CCH Monthly Report

to the Cook County Board of Commissioners

February 2022

COOK COUNTY HEALTH

Administrative & Legislative Updates

Presented to the Cook County Health Board on 1/28/2022

COOK COUNTY HEALTH

Administrative Updates – CCH Employee Recognition

- The week of January 16th, Cook County Health re-opened three of its mass vaccination sites. The goal of the mass sites is to make the COVID-19 vaccine easily accessible for individuals who are having difficulty finding an appointment or want the convenience of being able to walk into a community site. A large team of Cook County Health staff worked together to quickly set up the sites, with support from Cook County and the State of Illinois. The three sites in Des Plaines, Forest Park and Matteson have administered more than 5,200 doses of vaccine since re-opening. About 19% of those shots were first doses and 78% were booster shots. Our mass vaccinations sites and community vaccination program have been instrumental in helping vaccinate Cook County. More than 965,000 doses have been administered. Cook County Health's mass vaccination program was recently recognized with the Chicago Health Executives Forum (CHEF) and the American College of Healthcare Executives (ACHE) Award in the category of service excellence. Activating mass sites requires a large, well-coordinated team. In addition to our partners from the President's Office, the Bureau of Asset Management, the Cook County Department of Emergency and Regional Security, dozens of CCH team members rallied working evenings and weekends to operationalize these sites.

- Thank you to the entire team who made these sites possible, including the following individuals for their important contributions:
  - **Iliana Mora**, Chief Administrative Officer, Ambulatory Services
  - **Josh Ablis,** Director of Project Management and Operational Excellence
  - **Jackie Boone,** Patient Services Director
  - **Sherman Bunch,** Vaccine Site Manager
  - **Claudia Burchinal,** Director of Ambulatory System Operations and Business Development
  - **CaTrice Groves,** HR Operations Manager
  - **Kate Hedlin,** Communications Manager
  - **David Herrera,** Senior Contract Specialist
  - **Dr. Greg Huhn,** Vaccine Lead
  - **Charles Jones,** Chief Procurement Officer
  - **Ratna Kanumury, PA,** Executive Director of Ambulatory Operations, Specialty Care
  - **Amy Looi,** Director of Clinical Informatics
  - **Kathy Lorenc,** Director of Strategic Sourcing & Procurement
  - **Darnel Marsh,** Manager, Desktop Support Services
  - **LaTrice Moore,** Assistant Administrator
  - **CaTanya Norwood, PharmD,** System Director of Pharmacy
  - **Marisol Nunez,** ACHN COVID Vaccine Program Lead and Clinic Manager
  - **Alisha Patel,** Assistant General Counsel
  - **Bryan Pravel,** Technology Information Officer
  - **Dr. Nimmi Rajagopal,** Associate Chair of Family Medicine
  - **Dan Ruiz,** Director of Materials Management

Administrative Updates – COVID-19

- After several weeks of significant increases, inpatient admissions for COVID are decreasing as are cases at the jail. Daily briefings with the management team continue to monitor bed capacity, staffing and supplies

- Cook County Health continues to offer COVID vaccination to employees, patients and the community. CCH has administered more than 960,000 vaccine doses to date and recently reopened its mass vaccination sites in Matteson, Forest Park and Des Plaines.

- CCH and CCDPH are distributing KN95s to the general public through mass sites, CCH community health centers, community-based organizations and more. CCH will hold a mask awareness day at Matteson on February 2.

- Both CCH and CCDPH continue to offer vaccines, including booster shots, in the community. A full list of locations, dates and times can be found at https://myshotcookcounty.com/locations/.

Administrative Updates – Activities and Announcements

Behavioral Health

- On January 25th, Cook County Board President Toni Preckwinkle, CCH CEO Israel Rocha held a press conference to announce a five-year $2.6 million grant to CCH fund opioid use treatment programs from the US Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA). Project REACCH-OUT: Rapid Engagement and Access at Cook County Health for Opioid Use Treatment will provide funding to enhance the treatment and recovery of individuals diagnosed with opioid use disorder (OUD) and substance use disorder (SUD) by implementing a rapid access, low-barrier and high-capacity bridge clinic in the Illinois Medical District.

- The bridge clinic be a safety-net for people struggling with OUD and SUD who are in between care settings – such as leaving jail or a hospital and in need of health care services, people returning to care, or those without an ongoing relationship with a health care provider. A combination of in-person assessments, telehealth visits, and outreach and community events will be used to engage patients.

- The clinic will offer medication-assisted treatment (MAT) services for vulnerable individuals who are unable to access immediate services and are therefore at a higher risk of relapsing or overdosing after a period of sobriety. The aim is to serve 160 people during its first year and 240 each year following.

Food As Medicine

- As access to healthy food remains a great need for our patients and communities, the Fresh Truck partnership between Cook County Health (CCH) and the Greater Chicago Food Depository (GCFD) continues. The onset of the COVID-19 pandemic required CCH and GCFD to develop and implement revised protocols for the Fresh Truck distributions that allow for appropriate screenings and social distancing to protect patients, as well as CCH and GCFD staff and volunteers. These revised protocols are in place until further notice.

- Through mid-January 2022, CCH's Fresh Truck partnership with the Greater Chicago Food Depository (GCFD) resulted in 367 visits to CCH health centers – Arlington Heights, Austin, Blue Island, the CORE Center, Cottage Grove, Englewood, Logan Square, North Riverside, Provident/Sengstacke, Prieto, and Robbins.

- Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables, as well as some shelf stable items during the COVID-19 pandemic, to an estimated 41,304 households, representing 136,305 individuals, totaling more than 928,400 pounds of food. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

- The GCFD's Fresh Food Truck visits for the month of February include the following ACHN Health Centers.
  - February 1 – **North Riverside Health Center** – 1800 S. Harlem Avenue, North Riverside, IL 60546
  - February 3 – **Austin Health Center -** 4800 W. Chicago Avenue, Chicago, IL 60651
  - February 8 – **Cottage Grove Health Center -** 1645 Cottage Grove Avenue, Ford Heights, IL 60411
  - February 15 – **Robbins Health Center -** 13450 S. Kedzie Avenue, Robbins, IL 60472
  - February 17 – **Englewood Health Center -** 1135 W. 69th Street, Chicago, IL 60621

Administrative Updates – Community Advisory Councils

- Cook County Health Community Advisory Councils (CAC) include patients, community and religious organizations and serve as a way to promote our services in the communities where our centers are located. The Councils provide feedback to our staff and help strengthen our health center's relationships in the community. The councils meet quarterly to provide current information on Cook County Health and as an avenue for members to share information about their organizations.

- During the First Quarter of 2022, topic presentations include Patient Experience, the Cook County HIV Integrated Programs (CCHIP), and Social Work. In addition, updates on Cook County Health, Covid-19 Vaccination and Community Outreach are provided. Each clinic also does an update on its operations at the meeting.

- Upcoming CAC meeting dates, including the 2022 schedule:
  - **Cottage Grove:** Tuesdays at 1:00 PM: January 25, April 26, July 26, October 25
    1645 S. Cottage Grove Avenue, Ford Heights, IL 60411

  - **Provident Hospital/Sengstacke Health Center**: Wednesdays at 9:00 AM: January 28 (Friday), April 13, July 13, Oct. 12
    500 W. 51st Street, Chicago, IL 60609

  - **Blue Island:** Wednesdays at 1:00 PM: February 16, May 18, August 17, November 16
    12757 S. Western Ave., Blue Island, IL 60406

  - **Arlington Heights:** Tuesdays at 1:00 PM: February 22, May 24, August 23, November 29
    3520 N. Arlington Heights Road, Arlington Heights, IL 60004

  - **Robbins:** Tuesdays at 1:00 PM: March 8, June 14, September 13, December 13
    13450 S. Kedzie Road, Robbins, IL 60472

  - **North Riverside:** Wednesday at 1:00 PM: March 16, June 15, September 14, December 14
    1800 S. Harlem Avenue, North Riverside, IL 60546

  - **Englewood:** Thursday at 1:00 PM - March 17, June 16, September 15, December 15
    1135 W. 69th Street, Chicago, IL 60621

Legislative Updates – State

- Legislators were scheduled to return to Springfield for in-person session on January 4. However, due to the surge in COVID-19 cases, both chambers cancelled nearly all in-person session days this month. Virtual committee hearings have been taking place, with more than 1700 new bills filed in the House and Senate over the last few weeks. The House and Senate are now scheduled to return to Springfield on February 1, with the Governor's State of the State and Budget Address scheduled for February 2. House and Senate leaders have said that they intend to stick with their original schedule for committee and final bill passage deadlines, with April 8 as the last day of the spring session.

- Based on feedback from operational and clinical leadership, Cook County Health will be leading or co-leading two legislative efforts in the Spring 2022 session.
  - SB3695 (Sen. Jacqueline Collins) / HB4642 (Rep. Robyn Gabel) – Amends the Freedom of Information Act (FOIA) to update the definition of "medical records" to include electronic medical records and HIPAA protections to ensure that the private health information of CCH patients cannot be subject to public records requests.
  - SB3734 (Sen. Mattie Hunter) / HB4645 (Rep. LaToya Greenwood) – Creates the Equity and Representation in Health Care Act, which creates a new loan repayment and scholarship program to promote diversity among health care providers when it comes to race, ethnicity, or other demographics. This Act will also build and strengthen the workforce at community-based provider locations that serve a high-proportion of Medicaid and uninsured patients, specifically at FQHCs, FQHC look alikes, and provider locations operated by CCH. A separate bill also requests a $50M appropriations to support the scholarships, loan repayments, and program operations. CCH co-leads this effort with the Illinois Primary Health Care Association, which represents FQHCs statewide.

  Other bills of interest CCH supports include:
  - HB4437 (Rep. Delia Ramirez) – Expands Medicaid to adults 19-54 years with income at or below 138% FPL, regardless of immigration status. Healthy Illinois leads this effort.
    - Healthy Illinois successfully advocated for coverage for immigrant adults 65+ years, which began December 2020, and coverage for those 55-64 years, which will begin no later than May 2022.
  - SB3632 (Sen. Doris Turner) / HB4264 (Rep. Greg Harris) - Getting To Zero Omnibus, which includes a $15M appropriations request that will support increased access to and uptake of PrEP, keep more people living with HIV in care, and continue funding for supportive services. This is an initiative of the AIDS Foundation of Chicago.

- The Illinois Department of Healthcare and Family Services proposed rules for the new Health Benefits for Immigrant Adults program, which will expand Medicaid-like coverage to non-citizen adults 55 through 64 years who meet Medicaid income requirements (household income less than 138% FPL). This expanded coverage was authorized through language included in the FY2022 Budget Implementation Bill (SB2017 / PA 102-0016).

  The program start date is expected no later than May 2022. Individuals will be able to request up to three months of backdated coverage, so coverage and reimbursement could be available as early as February 2022.

  While most of the rule mirrors the structure of the 65+ expansion that has been in place since December 2020, the rule includes language that would continue to exclude long term care as well as home and community-based services from coverage for this population. CCH is reviewing the proposed rule and expects to submit comments supporting the expansion, while encouraging HFS to provide this newly eligible population with a comprehensive benefits package.

Legislative Updates – Federal

FY 2022 Budget and Reconciliation

- On December 19, 2021, Sen. Joe Manchin (D-W.V.) released a statement declaring that, despite months of intraparty negotiations, he would not vote for the Build Back Better Act (BBB), citing his more pressing concerns over federal debt, inflation and the rapidly spreading COVID-19 omicron variant. Manchin's statement effectively scuttles any chance for successfully advancing even a pared-down version of President Biden's human infrastructure legislation for the time being. While Democratic leaders pledged to continue working on a path forward on BBB, the Senate pivoted to focus on voting rights legislation in January.

- The County is exploring what may be possible through another legislative vehicle or a slimmed down BBB for its priorities, including:
  - **Medicaid Reentry Act:** This provision would permit Medicaid to reimburse for services provided to Cook County Jail inmates during the 30 days prior to their release.
  - **Public Health Infrastructure:** Funding to support core public health infrastructure activities to strengthen the public health system through grants to state, territorial, local, or Tribal health departments, including direct funding for large county public health departments.
  - **Maternal and Child Health:** The "Momnibus" provisions to require states to cover pregnant women for a full twelve months postpartum and make investments to reduce inequities in maternal health outcomes and strengthen the maternal health workforce.
  - **Safety-Net Hospital Infrastructure**: Grants for construction or modernization projects to increase capacity and update safety-net hospitals and other medical facilities

Appropriations

- The parties are still deadlocked on the top-line FY 2022 funding levels for defense and non-defense discretionary spending. Having said that, "four corners" negotiations (i.e., the chairs and ranking members of the House and Senate appropriations committees), have resumed with the goal of completing an FY 2022 omnibus appropriations bill by February 18, 2022, when the current continuing resolution (CR) expires. Appropriators are hopeful that they can reach agreement. One incentive to find a compromise is that there is bipartisan interest in delivering the hundreds of congressionally directed local projects (aka "earmarks") requested by Members and approved by the committees. These include a grant to CCH for an EMT apprenticeship program, requested by Sen. Durbin.

- At the same time, conversations have begun on the Hill around the potential for an additional emergency supplemental appropriation to address COVID-19 needs which emerged during the delta and omicron surges. The White House has not yet submitted a request, but it would likely need to do so in time to be considered in conjunction with the FY 2022 omnibus. Leaders would like to complete FY 2022 annual appropriations, including a supplemental, before the March 1 State of the Union Address and the FY 2023 budget request which would be expected to follow shortly after the speech.

Medicare Cuts

- Hospital organizations are already calling on Congress to extend the delays enacted in early December. The legislation delayed the 2 percent cut to Medicare rates through March 2022 and a separate 4 percent Medicare cut totaling about $36 billion to 2023.

Legislative Updates – Federal (cont.)

Biden Administration

- On December 21, the White House announced an updated COVID strategy including that 1,000 military doctors, nurses, paramedics, and other personnel would be deployed by FEMA to hospitals in January and February as needed. The Administration also announced that it would purchase 500 million at-home tests to mail to Americans beginning in January via a website and open new federal testing sites.

- Before the end of the year, HHS began to distribute approximately $9 billion in CARES Act Provider Relief Fund (PRF) Phase 4 payments. According to HHS, due to many applications being submitted and processed, some providers' payments have been delayed. Hospital organizations are calling on Congress to require HHS to release the remainder of the PRF funds and to provide up to $25 billion in additional PRF funds to address the impacts of the delta and omicron surges.

- On January 4, the Administration announced it had doubled its purchase of Pfizer's Paxlovid from 10 million to 20 million courses. They expect to have the first 10 million courses delivered by the end of June, with the remaining 10 million courses delivered by September.

- Paxlovid was authorized by the FDA on December 22 and Merck's oral COVID-19 therapy, molnupiravir, was authorized the next day.

- On January 13, the U.S. Supreme Court ruled that the Administration's OSHA regulations requiring large employers to enforce a vaccine or test mandate for employees exceeded the agency's authority. At the same time, the Court upheld the authority of CMS to issue a vaccine mandate for health care providers.

- On January 14 HHS Secretary Becerra extended the COVID-19 Public Health Emergency (PHE) for an additional 90 days. It was set to expire on January 16. Among other things, the enhanced Medicaid federal medical assistance percentage (FMAP) of an additional 6.2 percent is linked to the PHE. Hospital organizations are calling on Congress to provide a for an orderly phase out of the enhanced FMAP, which was a provision of the House-passed BBB.

- On January 19 the Administration announced it would distribute 400 million N95 masks from the Strategic National Stockpile to all Americans over the next month. They plan to begin shipping the masks to pharmacies and community health centers and expect the program will be operational by the end of February.

- On January 20 HHS Secretary Becerra and HRSA Administrator Johnson announced $103 million in funds from the American Rescue Plan would be used to address mental illness and severe burnout for healthcare providers dealing with the pandemic.

ARPA Overview

American Rescue Plan Act

COOK COUNTY
HEALTH

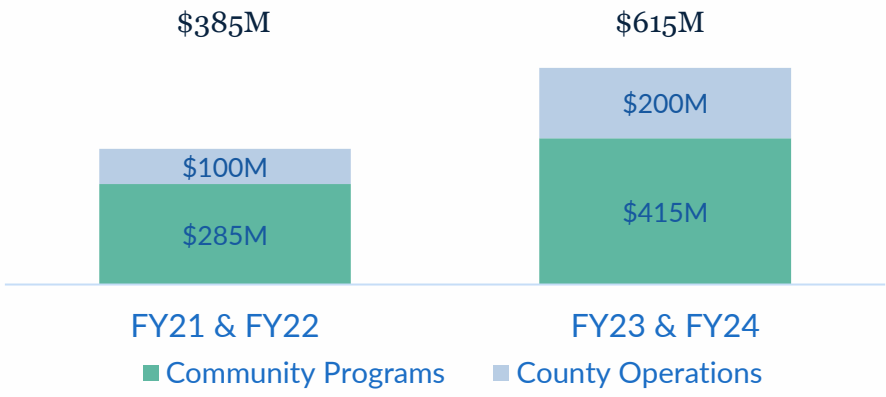
SLFRF County Allocation Approach

$1,000,372,385
Total Allocation from Treasury

$300M
County Operations*

$700M
Community Programs

Estimated Spending by Fiscal Year



Unused allocations will be rolled over into the following fiscal year

Maximum Program Spending by Policy Pillar in FY22:

$100m
Vital Communities

$60m
Safe & Thriving Communities

$60m
Healthy Communities

$40m
Smart Communities

$25m
Sustainable Communities

**includes Revenue Loss, Admin, Capital, Pandemic Pay, one-time and sustainable ongoing Personnel Costs*

FY22 Community Program Initiative Allocations

$285m Adjusted Total Allocation - $257m Initially Allocated for FY22

	1 HEALTHY Communities	2 VITAL Communities	3 SAFE & THRIVING Communities	4 SUSTAINABLE Communities	5 SMART Communities
Total Allocation:	$60,000,000	$100,000,000	$60,000,000	$25,000,000	$40,000,000
Initial Allocation:	$50,582,166	$86,878,667	$55,539,166	$25,000,000	$38,524,214
	› **$21.7m:** Healthcare › **$15.4m:** Mental & Behavioral Health › **$9.0m:** Public Health Education & Outreach › **$4.5m:** Food Security & Nutrition	› **$37.0m:** Small Business Agenda › **$27.7m**: Household Assistance & Social Services › **$8.1m:** Sector Support & Regional Development › **$7.5m**: Housing › **$6.6m:** Worker Support & Workforce Development	› **$35.9m:** Violence Prevention › **$16.3m:** Services to Justice-Involved Residents › **$3.0m:** Alternatives to Incarceration & Policing › **$350.0k:** Emergency Preparedness & Response	› **$15.0m:** Hazard Mitigation & Pollution Prevention › **$10.0m:** Environmental Justice	› **$30.5m:** Transportation › **$5.0m:** Water Infrastructure › **$3.0m:** Digital Equity

FY23-FY25 Strategic Plan

Israel Rocha, CEO

COOK COUNTY HEALTH

Strategic Plan Requirements

CCH enabling Ordinance Sec. 38-82:

…….the System Board shall develop a Strategic and Financial Plan covering a period of three Fiscal Years

…..shall include in each Strategic and Financial Plan estimates of revenues

……the County Board shall approve each Strategic and Financial Plan

CCH Mission and Vision

Mission: To deliver integrated health services with dignity and respect regardless of a patient's ability to pay; foster partnerships with other health providers and communities to enhance the health of the public; and advocate for policies which promote and protect the physical, mental and social well-being of the people of Cook County.

