

COOK COUNTY
HEALTH



CCH Monthly Report

to the Cook County Board of Commissioners

March 2022



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Administrative & Legislative Updates



Presented to the Cook County Health Board on 2/25/2022



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Administrative Updates – CCH Employee Recognition

- At the end of this month, after a thirty-year career with Cook County Health, **Dr. Connie Mennella** retired from her role as Chair of Correctional Health. Driven by her desire to help the underserved, Dr. Mennella, a native Chicagoan and Northwestern University Medical School graduate, came to work for CCH' Cermak Health Services in 1991 after completing a residency in Internal Medicine. Dr. Mennella started at Cermak as a Primary Care physician and subsequently became the head of Cermak's Department of Correctional Health in 2014. In her leadership role, Dr. Mennella has been dedicated to addressing the health conditions seen disproportionately in the incarcerated such as mental illness, substance use disorders and poorly controlled chronic illnesses. Her leadership was instrumental during the COVID-19 pandemic; the Cermak team's mitigation efforts were recognized as a best practice by the CDC. Dr. Mennella's tireless work and dedication have been recognized by her peers and leaders in the medical community. She earned the 34th "Human Rights Award" from the National Alliance Against Racist & Political Repression, the Health and Medicine Policy Research Group "Medicine Award" in 2018 and Cook County Health's "Doctor of the Year" award in 2017. Cook County Health is exceptionally grateful to Dr. Mennella for the compassion and expertise she has provided to her patients and team during her tenure.
- **Dr. Suja Mathew**, Chair, Department of Medicine, departed CCH after more than 20 years of service to the health system. Dr. Mathew joined CCH in 2000 and was appointed Chair of the Department of Medicine in 2015. She also served as Director of the Internal Medicine Residency program from 2008-2016. Dr. Mathew has committed her career to advancing health equity, providing compassionate health care, and mentoring the next generation of physicians. Thank you to Dr. Mathew for your tremendous work.
- The **Cook County Department of Public Health** recently achieved recertification as a local health department by the State of Illinois. CCDPH's Community Needs Assessment and Health Plan was also approved as part of certification. As a certified local health department, CCDPH serves as the public health authority for suburban Cook County. CCDPH strives to prevent the spread of other communicable diseases, enforce public health laws and regulations, analyze health data, address emerging health threats, and promote the health and wellbeing of its communities. Congratulations to the entire CCDPH team for this achievement.

Administrative Updates – COVID-19

- After several weeks of significant increases, inpatient admissions for COVID have continued to decrease as have cases at the jail.
- While indoor mask mandates will be lifted in most public spaces per the Cook County, Chicago and Illinois health departments, healthcare facilities will continue to require masking.
- Cook County Health continues to offer COVID vaccination to employees, patients and the community. CCH has administered more than 989,000 vaccine doses. The reopening of three mass vaccination sites in Matteson, Forest Park and Des Plaines, coupled with the distribution of \$100 gift cards resulted in a substantial increase in vaccine distribution in just a four-week period.
- 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 [here](#).

Administrative Updates – Activities and Announcements

Black History Month

- On Tuesday, February 22, 2022, Cook County Board President Toni Preckwinkle, CEO Israel Rocha, Chief Medical Officer Dr. Claudia Fegan, Chief Equity and Inclusion Officer Shannon Andrews, CCH physicians and others participated in a Facebook Live event to celebrate Black History Month. The panel discussed the importance of representation in health care, the impact of COVID on the African American community, mental health and more. The event can be viewed on CCH's YouTube channel. In addition to the panel discussion, CCH interviewed a number of staff about the importance of Black History Month. These videos can be found on CCH's social media channels. Chief Medical Officer Dr. Fegan was featured in a BHM video and profile that ran in the Chicago Sun-Times and was interviewed about the important role Provident Hospital has played in the medical field.

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-February 2022, CCH's Fresh Truck partnership with the Greater Chicago Food Depository (GCFD) resulted in 372 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 41,369 households, representing 136,506 individuals, totaling more than 935,550 pounds of food. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

The Greater Chicago Food Depository's Fresh Food Truck visits for the month of March include the following ACHN Health Centers.

- March 3 – **Prieto Health Center** – 2424 S. Pulaski Road, Chicago, IL 60623
- March 8 – **Provident Hospital/Sengstacke Health Center** – 500 W. 51st Street, Chicago, IL 60615
- March 17 – **Arlington Heights** – 3520 N. Arlington Heights Road, Arlington Heights, IL 60004
- March 18 – **CORE Center** – 2020 W. Harrison Street, Chicago, IL 60612
- March 24 – **Blue Island Health Center** – 12757 S. Western Ave., Blue Island, IL 60406

Administrative Updates – Activities and Announcements

US Navy Officials Visit

- On February 17, 2022, officials from the US Navy visited Cook County Health in preparation to launch a new program to educate and train Navy medical personnel in Stroger Hospital's trauma unit to ensure the force remains medically ready.
- IMPACT 2023 Focus Area 1 and 2

CCH Strategic Plan 2023-2026

- CCH has kicked-off the development of its 2023-2026 Strategic Plan. A number of employee and community town hall meetings will begin next week and an online feedback tool will be launched to ensure that Cook County residents and staff can provide input into the process. More information will be available on the CCH website next week.

Administrative Updates – Community Advisory Councils

- 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,
- We have started recruiting members for the Belmont Cragin Advisory Council, which will be launched in the second quarter of the year. A notice on the advisory councils was included in the latest CCH Community Newsletter which was sent on February 18.
- In addition, as part of the Strategic Planning Process, Mr. Israel Rocha will hold a joint community advisory council meeting on Thursday, March 3, at 12:00pm.
- Upcoming CAC meeting dates, including the 2022 schedule:
 - **Robbins:** Tuesday at 1:00 PM: March 8, June 14, September 13, December 13
3450 S. Kedzie Road, Robbins, IL 60472
 - **Arlington Heights:** Tuesday at 1:00 PM: March 15, May 24, August 23, November 29
3520 N. Arlington Heights Road, Arlington Heights, IL 60004
 - **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
 - **Cottage Grove:** Tuesday 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:**
Wednesday at 9:00 AM: January 28 (Friday), April 13, July 13, October 12
500 W. 51st Street, Chicago, IL 60609
 - **Blue Island:** Wednesday at 1:00 PM: February 16, May 18, August 17, November 16
12757 S. Western Ave., Blue Island, IL 60406

Administrative Updates – Community Events

- As in person event participation begins to resume, Cook County Health and CountyCare will be present at events to promote the health system and the Medicaid program. Events in the month of March include the following:

- March 1 Cook County Health and CountyCare promotion at the **Cook County Commissioner Bill Lowry’s Community Co-Op** which takes place at the Apostolic Faith Church located at 3823 S. Indiana in Chicago. The event is being co-hosted by Alderwoman Pat Dowell, State Representative Lamont Robinson, State Senator Mattie Hunter and Bishop Horace Smith. Besides doing promotion for Provident Hospital’s medical services and CountyCare Medicaid enrollment, CCH HIV CHIP staff will conduct HIV testing. We will promote the HRSA Healthy Start Program.
- March 1 Cook County Health and CountyCare promotion at the **Project Hood’s Black History Month Free Breakfast & More Popup** which takes place at the New Beginnings church located at 6620 S. King Drive in Chicago.
- March 16 CountyCare promotion at the **Roseland Hospital Vaccine Clinics** which takes place at the hospital located at 45 W. 111th Street in Chicago.
- March 26 Cook County Health and CountyCare promotion at the **Englewood Community Health & Resource Fair** which is hosted by BCBS and Volunteers of America and takes place at the Kennedy King College gymnasium located at 6301 S. Halsted Street in Chicago.
- March 30 CountyCare promotion at the **Roseland Hospital Vaccine Clinics** which takes place at the hospital located at 45 W. 111th Street in Chicago.

Legislative Updates – State

- The Governor delivered his State of the State and Budget Address on February 2. The legislature had planned to return to Springfield that week, but cancelled due to the snowstorm that presented dangerous travel conditions throughout Illinois. 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.
- Highlights from the Governor’s State of the State and Budget Address:
 - \$1.7B surplus for FY2023 – first projected surplus in over two decades
 - Creation of a new Chief Behavioral Health Officer, who will report to the Governor and coordinate services across state agencies
 - New initiatives and funding to support health care workforce including:
 - Pipeline for the Advancement of the Healthcare Work Force Program (PATH) which will provide \$25M to community colleges to support recruitment and training of high-demand health care positions, with a focus on recruiting first generation college students and persons of color
 - Increased funding for Nurse Education Scholarship Program, grants to nursing schools, nurse education fellowships
 - \$180M to preserve and grow the health care workforce, with a focus on safety net providers and providers in underserved areas of the state, through reinvestment of MCO risk corridor program
 - Waiving annual licensure fees for ~470,000 health care workers in FY2023
- Cook County Health has two primary legislative priorities in the Spring 2022 session:
 - [SB3695](#) (Sen. Jacqueline Collins) / [HB4642](#) (Rep. Robyn Gabel) – Amends the Freedom of Information Act (FOIA) to ensure that HIPAA protected health information is not subject to public records requests.

Status: An amendment was filed to address concerns raised by stakeholders including the Office of the Attorney General and clarifies that the bill only applies to HIPAA covered entities and information protected by HIPAA. SB3695 was heard by the Senate Executive Committee and passed out unanimously. Jeff McCutchan presented testimony on behalf of CCH. SB3695 awaits action by the full Senate.

A decision was made to only move the Senate bill, given the volume of bills being considered in the House.

Legislative Updates – State (cont.)

- [SB3734](#) (Sen. Mattie Hunter) / [HB4645](#) (Rep. LaToya Greenwood) – Creates the Equity and Representation in Health Care Act, which authorizes a new loan repayment and scholarship program to promote greater diversity among health care providers when it comes to race, ethnicity, and other underrepresented 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, including Cermak Health Services. CCH co-leads this effort with the Illinois Primary Health Care Association (IPHCA), which represents FQHCs statewide.

Status: SB3734 was assigned to Senate Appropriations – Health, which does not currently have a posted meeting date.

HB4645 was assigned to the House Health Care Availability and Access Committee where CCH family physician Dr. Whitney Lyn testified in support of the bill and Kathy Chan answered technical questions from the committee members. HB4645 passed 12-0-0, with an agreement that an amendment would be brought back to committee to address questions and clean up technical errors. CCH is working with IPHCA and IDPH on amended language.

Other bills of interest CCH supports include:

- [HB4437](#) (Rep. Delia Ramirez) – Expands Medicaid to adults 19-54 years who have income at or below 138% FPL, regardless of immigration status. Healthy Illinois leads this effort.
 - **Status:** Assigned to Appropriations – Human Services.
 - 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.
 - **Status:** SB3632 assigned to Appropriations – Health; HB4264 assigned to Appropriations – Human Services.

- At the February 17 meeting of the Medicaid Advisory Committee’s Public Education Subcommittee, HFS shared that they expect to release communications resources that can be used by providers, MCOs, and other stakeholders to encourage Medicaid enrollees to update their addresses, in anticipation of a wind-down of the federal Public Health Emergency (PHE) and the restarting of Medicaid redeterminations. The federal PHE is currently scheduled to expire mid-April 2022, however, there is speculation that the PHE will be renewed at least one more time this calendar year.

- HFS also anticipates that immigrants 55-64 years of age will be able to enroll before the end of May 2022 in the expanded Health Benefits for Immigrants program, which was authorized in the Spring 2021 state legislative session. The [Health Benefits for Immigrants Seniors](#) program currently in place for those 65 years and older has more than 9500 active enrollees, with nearly 70% living in Cook County.

Legislative Updates – Federal

Appropriations

- February saw bipartisan, bicameral progress toward resolution of the outstanding issues on FY 2022 appropriations. The Democratic and Republican leaders agreed to a framework and gave the subcommittees their revised top-line numbers, charging them with drafting the components of an omnibus bill to fund the government through the rest of the fiscal year. To give themselves the time to do that, a third CR was passed by the House on February 8, by the Senate on February 17 and signed by the President on February 18, before the second CR expired at midnight. This current stop-gap measure runs through March 11.
- The Administration has begun to circulate a proposal for about \$30 billion in additional emergency supplemental spending. While details are scarce, it includes \$17.9 billion for vaccines and treatments, \$4.9 billion for testing, \$3 billion to cover COVID-19 treatment for the uninsured, and \$3.7 billion for next-gen vaccine research. Hospital organizations and other provider groups have expressed disappointment that this new request does not appear to replenish the flexible Provider Relief Fund (PRF), nor do the public health funds appear to be targeted to local public health departments.
- Along with America’s Essential Hospitals and other organizations, the County is advocating that any new COVID-19 emergency supplemental appropriation include additional PRF funding and flexibility, for an orderly, and a gradual phase down of the enhanced FMAP after the end of the Public Health Emergency.

FY 2022 Budget and Reconciliation

- Discussions between the White House and Sen. Joe Manchin (D-WV) are reported to be on hold for the time being. Meanwhile, Senate Democratic leaders are encouraging Senate Committee Chairs to formally markup bills with elements to the Build Back Better package that Sen. Manchin could support. These then could be repackaged into a new reconciliation that could pass the Senate with only Democratic votes. The outlook for this strategy is uncertain with a crowded Senate calendar and looming midterm elections.
- The County continues to discuss 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

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

- In late January the Biden Administration confirmed that it had spent almost \$7 billion in PRF for providers to purchase COVID-19 vaccines and therapeutics. HHS argued that this was appropriate because the vaccines and therapeutics purchased were given to providers at no cost. Together with the Trump Administration spending \$10 billion from PRF on Operation Warp Speed, nearly ten percent of the PRF was not allocated directly to hospitals and other providers.
- On January 31, the FDA approved Moderna’s Spikevax, while also retaining the vaccine’s emergency use authorization status. Moderna is the second COVID-19 vaccine to get full FDA approval.
- On February 8, Dr. Anthony Fauci, the Administration’s chief medical advisor, announced that the U.S. is exiting the “full-blown” pandemic phase of the COVID-19 pandemic. Dr. Fauci pointed to vaccinations, medical treatments, and prior infection, as factors that would alter the situation in the coming months. He expressed the hope that all COVID-19 restrictions would be dropped in the coming months, including mandatory masking. He did, however, warn that local health departments might need to bring back some restrictions to address regional outbreaks.
- On February 11, the FDA issued an EUA for a new monoclonal antibody for the treatment of COVID-19 that is effective against the omicron variant. The EUA for bebtelovimab is for the treatment of mild to moderate COVID-19 in adults and pediatric patients with COVID, and who are at high risk for progression to severe COVID-19, and for whom other FDA approved or authorized treatment options approved are not clinically appropriate or accessible.
- On February 17, CMS issued a request for information (RFI) asking for input on how to increase health equity and improve reimbursement in Medicaid and the Children's Health Insurance Programs, including how to provide consistent coverage options for eligible individuals, both during and after the COVID-19 PHE. CMS aims to improve participation and reimbursement for providers that have traditionally had low participation rates in Medicaid and CHIP.

