

Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held Friday, February 28, 2020 at the hour of 9:00 A.M. at 1950 West Polk Street, in Conference Room 5301, Chicago, Illinois.

I. Attendance/Call to Order

Chair Hammock called the meeting to order.

Present: Chair M. Hill Hammock and Directors Mary Driscoll, RN, MPH; Ada Mary Gugenheim; Mike Koetting; David Ernesto Munar; Heather M. Prendergast, MD, MS, MPH; Robert G. Reiter, Jr.; Layla P. Suleiman Gonzalez, PhD, JD; and Sidney A. Thomas, MSW (9)

Absent: Vice Chair Mary Richardson-Lowry and Director Hon. Dr. Dennis Deer, LCPC, CCFC (2)

Additional attendees and/or presenters were:

Debra D. Carey – Interim Chief Executive Officer

Bob Clarke – Consultant, AArete, LLC

Andrea Gibson – Director of Project Management and Operational Excellence

Charles Jones – Chief Procurement Officer

Kiran Joshi, MD – Cook County Department of Public Health

James Kiamos – Chief Executive Officer, CountyCare

Esther Macchione – Chief Operating Officer, CountyCare

Jeff McCutchan – General Counsel

Carrie Pramuk-Volk – Employment Plan Officer

Barbara Pryor – Chief Human Resources Officer

Deborah Santana – Secretary to the Board

Tom Schroeder – Director of Internal Audit

Caryn Stancik - Chief Communications and Marketing Officer

Robert Sumter, PhD – Interim Deputy Chief Executive Officer, Operations and Chief Information Officer

Sharon Welbel, MD - System Director of Hospital Epidemiology and Infection Control and Prevention

II. Employee Recognition

Debra D. Carey, Interim Chief Executive Officer, recognized employees for outstanding achievements. Details and further information are included in Attachment #10 - Report from the Interim Chief Executive Officer.

III. Public Speakers

Chair Hammock asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speaker:

1. Iqbal Shariff Chief Executive Officer, Best Home Healthcare Network

IV. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, January 31, 2020

Director Thomas, seconded by Director Koetting, moved the approval of the Minutes of the Board of Directors Meeting of January 31, 2020. THE MOTION CARRIED UNANIMOUSLY.

B. Human Resources Committee

- i. Metrics (Attachment #1)

Barbara Pryor, Chief Human Resources Officer, provided an overview of the Metrics.

IV. Board and Committee Reports (continued)

C. Managed Care Committee

i. Metrics (Attachment #2)

Director Thomas and James Kiamos, Chief Executive Officer of CountyCare, provided an overview of the Metrics. The Board reviewed and discussed the information.

D. Audit and Compliance Committee Meeting, February 21, 2020

i. Meeting Minutes

Director Koetting provided an overview of the Meeting Minutes. The Board took action on the Meeting Minutes following the adjournment of the closed meeting.

Director Koetting, seconded by Director Driscoll, moved the approval of the Minutes of the Audit and Compliance Committee Meeting of February 21, 2020. THE MOTION CARRIED UNANIMOUSLY.

E. Quality and Patient Safety Committee Meeting, February 20, 2020

i. Metrics (Attachment #3)

ii. Meeting Minutes, which included the following action items and report:

- Quality Plan for Provident Hospital of Cook County
- Medical Staff Appointments/Reappointments/Changes

Director Gugenheim provided an overview of the Meeting Minutes. The Board reviewed and discussed the information.

Director Gugenheim, seconded by Director Driscoll, moved the approval of the Minutes of the Quality and Patient Safety Committee Meeting of February 20, 2020. THE MOTION CARRIED UNANIMOUSLY.

F. Finance Committee Meeting, February 20, 2020

i. Metrics (Attachment #4)

ii. Meeting Minutes, which include the following action items and report:

- Contracts and Procurement Items (detail was provided as an attachment to this Agenda)

Director Reiter presented the Meeting Minutes for the Board's consideration. Charles Jones, Chief Procurement Officer, provided a brief overview of the contractual requests considered at the Finance Committee Meeting. Additionally, Mr. Jones briefly reviewed the report on Minority and Women-Owned Business Enterprise (M/WBE) participation and one (1) emergency purchase that was reported. It was noted that there are no requests pending review by Contract Compliance.

Director Reiter stated that a special public committee meeting will be planned for the future regarding the financial gaps and rapid growth in charity and uncompensated care that is impacting the budget. As his intention is to include the President and her staff and the County Commissioners and staff, he suggested that perhaps they can be invited to participate in the meeting, while adhering with the Open Meetings Act.

IV. Board and Committee Reports (continued)

E. Finance Committee Meeting, February 20, 2020 (continued)

Director Munar stated that this Board needs to know what is driving the uncompensated care escalation. He questioned whether amendments or changes will need to be made to the Impact 2023 Strategic Plan approved several months ago. Ms. Carey responded that some matters might need to be pushed out a little bit, but the administration will identify where those changes need to occur.

The Board was introduced to Bob Clarke, who is a consultant from AArete, LLC and will be providing financial consulting services to CCH. He provided an overview of his background and experience. Ms. Carey provided information on recent leadership changes in the financial department. She has reassigned certain areas that reported to the Chief Financial Officer to other senior leaders. Andrea Gibson, Director of Project Management and Operational Excellence, will be working very closely with Mr. Clarke and will be providing oversight to the financial areas. The other operational areas that reported up to the Chief Financial Officer, including Supply Chain and Procurement and Health Information Management (medical records), will report to Dr. Robert Sumter, Interim Deputy Chief Executive Officer of Operations.

Director Reiter, seconded by Director Munar, moved the approval of the Minutes of the Meeting of the Finance Committee of February 20, 2020. THE MOTION CARRIED UNANIMOUSLY.

V. Action Items

A. Contracts and Procurement Items (Attachment #5)

Mr. Jones reviewed the request.

Director Driscoll requested that an overview of the Cook County Offender Re-Entry Program be provided.

Director Reiter, seconded by Director Thomas, moved the approval of request number 1 under the Contracts and Procurement Items. THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Sections IV, V and IX

C. Proposed Resolutions authorizing signatory updates for a total of ten (10) bank accounts held at JP Morgan Chase Bank (Attachment #6)

Ms. Gibson provided an overview of the request.

Director Munar, seconded by Director Koetting, moved the approval of the proposed Resolutions authorizing signatory updates for a total of ten (10) bank accounts held at JP Morgan Chase Bank. THE MOTION CARRIED UNANIMOUSLY.

VI. Recommendations, Discussion/Information Items

A. Presentation – West Side United (WSU) (Attachment #7)

This item was taken out of order.

The following representatives from West Side United reviewed a presentation on their organization: Debra Wesley, President of Sinai Community Institute, and Tenisha Jones, Senior Director for Strategy and Operations. The presentation included information on the following subjects:

- Discuss the power of hospitals being effective community anchors
- Align on how we can work together going forward
- Life expectancy gap
- WSU has grown significantly and continues to build advocates for its work
- Effective anchor strategies address underlying social determinants of health
- WSU has already made significant progress on the West Side
- WSU is developing a unique model with massive potential impact on the West Side
- Hospital groups are increasingly making serious commitments to being anchors
- Cook County Health's involvement has been instrumental to WSU's success so far
- WSU can help advance key parts of CCH's overall organizational strategy

Following the presentation, it was noted that the group will be unveiling their 1000-day plan on March 5th; they will return to provide an update to this Board in the future.

B. Semi-Annual Report from the CCH Employment Plan Officer (Attachment #8)

Carrie Pramuk-Volk, Employment Plan Officer, reviewed the Semi-Annual Report presented to the Board.

During the discussion of the information on investigations, Chair Hammock requested that more information be provided in the future on the two (2) categories of hiring and discipline allegations; he suggested that perhaps a few categories of common complaints can be included.

VII. Report from Chair of the Board (Attachment #9)

Chair Hammock stated that Commissioner Deer is not in attendance today because he has had a death in the family; the visitation for his father-in-law is scheduled for today, and the funeral is set for tomorrow.

Director Suleiman Gonzalez raised a point of personal privilege. She commended Leticia Reyes-Nash, Director of Programmatic Services and Innovation, for convening the recent Equity Summit that focused on social determinants. Director Suleiman Gonzalez had the opportunity to speak at the event; she stated that it was very informative and well-attended.

Chair Hammock stated that yesterday the Board of Commissioners of Cook County approved amendments to the Enabling Ordinance. One of the amendments passed included the provision for the President's appointment of a twelfth Board Member, which can be a member of her staff. Her appointment of Otis L. Story, Sr., Deputy Chief of Staff to President Toni Preckwinkle, is expected to be introduced to the Board of Commissioners of Cook County for consideration in April.

VII. Report from Chair of the Board (continued)

Although the item regarding the proposed Position Profile Specification for the position of CCH Chief Executive Officer was listed on the agenda as a closed meeting discussion, Chair Hammock chose to hold that discussion at this time. He asked Directors for their input on the draft document. He noted that, due to an oversight, there was an inadvertent omission of the Ambulatory and Community Network within the description of the organization; that will be added to the document.

Director Thomas stated that, with regard to the category of physician relations, he believes that the category should be broadened by describing it as “provider relations”. Additionally, he noted that the overview for CountyCare could be misleading to an applicant the way it is written; while it is true that many CountyCare members were recruited here, they may not be getting the bulk of their care here, which is one of the challenges this organization faces. Chair Hammock asked Director Thomas to send him an email with a suggested sentence or two to modify.

Director Driscoll suggested that, with regard to the section on position summary, perhaps there should be a distinction made that the medical and nursing staff here are unionized.

Director Koetting suggested that, under the section on internal/external credibility, a specific point should be included about the need to have credibility with the County Board and County Board President.

Director Munar suggested that there should be more of a focus on the need for a strong public policy background and ability to navigate intergovernmental issues.

Director Thomas suggested the inclusion of language regarding the diversity of the people served, and the ability to appreciate language differences, immigration status, various cultural things of the population served. Director Suleiman Gonzalez noted that there is a small provision regarding that subject, but it should be more specific to the population served.

Following the discussion, Chair Hammock stated that if the Directors have further thoughts, they should email them to him. He will have the document revised based on this input (finalized document included as Attachment #9). Mr. McCutchan noted that the Enabling Ordinance calls upon this Board to share the finalized document with the Cook County Board of Commissioners; it does not require approval by the County Board.

VIII. Report from Interim Chief Executive Officer (Attachment #10)

Ms. Carey provided an update on several subjects; detail is included in Attachment #10.

Dr. Sharon Welbel, System Director of Hospital Epidemiology and Infection Control and Prevention, and Dr. Kiran Joshi, Attending Physician VIII at the Cook County Department of Public Health (CCDPH), provided an update on activities relating to Covid-19.

Dr. Welbel stated that the first thing they wanted to focus on was how to rapidly identify a person who is potentially infected with Covid-19. So beginning January 28th, they altered and modified their triage screening tool, in order to identify persons who could potentially be infected. Since that time, they have electronically screened 80,000 patients. Of those patients, they had 44 positive screens; of those 44, 2 were identified as needed to be investigated. Both patients presented in the Stroger Hospital Emergency Department (ED). One was at the beginning of February, and the other was just this last Monday. In the ED, there are 2 beds/rooms identified for coronavirus use. They are both staffed 24/7 with appropriate personal protection equipment (PPE) available.

VIII. Report from Interim Chief Executive Officer (continued)

Dr. Welbel stated that, when this came about, her team put together a site on the Infection Control intranet site. There is an educational tool in the form of a PowerPoint presentation; guidelines and policy; information about donning and doffing PPE; and all of the forms one would need to get in touch with the Chicago Department of Public Health (CDPH) and the Illinois Department of Public Health (IDPH). Her nurses have personally educated well over 1,000 healthcare workers, and there has been a lot of re-training on donning and doffing PPE.

With regard to other administrative and workforce controls, Dr. Welbel stated that they have identified rooms in the Trauma Department, and they know they have a room in the Intensive Care Unit if needed. Laboratory services are prepared to receive tests; the mechanism for ordering tests is coordinated through CDPH and IDPH. There is a world-wide shortage of masks - they are using the Centers for Disease Control and Prevention (CDC) strategies for optimizing the supply of N-95 masks, and they have done a lot of education throughout the System about when to use an N-95 mask.

Dr. Joshi stated that the CCDPH is working very closely with local, state and federal agencies to manage the 2 confirmed cases of Covid-19 in the northwest suburbs of Cook County. Both cases are back at home and doing well. CCDPH staff are going out into the field to interview contacts; right now, they are responsible for monitoring over 150 contacts for a 14 day period (it really ended up rolling over into 1 month). This close follow-up is what led to the detection of the second case and, in his opinion, prevent further transmission. CCDPH's goal is to reduce the impact, minimize spread and protect the health of the public.

IX. Closed Meeting Items

- A. Claims and Litigation**
- B. Discussion of personnel matters**
- C. February 21, 2020 Audit and Compliance Committee Meeting Minutes**
- D. Proposed Position Profile Specification for the position of Chief Executive Officer for Cook County Health**

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

Requests/Follow-up:

- Request: A request was made for an overview of the Cook County Offender Re-Entry Program to be provided.
Page 3
- Follow-up: Representatives from West Side United will provide an update to the Board in the future on the progress of their 1000-day plan, expected to be unveiled on March 5th. Page 4
- Request: With regard to future Employment Plan Reports, a request was made for the inclusion of information on the two (2) categories of hiring and discipline allegations. Page 4

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ATTACHMENT #1

Human Resources Metrics CCH Board of Directors

Barbara Pryor
Chief Human Resources Officer

February 28, 2020



COOK COUNTY
HEALTH

Metrics



COOK COUNTY
HEALTH

CCH Open Vacancies

Important Performance Data

CCH has approximately 597 vacancies with 369 in process:

1. CCH vacancies are rolling; not budgeted placeholders.
2. Currently 369 of those vacancies are in the hiring process
3. 60% (222) of the 369 positions in process, are in the post-validation phase:
 - (17%) 62 are interviewing
 - (25%) 94 vacancies have a candidate selected
 - (16%) 58 have start dates set



FY 2020 Vacancy	Count
Fiscal Year 2020 Approved Positions:	526
Current Vacancy Number:	597
# of Positions in Process:	369

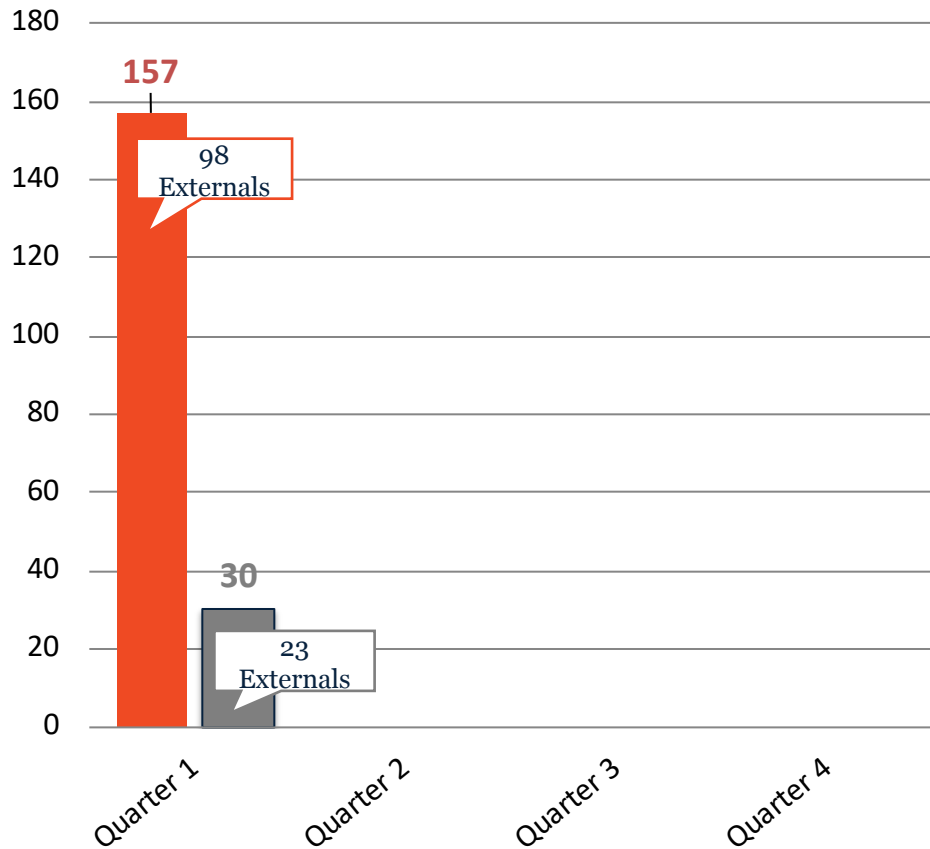
Thru 01/31/2020

FY 2020 CCH HR Activity Report

Thru 01/31/2020

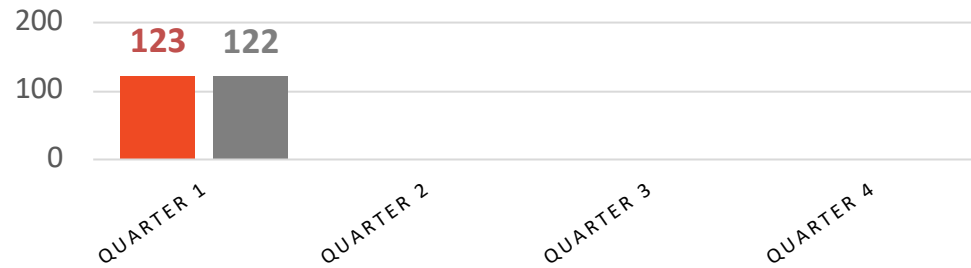
FILLED POSITIONS

■ 2019 Filled (157) | Externals (98)
 ■ 2020 Filled (30) | Externals (23)