Vision: In support of its public health mission, CCH will be recognized locally, regionally and nationally – and by patients and employees – as progressively evolving model for an accessible, integrated, patient-centered and fiscally-responsible health care system focused on assuring high quality care and improving the health of the residents of Cook County.

Strategic Pillars Supporting the Mission and Vision

- *Patient Safety & Clinical Excellence*
- *Patient & Staff Experience*
- *Population Health & Health Equity*
- *Fiscal Resilience*
- *Quality & Performance Improvement*
- *Optimization, Innovation & Disruption*
- *Growth & Development*

An Assessment of Our Current State

Mapping Out The Road Ahead…

STRENGTHS

- Strengths describe what an organization excels at and what separates it from others: a strong brand, loyal patient base, a strong balance sheet, assets, unique technology, etc.

OPPORTUNITIES

- Opportunities refer to favorable external factors that could give an organization a competitive advantage.

WEAKNESSES

- Weaknesses stop an organization from performing at its optimum level. They are areas where the business needs to improve to remain competitive: a weak brand, higher-than-average turnover, high levels of debt, an inadequate supply chain, or lack of capital.

THREATS

- Threats refer to factors that have the potential to harm an organization. For example, overturing ACA is a threat to our Medicaid Patients as it may reduce their eligibility for health care coverage.

Engaging Critical Stakeholders

- Patients
- Employees
- Community Advisory Councils
- Community and Partner Organizations
- Labor Unions
- CCH Leadership
- CCH Board Directors
- Cook County Board of Commissioners

Feedback from stakeholders will be obtained through online questionnaires, virtual forums, meetings and more as the COVID environment allows.

Timeline

February/March	Stakeholder Feedback on Strengths, Weaknesses, Opportunities, and Threats
March	Review and Aggregation of Feedback from Stakeholders, Goals and Milestones
April	Draft Strategic Plan submitted to CCH Board
May	CCH Board Strategic Plan Vote
June	Submit Strategic Plan to Cook County Board
July	County Board vote on CCH Strategic Plan
August	Strategic Plan-Informed budget presented to the CCH Board

Monthly Media Report

December 13, 2021 – January 23, 2022

Presented to the Cook County Health Board on 1/28/2022

COOK COUNTY HEALTH

Earned Media Dashboard: December 13, 2021 – January 23, 2022

Total Media Placements

2,352

Total Reach

4.6 Billion Impressions

Total Media Value

$42.7 Million

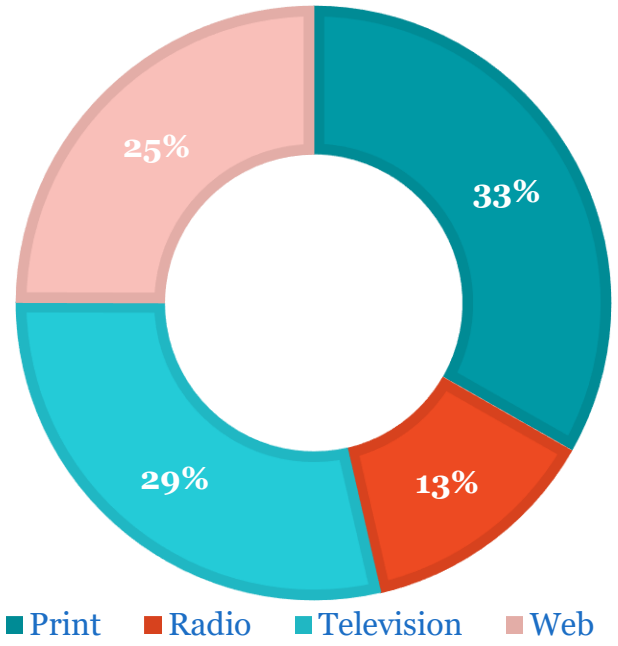
Top 5 Local Media Outlets

1. *NBC 5 Chicago*
2. *Patch*
3. *WBBM Radio*
4. *WGN Radio*
5. *CBS 2 Chicago*

COOK COUNTY HEALTH

Media Dashboard: December 13, 2021 – January 23, 2022

Media Outlet Type



Most Common Topics

1. Continuity of Care
2. COVID and holiday safety
3. Vaccine mandate
4. Mass vaccination sites and vaccine clinics
5. Understanding omicron

Recent Cook County Health COVID-19 Media Coverage

18,520 Media Hits on COVID-19 since February 2020

Associated Press

Omicron surge is undermining care for other health problems

abc NEWS

Greater Chicago brings back mass vaccination sites amid renewed demand

Chicago Tribune

First omicron case reported in suburban Cook County

CHICAGO SUN-TIMES

Four Omicron myths: Dispelling misguided and 'flat out harmful' theories about the still dangerous variant — and that part is no myth

CBS2 CBSChicago.com

Crowds Line Up At North Riverside COVID-19 Vaccination Clinic For Boosters Amid Statewide Surge

FOX 32 NEWS

New COVID mitigations require proof of vaccination for customers of indoor settings in suburban Cook County

WBEZ CHICAGO

COVID-19 deaths are surging in Cook County. Here's why.

UNIVISION CHICAGO

Reabre el centro de vacunación masiva de Forest Park: esto debes saber si quieres inmunizarte allí

COOK COUNTY HEALTH

Social Media Summary

December – January Activity

During December 13 – January 23, the communications team posted content on Facebook, Twitter, Instagram and LinkedIn for Cook County Health.

Posts included content such as COVID-19, interviews with local media, recognition for physicians and the hospital, and health tips.

Facebook – 68 posts
https://www.facebook.com/Cookcountyhhs/

Instagram – 59 posts (includes stories and IGTV)
https://www.instagram.com/cookcountyhealth/

Twitter – 89 (*includes retweets and replies*)
https://twitter.com/CookCtyHealth

LinkedIn – 32 posts
https://www.linkedin.com/company/cook-county-health/

Social Media Summary

As of January 23

Twitter

- Impressions: **34.8K**
- Profile visits: **4.2K**
- Mentions: **140**
- Followers: **4,389** (up **58**)

Facebook

- Post reach: **475K** (up **258%**)
- Post engagement: **7.9K** (up **98%**)
- Page views: **1.8K**
- Page followers: **7,567** (up **58**)

LinkedIn

- Impressions: **43.6K** (up **5%**)
- Page Views: **1.65K**
- Followers: **7,447** (up **148**)

Instagram

- Impressions: **36.4K** (up **95%**)
- Reach: **10.9K** (up **568%**)
- Profile visits: **1.0K** (up **56%**)
- Followers: **2,688** (up **73**)

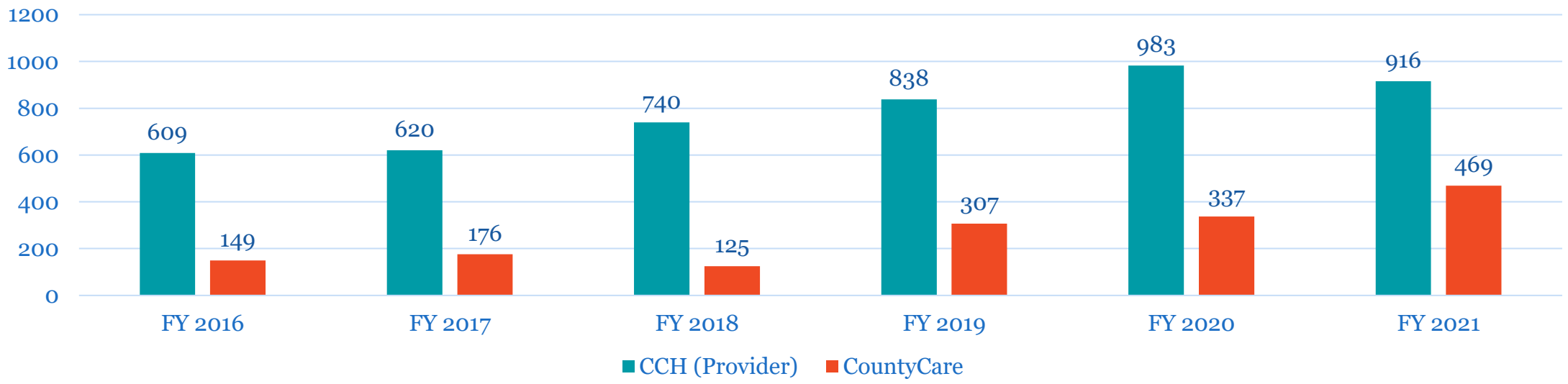
Corporate Compliance Metrics

Presented to the Audit & Compliance Committee on 1/21/2022

COOK COUNTY HEALTH

Year-Over-Year Compliance Program Contacts

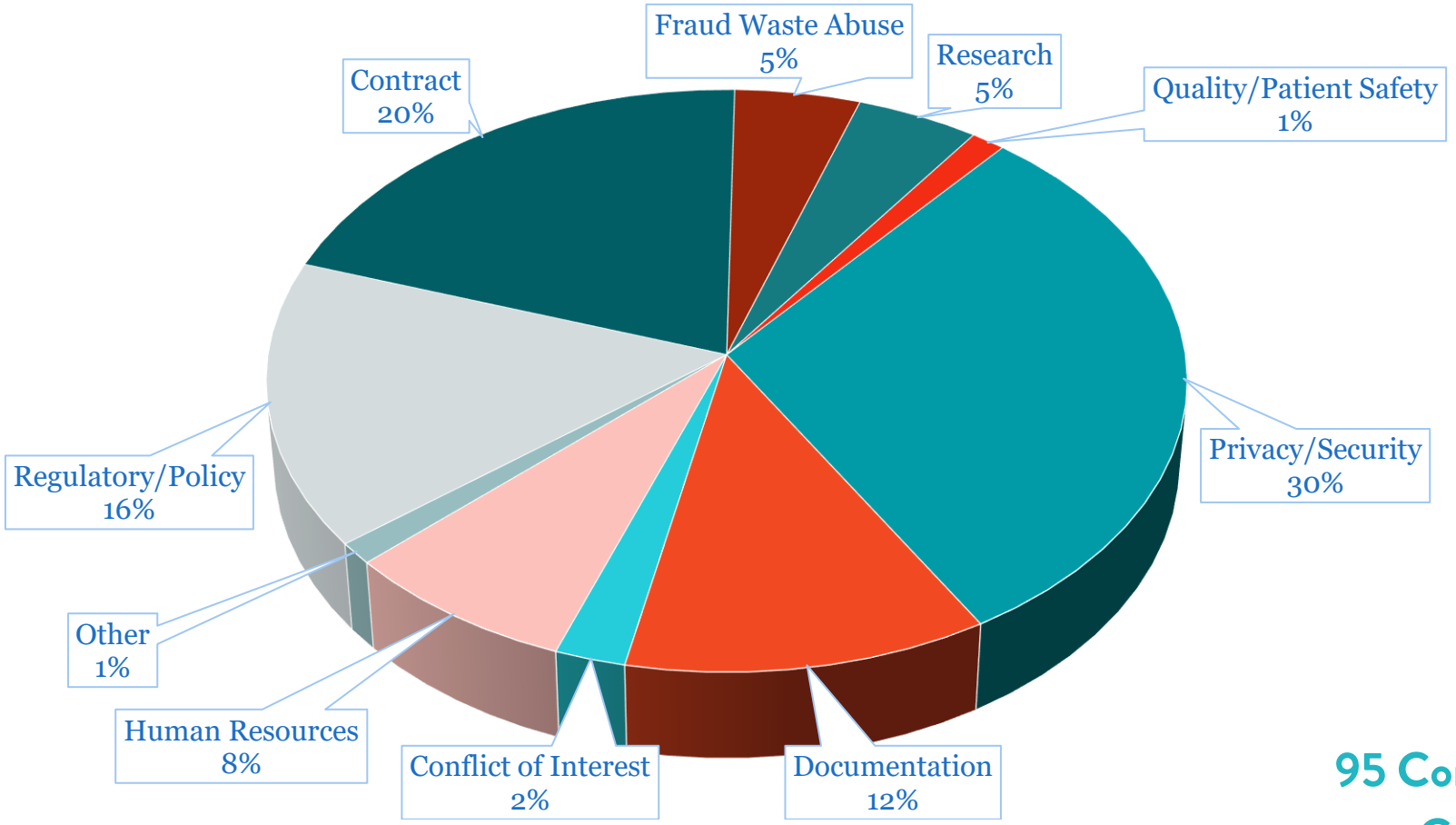
CCH System Compliance and CountyCare Health Plan



COOK COUNTY HEALTH

FY 2021 Contacts by Category

CCH System Compliance Program



12/01/2020 – 11/30/2021

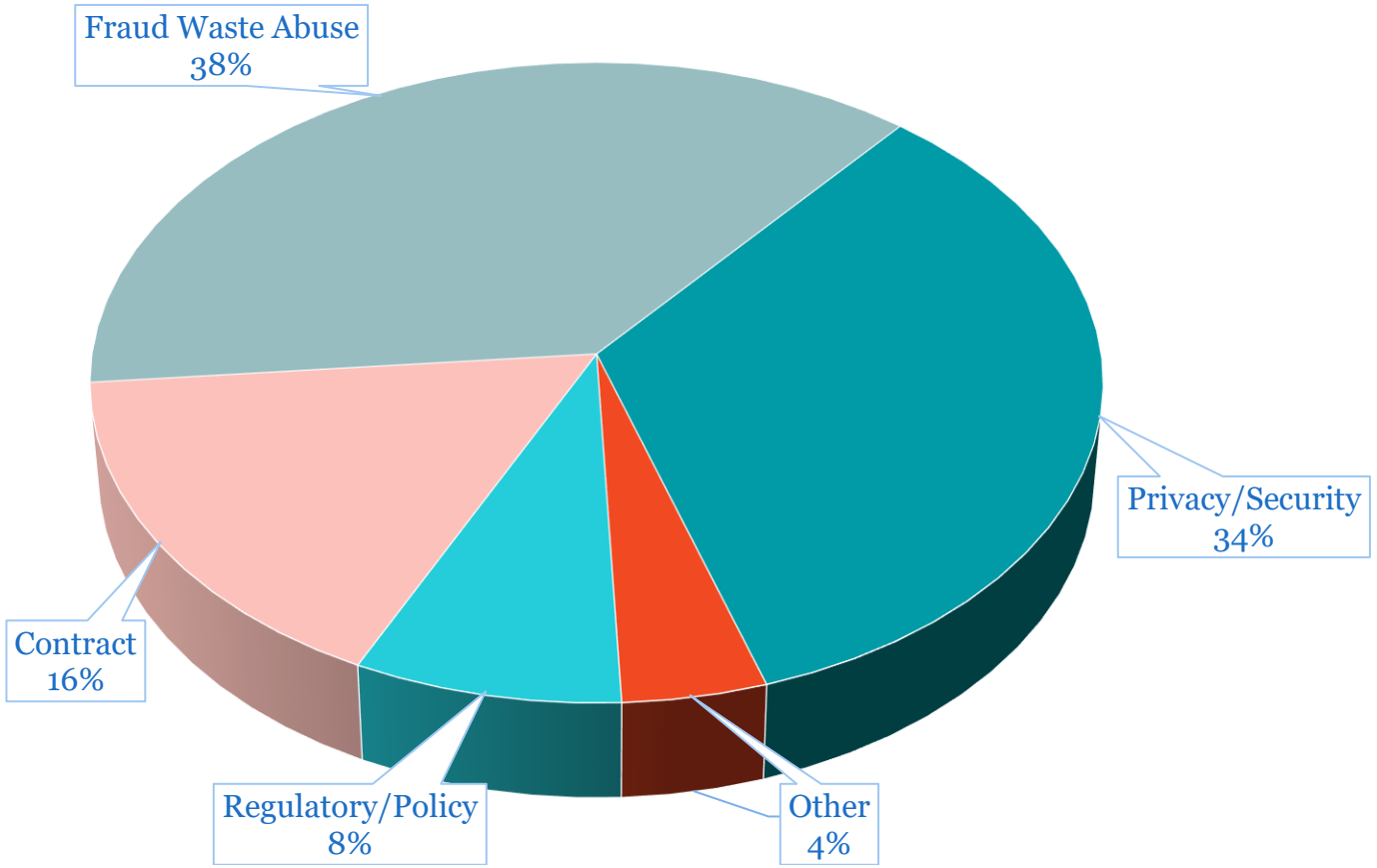
Categories	
Privacy/Security (HIPAA)	278
Contracts	184
Regulatory/Policy	145
Documentation	108
Human Resources	70
Fraud Waste & Abuse	44
Research	43
Conflict of Interest	21
Quality/Patient Safety	12
Other	11
	916

95 Contacts (10%) were COVID-19 Related

COOK COUNTY HEALTH

FY 2021 Contacts by Category

CountyCare Health Plan Compliance Program



12/01/2020 – 11/30/2021

Categories	
Fraud Waste & Abuse	176
Privacy/Security (HIPAA)	159
Contracts	77
Regulatory/Policy	37
Other	20
TOTAL	**469**

4 Contacts (<1%) were COVID-19 Related

COOK COUNTY HEALTH

CountyCare Fraud, Waste and Abuse Recovery Metrics

State Fiscal Year (S-FY) 2021 through S-FY 2022 Q1

S-FY	Reporting Period	Tips[1]	Referrals to HFS OIG	Overpayments Identified[2]	Overpayments Collected
2021	Q1 07/01 -09/30/20	49	0	$ 1,277,500	$ 196,600
2021	Q2 10/01 – 12/31/20	106	8	$ 1,697,500	$ 304,000
2021	Q3 01/01 – 03/31/21	49	20	$ 1,970,360	$ 713,020
2021	Q4 04/01 – 06/30/21	46	9	$ 1,378,755	$ 485,839

S-FY	Reporting Period	Tips	Referrals to HFS OIG	Overpayments Identified	Overpayments Collected
2022	Q1 07/01 – 09/30/21	100	18	$ 583,637	$ 66,066

Proactive Preventative Loss

S-FY	Reporting Period	Overpayments Collected
2021	Q1 07/01 -09/30/20	$ 333,400
2021	Q2 10/01 – 12/31/20	$ 716,000
2021	Q3 01/01 – 03/31/21	$1,112,186
2021	Q4 04/01 – 06/30/21	$1,206,723

