

Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held on Friday, July 31, 2020 at the hour of 9:00 A.M. This meeting was held by remote means only, in compliance with Illinois Public Act 101-0640.

## **I. Attendance/Call to Order**

Chair Hammock called the meeting to order.

Present: Chair M. Hill Hammock, Vice Chair David Ernesto Munar and Directors Hon. Dr. Dennis Deer, LCPC, CCFC; Mary Driscoll, RN, MPH; Ada Mary Gugenheim; Mike Koetting; Heather M. Prendergast, MD, MS, MPH; Robert G. Reiter, Jr.; Mary Richardson-Lowry; Otis L. Story, Sr.; Layla P. Suleiman Gonzalez, PhD, JD; and Sidney A. Thomas, MSW (12)

Absent: None (0)

Additional attendees and/or presenters were:

Debra D. Carey – Interim Chief Executive Officer  
Claudia Fegan, MD – Chief Medical Officer  
Andrea Gibson – Interim Chief Business Officer  
Lindsey Hochman – Heidrick & Struggles  
Charles Jones – Chief Procurement Officer  
James Kiamos – Chief Executive Officer, Health Plan Services  
Michael Loiacano – Heidrick & Struggles

Jeff McCutchan – General Counsel  
Beena Peters, DNP, RN, FACHE – Chief Nursing Officer  
Carrie Pramuk-Volk – Interim Chief Human Resources Officer  
Rachel Rubin, MD – Cook County Department of Public Health  
Deborah Santana – Secretary to the Board

## **II. Electronically Submitted Public Speaker Testimony** (Attachment #1)

The Secretary read the following electronically submitted public speaker testimony into the record:

1. Marjorie Fujara, MD      Acting Medical Director, Chicago Children's Advocacy Center

The following testimonies were received after the submission deadline; they were not read aloud at the meeting, but are included as part of the record:

2. Consuelo Vargas      Registered Nurse, Stroger Hospital
3. Lorina Cesario      Clinical Nurse I, Medical Intensive Care Unit
4. Mildred Austin      Clinical Nurse I, Emergency Department, Stroger Hospital
5. Peter Sesi      Clinical Nurse II, Trauma Intensive Care Unit, Stroger Hospital

**NOTE: action was taken on Agenda Items III(A), III(C), III(D), III(E), IV(A) and IV(C) in one (1) combined motion.**

## **III. Board and Committee Reports**

### **A. Minutes of the Board of Directors Annual Meeting, June 26, 2020**

Chair Hammock inquired whether any corrections or revisions to the minutes were needed. Hearing none, he advanced to the next item.

### **III. Board and Committee Reports (continued)**

#### **B. Human Resources Committee**

- i. Metrics (Attachment #2)

Director Richardson-Lowry and Carrie Pramuk-Volk, Interim Chief Human Resources Officer and Employment Plan Officer, provided an overview of the Metrics. The Board reviewed and discussed the information.

#### **C. Managed Care Committee Meeting, July 22, 2020**

- i. Metrics (Attachment #3)
- ii. Meeting Minutes

Director Thomas and James Kiamos, Chief Executive Officer of Health Plan Services, provided an overview of the Metrics and Meeting Minutes. The Board reviewed and discussed the information.

#### **D. Quality and Patient Safety Committee Meeting, July 23, 2020**

- i. Highly Reliable Organization (HRO) Dashboard (Attachment #4)
- ii. Meeting Minutes, which include the following action items:
  - Medical Staff Appointments/Reappointments/Changes

Director Gugenheim and Dr. Claudia Fegan, Chief Medical Officer, provided an overview of the HRO Dashboard and Meeting Minutes. The Board reviewed and discussed the information.

#### **E. Finance Committee Meeting, July 23, 2020**

- i. Metrics/FY2020 Finance Update (Attachment #5)
- ii. Meeting Minutes, which include the following action items:
  - Grant-funded contracts with Hektoen Institute for Medical Research, relating to the Illinois Department of Public Health (IDPH) Covid-19 Contact Tracing Grant. The Finance Committee took final action on these by approving them on July 23, 2020, pursuant to the authority delegated to it by the CCH Board on June 26, 2020.
  - Contracts and Procurement Items
  - Proposed Transfer of Funds

Director Reiter provided an overview of the Meeting Minutes. Charles Jones, Chief Procurement Officer, provided a brief overview of the proposed Contracts and Procurement Items considered and informational reports received at the Finance Committee Meeting. It was noted that request numbers 10, 13, 16, 17, 19, 22 and 26 under the Contracts and Procurement Items remain pending review by Contract Compliance.

Andrea M. Gibson, Interim Chief Business Officer, provided an overview of the presentation on the FY2020 April Finance Update.

### **IV. Action Items**

#### **A. Contracts and Procurement Items (Attachment #6)**

Mr. Jones provided an overview of the request. It was noted that this request is pending review by Contract Compliance.

**IV. Action Items (continued)**

**B. Any items listed under Sections III, IV and VII**

**C. Real Estate-Related Item (Attachment #7):**

Request to execute 4<sup>th</sup> Amendment to Lease with the Illinois Medical District Commission, for property located at the northeast corner of Hastings Street and South Leavitt Street, in Chicago, Illinois. CCH operates a parking lot on the property for purposes of parking for its staff. This request will extend the lease from 8/01/2020 through 1/31/2021, at a rate of \$5,445.00 per month.

Mr. Jones provided an overview of the request presented for the Board's consideration.

Director Gugenheim, seconded by Director Thomas, moved to approve the minutes of the June 26th Annual Board Meeting and the minutes of the Managed Care, Quality and Patient Safety, and Finance Committee Meetings for July, which include the Medical Staff appointments/reappointments/and changes, Contracts and Procurement Items, transfer of funds, and grant-funded contracts relating to the IDPH Covid-19 Contact Tracing Grant; request number 1 under Board Agenda IV(A) Contracts and Procurement Items; and the request to execute a 4th Amendment to Lease with the Illinois Medical District Commission, under Supplemental Board Agenda Item IV(C). A roll call vote was taken, the votes of yeas and nays being as follows:

Move to approve the following:

Yeas: Chair Hammock, Vice Chair Munar and Directors Driscoll, Gugenheim, Koetting, Reiter, Richardson-Lowry, Story, Suleiman Gonzalez and Thomas (10)

Nays: None (0)

Absent: Directors Deer and Prendergast (2)

THE MOTION CARRIED UNANIMOUSLY.

**V. Report from Chair of the Board**

Chair Hammock noted that Debra D. Carey, Interim Chief Executive Officer, participated in a panel discussion with healthcare executives hosted by Crain's Chicago yesterday; the discussion focused heavily on Covid-19, and Ms. Carey represented CCH well at this very informative event.

**VI. Report from Interim Chief Executive Officer (Attachment #8)**

Ms. Carey provided an overview of her Report; detail is included in Attachment #8.

**VII. Closed Meeting Items**

- A. Claims and Litigation**
- B. Discussion of personnel matters**
- C. Recruitment of Permanent Chief Executive Officer for the Cook County Health and Hospitals System**

Director Thomas, seconded by Director Gugenheim, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body.”

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chair Hammock and Directors Driscoll, Gugenheim, Koetting, Richardson-Lowry, Story, Suleiman Gonzalez and Thomas (8)

Nays: None (0)

Absent: Vice Chair Munar and Directors Deer, Prendergast and Reiter (4)

THE MOTION CARRIED UNANIMOUSLY and the Board convened into a closed meeting.

Chair Hammock declared that the closed meeting was adjourned. The Board reconvened into the open meeting.



Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
July 31, 2020

ATTACHMENT #1

An Ounce of Prevention...

With gun violence and COVID-19 continuing to dominate the news, we must look for connections between the challenges we face in hopes of uncovering new links and the root causes that can help us drive better solutions. And although it may seem unlikely, child maltreatment is related to both gun violence and COVID-19. This is something we are well aware of, as Cook County Health was the recipient of a three-year, \$750,000 Department of Justice grant for the Child Safety Forward initiative, which is aimed at reducing child fatalities and recurring injuries due to abuse and neglect.

It is now well established in the scientific and public health communities that the legacy of child abuse persists well into adulthood. Survivors of child abuse are at increased risk of developing serious chronic health issues including cancer, hypertension and diabetes. They are much more likely to struggle with substance abuse and mental illness. As adolescents, they are more likely to be involved with the juvenile justice system and in romantic relationships that become violent. Through advances in neuroscience, we now know that early adverse experiences, like abuse and neglect, disrupt brain development and leave survivors expecting a serious threat around every corner. Because the flight-or-flight response is easily triggered in survivors of early abuse, a simple misunderstanding or disagreement can quickly escalate and become deadly when a gun is involved.

Aside from the direct threat of serious illness and death from COVID-19, the pandemic has created unprecedented isolation. School and day care closures, disruption in worship services, and purposeful avoidance of elderly grandparents has resulted in the erosion of the support networks many parents rely on, greatly increasing their stress levels. Parental stress is a well-known risk factor for maltreatment.

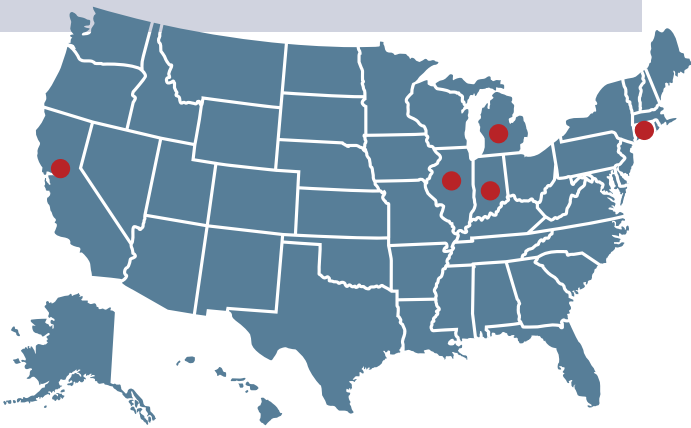
Cook County Health is among five demonstration sites chosen to participate in Child Safety Forward. This national initiative is using a collaborative, community-based approach to develop and implement an innovative strategic plan. Core stakeholders include experts in child welfare and maternal infant health, educators, primary care and mental health providers, faith leaders and community members. Simulation training for investigators, geographic risk analysis to identify “hot spots” for multiple forms of interpersonal violence, multi-disciplinary team training, evidence-based parenting interventions, and a public awareness campaign are some of the planned strategies to be implemented in the last two years of the grant.

By recognizing how the challenges facing our county are interconnected and bringing innovative strategies and new stakeholders together to collaborate, we look to implement solutions that help families thrive.

## Cook County Health

The U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime is funding a demonstration initiative to develop multidisciplinary strategies and responses to address fatalities or near-death injuries as a result of child abuse or neglect.

**Cook County Health, Illinois** was 1 of 5 demonstration sites in the nation chosen for this grant.



An average of  
**10,000**  
reports are made annually in the state of Illinois for deaths, or serious injuries, due to suspected child abuse or neglect.

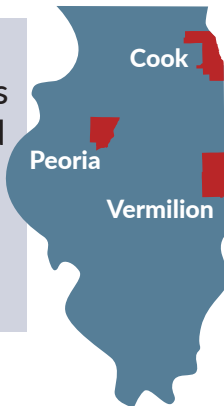
It is estimated,



of children who die from fatal injuries caused by child maltreatment have had **no previous contact with the child welfare system**



Retrospective reviews of child fatalities and serious injuries will be conducted in **three counties** to help identify family and systemic circumstances for those deaths.



Community stakeholders will explore potential service gaps that may place children at risk for maltreatment including:

- Healthcare providers
- Community members
- Maternal infant health providers
- Educators
- Social service providers
- Faith leaders
- Law enforcement
- Child welfare
- Child advocacy fields

### In addition to facilitating information sharing, Cook County will:



Convene simulation training and multi-disciplinary team training



Facilitate access to telehealth services with a Child Abuse Pediatrician



Utilize risk analysis mapping of neighborhood “hot spots” of interpersonal violence



Implement sustainability plan





Good morning Members of the Cook County Health Board,

My name is Consuelo Vargas and I am a Registered Nurse at Stroger Hospital in the Emergency Department. I am one of the RNs who presented exhibits in the grievance for non-nursing duty pay. Registered Nurses were delegated by management to perform tasks of other departments when our focus should have been on patient care. During this time the intensity of our work increased immensely. We won our grievance because we had proof showing that management delegated these tasks to RNs and we demand to be paid for the work that we did. As the Chief Nurse Rep of Stroger Hospital I have an overall sense of what RNs are concerned about and this is at the top of the list. It is 2020 The Year of The Nurse but it certainly doesn't feel like it. CCHHS fails to acknowledge all that the RNs have done during this pandemic. CCHHS fails to recognize that without RNs it would no longer exist. As Nurses we showed up because our patients rely on us to be here to care for them. We could have put up a fight as these directives were being given but were more concerned with making sure our patients received the care they needed and that we had PPE to stay safe. We got many a thank you, I am proud of you, I am glad you are here, and God bless you from our patients. This is what keeps many RNs here at Stroger. Unfortunately, in the past few weeks I have spoken to nurses every week that are planning to leave the system. These nurses are from different units and with flu season combined with COVID a couple of months away any RN that leaves will not be replaced by then. At this point any argument in trying to convince RNs to stay is futile. We want nothing more than to be paid for the work that we did. We don't want a pizza party. We don't want anything with the word hero on it. We don't want the Nike shoes that are already gone because they were given to other departments. We don't want the Crocs shoes that are already gone because they were given to other departments. We don't want words of thanks or appreciation because they are empty and without meaning. We just want to be paid for the work that was delegated to us during this pandemic. The previous CEO left last year but is making a more than comfortable \$500,000 this year. The previous CFO gave himself a nice \$60,000 salary increase in one year. Clearly CCHHS finds money when they want and give it to who they want and not necessarily to who deserves it. Do what is right. Do what is just. Pay us for the work we did.

Thank you

My name is Lorina Cesario and work in the Medical Intensive Care Unit as a Clinical Nurse I. Nursing is not an easy job. Every day we make sure that our patients are well taken care-of, for some, good care means that a patient gets to see another day. During COVID-19, our skills as nurses are pushed to the test. Nothing could have possibly prepared us for the situation at hand. However, as nurses, we had the duty to step up and not show fear. As a MICU nurse, not only did I have to watch over these patients on the brink of death, I potentially expose myself and my family to COVID-19. I spend HOURS in these rooms making sure patients get the care they deserve AND more because of the “non-nursing duties” that I have to perform due to the pandemic. I have to take hours of extra time and work so to preserve what little PPE we have left. That’s not the issue though. I joined nursing because I want to help people, but that doesn’t mean I do not want to get compensated for my work. I still have a family to feed. A family that has a higher chance of contracting COVID-19 because of the work I have to do. Hazard pay MUST be given to the nurses. Other nurses in the area are receiving it ALREADY because the hospitals they work at recognize the time, work, and risk their nurses experience while working at a hospital during a pandemic. Cook County carries even more COVID-19 positive patients than some of these hospitals as well. What is stopping Cook County from recognizing the effort THEIR nurses put in? Nurses are STRUGGLING. We NEED the support of the hospital to persevere. I don’t need or even WANT a poster on the wall telling me that I’m a “hero”. If Cook County wants to recognize me for being a hero, then compensate us for the work we put in.

My name is Mildred Austin and I am a Clinical Nurse I in the Emergency Department at Stroger Hospital. I am speaking to the board today to directly refute management's allegations that registered nurses have not been performing additional non-nursing duties during this global pandemic.

When patients are positive for COVID-19 in the ED, Doctors and Registration do not enter the patients room but instead call nurses into the rooms to asses and register patients to act on their behalf. Emergency Room Technicians s don't enter the room for blood draws or EKGs, environmental will not pull the garbage, dietary will not pass trays. Transportation will not take them to CT or Xray. As a nurse you become the primary care giver performing all of these above tasks that were once implemented by other members of the team. So RNs are now taking on more responsibility but our normal job duties have not changed. If anything are patients are sicker and more acute.




The ED is the frontline for COVID-19. Nurses see them at that front desk, in triage and in their rooms. Exposure can occur at any given point during our shift. Nurses are the ones taking on the most risk and performing duties outside of our job description to protect our colleagues from exposure. I ask the board that we be compensated the non-nursing duties that we perform. We have gone above and beyond for our patients and I think this is the least management can do to show their support. Thank you.

"My name is Peter Sesi and I am a Clinical Nurse II in the Trauma ICU. Our lives have changed forever since March of 2020. The things that we have seen can never be forgotten and the death of our colleagues will always be something that will haunt us for the rest of our lives. Not only did I have to self-isolate from my family but I missed the birth of my sister's first child, life changing moments that I put aside to continue to provide care to the people of Cook County. I have worked for Cook County Hospital for the last eight years and during this pandemic it was US nurses who stood up and took charge and helped without a second thought. During this time the former ANE (Associate Nurse Executive) rounded every morning assigning us different and new duties designed to conserve PPE (personal protective equipment) and limit the exposure of other non-nursing staff. Eventually the nurses were the only staff who entered COVID or suspected COVID patients rooms. We did everything from tray passing, to cleaning rooms constantly, to vent changes, to respiratory treatments, and documenting for the physicians so they didn't have to enter the room. This was and continues to be a very challenging time for us as nurses. Management changed the nursing process daily and management provided minimal information leaving the nurses to question whether these new procedures were safe for our patients. Finally after voicing all of our concerns we filed a grievance regarding all of the non-nursing duties we were assigned. Our hearing officer, Sharon Goss, ruled in favor of the nurses claiming that management had breached our contract for having all NURSING staff at Stroger complete tasks that are outside of our contractual job description. Unfortunately during the resulting negotiations for our non-nursing duty pay, we have been insulted and questioned on the work we have been doing for months. We the nurses provide endless care for the Cook County Community yet we are questioned and asked "did you really work that hard?" Not only was I a nurse during this time, I was a clerk, I was dietary, I was environmental service, I was respiratory, and I was the person who stood beside you during one of the hardest times of your life. I was the person who cared for your loved one, I was the person who risked my life for you. I do my job with all of my heart and a clear conscience knowing that I care for all my patients as if they were my own loved ones. So please help us understand why the managers, who have not been at the bedside, are questioning my work as a nurse and the additional duties that I have done. They are claiming in negotiations

that I didn't take on extra tasks and that I would not be eligible for extra pay and nor would my colleagues in the critical care division. I'm stunned and I'm insulted. 2020 is the year of the nurse, now I know what that means to Cook County. It means this is the year nurses will be expected to do everything for free. I'm proud of how we rose above everything to serve our patients, I wish my employer felt the same."

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
July 31, 2020

ATTACHMENT #2



# Human Resources Metrics CCH Board of Directors

**Carrie Pramuk-Volk**

**Interim Chief Human Resources Officer**

**July 31 2020**



**COOK COUNTY  
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# Metrics



COOK COUNTY  
**HEALTH**

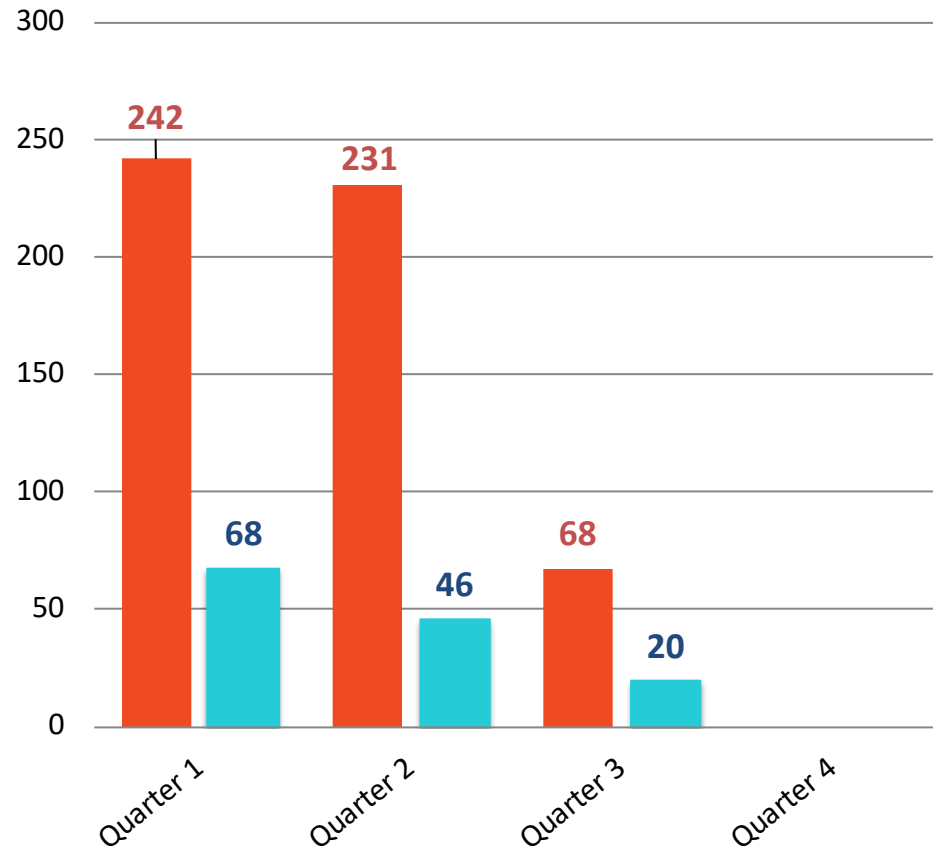


# FY 2020 CCH HR Activity Report

Thru 06/30/2020

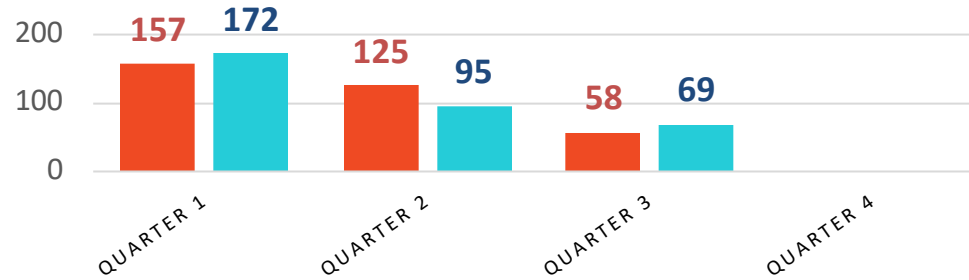
## FILLED POSITIONS

■ 2019 Filled (541) | Externals (364)  
■ 2020 Filled (134) | Externals (98)

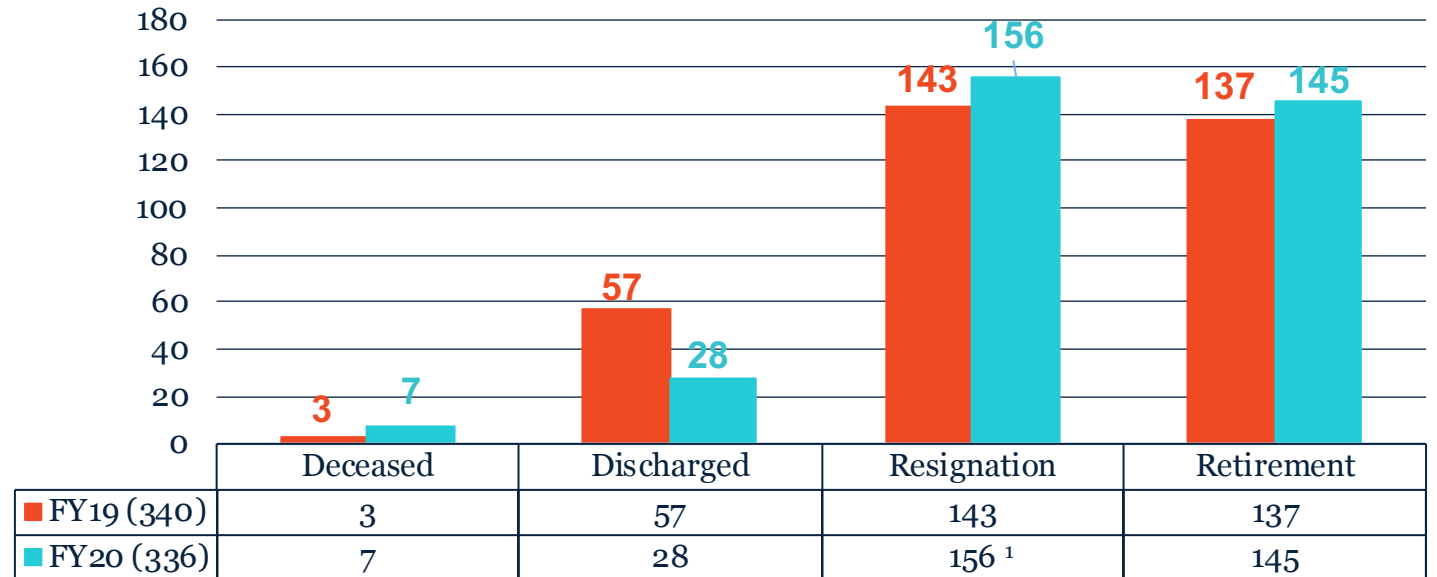
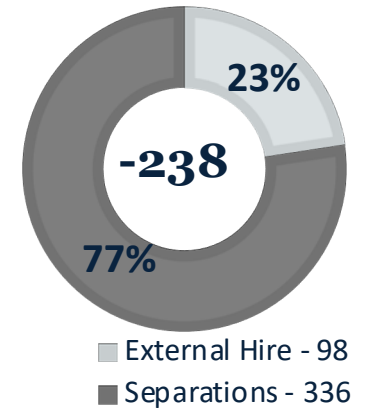


## SEPARATIONS

■ 2019 Separations (340) ■ 2020 Separations (336)



## NET



COOK COUNTY  
HEALTH

<sup>1</sup> Of the 336 Separations, 37 were non-union Layoffs.