FY23-FY25 Strategic Plan

Israel Rocha, Chief Executive Officer

Andrea Gibson, Chief Strategy Officer

Presented to the Cook County Health Board on 2/25/2022



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Timeline

February/March

Stakeholder Feedback

March/April TBD

CCH Board of Directors, Review and Aggregation of Feedback from Stakeholders

April

Draft Strategic Plan submitted to CCH Board

May

CCH Board Strategic Plan vote

June-July

Develop 3-year financial outlook with FY23 budget

August

Strategic Plan-Informed budget presented to the CCH Board with 3-year financial outlook

September

Submit Strategic Plan and 3-year financial outlook to the County Board in tandem with the 2023 budget

October

County Board to vote on Strategic Plan

Stakeholder Feedback

February/March

Town Hall Meetings

March 1	12:00 pm	Employee Town Hall
March 1	6:00 pm	Community Town Hall (Spanish)
March 2	6:00 pm	Community Town Hall
March 2	7:00 pm	Employee Town Hall
March 2	4:00 pm	Labor Management Meeting
March 3	8:00 am	Community Town Hall
March 3	12:00 pm	Joint Community Advisory Board Meeting
March, TBD		Board of Commissioners

Online survey for all employees and the community will go live on or before March 1, 2022. Promotion will occur through emails, community newsletter, social media and town hall meetings.

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Presentation to Stakeholders



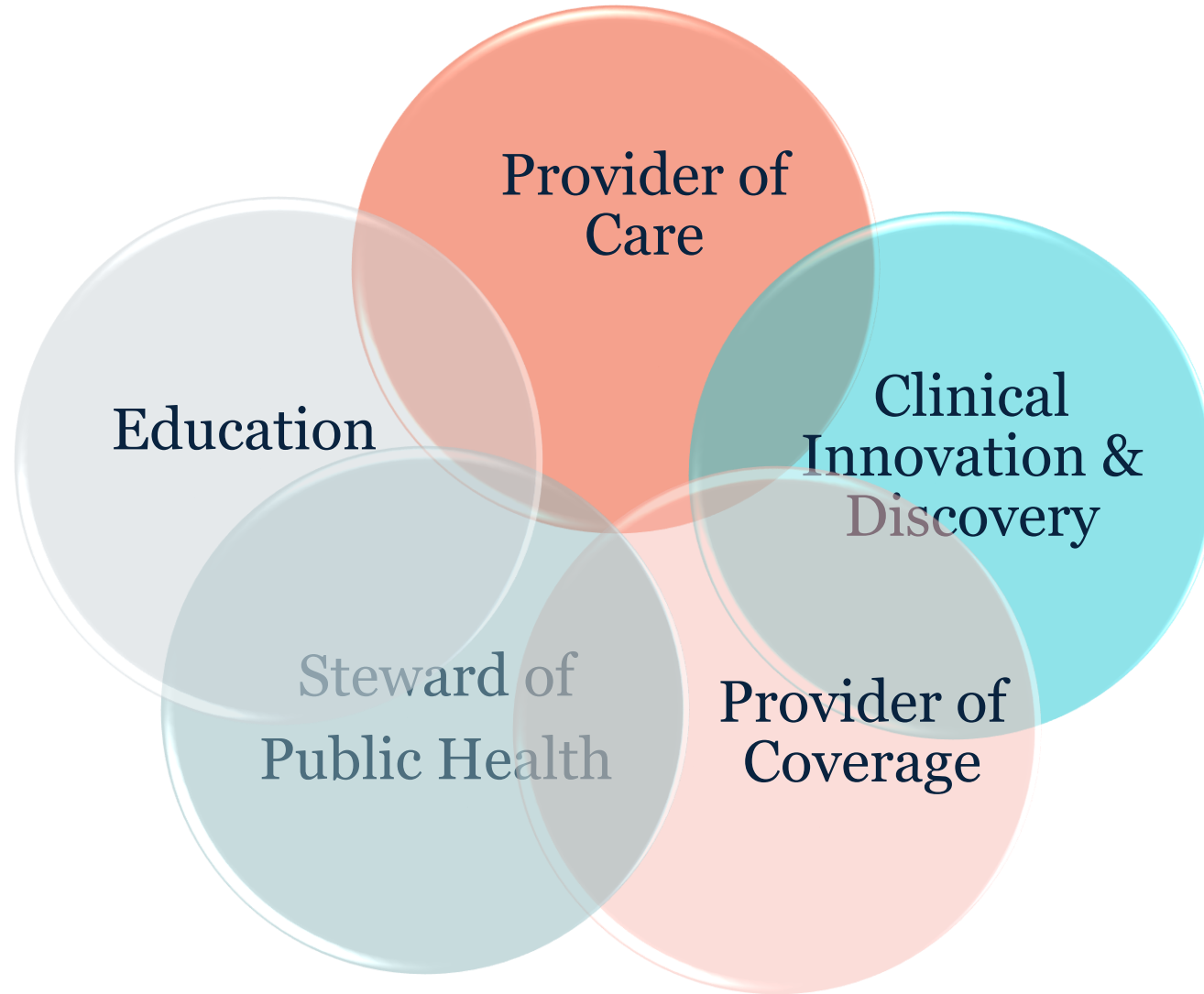
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CCH Mission and Vision

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.

Safety Net for Vulnerable Populations & Community Asset



Cook County Health

Over 188 years as the busiest healthcare safety net in the Midwest

Annually:

Serve more than **600,000 individuals** through the health system and health plans

Nearly 850,000 outpatient registrations annually

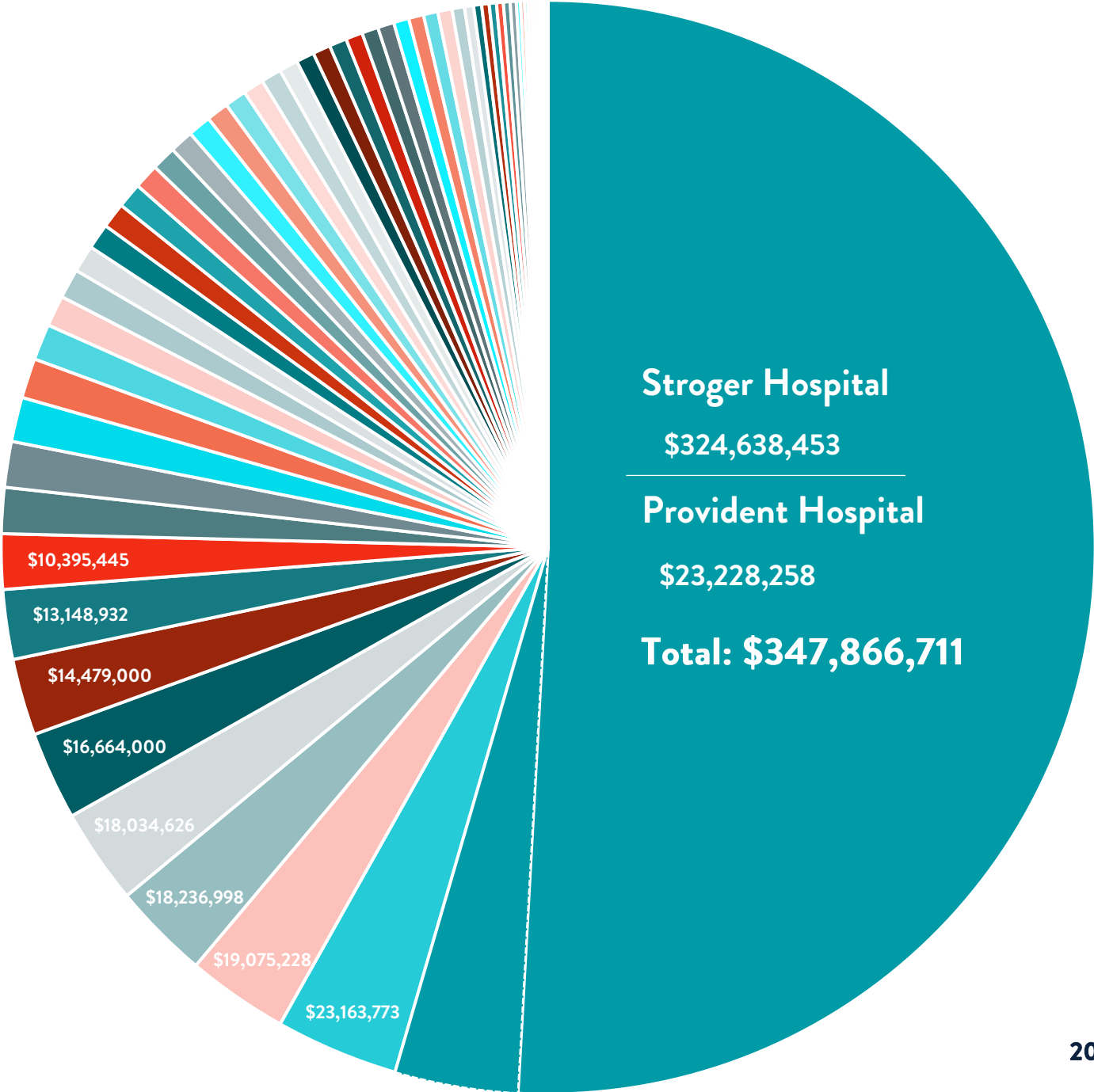
More than 1 million outpatient prescriptions filled annually

More than **100,000** emergency/trauma visits

More than 30,000 intake screenings annually and **nearly 3,000,000 doses** of medication distributed annually at Cook County Jail

40,000+ visits to the Ruth Rothstein CORE Center, one of the busiest HIV treatment centers in the US

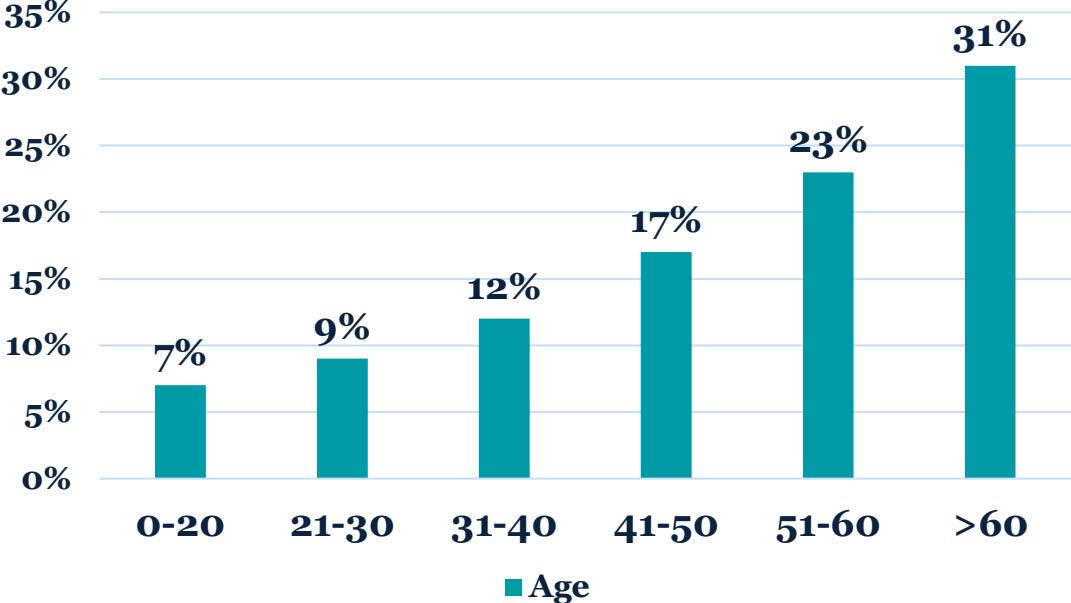
Charity Care at Hospitals in Cook County 2018



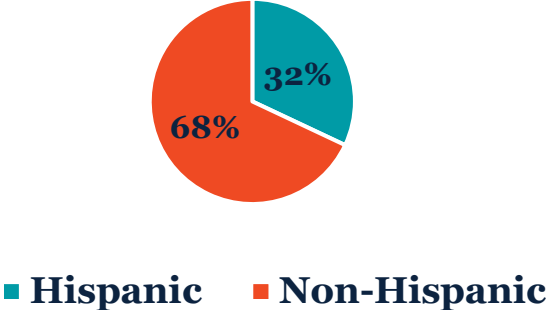
CCH Patient Demographics

CCH Visits: 2017-2021

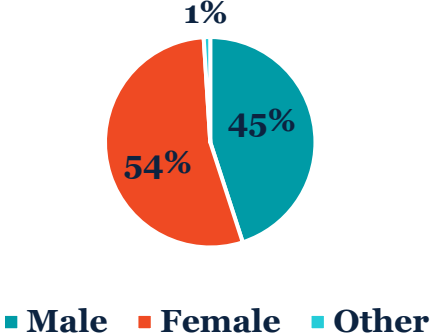
Age Group



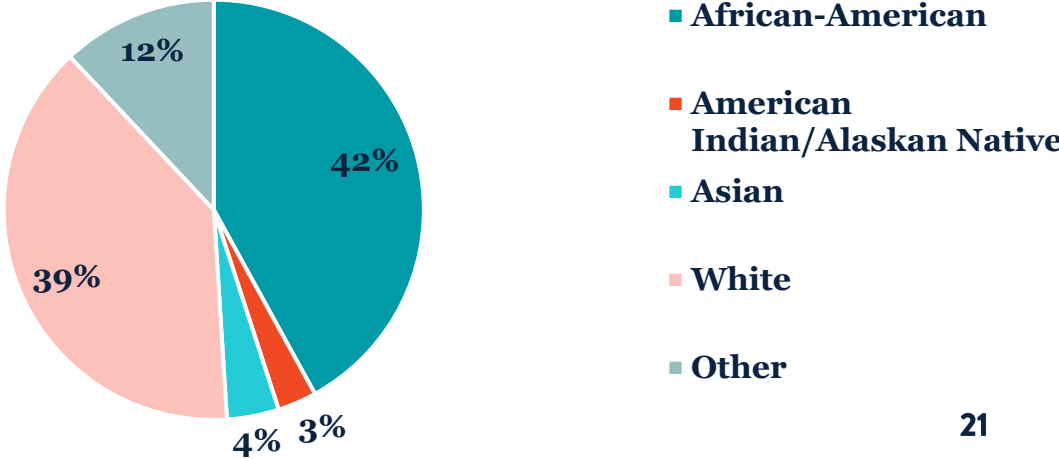
Ethnicity



Gender



Race



Questions for Discussion and Input

What should CCH's highest priority be in the next three years?

What services are needed in the community?

What are we doing well? Not so well?

How do we treat patients who come from different races, religions and ethnicities?

- What is our competitive edge against local and national systems who enjoy greater brand recognition and greater resources?
- What programs and services do we offer that set us apart?
- How do we better advocate for universal access to affordable, high-quality care for all?