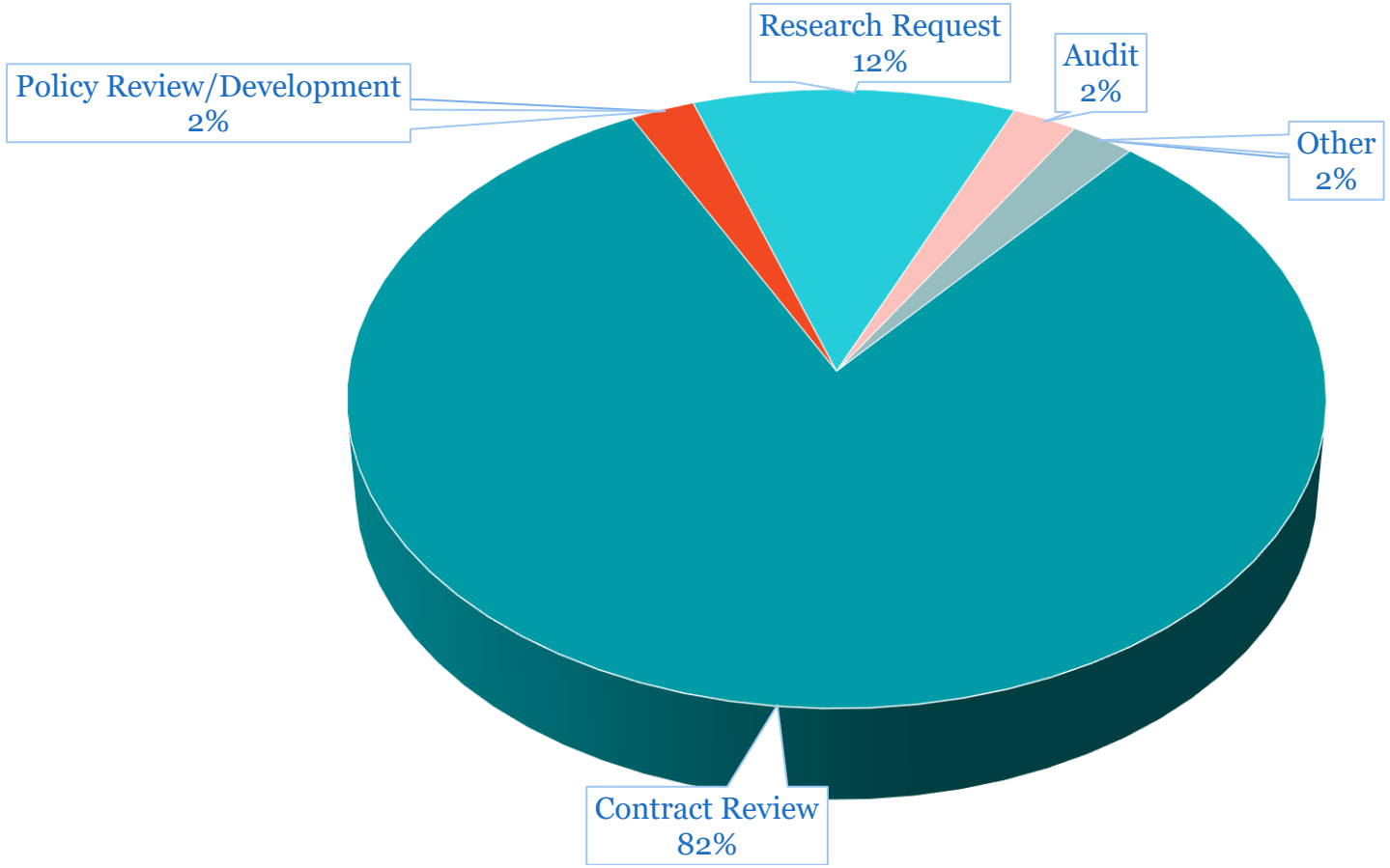
S-FY	Reporting Period	Overpayments Collected
2022	Q1 07/01 – 09/30/21	$1,029,151

[1] The term ***Tip*** as defined by HFS OIG includes any allegations or incidents of suspected FWA opened on a CountyCare provider. A tip is a preliminary identification of a potential concern.

[2] The ***Overpayments Identified*** column indicates the currently outstanding amount that has been paid to a provider for identified inaccurate codes. These amounts may be supported through additional review of documentation submitted by the provider or may be offset if a provider elects to bill a corrected claim.

FY 2021 Contacts by Category

Research Compliance Program



12/01/2020 – 11/30/2021

Categories	
Contract Review	35
Research Request	5
Audit	1
Policy Review/Development	1
Other	1
TOTAL	**43**

COOK COUNTY HEALTH

Finance Metrics

Presented to the CCH Finance Committee on 1/20/2022

COOK COUNTY HEALTH

Executive Summary: Statement of Financial Condition – November 30, 2021

On an accrual basis, interim financials show that CCH ended November with a $5M positive variance. On a cash basis, CCH has a positive variance of $103.8M due to the timing of CountyCare PMPM payments impacting the revenue and increased claims payments impacting expenses. In addition, recoupment of the $28M FY2020 Medicare advance is underway.

- CountyCare:
  - CountyCare is showing a YTD operating gain of $10.0M
  - Membership ended the year at 417,845, which is greater than the 356,000 monthly average budgeted
  - Both capitation revenue and claims expenses are higher than budget due to membership growth
- Revenue Commentary:
  - Shortfall in ER Volumes and slowdown of County Care utilization driving NPSR negative variance to budget
  - Offset by realization of the DSH enhanced FMAP impact due to legislative change from Federal Stimulus Legislation
- Expenditures:
  - FEMA reimbursements are reflected in the financials
  - Positive variance to budget in salary and benefits due to hiring timing and nationwide workforce shortage
  - Revenue Cycle Indicators:

Accounts Receivable

Discharged Not Final Billed

Denials

Financial Results – November 30, 2021

Dollars in 000s	FY2021 Actual	FY2021 Budget	Variance	%	FY2020 Actual (3)
Revenue					
Net Patient Service Revenue (1)	$589,625	$654,088	($64,463)	-9.86%	$659,734
Government Support (2)	$441,819	$382,151	$59,667	15.61%	$555,593
CountyCare Capitation Revenue	$2,454,262	$2,084,610	$369,652	17.73%	$2,015,345
Other	$15,463	$15,000	$463	3.08%	$12,151
CountyCare Elimination (1)	($83,572)	($75,306)	($8,267)	10.98%	($226,959)
Total Revenue	**$3,417,596**	**$3,060,544**	**$357,052**	**11.67%**	**$3,015,864**
Operating Expenses					
Salaries & Benefits	$662,771	$711,182	$48,412	6.81%	$675,806
Overtime	$30,898	$34,977	$4,079	11.66%	$30,532
Supplies & Pharmaceuticals	$169,321	$135,480	($33,840)	-24.98%	$139,641
Purchased Services & Other	$388,937	$377,031	($11,906)	-3.16%	$354,556
Medical Claims Expense (1)	$2,317,886	$1,949,682	($368,203)	-18.89%	$2,103,656
Insurance	$32,832	$36,143	$3,311	9.16%	$32,832
Utilities	$12,500	$10,291	($2,209)	-21.47%	$14,007
CountyCare Elimination (1)	($83,572)	($75,306)	$8,267	-10.98%	($226,959)
Total Operating Expenses	**$3,531,572**	**$3,179,482**	**($352,090)**	**-11.07%**	**$3,124,071**
Operating Margin	**($113,976)**	**($118,938)**	**$4,962**	4.17%	**($108,207)**
Non-Operating Revenue	**$122,705**	**$122,705**	**$0**	**0.00%**	**$79,437**
Net Income (Loss) (4)	**$8,728**	**$3,767**	**$4,962**	**131.71%**	**($28,770)**

Year-end Work Underway:

- Various year-end accruals
- Final CountyCare revenue and expenses
- Final fixed assets/depreciation
- Final A/R reserves for BD & Charity
- Due to/From Medicare reconciliation
- Supplemental DSH
- Inventory reconciliation
- Property tax true up
- Pension & OPEB
- Real estate tax allocation
- County costs, including the allocated costs

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 DSH, BIPA, & Graduate Medical Education payments.

(3) Does not reflect Pension, OPEB, Depreciation/Amortization, or Investment Income.

Source: CCH unaudited financial statements and FY21 budget.

CCH Vendor Contract Savings to Date

Savings Target	Annual Vendor Savings Achieved	Vendor Contract Utilization Savings	Total Savings Achieved
16.5M	$9.8M	$4M	$13.8M

Major categories of savings include:

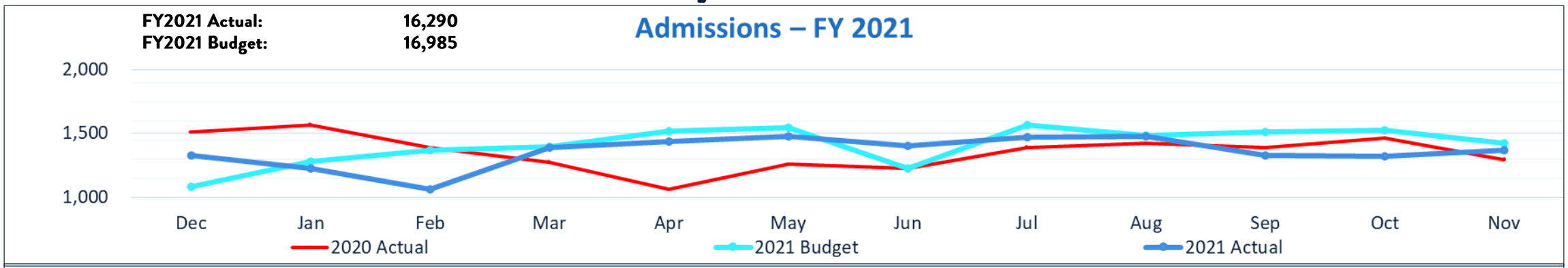
- Lab diagnostics
- Supplemental staffing
- Security services
- Transportation
- Parking /valet
- Actuarial services
- Facility maintenance
- Information Technology contracts
- Pharmacy utilization

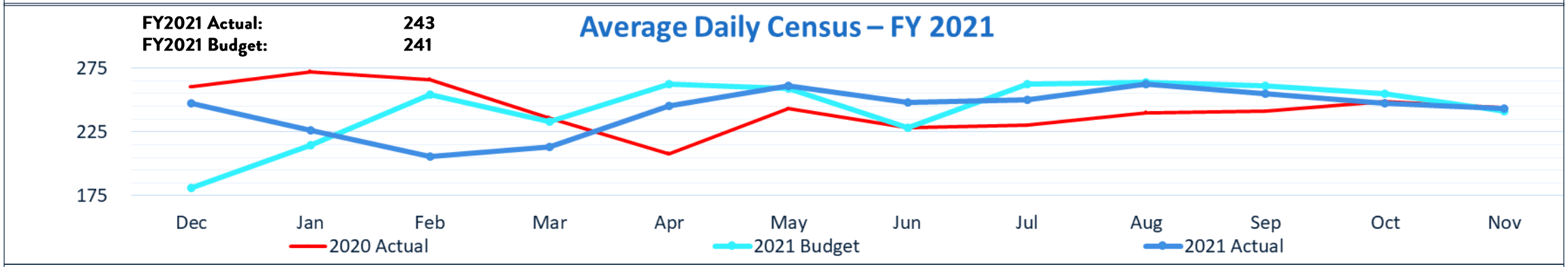
CCH Health Providers Revenue – November 30, 2021

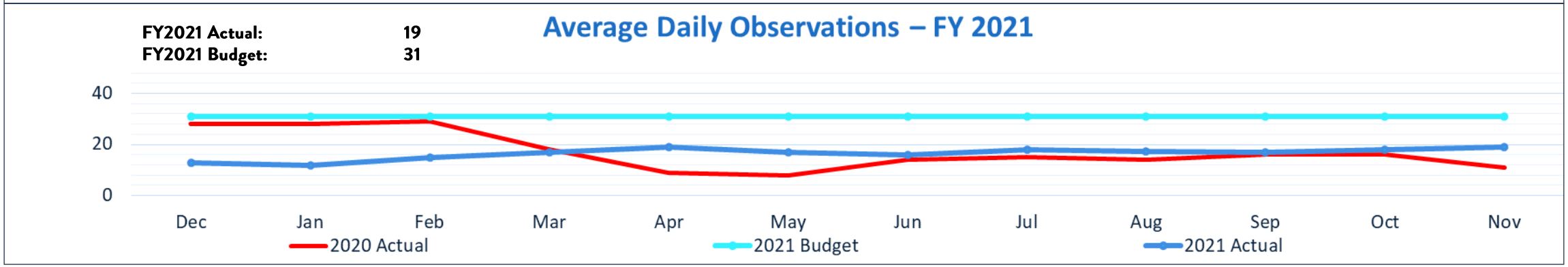
Revenue Operating Indicators

Patient Activity	YTD 2021 Actual	YTD 2021 Budget	%	Nov 2021 Actual	Nov 2020 Actual	Nov 2019 Actual	2020 YTD Actual	2019 YTD Actual
Admissions	16,290	16,985	-4.1%	1,370	1,295	1,439	16,244	16,775
Patient Days	88,910	88,031	1.0%	7,741	7,758	7,964	89,388	94,134
Average Daily Census	243	241	0.8%	258	259	265	244	258
Adjusted Patient Days	225,274	251,232	-10.3%	19,490	18,500	20,701	225,274	251,232