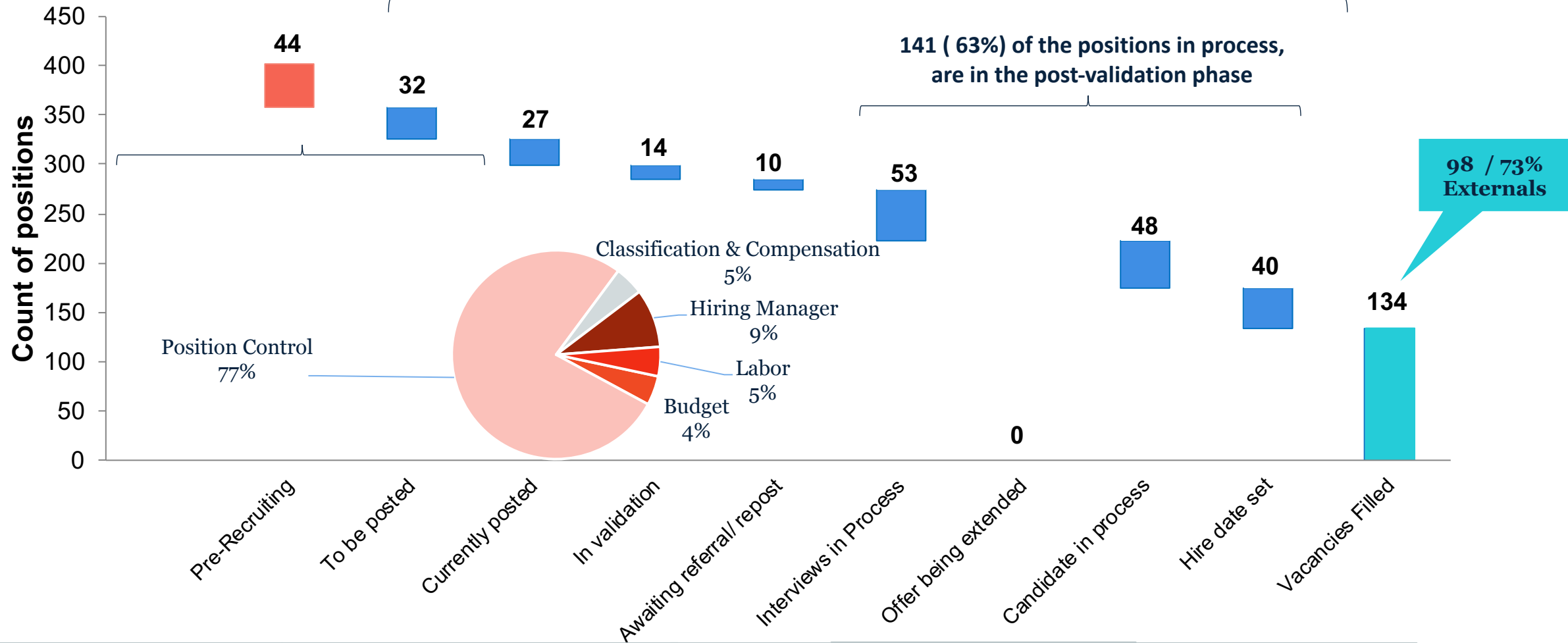
Does not include Consultants, Registry and House Staff

# Cook County Health HR Activity Report – Hiring Snapshot

Thru 06/30/2020

Clinical Positions	153   68%
Non-Clinical Positions	71   32%

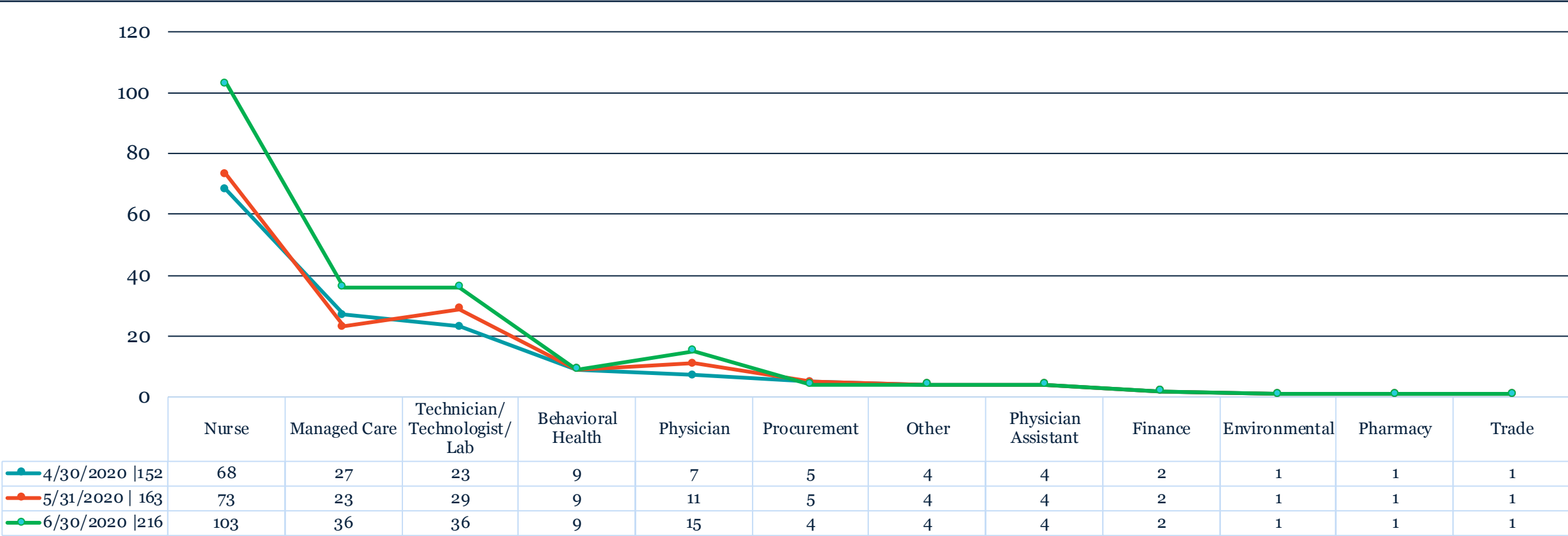
224 Positions in Recruitment



**COOK COUNTY  
HEALTH**

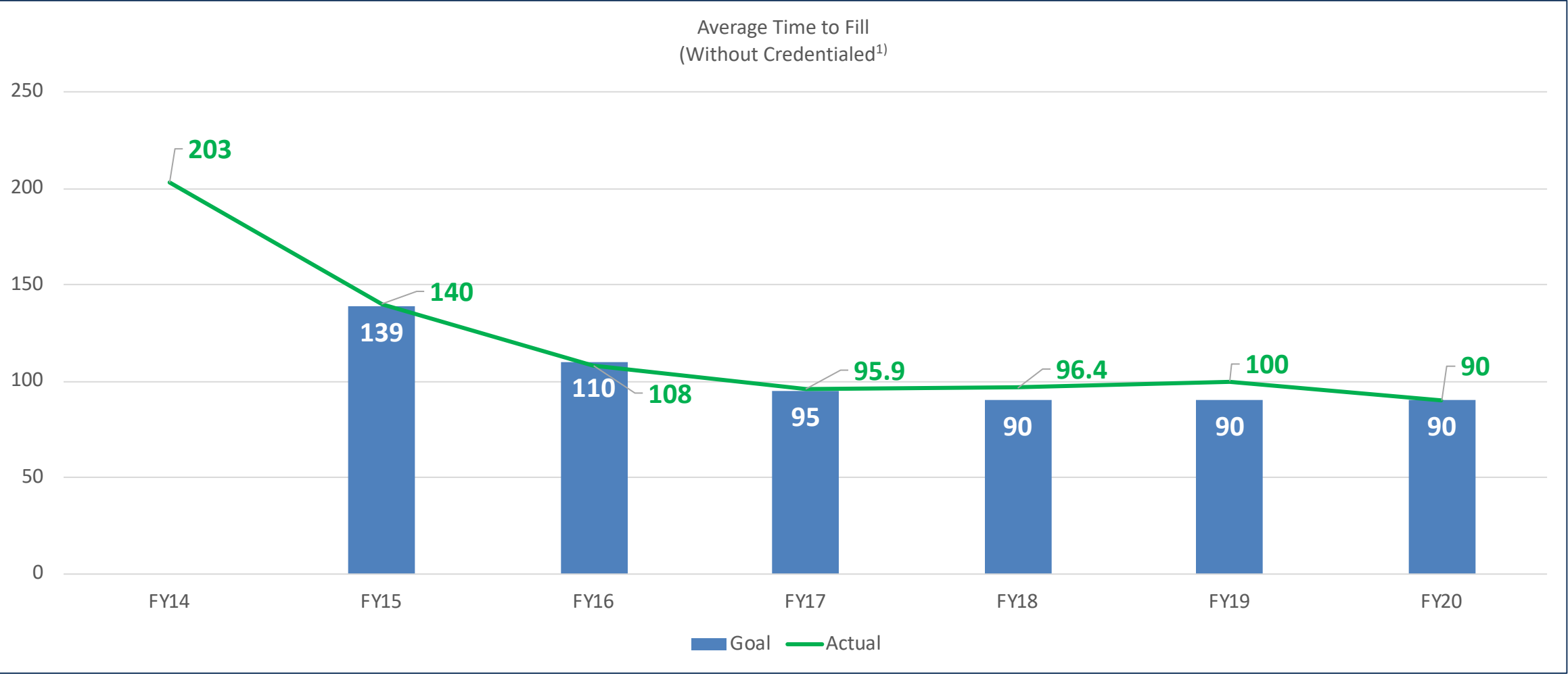
# Hiring Plan

Of the 224 positions in Human Resources, 216 were approved by the Department of Budget & Management Services:



# Cook County Health HR Activity Report

## Improve/Reduce Average Time to Hire



<sup>1</sup>Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.

# Thank you.



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**HEALTH**

# Appendix

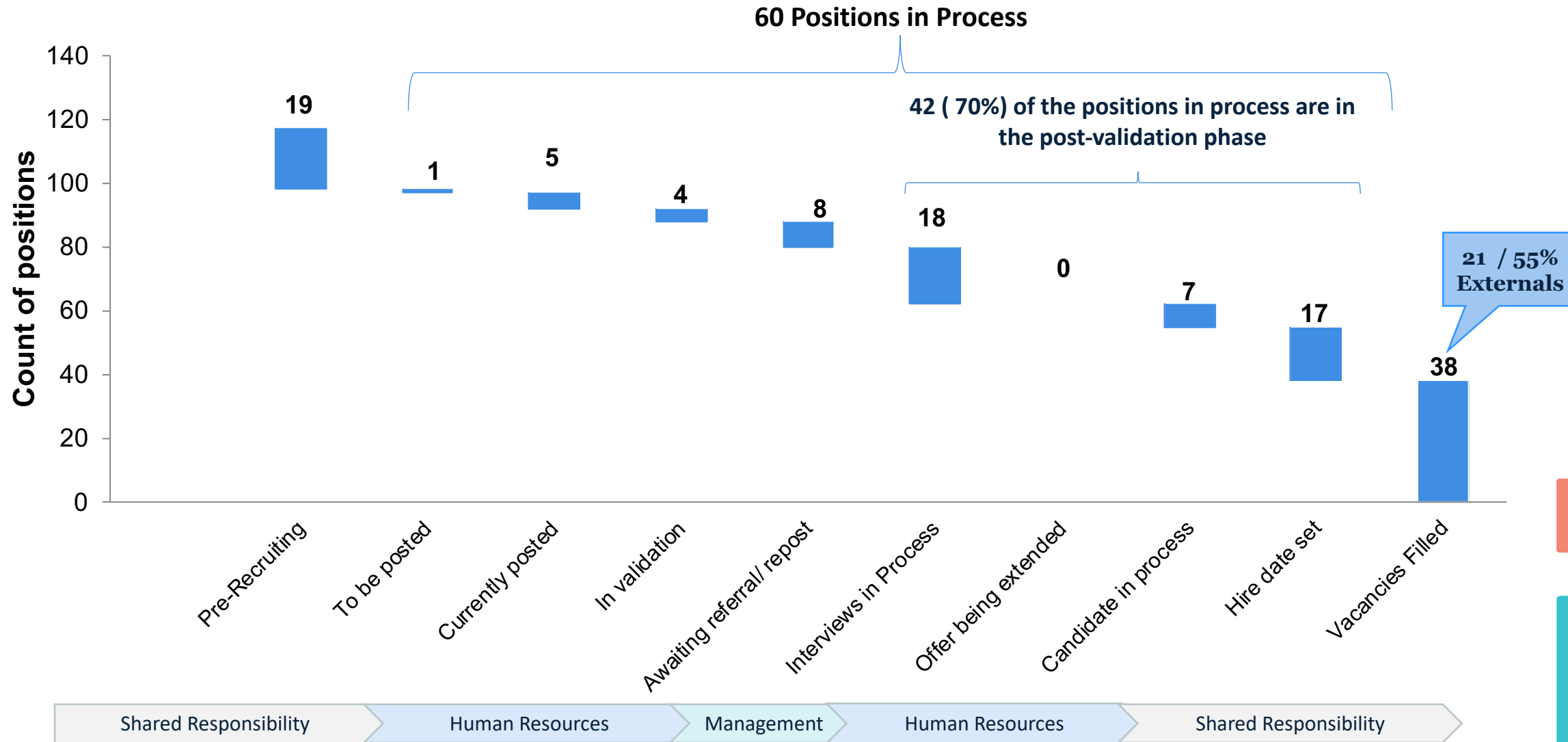


COOK COUNTY  
**HEALTH**



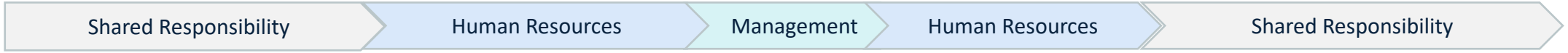
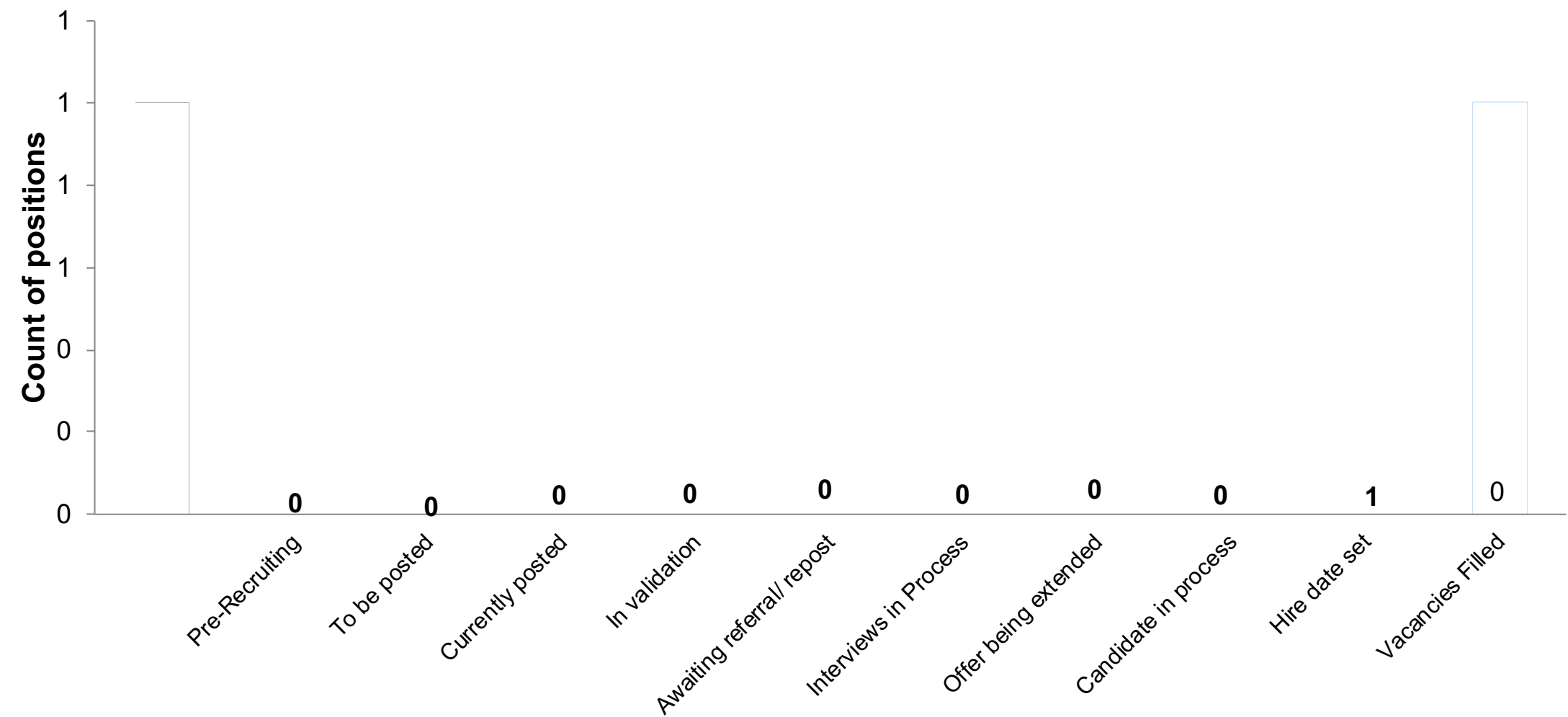
# Cook County Health HR Activity Report Nursing Hiring: CNI, CNII

Thru 06/30/2020



# Cook County Health HR Activity Report – Revenue Cycle

Thru 06/30/2020





Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
July 31, 2020

ATTACHMENT #3

# CountyCare Update

*Prepared for: CCH Board of Directors*

James Kiamos

CEO, Health Plan Services

July 31, 2020



# Current Membership

Monthly membership as of July 2, 2020

Category	Total Members	ACHN Members	% ACHN
FHP	229,238	17,023	7.4%
ACA	91,320	14,124	15.5%
ICP	30,583	5,794	18.9%
MLTSS	6,284	0	N/A
SNC	7,548	1,236	16.4%
<b>Total</b>	<b>364,973</b>	<b>38,177</b>	<b>10.5%</b>

**ACA:** Affordable Care Act

**FHP:** Family Health Plan

**ICP:** Integrated Care Program

**MLTSS:** Managed Long-Term Service and Support (Dual Eligible)

**SNC:** Special Needs Children

Source: CCH Health Plan Services Analytics



# Managed Medicaid Market

Illinois Department of Healthcare and Family Services May 2020 Data

Managed Care Organization	Cook County Enrollment	Cook County Market Share
*CountyCare	329,851	31.9%
Blue Cross Blue Shield	256,934	24.8%
Meridian (a Centene Co.)	225,072	21.8%
IlliniCare	101,285	9.8%
Molina	65,222	6.3%
*Next Level (sold to Centene)	55,640	5.4%
<b>Total</b>	<b>1,034,004</b>	<b>100.0%</b>