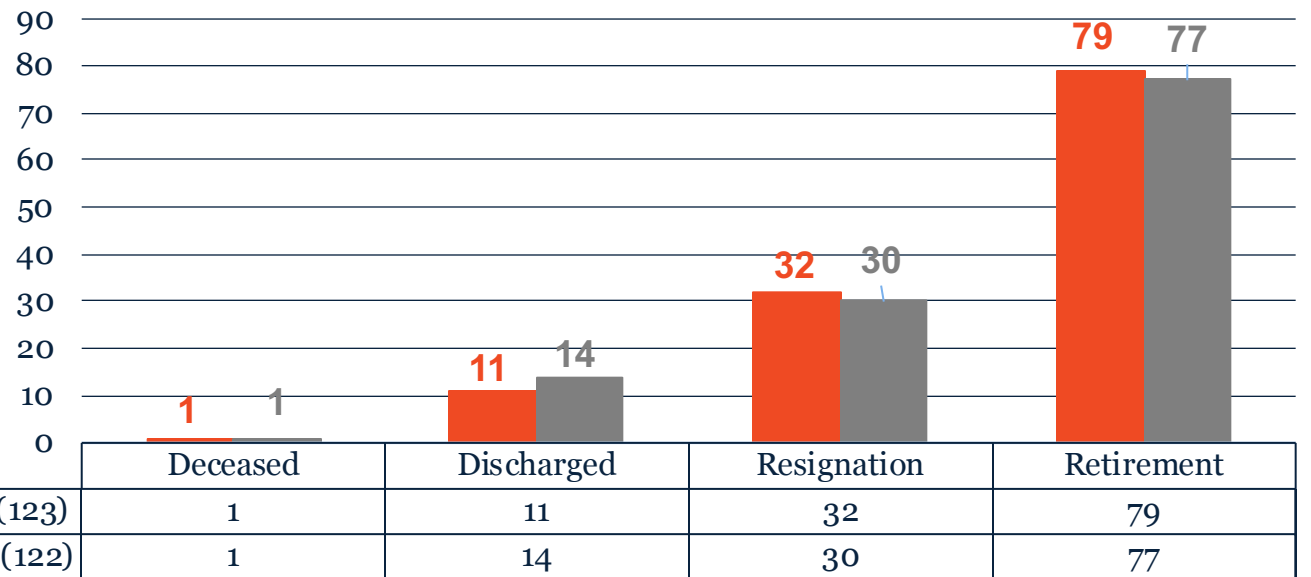


SEPARATIONS

■ 2019 Separations (123) ■ 2020 Separations (122)



NET



CCH HR Activity Report – Turnover

CCH TURNOVER
 Turnover Year-to-Date
 Head Count: 6,297



YTD Cumulative Totals:

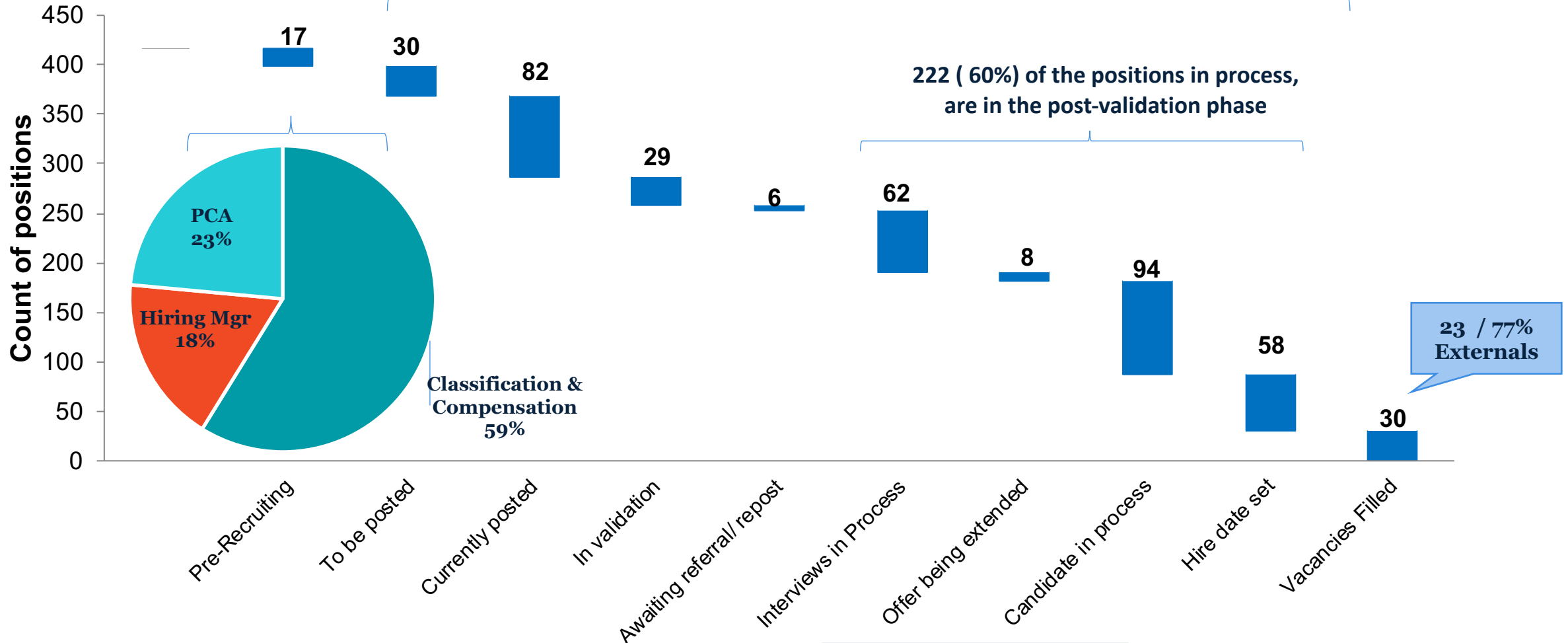
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
■ FY20 CCH Turnover	1.94%			
■ FY19 CCH Turnover	1.93%			
■ FY17 U.S. IL Health & Hospital Assoc. Turnover Data	3.7%			
■ FY19 U.S. Dept. of Labor Turnover Data	3.7%			

Cook County Health HR Activity Report – Hiring Snapshot

Thru 01/31/2020

Clinical Positions 224 | 61%
 Non-Clinical Positions 145 | 39%

369 Positions in Recruitment



Thank you.



COOK COUNTY
HEALTH

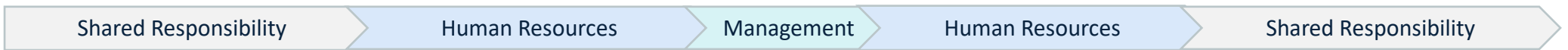
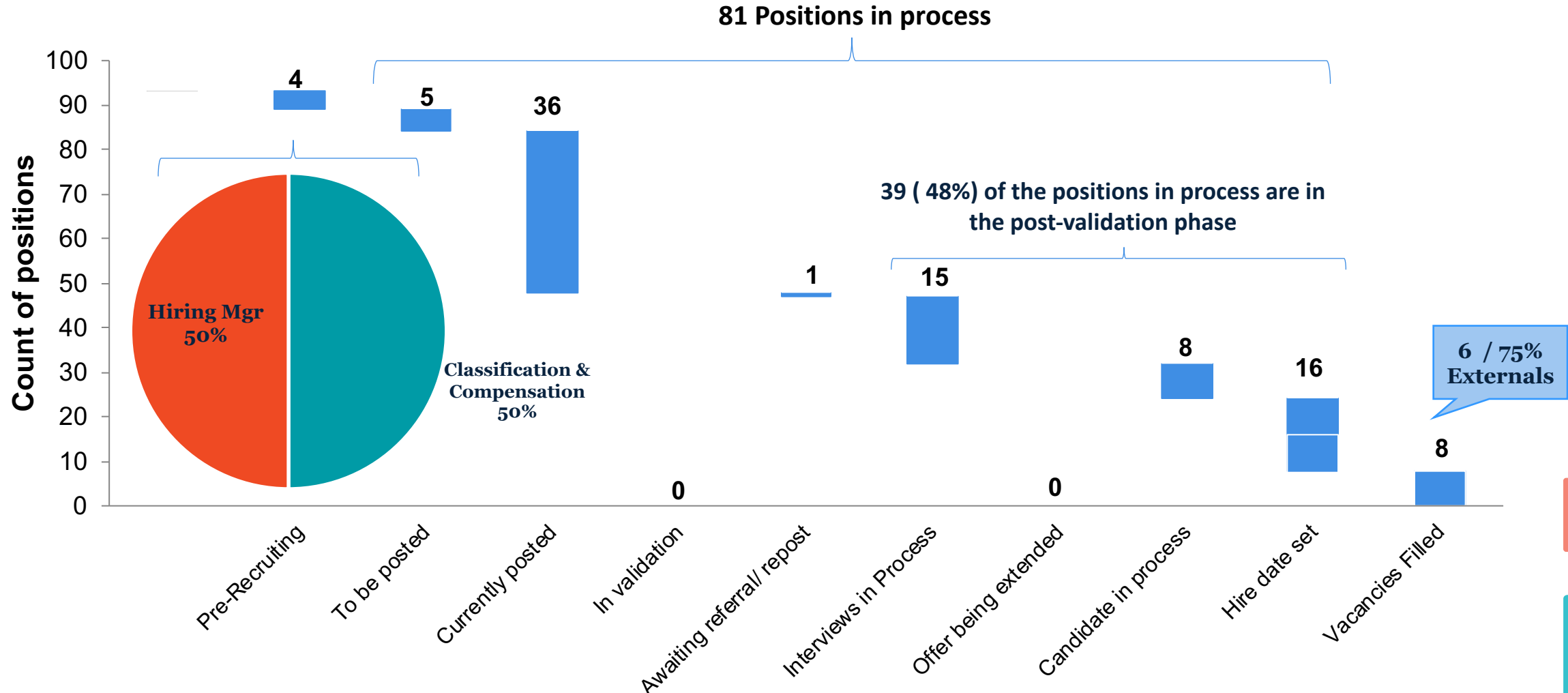
Appendix



COOK COUNTY
HEALTH

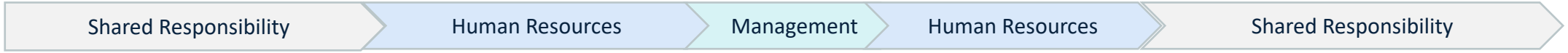
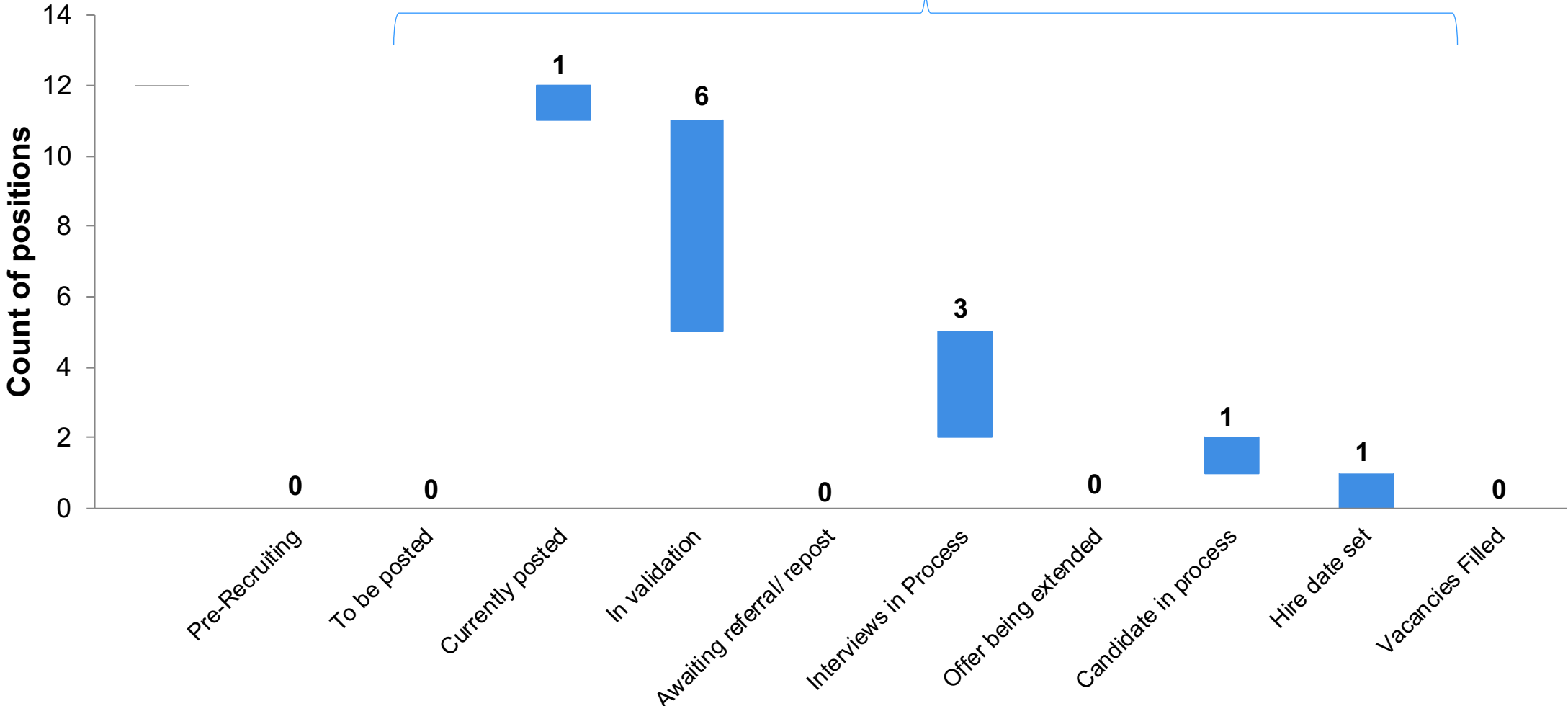
Cook County Health HR Activity Report Nursing Hiring: CNI, CNII

Thru 01/31/2020



Cook County Health HR Activity Report – Revenue Cycle

Thru 01/31/2020
12 Positions in process



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ATTACHMENT #2

CountyCare Update

Prepared for: CCH Board of Directors

James Kiamos

CEO, Health Plan Services

February 28, 2020



Current Membership

Monthly membership as of February 4, 2020

Category	Total Members	ACHN Members	% ACHN
FHP	211,511	16,508	7.8%
ACA	73,577	12,390	16.8%
ICP	28,372	5,492	19.4%
MLTSS	5,906	0	N/A
Total	319,366	34,390	10.8%

ACA: Affordable Care Act
FHP: Family Health Plan

ICP: Integrated Care Program
MLTSS: Managed Long-Term Service and Support (Dual Eligible)

Source: CCH Health Plan Services Analytics



Managed Medicaid Market

Illinois Department of Healthcare and Family Services December 2019 Data

Managed Care Organization	Cook County Enrollment	Cook County Market Share
*CountyCare	319,174	31.6%
Blue Cross Blue Shield	242,598	24.0%
Meridian (to WellCare to Centene)	222,581	22.0%
IlliniCare (legacy to CVS/Aetna)	104,911	10.4%
Molina	64,664	6.4%
*Next Level (sold to Molina)	57,666	5.7%
Total	1,011,594	100.0%

* Only Operating in Cook County

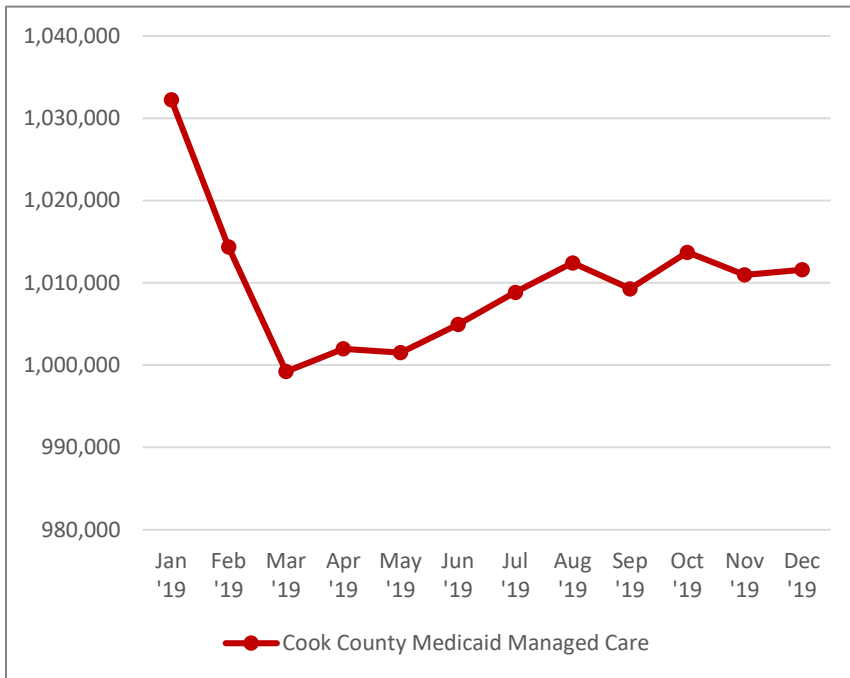
Meridian and WellCare (dba Harmony) merged as of 1/1/2019. Pending Merger with Centene (dba IlliniCare)
 CVS/Aetna purchasing IlliniCare legacy Medicaid

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

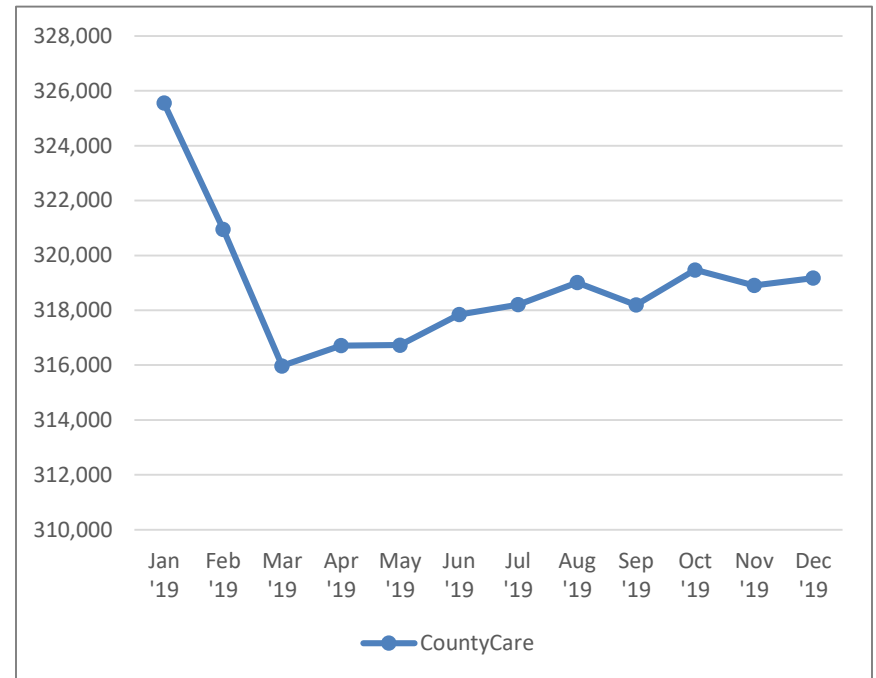


IL Medicaid Managed Care Trend in Cook County (charts not to scale)