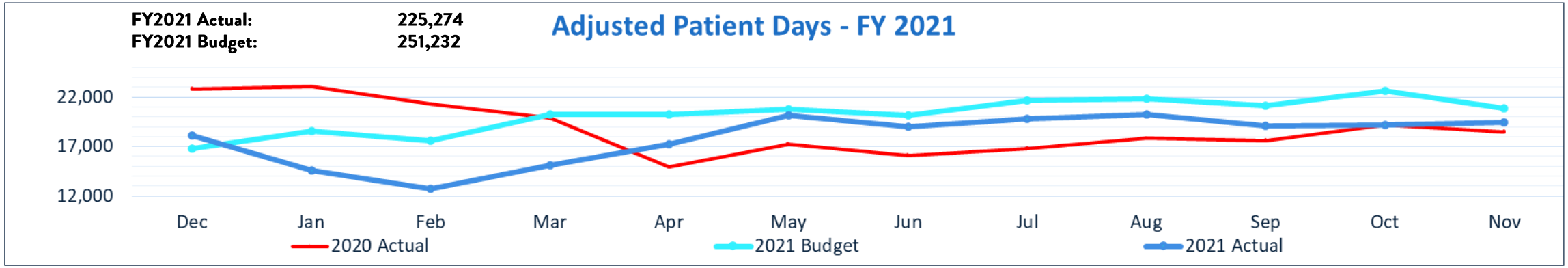
CCH 12 Month Patient Activity Levels

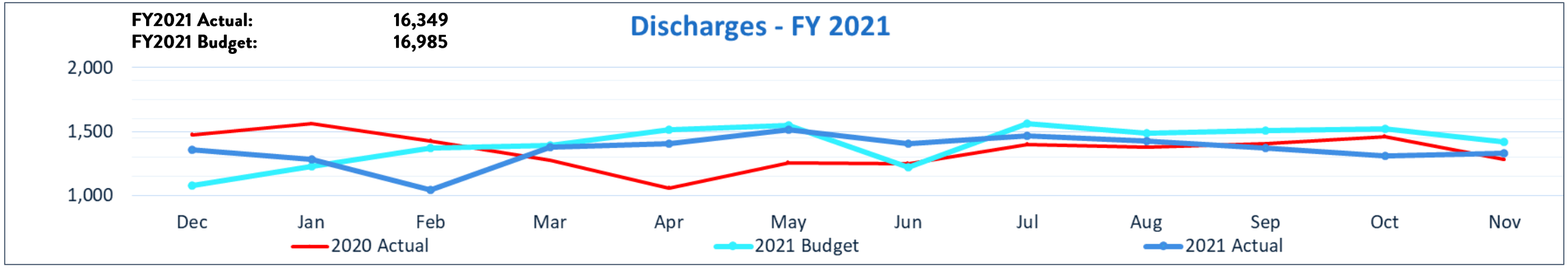




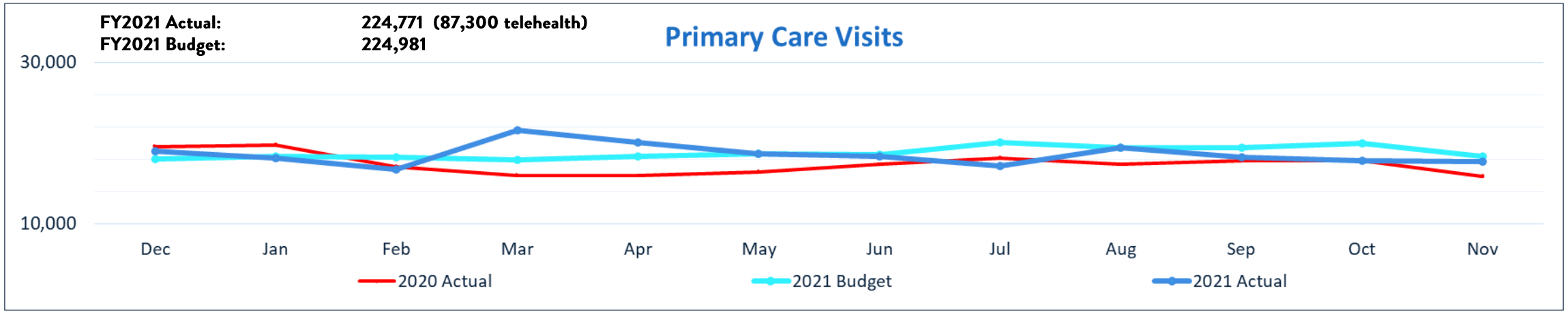


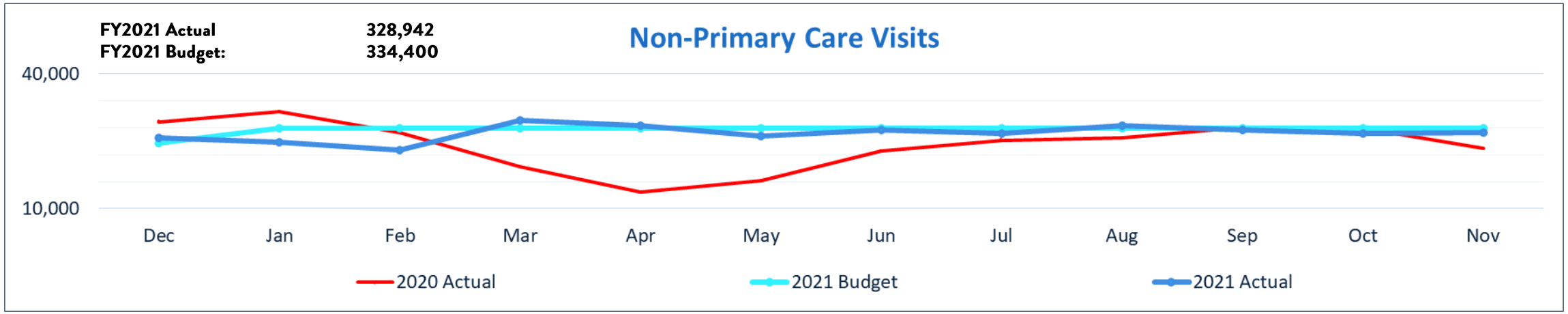
CCH 12 Month Patient Activity Levels



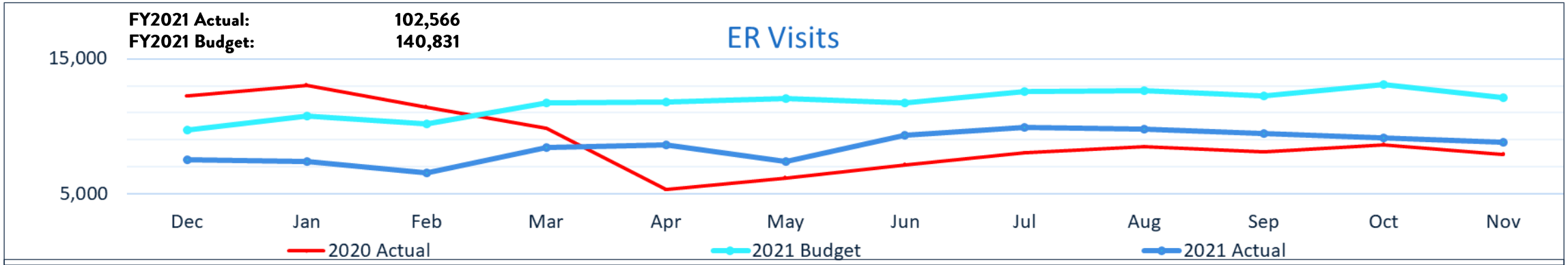


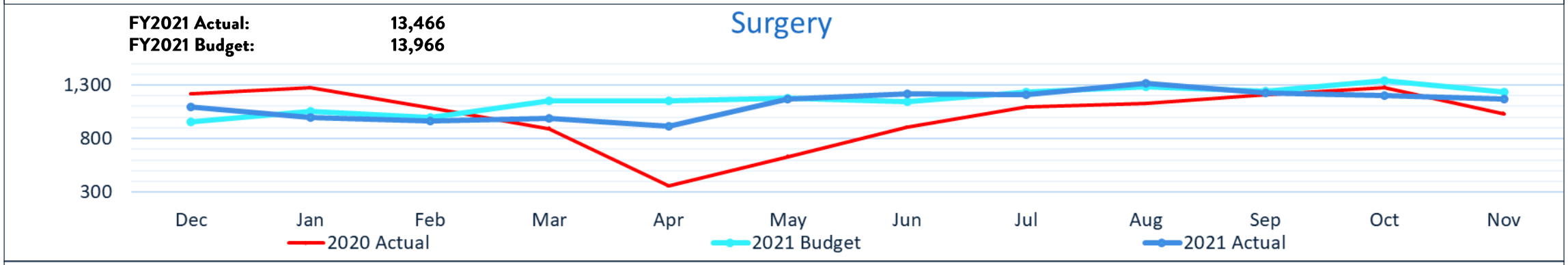
Patient Activity Indicators – FYTD 2021

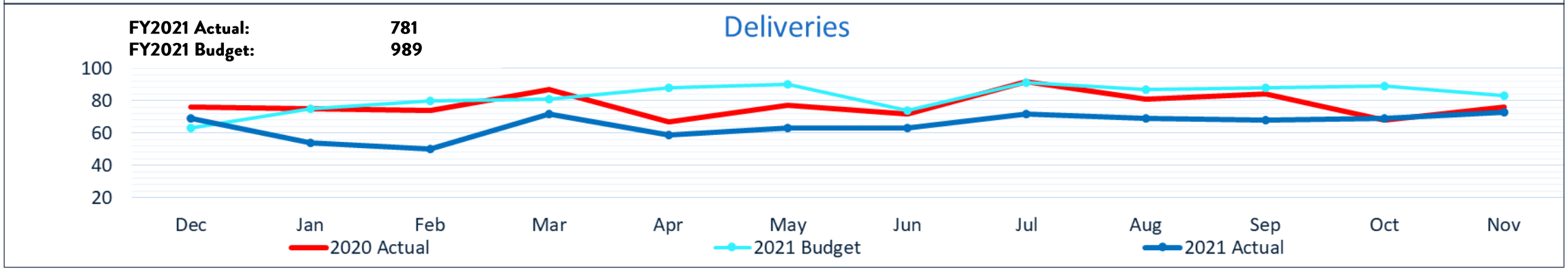




Patient Activity Indicators – FYTD 2021

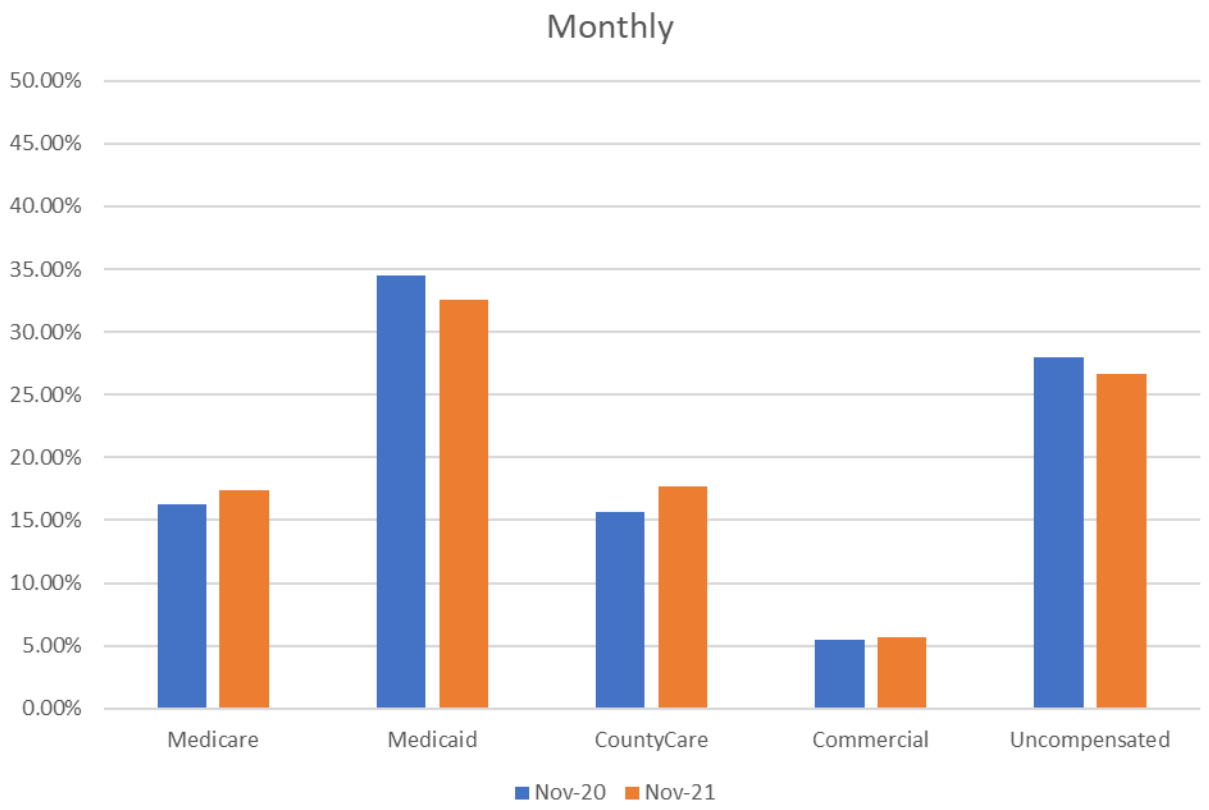


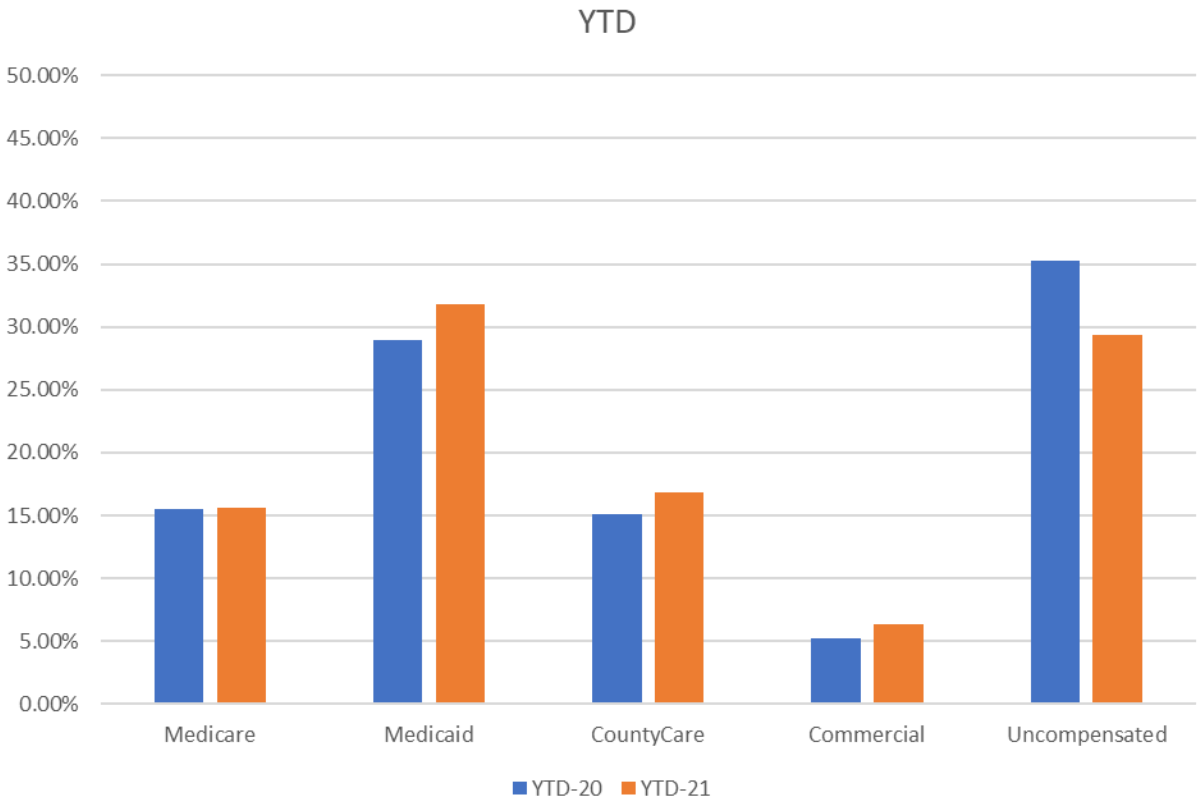




CCH Health Providers Revenue – November 30, 2021

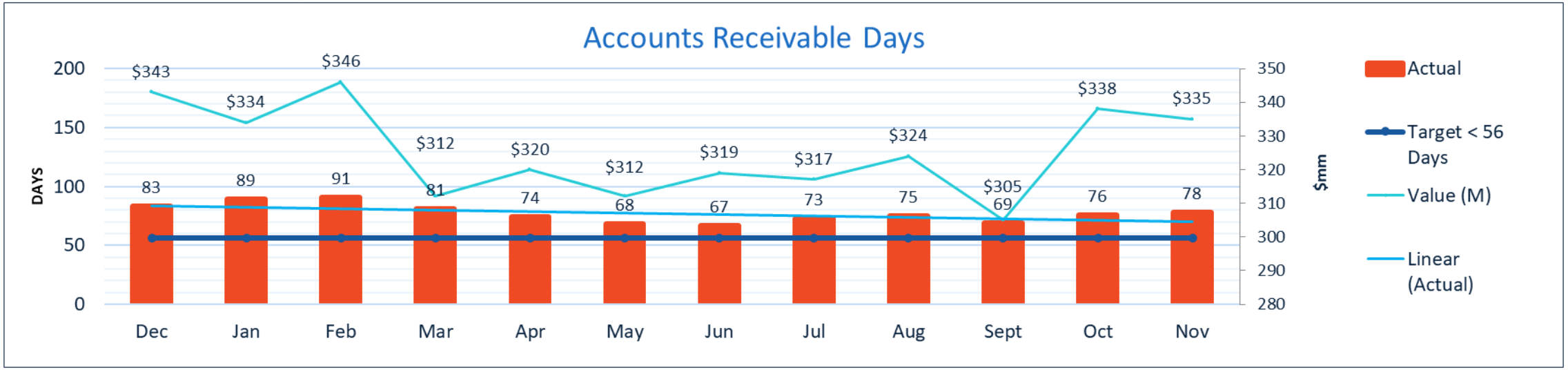
Payer Mix Analysis (by Charges)

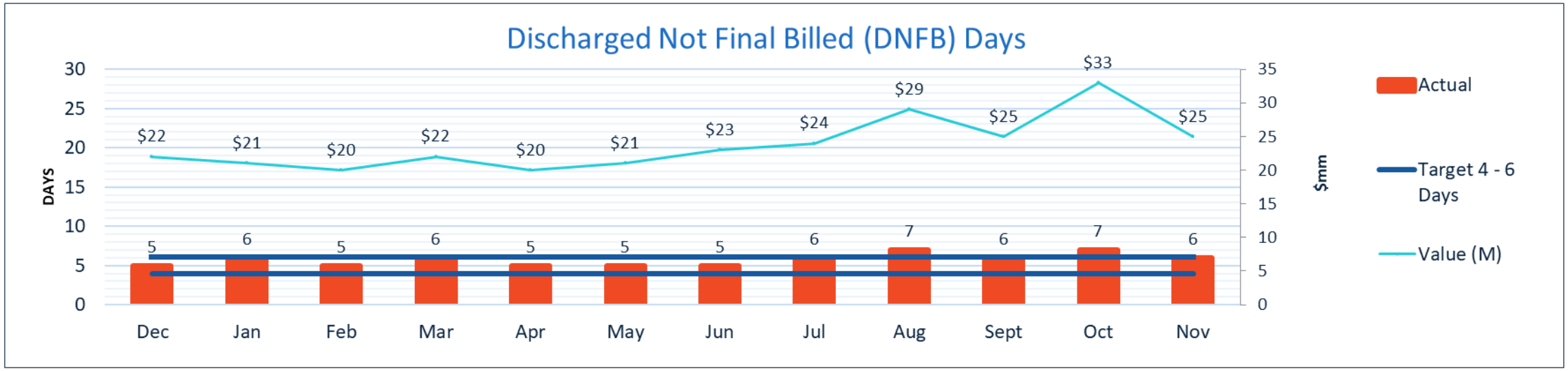




Note:
CountyCare is a Medicaid managed care program. It is shown separately to provide visibility to CountyCare.

Financial Key Performance Indicators – 2021 FYTD



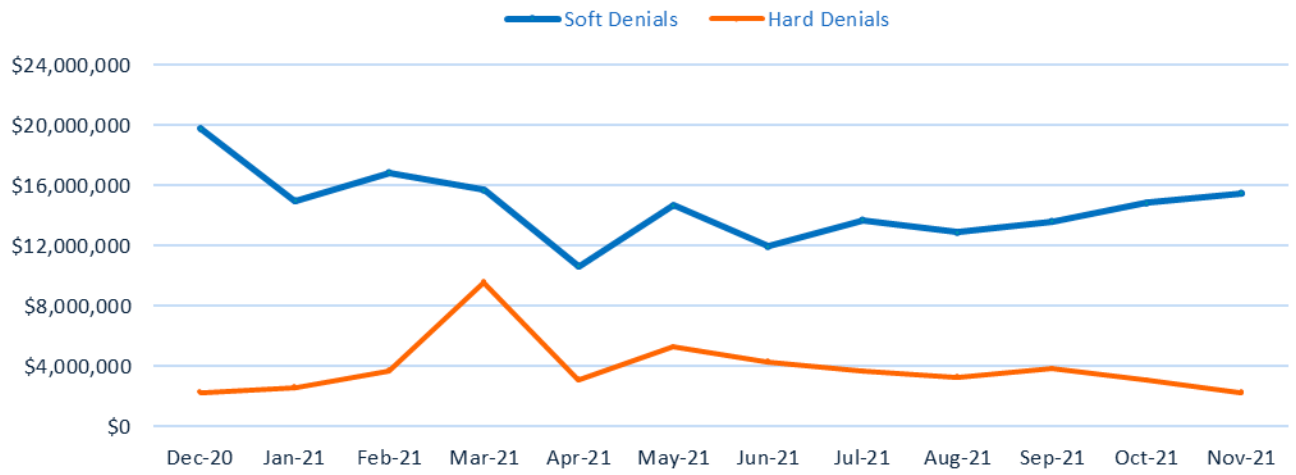


Denials - November 30, 2021

Type	Current Month %	Current Month $	FY21 YTD %	FY21 YTD $	Benchmark %
Soft Denials*	13%	$15,464,245	11%	$174,817,662	5%
Hard Denials**	2%	$2,250,206	3%	$46,612,554	2%

** Claim is denied soon after submission, but there is an opportunity to mitigate/appeal*

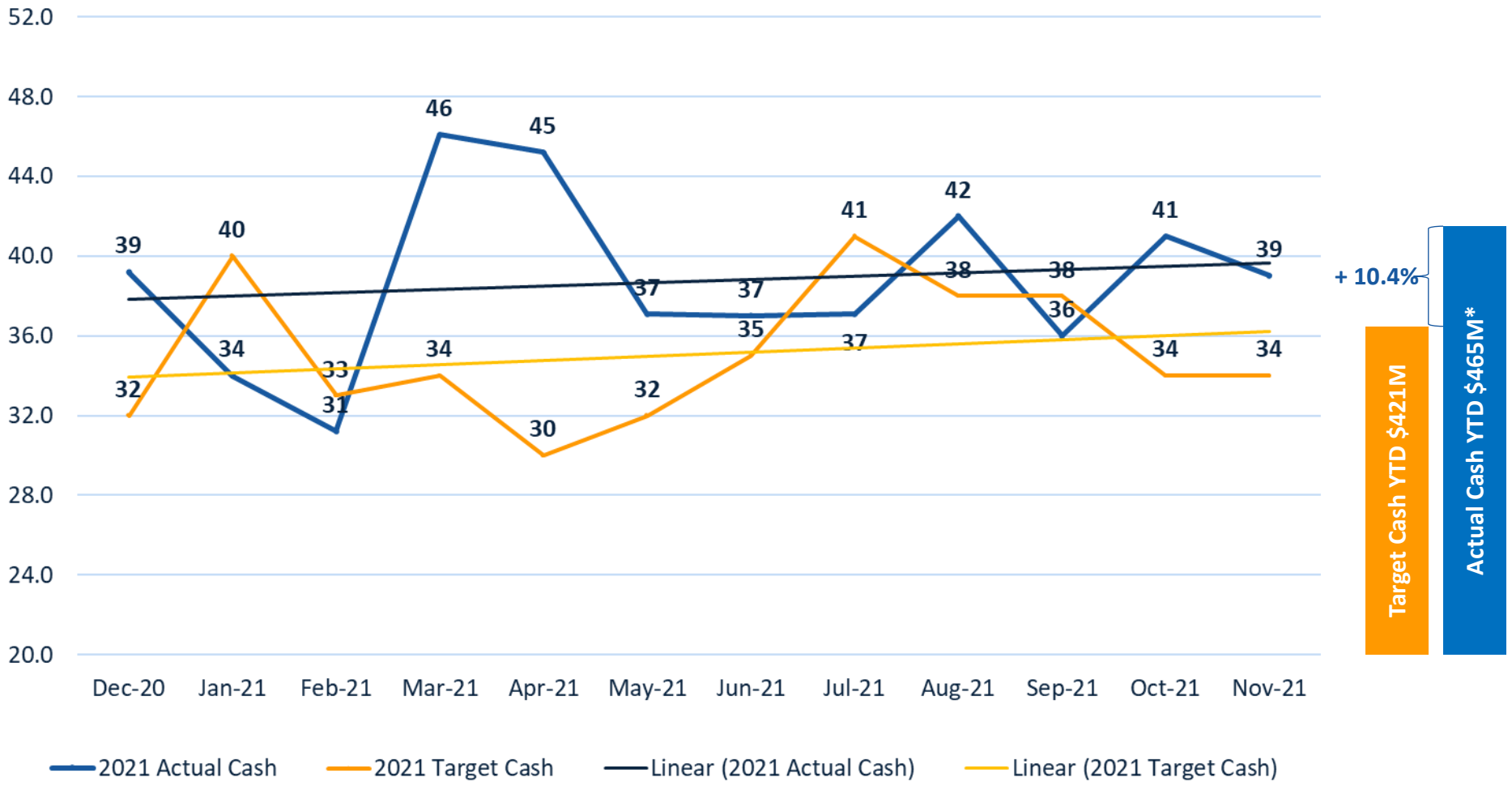
*** Claim is denied and needs to be written off*



Hard Denial Summary	Amount
Prior Authorization	$914,641.23
Timely Filing	$684,330.94
Non-Covered	$286,379.99
Coding	$148,620.64
Patient Access	$132,415.61
Case Management	$81,881.75
Other	$1,935.84
Total	**$2,250,206.00**

Denials are reported as gross charges, the amount of money charged to a patient for services prior to adjustments.