Monthly Media Report



January 24, 2022– February 17, 2022

Presented to the Cook County Health Board on 2/25/2022



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Earned Media Dashboard: January 24 – February 17, 2022



Total Media Placements

544



Total Reach

984.2 Million People



Total Media Value

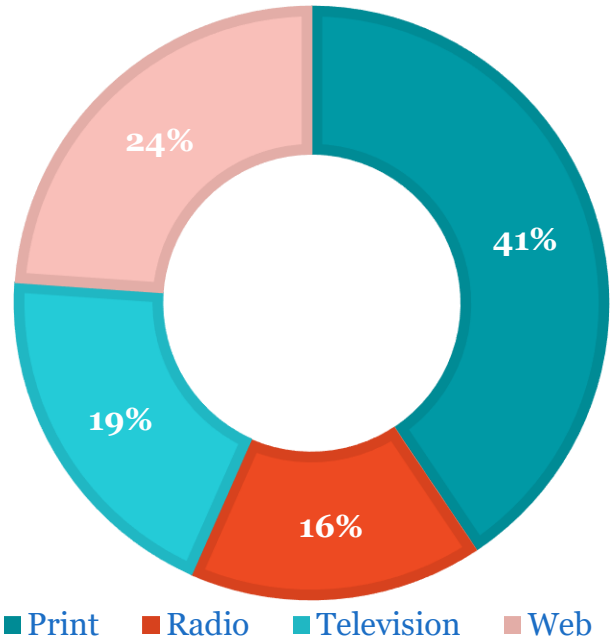
\$9.1 Million

Top 5 Local Media Outlets

1. *WBBM Radio*
2. *Chicago Tribune*
3. *ABC 7 Chicago*
4. *Daily Herald*
5. *Fox 32 Chicago*

Media Dashboard: January 24 – February 17, 2022

Media Outlet Type



Most Common Topics

1. The COVID vaccine and kids
2. Provident Hospital and Dr. Daniel Hale Williams
3. Winter safety
4. Vaccine incentives
5. Mask mandate

Recent Cook County Health COVID-19 Media Coverage

18,809 Media Hits on COVID-19 since February 2020



Pfizer asks FDA to allow COVID-19 vaccine for kids under 5



Cook County Health Offers \$100 Visa Gift Card For Those Who Get COVID-19 Vaccine At Its Sites Through Sunday



Mask-optional policies questioned as children and teens lead in new Illinois COVID-19 cases



Accuracy of at-home COVID tests: Exposure to cold should not affect results, experts say



Treatment aimed at preventing COVID-19 for those at high risk now available at some Illinois hospitals



How treating long-haul COVID-19 is affecting health care resources



Distribuye Illinois pruebas caseras de Covid a las comunidades más vulnerables

Social Media Report

January 24 – February 18, 2022



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Social Media Summary

January – February Activity

During January 24 – February 17, 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 – 60 posts

<https://www.facebook.com/Cookcountyhhs/>

Instagram – 46 posts (includes stories and IGTV)

<https://www.instagram.com/cookcountyhealth/>

Twitter – 57

<https://twitter.com/CookCtyHealth>

LinkedIn – 21 posts

<https://www.linkedin.com/company/cook-county-health/>

Social Media Summary

As of February 17

Twitter

- Impressions: **24.2K** (up **12.5%**)
- Profile visits: **5.9K** (up **31.6%**)
- Mentions: **117**
- Followers: **4,416** (up **24**)

LinkedIn

- Impressions: **29.3K** (up **4%**)
- Page Views: **1.4K** (up **23%**)
- Followers: **7.5K** (up **164**)

Facebook

- Total impressions: **682K** (up **142%**)
- Post engagement: **9.7K** (up **73%**)
- Page views: **1.98K** (up **45%**)
- Page followers: **7,584** (up **67**)

Instagram

- Impressions: **61.3K** (up **122%**)
- Reach: **33.5K** (up **248%**)
- Profile visits: **552**
- Followers: **2,713** (up **25**)

Finance Metrics



Presented to the Cook County Health Finance Committee on 2/17/22



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Executive Summary: Statement of Financial Condition – December 31, 2021

On an accrual basis, interim financials show that CCH ended December with a \$15M positive variance to budget. On a cash basis, the County's preliminary cash report on revenues and expenses at December 31 shows a \$49.1M positive variance primarily due to the timing difference of CountyCare PMPM payments impacting the revenue and claims payments impacting expenses.

- Revenue Commentary:
 - Higher than budgeted Inpatient volumes driving NPSR positive variance to budget
- Expenditures:
 - Higher than budgeted volumes also driving higher Salaries & Wages expense
 - Lower than budgeted County Care claims expense creating positive variance
- CountyCare:
 - CountyCare is showing an operating gain of \$8.7M
 - Membership is over 420,000, which is greater than the 391,000 monthly average budgeted

Financial Results – December 31, 2021

Dollars in 000s	FY2022 Actual	FY2022 Budget	Variance	%	FY2021 Actual (3)
Revenue					
Net Patient Service Revenue (1)	\$65,853	\$59,141	\$6,711	11.35%	\$47,365
Government Support (2)	\$32,985	\$32,985	\$0	0.00%	\$31,846
CountyCare Capitation Revenue	\$205,748	\$221,879	(\$16,131)	-7.27%	\$180,472
Other	\$1,257	\$1,378	(\$122)	-8.82%	\$6,919
CountyCare Elimination (1)	(\$20,344)	(\$10,163)	(\$10,182)	100.19%	(\$8,658)
Total Revenue	\$285,498	\$305,221	(\$19,723)	-6.46%	\$257,944
Operating Expenses					
Salaries & Benefits	\$56,108	\$44,410	(\$11,698)	-26.34%	\$61,662
Overtime	\$3,734	\$3,290	(\$444)	-13.50%	\$3,623
Supplies & Pharmaceuticals	\$11,606	\$12,324	\$718	5.82%	\$12,987
Purchased Services & Other	\$31,951	\$32,539	\$587	1.81%	\$24,876
Medical Claims Expense (1)	\$185,806	\$221,085	\$35,279	15.96%	\$173,384
Insurance	\$2,736	\$3,075	\$339	11.03%	\$2,655
Utilities	\$1,168	\$1,243	\$75	6.06%	\$1,208
CountyCare Elimination (1)	(\$20,344)	(\$10,163)	\$10,182	-100.19%	(\$8,658)
Total Operating Expenses	\$272,764	\$307,802	\$35,038	11.38%	\$271,738
Operating Margin	\$12,734	(\$2,581)	\$15,315	593.45%	(\$13,794)
Non-Operating Revenue	\$11,475	\$11,475	(\$0)	0.00%	\$10,509
Net Income (Loss)	\$24,209	\$8,895	\$15,315	172.18%	(\$3,285)

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.

Cook County Health

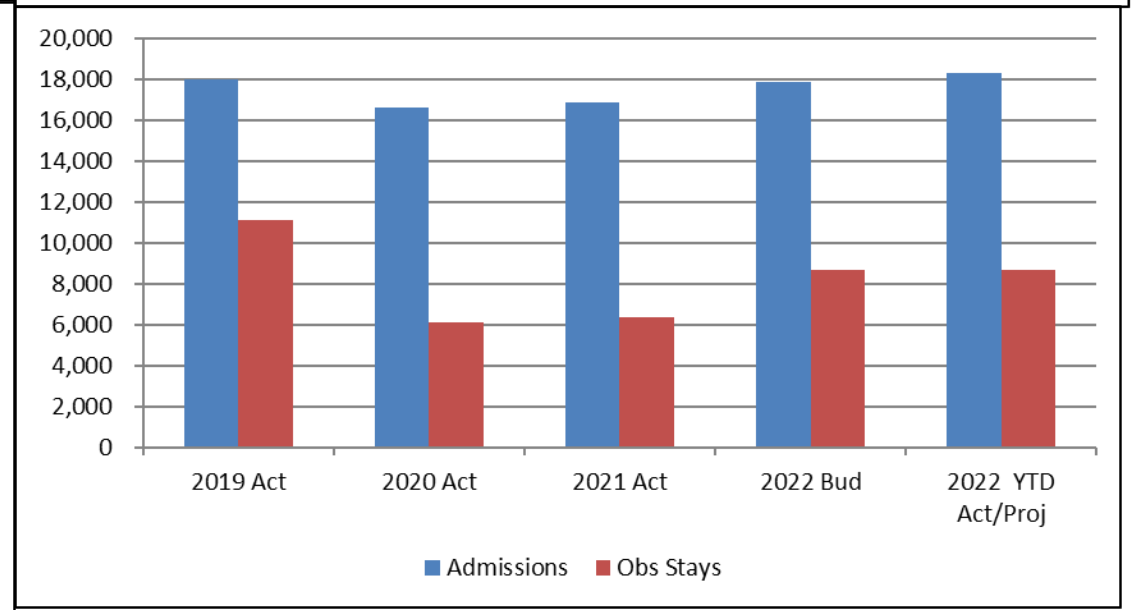
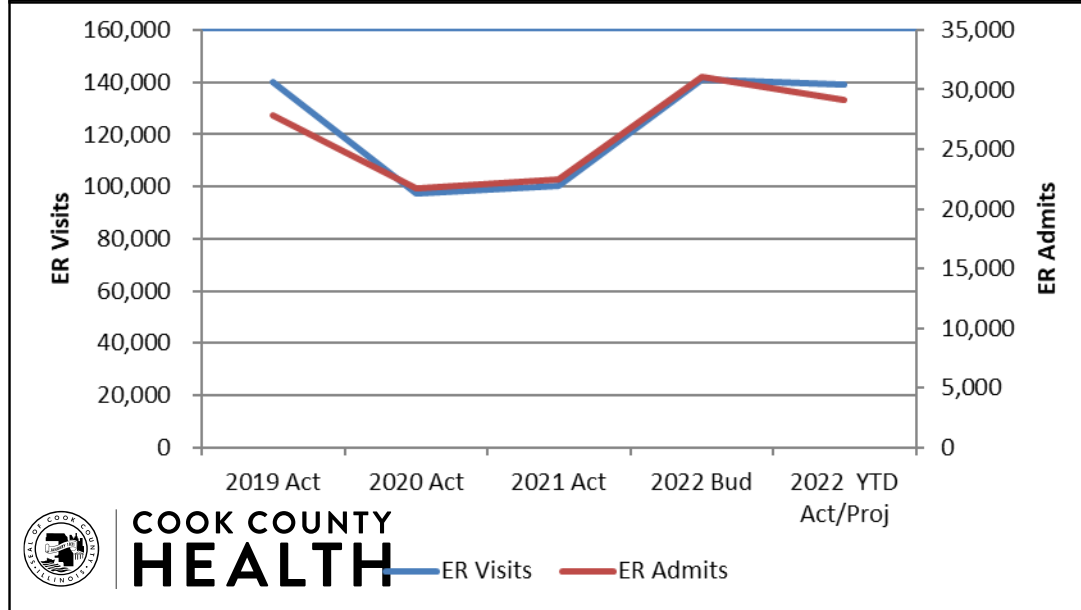
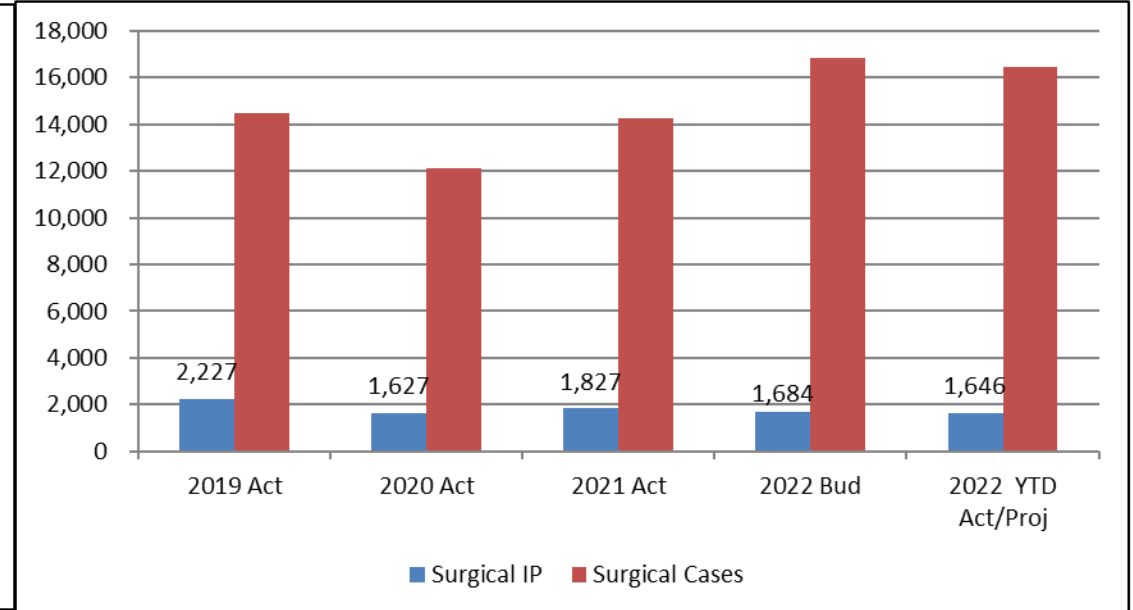
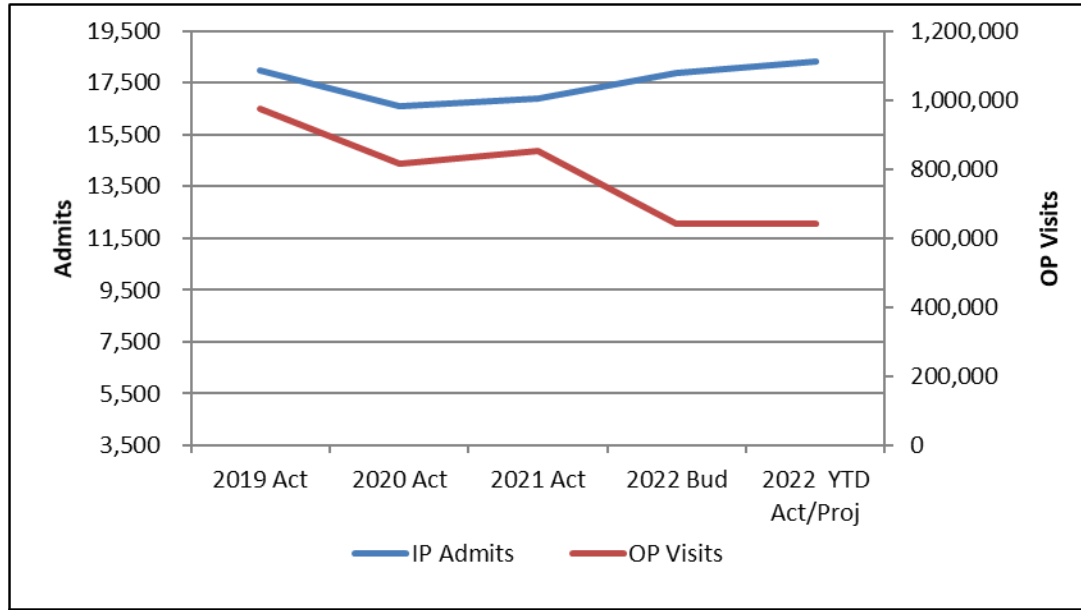
Volumes: December 31, 2021

Revenue Operating Indicators

Patient Activity	2022 YTD Actual	2022 YTD Budget	%	2021 YTD Actual	2020 YTD Actual	Dec 2021 Actual	Dec 2020 Actual
Admissions *	1,976	1,518	30.2%	1,825	2,435	1,976	1,825
Patient Days *	9,970	8,155	22.3%	8,899	10,944	9,970	8,899
Average Daily Census *	322	263	22.3%	268	314	298	268
Emergency Room Visits	8,629	11,994	-28.1%	7,219	11,449	8,629	7,219
Surgeries	1,041	1,430	-27.2%	1,078	1,203	1,041	1,078
Ambulatory Visits	69,554	54,676	27.2%	73,210	78,527	69,554	73,210