Cook County Medicaid Managed Care



CountyCare

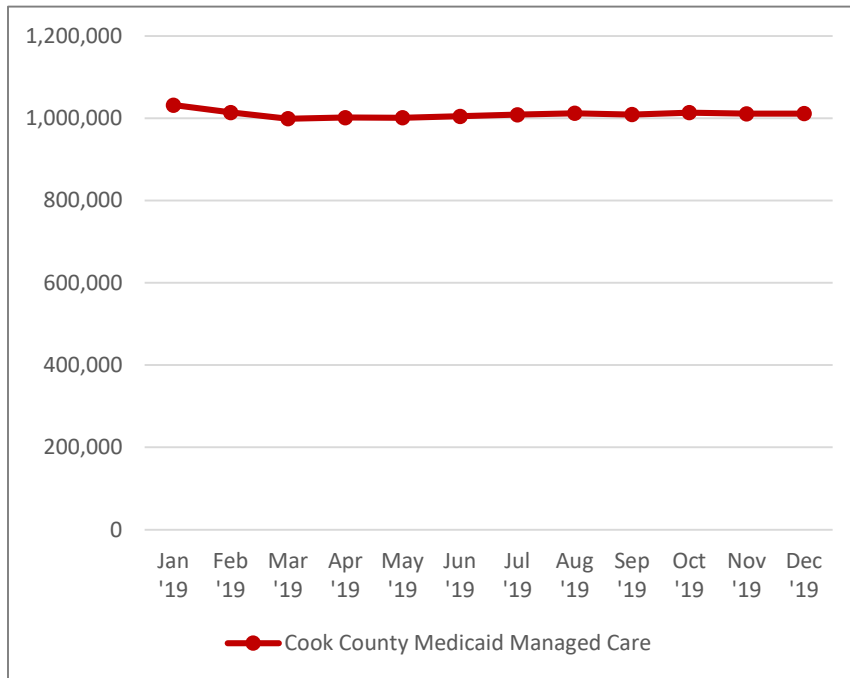


- CountyCare's monthly enrollment trend closely follows the overall Managed Care enrollment trend in Cook County

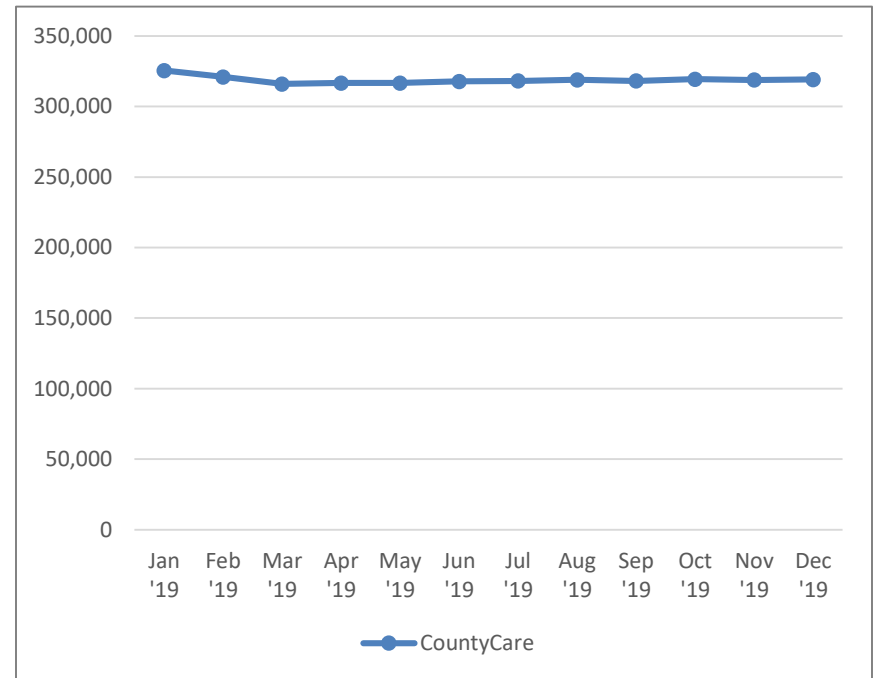
Source: <https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx>

IL Medicaid Managed Care Trend in Cook County

Cook County Medicaid Managed Care



CountyCare



- CountyCare's monthly enrollment trend closely follows the overall Managed Care enrollment trend in Cook County

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

Operations Metrics: Overall Care Management Performance

		Performance		
Key Metrics	Market %	Oct	Nov	Dec
Completed HRS/HRA (all populations)				
Overall Performance	40%	67.4%	67.5%	67.6%
Completed Care Plans on High Risk Members				
Overall Performance	65%	63.2%	64.0%	63.3%

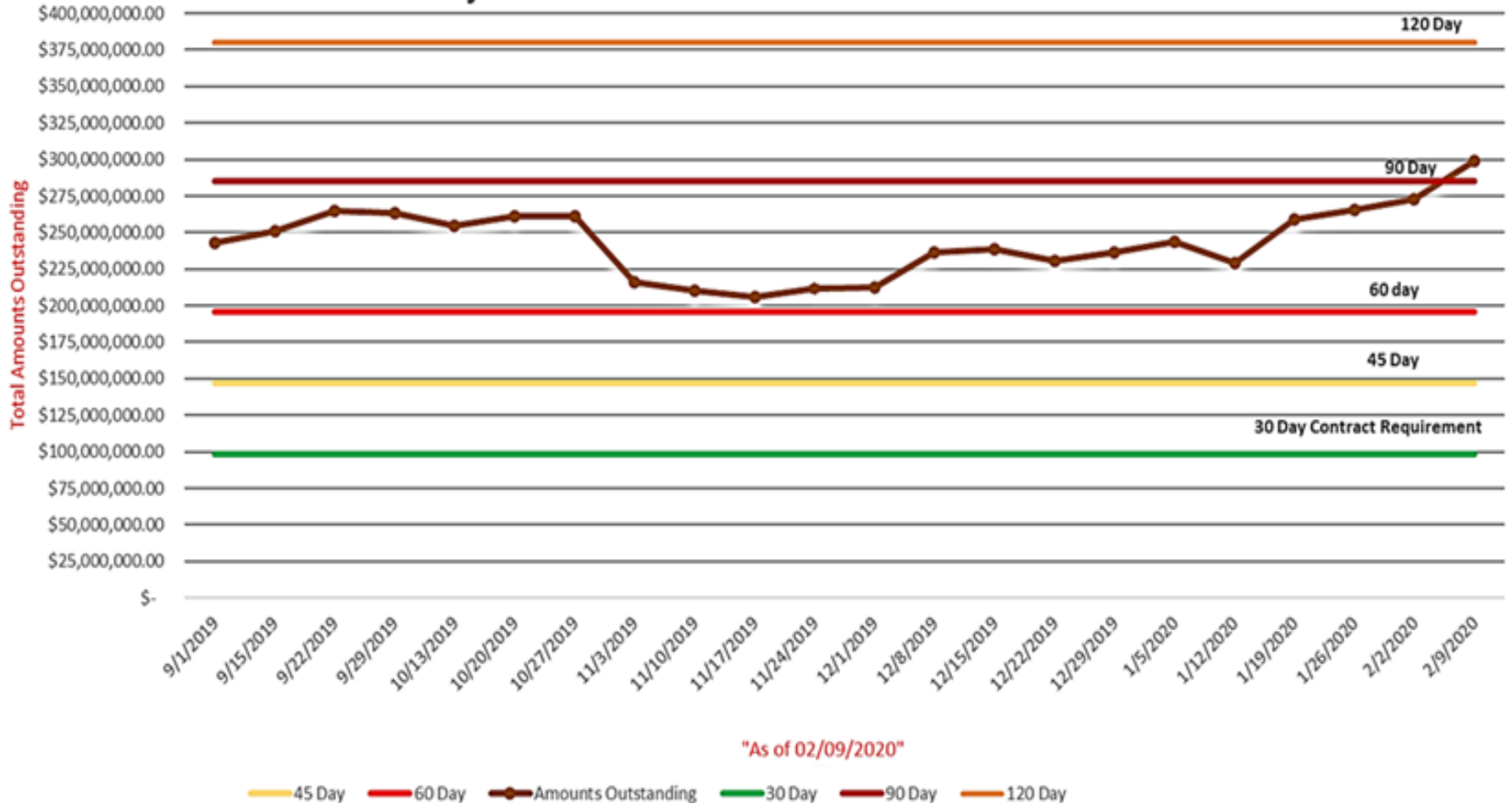
CountyCare's high-risk percentage exceeds the State's requirement of 2% for Family Health Plan and 5% for Integrated Care Program

Source: CCH Health Plan Services Analytics



Claims Payment

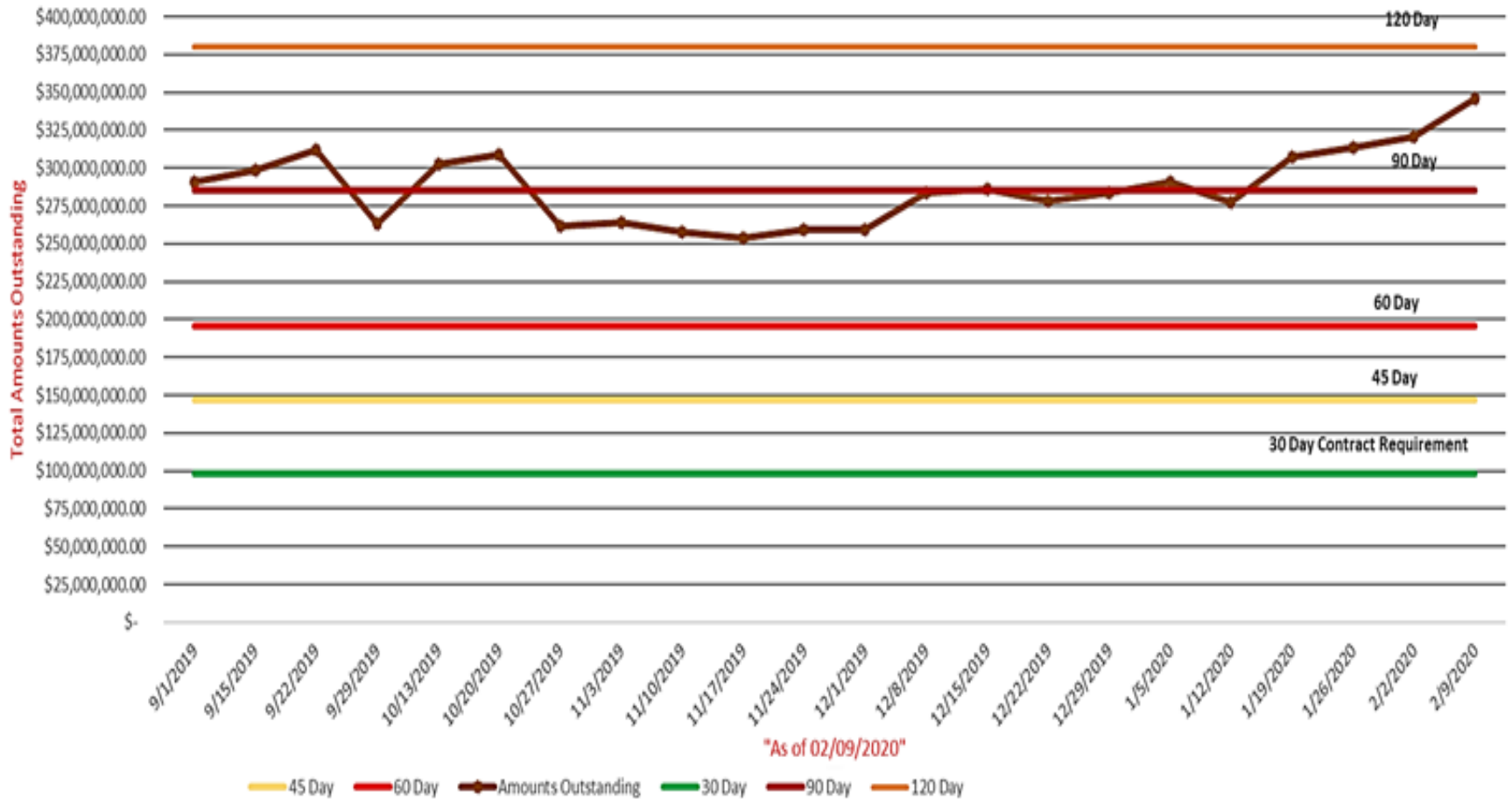
Adjudicated but Not Yet Paid Medical Claims



Source: CCH Health Plan Services Analytics

Claims Payment

Received but Not Yet Paid Medical Claims



As of 02/09/2020

*Assumes average of 15 days to process claims

*Assumes \$47.5M in pending claims

Source: CCH Health Plan Services Analytics

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ATTACHMENT #3



QPS Quality Dashboard



February 20, 2020

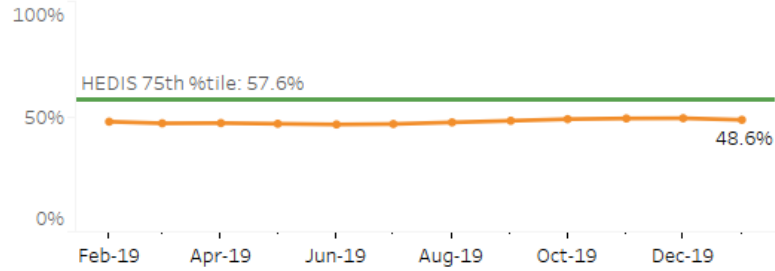


COOK COUNTY
HEALTH

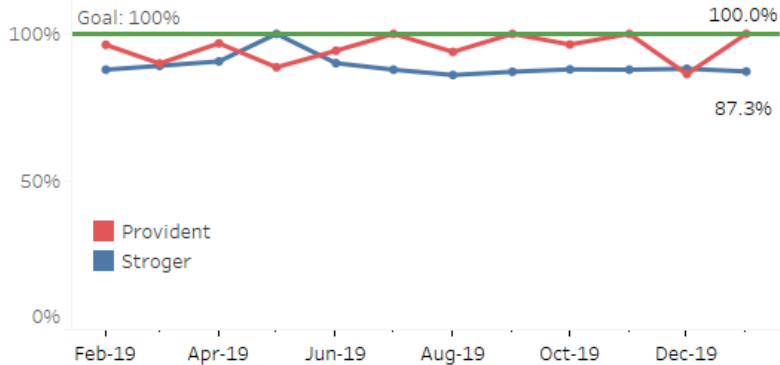


Health Outcomes

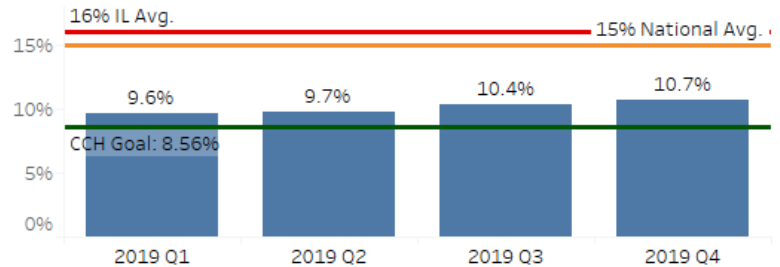
HEDIS - Diabetes Management: HbA1c < 8%



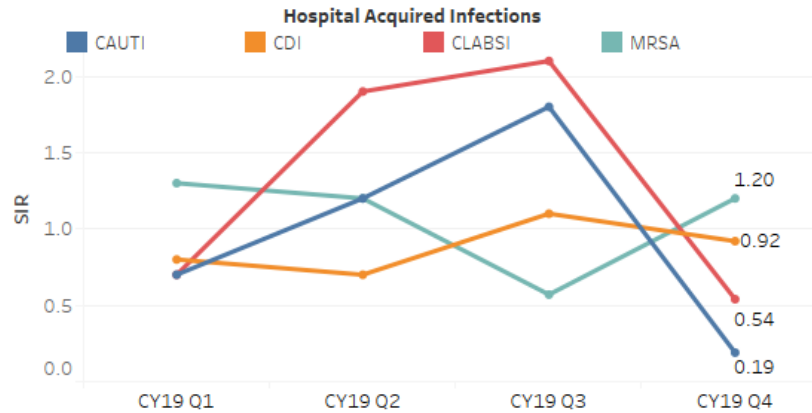
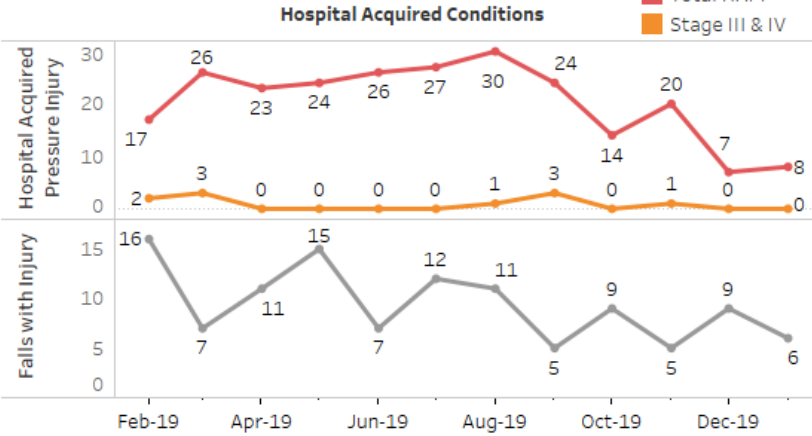
Core Measure - Venous Thromboembolism (VTE) Prevention