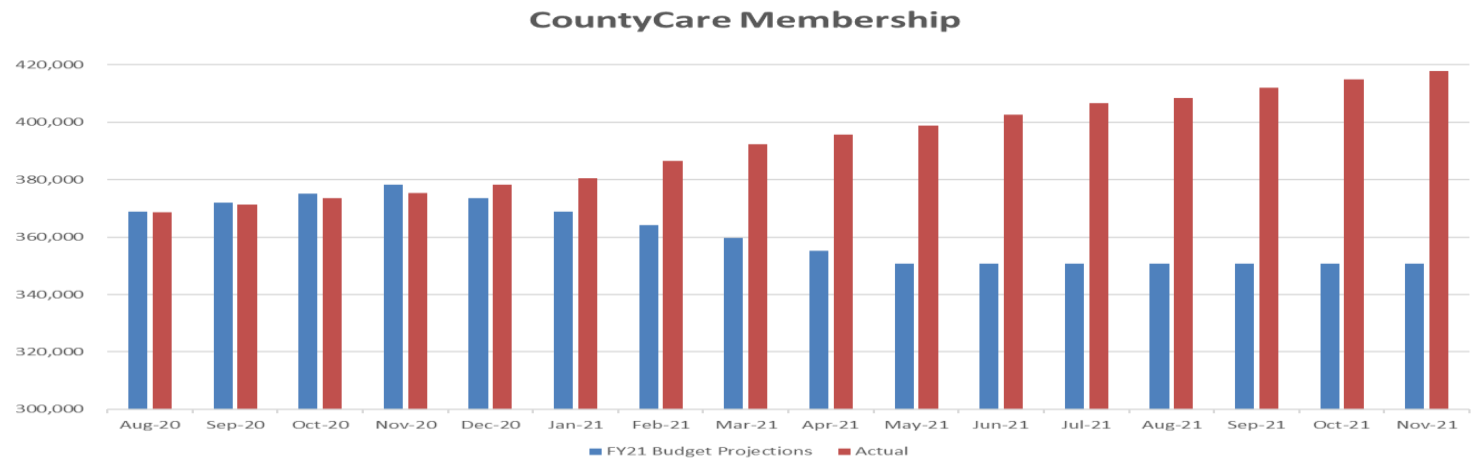
CCH Cash YTD Target vs. Actual – November 30, 2021



*19.3M in recoupment of 28M Medicare Advance has been received.

Health Plan Services Financial Results – November 30, 2021

Dollars in 000s except PMPM amounts	FY2021 Actual	FY2021 Budget	Variance	%	Fy20 Actual
Capitation Revenue	$2,454,262	$2,084,610	$369,652	17.73%	$2,015,345
Operating Expenses					
Clinical - CCH	$83,572	$75,306	($8,267)	(10.98%)	$103,400
Clinical - External	$2,234,313	$1,874,376	($359,937)	(19.20%)	$1,890,040
Administrative	$126,381	$140,266	$13,885	9.90%	$101,062
Total Expenses	$2,444,266	$2,089,948	($354,318)	(16.95%)	$2,094,502
Operating Gain (Loss)	$9,996	($5,338)	$15,334	(287.26%)	($79,158)
Activity Levels					
Member Months	4,794,171	4,276,113	518,058	12.12%	4,132,666
CCH CountyCare Member Months	503,535	N/A	N/A	N/A	435,945
CCH % CountyCare Member Months	10.50%	N/A	N/A	N/A	10.55%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	$511.93	$487.50	$24.43	5.01%	$487.66
Clinical Cost PMPM	$483.48	$455.95	($27.53)	(6.04%)	$482.36
Medical Loss Ratio (1)	92.3%	93.40%	1.11%	1.18%	92.23%
Administrative Cost Ratio	4.7%	6.35%	1.64%	25.79%	4.45%



Commentary

- Total YTD member months exceed budget by 518,058 due to increased Medicaid enrollment as a result of the COVID-19 induced growth in unemployment, and no state redetermination of Medicaid eligibility.
- CountyCare expects enrollment to continue to exceed budget as auto-assignment increased to 50% as of February 2021. This change was due to CountyCare's top-quality ranking among Medicaid MCOs.
- CountyCare's reimbursement to CCH for domestic spend is exceeding budget.
- Operating Gain of $9.9M consists of $20M from CountyCare and a loss of $(10.1)M from Medicare.
- Agreement executed with State of Illinois and CCH to reduce IGT by 50% beginning in January 2021. This change has been reflected in the results.
- There are a number of outstanding items for year-end including:
  - Final IBNR
  - Final revenue and rates
  - Domestic Claims

Notes:

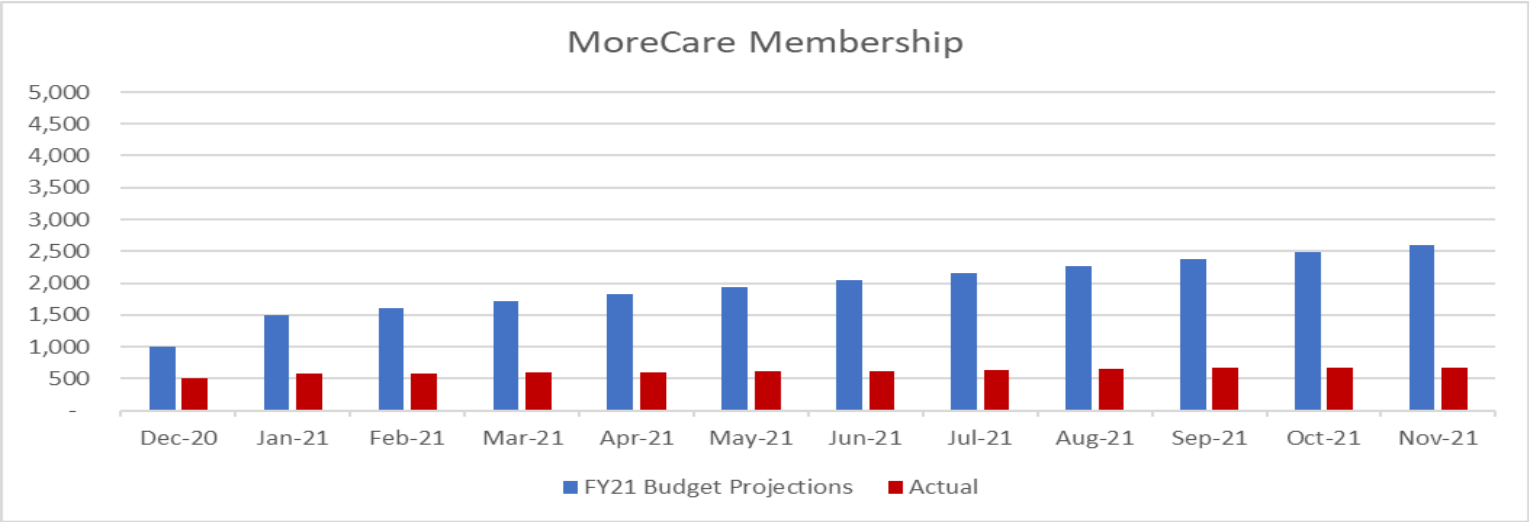
(1) Medical Loss Ratio is a measure of the percentage of premium that a health plan spends on medical claims.

Medicare Financial Results – November 30, 2021

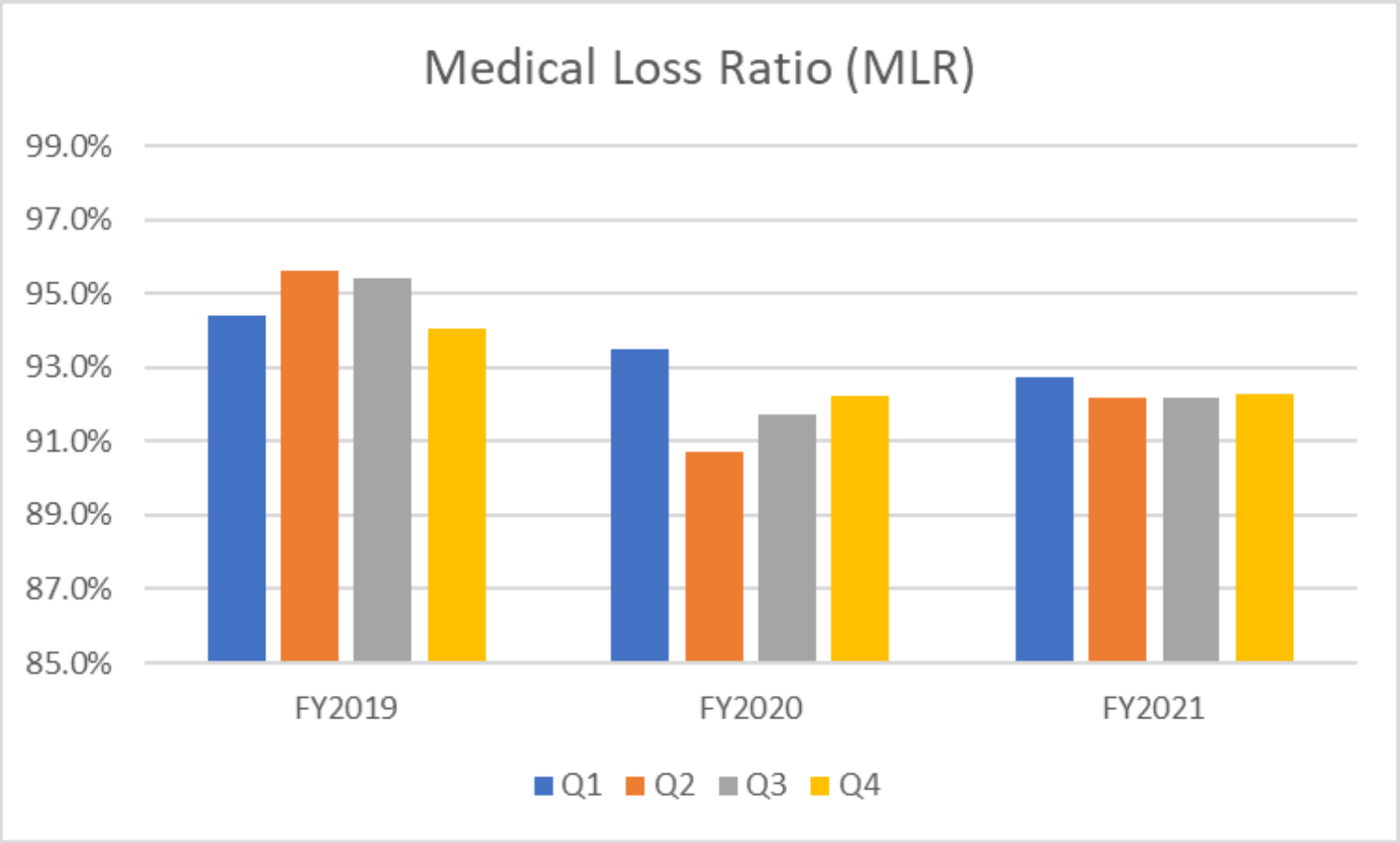
Dollars in 000s except PMPM amounts	FY2021 Actual	FY2021 Budget	Variance	%
Capitation Revenue (Total dollar amount)	$14,387	$34,822	($20,435)	(58.68%)
Operating Expenses				
Clinical Expenses	$14,276	$34,822	$20,546	59.00%
Administrative	$10,195	$10,106	($90)	(0.89%)
Total Expenses	$24,472	$44,928	$20,456	45.53%
Operating Gain (Loss)	($10,084)	($10,106)	$22	(0.21%)
Activity Levels				
Member Months	7,396	23,580	(16,184)	(68.63%)
Operating Indicators				
Revenue Per Member Per Month (PMPM)	$1,945.29	$1,476.76	$468.53	31.73%
Clinical Cost PMPM	$1,930.25	$1,476.76	($453.50)	(30.71%)

Commentary

- Membership is lower than budget, driving lower than expected revenue and cost.
- Revenue and cost on a per member per month basis is exceeding budgeted PMPM due to population mix (more members enrolled in higher premium Special Needs Plans versus lower premium MA-PD Plan).
- Total operating loss is less than budget by $22k.



CountyCare Medical Loss Ratio



Medical Loss Ratio is a measure of the percentage of premium that a health plan spends on medical claims.

Human Resources Metrics

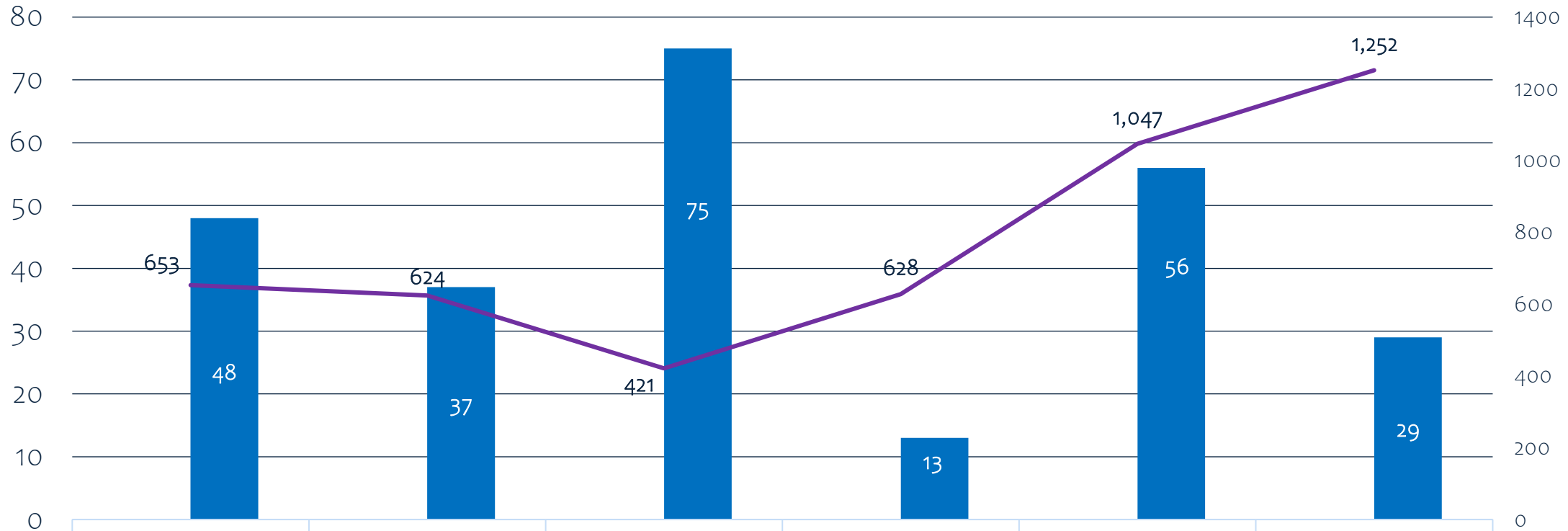
Presented to the Cook County Health Board on 1/28/2022

COOK COUNTY HEALTH

HR Metrics

Hiring Updates

Thru 12/31/2022



	2017	2018	2019	2020	2021	2022
Recruiters	12	6	7	6	4	5
Vacancies Filled	48	37	75	13	56	29
Vacancies in HR	653	624	421	628	1,047	1,252