* Includes IP + Observations

Cook County Health Operating Trends



COOK COUNTY HEALTH

ER Visits ER Admits

Cook County Health

2022 Charitable & Public Program Expenditures

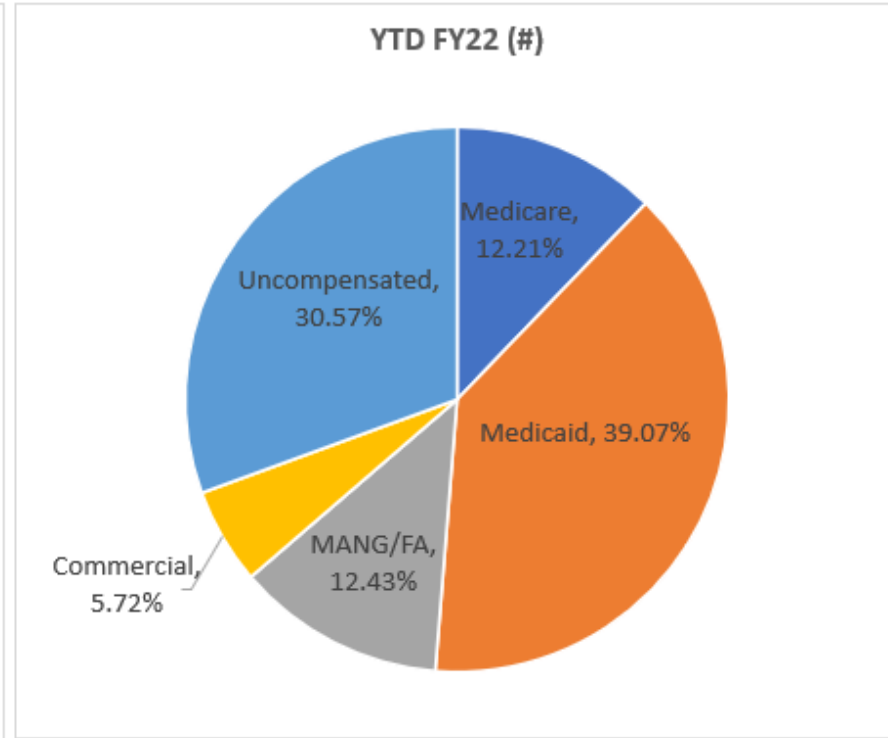
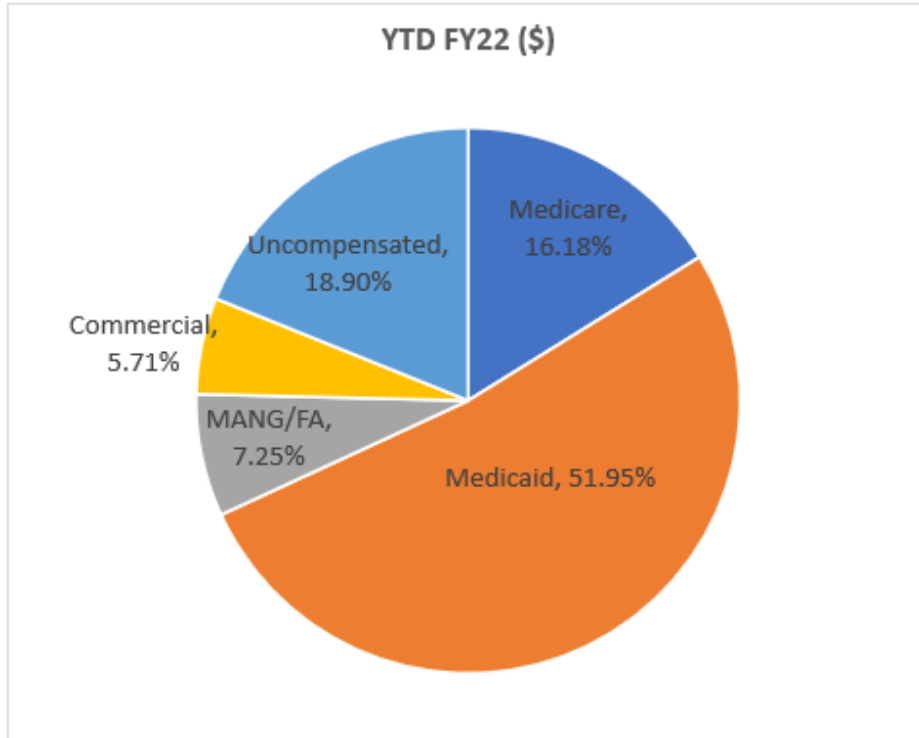
Budget/Projection (\$000s)

	2020 Actual Net Benefit	2021 Actual Net Benefit	2022 Budget Net Benefit	2022 Actual/Proj Net Benefit
<u>Charitable Benefits and Community Programs</u>				
Traditional Charity Care	\$ 173,423	\$ 162,626	\$ 152,827	\$ 153,648
Other Uncompensated Care	121,634	100,894	109,162	108,180
Cermak & JTDC Health Services	88,722	104,465	106,405	106,405
Department of Public Health	10,235	16,908	17,763	17,763
Other Public Programs & Community Services	15,006	68,750	66,321	66,321
Totals	\$ 409,020	\$ 453,643	\$ 452,478	\$ 452,317
% of Revenues *	37.0%	38.6%	36.3%	36.3%
% of Costs *	27.3%	27.9%	36.3%	36.3%

* Excludes Health Plan Services

Payer Mix – December 2021

\$ Charges

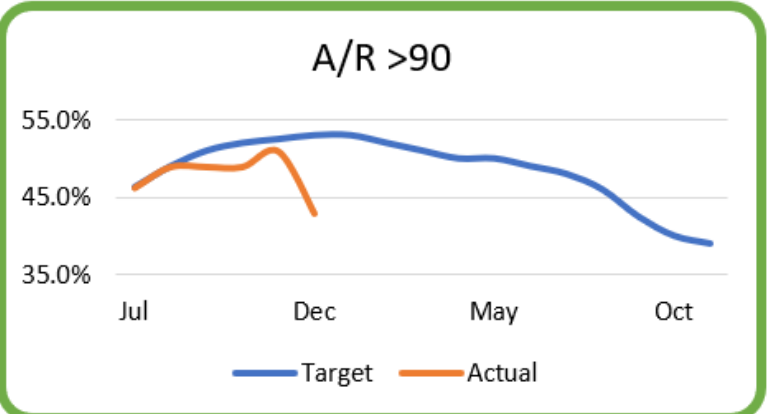
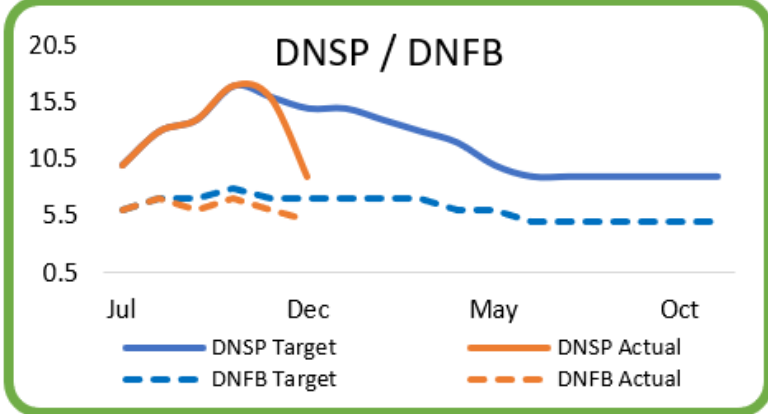
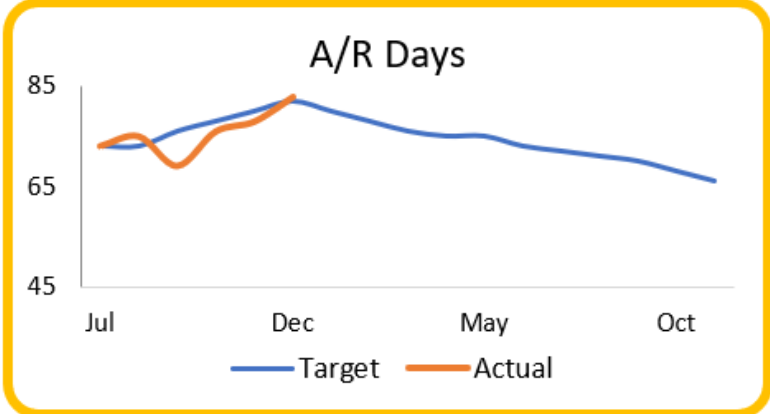


Encounters

Commentary

- The YTD payer mix only compares one month, December 2021, using total charges (\$) and total encounters (#). As we progress through the fiscal year, a true year today comparison will be presented.
- Continued reductions in Uncompensated care as we continue to align patients with coverages.
- Reduction in MANG/FA population is a result of improved managerial oversight and production in processing applications.

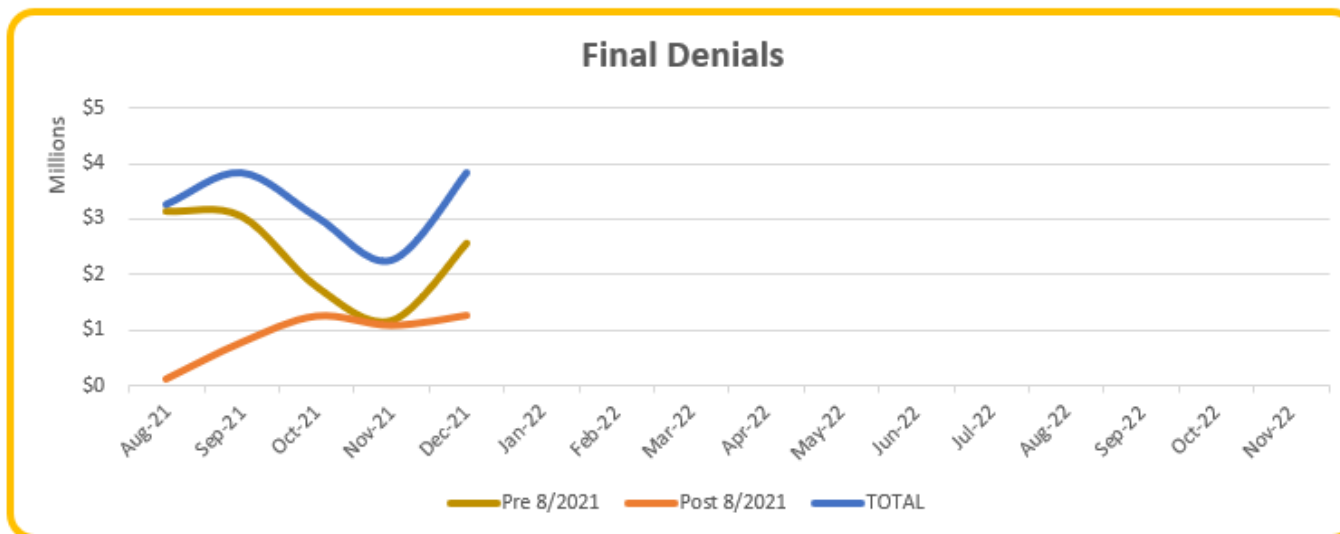
Revenue Cycle KPI Trending



Commentary

- A/R Days continues to grow and is expected to begin to decline early summer as we ramp up additional support and optimize back-end operations.
- DNSP / DNFB are ahead of the improvement schedule.
- A/R Days is trending slightly below the improvement schedule. However, this metric may grow before summer while we ramp up additional support.
- Cash Collections is trending ahead of schedule.

Denial Trending



Commentary

- Final denial data will be broken out into two date of service periods:
 - Pre 8/2021 will reflect all realized/final denials with a dates of service prior to 8/1/2021. This correlates with the operational optimization efforts that kicked off on 8/1/2021.
 - Post 8/2021 will reflect all realized/final denials with dates of service after 8/1/2021 and within the operational optimization initiatives.
- Top 4 denial categories are highlighted per month and become the sole agenda items for improvement discussion in our monthly denial committee meetings.

	Nov-21	Dec-21
Pre 8/2021	\$ 1,153,735	\$ 2,550,324
Case Management	\$ 45,853	\$ 64,908
Coding	\$ 145,207	\$ 165,735
Contracting	\$ (172)	\$ 924
Medical Necessity	\$ 945	\$ 306,463
Non Covered	\$ 69,289	\$ 252,230
Other	\$ 462	\$ 651
Patient Access	\$ 48,392	\$ 272,397
Prior Authorization	\$ 161,558	\$ 86,709
Untimely Filing	\$ 682,200	\$ 1,400,307
	\$ -	\$ -
Post 8/2021	\$ 1,096,471	\$ 1,276,257
Case Management	\$ 36,029	\$ 305,111
Coding	\$ 3,414	\$ 2,689
Medical Necessity	\$ -	\$ 17,722
Non Covered	\$ 217,091	\$ 359,311
Other	\$ 700	\$ 2,726
Patient Access	\$ 84,024	\$ 127,830
Prior Authorization	\$ 753,083	\$ 423,432
Untimely Filing	\$ 2,131	\$ 37,437
Total	\$ 2,250,206	\$ 3,826,581
Case Management	\$ 81,882	\$ 370,018
Coding	\$ 148,621	\$ 168,424
Medical Necessity	\$ 945	\$ 324,185
Contracting	\$ (172)	\$ 924
Non Covered	\$ 286,380	\$ 611,541
Patient Access	\$ 132,416	\$ 400,227
Other	\$ 1,162	\$ 3,377
Prior Authorization	\$ 914,641	\$ 510,141
Untimely Filing	\$ 684,331	\$ 1,437,744