30 Day Readmission Rate



Patient Safety

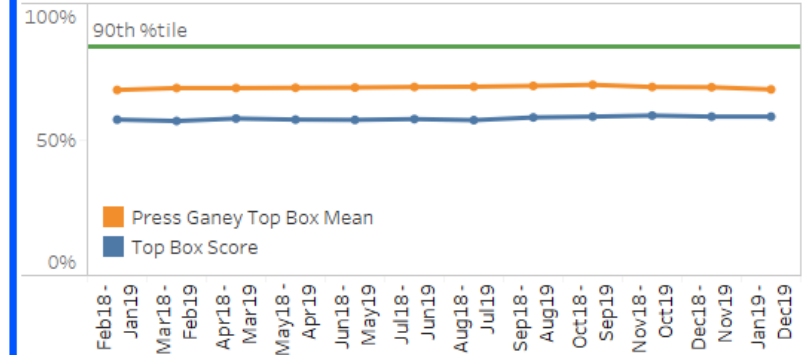


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

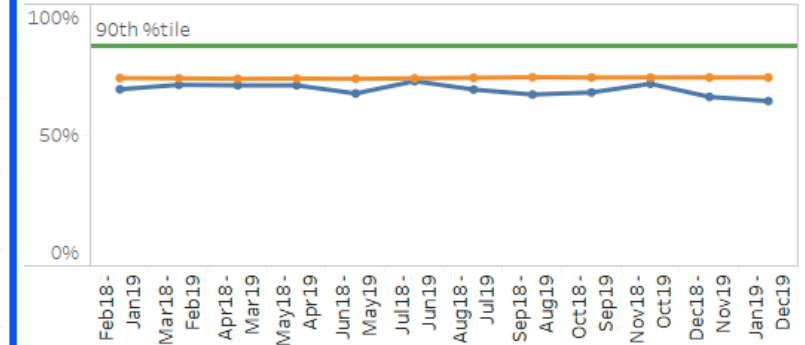
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
CAUTI	1	1	2	1	2	5	6	2	3	0	1	0
CDI	6	2	6	5	4	4	9	5	7	7	5	3
CLABSI	1	0	2	2	2	3	2	4	1	1	1	0
MRSA	1	0	1	0	0	2	0	0	1	1	0	1

Utilization

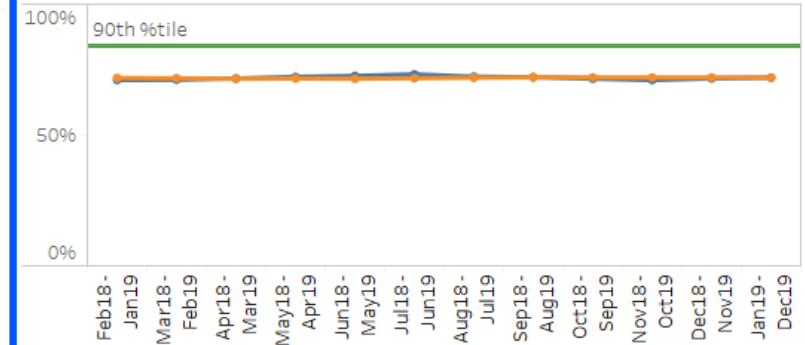
ACHN--Overall Clinic Assessment



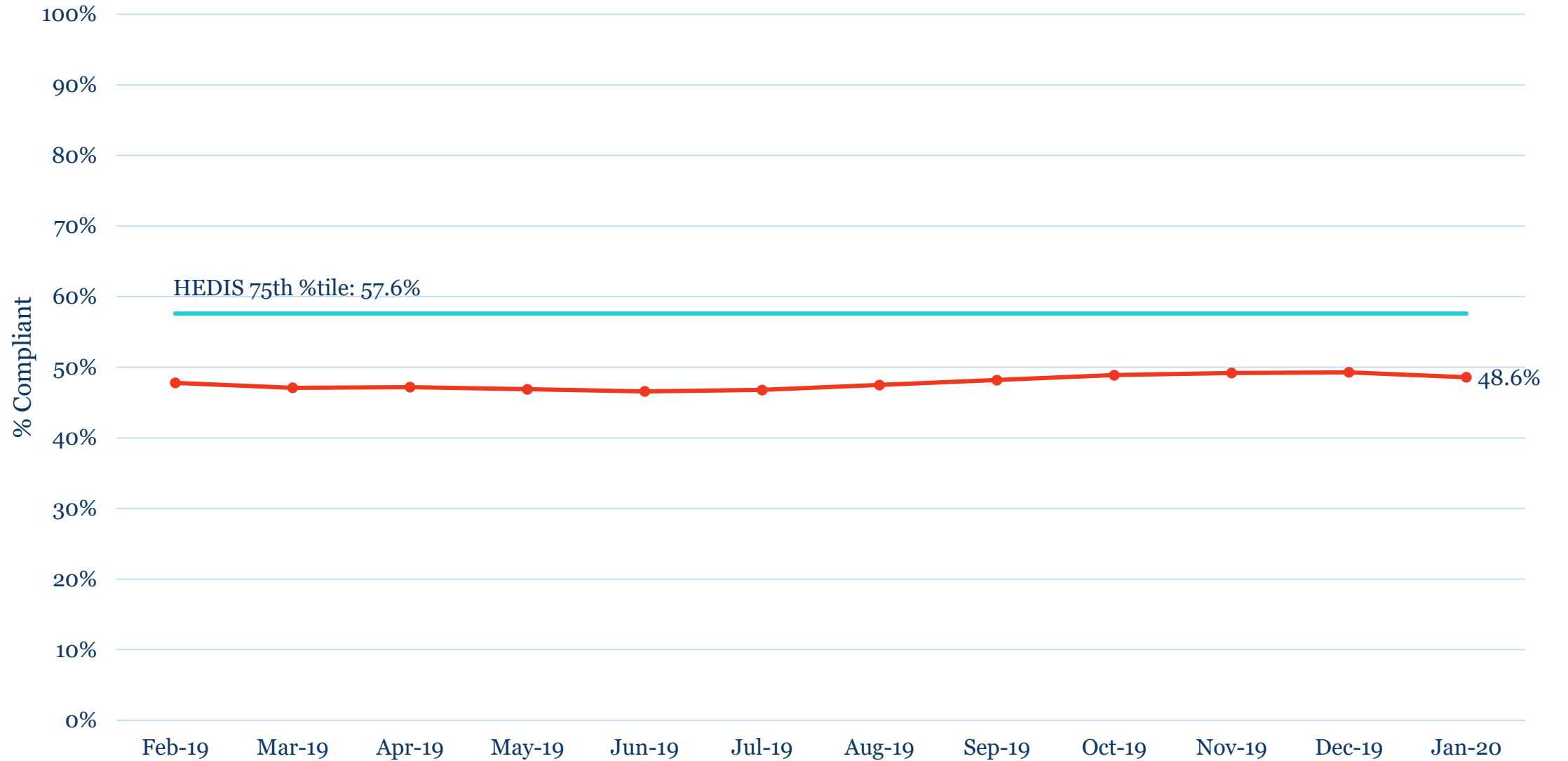
Provident--Willingness to Recommend Hospital



Stroger--Willingness to Recommend Hospital

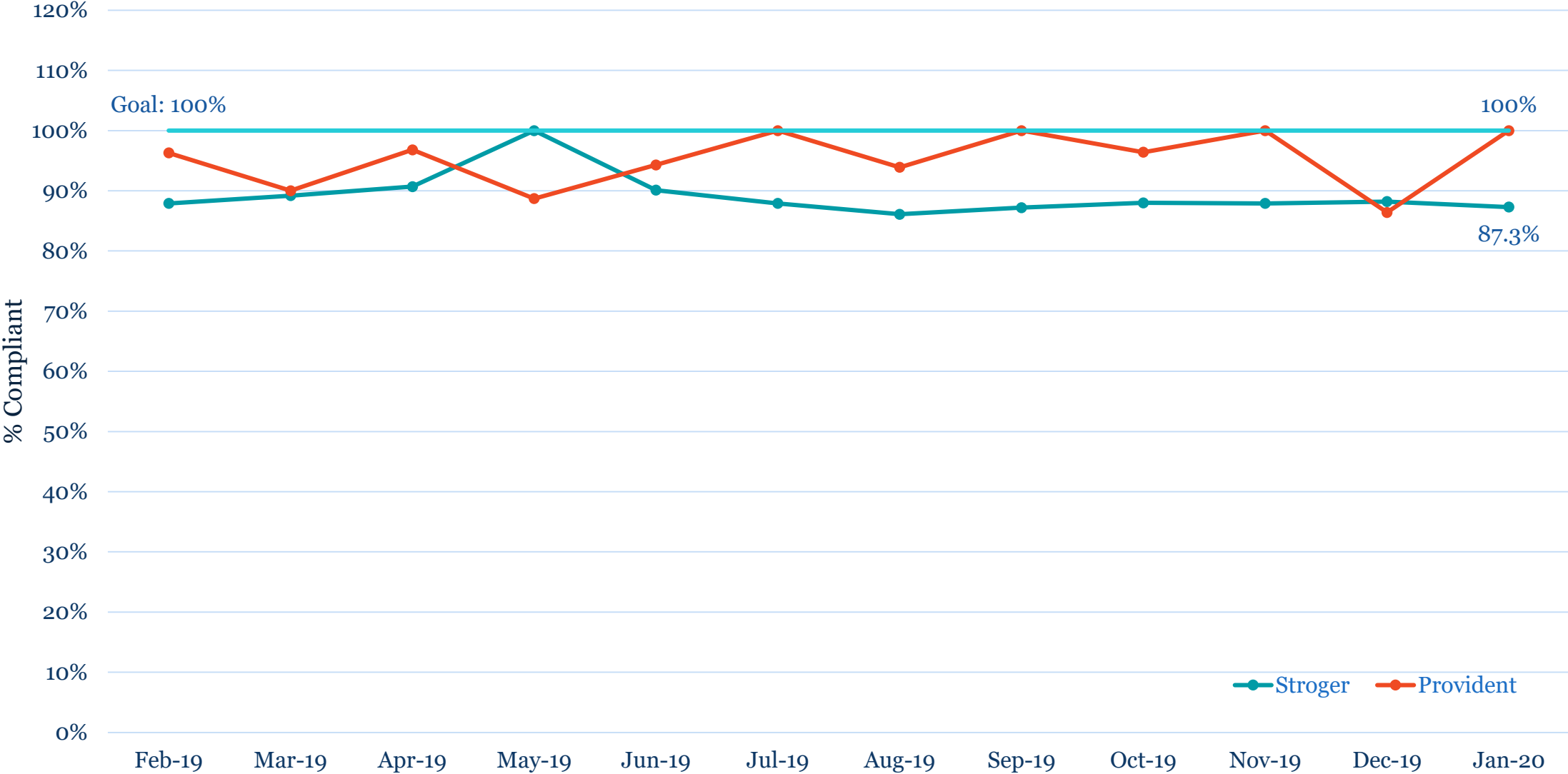


HEDIS – Diabetes Management: HbA1c < 8%



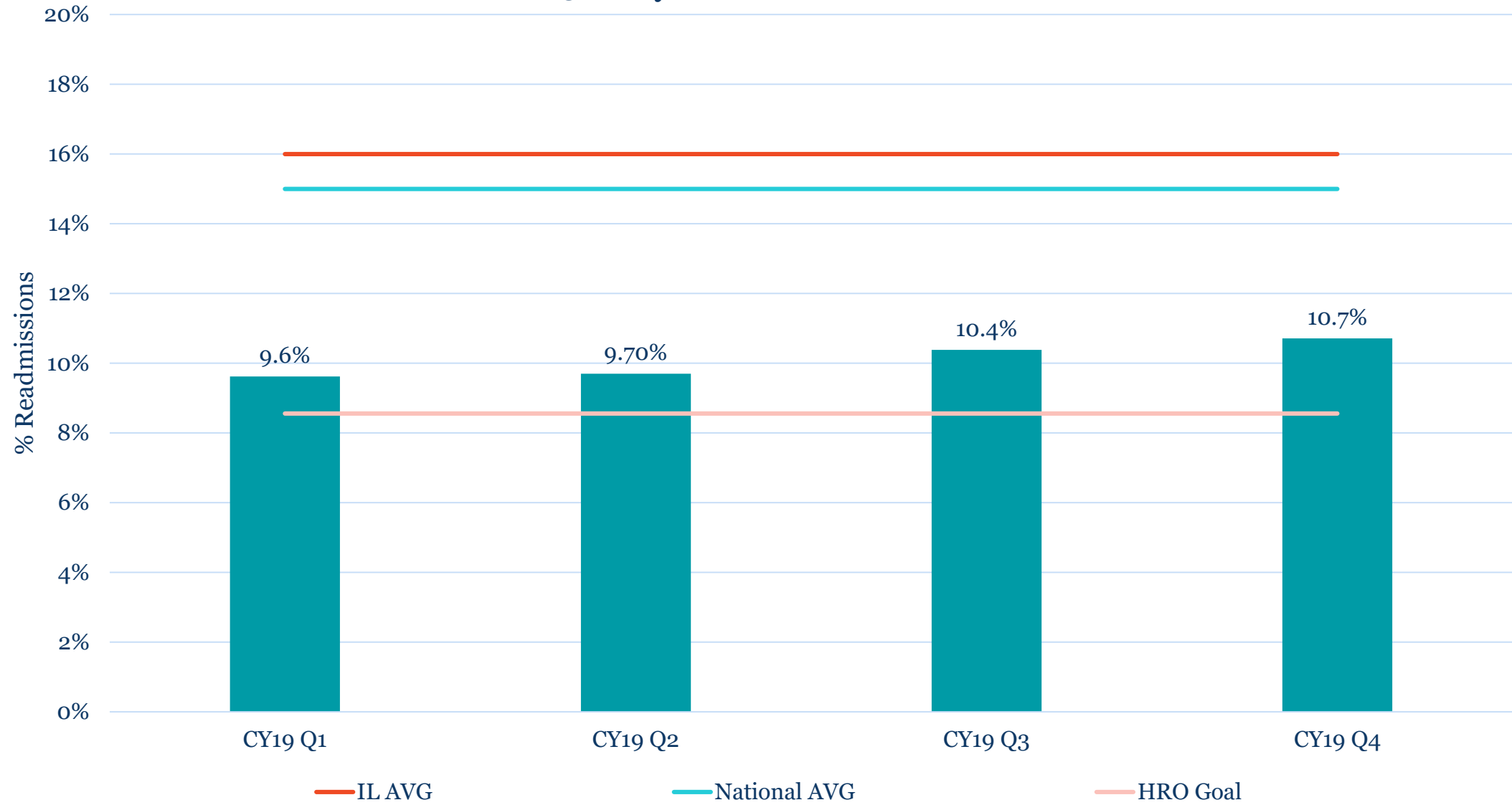
Source: Business Intelligence

Core Measure – Venous Thromboembolism (VTE) Prevention



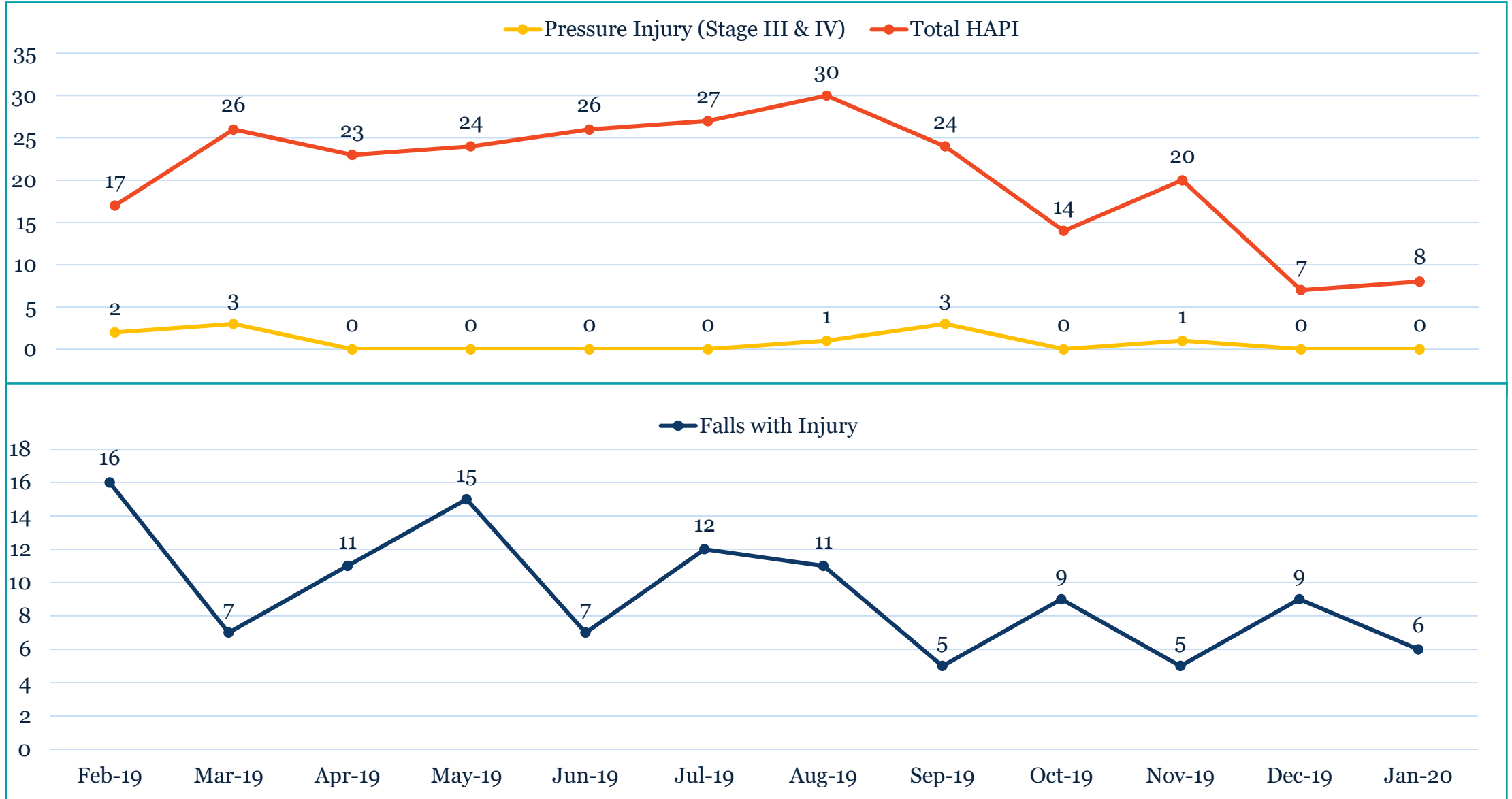
Source: Quality Dept.