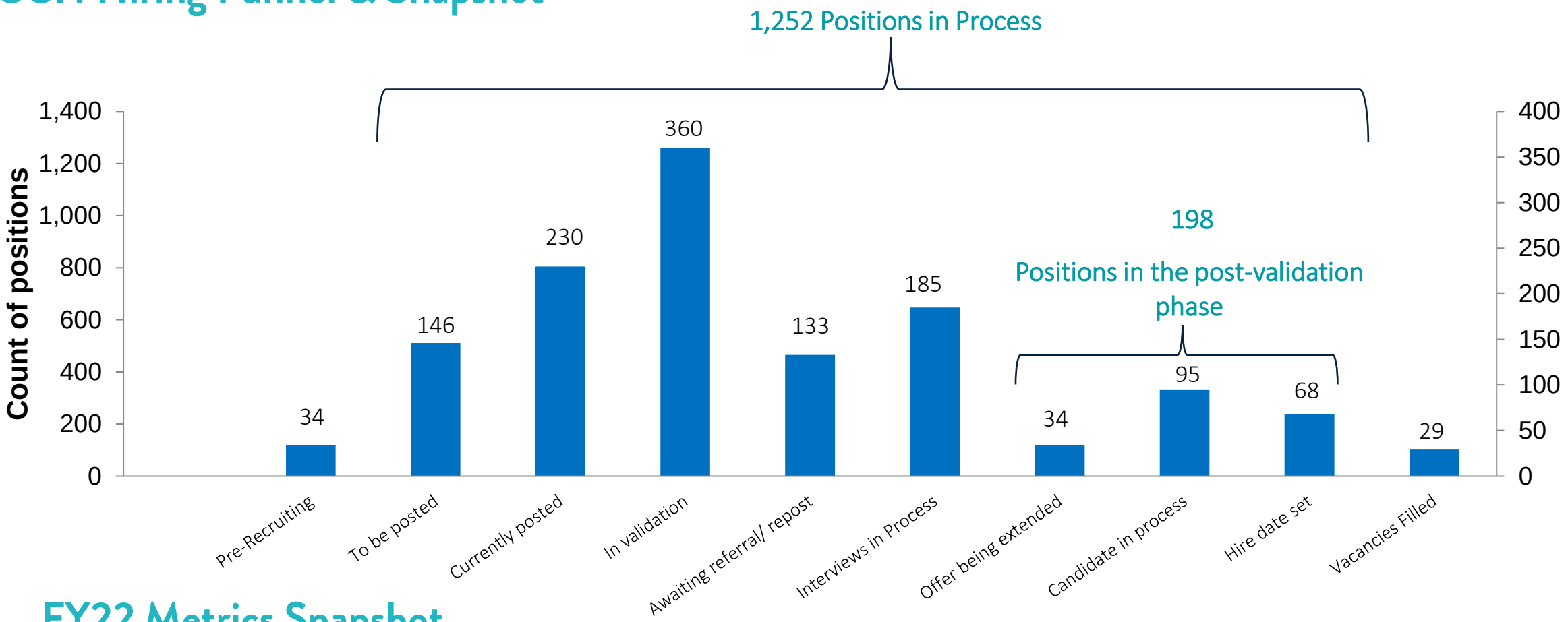
COOK COUNTY HEALTH

Vacancies filled include New Hires, Promotions and Transfers

Does not include Consultants, Registry and House Staff

HR Metrics – FY22 Activity Report

CCH Hiring Funnel & Snapshot



FY22 Metrics Snapshot

Vacancies (Request to Hires)	Posted	Postings Closed	Validation Completed	Referred for Interview	Interviews Completed	Candidate Offers	Vacancies Filled
1280	1134	904	544	411	226	192	29

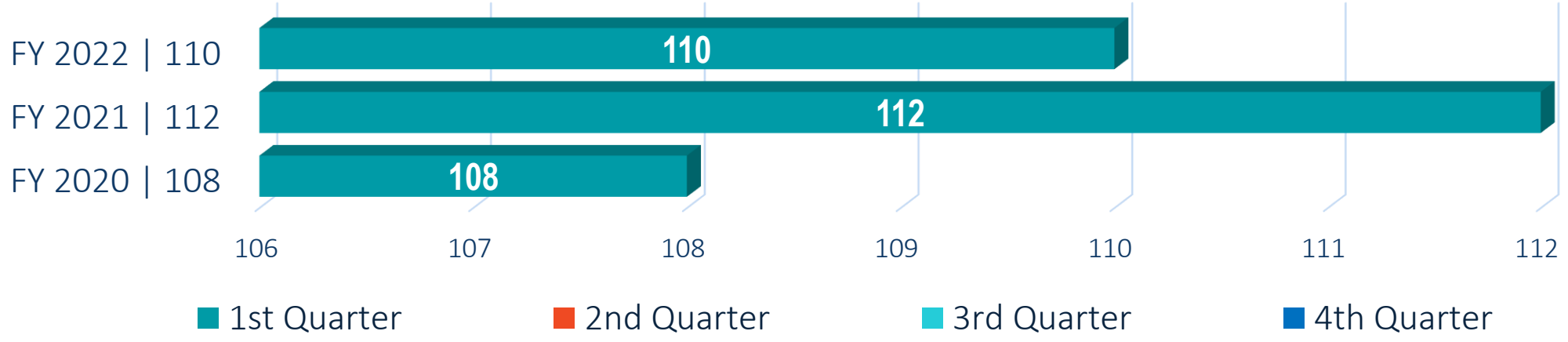
HR Metrics – FY22 Activity Report

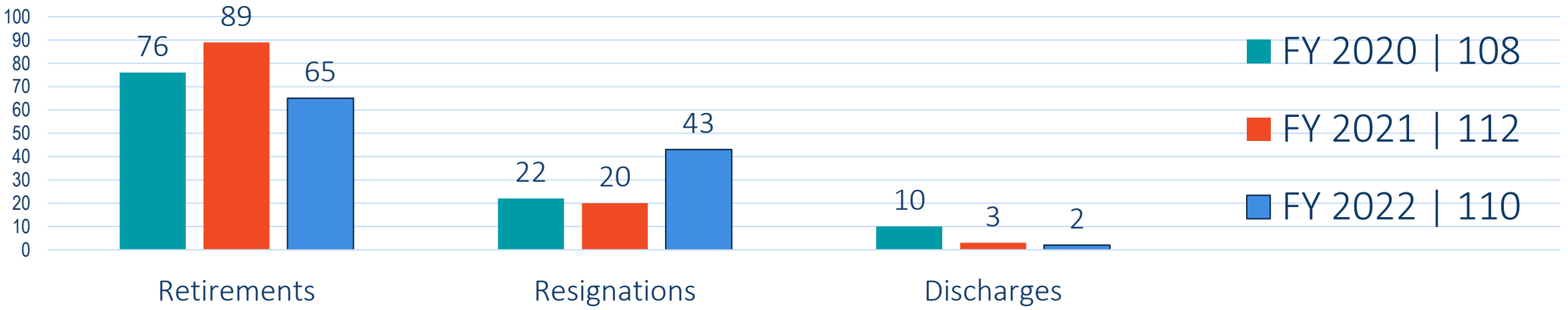
Separations

Thru 12/31/2022

Net Loss = -93

Separations (110) & External Hires (17)





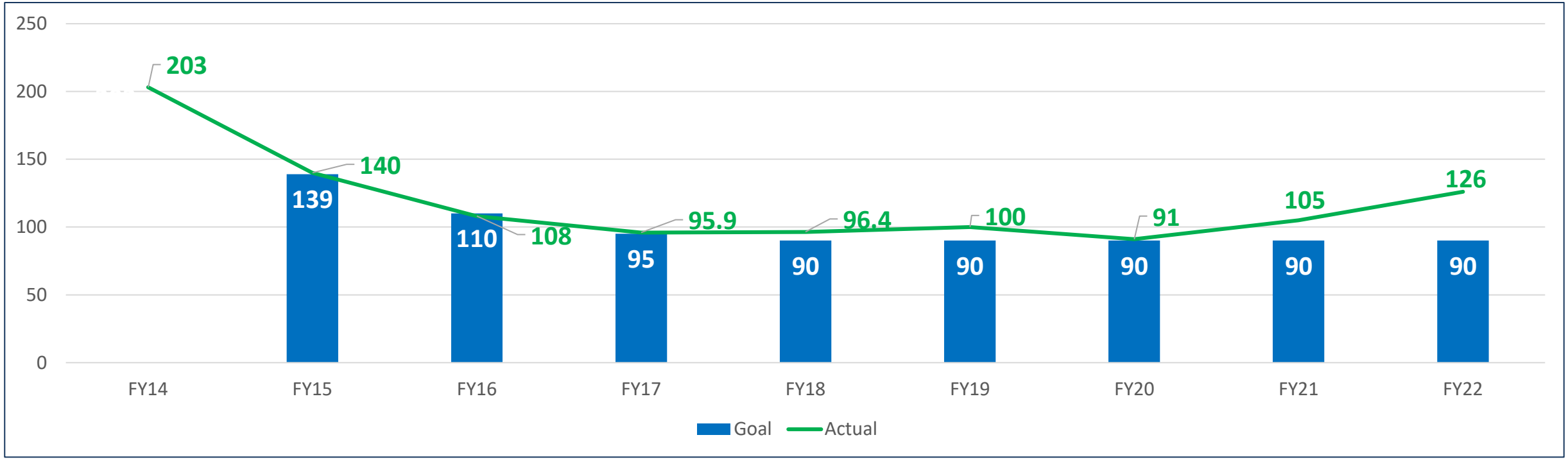
COOK COUNTY HEALTH

Does not include Consultants, Registry and House Staff

HR Metrics – FY22 Activity Report

Average Time to Fill

Thru 12/31/2022



COOK COUNTY HEALTH

Does not include credentialed positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.

HR Staffing

HR Staffing

Leverage Agency Staffing

- Contract/agency support
- Class/comp; HRIS; LMS; HR Operations; Recruiting

Leverage Former Staff

- 4 former CCH experienced recruiters – equates to 2FTEs

Recruitment Process Outsourcing (RPO)

- Recruiter on Demand (3) Recruiters
- Recruitment & job fair support
- Final stages of contract review; team to start

COOK COUNTY HEALTH

HR Strategies

Innovative Recruiting Solutions

Enhance Recruitment Process

Redesign Recruitment Process
- Examine Taleo platform modules and enable the features that will drive efficiency.

Optimization of Job Fairs
- On Site and Virtual Monthly Events

Optimization of Employment Plan
- Streamline the recruitment processes to drive efficiencies.

FY22 Job Fair/Blitz Activity

Timeline	Department	Attendees	Interviews	Offers	Accepted
December, 2021	Laboratory	50	54	37	TBD
January, 2022	Managed Care (v)	247	133	TBD	TBD
February, 2022	Social Work				
March, 2022	Nursing (TBD)				
April, 2022	Respiratory (TBD)				
May, 2022					

HR Staffing - Resurgence Onboarding Support

FY22 -YTD

Position Titles	Count
Nursing	350
Respiratory	15
PT/OT	10
Administrative	15
Medical Assistants	50
Building and Grounds	50
Other (Laboratory, Call Center Representatives, Transporters, Ward Clerks)	70
Subtotal	**560**

COOK COUNTY HEALTH

HR Optimization

HR that Makes a Difference

HR is implementing critical strategies to become a trusted Cook County Health business partner :

- Create innovative recruiting solutions from start to end.
- Assess workflows and identify process improvements.
- Provide meaningful data and analytics to predict HR outcomes.
- Leverage technology and automate manual tasks and workflows.
- Enhance productivity, recruitment effectiveness and support to the health system.

COOK COUNTY HEALTH

HR Optimization – Planning Phase

Our Need

100-day review established need

- SWOT analysis documented key opportunity areas for HR improvement
- Prioritized opportunities are tracked in project plan

Identified technical integration needs

- New system strategy moves our HRIS toward integration
- Building transparency through reporting and dashboards

Partnering to move deliberately and fast

- Consulting partner will bring project management, HR expertise and technical assessment support

Focusing on meaningful change

- Establishing wins on leadership defined priorities
- Creation of roadmap to show when changes are expected

Improve our HR game

- Create sustainable improvements
- Identify next wave of strategic priorities

HR Optimization – Deliverables

Defined outcomes

Proposed Quick Wins

- SOP development and process workflows
- Voice of the Customer analysis
- Taleo configurations (e.g., application, candidate communications)
- Pre-screening question library
- Job description library
- Employment Plan recommendations

Transformation

- Future State Design (e.g., candidate experience personas and journey maps, operating model)
- Process Roadmap and Value Case
- Drive change for prioritized initiatives
- Training tools and job aides

HR Operations

- Metrics/Predictive analytics
- Published reports and dashboards
- Streamlined recruitment processes; recruitment effectiveness, aligned with best practice, coupled with contemporary methods
- Onboarding of new hires/contract staff
- Offboarding process – exit interview process enhancement

HR Optimization - Proposed Timeline

Prep/ Contracting	Weeks 1-4	Weeks 5-8	Weeks 9-12	Weeks 13-16	Weeks 17-20	Weeks 21-24

Workstream 1: Quick Wins

- Identify quick wins that can add immediate value
- Execute prioritized quick wins

Workstream 2: Transformation Assessment

- Perform Voice of the Customer reviews
- Design Future State Talent Acquisition
- Develop roadmap and value case to achieve future state

Workstream 2: Transformation Implementation

- Perform detailed design and implementation of first set of aligned priorities from roadmap

Workstream 3: Operational Support (full support or subset)

- Provide candidate sourcing support
- Provide pre-recruiting and job posting support
- Provide ongoing candidate evaluation, selection, and job offer support

Managed Care Metrics

Presented to the CCH Managed Care Committee on 1/21/2022

COOK COUNTY HEALTH

Current Membership

Monthly membership as of January 5th, 2022

Category	Total Members	ACHN Members	% ACHN
FHP	264,642	20,378	7.7%
ACA	116,688	18,040	15.5%
ICP	30,423	5,227	17.2%
MLTSS	8,167	0	N/A
SNC	5,370	635	11.8%
Total	**425,290**	**44,280**	**10.4%**

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

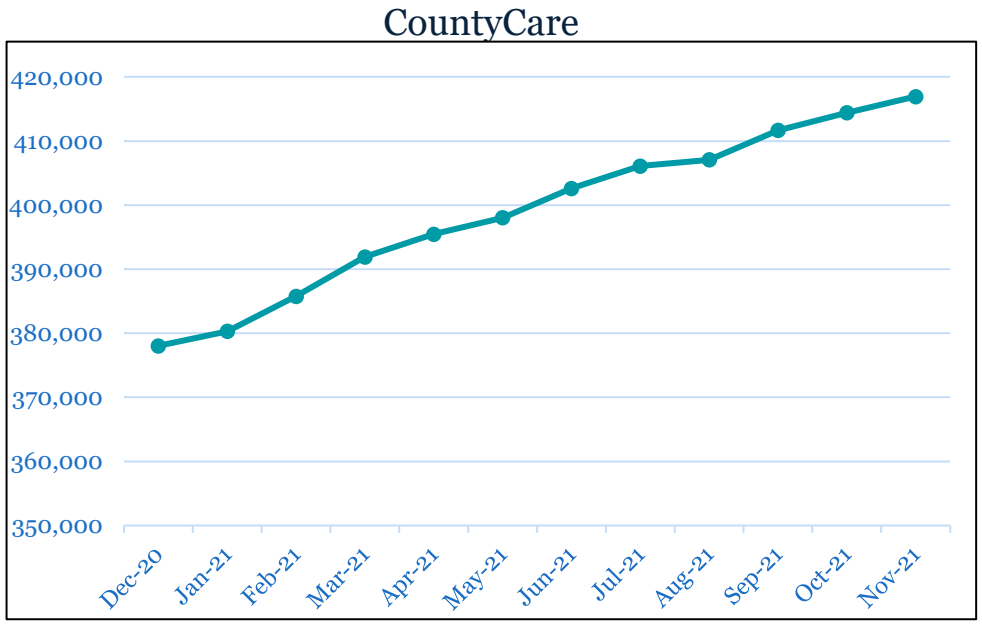
Managed Medicaid Market

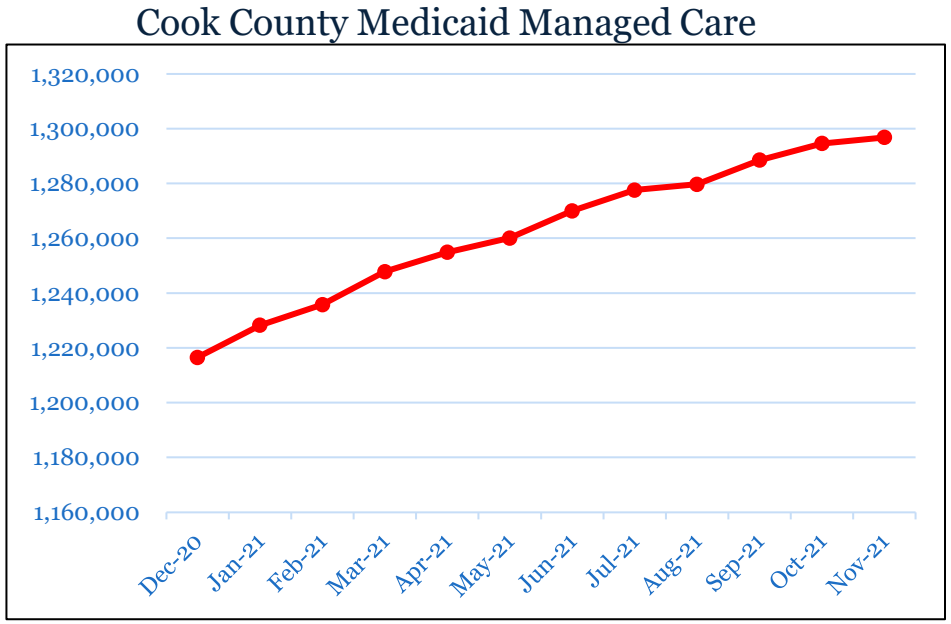
Illinois Department of Healthcare and Family Services November 2021 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	416,937	32.2%
Blue Cross Blue Shield	330,653	25.5%
Meridian (a WellCare Co.)	314,867	24.3%
IlliniCare (Aetna/CVS)	128,840	9.9%
Molina	95,823	7.4%
YouthCare	9,667	0.7%
Total	**1,296,787**	**100.0%**

* Only Operating in Cook County

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

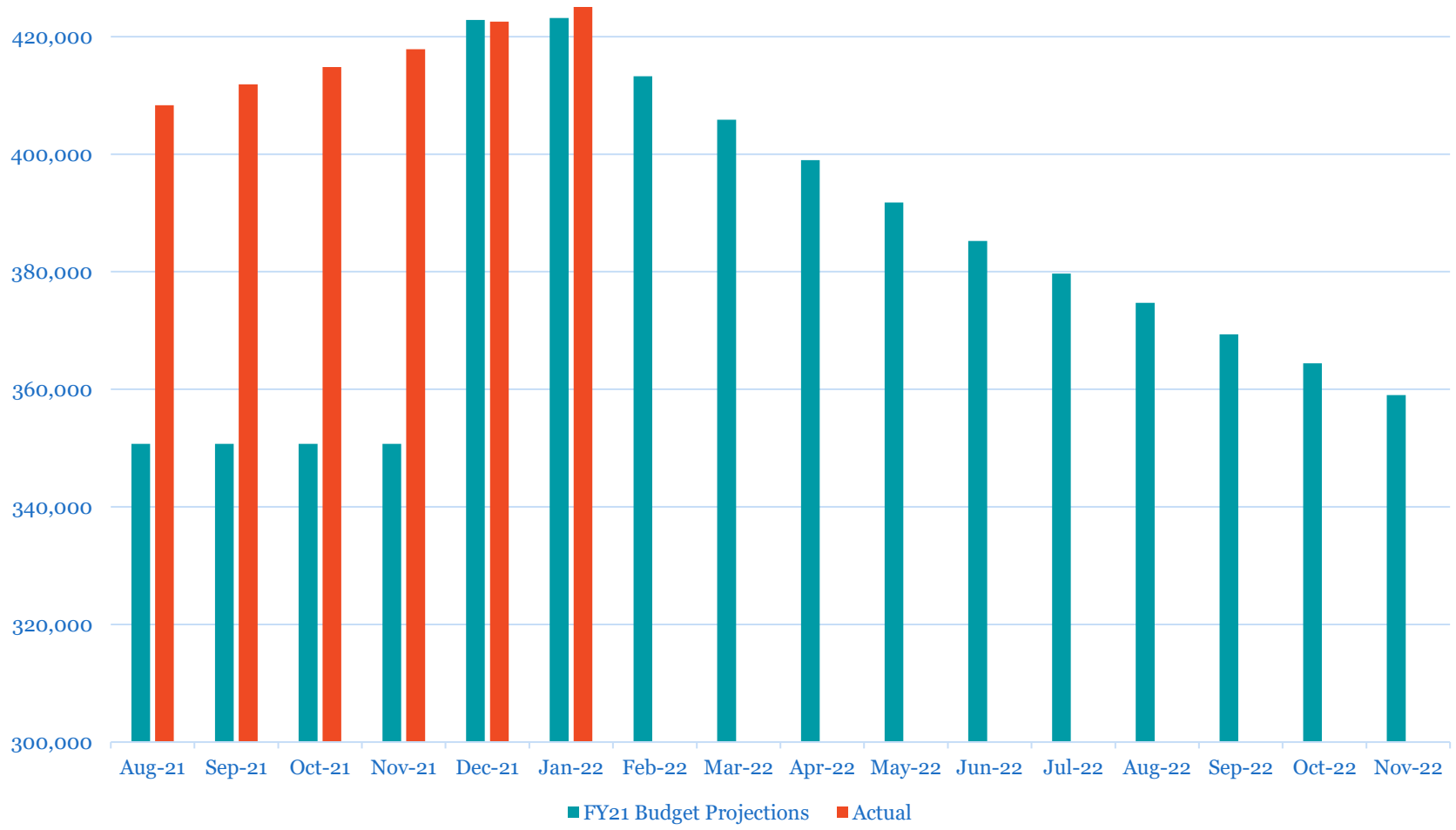




- CountyCare's enrollment has increased 10% over the past 12 months, ahead of the Cook County increase of 7%
- CountyCare's enrollment increased 0.6% in November 2021 compared to the prior month