Cook County Health

Savings Initiatives: December 31, 2021

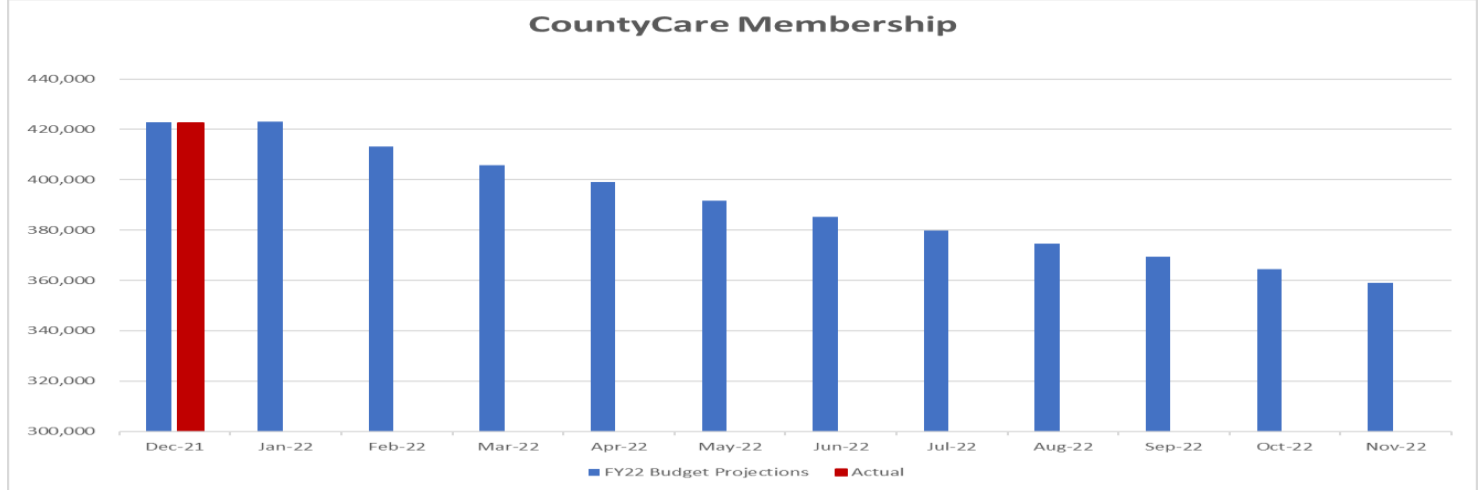
Current Activities in Progress	Budgeted FY22 Impact	YTD Dec Achieved	Status
<u>Revenue Cycle:</u>			
Chargemaster Review/Changes	-	308,833	●
Payer Contracting Re-negotiation	-	53,333	●
Charge Capture Improvement	-	208,333	●
Vendor Contract Negotiations	-	20,833	●
<u>County Care:</u>			
Care Mgmt System In-Sourcing	-	-	●
Network Contract Savings	-	75,000	●
Vendor Contract Negotiations	12,500,000	1,166,667	●
<u>Health System:</u>			
Vendor Contract Negotiations	12,000,000	378,833	●
Property Lease Savings	675,000	56,250	●
Equipment Lease Savings	-	-	●
	<u>\$ 25,175,000</u>	<u>\$ 2,268,083</u>	9%
		Goal	8%

Health Plan Services Financial Results – December 31, 2021

Dollars in 000s except PMPM amounts	FY2022 Actual	FY2022 Budget	Variance	%	FY21 Actual
Capitation Revenue	\$205,748	\$224,836	(\$19,088)	(8.49%)	\$180,472
Operating Expenses					
Clinical - CCH	\$6,198	\$9,969	\$3,771	37.82%	\$8,447
Clinical - External	\$179,608	\$198,966	\$19,358	9.73%	\$164,937
Administrative	\$11,268	\$12,587	\$1,319	10.48%	\$8,724
Total Expenses	\$197,074	\$221,523	\$24,449	11.04%	\$182,108
Operating Gain (Loss)	\$8,674	\$3,314	\$5,360	161.75%	(\$1,636)
Activity Levels					
Member Months	422,572	422,856	(284)	(0.07%)	378,218
CCH CountyCare Member Months	44,789	N/A	N/A	N/A	38,782
CCH % CountyCare Member Months	10.60%	N/A	N/A	N/A	10.25%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	\$486.89	\$531.71	(\$44.82)	(8.43%)	\$477.16
Clinical Cost PMPM	\$439.70	\$494.10	\$54.40	11.01%	\$458.42
Medical Loss Ratio (1)	88.00%	92.93%	4.93%	5.30%	93.25%
Administrative Cost Ratio	5.00%	5.60%	0.60%	10.69%	4.44%

Commentary

- Total YTD member months are under budget by 284 members (0.07%).
- CountyCare enrollment projected to exceed budget due to 50% auto-assignment change from CountyCare’s top top-quality ranking among Medicaid MCOs as well as continued re-determination suspension.
- Revenue per member per month (PMPM) is lower than budget due to timing of CY 2022 rate adjustments from HFS.
- CountyCare’s reimbursement to CCH for domestic spend is under budget.
- Operating Gain of \$8.6M consists of \$10M from CountyCare and a loss of \$(1.4)M from Medicare.



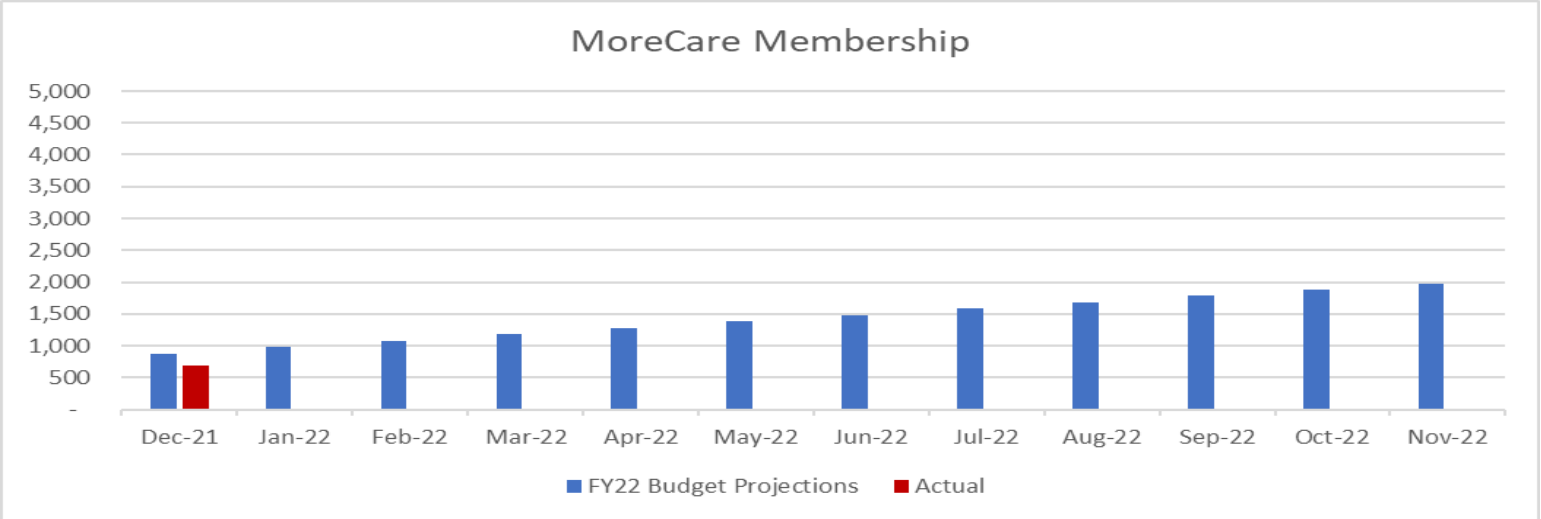
Notes:
 (1) Medical Loss Ratio is a measure of the percentage of premium that a health plan spends on medical claims.

Medicare Financial Results – December 31, 2021

Dollars in 000s except PMPM amounts	FY2022 Actual	FY2022 Budget	Variance	%
Capitation Revenue (Total dollar amount)	\$1,316	\$1,772	(\$456)	(25.72%)
Operating Expenses				
Clinical Expenses	\$1,620	\$1,957	\$337	17.23%
Administrative	\$1,061	\$496	(\$565)	(113.74%)
Total Expenses	\$2,682	\$2,454	(\$228)	(9.30%)
Operating Gain (Loss)	(\$1,366)	(\$682)	(\$684)	(100.31%)
Activity Levels				
Member Months	689	880	(191)	(21.70%)
Operating Indicators				
Revenue Per Member Per Month (PMPM)	\$1,909.73	\$2,013.38	(\$103.65)	(5.15%)
Clinical Cost PMPM	\$2,351.94	\$2,224.21	(\$127.73)	(5.74%)

Commentary

- Membership is lower than budget target by 191 members.
- Revenue on a per member per month basis is lower than budgeted PMPM due to population mix and timing of risk adjustment revenue.
- Total operating loss is over budget by \$700K due to higher administrative and clinical cost.



Human Resources Metrics



Presented to the Cook County Health Human Resources Committee on 2/17/2022



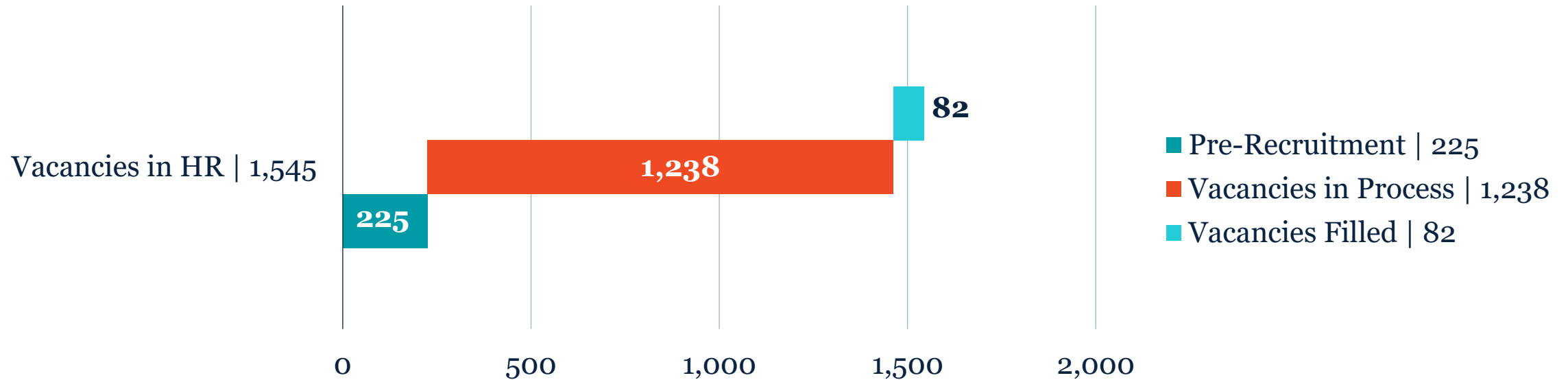
COOK COUNTY
HEALTH

HR Metrics

Hiring Updates

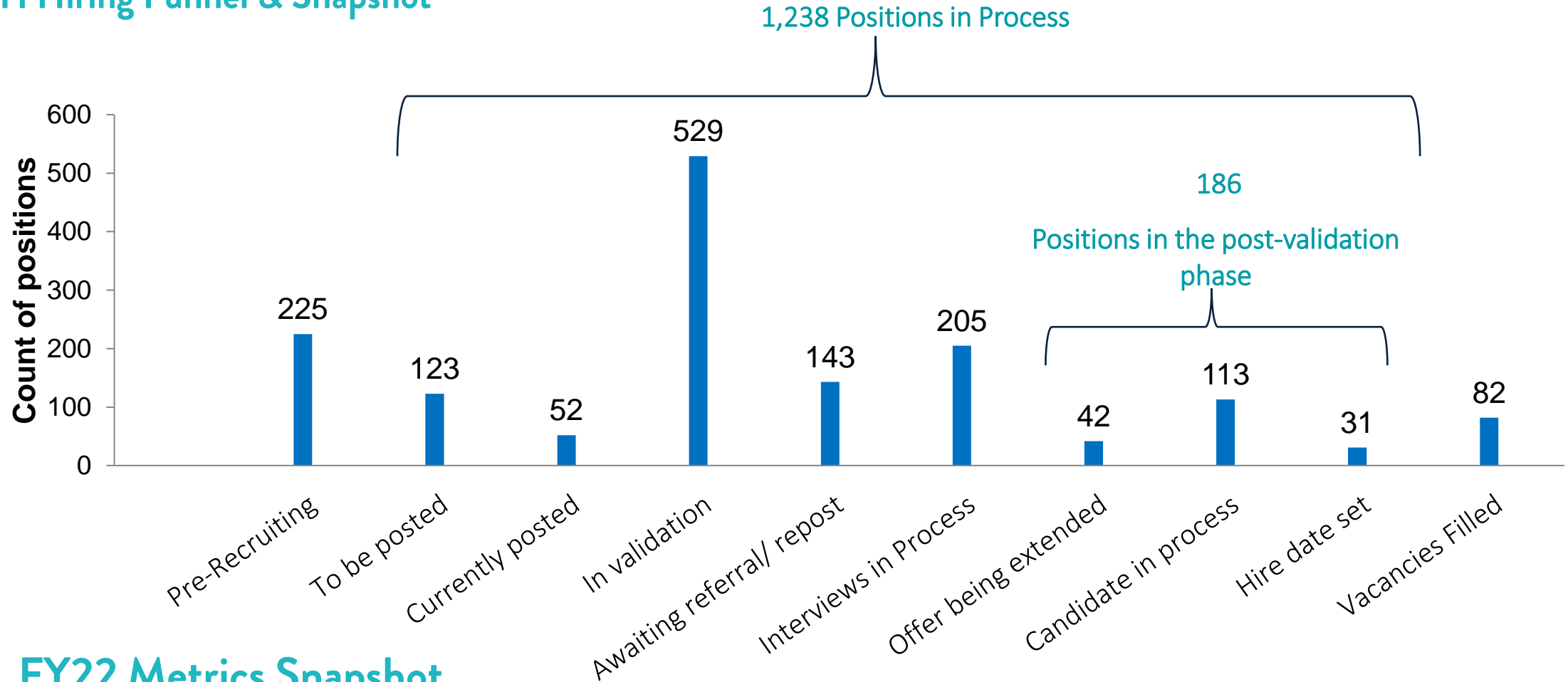
Thru 01/31/2022

- Human Resources received 1,545 Request to Hires
- Hired 82 employees with five (5) Recruitment & Selections Analyst (RSA)
 - 65% | 53 External Hires
 - 35% | 29 Internal Hires



HR Metrics – FY22 Activity Report

CCH Hiring Funnel & Snapshot



FY22 Metrics Snapshot

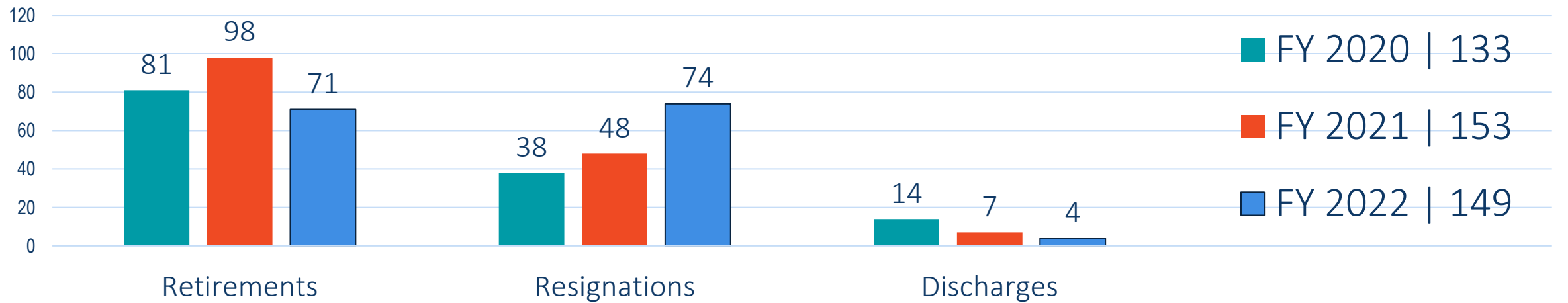
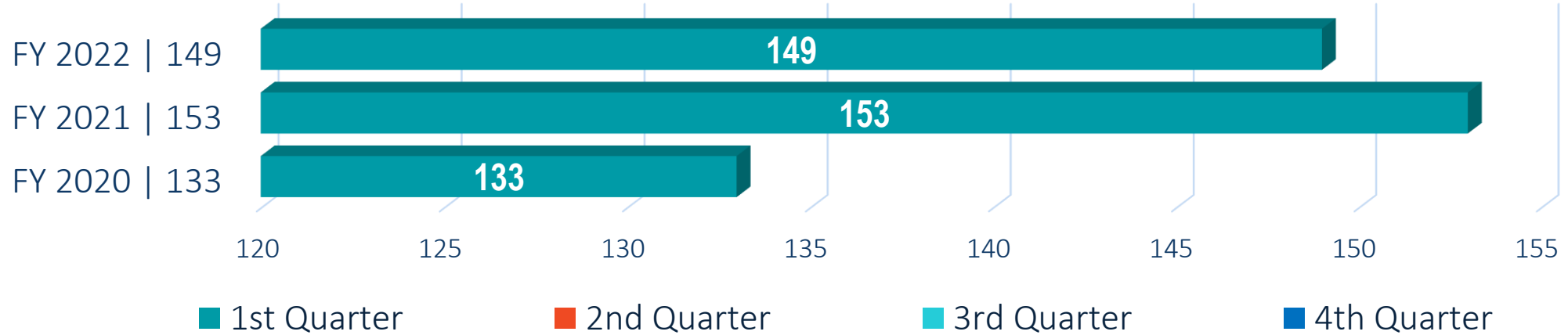
Vacancies (Request to Hires)	Posted	Postings Closed	Validation Completed	Referred for Interview	Interviews Completed	Candidate Offers	Vacancies Filled
1,545	1,197	1,145	616	473	268	226	82