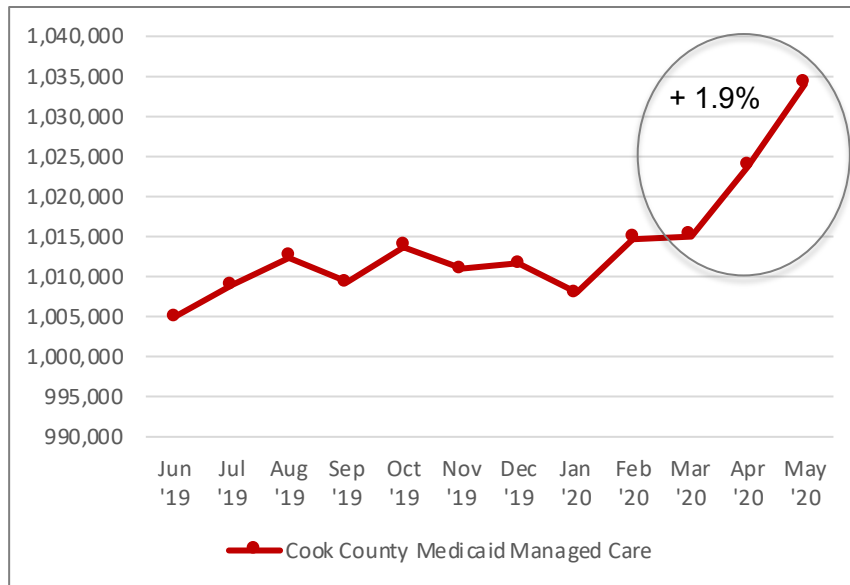
\* Only Operating in Cook County

Source: <https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx>

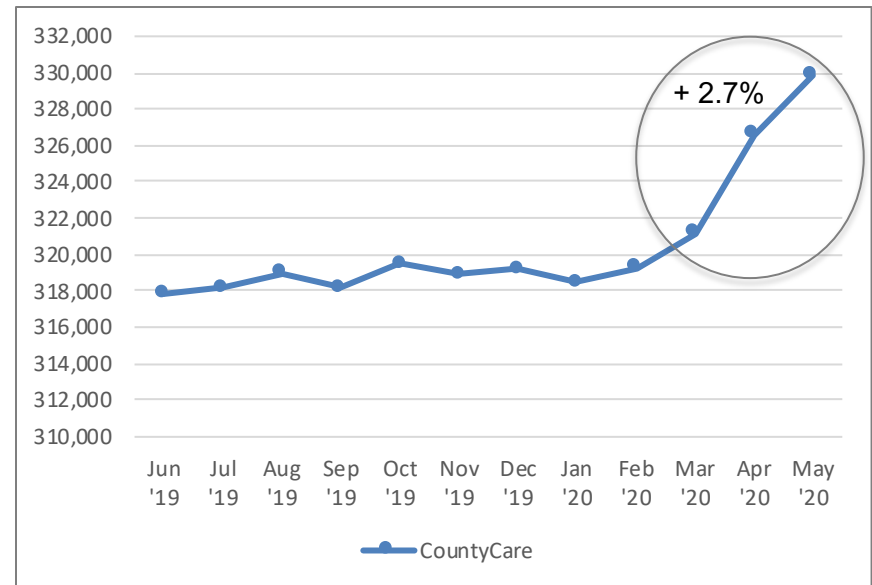


# IL Medicaid Managed Care Trend in Cook County (charts not to scale)

Cook County Medicaid Managed Care



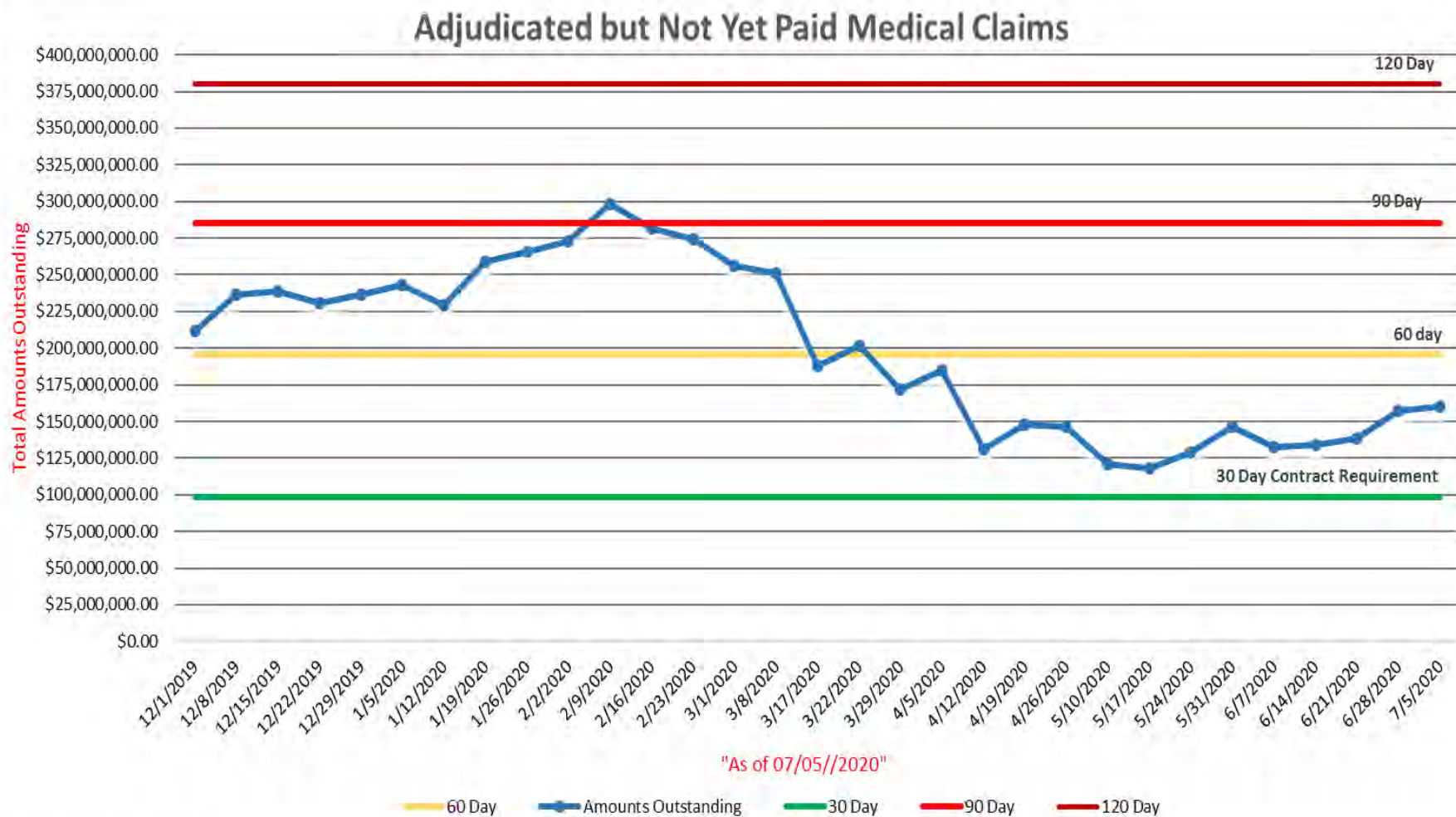
CountyCare



- In general CountyCare's monthly enrollment trend closely follows the overall Managed Care enrollment trend in Cook County
- However, in the past three months CountyCare's enrollment growth has outpaced Cook County's

Source: <https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx>

# Claims Payment

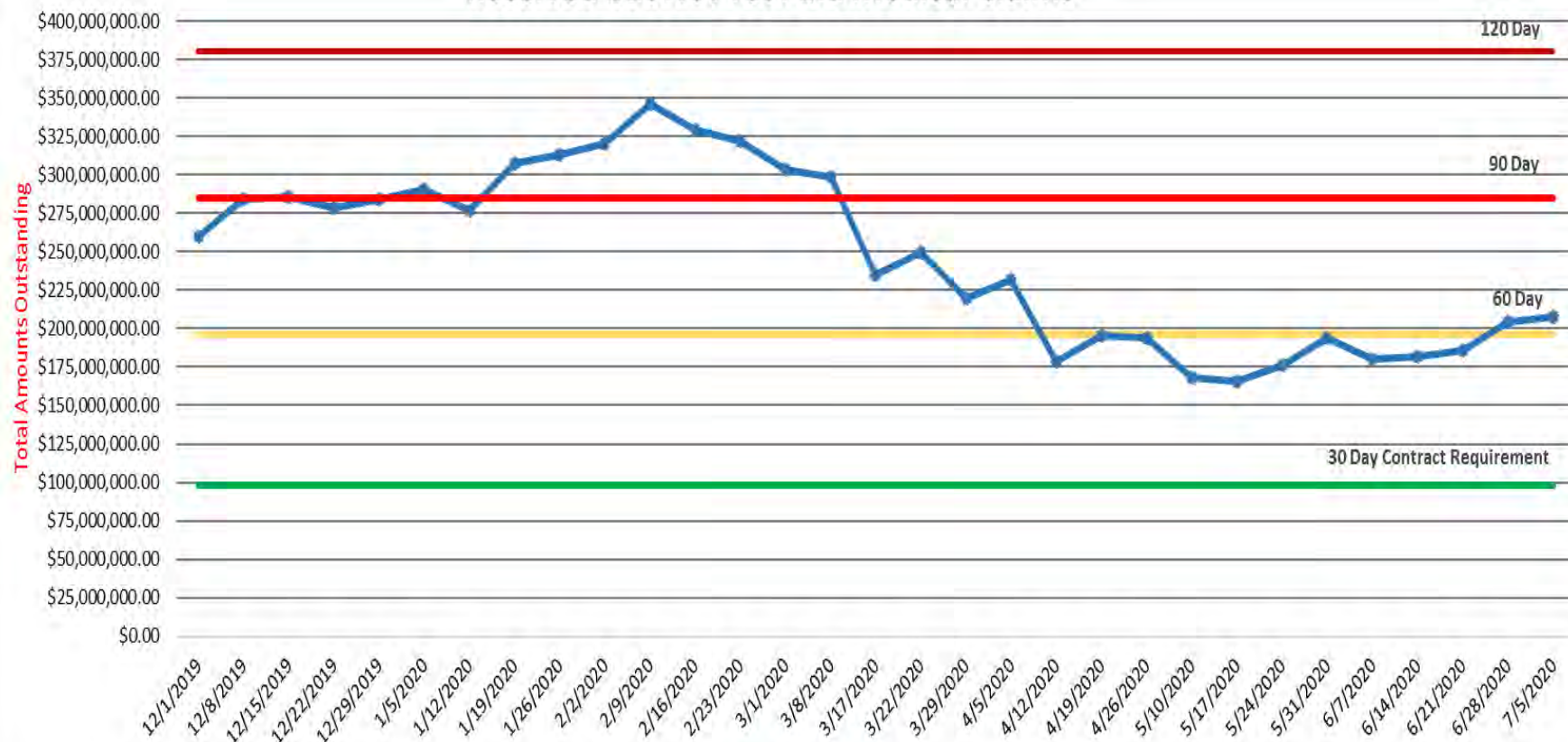


\*Medical claims only-does not include pharmacy, dental, vision or transportation claims

Source: CCH Health Plan Services Analytics

# Claims Payment

## Received but Not Yet Paid Medical Claims



"As of 07/05/2020"

\* Assumes average of 15 days to process claims

\* Assumes \$47.5M in pending claims not yet adjudicated

\* Medical claims only- does not include pharmacy, dental, vision or transportation claims

60 Day   Amounts Outstanding   30 Day   90 Day   120 Day

Source: CCH Health Plan Services Analytics

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
July 31, 2020

ATTACHMENT #4



# HRO Dashboard



New Dashboard for Quality and Patient Safety Committee

Tara Ruhlen, MPH  
Director, Planning and Analysis



COOK COUNTY  
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# CMS Star Rating

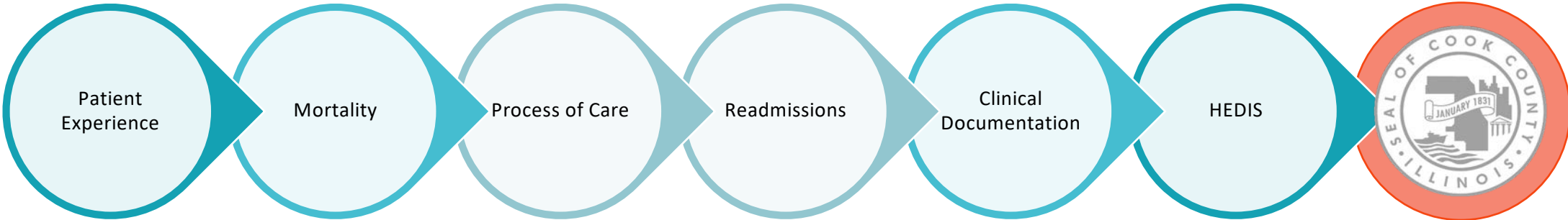
- CMS Star Rating was developed to help **consumers** make more informed decisions about health care by giving them a way to compare hospitals based on **quality** ratings
  - Cook County Health is dedicated to making improvements to the patients we serve and are on the journey of becoming a High Reliability Organization (HRO)
  - HRO Quality Workgroups have been developed (July 2019) that align with the CMS Star metrics and performance improvement processes have been developed

# Development of the HRO Quality Domains at CCH

## CMS Star Rating Domains



## Cook County Health HRO Quality Domains



# HRO Domain Metric Development

- Identified metrics for improvement in the CMS Star Rating reports
  - *What was driving the overall performance score in each CMS domain?*
  - Assigned the main indicators to the HRO Quality Domains
- Internal performance monitoring
  - Tracked monthly in “real-time” using Vizient Clinical Data Base, Press Ganey (patient experience), or Business Intelligence (HEDIS)
  - To help drive change, the monthly data is measured against internal goals and an external comparison benchmark
    - 2-year target and stretch goals were set using the SMART principles (specific, measureable, achievable, realistic, time based)
    - The external benchmarking helps to provide realistic targets, define areas of best practice, and identify areas of opportunity

# Reporting Period for CMS vs HRO Workgroups

## July 2020 CMS Star Report

Metric Group	Timeframe	2016 Q3	2016 Q4	2017 Q1	2017 Q2	2017 Q3	2017 Q4	2018 Q1	2018 Q2	2018 Q3	2018 Q4	2019 Q1	2019 Q2	2019 Q3	2019 Q4
Readmissions	July 1, 2016 – June 30, 2019														
Excess Days of Acute Care	July 1, 2016 – June 30, 2019														
Mortality	July 1, 2016 – June 30, 2019														
PSI-90	July 1, 2017 – June 30, 2019														
Patient Experience	October 1, 2018 – September 30, 2019														
Sepsis	October 1, 2018 – September 30, 2019														
ED Throughput	October 1, 2018 – September 30, 2019														
Hospital Acquired Infections	October 1, 2018 – September 30, 2019														

Formation of the HRO workgroups



COOK COUNTY  
HEALTH

# HRO Quality Domain Metrics



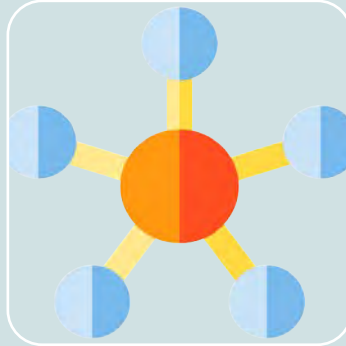
## Mortality

- Mortality Index



## Readmissions

- 30-Day Unplanned Readmission Rate



## Process of Care

- Rate of Excess Days in Acute Care
- Hospital Acquired Conditions Preventable Harm Index
- PSI-90
- ED Left without Being Seen



## Patient Experience

- HCAHPS Willingness to Recommend
- HCAHPS Nurse Communication



## Clinical Documentation

- Case Mix Index
- CC/MCC Capture Rate



## HEDIS

- Diabetes Management (HgbA1c <8%)
- Childhood Immunization Status (Combo 3)



# Metric Crosswalk: QPS to HRO Dashboard

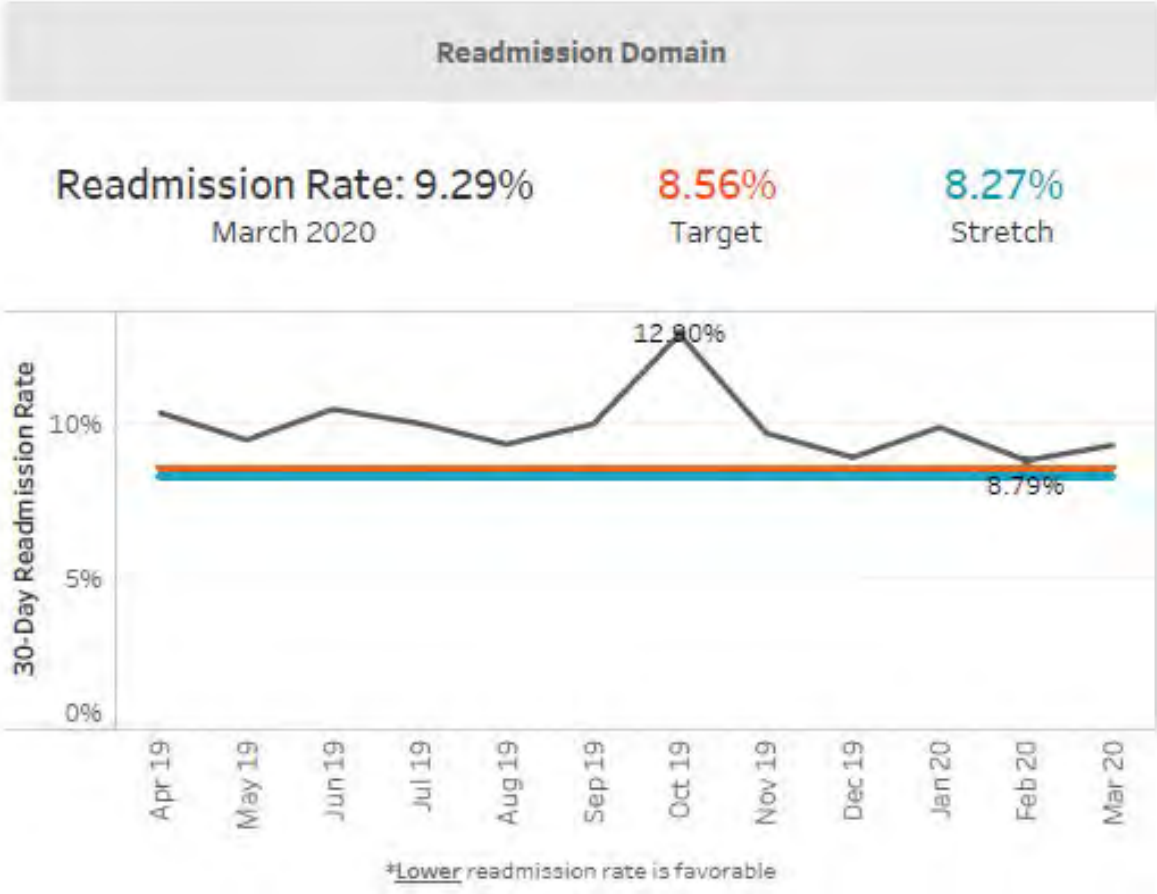
QPS Dashboard	HRO Dashboard
HEDIS HbA1c <8%	HEDIS HbA1c <8% ( <i>HEDIS Domain</i> )
Core Measure - Venous Thromboembolism (VTE) Prevention	PSI-90 Composite Score ( <i>Process of Care Domain, Closed</i> ) <ul style="list-style-type: none"> <li>PSI-12: perioperative PE or DVT</li> </ul>
30-Day Readmission Rate	30-Day Readmission Rate ( <i>Readmission Domain</i> )
Hospital Acquired Pressure Injury	PSI-90 Composite Score ( <i>Process of Care Domain, Closed</i> ) <ul style="list-style-type: none"> <li>PSI-09: pressure ulcer</li> </ul>
Falls with Injury	PSI-90 Composite Score ( <i>Process of Care Domain, Closed</i> ) <ul style="list-style-type: none"> <li>PSI-08: in-hospital fall with hip fracture</li> </ul>
Hospital Acquired Infections	Hospital Acquired Infections ( <i>Process of Care Domain, Closed</i> )
ACHN: Overall Clinic Assessment	ACHN Overall Clinic Assessment ( <i>Patient Experience Domain, Closed</i> )
Provident: Recommend the Hospital	Provident Recommend the Hospital ( <i>Patient Experience Domain, Closed</i> )
Stroger: Recommend the Hospital	Stroger Recommend the Hospital ( <i>Patient Experience Domain</i> )
	Case Mix Index ( <i>Clinical Documentation Domain</i> )

# Readmission Domain

## Stroger 30-Day Readmission Rate

- Patient unplanned admission to *Stroger* within 30 days after being discharged from an earlier hospital stay at *Stroger*
  - All-cause, same-hospital readmissions
  - Excludes patients with *planned* readmissions; psychiatric patients, admitted for rehabilitation, medical treatment for cancer, dialysis, or delivery/birth
  - Data Source: Vizient Clinical Data Base

Baseline	Target	Stretch
9.73%	8.56% (-12%)	8.27% (-15%)
Baseline Period: July 2017 to June 2018		



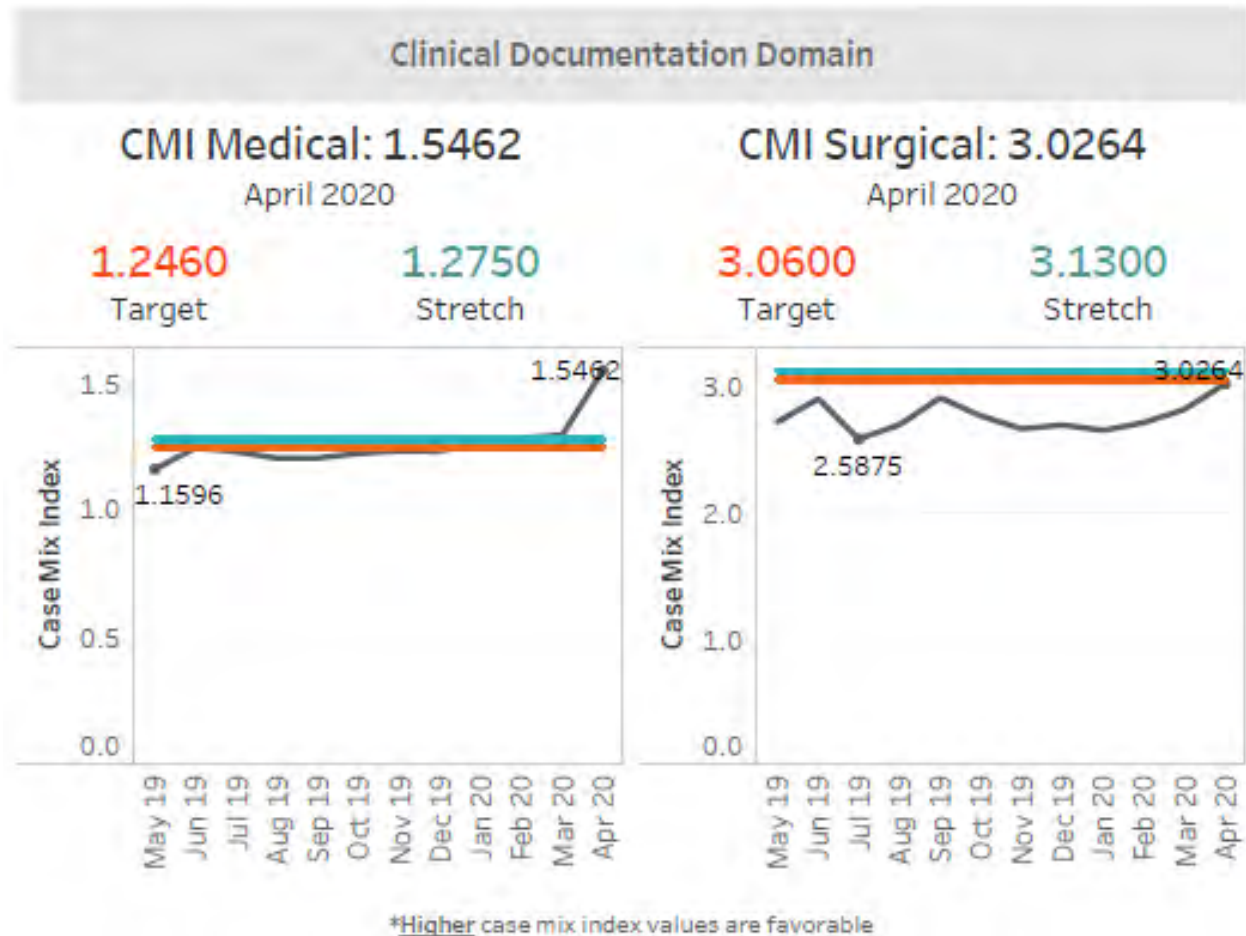


# Clinical Documentation Domain

## Stroger Case Mix Index (Medical MS-DRG, Surgical MS-DRG)

- Average relative DRG weight of a *Stroger's* inpatient discharges, calculated by summing the Medicare Severity-Diagnosis Related Group (MS-DRG) weight for each discharge and dividing by the total number of discharges
  - All inpatient discharges from Stroger
  - Medical MS-DRG: no OR procedure is performed; Surgical MS-DRG: an OR procedure is performed
  - Data Source: Vizient Clinical Data Base

