional benchmark information to support our community in identifying opportunities to improve the health of our population. It also serves as a standard by which leaders can gauge how the health of their populations compares to regional benchmarks. Finally, it provides measures by which we can evaluate our collective progress toward making St. Louis a national leader in the health of its residents and in the quality and affordability of its health care services.

The results included here are mostly from MHI's database which has now grown to include more than 2 million commercially-insured lives, and is further supplemented by information from other sources. This scorecard is based on a subset of the MHI database of those who reside in the St. Louis Metropolitan Statistical Area. To learn more about MHI, find available national benchmarks, or submit ideas for future areas of focus, please visit midwesthealthinitiative.org.



JULY 2022



8.5%

Percent of Patients Readmitted to the Hospital in 30 Days





163.1

Total Emergency Department Visits Per 1,000



\$5,513

Annual Medical Spend Per Person

10.4%

Percent of Annual Medical Spend Paid for by Patient





46.6%

Percent of Diabetes Patients Receiving Kidney Tests





47.4%

Percent of Population with a Regular Source of Primary Care

This scorecard is organized into five domains: Population Health, Care Quality, Cost and Affordability, Professional Services, and Utilization.

The indicators included were chosen and refined with input from the Midwest Health Initiative's leaders and partners representing hospitals, health plans, employers, labor unions, and the public.

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Commercially Insured St. Louisans 64 and under

Indicators	2018	2019	2020	2021	Trend Line
Average Age of Population	36	37	37	36	
% of Population Treated for a Chronic Illness					
Asthma & COPD	5.5%	5.6%	5.0%	5.0%	
Diabetes	6.4%	6.5%	6.4%	6.6%	
Arthritis	6.9%	6.9%	6.3%	6.8%	
Hypertension	12.6%	12.7%	12.4%	12.6%	
Depression	5.6%	6.2%	6.3%	6.7%	
Migraine & Headaches	4.2%	4.3%	4.1%	4.4%	

CARE QUALITY

Indicators	2018	2019	2020	2021	Trend Line
Effective Chronic Care Management					
Patients Readmitted to the Hospital in 30 Days for Any Reason	8.6%	8.2%	8.9%	8.5% -	
Ambulatory Care Sensitive Admissions Per 1,000 †	2.8	2.9	2.2	1.8	
Diabetes Care					
HbA1c†	87.1%	86.8%	83.2%	85.0% -	
Kidney Tests (Nephropathy) †	46.1%	48.1%	45.5%	46.6% -	
Cholesterol Test †	55.8%	55.0%	53.8%	53.5%	
Blood Pressure Medications Refilled on Time †	4.9%	5.4%	4.5%	6.0%	
Women's Health					
Breast Cancer Screening †	69.3%	69.4%	67.1%	66.7%	
Chlamydia Screening †	45.2%	46.4%	44.9%	45.5%	
Cervical Cancer Screening †	69.0%	67.8%	66.5%	65.9%	
Deliveries Per 1,000	9.4	9.9	9.3	9.5	
% of Total Deliveries by C-Section	33.1%	32.3%	33.1%	33.5%	
% of Vaginal Birth After C-Section (VBAC) †	12.6%	13.8%	14.2%	15.4%	
NICU Stays Per 1,000 Deliveries	7.7%	7.8%	7.9%	7.9% -	

COST AND AFFORDABILITY

ndicators	2018	2019	2020	2021	Trend Line
nnual Medical Spend					
Per Person	\$5,019	\$5,452	\$5,154	\$5,513	
% of Total Annual Medical Spend Paid by Patient	18.5%	18.2%	17.4%	17.4% —	
People Per 100,000 with Annual Spend Over:					
\$50,000	1,195.7	1,311.7	1,271.2	1,548.9	
\$100,000	388.4	445.4	446.8	520.0	
\$250,000	65.5	83.1	87.0	87.5	
\$500,000	13.2	14.9	16.3	13.8	
\$1,000,000	1.8	2.8	2.5	0.8	
% of Population with No Claims	20.8%	20.0%	19.7%	17.3%	
% of the Population that Accounts for 50% of Annual Spend	3.2%	3.1%	2.8%	3.3%	
% of the Population that Accounts for 80% of Annual Spend	14.5%	14.3%	13.4%	14.8%	
Per Person as a % of St. Louis MSA Per Capita Income*	14.2%	15.1%	13.8%	15.0%	

^{*} Calculated using St. Louis MSA per capita income from the prior calendar year