HR Metrics – FY22 Activity Report

Separations

Thru 01/31/2022

Net Loss = -96
Separations (149) & External Hires (53)



Managed Care Metrics



Presented to the Cook County Health Cook County Health Board on 2/25/2022



COOK COUNTY
HEALTH

Current Membership

Monthly membership as of February 4th, 2022

Category	Total Members	ACHN Members	% ACHN
FHP	265,099	20,539	7.7%
ACA	116,800	18,176	15.6%
ICP	30,411	5,257	17.2%
MLTSS	8,321	0	N/A
SNC	5,350	608	11.4%
Total	425,981	44,580	10.5%

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

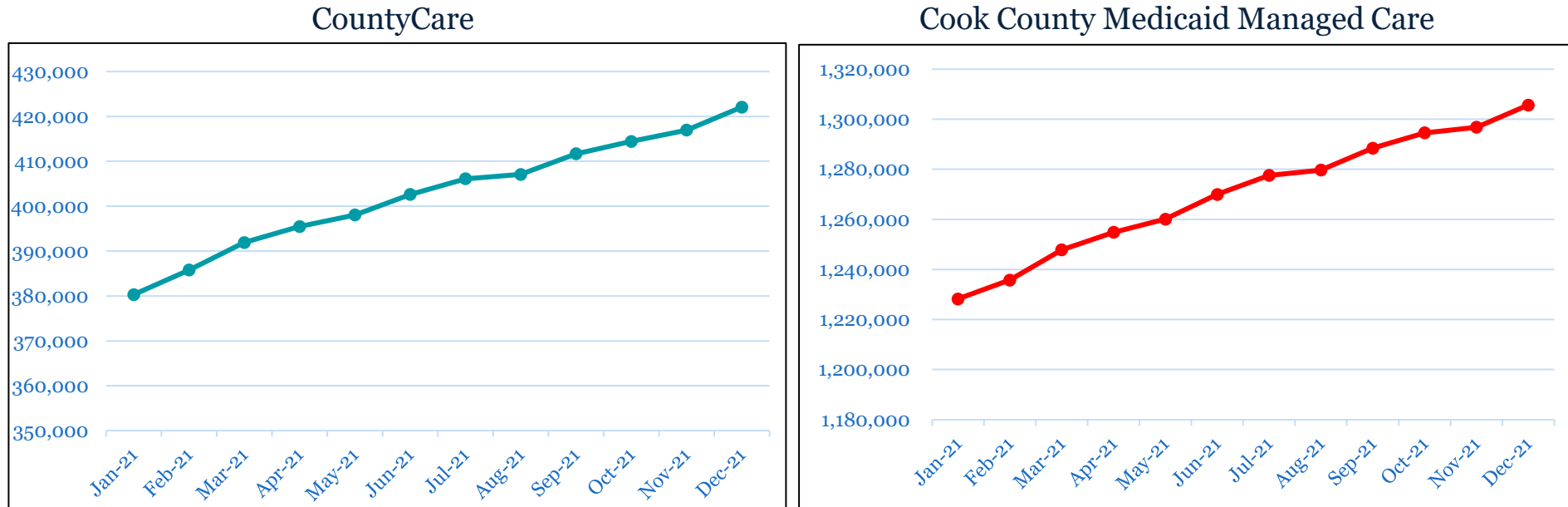
Managed Medicaid Market

Illinois Department of Healthcare and Family Services December 2021 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	422,054	32.3%
Blue Cross Blue Shield	334,273	25.6%
Meridian (a WellCare Co.)	316,758	24.3%
IlliniCare (Aetna/CVS)	126,311	9.7%
Molina	96,581	7.4%
YouthCare	9,689	0.7%
Total	1,305,666	100.0%

* Only Operating in Cook County

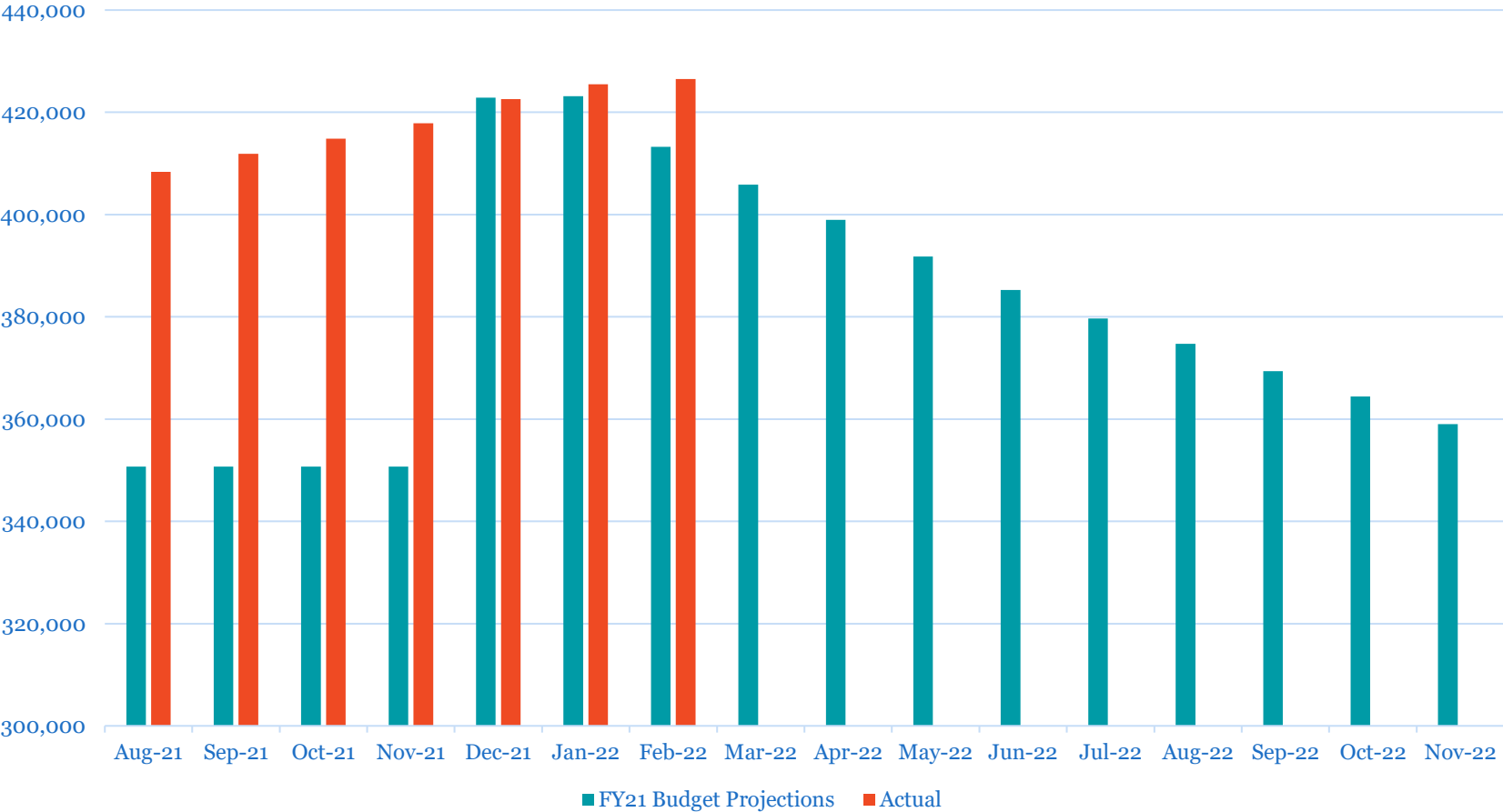
IL Medicaid Managed Care Trend in Cook County (charts not to scale)



- CountyCare’s enrollment has increased 11% over the past 12 months, ahead of the Cook County increase of 6%
- CountyCare’s enrollment increased 1.2% in December 2021 compared to the prior month

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

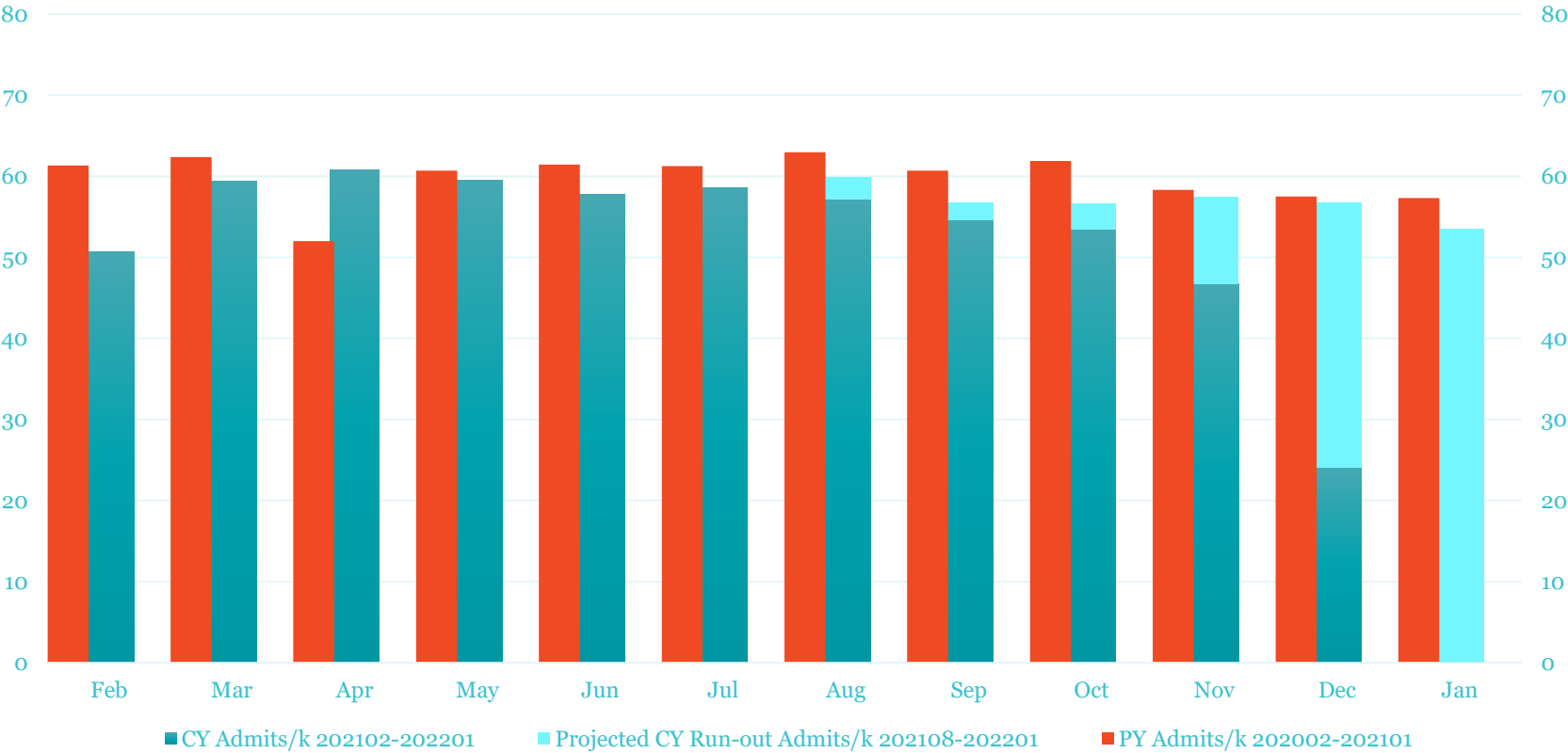
FY 22 Budget | Membership



Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	Nov 2021	Dec 2021	Jan 2022
Member & Provider Services Call Center Metrics				
Abandonment Rate	< 5%	2.42%	1.10%	2.41%
Hold Time (minutes)	1:00	0:27	0:10	0:23
% Calls Answered < 30 seconds	> 80%	81.87%	93.27%	82.81%
Quarterly				
Claims/Encounters Acceptance Rate	98%	98%		