	Baseline	Target	Stretch
Medical MS-DRG	1.2147	1.2460 (2.6%)	1.2750 (5.0%)
Surgical MS-DRG	2.6949	3.0600 (13.5%)	3.1300 (16.1%)
Baseline Period: January 2019 to December 2019			

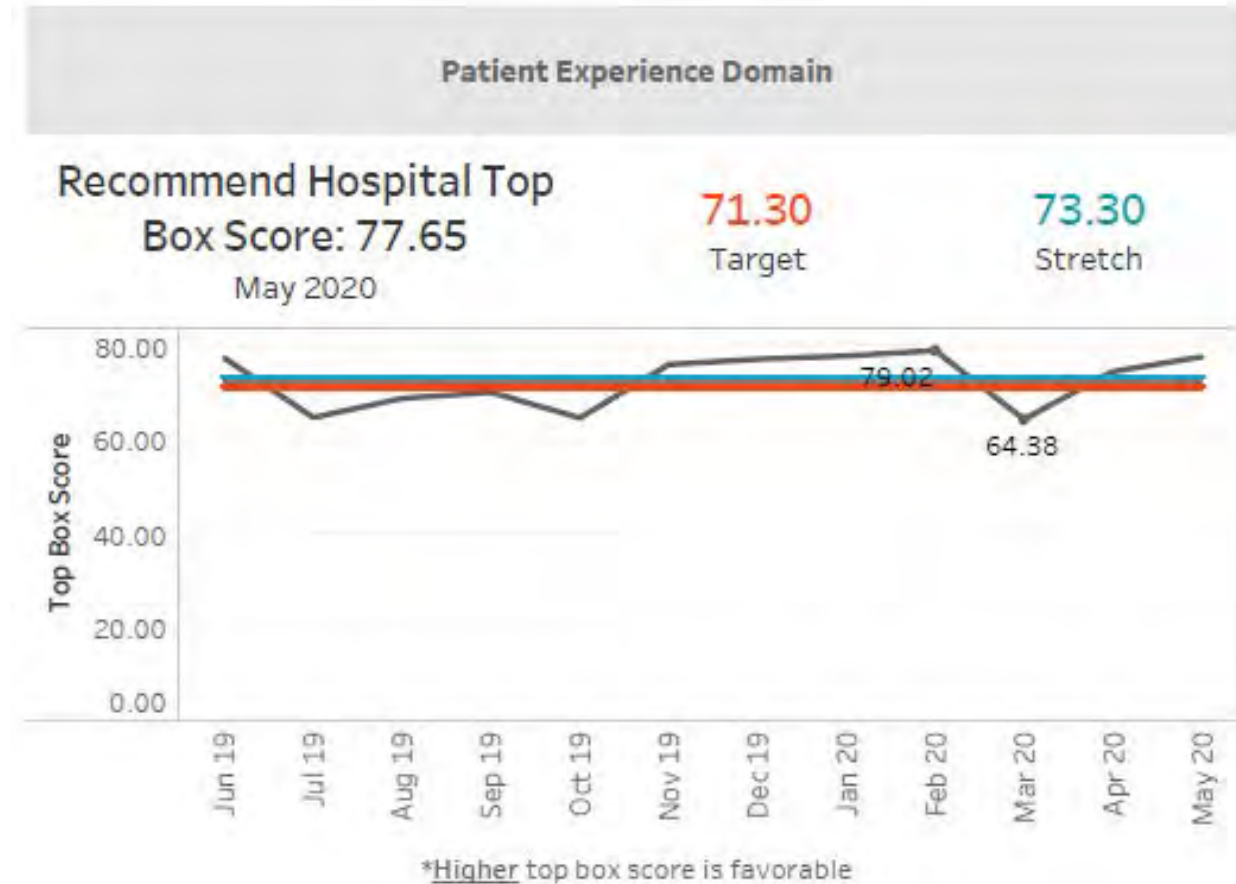


# Patient Experience Domain

## Stroger Recommend the Hospital (HCAHPS)

- Percent of patient responses with “Definitely Yes” (top box response) for “Recommend the Hospital” item in HCAHPS survey for Stroger
  - Utilizes CAHPS methodology for population inclusion
  - Data Source: Press Ganey

Baseline	Target	Stretch
69.90	71.30 (2%)	73.30 (5.4%)
Baseline Period: July 2017 to June 2018		

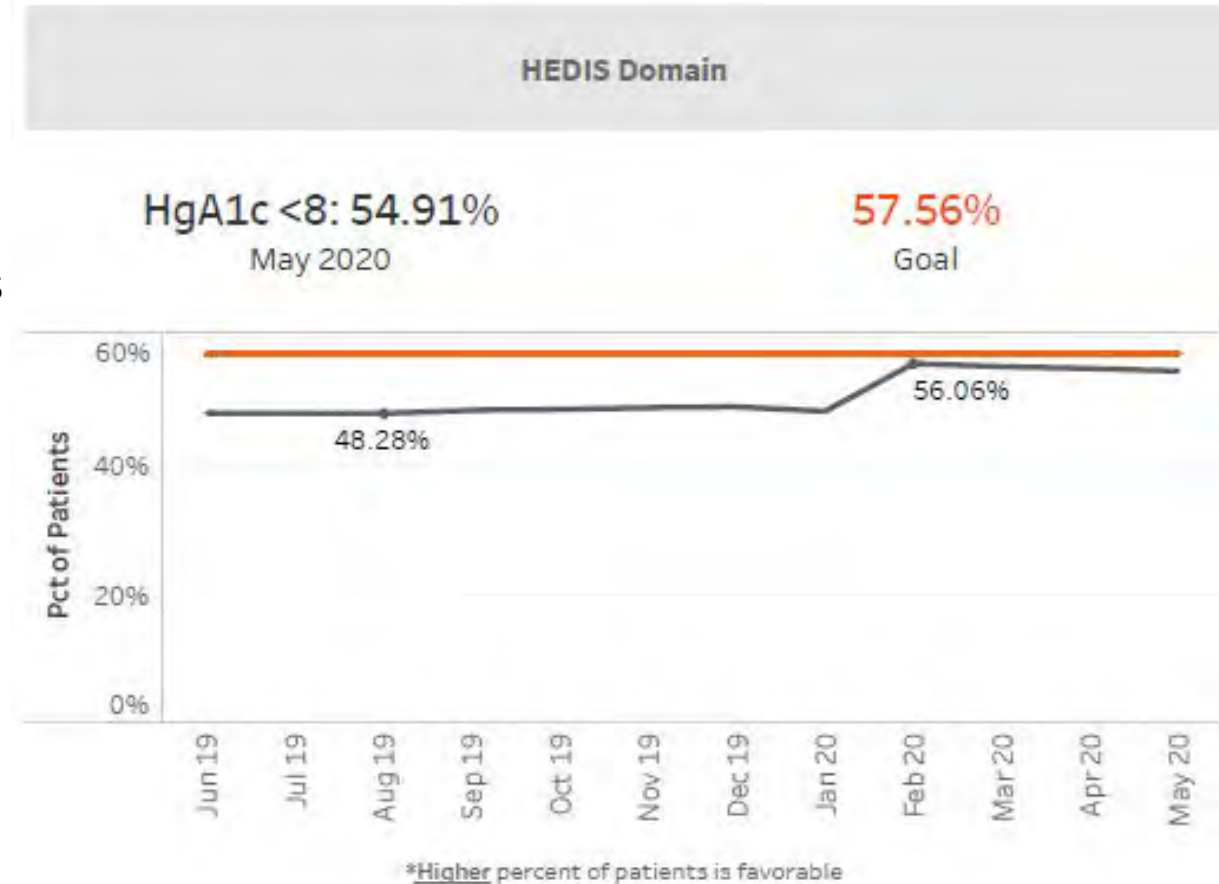


# HEDIS Domain

## HbA1c <8%

- Percent of adults (ages 18-75) with diabetes Type 1 or Type 2 where HbA1c is in control (<8.0%)
  - Population included: (Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year) **OR** (One diabetic Inpatient visit in the current year or previous year) **OR** (Prescribed insulin or hypoglycemic or anti-hyperglycemics in the current year or previous year)
  - Data Source: NCQA, HEDIS, Business Intelligence

Baseline	Target
48.1%	57.6% (75 <sup>th</sup> Percentile)
Baseline Period: January 2018 to December 2018	

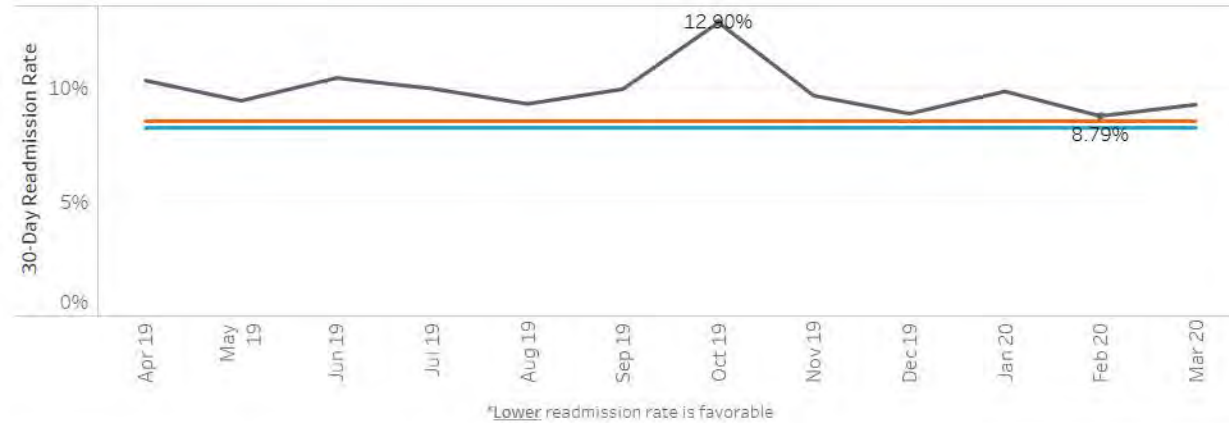


## Readmission Domain

Stroger Readmission Rate: 9.29%  
March 2020

8.56%  
Target

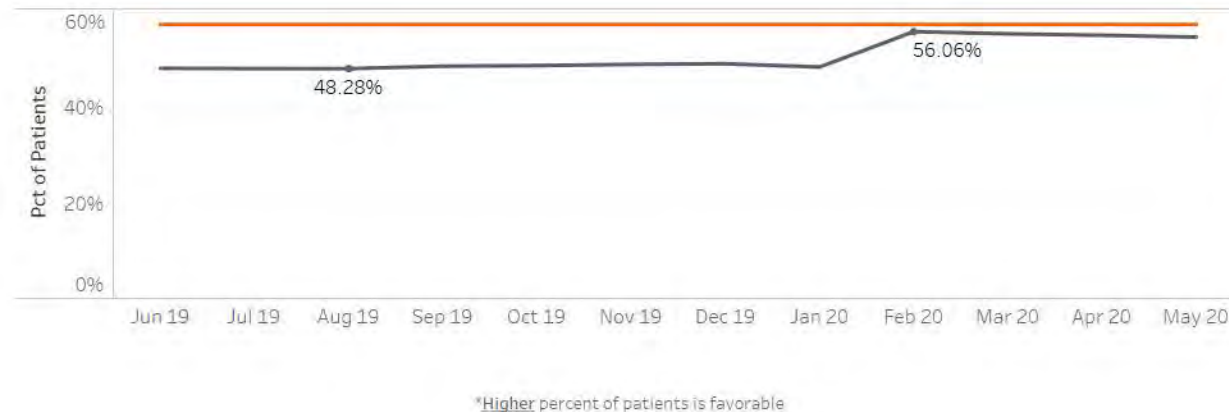
8.27%  
Stretch



## HEDIS Domain

HbA1c <8: 54.91%  
May 2020

57.56%  
Goal



## Clinical Documentation Domain

CMI Medical: 1.5462  
April 2020

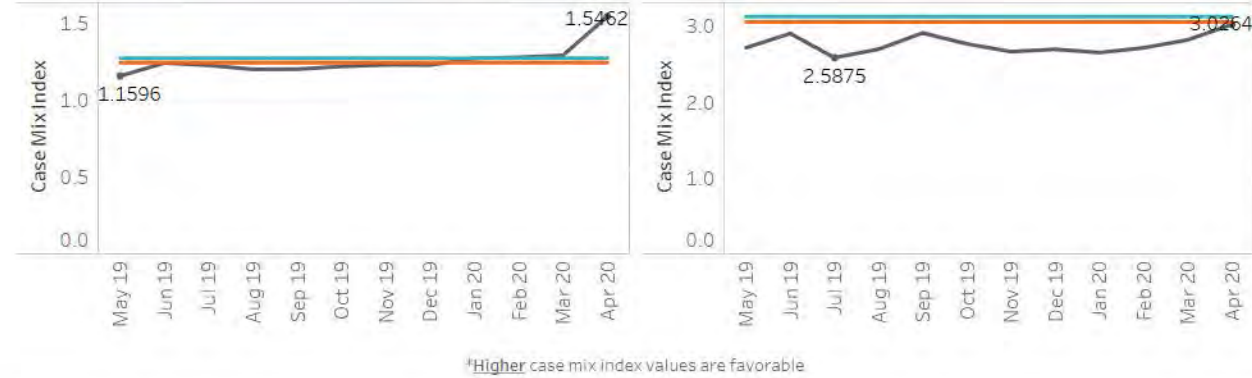
CMI Surgical: 3.0264  
April 2020

1.2460  
Target

1.2750  
Stretch

3.0600  
Target

3.1300  
Stretch

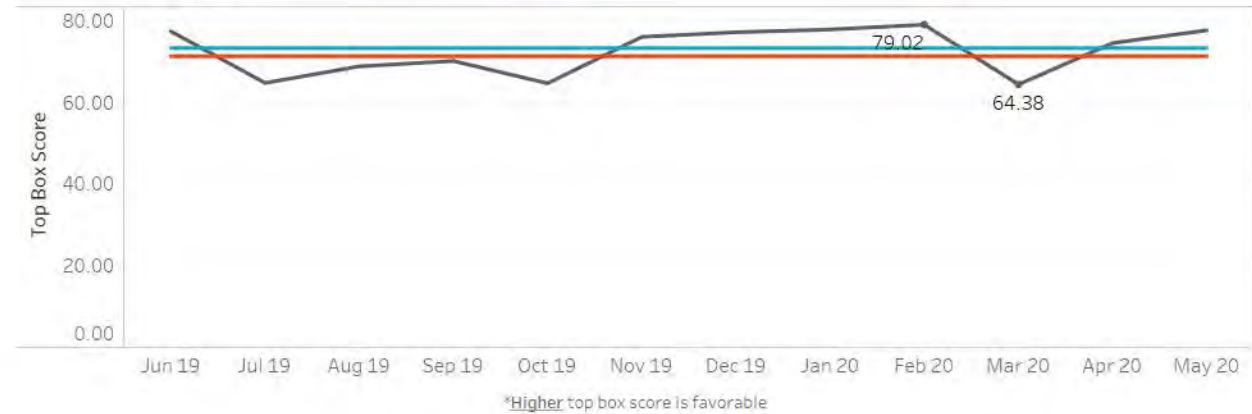


## Patient Experience Domain (Stroger)

Recommend Hospital Top Box  
Score: 77.65  
May 2020

71.30  
Target

73.30  
Stretch



Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
July 31, 2020

ATTACHMENT #5



# CCH Financial Update – May 31, 2020 FYTD

**Andrea Gibson**

**Interim Chief Business Officer**

**July, 2020**



**COOK COUNTY  
HEALTH**

# Executive Summary

- Cook County Health (CCH) financial results for the six months ended May 31, 2020 are ahead of budget by \$52M
  - Primary negative variances are expense overages, partly driven by COVID-19 pandemic response costs, and the loss of revenue due to reduced volumes during the pandemic
  - Government support payments have supplemented the loss of “reimbursable” patient activity – \$77.6M year to date from the CARES Act
  - Patient activity began to decline in March, and charges have improved to be only 30% lower than normal in May
- Key finance changes since our last meeting include:
  - FY2019 Cost Report Settlement identifying \$15 million due to CCH this year
  - FY2021 Preliminary budget forecast issued
  - National emergency extended into October, which extends enhanced FMAP with over \$30M impact
- Key current finance initiatives include:
  - Forecasting and planning in anticipation of the FY21 budget submission
  - Accessing Federal and State financial support for the COVID-19 pandemic
  - Implementation of revenue cycle operational improvements

# Financial Results – May 31, 2020 FYTD

(Dollars in 000s)	FY20 Actual	FY20 Budget	Variance	%	FY19 Actual
<b>Revenue</b>					
Net Patient Service Revenue (1)	\$258,037	\$380,318	(\$122,281)	-32.15%	\$228,584
Government Support (2)	\$308,131	\$195,854	\$112,277	57.33%	\$166,999
CountyCare Capitation Revenue	\$900,469	\$874,615	\$25,854	2.96%	\$878,033
Other	\$2,692	\$6,250	(\$3,558)	-56.93%	\$2,842
CountyCare Elimination (1)	(\$100,397)	(\$86,391)	(\$14,006)	16.21%	(\$89,061)
<b>Total Revenue</b>	<b>\$1,368,932</b>	<b>\$1,370,646</b>	<b>(\$1,714)</b>	<b>-0.13%</b>	<b>\$1,187,397</b>
<b>Operating Expenses</b>					
Salaries & Benefits	\$337,490	\$328,855	(\$8,635)	-2.63%	\$324,246
Overtime	\$23,647	\$15,246	(\$8,401)	-55.10%	\$22,853
Supplies & Pharmaceuticals	\$69,883	\$65,535	(\$4,348)	-6.63%	\$56,388
Purchased Services & Other	\$153,918	\$133,857	(\$20,061)	-14.99%	\$125,295
Medical Claims Expense (1)	\$851,161	\$929,852	\$78,691	8.46%	\$837,711
Insurance	\$15,932	\$18,390	\$2,458	13.37%	\$13,340
Utilities	\$6,347	\$6,654	\$307	4.61%	\$10,740
CountyCare Elimination (1)	(\$100,397)	(\$86,391)	\$14,006	16.21%	(\$89,061)
<b>Total Expenses</b>	<b>\$1,357,981</b>	<b>\$1,411,998</b>	<b>\$54,017</b>	<b>3.83%</b>	<b>\$1,380,185</b>
<b>Operating Margin</b>	<b>\$10,951</b>	<b>(\$41,352)</b>	<b>\$52,303</b>	<b>126.48%</b>	<b>(\$192,788)</b>
<b>Non-Operating Revenue</b>	<b>\$41,352</b>	<b>\$41,352</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$99,481</b>
<b>Net Income (Loss) (4)</b>	<b>\$52,303</b>	<b>\$0</b>	<b>\$52,303</b>	<b>0.00%</b>	<b>(\$93,307)</b>

## Commentary

- Net Patient Service Revenue is below budget as “reimbursable patient activity” is below budget due primarily to the slowdown in patient activity caused by the COVID-19 pandemic
- FY20 Government Support Revenue includes \$77.6M in Coronavirus Aid, Relief & Economic Security Act support received in April and May to help compensate for the decline in patient activity

## Notes:

- (1) CountyCare Elimination represents the elimination of intercompany activity – Patient Service Revenue and Medical Claims Expense – for CountyCare patients receiving care at Cook County Health
- (2) Government Support includes Graduate Medical Education payments that were budgeted in Patient Service Revenue
- (3) Source: CCH unaudited May 31, 2020 and 2019 financial statements and FY20 budget
- (4) Does not reflect Pension, OPEB, or Depreciation/Amortization





# CCH Health Providers Revenue – May 31, 2020 FYTD

(Dollars in 000s)	FY20 Actual	FY20 Budget	Variance	%	FY19 Actual
Net Patient Service Revenue	\$258,037	\$380,318	(\$122,281)	-32.15%	\$228,584
<b>Government Support (Recurring):</b>					
Graduate Medical Education (1)	\$38,648	\$0	\$38,648	N/A	\$0
Disproportionate Share Payments ("DSH")	\$101,978	\$78,350	\$23,628	15.83%	\$78,350
Benefits Improvement and Protection Act Payments ("BIPA")	\$89,925	\$66,150	\$23,775	0.00%	\$66,169
Recurring Government Support	\$230,551	\$144,500	\$86,051	13.62%	\$166,999
<b>Government Support (Non-Recurring):</b>					
CARES Stimulus Revenue	\$77,580	\$0	\$77,580	100%	\$0
Non-Recurring Government Support	\$77,580	\$0	\$77,580	100%	\$0
Other Revenue	\$2,145	\$3,912	(\$1,767)	-45.18%	\$1,521
<b>Total Revenue</b>	<b>\$568,313</b>	<b>\$528,730</b>	<b>\$39,583</b>	<b>7.49%</b>	<b>\$228,584</b>

## Commentary

- Net Patient Service Revenue is below budget as gross patient charges have declined from a high of \$150.4M in January to a low \$79.3M in April as a result of reduced patient activity caused by the COVID-19 pandemic
- DSH will be above budget in FY20 as CCH was awarded \$24.8M of supplemental DSH and CCH is receiving enhanced FMAP
- \$77.6M in CARES Stimulus Revenue received through May
- Provident Access Revenue is below plan because of the State's delay in implementation of their new payment approach

## Notes:

- (1) Graduate Medical Education ("GME") presented separately from Net Patient Revenue as the State of Illinois now pays GME separately from Medicaid Patient Service Revenue. GME and Net Patient Service Revenue should be combined for the purpose of comparison to budget.
- (2) Sources: CCH unaudited May 31, 2020 income statement, 2019 financial statements and FY20 budget