30 Day Readmission Rate

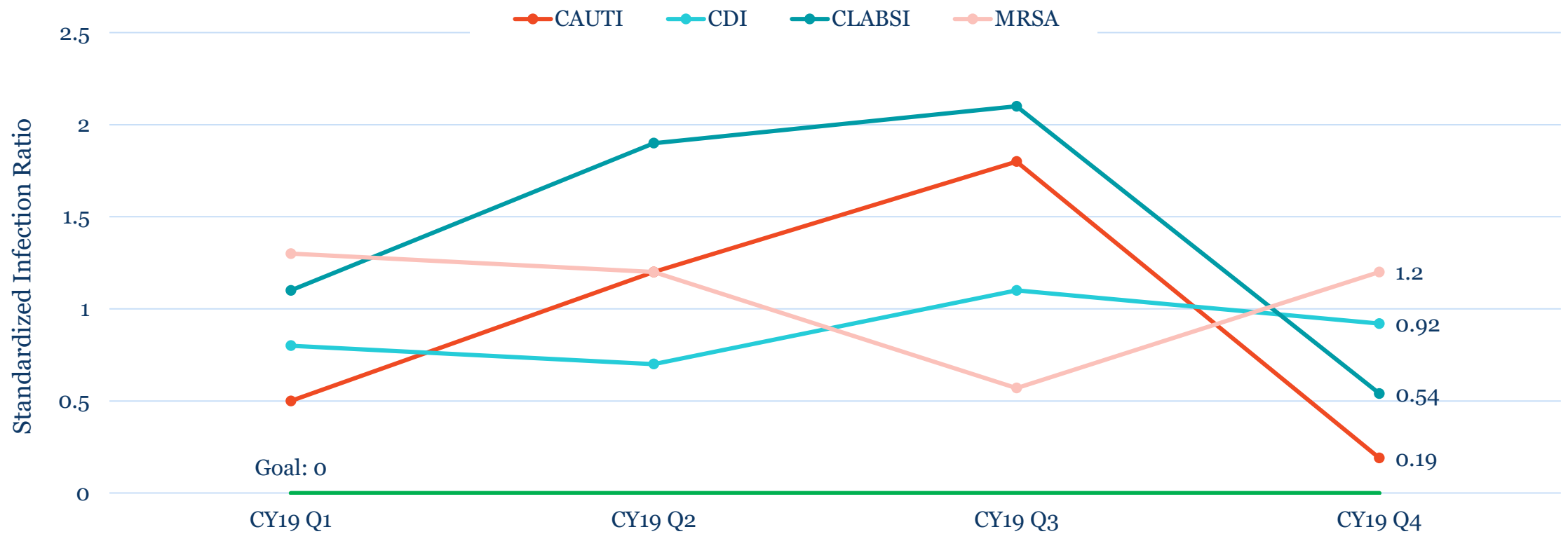


Source: Business Intelligence

Hospital Acquired Conditions



Hospital Acquired Infections



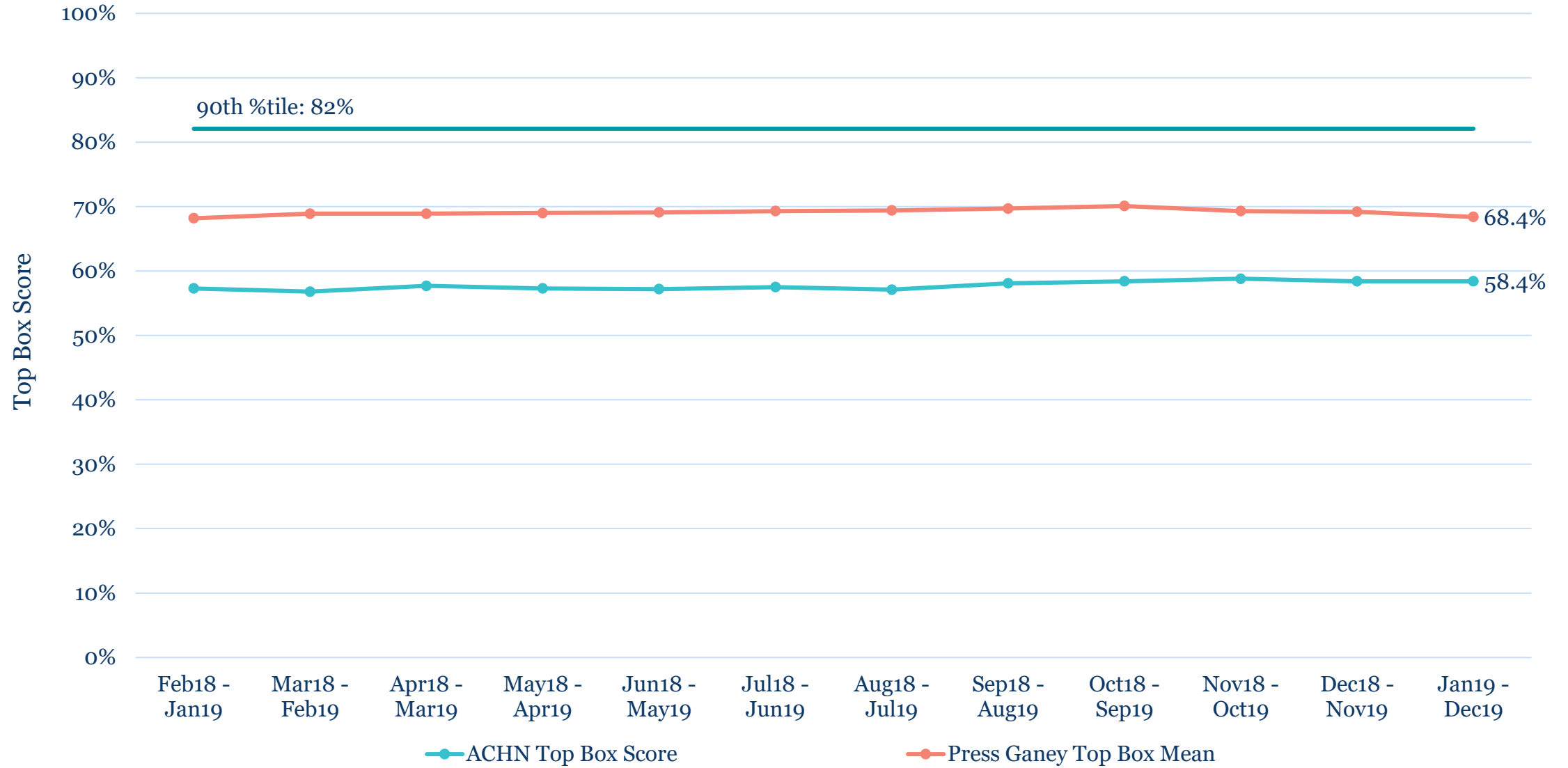
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
CAUTI	1	1	2*	1	2*	5	6	2	3	0	1	0
CDI	6	2	6	5	4	4	9	5	7	7	5	3
CLABSI	1	0	2*	2	2	3	2	4	1	1	1	0
MRSA	1	0	1	0	0	2	0	0	1	1	0	1

*Amended

SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

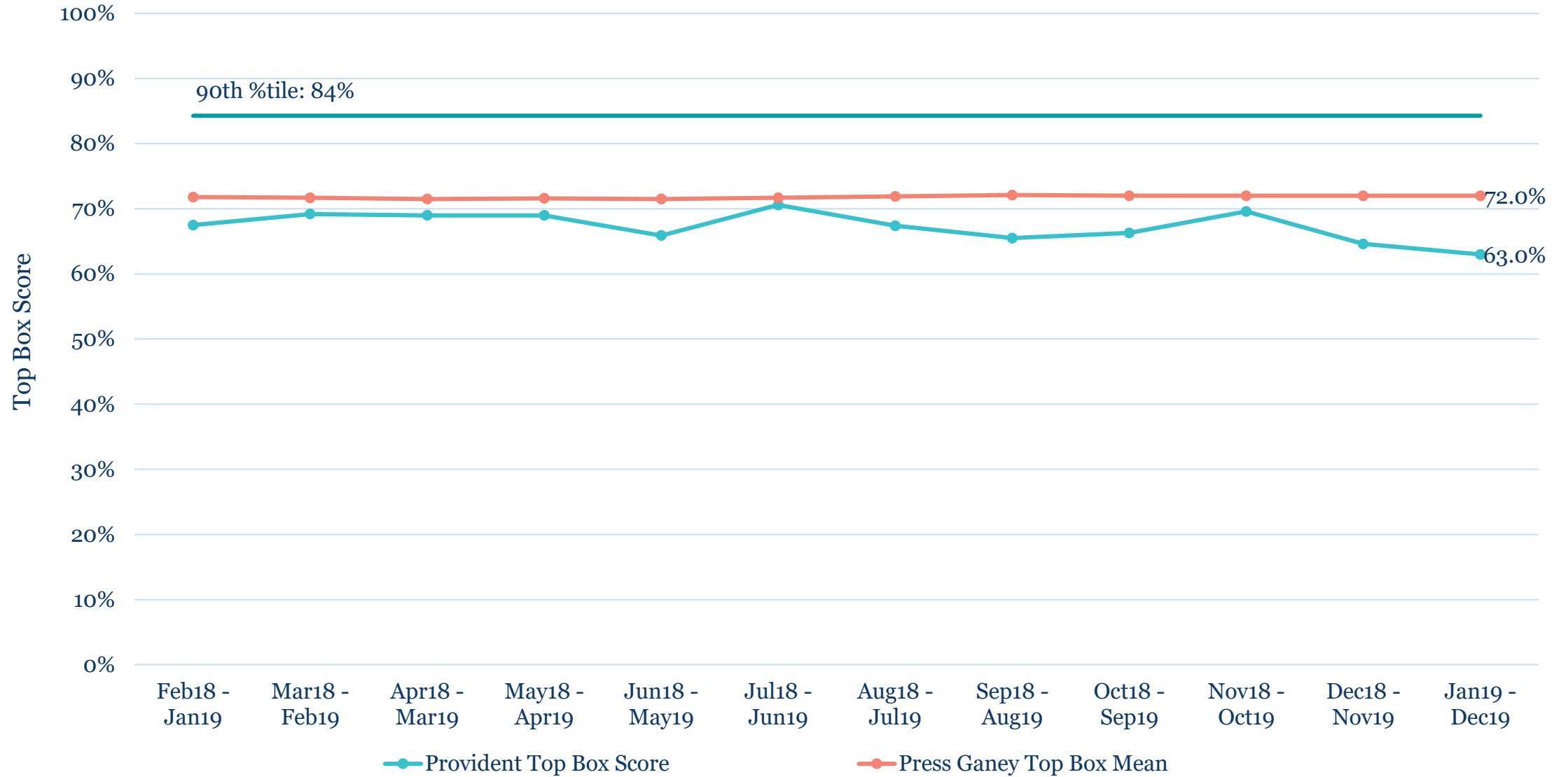
Source: Infection Control Dept.

ACHN – Overall Clinic Assessment



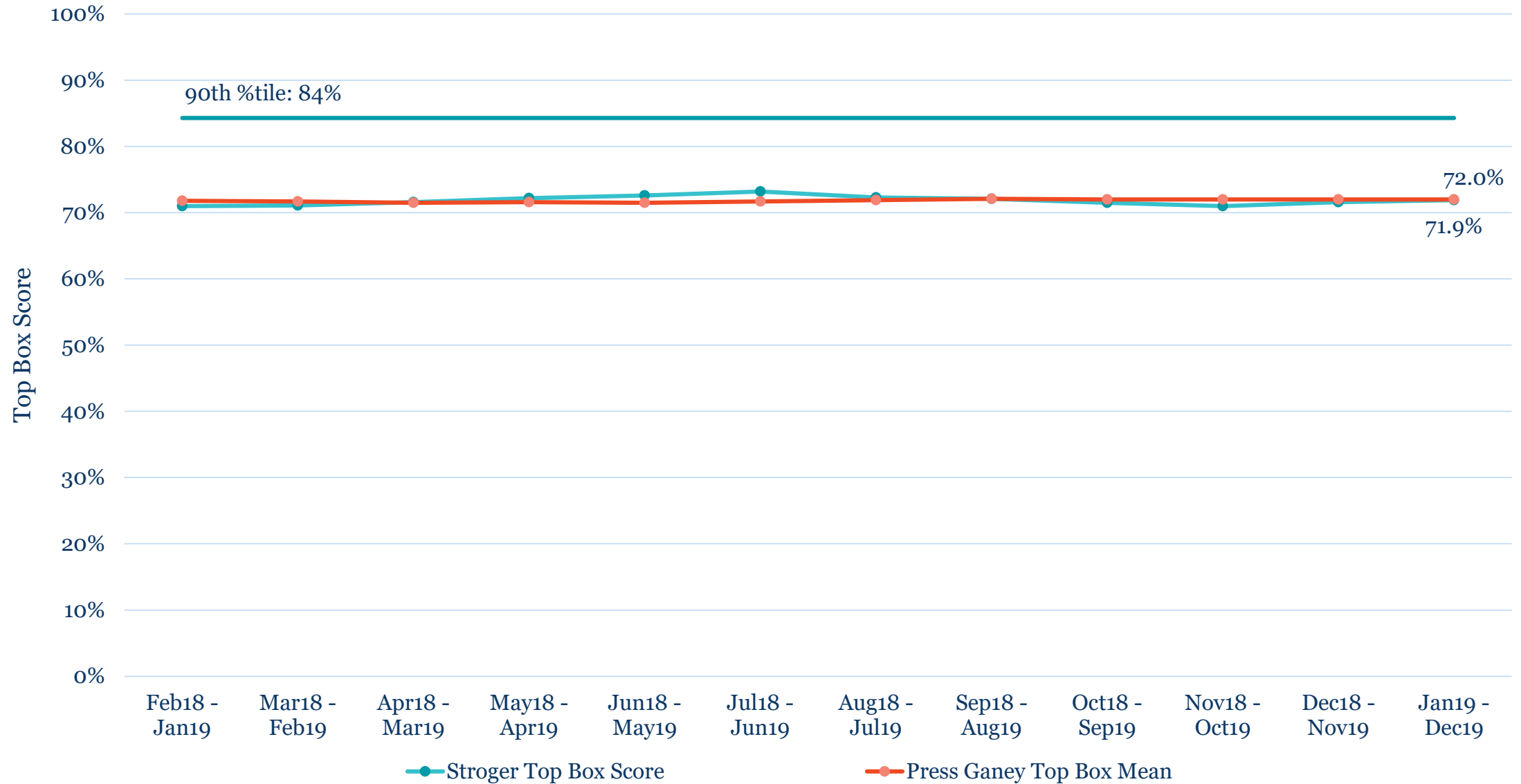
Source: Press Ganey

Provident – Willingness to Recommend the Hospital



Source: Press Ganey

Stroger – Willingness to Recommend the Hospital



Source: Press Ganey

Measure Name	Measure Definition	Source
Diabetes Management HbA1c <8%	Adults ages 18-75 with diabetes (type 1 or type 2) where HbA1c is in control (<8.0%). Qualifying patients: - 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 antihyperglycemics in the current year or previous year	NCQA, HEDIS
Core Measure-Venous Thromboembolism (VTE) Prevention	Numerator: Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given: The day of or the day after hospital admission The day of or the day after surgery end date for surgeries that start the day of or the day after hospital admission Denominator: All patients	CMS
Readmission Rate	The readmission measures are estimates of unplanned readmission to an acute care hospital in the 30 days after discharge from a hospitalization. Patients may have had an unplanned readmission for any reason.	CMS
Hospital Acquired Pressure Injuries	A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. Full thickness pressure injuries involve the epidermis and dermis, but also extend into deeper tissues (fat, fascia, muscle, bone, tendon, etc.)	CMS, AHRQ
Falls with Injury	A patient fall is an unplanned descent to the floor (or extension of the floor, e.g., trash can or other equipment) with injury to the patient.	TJC, NDNQI
Hospital Acquired Infections - CAUTI	Catheter-associated urinary tract infections	NHSN
Hospital Acquired Infections - CDI	Clostridium difficile intestinal infections	NHSN
Hospital Acquired Infections - CLABSI	Central line-associated bloodstream infections	NHSN
Hospital Acquired Infections - MRSA	Methicillin-resistant Staphylococcus Aureus blood infections	NHSN
Press Ganey Patient Satisfaction Top Box Score	The percentage of responses in the highest possible category for a question, section, or survey (e.g. percentage of 'Very Good,' or 'Always' responses).	Press Ganey
Press Ganey Patient Satisfaction Percentile Rank	A percentile rank tells you where your score falls in relationship to other scores. Percentile rank for any given metric in any peer group is determined by ordering all facilities' scores from highest to lowest, then each score receives a percentile rank by determining the proportion of the database that falls below that score. For example, if your percentile rank is 30, you are scoring the same as or better than 30% of the organizations you are compared to.	Press Ganey
ACHN Patient Satisfaction-Overall Assessment	Includes two questions: 1. How well the staff worked together to care for you. 2. Likelihood of your recommending our practice to others.	Press Ganey
Hospital Patient Satisfaction-Willingness to Recommend Hospital	The likelihood that a patient will recommend a hospital to family members and friends.	Press Ganey



Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
February 28, 2020

ATTACHMENT #4

COOK COUNTY
HEALTH

CCH Finance Committee Meeting February 2020

Ekerete Akpan, Chief Financial Officer

February 20, 2020



COOK COUNTY
HEALTH

Agenda

1. Jan-2020 Leading indicators
 - a. Revenue Cycle metrics and observations as of Jan-2020
 - b. FY 2020 Gross Charges as of Jan-2020
 - c. Charity care and Self pay costs vs. DSH/BIPA as of Jan-2020
 - d. Preliminary Cash Flow projections as of January 2020
2. System wide Dec-2019 Accrual Basis Income Statement and Observations
 - a. CCH Provider Service Financials , Operational Statistics and Observations
 - b. County Care Financials & Stats
 - c. Correctional Health services Financials & Stats
 - d. Cook County Department of Public Health Financials & Stats
 - e. Administration Financials
3. Appendix - FY 2020 System-wide volumes/stats

January 2020 Leading Indicators Revenue Cycle Metrics, Gross Charges and Uncompensated Care vs. DSH/BIPA Preliminary Cash Flow Projections



COOK COUNTY
HEALTH

FYTD 2020 - Revenue Cycle Metrics as of end Jan-2020

Metric	Average FYTD 2019	Average FYTD 2020	Dec-19	Jan-20	CCH Benchmark /Targets	Some Industry Targets
Average Days in Accounts Receivable <i>(lower is better)</i>	97	88	88	88	60-65	40*
Discharged Not Finally Billed Days <i>(lower is better)</i>	11	8	8.3	8	5	7*
Claims Initial Denials Percentage <i>(lower is better)</i>	20%	20%	20%	19%	10%	3%*

Definitions:

Average Days in Accounts Receivable: Total accounts receivable over average daily revenue

Discharged Not Finally Billed Days: Total charges of discharge not finally billed over average daily revenue

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

*Source HFMA Key Hospital Statistics and Ratio Margins from Cerner

Observations on Revenue Cycle Metrics

- Sustained year over year improvements
 - Cash collections for FYTD 2020 up 23% to \$72.8M from \$59.4M for same period in FY2019
 - Case mix index continues to improve by 6% year over year, indicating greater focus on clinical documentation and coding
 - Average days in Accounts Receivables at 88 days, improving with focus on getting to target days in AR
 - Discharged Not Finally Billed (DNFB) at 8 days improving with focus on “coding-ready” encounters especially for high dollar inpatient discharges and concurrent coding for long stay patients prior to discharges
 - Initial Claims Denials – improving to 19% with focus on upstream processes and activities including pre-authorization, pre-certification and accurate registration. Specific activities aligned with patient accounting implementation there is room for continued improvement.