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

FY 21 Budget | Membership



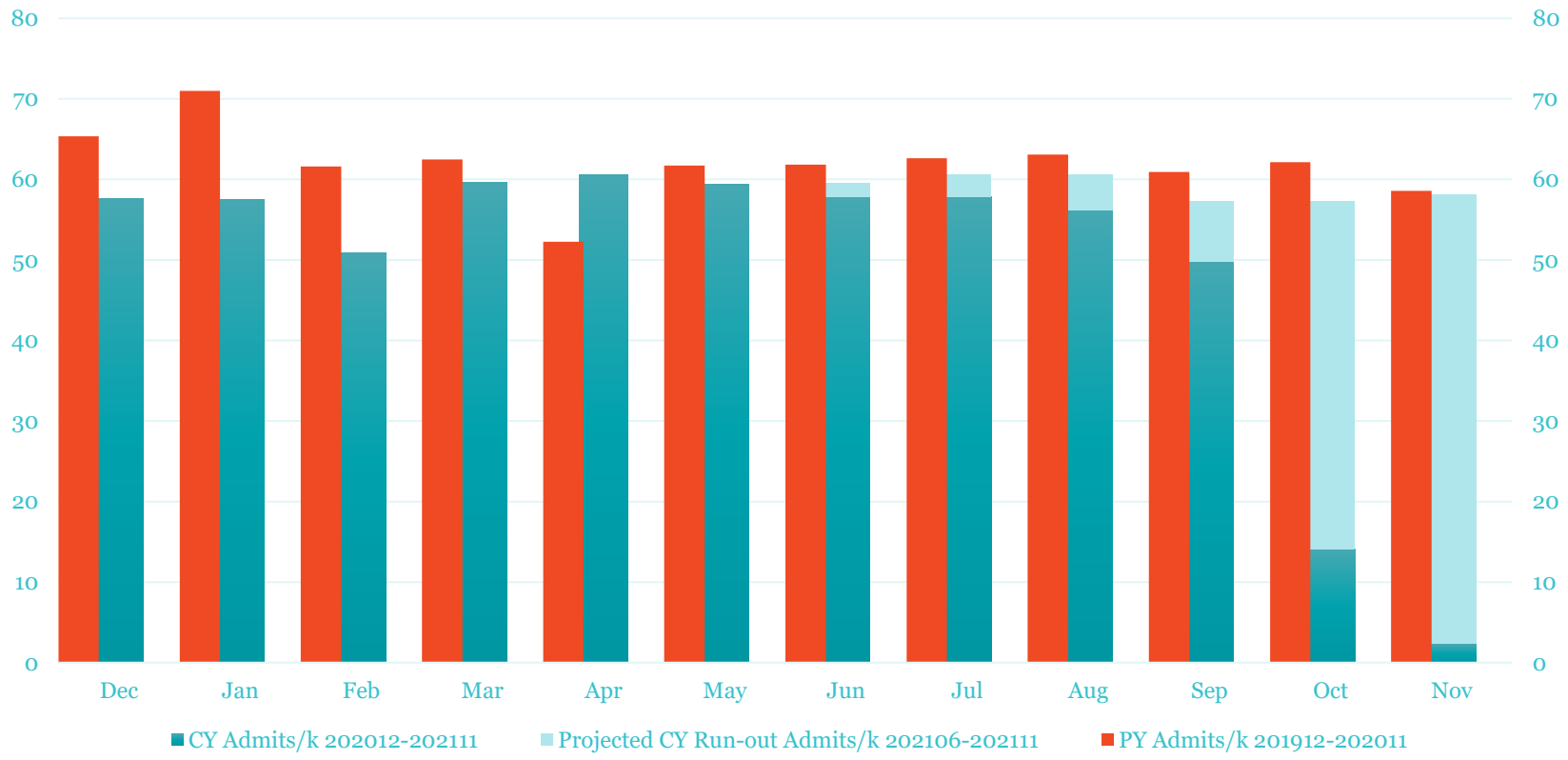
Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	Oct 2021	Nov 2021	Dec 2021
Member & Provider Services Call Center Metrics				
Abandonment Rate	< 5%	2.14%	2.42%	1.10%
Hold Time (minutes)	1:00	0:23	0:27	0:10
% Calls Answered < 30 seconds	> 80%	85.20%	81.87%	93.27%
		Quarterly		
Claims/Encounters Acceptance Rate	98%	98%		

Operational Updates

Request for Proposals	Posting Date	Expected Completion
Pharmacy Benefit Managers	October, 2021	1st Quarter, 2022
Third Party Administrative Services	October, 2021	1st Quarter, 2022
Care Management	December, 2021	1st Quarter, 2022
ESRD Services	October, 2021	1st Quarter, 2022
Actuarial Services	November, 2021	1st Quarter, 2022

Current v. Prior Year: IP Acute Admits/1000



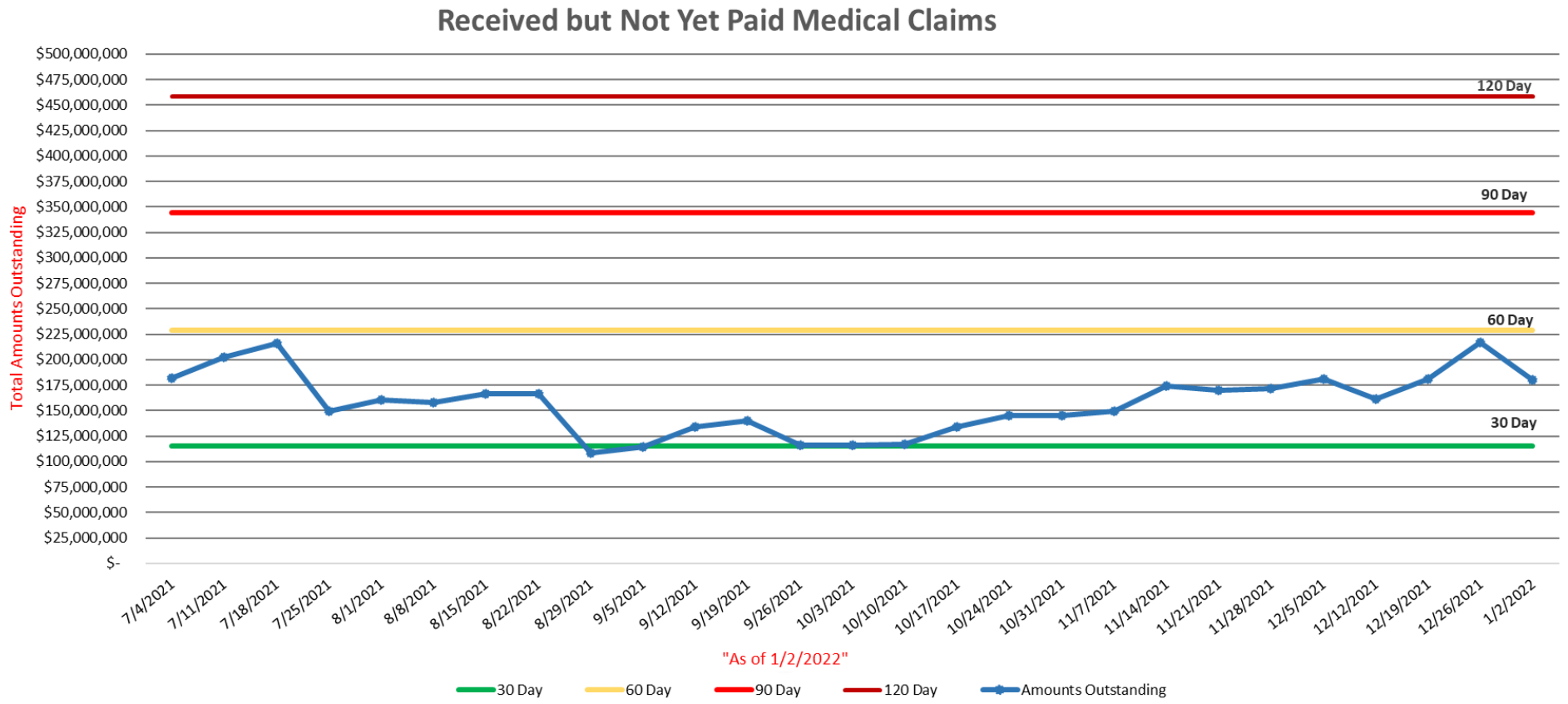
Updated monthly, paid through November 2021
All acute and surgical cases + approved acute authorizations
Domestic admissions are not included since they do not require Prior Authorization

CountyCare COVID Vaccination Rates

Vaccination Phase	Count of Membership	Percent of Total Membership (425k)	Percent of Vaccine-Eligible Membership (378k)
1st of 2 doses only:	22,593	5.31%	5.97%
Fully Vaccinated:	147,345	34.65%	38.93%
Vaccinated with at least 1 dose:	169,938	39.96%	44.90%

Data as of 1/7/2022

Claims Payments



*Assumes average of 15 days to process claims
*Assumes $57.5M in pending claims not yet adjudicated
*Medical claims only- does not include pharmacy, dental, vision or transportation claims. These claims typically average a 30-60 day payment timing.

Claims Payments

Received but Not Yet Paid Claims

Aging Days	0-30 days	31-60 days	61-90 days	91+ days	Grand Total
Q1 2020	$ 109,814,352	$ 53,445,721	$ 46,955,452	$ 9,290,569	$ 219,506,093
Q2 2020	$ 116,483,514	$ 41,306,116	$ 27,968,899	$ 18,701,664	$ 204,460,193
Q3 2020	$ 118,379,552	$ 59,681,973	$ 26,222,464	$ 71,735	$ 204,355,723
Q4 2020	$ 111,807,287	$ 73,687,608	$ 61,649,515	$ 1,374,660	$ 248,519,070
Q1 2021	$ 111,325,661	$ 49,497,185	$ 4,766,955	$ 37,362	$ 165,627,162
Q2 2021	$ 131,867,220	$ 49,224,709	$ 566,619	$ 213,967	$ 181,872,515
Q3 2021	$ 89,511,334	$ 25,733,866	$ 38,516	$ 779,119	$ 116,062,835
Q4 2021	$ 125,581,303	$ 90,378,328	$ 112,699	$ 1,114,644	$ 217,186,974
Week of 1/2/2022	$ 115,779,820	$ 63,805,142	$ 140,085	$ 888,122	$ 180,613,168

***0-30 days is increased for an estimated $57.5M of received but not adjudicated claims**
***Medical claims only-does not include pharmacy, dental, vision or transportation claims**
***The amounts in the table are clean claims**

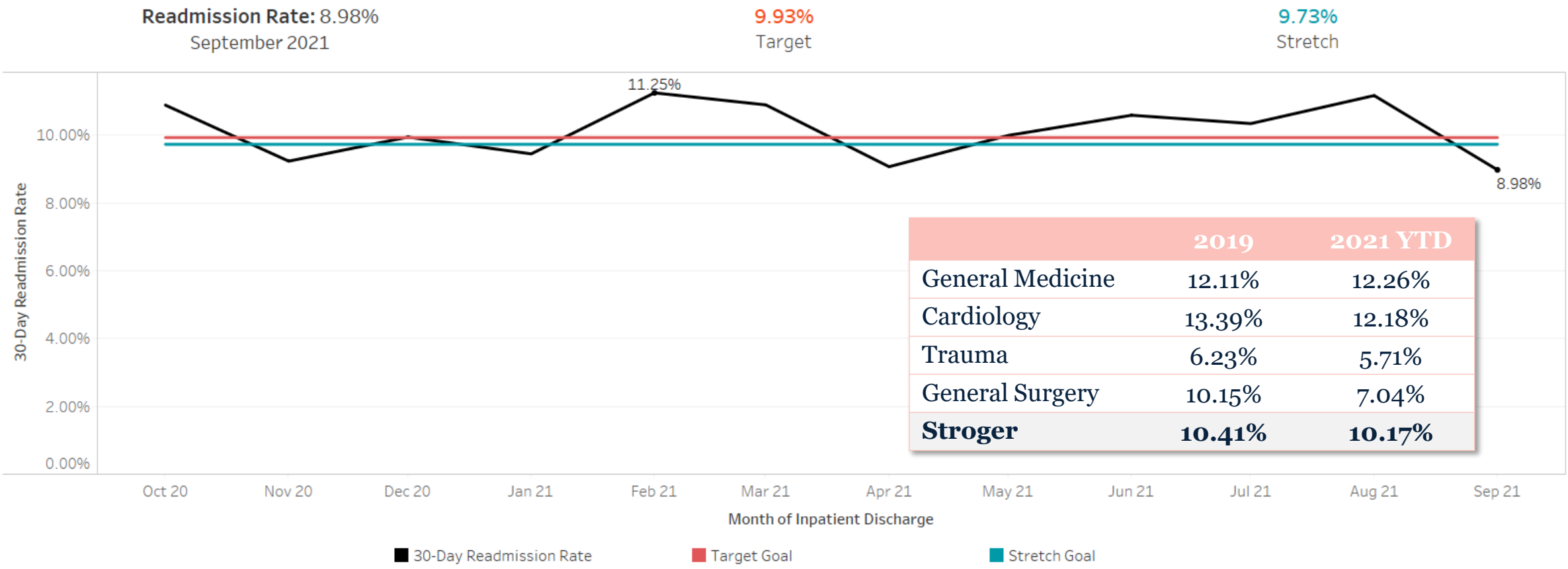
Quality & Patient Safety Metrics

Presented to the CCH Quality and Patient Safety Committee on 1/20/202

COOK COUNTY HEALTH

30-Day Readmission Rate (Stroger Hospital)

HRO Domain: Readmissions



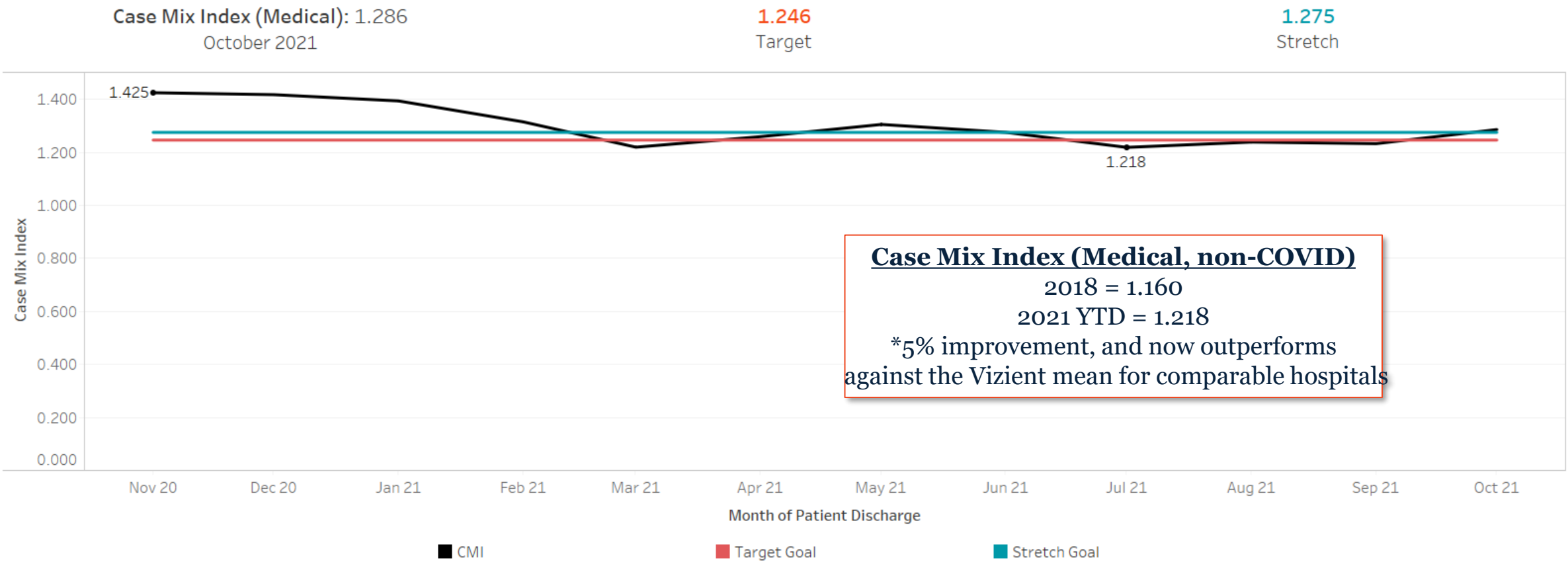
	2019	2021 YTD
General Medicine	12.11%	12.26%
Cardiology	13.39%	12.18%
Trauma	6.23%	5.71%
General Surgery	10.15%	7.04%
Stroger	**10.41%**	**10.17%**

COOK COUNTY HEALTH

*Lower readmission rate is favorable

Case Mix Index, Medical MS-DRG (Stroger Hospital)