# CCH Health Providers & Bureau Expenses – May 31, 2020 FYTD

(Dollars in 000s)	FY20 Actual	FY20 Budget	Variance	%	FY19 Actual
Salaries & Benefits	\$299,750	\$274,242	(\$25,508)	-9.30%	\$287,377
Overtime	\$20,301	\$12,454	(\$7,847)	-63.01%	\$19,492
Supplies & Pharmaceuticals	\$66,063	\$60,180	(\$5,883)	-9.78%	\$52,437
Purchased Services & Other	\$106,222	\$88,260	(\$17,962)	-20.35%	\$83,277
Insurance	\$15,932	\$18,390	\$2,458	100.00%	\$13,123
Utilities	\$6,326	\$6,550	\$224	3.42%	\$10,740
<b>Total Expenses (1)</b>	<b>\$514,594</b>	<b>\$460,077</b>	<b>(\$54,517)</b>	<b>-11.85%</b>	<b>\$479,106</b>

## Commentary

- FY20 operating expenses are behind budget and have been exacerbated by the spending required to respond to the COVID-19 pandemic
- Operating expenses have increased over FY19 while volumes are lower than last year
- COVID-19 pandemic spending has primarily impacted Overtime and Purchased Services & Other

## Note:

- (1) Operating expenses exclude Pension & OPEB, and depreciation
- (2) Source: CCH unaudited May 31, 2020 and 2019 financial statements and FY20 budget



# CCH Health Providers Revenue – May 31, 2020 FYTD

## Revenue Operating Indicators

Month						FYTD					
Patient Activity	FY20 Actual	FY20 Budget	Variance	%	FY19 Actual	Patient Activity	FY20 Actual	FY20 Budget	Variance	%	FY19 Actual
Admissions	1,258	1,439	(181)	-12.6	1,439	Admissions	8,064	8,126	(62)	-0.8	8,126
Patient Days	7,537	7,882	(351)	-4.5	7,882	Patient Days	45,295	45,054	241	0.5	45,054
Average Daily Census	243	254	(11)	-4.5	254	Average Daily Census	248	246	2	0.8	254
Adjusted Patient Days	17,269	20,862	(3,593)	-17.2	20,862	Adjusted Patient Days	119,198	121,167	(1,969)	-1.6	121,167
Adjusted Patient Days						Adjusted Patient Days					
Adjusted Patient Days	FY20 Actual	FY20 Budget	Variance	%	FY19 Actual	Adjusted Patient Days	FY20 Actual	FY20 Budget	Variance	%	FY19 Actual
Medicare	1,938	3,512	(1,574)	-44.8	3,512	Medicare	18,573	20,343	(1,770)	-8.7	20,343
Medicaid	4,843	5,053	(210)	-4.2	5,053	Medicaid	27,777	29,494	(1,717)	-5.8	29,494
CountyCare	2,175	2,551	(376)	-14.7	2,551	CountyCare	16,294	14,766	1,528	10.3	1,4766
Commercial	1,118	1,041	77	7.4	1,041	Commercial	5,769	6,075	(520)	-8.6	6,075
Uncompensated Care	7,195	8,705	(1,510)	-17.3	8,705	Uncompensated Care	50,785	50,489	296	0.6	50,489
Total	17,269	20,862	(3,593)	-17.2	20,862	Total	119,198	121,167	(1,969)	-1.6	121,167

### Commentary

- “Reimbursable patient” volumes (Medicare, Medicaid, CountyCare and Commercial), as measured by Adjusted Patient Days, started the year above budget but are now 3.2% below plan though May FYTD (with April 42% lower than the peak in January).
- Uncompensated Care patient activity levels are 0.6% above plan

### Note:

(1) Source: CCH May 2020 Utilization report

# CCH Health Cash Balances– May 31, 2020 FYTD

Dollars in 000s	Dec-2019	Jan-2020	Feb-2020	Mar-2020	April-2020	May-2020
Cash In Bank	\$1,312	\$2,094	\$3,094	\$2,178	\$1,681	\$5,655
Cash Held By County Treasurer	(\$97,292)	(\$121,708)	(\$227,975)	(\$271,333)	(\$271,658)	(\$181,160)
Working Cash Fund	\$95,147	\$95,147	\$95,147	\$95,147	\$95,147	\$95,147
	<b>(\$833)</b>	<b>(\$24,467)</b>	<b>(\$129,734)</b>	<b>(\$174,008)</b>	<b>(\$174,830)</b>	<b>(\$80,358)</b>

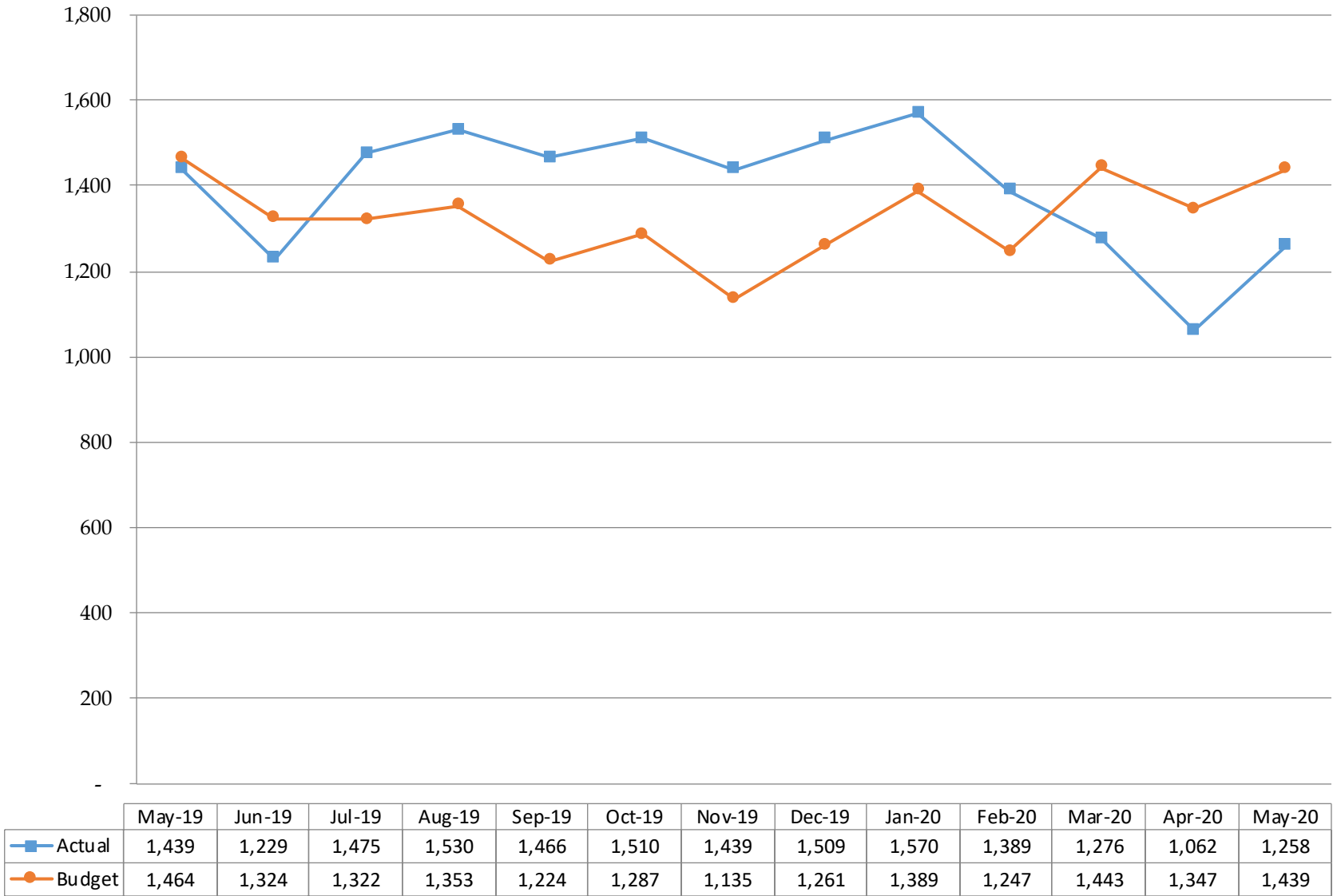
## Commentary

- Bi-monthly, CCH transfers all cash receipts to the Treasurer and the Comptroller books these transfers, providing CCH with revenue credit for these deposits. Additionally, the Treasurer receives some funds directly from the state through the IGT process (FFS Medicaid, CountyCare PMPM, DSH, & BIPA, for example); these funds are also credited by the Comptroller to CCH. Note, timing of revenue received impacts this number for seasonal revenues such as property tax and BIPA.
- The biggest driver of CCH's cash balance is the Cash Held By County Treasurer. Temporary negative balances in the pooled cash result from pooled cash funds being used for more payments of CCH expenses than expenses of other County funds. Although the net cash balance is negative for the month, the balance has improved by \$94.5M, as compared to the prior month.

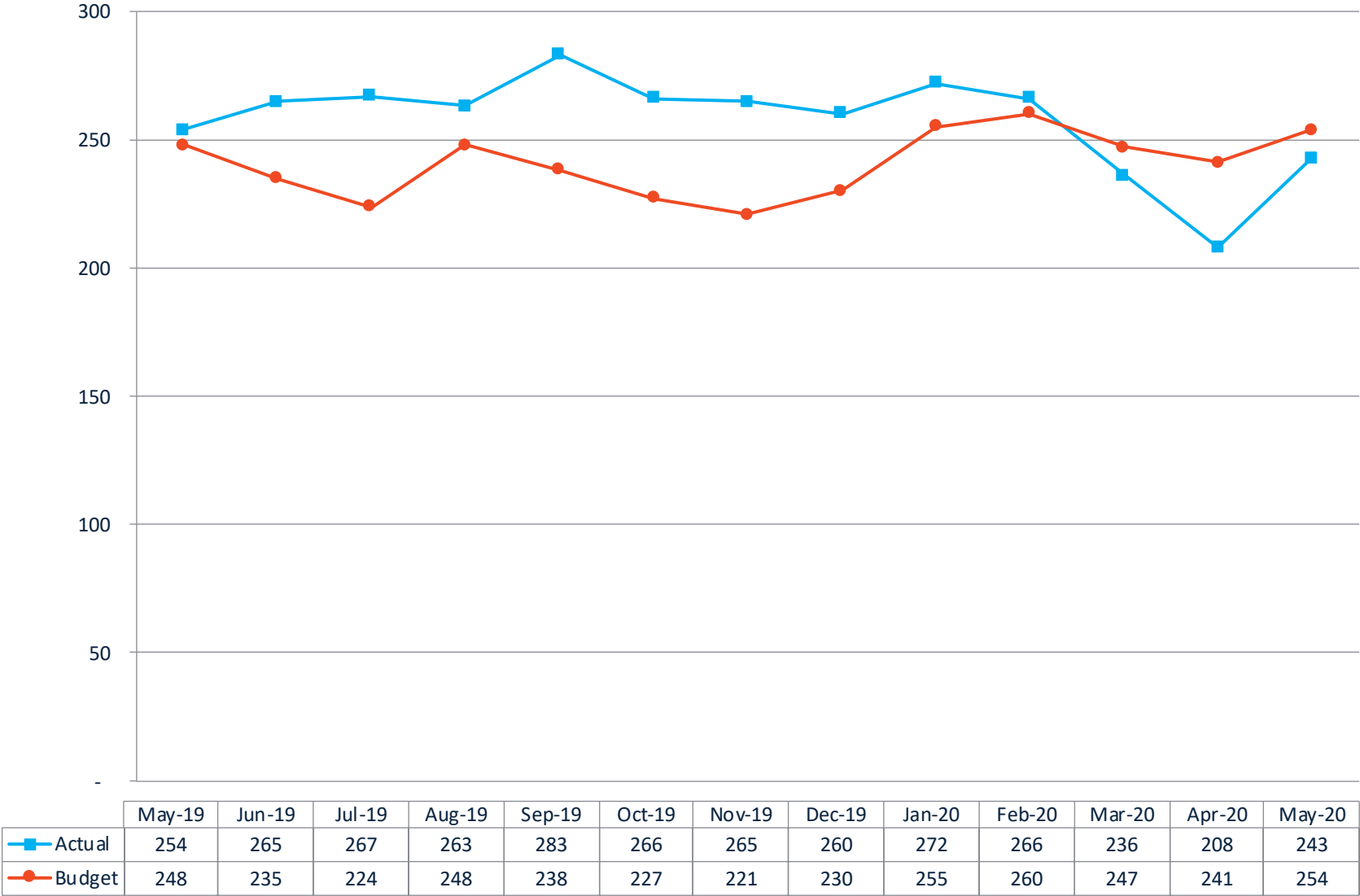
## Note:

Cash Held by County Treasurer are the funds credited to CCH in the Treasurer's bank account, as accounted for by the Comptroller.

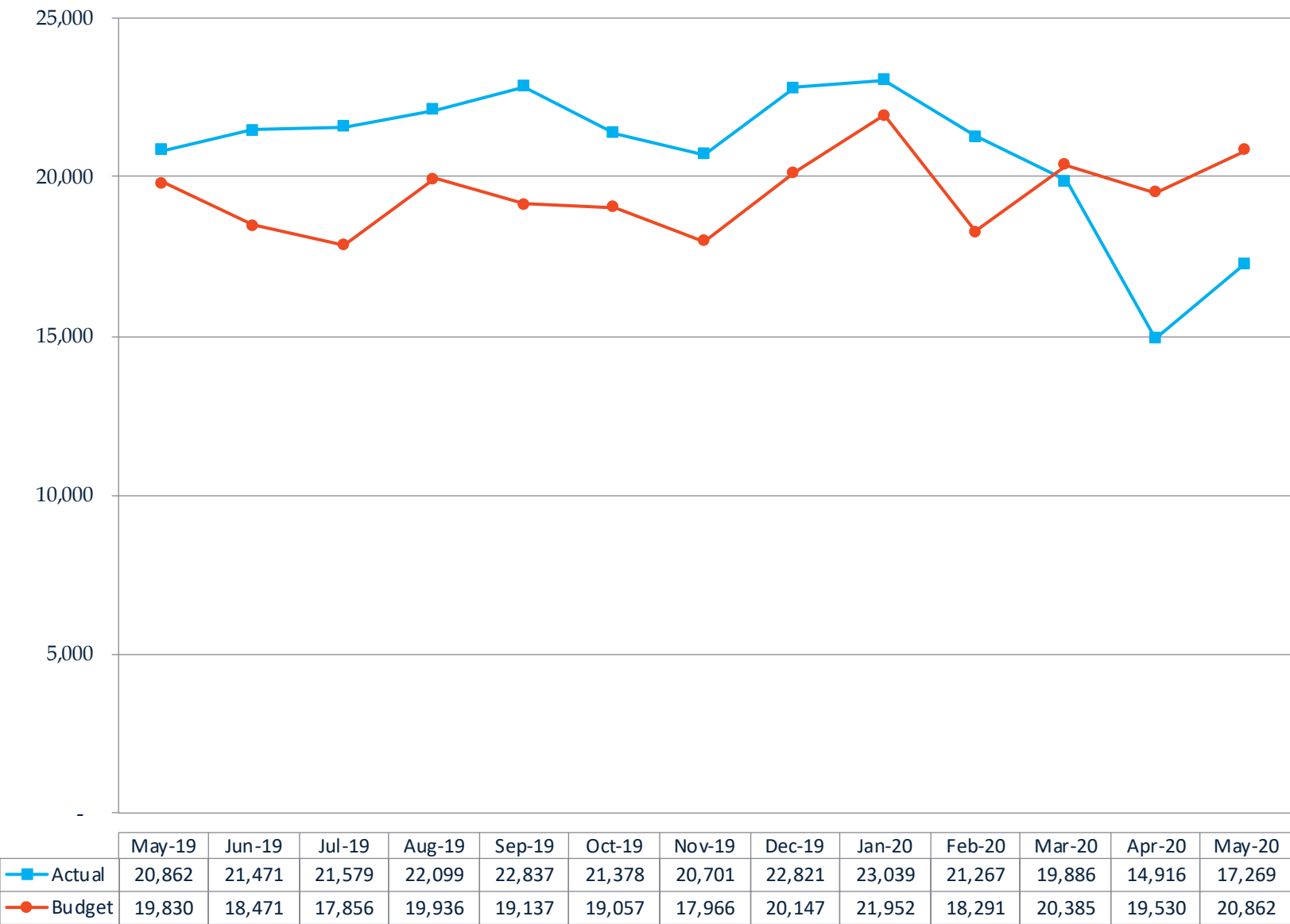
# CCH Health Prior 13 Month Admissions - FY 2020



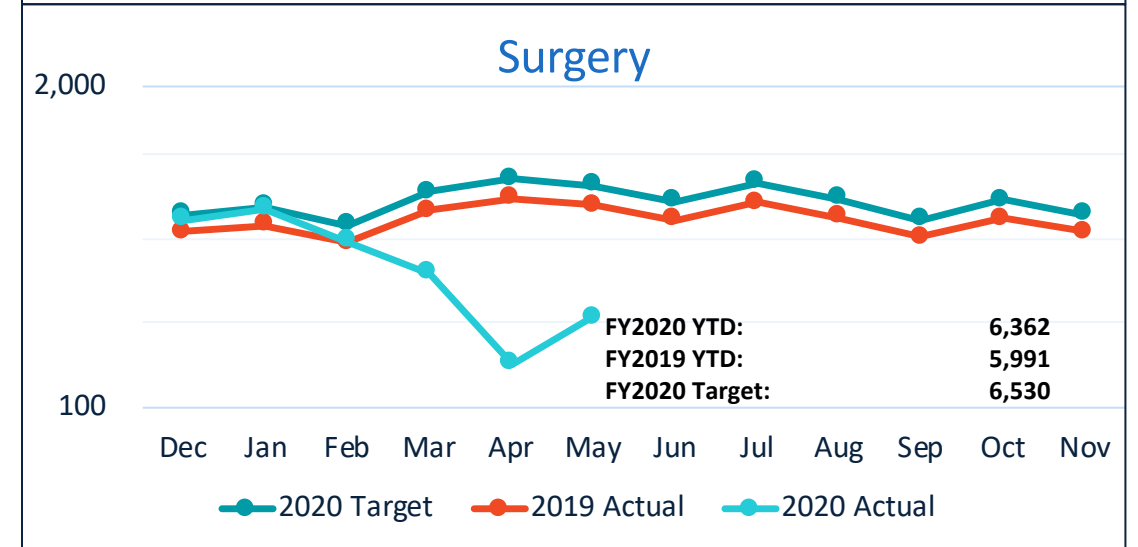
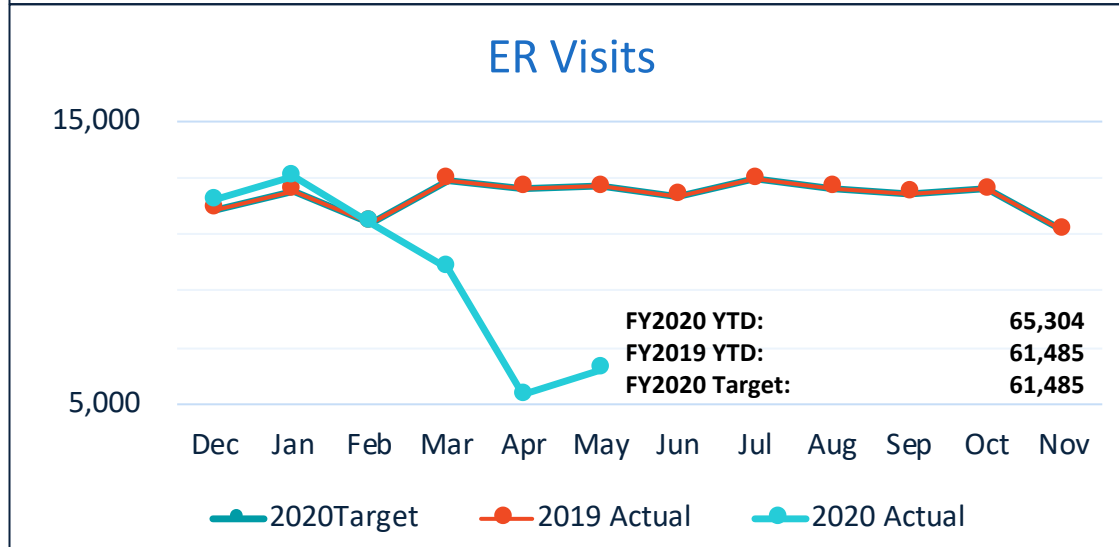
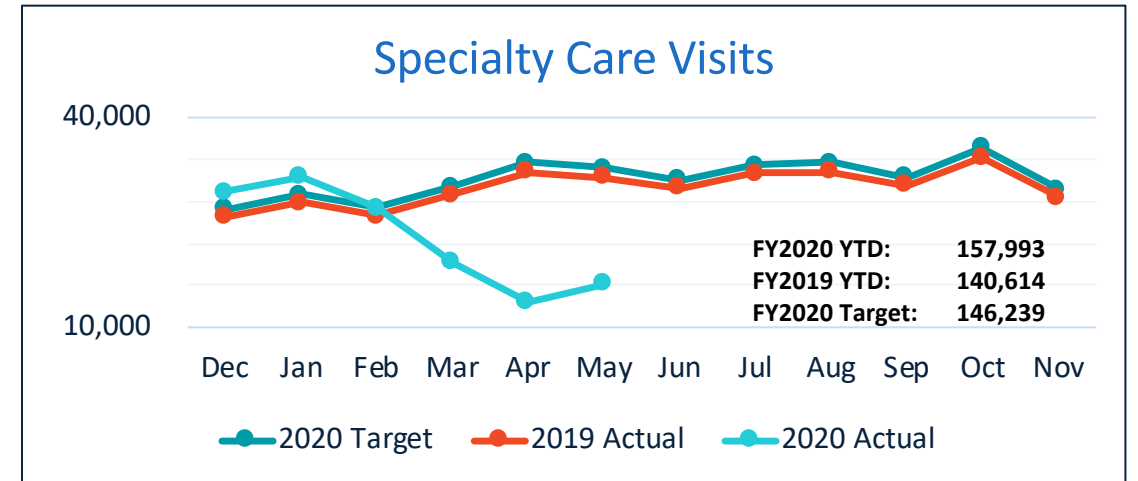
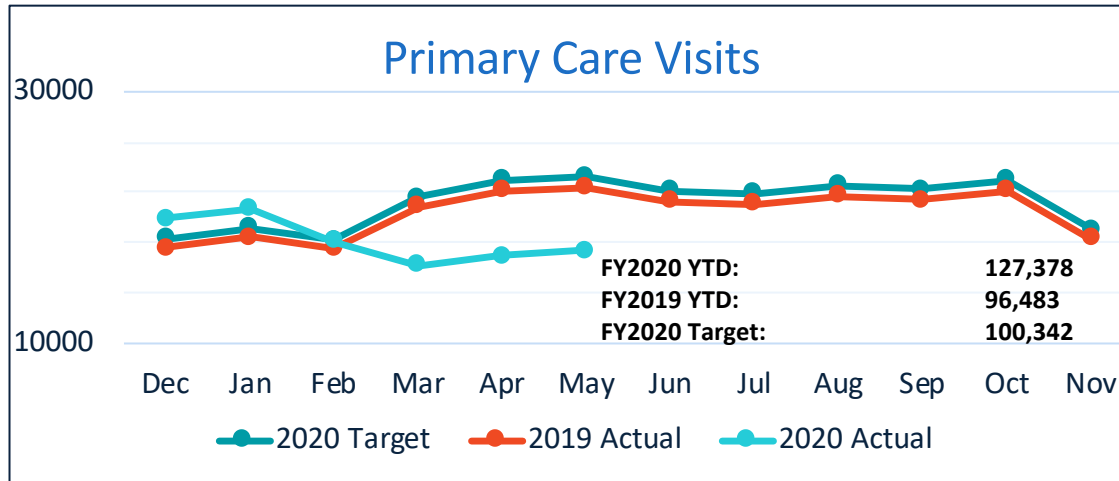
# CCH Health Prior 13 Month Ave. Daily Census- FY 2020