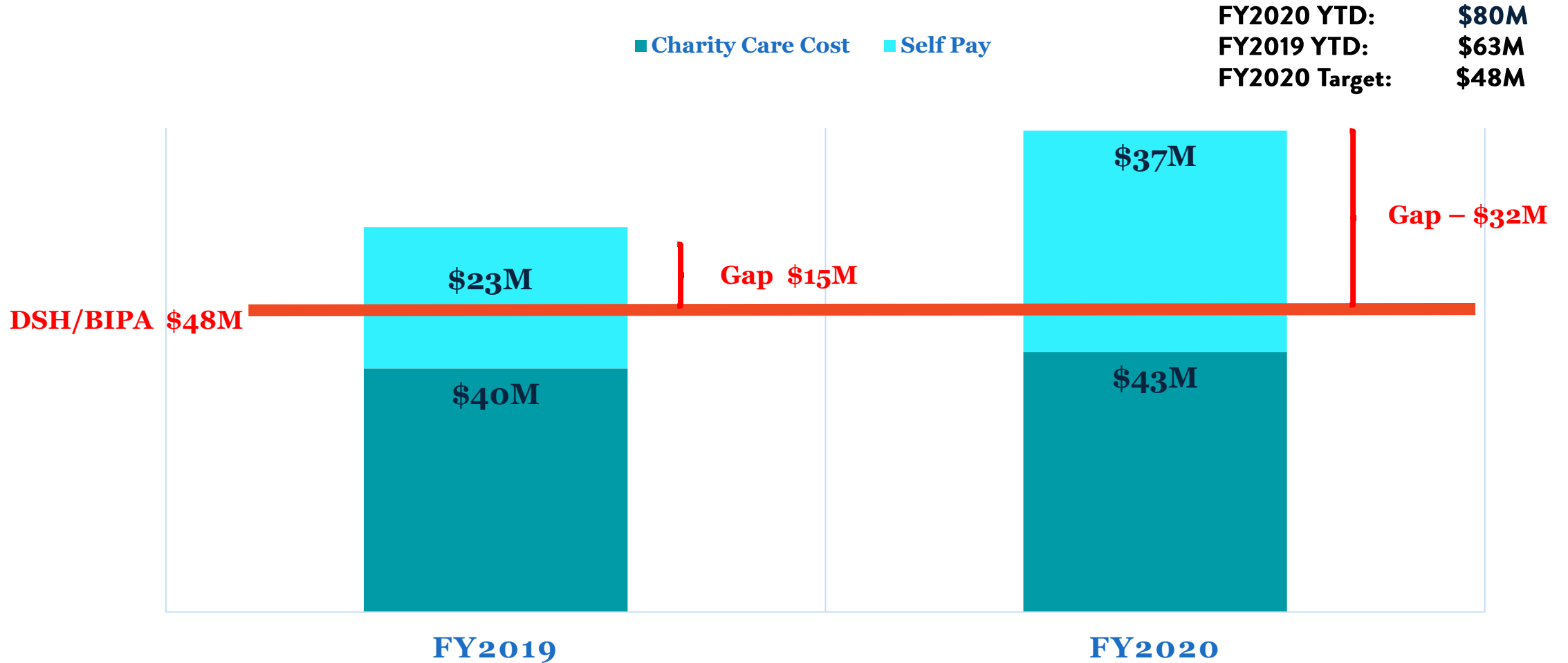
FYTD 2020 – Gross Charges as of end Jan-2020 (in \$ millions)

	2019	2020	2019 vs. 2020	2019 vs. 2020 %tage	2020 Budget Target
Charges with Reimbursement Potential	160.11	164.96	4.84	3.0%	
Charges with NO Reimbursement Potential	106.06	131.06	25.00	23.6%	8.5%
Total	266.17	296.01	29.84	11.2%	

	2019	2020	2019vs. 2020	2019v2020 %tage
COMMERCIAL	\$ 16.46	\$ 15.00	\$ (1.46)	-8.9%
COUNTYCARE	\$ 38.82	\$ 42.42	\$ 3.60	9.3%
MEDICAID	\$ 31.89	\$ 23.07	\$ (8.82)	-27.7%
MEDICAID MGD CARE	\$ 30.72	\$ 38.29	\$ 7.57	24.7%
MEDICARE	\$ 30.63	\$ 31.53	\$ 0.90	2.9%
MEDICARE MGD CARE	\$ 11.59	\$ 14.65	\$ 3.06	26.4%
CHARITY CARE	\$ 64.52	\$ 68.82	\$ 4.29	6.7%
SELF PAY	\$ 37.41	\$ 58.69	\$ 21.28	56.9%
Others	\$ 4.12	\$ 3.54	\$ (0.58)	-14.0%
Grand Total	\$266.17	\$296.01	\$ 29.84	11.2%



FYTD 2020 - Charity Care & Self Pay Cost vs. DSH/BIPA funding as of end Jan-2020



FY2020 – CCH Hospitals & Clinics - Preliminary Cash Flow Projections as of end Jan-2020 (in millions)

Month	Projected Cash Receipts	Projected Expenses	Projected Earnings from Health Plans	Net Cash Flow
Dec-19	\$ 57.10	\$ (124.46)	\$ -	\$ (67.36)
Jan-20	57.10	(124.46)	-	(67.36)
Feb-20	57.10	(94.46)	38.00	0.64
Mar-20	54.25	(84.46)	15.00	(15.21)
Apr-20	54.25	(84.46)	15.00	(15.21)
May-20	54.25	(84.46)	15.00	(15.21)
Jun-20	54.25	(84.46)	15.00	(15.21)
Jul-20	54.25	(84.46)	15.00	(15.21)
Aug-20	150.80	(84.46)	15.00	81.34
Sep-20	54.25	(84.46)	15.00	(15.21)
Oct-20	54.25	(84.46)	15.00	(15.21)
Nov-20	90.92	(84.46)	15.00	21.46
Total	\$ 792.73	\$ (1,103.50)	\$ 173.00	\$(137.77)

Observations

- CCH Hospitals & Clinics as a provider of care, cash flows are positive in August and November due to payments of BIPA.
- Due to increasing and unsustainable growth in charity care, and predominantly government payors, CCH projected expenses exceed its cash flows and will impact CCH ability to meet budget.
- CCH must earn Health plan business of \$173M for FY2020 by serving Countycare/MoreCare members



FY2020 – Correctional Health / CCDPH Preliminary Cash Flow projections as of end Jan-2020 (in millions)

Month	Projected Property Tax Receipts	Projected Expenses	Net Cash Flow
Dec-19	\$ 0.17	\$ (8.46)	\$ (8.29)
Jan-20	4.83	(8.46)	(3.63)
Feb-20	7.19	(8.46)	(1.27)
Mar-20	36.22	(8.46)	27.77
Apr-20	1.29	(8.46)	(7.17)
May-20	0.59	(8.46)	(7.87)
Jun-20	4.45	(8.46)	(4.00)
Jul-20	4.34	(8.46)	(4.12)
Aug-20	22.04	(8.46)	13.58
Sep-20	0.70	(8.46)	(7.75)
Oct-20	0.82	(8.46)	(7.64)
Nov-20	0.35	(8.46)	(8.11)
Total	\$ 83.00	\$ (101.50)	\$ (18.50)

Observations

- Correctional Health /CCDPH cashflow dependent on property tax receipts, cashflow based on FY2019 experience .
- Correctional Health/CCDPH projected expenses exceed its cash flows for Cook County mandated services

Source: Finance Department

FY2020 – Health Plans Preliminary Cash Flow projections as of end Jan-2020 (in millions)

Month	Projected PMPM Receipts	Projected Claims Expenses	Net Cash Flow to CCH Hospital & Clinics
Dec-19	\$ 48.00	\$ (48.00)	\$ -
Jan-20	66.00	(66.00)	-
Feb-20	450.00	(412.00)	38.00
Mar-20	150.00	(135.00)	15.00
Apr-20	150.00	(135.00)	15.00
May-20	150.00	(135.00)	15.00
Jun-20	150.00	(135.00)	15.00
Jul-20	150.00	(135.00)	15.00
Aug-20	150.00	(135.00)	15.00
Sep-20	150.00	(135.00)	15.00
Oct-20	150.00	(135.00)	15.00
Nov-20	150.00	(135.00)	15.00
Total	\$ 1,914.00	\$ (1,741.00)	\$ 173.00

Observations

- Health plans cashflows particularly exposed to State payments cycles
- HealthPlan does not make direct to CCH, however, residual PMPM not paid to external providers is retained by CCH hospitals & Clinics.
- CCH Hospitals and Clinics must earn Health plan business by serving CountyCare/MoreCare members

Source: Finance Department



FY2020 - Systems-wide Accrual Basis Financials, Observations as of end December 2019



**COOK COUNTY
HEALTH**

Accrual Basis Income Statement for the One Month ending December 2019 (in thousands)

CCH Systemwide	Year-To-Date		Variance	
	Actual	Budget	\$	%
Operating Revenue				
Net Patient Service Revenue	63,235	71,440	(8,205)	-11%
County Care Access Payments	35,315	-	35,315	n/a
CountyCare Capitation Revenue	146,827	148,022	(1,195)	-1%
Cook County Access Payments	7,938	7,938	-	0%
Other Revenue	365	1,042	(677)	-65%
Total Operating Rev	253,679	228,441	25,238	11%
Operating Expenses				
Salaries & Benefits	57,703	54,544	(3,160)	-6%
Overtime	4,005	2,541	(1,464)	-58%
Pension*	9,275	9,161	(115)	-1%
Supplies & Materials	13,027	4,747	(8,280)	-174%
Pharmaceutical Supplies	6,278	6,192	(86)	-1%
Purch. Svs., Rental, Oth.	34,832	22,134	(12,698)	-57%
External Claims Expense	129,096	140,577	11,481	8%
County Care Access Expense	35,315	-	(35,315)	n/a
Insurance Expense	2,655	3,489	834	24%
Depreciation	2,847	2,119	(728)	-34%
Utilities	976	1,109	133	12%
Total Operating Exp	296,009	246,613	(49,397)	-20%
Operating Margin	(42,330)	(18,172)	(24,158)	-133%
Operating Margin %	-17%	-8%	-9%	-110%
Non Operating Revenue	16,190	9,161	7,029	77%
Net Income/(Loss)	(26,140)	(9,011)	(17,129)	-190%

*Year to Date (1 month) Pension Liability per GASB

Pension includes Other Post Employment Benefits (OPEB) Expense

Internal Claims based on paid claims and estimated IBNR provided by third-party actuaries priced at 100% of Medicaid rates



Observations on Accrual Basis Financials

Revenues

- CCH Hospitals & Clinics as a provider of care, Net Patient Service Revenues - \$63M, 11% unfavorable to target due to increasing and unsustainable growth in charity care, this is above the 8.5% budgeted and will impact CCH ability to meet budget.
 - System-wide uninsured numbers
 - Captured by Visits, increased to 46%
 - Captured by Charges, increases to 45%

- CountyCare Capitation Revenues - \$146.8M, 1% unfavorable to target due to lower than budgeted enrollment (currently approximately 319,000 members vs. 326,000) as a result of lower State/County MCO enrollment. CountyCare retains market share of approximately 31.5%.

- State owed CountyCare \$170M of past due capitation payments as of end December -2019 with \$246M in adjudicated but not paid claims pending action.

Observations on Accrual Basis Financials

Expenses

- Personnel Costs - Salary & Benefits expenses - exceeding budget by \$3.2M or 6% and Overtime expenses - exceeding budget by \$1.5M of 58%
 - CCH is embarking on an immediate review of vacancies and programs with operational and clinical leaders to prioritize hiring, ensure we come within budgeted vacancy factor of 900 FTEs vs current vacancies of approximately 600 FTEs including as significant number of clinical positions needed to continue services at current levels.
- Other than Personnel Costs - Supplies & Materials and Pharmaceutical Supplies exceeding budget, Purchase Services Rental others including Agency Expenses exceeding budget
 - CCH is embarking on an immediate review of all other than personnel costs with operational and clinical leaders to ensure we come within budget, including a review of programs with contracted agency costs



Provider of Care Services Financial and Operational Statistics



COOK COUNTY
HEALTH

CCH Provider - Accrual Basis Income Statement for one month ending December 2019 (in thousands)

CCH Providers	Year-To-Date		Variance	
	Actual	Budget	\$	%
<u>Operating Revenue</u>				
Net Patient Service Revenue	63,235	71,440	(8,205)	-11%
Cook County Access Payment	7,938	7,938	-	0%
Other Revenue	229	917	(688)	-75%
Total Operating Rev	71,401	80,294	(8,893)	-11%
<u>Operating Expenses</u>				
Salaries & Benefits	49,409	42,817	(6,592)	-15%
Overtime	3,608	2,059	(1,548)	-75%
Pension*	7,864	7,766	(97)	-1%
Supplies & Materials	12,950	4,429	(8,521)	-192%
Pharmaceutical Supplies	6,265	5,617	(648)	-12%
Purch. Svs., Rental, Oth.	28,266	13,960	(14,305)	-102%
Insurance Expense	2,655	-	(2,655)	n/a
Depreciation	1,860	1,901	41	2%
Utilities	971	907	(65)	-7%
Total Operating Exp	113,848	79,457	(34,391)	-43%
Operating Margin	(42,447)	837	(43,285)	5169%
Operating Margin %	-59%	1%	-60%	5800%
Non Operating Revenue	10,391	7,766	2,624	34%
Net Income/(Loss)	(32,056)	8,604	(40,659)	473%

*Year to Date (1 month) Pension Liability per GASB

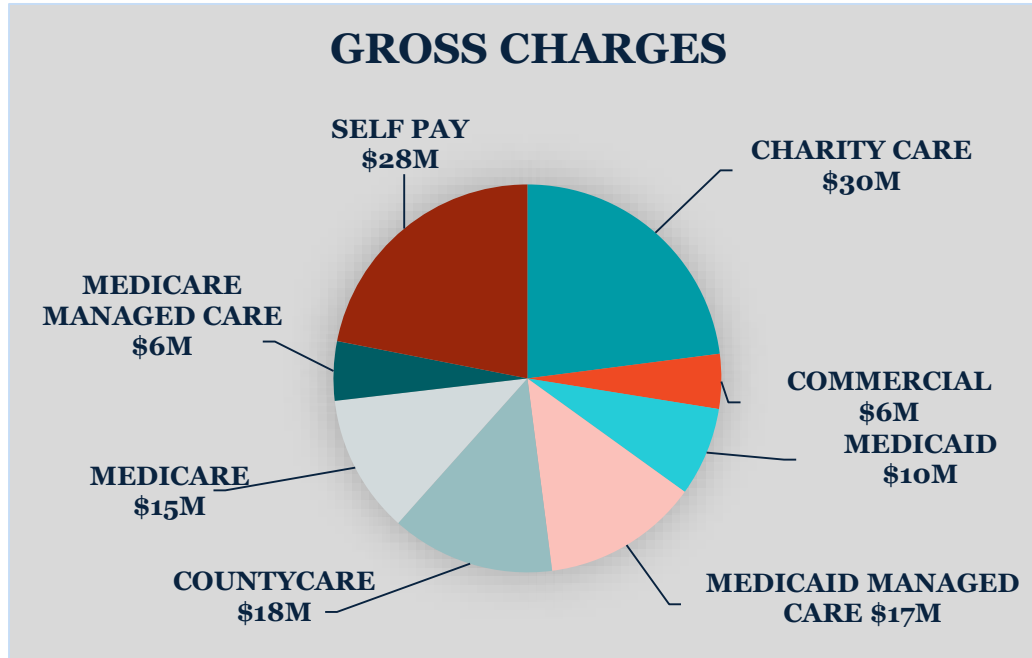
Pension includes Other Post Employment Benefits (OPEB) Expense

Internal Claims based on paid claims and estimated IBNR provided by third-party actuaries priced at 100% of Medicaid rates

Clinical Activity Observations

- Primary Care visits are up by 10% versus FY18, and up 6% versus FY19 target
- Specialty Care visits are up by 15% versus FY18 up 11% versus FY19 target
- Surgical Cases are up by 7% versus FY19, and down 2% versus FY20 target
- Inpatient Discharges are up by 10% versus FY19
- Length of Stay is down by 2% versus FY19, and down 2% versus FY20target
- Emergency Department visits are up by 3% versus FY19
- Deliveries are up by 1% versus FY19 and up by 7% versus FY20 target

Stroger Operations Overview for one month ending December 2019



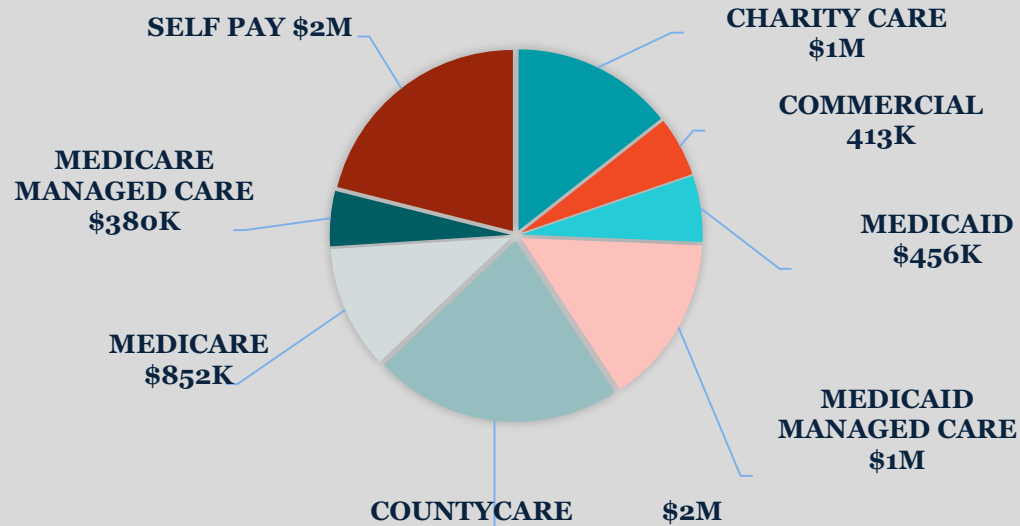
Comments:

- Growth primary and specialty care provider visits continue in FY2020 targets
- Payor mix challenges continue vs FY 2020 budget assumptions

Inpatient/Observation-FYTD			
Measure	FY2020	FYTD Target	FY2019
Inpatient Discharges	1,486	1,342	1,342
- Long Stay Admissions	324	262	262
- One Day Admissions	103	93	93
Inpatient Days	7,611	7,118	7,118
Observation Discharges	842	883	883
Observation Days (Observation Discharge)	1,667	1,600	1,600
Avg LOS (Inpatient Discharge)	6	6	5.6
Average Daily Census (Inpatient & Observation)	299	281	281.2
Surgical Cases (all patient types)	1,045	919	919
Endoscopy Cases (all patient types)	655	620	620
Radiology Tests	3,593	3,370	3,370
Deliveries	81	76	76
Emergency- FYTD			
Measure	FY2020	FYTD Target	FY2019
Emergency Visits (includes LWBS & Trauma)	9,775	9,492	9,492
Adult Emergency Visits	7,925	8,028	8,028
Peds Emergency Visits	695	592	592
Trauma Visits	596	462	462
LWBS	559	410	410
Radiology Tests	8,406	7,723	7,723
Outpatient Clinic- FYTD			
Measure	FY2020	FYTD Target	FY2019
Total Provider Visits*	24,612	21,771	21,771
Specialty/Diagnostic/Procedure Provider Visits			
Hospital - Based	1,512	1,463	1,463
Specialty Care / Fantus / Professional Bldg	9,971	9,185	9,185
Oral Health	533	n/a	n/a
Professional Building	7,922	6,761	6,761
Peds	937	990	990
Total	20,342	18,399	18,399
Primary Care Provider Visits			
GMC	4,270	3,372	3,372
Total	4,270	3,372	3,372
Procedures & Ancillary Services- FYTD			
Measure	FY2020	FYTD Target	FY2019
Dialysis Treatments (all patient types)	509	608	608
Infusion Center Visits	1,330	1,099	1,099
Minor Procedure (Clinic F) Visits	277	255	255
PT/OT Volume (all patient types)	5,408	4,208	4,208

Provident Operations Overview for one month ending December 2019

GROSS CHARGES



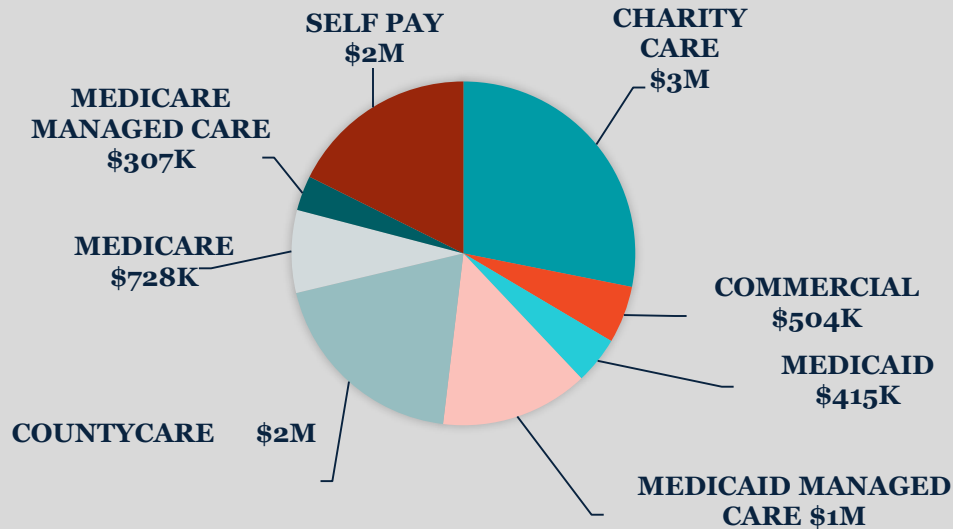
Comments:

- Growth in primary care and specialty care provider visits continues in FY2020 Leadership reviewing left without being seen in Emergency Dept.
- Challenging payor mix though better than rest of system on average

Inpatient/Observation-FYTD			
Measure	FY2020	Monthly Target	FY2019
Inpatient Discharges	43	47	47
- Long Stay Admissions	3	10	10
- One Day Admissions	3	5	5
Inpatient Days	291	241	241
Observation Discharges	63	60	60
Observation Days (Observation Discharge)	167	104	104
Avg LOS (Inpatient Discharge)	3.8	5	5.1
Average Daily Census (Inpatient & Observatio	14.8	11	11.1
Surgical Cases	169	217	217
Radiology Tests	31	29	29
Emergency- FYTD			
Measure	FY2020	Monthly Target	FY2019
Emergency Visits (including LWBS)	2,462	2,416	2,416
Adult Emergency Visits	2,082	2,137	2,137
Peds Emergency Visits	174	115	115
LWBS	206	164	164
Radiology Tests	1,301	1,330	1,330
Outpatient Clinic- FYTD			
Measure	FY2020	Monthly Target	FY2019
Total Registrations	7,291	6,836	6,836
Amb of Prov - Specialty/Diagnostic/Procedure Provider Visits	127	126	126
Sengstacke - Specialty/Diagnostic/Procedure Provider Visits	2,920	2,645	2,645
Sengstacke Primary	1,443	1,369	1,369
Sengstacke Primary Peds	12	92	92
Radiology Tests	867	817	817
Procedures & Ancillary Services- FYTD			
Measure	FY2020	FYTD Target	FY2019
PT/OT Volume (all patient types)	923	675	675

ACHN Operations Overview for one month ending December 2019

GROSS CHARGES



Comments :

- Growth trends in Primary care and Specialty care provider visits continues in FY2020
- Challenging payor mix trends with non-reimbursable payors generally higher than rest of system

*includes All OBGYN clinics , Ped Primary on Stroger campus

*excludes Stroger Specialty Care, CORE, Stroger-Hospital Based Clinics, Sengstacke GMC & Psych, Austin Behavioral Health, and assuming all registrations are provider visits

Summary- FYTD			
Measure	FY2020	FYTD Target	FY2019
Total Provider Visits	19,538	n/a	17,262
Primary Provider Visits- FYTD			
Measure	FY2020	FYTD Target	FY2019
Arlington Heights (AR)/Vista (VH)	1,188	n/a	860
Austin (AH)	1,270	n/a	935
Child Advocacy	29	n/a	42
Cicero (CH)	1,098	n/a	792
Core	1,155	n/a	1,088
Core Peds	36	n/a	41
Cottage Grove (CG)	811	n/a	773
Englewood (EH)	1,119	n/a	1,110
Logan Square (LS)	1,128	n/a	1,108
Morton East (ME)	55	n/a	52
Near South (NS)	1,171	n/a	1,059
OFHC (OF)	864	n/a	1,167
Prieto (PH)	1,218	n/a	1,287
Robbins (RH)	1,067	n/a	882
Specialty Care (SC) Peds	373	n/a	322
Woodlawn (WH)	1,007	n/a	790
Total Primary Care Provider Visits	13,589	n/a	12,308
Specialty/Diagnostic/Procedure Provider Visits- FYTD			
Measure	FY2020	FYTD Target	FY2019
Austin (AH) Behavioral Health	436	n/a	328
Austin (AH) OBGYN	36	n/a	20
Cicero (CH) Family Planning	21	n/a	21
Cicero (CH) OBGYN	44	n/a	39
Core Specialty	747	n/a	764
Logan Square (LS) OBGYN	44	n/a	73
Morton East (ME) Psych & OBGYN	0	n/a	8
Morton East (ME) Psych	7	n/a	1
OFHC (OF)	2,415	n/a	2,059
Oral Health (OH)	794	n/a	351
Specialty Care (SC) OBGYN/ RHS	1,405	n/a	1,290
Total Specialty Care Provider Visits	5,949	n/a	4,954
Procedures & Ancillary Services- FYTD			
Measure	FY2020	FYTD Target	FY2019
OFHC PT/OT Volume	209	n/a	194
Partnerships- FYTD			
Measure	FY2020	FYTD Target	FY2019
CDPH	1,185	n/a	--
Siegle Health Center (CCHHS)	30	n/a	34

CountyCare Health Plan Financial and Operational Statistics



COOK COUNTY
HEALTH

Health Plans – Accrual Basis Income Statement for one month ending December 2019 (in thousands)

	Year to Date		Variance	
	Actual	Budget	\$	%
Member Months	320	326	(6)	-2%
Revenue				
PMPM	149,881	149,385	496	0%
Hospital Supplemental Access Payments	35,315	35,315	(0)	0%
Total Revenue	185,196	184,700	496	0%
Expense				
Total Admin Expenses	6,839	6,118	(721)	-12%
CCH Clinical Expenses				
Claims	10,197	11,032	835	8%
Pharmacy Claims	1,152	2,117	965	46%
Care Management	944	1,250	306	n/a
Total CCH Clinical Expenses	12,293	14,399	2,106	15%
External Clinical Expenses				
Claims	92,221	90,866	(1,356)	-1%
Hospital Supplemental Access Pmt	35,315	35,315	-	0%
Pharmacy Claims	26,385	25,070	(1,315)	-5%
Care Management	3,116	3,202	85	3%
Care Management Analytics	585	567	(19)	-3%
Dental Claims	4,214	3,395	(819)	-24%
Transportation Claims	1,276	1,438	162	11%
Optical Claims	757	400	(358)	-89%
Member Incentives	541	287	(254)	-88%
Total External Clinical Expenses	164,411	160,539	(3,872)	-2%
Total Clinical Expenses	176,704	174,937	(1,767)	-1%
Total Expenses	183,543	181,055	(2,488)	-1%
Net Income Before Rate Adjustment	1,653	3,645	(1,992)	-55%
Medical Loss Ratio (MLR)	95%	95%	-1%	-1%
Net Income Before Prior Period Adj/IGT	1,653	3,645	(1,992)	-55%
IGT	3,054	3,394	(340)	-10%
Amortization	773	773	-	0%
Net Income After IGT And Amortization	(2,174)	(522)	(1,652)	316%
Total CCH Impact	13,946	18,044	(4,098)	-23%

*Internal Claims based on paid claims and estimated IBNR provided by third-party actuaries priced at 100% of Medicaid rates

**Cook County Health reflects a refundable deposit asset of \$50 million. The actual balance of this deposit may vary due to claims payment timing, however, replenishment of the deposit is reflected in Claims Payable on the balance sheet.



Correctional Health Services

Financial & Operational Statistics



COOK COUNTY
HEALTH

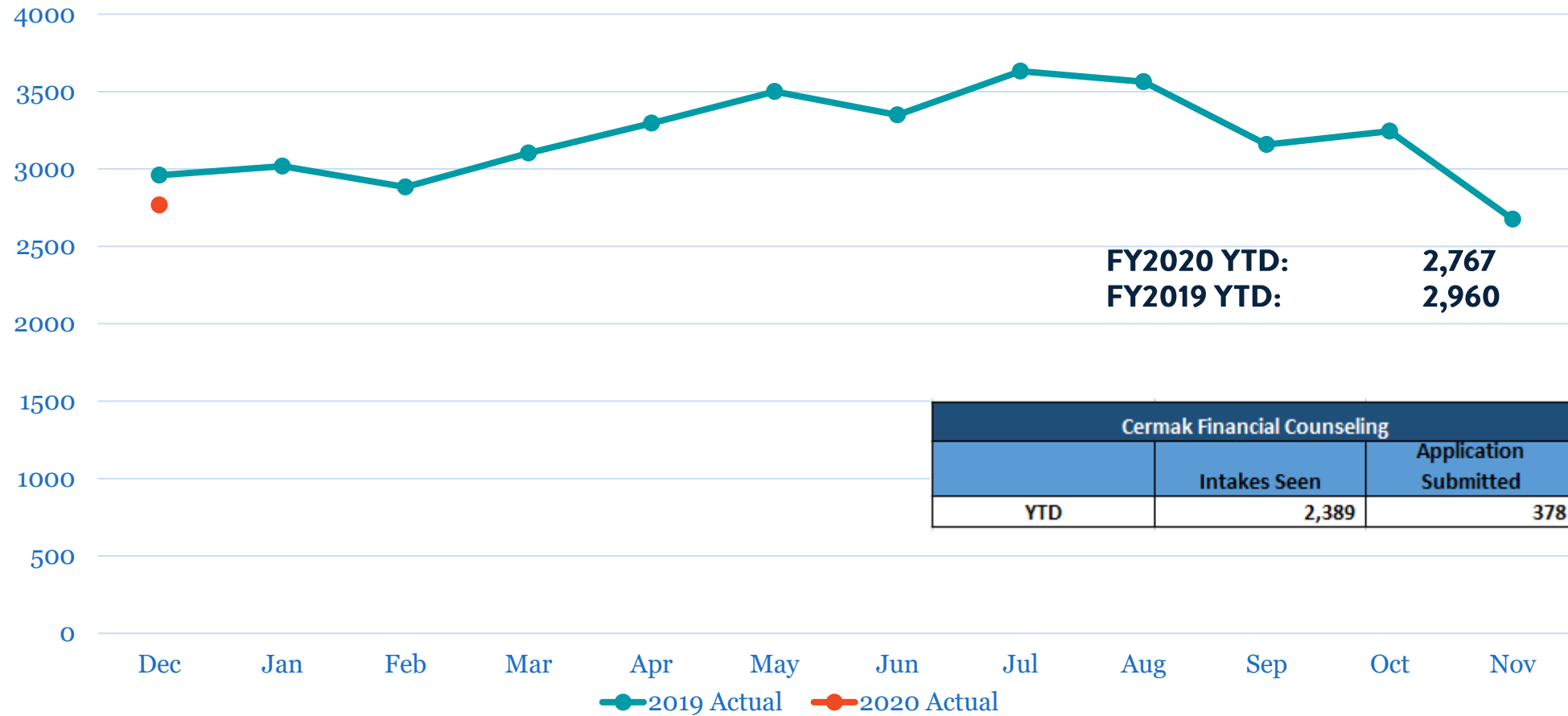
Accrual Basis Income Statement for one month ending December 2019 (in thousands)

Correctional Health Services	Year-To-Date		Variance	
	Actual	Budget	\$	%
Total Operating Rev	0	-	0	n/a
<u>Operating Expenses</u>				
Salaries & Benefits	3,889	5,334	1,445	27%
Overtime	343	439	96	22%
Pension*	569	562	(7)	-1%
Supplies & Materials	72	60	(11)	-18%
Pharmaceutical Supplies	13	575	562	98%
Purch. Svs., Rental, Oth.	69	923	854	93%
Insurance Expense	-	-	-	n/a
Depreciation	7	7	0	2%
Total Operating Exp	4,962	7,900	2,938	37%
Operating Margin	(4,961)	(7,900)	2,938	37%
Operating Margin %	na	na	na	na
Non Operating Revenue	4,957	562	4,395	782%
Net Income/(Loss)	(5)	(7,338)	7,333	100%



Correctional Health Operation Overview for one month ending December 2019

Total Intakes



Comments:

- 91% of intakes are screened by financial counselling to ensure continuity of coverage

Cook County Dept. of Public Health Financial & Operational Statistics



COOK COUNTY
HEALTH

Accrual Basis Income Statement for one month ending December 2019 (in thousands)

COOK COUNTY PUBLIC HEALTH	Year-To-Date		Variance	
	Actual	Budget	\$	%
Total Operating Rev	137	125	12	9%
<u>Operating Expenses</u>				
Salaries & Benefits	535	1,008	473	47%
Overtime	5	1	(4)	-522%
Pension*	72	71	(1)	-1%
Supplies & Materials	-	16	16	100%
Purch. Svs., Rental, Oth.	18	(176)	(194)	110%
Insurance Expense	-	-	-	n/a
Depreciation	0	0	0	2%
Utilities	5	-	(5)	n/a
Total Operating Exp	635	920	285	31%
Operating Margin	(499)	(795)	296	37%
Operating Margin %	na	na	na	na
Non Operating Revenue	72	71	1	1%
Net Income/(Loss)	(427)	(724)	297	41%



CCDPH Operation Overview for the One Month ending December 2019

	Program Title	Metric	YTD Thru Dec. 19	FY20 Target
Public Health	Integrated Health	Percent of high-risk infant APORS (Adverse Pregnancy Outcome Reporting System) referrals received that are contacted for follow-up by the Public Health Nurse within 14 calendar days of referral	%	85%
	Administration	Cost per county residents served	\$4.31	\$4.31
	Environmental Health	Cost per Inspection Efficiency	\$	\$208.56
		Percent of food establishments with isolated illness complaints within a contracted community or unincorporated Suburban Cook County that are inspected within 2 business days of receipt of complaint	%	100%
	Communicable Diseases	Time from receipt of Chlamydia or gonorrhea report to field (days)		5
	Program Title	Metric	YTD Thru Dec. 19	FY20 Target
Lead Poisoning Prevention	Lead Poisoning Prevention	Percentage of cases with elevated blood levels visited within the timeline provided in protocols	87%	90%
		Percentage of cases with elevated blood lead levels who receive joint nursing visit and environmental risk assessment visit	100%	95%
	Program Title	Metric	YTD Thru Dec. 19	FY20 Target
TB Program	TB Program	Number of completed Direct Observation Treatments (DOT)	%	91%

CCH Administration Financial Statements



Accrual Basis Income Statement for one month ending December 2019 (in thousands)

<u>Administration</u>	Year-To-Date		Variance	
	Actual	Budget	\$	%
<u>Operating Expenses</u>				
Salaries & Benefits	3,534	2,740	(795)	-29%
Overtime	18	17	(1)	-5%
Pension*	550	543	(7)	-1%
Supplies & Materials	5	32	28	86%
Purch. Svs., Rental, Oth.	8	752	743	99%
Insurance Expense	-	-	-	n/a
Depreciation	206	211	5	2%
Utilities	-	4		
Total Operating Exp	4,320	4,294	(27)	-1%
Operating Margin	(4,320)	(4,294)	(27)	-1%
Non Operating Revenue	550	543	(7)	-1%
Net Income/(Loss)	(3,771)	(3,751)	(20)	-1%