Current v. Prior Year: IP Acute Admits/1000



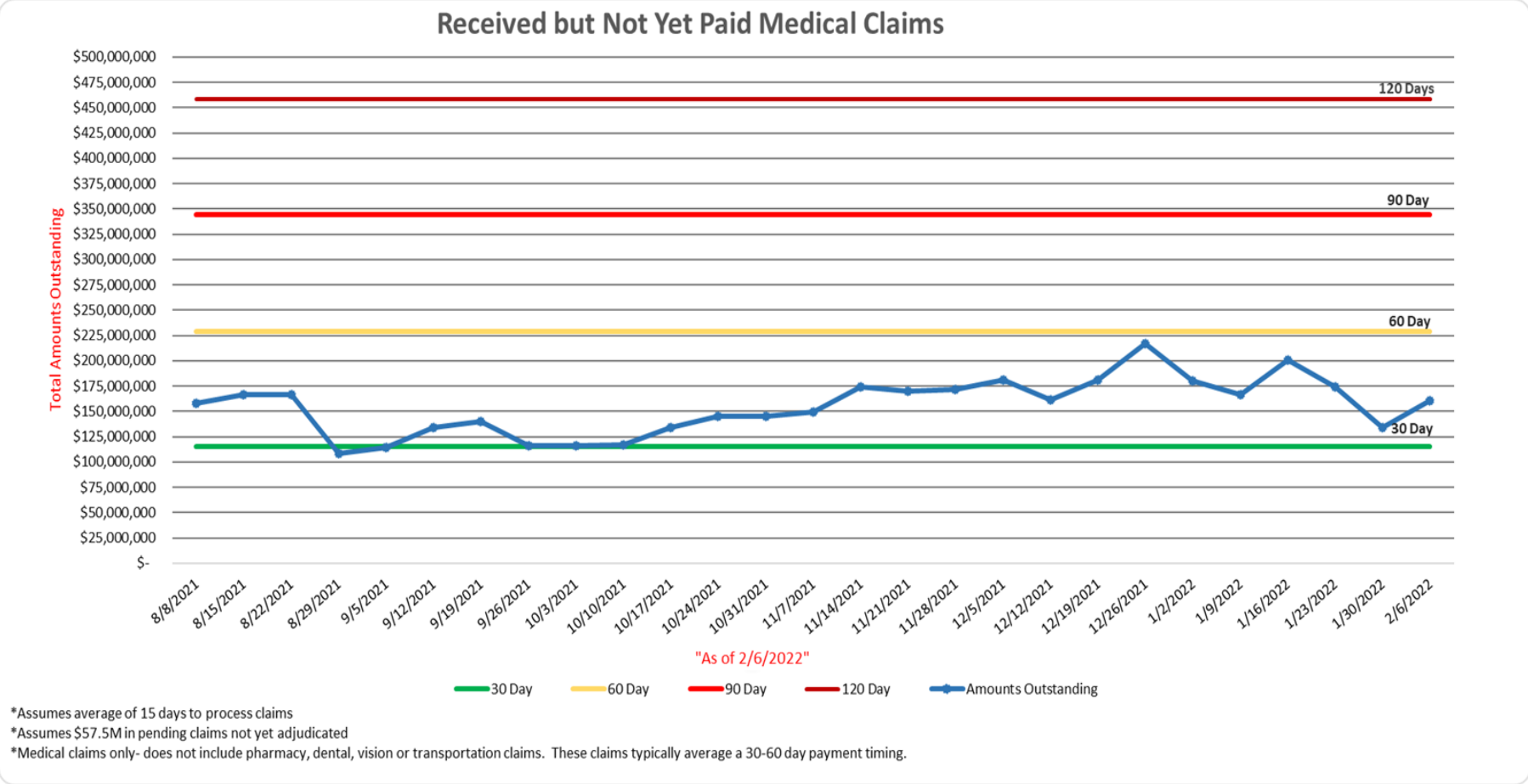
Updated monthly, paid through January 2021
 All acute and surgical cases + approved acute authorizations
 Domestic admissions are not included since they do not require Prior Authorization

CountyCare COVID Vaccination Rates

Vaccination Phase	Count of Membership	Percent of Total Membership (426k)	Percent of Vaccine-Eligible Membership (379k)
1st of 2 doses only:	29,170	6.85%	7.69%
Fully Vaccinated:	154,011	36.15%	40.62%
Vaccinated with at least 1 dose:	183,181	43.05%	48.36%

Data as of 2/4/2021

Claims Payments



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 2/6/2022	\$ 132,417,925	\$ 27,271,582	\$ 832,764	\$ 174,037	\$ 160,696,309

*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 Cook County Health Quality and Patient Safety Committee on 2/17/2022



COOK COUNTY
HEALTH

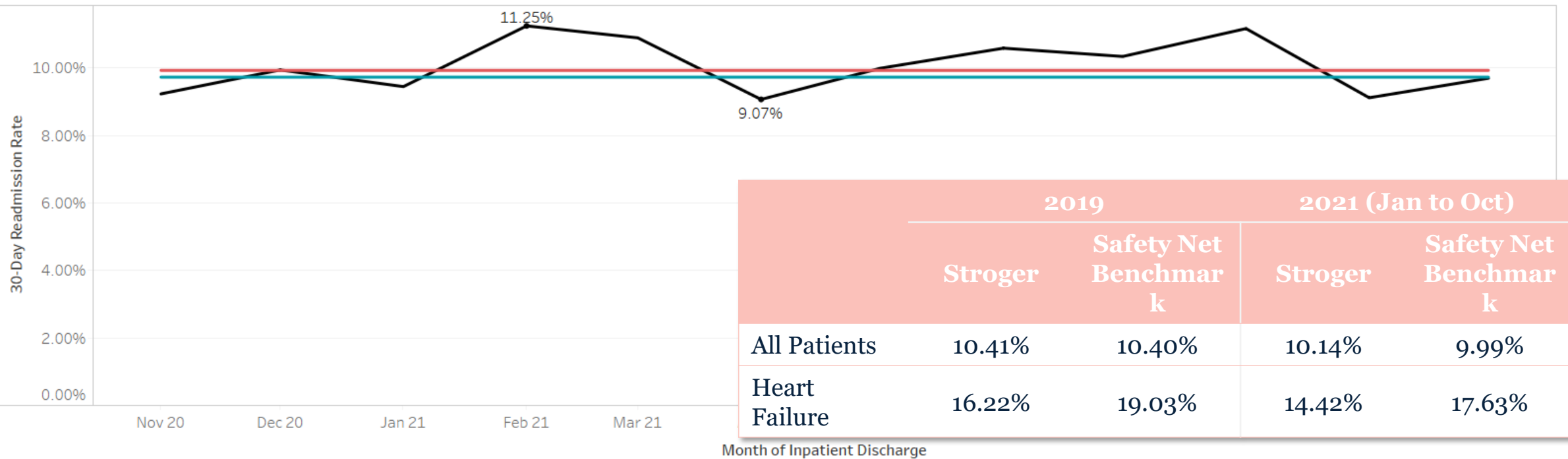
30-Day Readmission Rate (Stroger Hospital)

HRO Domain: Readmissions

Readmission Rate: 9.70%
October 2021

9.93%
Target

9.73%
Stretch



■ 30-Day Readmission Rate

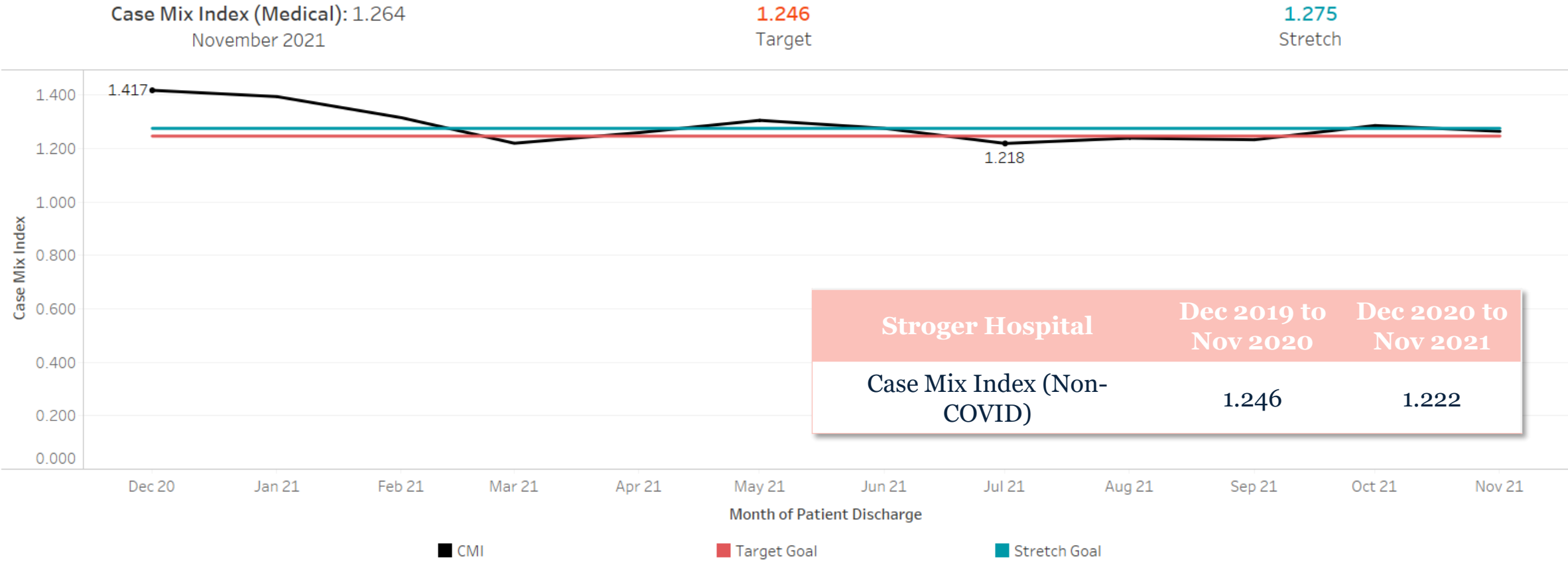
■ Target Goal

■ Stretch Goal

*Lower readmission rate is favorable

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

HRO Domain: Clinical Documentation



*Higher case mix index is favorable

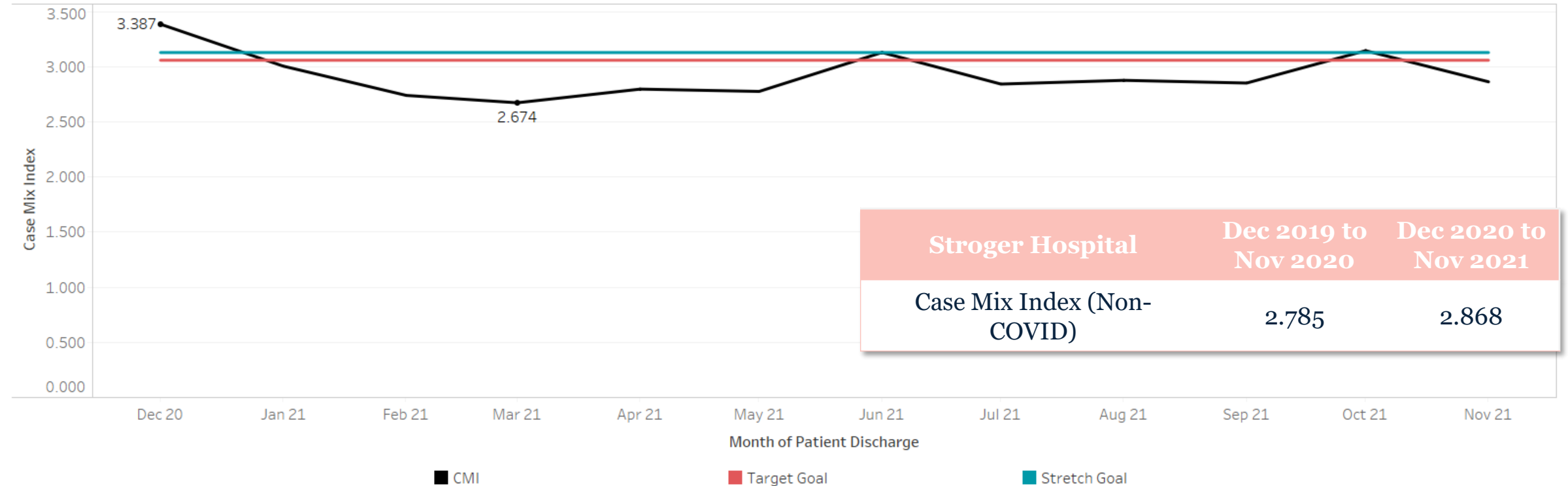
Case Mix Index, Surgical MS-DRG (Stroger Hospital)

HRO Domain: Clinical Documentation

Case Mix Index (Surgical): 2.865
November 2021

3.060
Target

3.130
Stretch



*Higher case mix index is favorable

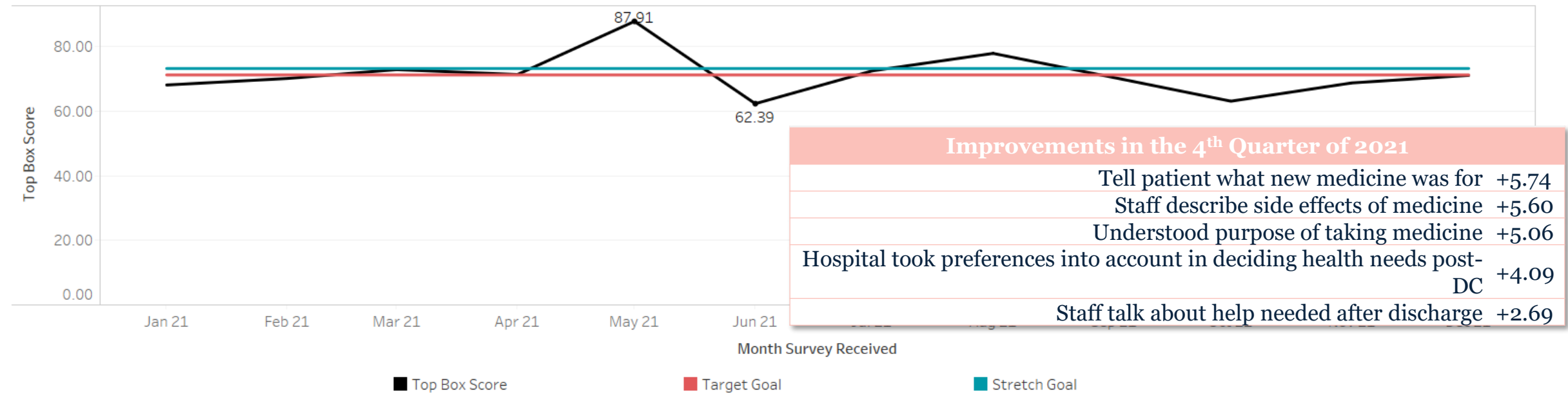
Top Box Score, Recommend the Hospital (Stroger Hospital)

HRO Domain: Patient Experience

Top Box Score (Recommend Hospital): 71.17
December 2021

71.30
Target

73.30
Stretch



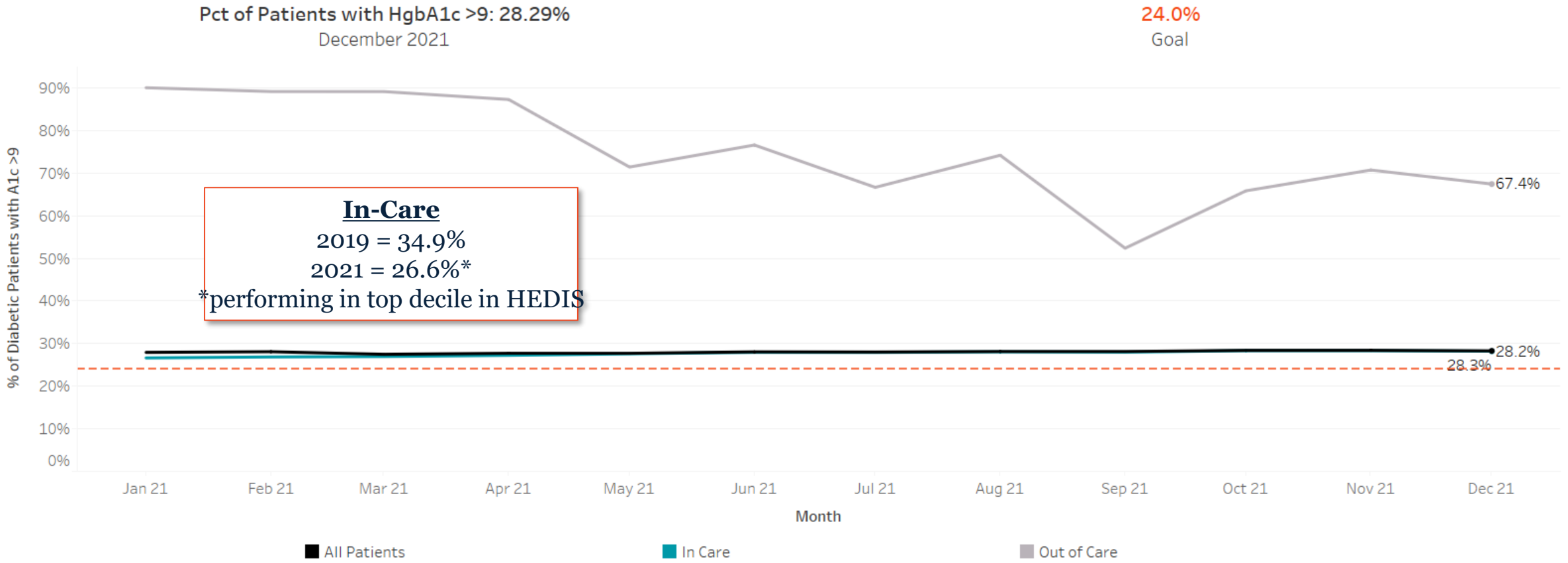
Total Patient Experience Surveys Received (by Month)

Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21
110	94	159	140	91	117	113	109	105	95	93	111

*Higher top box score is favorable

HbA1c >9%

HRO Domain: HEDIS



***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

February 25, 2022



COOK COUNTY
HEALTH

A faint, light orange graphic of a stethoscope is positioned on the left side of the slide, extending from the top left towards the bottom center. The background is a solid, medium orange color.