# CCH Health Prior 13 Month Adjusted Patient Days- FY 2020



# Patient Activity Indicators – May 2020





# CountyCare Financial Results – May 31, 2020 FYTD

Dollars in 000s except					
PMPM amounts	FY2020 Actual	FY2020 Budget	Variance	%	Fy19 Actual
<b>Capitation Revenue</b>	\$900,469	\$875,944	\$24,525	2.80%	\$892,430
<b>Operating Expenses</b>					
Clinical - CCH	\$ 100,397	\$ 86,391	\$ 14,006	16.21%	\$ 89,060
Clinical - External	\$ 750,764	\$ 751,342	\$ (578)	-0.08%	\$ 755,007
Administrative	\$ 50,049	\$ 41,343	\$ 8,706		
Total Expenses	\$ 901,210	\$ 879,076	\$ 22,134	2.52%	\$ 36,935
Operating Gain (Loss)	\$ (741)	\$ (3,132)	\$ 2,391	76.34%	\$ (7,608)
<b>Activity Levels</b>					
Member Months	1,936,685	1,956,204	14,006	0.72%	1,925,462
CCH CountyCare Member Months	215,432	N/A	N/A	N/A	266,621
CCH % CountyCare Member Months	11.12%	N/A	N/A	N/A	13.85%
<b>Operating Indicators</b>					
Revenue Per Member Per Month (PMPM)	\$ 464.95	\$ 458.00	\$ 6.95	1.52%	\$ 463
Clinical Cost PMPM	456	428	\$ (28.00)	-6.54%	546
Medical Loss Ratio (1)	91.20%	93.50%	2.30%	2.46%	95.60%
Administrative Cost Ratio (2)	4.90%	4.10%	-0.80%	-19.51%	3.40%

## Notes:

- (1) Medical Loss Ratio is a measure of the percentage of premium that a health plan spends on medical claims
- (2) Excludes amortization related to intangible asset that was recorded in connection with the acquisition of the Family Health Network membership

## Commentary

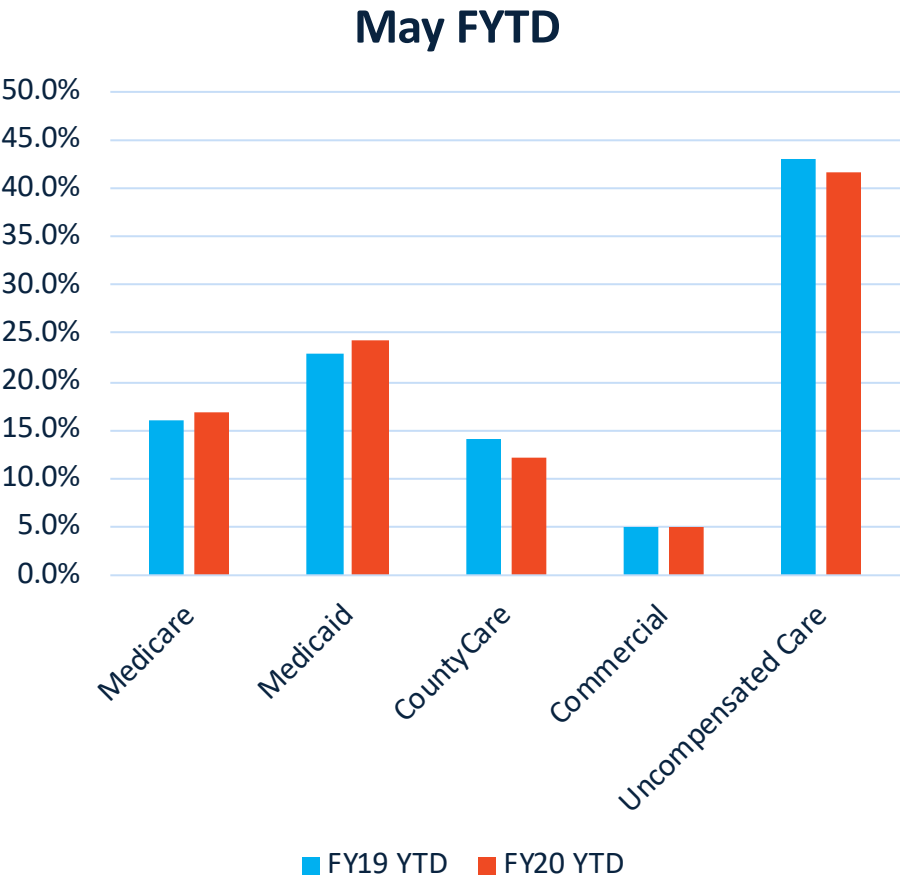
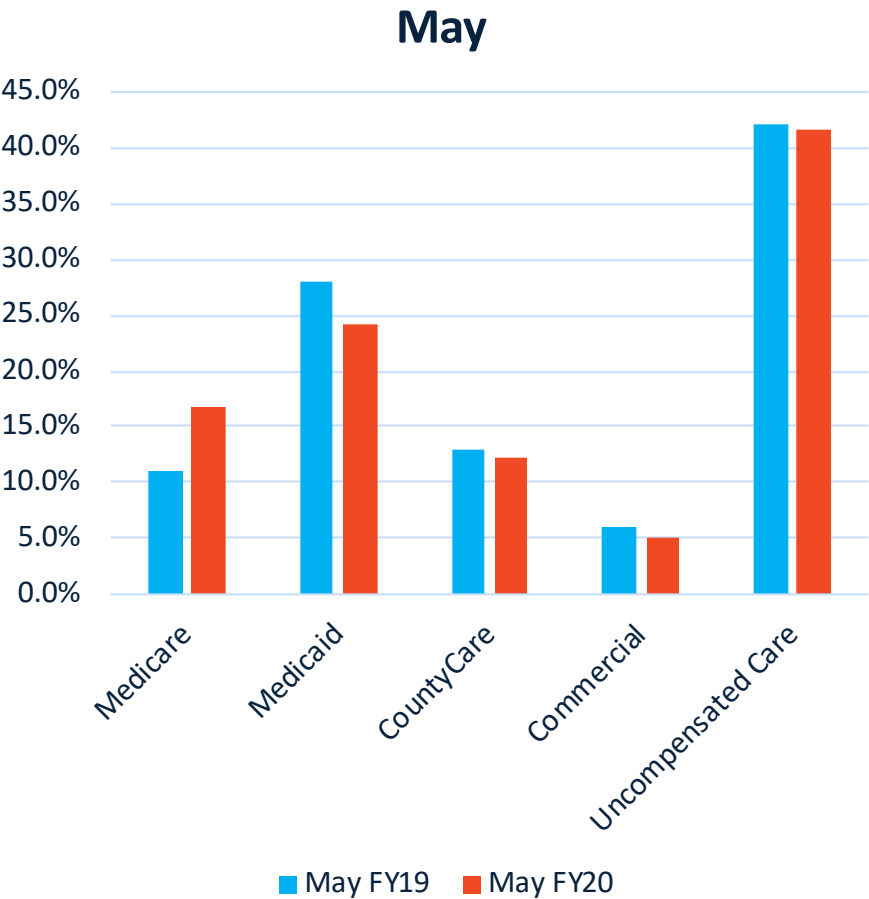
- FY20 Capitation Revenue is above budget due to HFS eligibility retro adjustments and the addition of the Special Needs Children population
- While total member months are under budget, there has been an increase in membership for the month of May and membership is expected to continue to increase due to increasing Medicaid enrollment as a result of the COVID-19 induced growth in unemployment
- CountyCare's reimbursement to CCH is budgeted at \$86.4M and is currently above budget at \$100.4M.
- Operating expenses are currently above budget, reflecting the addition of the Special Needs Children population and higher than expected claims costs.

# CountyCare Financial Initiatives

- Key CountyCare initiatives to strengthen financial performance include the following
  - Domestic spend initiatives
    - Single-source surgeries strategy to be resumed as CCH re-opens surgical services
    - Pharmacy/internal prescribing
  - Revenue initiatives
    - On-going discussions with HFS regarding revenue reconciliation and 2020 rates
    - SSI/SSDI initiatives to move members to higher paying rate cells
  - Expense initiatives
    - Provider contract adjustments
    - Pharmacy quantity limits and pharmacy coordination of benefits
    - Additional shared risk agreements
    - Reductions to care management costs
  - Absorbing additional members due to COVID-19 impact

# CCH Health Providers Revenue – May 31, 2020 FYTD

## Payer Mix Analysis



# CCH Health Providers Revenue – May 31, 2020 FYTD

## Revenue Operating Indicators

Revenue Cycle Metrics	Average FYTD 2020	May 2020	Industry Target *	Average FYTD 2019
Average Days in Accounts Receivable	91	117	40	98
Discharged Not Final Billed Days	9	11	7	10
Claims Initial Denials Percentage	20%	20%	3%	22%

### Definitions:

**Average Days in Accounts Receivable:** Total accounts receivable divided by average daily revenue

**Discharged Not Final Billed Days:** Average number of days after discharge before claim is submitted

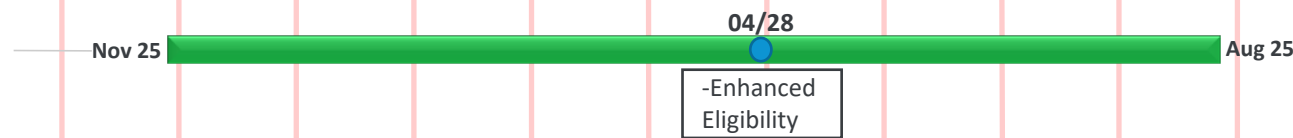
**Claims Initial Denials Percentage:** Percentage of claims denied initially compared to total claims submitted

\* **Source:** HFMA Key Hospital Statistics and Ratio Margins from Cerner

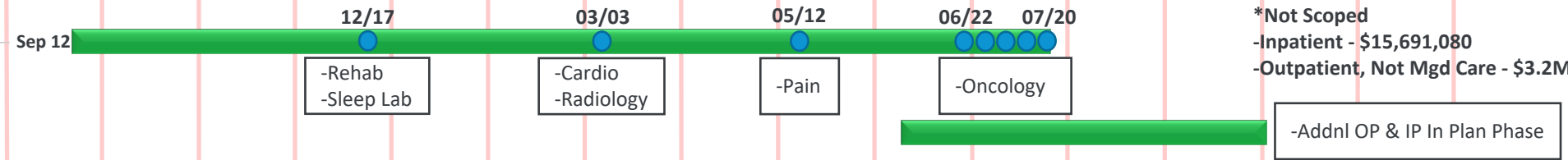
# Revenue Enhancement Projects

Today

Cerner Eligibility & Address Validation



Cerner Prior Authorization



**\*Not Scoped**  
 -Inpatient - \$15,691,080  
 -Outpatient, Not Mgd Care - \$3.2M

CDI Initiative (Iodine Replacement)



Charge Master (Optum)



Pt Access Req. Changes - Prod



Cerner Facility Charge Ticket (ED)



Rev Int. & Charge Requirements



CPA (+ Contract Management)



# Covid-19 Revenue Impact

## ➤ Altered operations and service offering on March 16

### ➤ Significant volume/patient revenue decline:

#### ➤ Charges Per Calendar Day:

	Dec 1 - Mar 15	Mar 16 - Jun 30	Change	% Change
Charges/Day	\$ 4,811,082	\$ 3,380,036	\$ (1,431,046)	-30%

#### ➤ Net Patient Revenue Loss:

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Impact	\$ (14,484,803)	\$ (30,124,619)	\$ (22,130,422)	\$ (17,890,387)	\$ (84,630,230)

## ➤ Additional Funding Received:

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Other Funding	March	April	May	June	July	Total
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Grant: CCDPH Crisis Grant	\$ -	\$ -	\$ 1	\$ -	\$ -	\$ 1
Grant: CCDPH Contact Tracing	\$ -	\$ -	\$ -	\$ -	\$ 41	\$ 41

# Guiding Principles for the FY2021 Budget

- Correctional and Public Health are mandated services
- Trauma and Emergency Room are essential services
- Retain services with greatest revenue potential
- Reduction/elimination of programs necessary, while retaining functions required for mandatory and essential services and those that generate revenue to cover costs
- Ensure CountyCare, MORE Care and other insured patients can be seen in order to capture more domestic spend
- Delay expansion or re-instituting suspended services
- Limit services for uninsured to supplemental support received (DSH, BIPA)
- Volumes will slowly return to pre-COVID levels, while CARES Act funding ends

# FY 2021 Revenue Drivers

- Increase in CountyCare Enrollment
- FY2019 activity level by the second half of FY2021
- COVID 19 to continue to limit growth
- No CARES Act Funding or enhanced FMAP in FY2021
- Reimbursement structure with the State
- Domestic spend revenue capture
- Uncompensated Care assumed at FY2019 rate (47%)
- County support for correctional and public health



# FY 2021 Expense Drivers

- Salaries and wages expenses up due to COLAs, Step Increases, turnover, overtime
- Benefit cost increases
- Managed care claims and professional services up due to higher CountyCare membership/rates
- Rising medical supplies/equipment, pharmacy and medical consultation cost
- Implementation of Oak Forest close out
- Continued potential impact of COVID 19 on expenses

# FY2020/FY2021 Budget Forecast (in Millions)

ooo's	FY19 Audit	FY2020 Adopted Budget	FY2020 Projected Year End	FY2021 Budget Forecast
Revenues	\$2,669	\$2,824	\$3,146	\$3,229
Expenses	\$2,878	\$2,824	\$3,207	\$3,416
Net Surplus/(Deficit)	(\$209)	0	(\$61)	(\$187)

# FY2021 Budget Calendar

- June 26, 2020 President's FY2020/2021 Preliminary Budget Forecast Released
- July 16, 2020 President's Preliminary Forecast Public Hearing
- July 21, 2020 Cook County Finance Committee Meeting – Mid Year Budget Hearings
- July 23, 2020 CCH Finance Committee – FY2021 Budget Framework Introduced
- July 31, 2020 CCH Full Board – FY2021 Budget Framework Discussion
- August 20, 2020 CCH Finance Committee Meeting – FY2020 Proposed Budget Introduced
- August 28, 2020 CCH Board Meeting – FY2020 Budget Request for Approval
- September 24, 2020 Cook County Board Meeting – CCH FY2020 Proposed Budget Introduced & Approved (for inclusion in the Executive Budget Recommendation)
- October, 2020 President's FY2020 Executive Budget Recommendation Introduced
- Oct/November, 2020 Cook County Public Hearings, Agency & Department Budget Review Meetings, Proposed Amendments, Annual Appropriation Bill Adopted

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
July 31, 2020

ATTACHMENT #6

COOK COUNTY HEALTH AND HOSPITALS SYSTEM

ITEM IV(A)

JULY 31, 2020 BOARD MEETING

CONTRACT AND PROCUREMENT ITEM

Request #	Vendor/Entity	Service or Product	Fiscal impact not to exceed:	Method of acquisition	Total # of bidders/ RFP responses / GPO companies available	Affiliate / System	Begins on Page #
<b>Execute Contract</b>							
1	Aarete, LLC	Service - contract re-negotiations services	\$5,692,000.00	RFP	7	System	2

# Cook County Health

## BOARD APPROVAL REQUEST

SPONSOR:		EXECUTIVE SPONSOR: Andrea M. Gibson, Interim Chief Business Officer	
DATE: 07/28/2020	PRODUCT / SERVICE: Service – Contract Re-Negotiations Services		
TYPE OF REQUEST: Execute Contract	VENDOR / SUPPLIER: AArete, LLC, Chicago, IL		
ACCOUNT: Various	FISCAL IMPACT NOT TO EXCEED: FY2020 \$ 618,668.00 FY2021 \$3,043,999.20 FY2022 <u>\$2,029,332.80</u> \$5,692,000.00		GRANT FUNDED:
CONTRACT PERIOD: 08/03/2020 thru 08/02/2022		CONTRACT NUMBER: H20-25-101	
X	COMPETITIVE SELECTION METHODOLOGY: RFP (7) – H20-0018		
	NON-COMPETITIVE SELECTION METHODOLOGY:		

### PRIOR CONTRACT HISTORY:

No prior contract history for this service.

### NEW PROPOSAL JUSTIFICATION:

This contract encompasses an assessment of opportunities related to CCH's Strategic Cost Reduction and Revenue Enhancement Initiatives. The Contractor has been selected through a Request for Proposal (RFP) process as the firm that will assist CCH's goal of realizing and sustaining significant cost savings through current vendor contract re-negotiations with short-term initiative of vendor re-contracting with Fiscal Year 2020 immediate impact as well as long-term opportunities. The Contractor will develop a short term (3-5 months) and a long-term (TBD) work stream after analyzing Accounts Payable (AP) data. The fee is tied to a fixed cost monthly stipend and quantifiable results that will be monitored by CCH and billed on a contingency percentage basis.

### TERMS OF REQUEST:

This is a request to execute contract number H20-25-101 in an amount not to exceed \$5,692,000.00, as needed, for a twenty-four (24) month period from 08/03/2020 thru 08/02/2022.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

CCH INTERIM DEPUTY CEO:   
Robert L. Sumter, PhD., Interim Deputy Chief Executive Officer, Operations

Request  
#1

CCH INTERIM CEO:   
Debra D. Carey, Interim Chief Executive Officer

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •  
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M.  
Rothstein CORE Center •

We Bring Health CARE to Your Community

Revised 03/01/2011

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
July 31, 2020

ATTACHMENT #7



# COOK COUNTY HEALTH

## Leadership

Toni Preckwinkle  
President  
Cook County Board of Commissioners

Debra D. Carey  
Interim CEO  
Cook County Health

## Board of Directors

M. Hill Hammock  
Chair of the Board

Mary B. Richardson-Lowry  
Vice Chair of the Board

Hon. Dr. Dennis Deer, LCPC, CCFC  
Mary Driscoll, RN, MPH  
Ada Mary Gugenheim  
Mike Koetting  
David Ernesto Munar

Heather M. Prendergast, MD, MS, MPH  
Robert G. Reiter, Jr.  
Otis L. Story, Sr.  
Layla P. Suleiman Gonzalez, PhD, JD  
Sidney A. Thomas, MSW

July 29, 2020

Chairman Hill Hammock  
Cook County Health and Hospitals System

Dear Chairman Hammock:

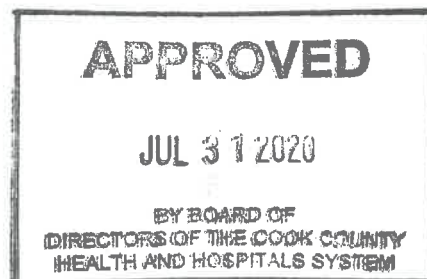
This is a request for a 4<sup>th</sup> Amendment to an existing Lease Agreement between the Illinois Medical District Commission, as Landlord and the County of Cook, as Tenant for a parking lot located at the northeast corner of Hastings St. and South Leavitt St. Chicago IL 60608, in Cook County Board District #2. Cook County Health (CCH) will operate a parking lot for the purposes of parking for its staff.

Landlord:	Illinois Medical District Commission
Tenant:	County of Cook
Using Agency:	Cook County Health
Location:	13th Street on the north, Hastings Street on the south, a parking lot on the east and Leavitt Street on the west.
Term:	Six months – August 1, 2020 through January 31, 2021
Space Occupied:	Block 113 of the District Development Area in Chicago, Illinois. 2.25 acres for the limited purpose of vehicle parking.
Rent:	\$5,445.00 per month / \$32,670.00 for the term of the lease
Operating Expenses:	In addition to Base Rent, Tenant shall provide and pay for any and all utilities.

Approval of this item would commit Fiscal 2020-2021 funds. (4890:19950). This Lease Agreement does not require approval by Cook County Board of Commissioners.