PROFESSIONAL SERVICES

Indicators	2018	2019	2020	2021	Trend Line	
Visits						
Primary Care Visits Per Person	1.8	1.9	1.7	1.9		
Specialists Visits Per Person	1.1	1.1	1.0	1.0		
Primary Care Professional Fees as a % of Total Spending	5.7%	5.7%	5.5%	5.1%		
Access						
% of Population with a Regular Source of Primary Care	50.1%	50.8%	48.5%	47.4%		
Pediatric Population, Age 0-17	64.6%	65.1%	61.5%	61.0%		
Overall Adult Population, Age 18-64	45.1%	45.9%	44.1%	42.8%		
Adults 18-39	34.8%	35.2%	33.6%	32.1%		
Adults 40-64	53.8%	54.9%	52.8%	52.0%		

UTILIZATION

Indicators	2018	2019	2020	2021	Trend Lir
Pharmacy					
Generic Fill Rate	82.6%	82.7%	83.4%	85.7%	
Scripts Per Person	10.2	10.1	9.9	10.6	
Opioid Scripts Per 1,000	341.5	302.7	273.8	273.8	
Jrgent Care and ED Visits					
Urgent Care Visits Per 1,000	197.6	211.7	297.8	351.5	
Total ED Visits Per 1,000	175.6	178.5	145.1	163.1	
ED Visits Per 1,000, Admitted	18.5	18.6	16.7	18.1	
ED Visits Per 1,000, Held for Observation	12.1	12.9	10.6	10.5	
ED Visits Per 1,000, Discharged Home	145.0	147.0	117.8	134.5	
% of Potentially Avoidable ED Visits †	12.4%	12.2%	10.3%	8.8%	
maging					
Outpatient Per 1,000					
X-Ray Per 1,000	999.5	1,022.5	823.1	974.1	
CT Per 1,000	156.5	163.9	137.7	162.5	
MRI Per 1,000	102.4	107.6	86.5	106.9	
PET Per 1,000	4.4	4.9	4.3	5.0	
% of Potentially Avoidable Imaging Studies for Low Back Pain †	26.9%	27.1%	22.5%	23.9%	
Surgeries					
Outpatient Surgeries Per 1,000	105.1	105.9	88.5	102.4	
Total Surgeries Per 1,000	155.1	157.0	131.1	142.5	
Heart Surgery: CABG Per 1,000	6.7	6.8	5.6	5.5	
Heart Surgery: PCI Per 1,000	3.6	3.6	2.9	3.0	
Total Hip and Knee Replacement Per 1,000	4.8	4.9	4.8	6.2	
Hysterectomies Per 1,000	3.5	3.4	3.2	3.8	
% of Hysterectomies Performed Vaginally	84.1%	84.3%	87.8%	87.8%	
Acute Care					
Inpatient Discharges Per 1,000	49.0	49.4	43.4	44.1	
Average Inpatient Length of Stay	4.2	4.3	4.3	4.3	

ABOUT THE INDICATORS

The St. Louis Health Stats indicators of community health, health care quality, utilization, and cost are analyzed over a four-year period to identify trends in five subject areas, or domains. The *Population Health* domain begins with the average age of the study population, followed by the prevalence of chronic illnesses in the community. The *Care Quality* domain highlights the percent of the population who received a preventative test or screening. A metric among the Women's Health indicators—NICU Stays Per 1,000 Deliveries—is new to this 2022 edition. Also housed within *Care Quality* are indicators of effective chronic care management. The *Cost and Affordability* domain tracks health care expenditures, including pharmacy, ranging from the percent of the population with no health care claims to that of high-cost claimants. The new *Professional Services* domain introduced to this year's Health Stats scorecard calls attention to primary care access, disaggregated by age groups. Finally, nested within the *Utilization* domain are health care trends in utilization including that of prescriptions, emergency department and urgent care use, imaging, surgeries, and acute inpatient care.

When available, MHI uses standardized measures developed, maintained or endorsed by nationally recognized quality organizations such as the National Committee for Quality Assurance (NCQA), National Quality Forum (NQF), Agency for Healthcare Research and Quality (AHRQ), or the Centers for Medicare & Medicaid Services (CMS). The dagger symbol (†) denotes these measures in the report. If you have a question about a measure or one to recommend, please contact us at info@midwesthealthinitiative.org.

The 2022 release of the St. Louis Health Stats scorecard contains updated methodologies for several of these stewarded measures, including several of the Diabetes Care indicators in the *Care Quality* domain, which now reflect the NCQA-maintained comprehensive diabetes care measures. These include HbA1c, Kidney Tests, Cholesterol Test, and Blood Pressure Medications Refilled on Time. The updated nephropathy indicator is a Kidney Health Evaluation for Patients with Diabetes (KED) measure first published by HEDIS in 2020. MHI uses it to track the percent of patients with diabetes, ages 18-64, who received kidney tests—estimated glomerular filtration rate and urine albumin-creatinine ratio—over a 12-month period.

ABOUT THE MIDWEST HEALTH INITIATIVE

MHI brings together those who provide, pay for and use health care to improve the quality, affordability and experience of healthcare. The strength of MHI sits with the collective power of its partners, each working within their own spheres of influence to achieve change.

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