Ambulatory Care

Strategic Highlights

January 2022

- CCH's Ambulatory Services was selected by America's Essential Hospitals to present at their National Conference *VITAL 2022*. Two presentations were selected – *The Compassionate Journey* and *The Community Mass Vaccination Program*.
- Our Patient Support Center answered more than 41,000 patient calls with an average answer speed of sixty seconds.
- We completed insurance verification retraining provided by the revenue cycle department for all scheduling staff.
- Our newly merged Covid-19 testing and vaccination call center answered more than 12,000 calls.
- Our primary care community sites will begin copayment collection and training as part of our concerted focus on improving revenue capture.
- We are working to reduce specialty care backlogs by removing duplicates and patients already seen, adding new patient access for advanced practice providers, and rewriting Cerner triage rules to move patients not needing in person visits to eConsult.
- To continue addressing access matters, our specialty team is focused on optimizing the use of Advanced Practice Providers and maximizing e-consult services for several specialties. The specialty team is partnering with our patient support center to fill vacant slots and develop an opportunity for patient self-scheduling for services with immediate access.
 - GI Stroger backlog decreased from 89 to 12 due to added slots and templates for APP's.
 - Hand Orthopedics Stroger Backlog decreased from 335 to 0 due to added slots and templates for APP's.
 - Orthopedics backlog decreased from 255 to 207 due to added slots and templates for Advanced Practice Nurses.
 - Hematology backlog decreased from 268 to 227 due to rerouting orders to eConsult.
- **COVID-19**
 - The last day of operation for the re-opened mass vaccination sites (Matteson, Forest Park, DesPlaines) sites was February 13, 2022. In the four weeks we were open, we administered 15,713 COVID-19 vaccines to community members.
 - We began giving away \$100 gift cards as part of a comprehensive incentive program to increase vaccination rates. We distributed the first \$250,000 worth of gift cards in less than one day to patients at the mass vaccination sites, throughout our community health centers, and at Stroger and Provident hospitals.
 - The week before the gift card promotion, we saw an average of 400 people a day across all of Cook County Health's fifteen sites offering vaccination. On the first day of the promotion, we saw approximately 2,500 people. Despite having exhausted our gift card supply, the next day we saw nearly 1,700 people at our three mass vaccination sites alone. We were thrilled with the response, and this helped us understand the positive impact of incentive programs.
 - We also want to highlight that 44% of the vaccines we administered for the promotion were first doses!

Strategic Opportunities/Challenges

January 2022

- Across oral health, we are focusing on patient access and volumes by reviewing all appointment templates, slot utilization, and no-shows.
- We received equipment early in January enabling our Cottage Grove and Robbins community dental clinics to do digital radiographs.
- We expanded elective surgeries at Provident by adding an additional full day of block time to better serve our patients.
- We are working on a project proposal to form a limb salvage program.
- Working with Human Resources to prioritize hiring needs across ambulatory.

A stylized, light orange graphic of a stethoscope is positioned on the left side of the image. It features a circular chest piece at the top, a curved binaural, and a long, U-shaped tubing that loops around the text.

Cermak Health Services

Strategic Highlights

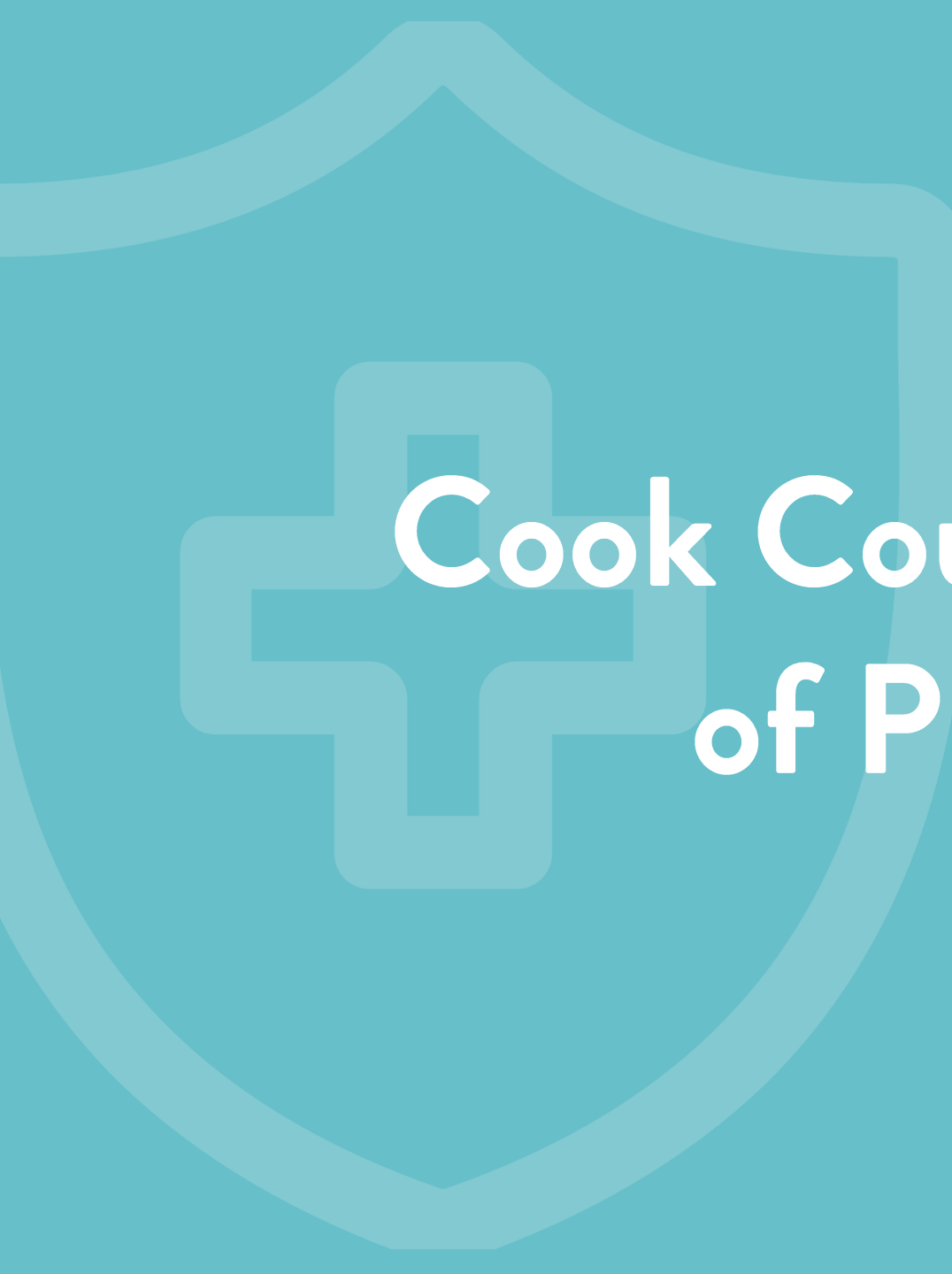
January 2022

- Ongoing Patient Vaccination. From February 2021 through January 31, 2021, 14,897 COVID Vaccination doses have been dispensed.
- Current vaccination rates of active patients housed in the jail are 64% have received at least one dose and 54% 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

January 2022

- Increase in jail census. Trending suggest census for 2022 to be in excess of 6,000 detainees. Transfers to the Illinois Department of Corrections have stalled again with more than 850 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.



**Cook County Department
of Public Health**

Strategic Highlights

January 2022

COVID

- To date, CCDPH's mobile program has administered more than 47,675 vaccinations at 1,257 locations.
- To date, CCDPH partner providers completed 4,223 in-home vaccinations
- To date, CCDPH has distributed 361,640 BinaxNOW tests to organizations
- Distributed thousands of KN95 masks to CBOs, FQHCs and municipalities

Non-COVID

- CCDPH's Opioid Overdose Prevention Team updated two resources for community stakeholders – a research brief that summarizes the research evidence on overdose prevention sites and an opioid ShinyApp with 2020 overdose mortality counts. The research brief will be shared on our website, the ShinyApp is available [here](#). Opioid data in the ShinyApp is also available by municipality.
- Registration is now open for the 17th Annual Chicago Food Justice Summit that will be held virtually on Feb 23-25, 2022. The theme of this year's summit will be Collective Care, highlighting how, in the face of a global pandemic, neighbors, mutual aid networks, cooks, and local growers showed up for us and showed up for each other. CCDPH is partnering with Chicago Food Policy Action Council to plan this year's event which will include a panel session on Cook County's Good Food Purchasing Initiative. You can learn more and register for this year's summit at <https://www.chicagofoodpolicy.com/chicagofoodsummit>.
- Routine inspections: 50; nuisance complaints responded to:33; COVID mitigation violations received & responded to: 66 COVID Order tickets/citations issued: 2

Strategic Opportunities/Challenges

January 2022

New time-saving Sexually Transmitted Disease surveillance workflow is planned to roll out by the end of the second quarter.

Moving forward with planning for the Healthy Suburban Cook Survey, Health Atlas, and the Youth Risk Behavioral Survey.

Creation of a survey to assess data across units at CCDPH to understand existing data streams, ongoing projects, grant, assessment, or evaluation requirements, databases, data collection, practices, and indicators of interest specific to each unit to be incorporated using Qualtrics.

CDPH plans to launch WePlan 2025 within the next 4-6 weeks.

Working with Human Resources to prioritize hiring needs.

A faint, light orange graphic of a stethoscope is positioned on the left side of the page, extending from the top left towards the center. The background is a solid, medium orange color.

Health Plan Services

Strategic Highlights

January 2022

- Due to the increase in the Medicaid population and hold on redeterminations until the end of the Public Health Emergency (PHE), CountyCare continues to experience significant growth with membership in January 2022 exceeding 425k.
- In January, CountyCare was notified that it will retain 50% auto-assignment within Cook County beginning in March in comparison with Blue Cross Blue Shield, Aetna, and Molina's 16.7% and Meridian's 0% auto-assignment.
- On January 31, CountyCare's Health Plan Care Management team transitioned to CCH's home-grown care management system, CMIS.
- In alignment with the Healthcare and Family Services (HFS) implementation of the new admission, discharge, and transfer (ADT) vendor, CountyCare established a no-cost data sharing agreement in November and completed its ADT implementation this past month with Collective Medical Technologies.
- As part of CountyCare's contract with Healthcare and Family Services, CountyCare has made a commitment to invest in diverse minority- and women-owned businesses that are certified by the state Business Enterprise Program (BEP). To meet this commitment, in January, CountyCare transitioned 60% of its call center to PCG Consulting Group (PCG). Based in Cook County, PCG reflects the diversity of its community with 79% of employees coming from local underserved areas. The remaining 40% of call center operations will transition by July 1, 2022.
- Claim auto-adjudication increased to 85% and there was a decrease in claims pending in November.
- Timeliness to pay claims continues to decrease month over month and is currently close to an average of 30 days.
- As of January, 33 CountyCare members have been placed in permanent housing through the Flexible Housing Pool and 3 members are in bridge housing.
- In 2021, over 14K emergency home delivered meals were provided to members as part of CountyCare's meals program due to the COVID-19 pandemic.
- In 2021 it was identified that 4.4K CountyCare members had visited the emergency department due to ESRD/CKD. CountyCare issued a request for proposal and in January, selected a vendor to improve the care management of members with ESRD/CKD to improve quality outcomes and reduce unnecessary utilization of the emergency department.

Strategic Opportunities/Challenges

January 2022

- Opportunities for cost-savings and quality improvement continue to be an area of focus for Health Plan Services in 2022. Under its Medical Cost Action Plan structure, CountyCare has identified over \$40M of estimated costs savings opportunities for County FY2022 across the areas of Pharmacy, Network Management, Medical Management, and Operations.
- Development of additional value-based care models and additional expansion of the CountyCare PCP network.
- CountyCare is continuing to implement initiatives to improve its Medical Loss Ratio (MLR) through its medical cost action plan process.
- Working with Human Resources to prioritize hiring needs.

A large, light orange graphic of a stethoscope is positioned on the left side of the image, extending across the middle. The stethoscope is rendered in a simplified, line-art style. The chest piece is on the left, with two earpieces extending upwards. The tubing curves down and then loops back up to the right, ending in a circular binaural. The background is a solid, medium-orange color.

Provident Hospital

Strategic Highlights

January 2022

- ACR Mammography 3-D accreditation documentation was received on January 31, 2022
- ICU reopening expected this Spring
- Offering monoclonal antibody therapy to reduce COVID-19 hospitalizations.

Strategic Opportunities/Challenges

January 2022

- HVAC system being addressed to ensure optimal OR and procedure needs.
- General facilities upgrades continue including painting, lighting and furniture continue.
- Preparing for accreditation surveys for lab and nuclear medicine.
- Planning staffing levels for expansion of med-surg and the reopening of the emergency room to ambulance runs.
- Working with Human Resources to prioritize hiring needs.



John. H. Stroger, Jr. Hospital

Strategic Highlights

January 2022

- Covid Volume has declined by 80% down to 25 inpatients
- Surgical volumes recovering
- 4x daily throughput meetings to coordinate care and improve access, reduce length of stay and reduce ER boarding times
- First Stroger Hospital Patient Family Advisory Council on February 23rd

Strategic Opportunities/Challenges

January 2022

- Working with County's capital planning team on wayfinding at Stroger Hospital
- "Geographic" localization being pursued to cohort similar patients to make clinician rounding easier, to improve quality, and potentially reduce LOS being evaluated.
- Disbursing EVS and Transportation employees to specific departments or nursing units to help with speed/throughput being piloted and targeted for expansion.
- Evaluating options for expanded chaplaincy services.
- Working with Human Resources to prioritize hiring needs.

Thank you.



COOK COUNTY
HEALTH