Sincerely,

Robert Sumter, PhD, FACHE  
Interim Deputy CEO for Operations





Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
July 31, 2020

ATTACHMENT #8

# CEO Report

Debra D. Carey, Interim CEO

July 31, 2020



COOK COUNTY  
**HEALTH**

# COVID-19 Update



COOK COUNTY  
**HEALTH**

# Latest Numbers

July 26, 2020

	Confirmed Cases	Deaths	Total Tests Performed
Cook County ( <a href="#">IDPH link</a> )	102,583	4,830	1,124,530
Illinois ( <a href="#">IDPH link</a> )	171,424	7,398	2,511,567
U.S. ( <a href="#">CDC link</a> )	4,163,892	145,982	52,942,145
World ( <a href="#">WHO link</a> )	15,785,641	640,016	N/A



# CCH COVID Testing

All CCH Testing\* as of 7/27/20

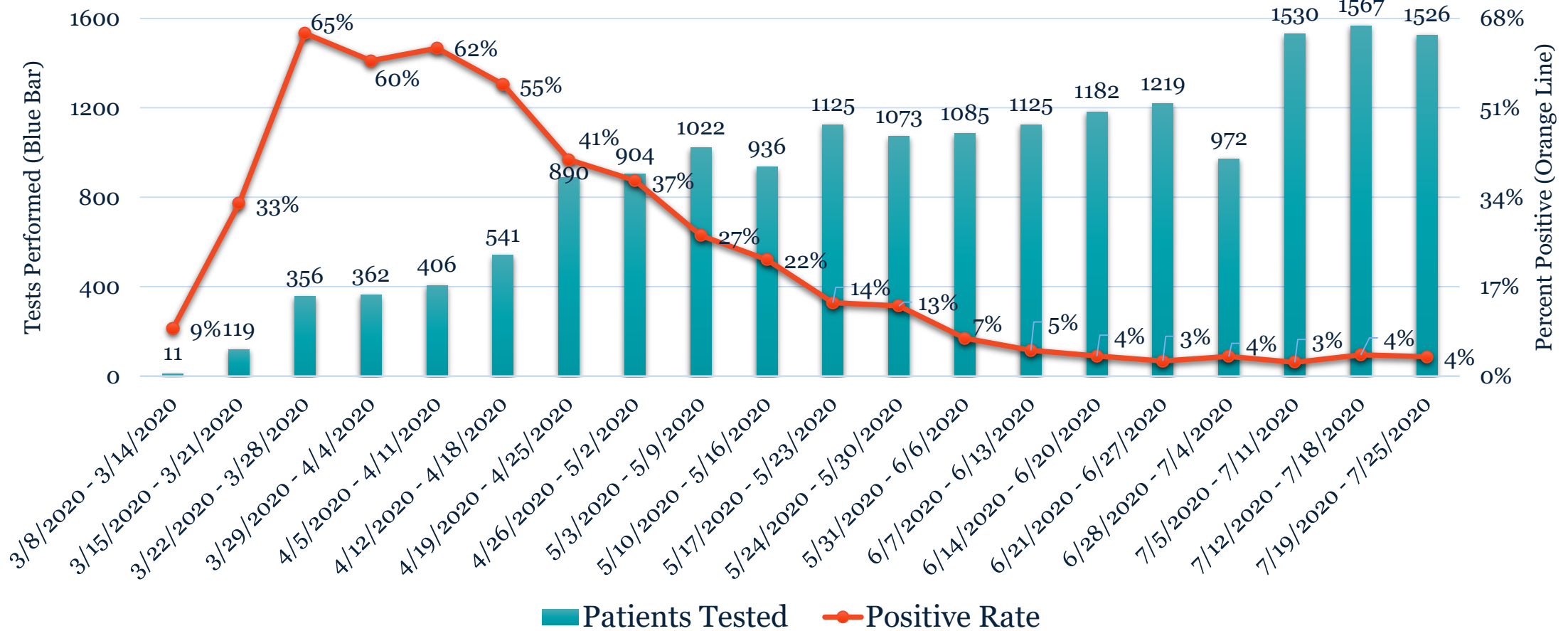
Test Result	Test Count	Percent
Negative	21,479	86%
Positive	3,226	13%
Undetermined	152	1%
<b>Grand Total</b>	<b>24,857</b>	<b>100%</b>

*\*This slide represents all tests conducted at CCH. If a patient was tested multiple times, each test is counted.*

# COVID-19 Patient Testing\* Conducted across all CCH locations

17,951 patients have have been tested for COVID-19 through CCH

CCH All Patients Tested vs. Positive Rate



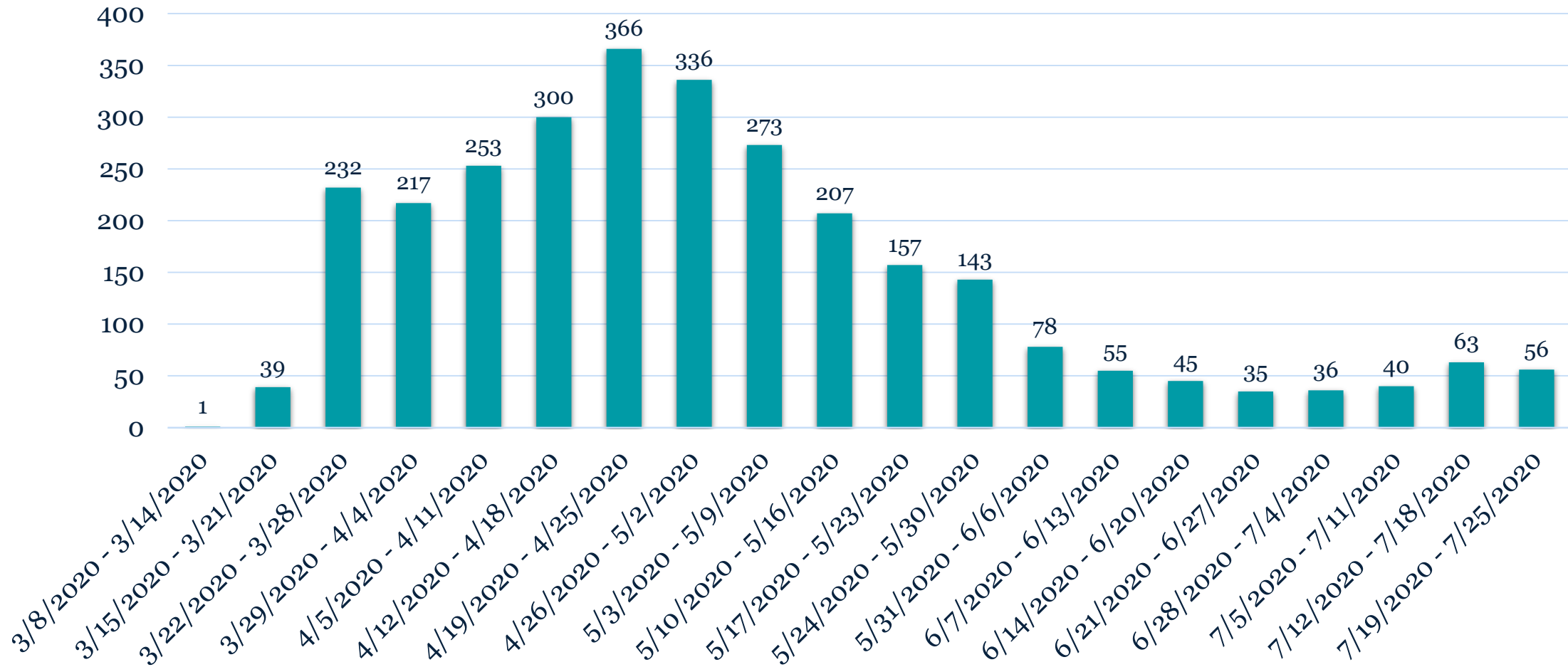
\*This slide represents unique patients tested.



COOK COUNTY  
HEALTH

# COVID-19 Positive Patients across all CCH Locations

2,932 Patients Have Tested Positive



**COOK COUNTY**  
**HEALTH**



# Cermak Update



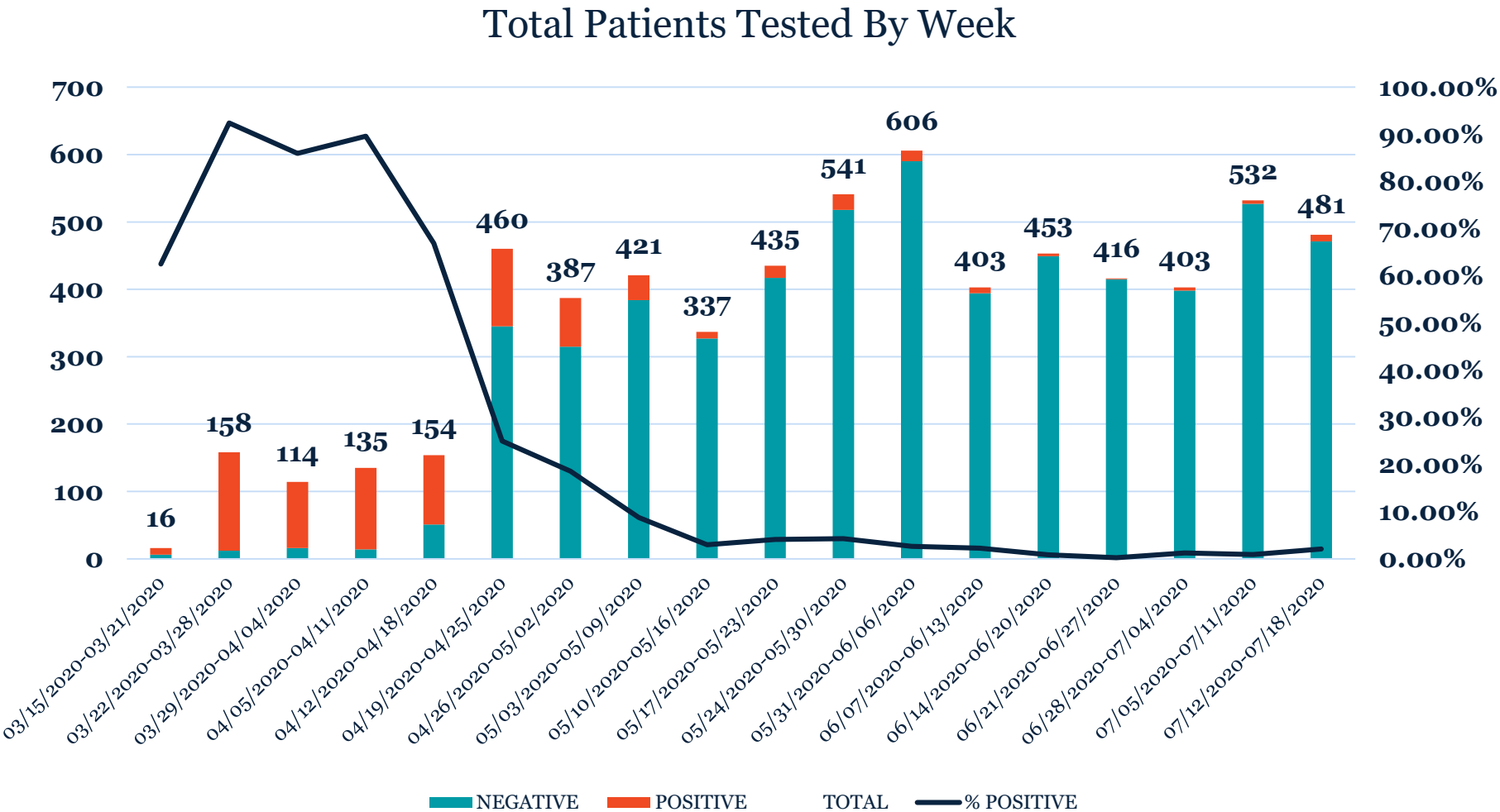
COOK COUNTY  
**HEALTH**



# Cermak Update

## The Importance of Testing

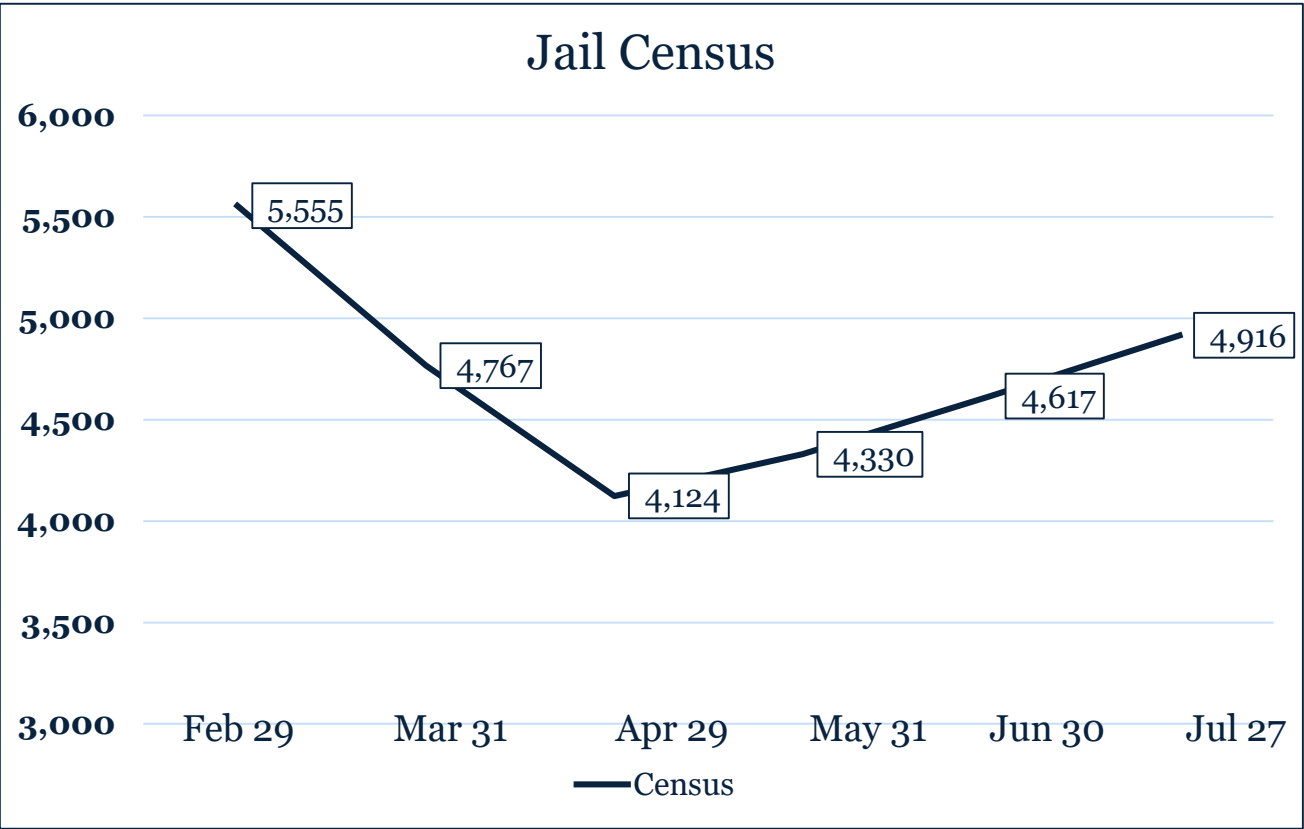
*This graph illustrates the impact of testing availability. As was true in the community, our initial testing was constrained exclusively to symptomatic patients. The availability expanded eventually to include patients without overt signs of infection and then to surveillance. Testing continues to inform care and housing and plays a critical role in focused interventions and ongoing containment.*



# Cermak Update

- Cermak remains our highest priority.
- Population continues to rise compressing space to accommodate social distancing.
- If additional vacant space is reopened to accommodate social distancing, will require additional staffing.
- Lower census has allowed for single celling, distancing and other mitigation strategies that have led to containment.

	Feb 29	March 31	April 29	May 31	June 30	July 27
Census	5,555	4,767	4,124	4,330	4,617	4,916



# Cook County Jail Housing:

Expanded footprint to achieve social distancing





# Public Health Update



COOK COUNTY  
**HEALTH**

# COVID-19: Current Situation in CCDPH Jurisdiction

As of July 27, 2020:

**40,546**

Confirmed Cases



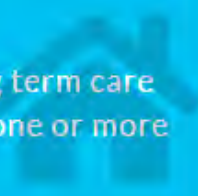
**1,781**

Deaths\*



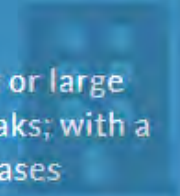
**178**

Congregate settings, such as long term care facilities or nursing homes, with one or more confirmed cases



**66**

Other settings, such as workplaces or large gatherings, with confirmed outbreaks; with a total of 446 outbreak-associated cases



# COVID-19 Response Activities

## CCDPH continues to:

- Contact trace new infections - existing contact tracing team has been tracing for COVID-19 since late January; prioritizing cases in young people; hiring process underway for additional tracers under the grant
- Provide infection control guidance in long-term care facilities
- Provide technical assistance:
  - School webinar series to discuss state guidance and public health recommendations
  - Workplace violation follow up and information
- Engage the community
  - Hotline and email
  - Website and Social Media
  - Partner meetings and community education

# Recommendations

## Travel and Community Mitigation

### **CCDPH issued travel guidance on 7/17/20:**

*Any person entering suburban Cook County living in a high-incidence state, or who visited the high-incidence state for more than 24 hours is recommended to self-quarantine for 14 days after arrival, or for the duration of their stay in suburban Cook County, whichever is shorter.*

- List of states updated every Tuesday

### **In accordance with IDPH, CCDPH plans to issue recommendations to mitigate increases in community transmission, especially among people 20-29**

- Limits on capacity in restaurants; only outdoor in bars
- Guidance and FAQs available on the CCDPH website

# CCDPH COVID-19 Contact Tracing Initiative

## Program funding and administration

- \$40 million grant for contact tracing program in suburban Cook County\*
  - Expands from current tracing staff from 25 to 400
    - Initial 60 staff being hired through Hektoen Institute with balance hired directly by CCH.
  - Capacity to trace at least 90% of all new cases each day within 24 hrs
  - Grant is for a one-year period from June 1, 2020 – May 31, 2021
- 20% of grant funds will be distributed through competitive process to community-based organizations to:
  - Conduct outreach and education
  - Provide testing, as well as additional contact tracing support and wrap around services
  - Create formal collaborations between agency and CCDPH to support surveillance and enforcement of safe work practices



# CCDPH COVID-19 Contact Tracing Initiative

## Hiring

- Teams to be composed of individuals from suburban Cook County communities most vulnerable to COVID-19 through economic hardship and racial and ethnic discrimination
- Working to create pathway for new healthcare jobs/careers to help suburban Cook County communities most vulnerable to COVID-19
- Demand for jobs is great – over 10,000 have submitted IDPH's interest form

# CountyCare Update

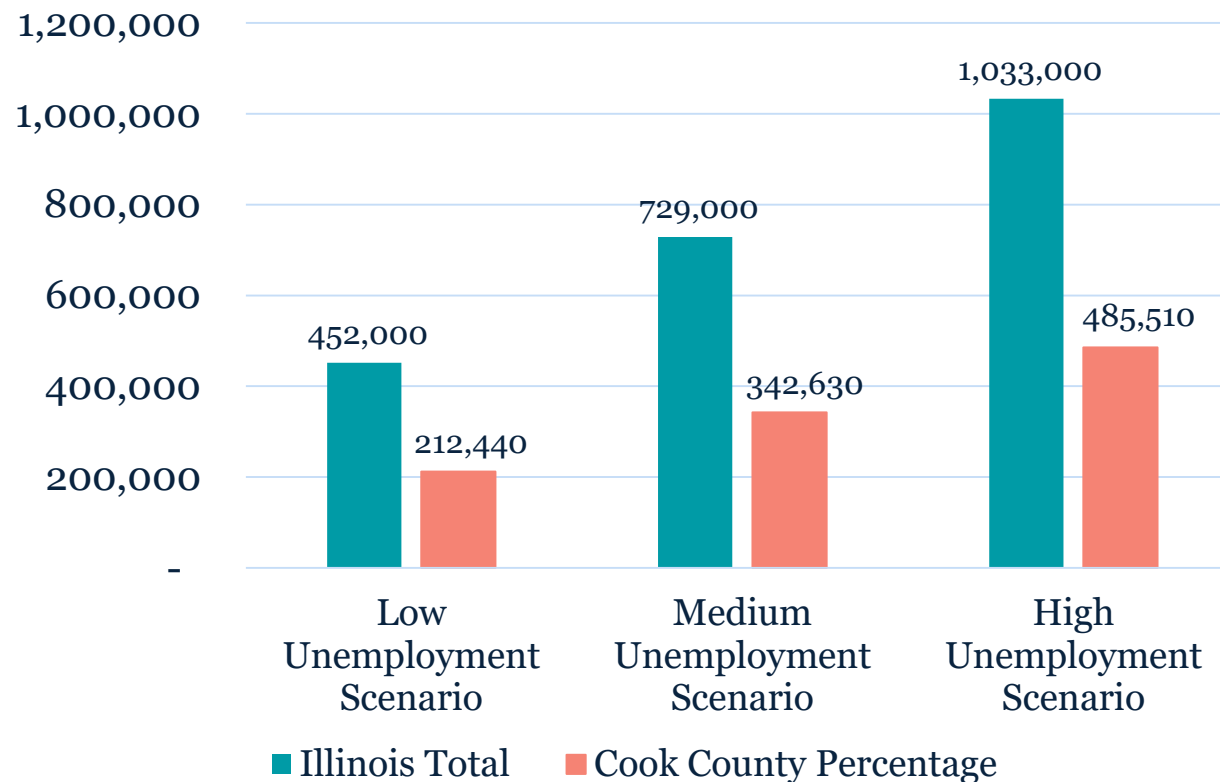


COOK COUNTY  
**HEALTH**

# CountyCare Update: Impact of COVID on Medicaid

## As a Result of Economic Climate

**Estimated Change in Insurance Coverage from  
COVID-Related Economic Downturn - Illinois**



Scenario	Unemployment Rate
Pre-COVID	3%
Low	10%
Medium	17.5%
High	25%

Enrollment	Total Enrolled	% of IL
Cook County	1,007,849	47%
Illinois Statewide	2,143,788	100%