HRO Domain: Clinical Documentation



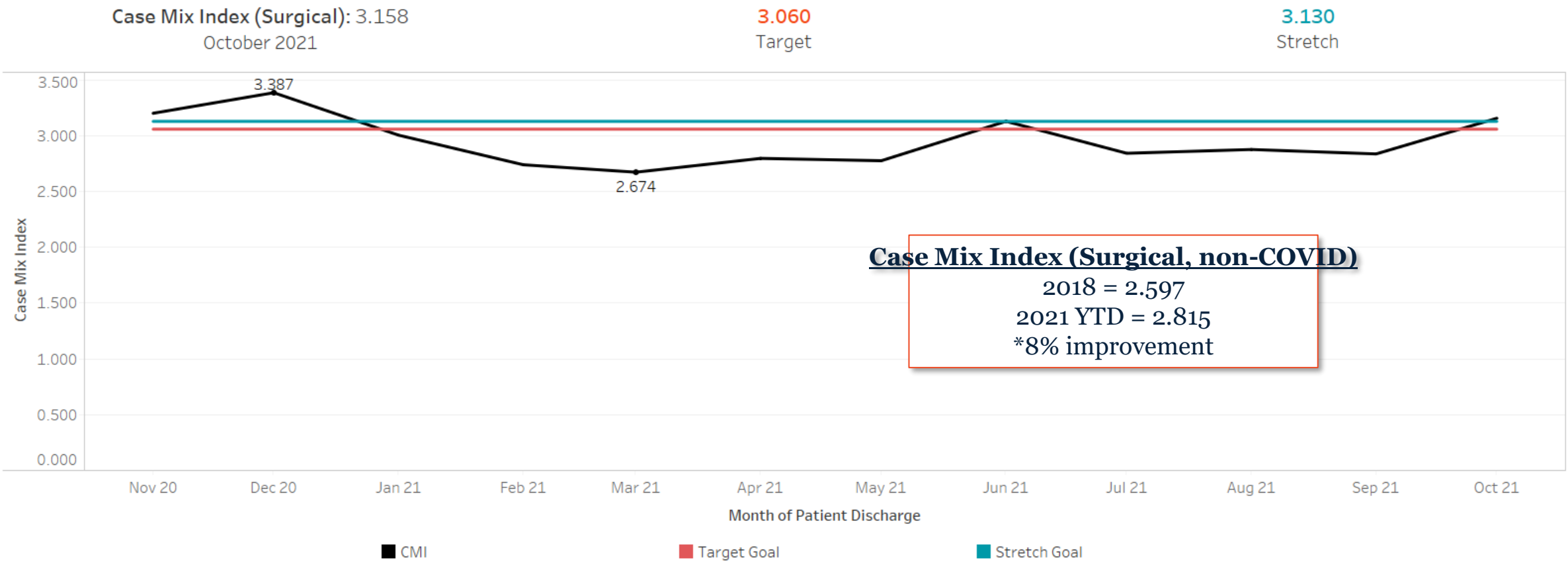
Case Mix Index (Medical, non-COVID)
2018 = 1.160
2021 YTD = 1.218
*5% improvement, and now outperforms against the Vizient mean for comparable hospitals

COOK COUNTY HEALTH

*Higher case mix index is favorable

Case Mix Index, Surgical MS-DRG (Stroger Hospital)

HRO Domain: Clinical Documentation



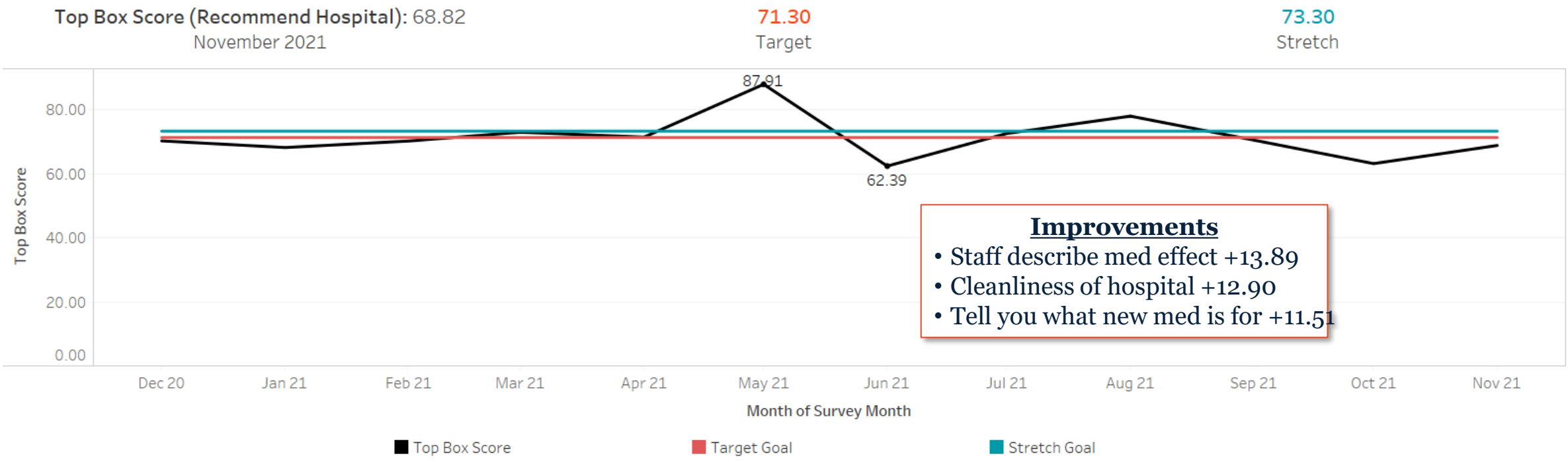
Case Mix Index (Surgical, non-COVID)
2018 = 2.597
2021 YTD = 2.815
*8% improvement

COOK COUNTY HEALTH

*Higher case mix index is favorable

Top Box Score, Recommend the Hospital (Stroger Hospital)

HRO Domain: Patient Experience



Improvements

- Staff describe med effect +13.89
- Cleanliness of hospital +12.90
- Tell you what new med is for +11.51

Total Patient Experience Surveys Received (by Month)

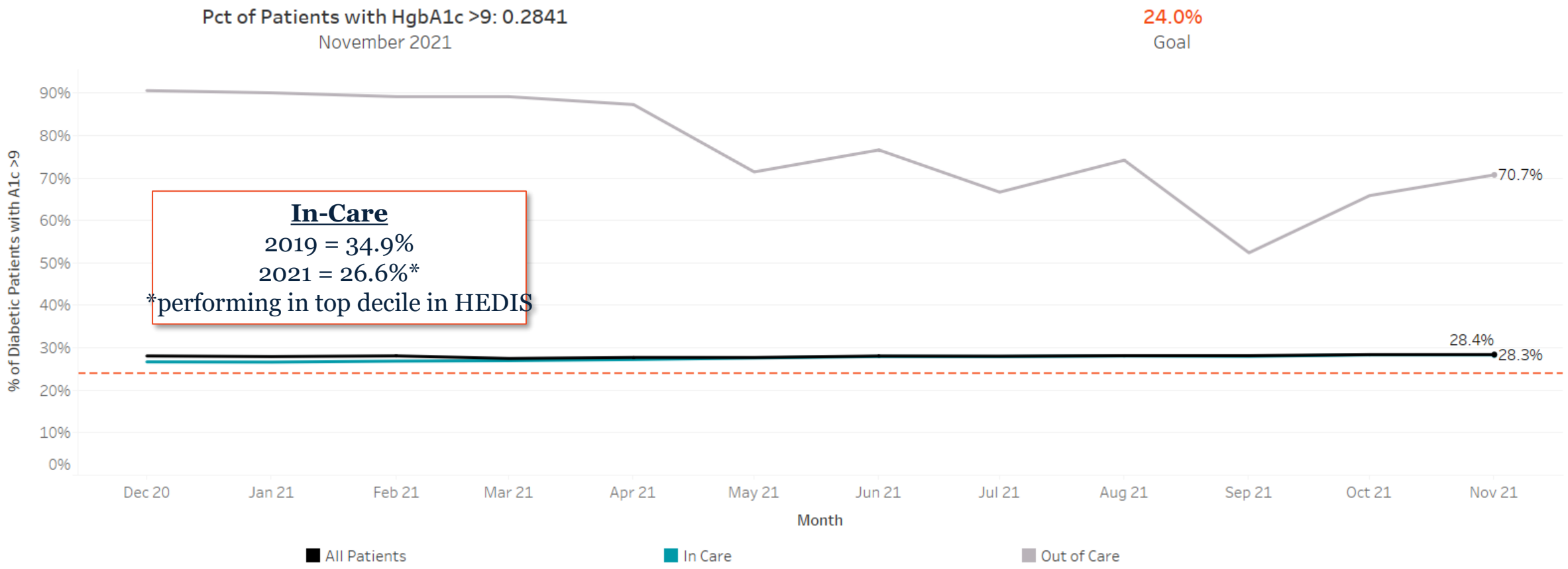
Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21
158	110	94	159	140	91	117	113	109	105	95	93

COOK COUNTY HEALTH

*Higher top box score is favorable

HbA1c >9%

HRO Domain: HEDIS



In-Care
2019 = 34.9%
2021 = 26.6%*
*performing in top decile in HEDIS

COOK COUNTY HEALTH

*__Lower__ percent of diabetics patients (>9%) is favorable

Metric	Definition
30-Day Readmission Rate	• *Patient unplanned admission to Stroger within 30 days after being discharged from an earlier hospital stay at Stroger* • **Calculation:** Raw unplanned readmission rate (# of readmissions / total # of eligible discharges) • **Population included:** all inpatient discharges from Stroger • **Cohort inclusions:** any payer; any age; alive at discharge • **Cohort exclusions:** Admitted for primary psychiatric dx; admitted for rehabilitation; admitted for medical treatment of cancer (chemotherapy, radiation therapy); admitted for dialysis; admitted for delivery/birth • **Reporting timeframe:** reported monthly with a 1-month lag to allow for 30-day readmission window; reported by month of patient discharge • **Data source:** Vizient Clinical Data Base
Case Mix Index	• *Average relative DRG weight of a hospital'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* • **Population included:** all inpatient discharges from Stroger • **Cohort inclusions:** any payer; any age; reported by Medical MS-DRG and Surgical MS-DRG (*Surgical: an OR procedure is performed*) • **Cohort exclusions**: none • **Reporting timeframe:** reported monthly by most current month available; reported by month of patient discharge • **Data source:** Vizient Clinical Data Base
Recommend the Hospital	• *Percent of patient responses with "Definitely Yes" (top box response) for Recommend the Hospital item in HCAHPS survey* • **Calculation:** Percent of patient responses with "Definitely Yes" (*top box*) / total survey responses • **Population included:** Stroger; 18 years or older at time of admission; non-psychiatric MS-DRG/principal diagnosis at discharge; alive at discharge; >1 overnight stay in hospital as inpatient • **Cohort exclusions:** discharged to hospice care; discharged to nursing homes or SNFs; court/law enforcement patients; patients with a foreign home address; "no-publicity" patients"; patients who are excluded because of rules and regulates of state in which hospital is located • **Reporting timeframe:** reported monthly by most current month available; reported by month of survey received date • **Data source:** Press Ganey
HbA1c >9%	• *Percent of adults (ages 18-75) with diabetes Type 1 or Type 2 where HbA1c is not in control (>9.0%)* • **Calculation:** Percent of diabetic patients with HbA1c not in control / total diabetic patients • **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) • **Cohort exclusions**: none • **Reporting timeframe:** reported monthly by most current month available; reported by month of patient visit • **Data source:** NCQA, HEDIS

Divisional Reports

Strategic Highlights & Opportunities of CCH Operating Divisions

January 28, 2022

COOK COUNTY HEALTH

Ambulatory Care

Strategic Highlights

- The Patient Support Center answered more than 36,400 patient calls in December with an avg. speed of answer under 60 seconds. CCH merged and relocated the COVID-19 testing and vaccine call center staff to the Harrison Square building.
- The CCH non-emergency transportation fleet completed more than 4,300 patient transports in December (62% of the trips were for CountyCare members).
- We reduced the Dermatology referral wait list by 27% and Hematology by 20% over the last month.
- Our Heart Failure Clinic accommodates all patients discharged from Stroger with a diagnosis of heart failure within fourteen days.
- We have a new Cardiology Post-Service Clinic. Here, all patients who were seen by the cardiology consultative team in-hospital (on wards & CCU) are guaranteed an appointment post-hospital within seven to ten days and seen by the cardiologist who followed them in-hospital (this promotes excellent continuity of care and helps prevent readmissions).
- CCH continues to work to optimize schedules to improve access for complex patients. Currently, we are working with the medical subspecialties to streamline the referral ordering process to schedule patients more efficiently for a specialty appointment.
- CCH enrolled 295 participants MCH HRSA Healthy Start Grant for the year 2021. Our goal is to identify and enroll 300 pregnant women, 300 pre-conception or postpartum women or children, and 100 men by March 2022.

COVID-19

- Working in collaboration with state and local authorities, CCH reopened mass vaccination sites in Forest Park, Matteson and DesPlaines. Hours of operation will be Tuesday through Saturday, 8am to 6pm, and Sundays 10am to 4pm. Patients can make appointment or walk-in. We continue to offer vaccinations at all CCH community health centers as well as at Stroger and Provident hospitals.
- Our Morton East community health center assisted the Morton East School District with vaccinating students who were not vaccinated/non-compliant with the district's vaccination mandate.
- Cook County Health provides COVID testing at six locations by appointment. More information is available on the CCH website.
- CCH will provide Paxlovid and Molnupiravir (a monoclonal antibody) for high-risk immunocompromised patients and patients with contraindications for the COVID-19 vaccines. We are training staff to follow receipt of the new prevention modality.

Strategic Opportunities/Challenges

- CCH continues to work to optimize schedules to improve access for complex patients. Work is currently underway with the medical subspecialties to streamline the referral ordering process to schedule patients more efficiently for a specialty appointment.
- Reviewing ways to co-locate services to enhance the patient experience and deliver high quality and coordinated services.
- Identifying services with immediate access to pilot patient self-scheduling.
- Working to launch dental services at Belmont Craigin, Blue Island, and North Riverside community health centers.
- Intend to launch process improvement (PI) training for lead providers and managers, with the goal of providing to them an educational foundation in PI methodologies to improve efficiencies within clinics and improve priority metrics.
- Procuring new computers with video capability that will enhance the provision of telehealth and virtual meeting functions for staff, as well as tablets to assist with translation needs and improve provider documentation
- Working with Human Resources to prioritize hiring needs across ambulatory.

Cermak Health Services

Strategic Highlights

- Ongoing Patient Vaccination. Through December 31, 2021, more than 13,600 doses of COVID vaccine have been administered to patients at Cermak including boosters for those eligible.
- Current vaccination rates of active patients housed in the jail are 63.1% received at least one dose and 52.7% have received two doses.
- Preparation for National Commission on Correctional Health Care (NCCHC) Accreditation continues. Survey is expected in 2022. JTDC reaccreditation survey also expected in 2022.

Strategic Opportunities/Challenges

- Expanded housing footprint due to COVID uptick has required ongoing pivoting of staff and services to areas formally shuttered.
- Transfers to the Illinois Department of Corrections have stalled again with 775 detainees remanded to IDOC remaining at Cook County Jail.
- COVID protocols, testing and vaccination remain critical strategies to mitigate and contain COVID at the jail.
- Working with Human Resources to prioritize hiring needs across ambulatory.

Cook County Department of Public Health

Strategic Highlights

COVID

- From December 1-31, 2021, our vaccine providers reported 1,383 total vaccine doses administered at 23 completed mobile/pop-up vaccination clinics at community sites
- To date, CCDPH partner providers completed 3613 in-home vaccinations
- To date, CCDPH has distributed 335,780 BinaxNOW tests to organizations
- Contact tracing:
  - December: 68,228 cases; 50.1% attempted in 48 hours, 68.9% attempted overall.
  - December: 4,416 contacts, 89.8% attempted in 48 hours, 94.7% overall.

Behavioral Health

- CCDPH distributed 191 kits of naloxone, an opioid overdose reversal medication, to six suburban organizations in December, including the Maywood Public Library District, the Harvey Police Department, and the Robbins Police Department. As of the end of December 2021, 739 kits have been distributed to law enforcement agencies, and 231 kits have been distributed to community-based partners. CCDPH has been prioritizing distribution to police departments in underserved communities and community partners that serve people who are at risk for opioid overdose.

Chronic Disease Prevention / Health Promotion

- CCDPH is partnering with Chicago Food Policy Action Council to help organize the annual Chicago Food Justice Summit, being held virtually February 23-25, 2022. There will be a Cook County Good Food Purchasing Session highlighting the County's Good Food Purchasing Policy implementation in panel discussion.

Strategic Opportunities/Challenges

- Communicable Diseases received a $100,000 grant from NACCHO to support infection prevention assessments and other activities around long-term care facilities.
- Working with community-based organizations to extend contracts for hosting COVID-19 clinics and providing health education within the community.
- Working with Human Resources to prioritize hiring needs.

Health Plan Services

Strategic Highlights

- MCO Contract Extension with State of Illinois HFS through 2025
- Continued membership growth, now exceeding 425,000
- Quality initiatives underway to meet state defined quality measures for 2021
- Completed in-sourcing of care management contract in 4th quarter 2021
- Staff re-location to Harrison Square expected in 1st quarter, 2022, with cost savings of over $600,000 from current office space.
- Health Plan Services total profit through November 2021 is $10M. Closing FY 2021 year-end with a balanced budget
- IGT renegotiation with targeted savings of $15-$20M
- Administrative contract renegotiations with targeted savings of over $10 million with over $15M completed through December

Strategic Opportunities/Challenges

- Transitioning to new care management system developed internally at CCH planned for February 1st, 2022
- Multiple RFPs are currently posted and/or under review.
- Call Center Service Level Agreement (SLA) have improved.
- Dedicated cost reduction efforts to reduce MLR spend are underway.
- Preparations for open enrollment period for Medicaid and Medicare underway.
- Working with Human Resources to prioritize hiring needs

Provident Hospital

Strategic Highlights

- Offering monoclonal antibody therapy to reduce COVID-19 hospitalizations.
- Installation of the MRI scanner is complete.
- Phase 1 Ambulance Bay renovation work is underway with expected completion in 1Q22.
- Developed surge plan to expand hospital capacity during COVID surge.
- Dialysis center partnership with University of Chicago is underway.

Strategic Opportunities/Challenges

- HVAC system being addressed to ensure optimal OR and procedure needs.
- General facilities upgrades continue including painting, lighting and furniture are in progress.
- Repair of the pneumatic tube system is complete.
- Preparing for accreditation surveys for mammography, nuclear medicine and lab.
- Working with Human Resources to prioritize hiring needs.

John. H. Stroger, Jr. Hospital

Strategic Highlights

- Handwashing compliance initiatives are yielding positive results.
- Organization accommodating surge of covid cases and census increases with relative moderate delays in ER throughput and modest surgery rescheduling to level the census and demand.
- Supplies including PPE keeping pace, and within allocation guidelines
- Additional beds and stretchers received as part of COVID surge planning.

Strategic Opportunities/Challenges

- Developing plan to increase surgical volumes.
- Creating integrated oncology service line.
- Evaluating options for expanded chaplaincy services.
- Working with Human Resources to prioritize hiring needs.
- Agency rates are at a premium versus standard wage rates given post-covid job market. Ongoing onboarding occurring to fill gaps.

Thank you.

COOK COUNTY
HEALTH