# Impact of COVID on CountyCare

## CountyCare Impact (Growth Scenarios)

Conservative estimate...12/20 membership = 348,876

***August 2020 Actual Membership = 368,600***

Middle Ground estimate...12/20 membership = 369,126

High estimate...12/20 membership = 384,759

# Operational Updates



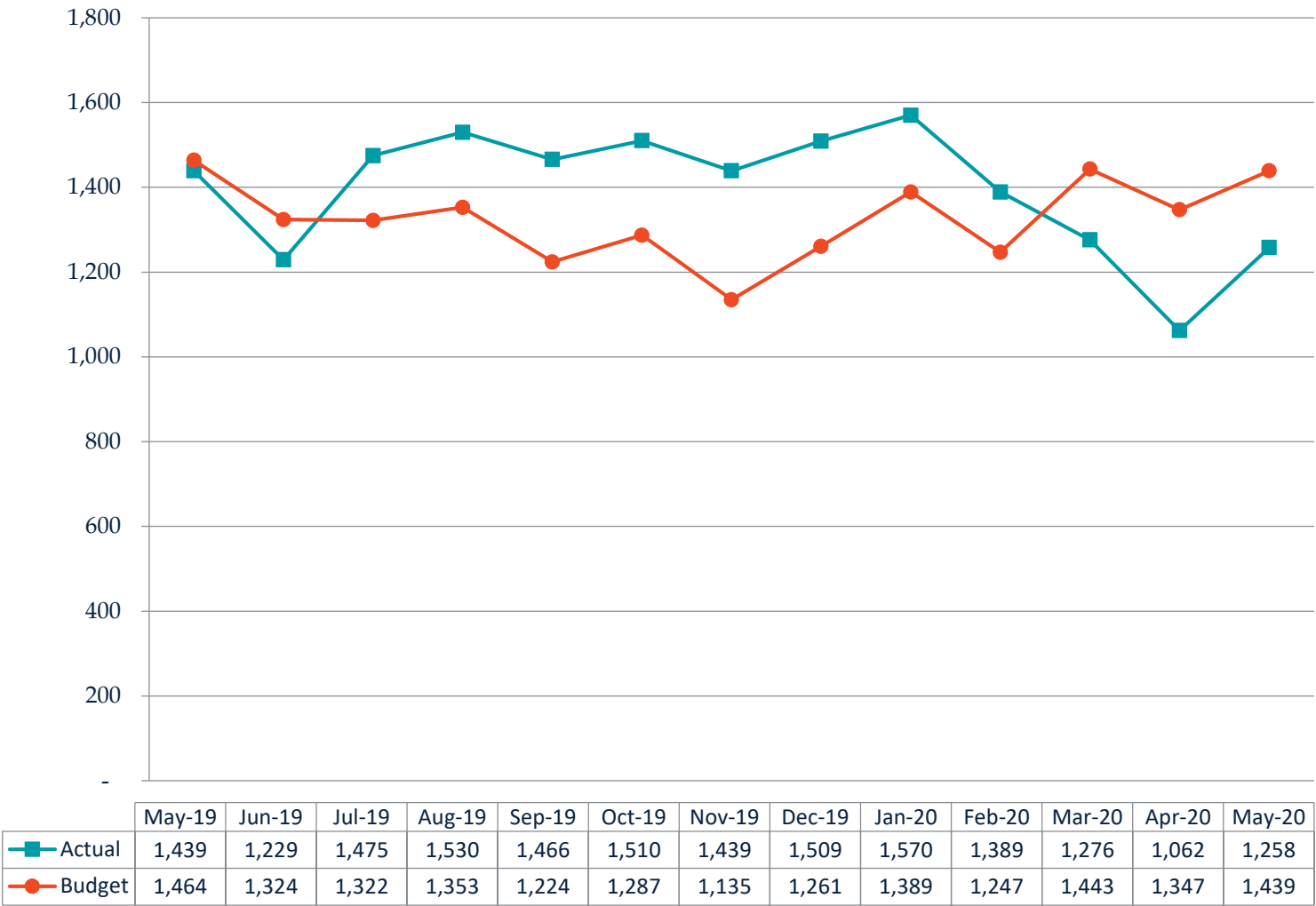
COOK COUNTY  
**HEALTH**

# Operational Update

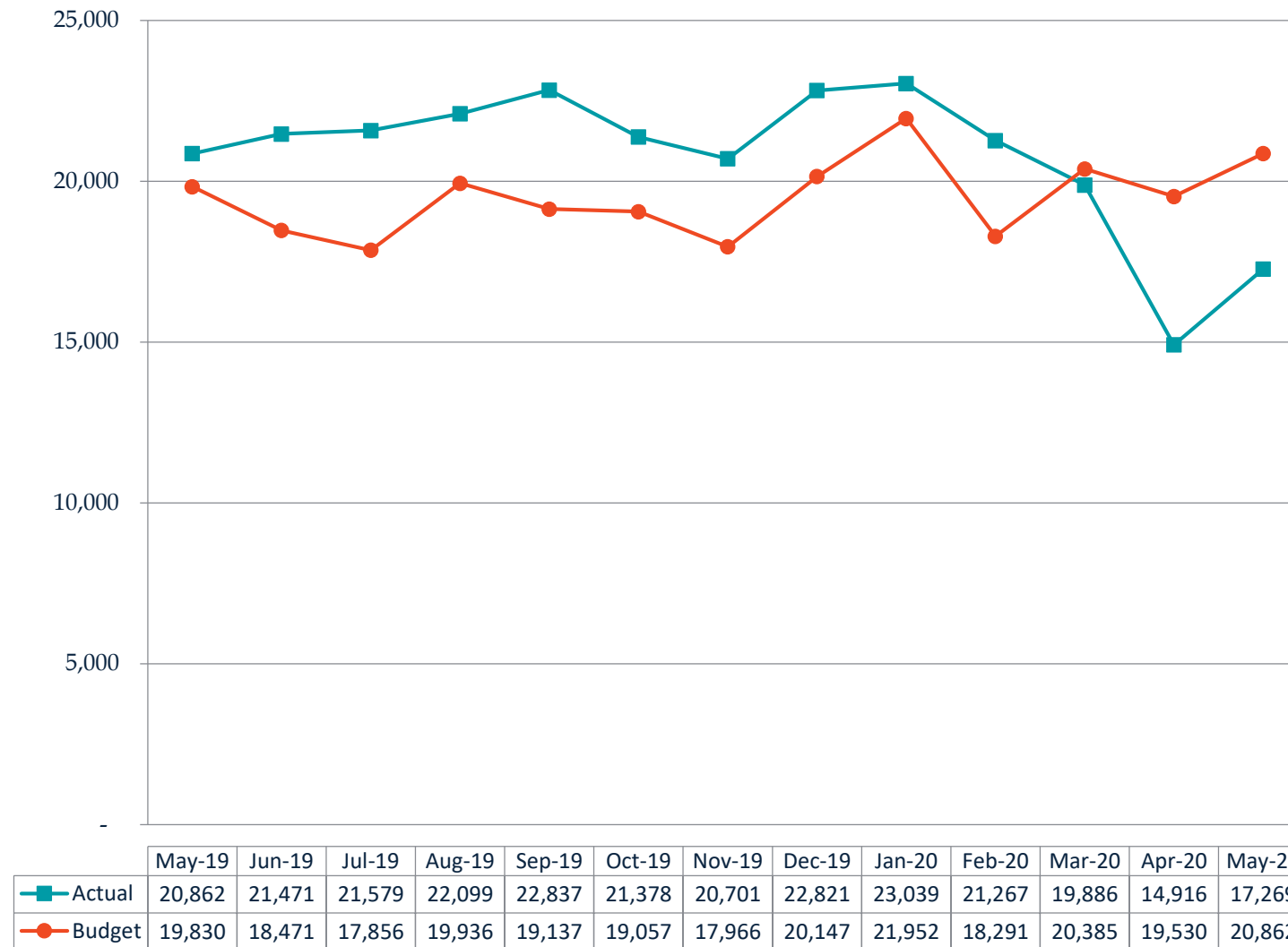
- Rebuilding clinical volumes is a priority.
- Voluntary Travel Guidelines issued following order by CDPH and guidance by CCDPH.  
Travel guidelines impacting staffing.
- Resurgence Committee meeting regularly.
  - Major focuses: PPE, planning and training, lessons learned
- Leadership looking at impact of remote learning on staffing and the ongoing provision of clinical services.
- Command Center remains open.
- Leadership developing a plan to further address health disparities.



# CCH Health Prior 13 Month Admissions - FY 2020

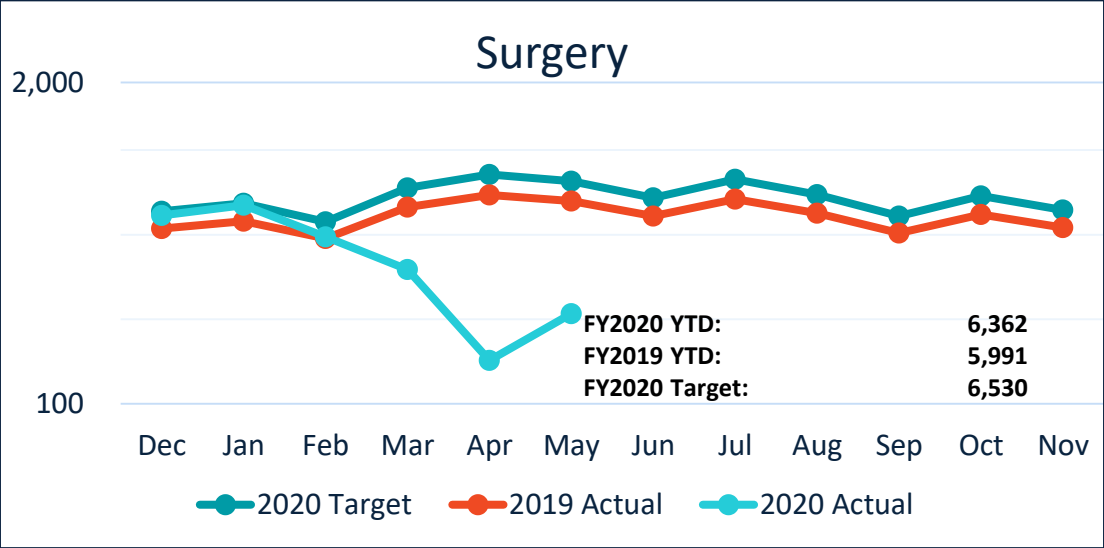
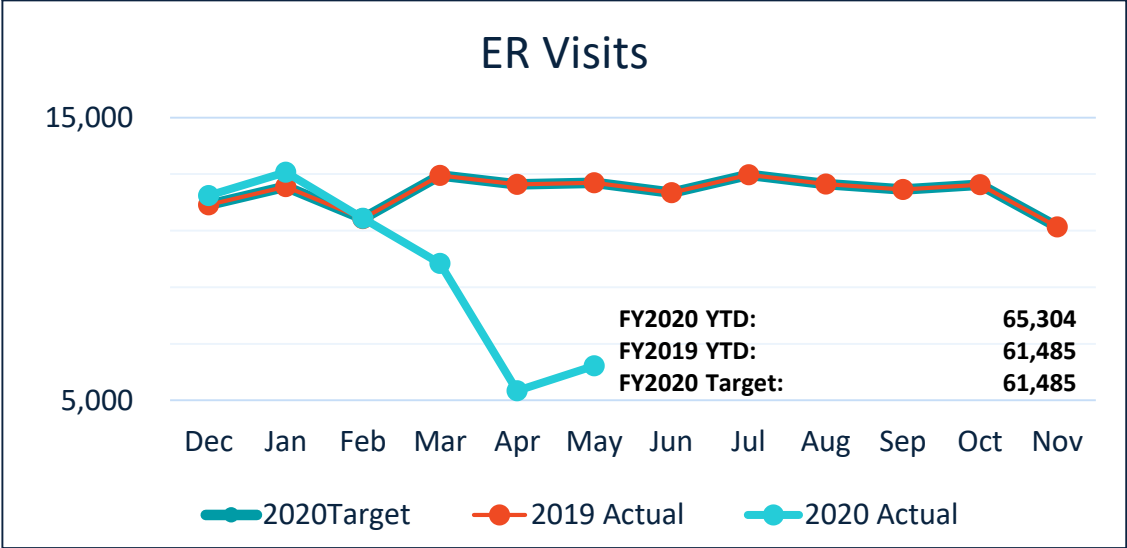
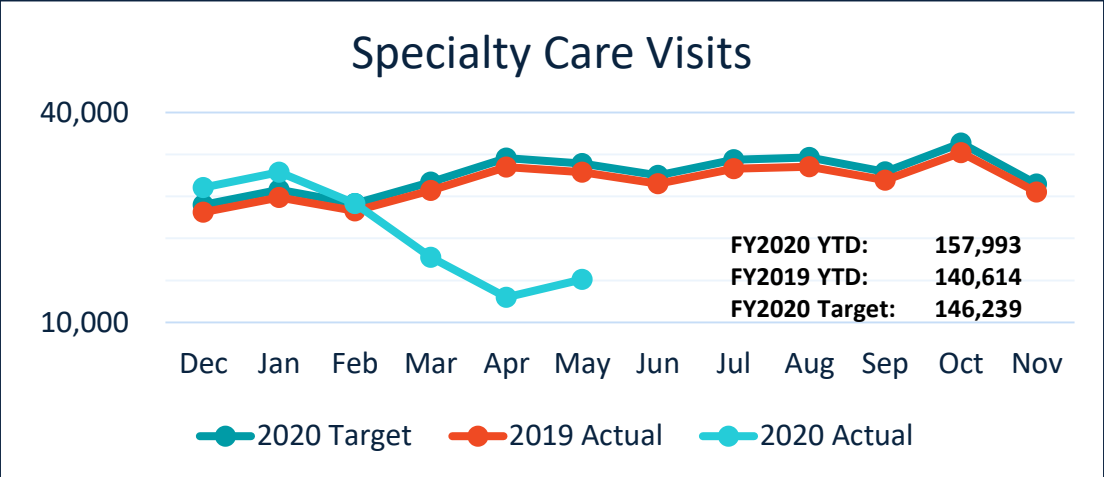
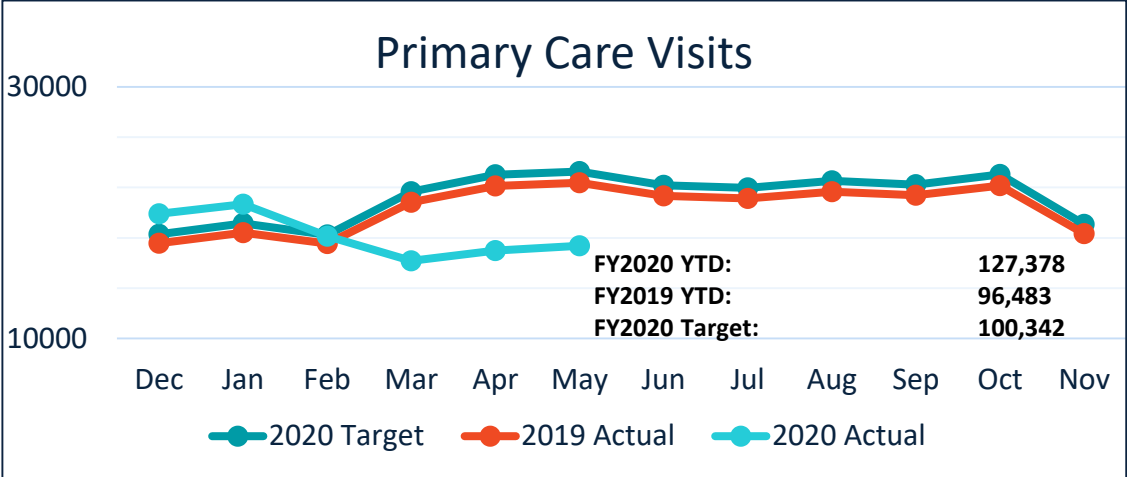


# CCH Health Prior 13 Month Adjusted Patient Days- FY 2020



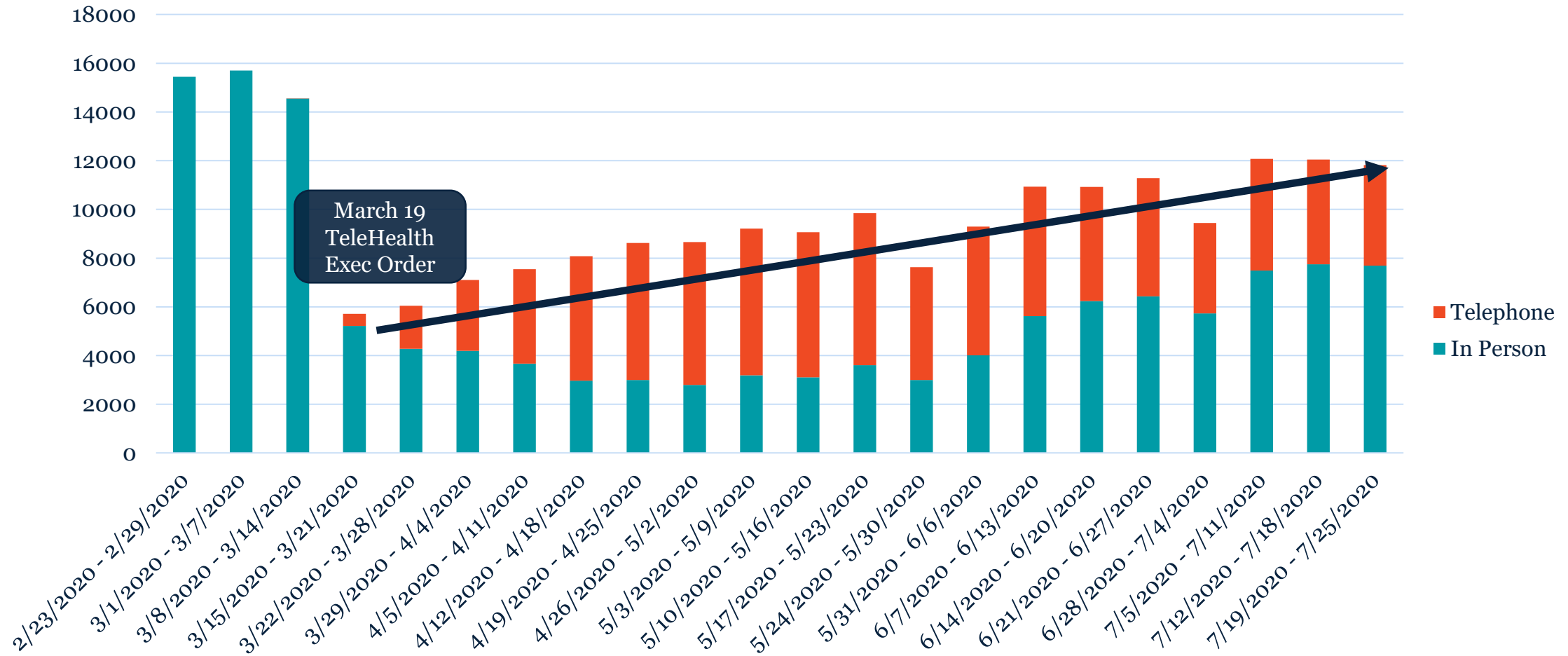


# Patient Activity Indicators – May 2020



# COVID-19 Telehealth Implementation

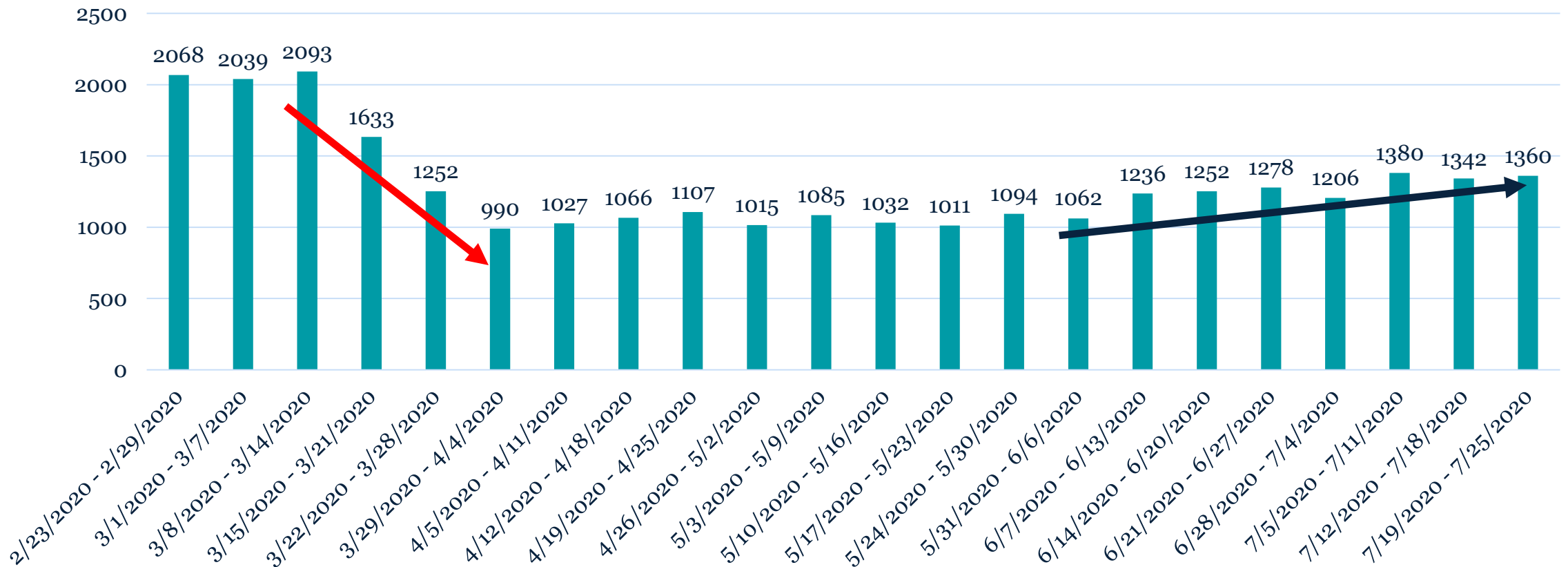
85,349 telehealth visits have been completed



# COVID-19 Emergency Department Impact

- Pre-COVID averaged just over 2,000 visits a week.
- COVID drastically reduced the volume, dropping down to ~1,000 visits/week April-May
- ED Volume started increasing in June, now up to just under 1,400 visits/week

**Stroger Emergency Department Volume**



# COVID-19 Revenue Impact

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- Significant volume/patient revenue decline:

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Grant: CCDPH Crisis Grant	\$ -	\$ -	\$ 1	\$ -	\$ -	\$ 1

# CCH COVID-19 News



## [Summer violence could overwhelm coronavirus precautions in Chicago's biggest jail](#)

June 29, 2020 – *CNN*

Dr. Connie Mennella, Chair of Correctional Health, speaks about containing the COVID-19 outbreak at Cook County Jail, where the rate of positive tests decreased from more than 90% in March to less than 1% today.



## [How COVID-19 threatens health care in Cook County](#)

July 6, 2020 – *Modern Healthcare*

Debra Carey, interim CEO at CCH, discusses the financial impact COVID-19 has had on the health system and what it means for the future



## [Cook County Health could face more layoffs as CEO search continues](#)

July 23, 2020 – *Becker's Hospital Review*

Cook County Health faces potential layoffs amidst COVID-19 pandemic.



## [How six months of pandemic have changed Illinois forever](#)

July 24, 2020 – *Crain's Chicago*



## [Amid virus, uncertainty, parents decide how to school kids](#)

July 26, 2020 – *Washington Post*

Dr. Kiran Joshi, co-lead of CCDPH, weighs in on the value of in-person classroom instruction

# Additional Updates



COOK COUNTY  
**HEALTH**

# US News & World Reports

## Stroger Hospital

Stroger Hospital named High Performing Hospital for 2020-21

- Heart Failure Care
- Chronic Obstructive Pulmonary Disease (COPD)

High-performing organizations rank within the top 10 percent nationally of a given specialty. Hospitals that are high performing are considered significantly better than the national average.





# Media Dashboard: June 25- July 25, 2020

Total Number of Media Hits: 84

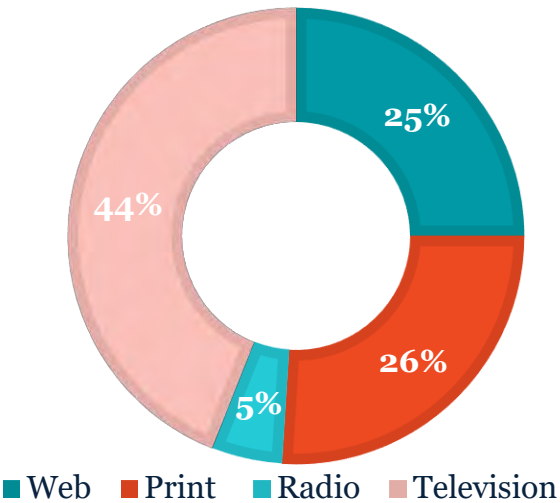
## Top 5 Local Media Outlets

- 1. Chicago Tribune
- 2. CBS-2 News
- 3. WGN-9 News
- 4. Crain's Chicago Business
- 5. NBC-5, FOX-32 and WTTW

## Top 5 National Media Outlets

- 1. MSN
- 2. Yahoo! News
- 3. CNN
- 4. Associated Press
- 5. New York Times

Media Outlet Type



## Most Common Topics

- 1. Increase in opioid overdoses in Cook County
- 2. CDC study on dramatic decrease in COVID-19 cases at jail
- 3. Budget gap due to COVID-19
- 4. Importance of following public health guidelines for COVID-19
- 5. COVID-19 research studies at CCH
- 6. Travel restrictions due to COVID-19
- 7. Hot weather
- 8. Children and masking
- 9. Fireworks safety
- 10. Donations
- 11. New CEO search
- 12. Contact tracing

Media Mentions by Department