Unaudited Financial Statement

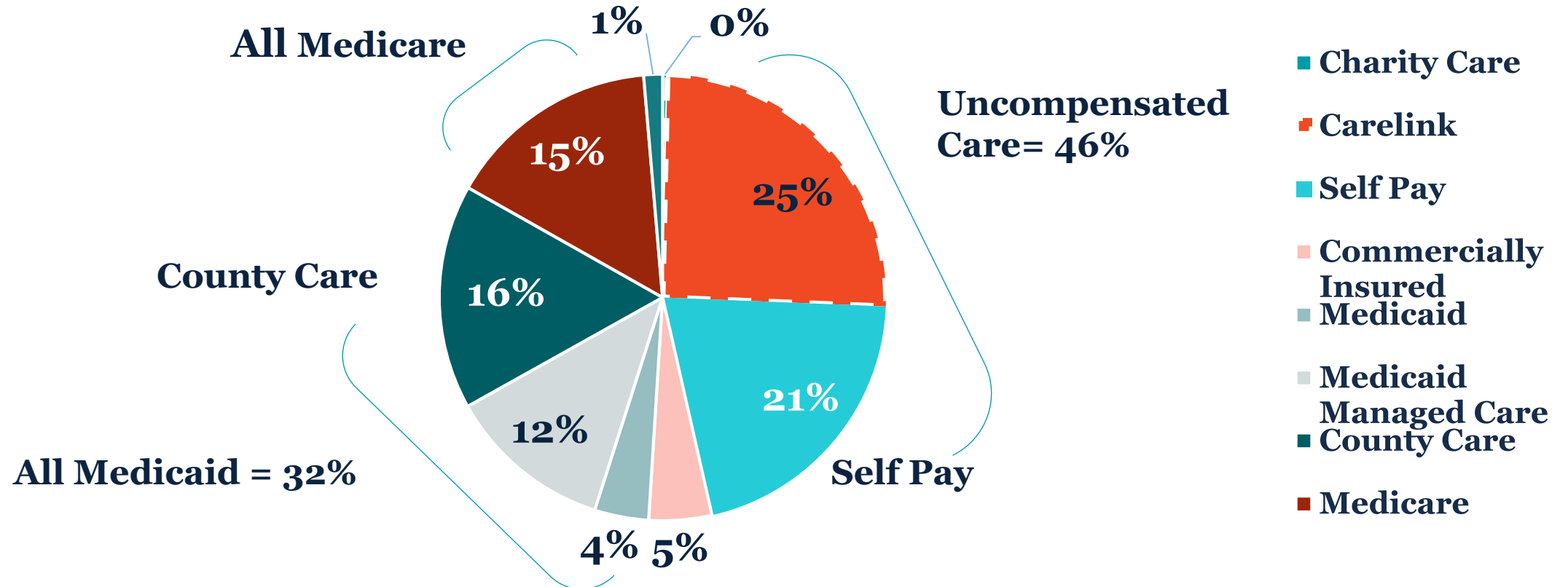


Appendix FY 2020 - System-wide Volumes / Stats

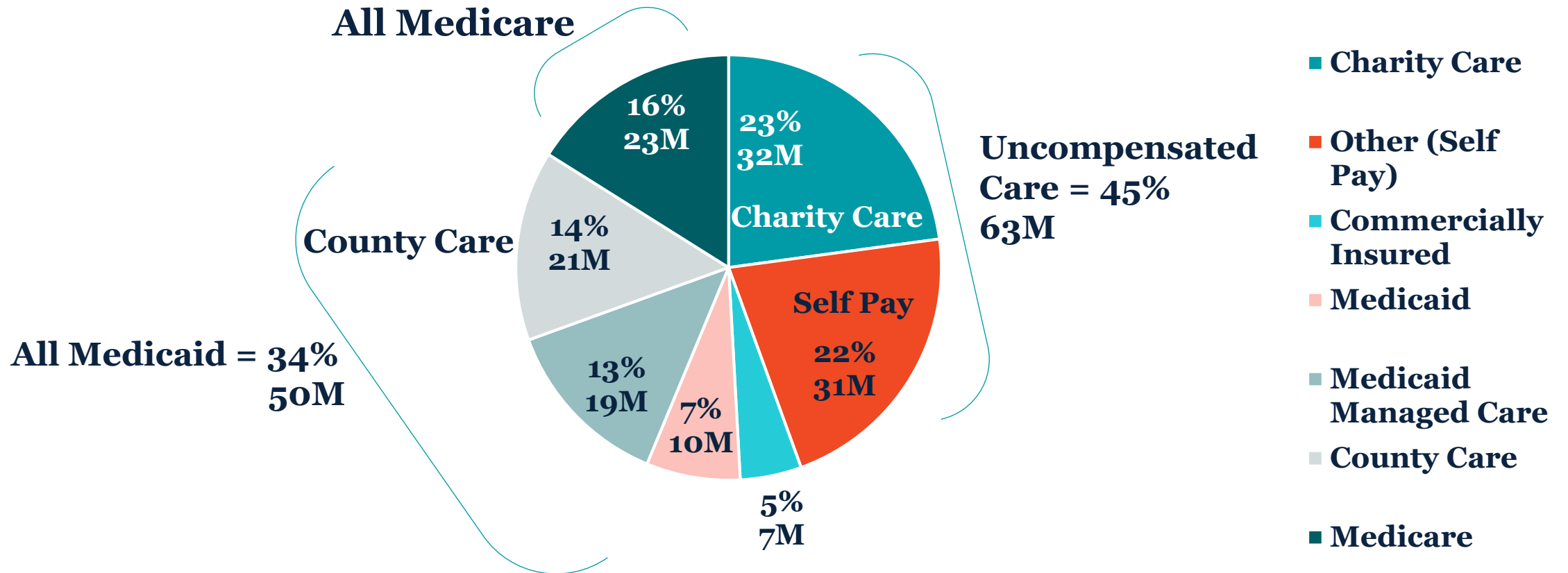


COOK COUNTY
HEALTH

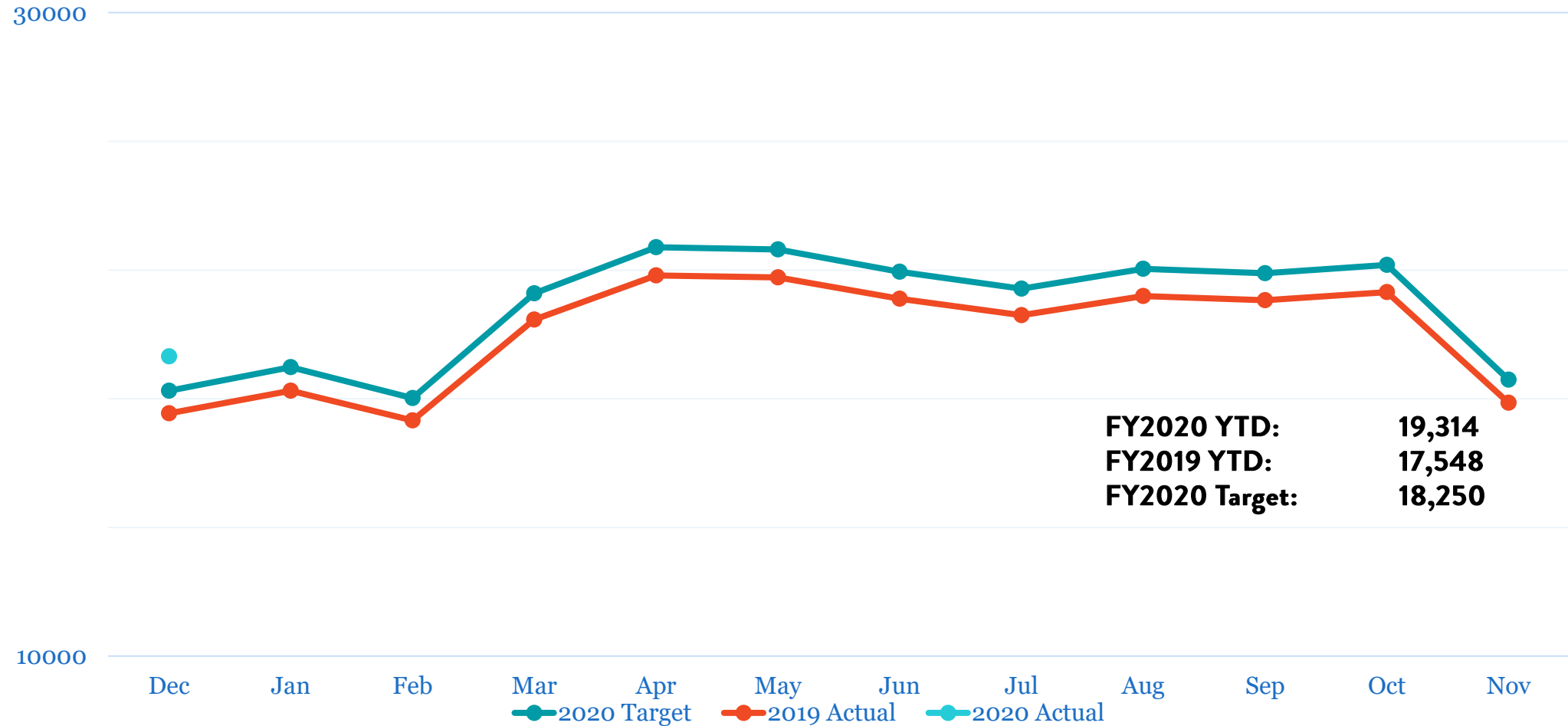
System Payor Mix By Visit as of December 2019



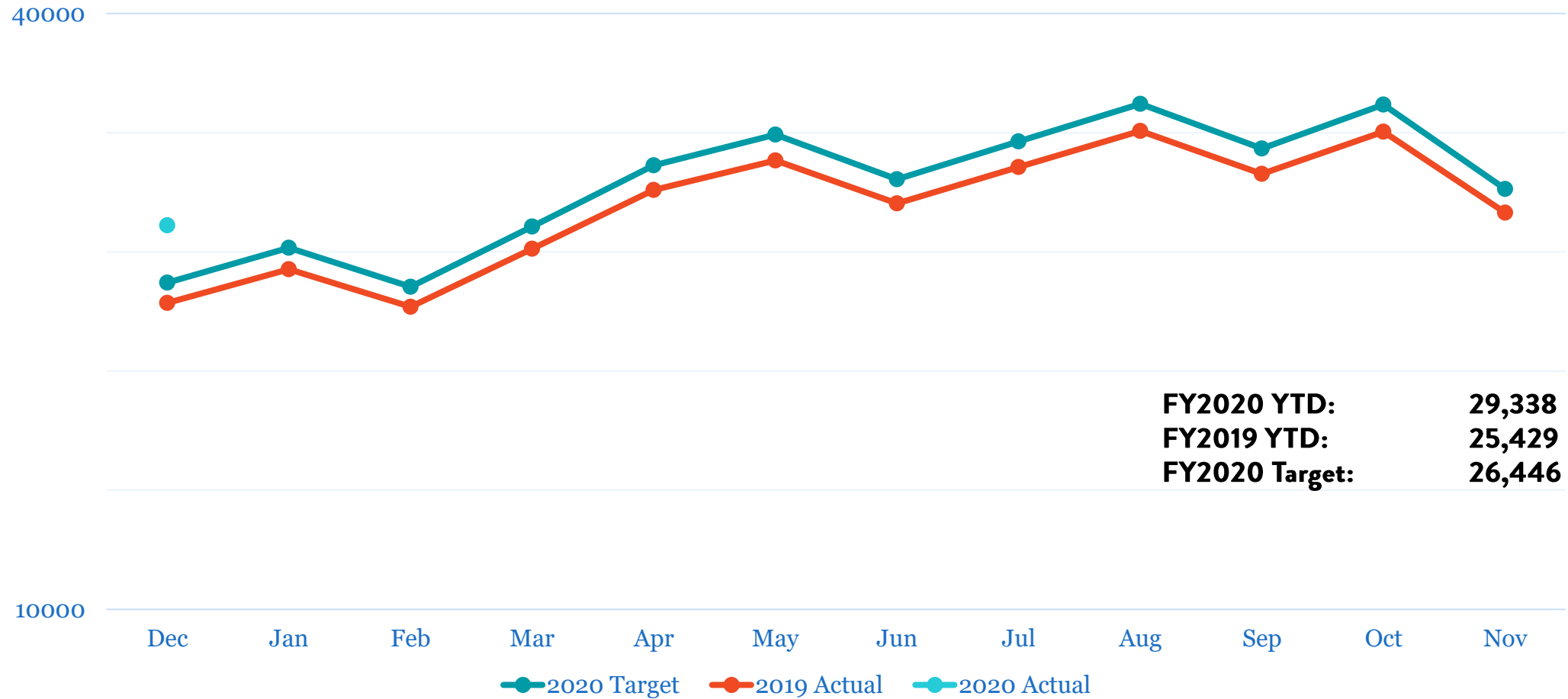
System Payor Mix By Charges as of December 2019



Primary Care Provider Visits

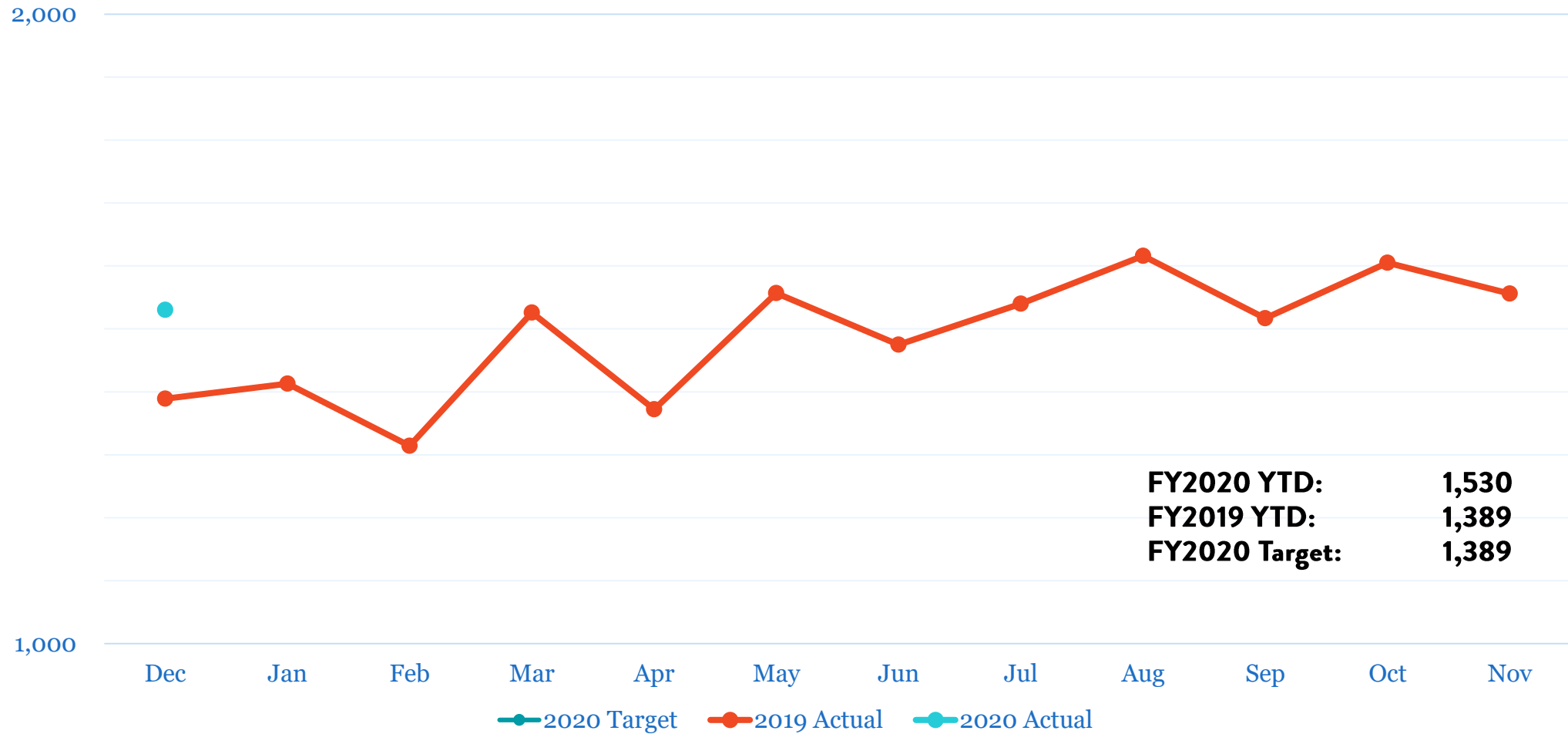


Specialty Care Provider Visits



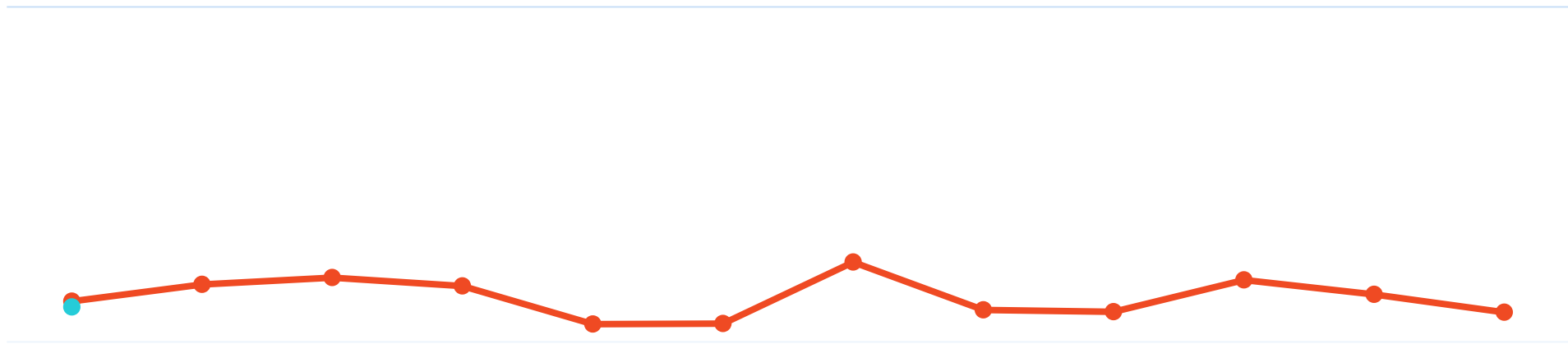
FY2020 YTD: 29,338
FY2019 YTD: 25,429
FY2020 Target: 26,446

Total Inpatient Discharges



Average Length of Stay

10.00



FY2020 YTD:	5.52
FY2019 YTD:	5.61
FY2020 Target:	5.61

0.00

Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov

—●— 2020 Target —●— 2019 Actual —●— 2020 Actual

Total Emergency Room Visits

15,000

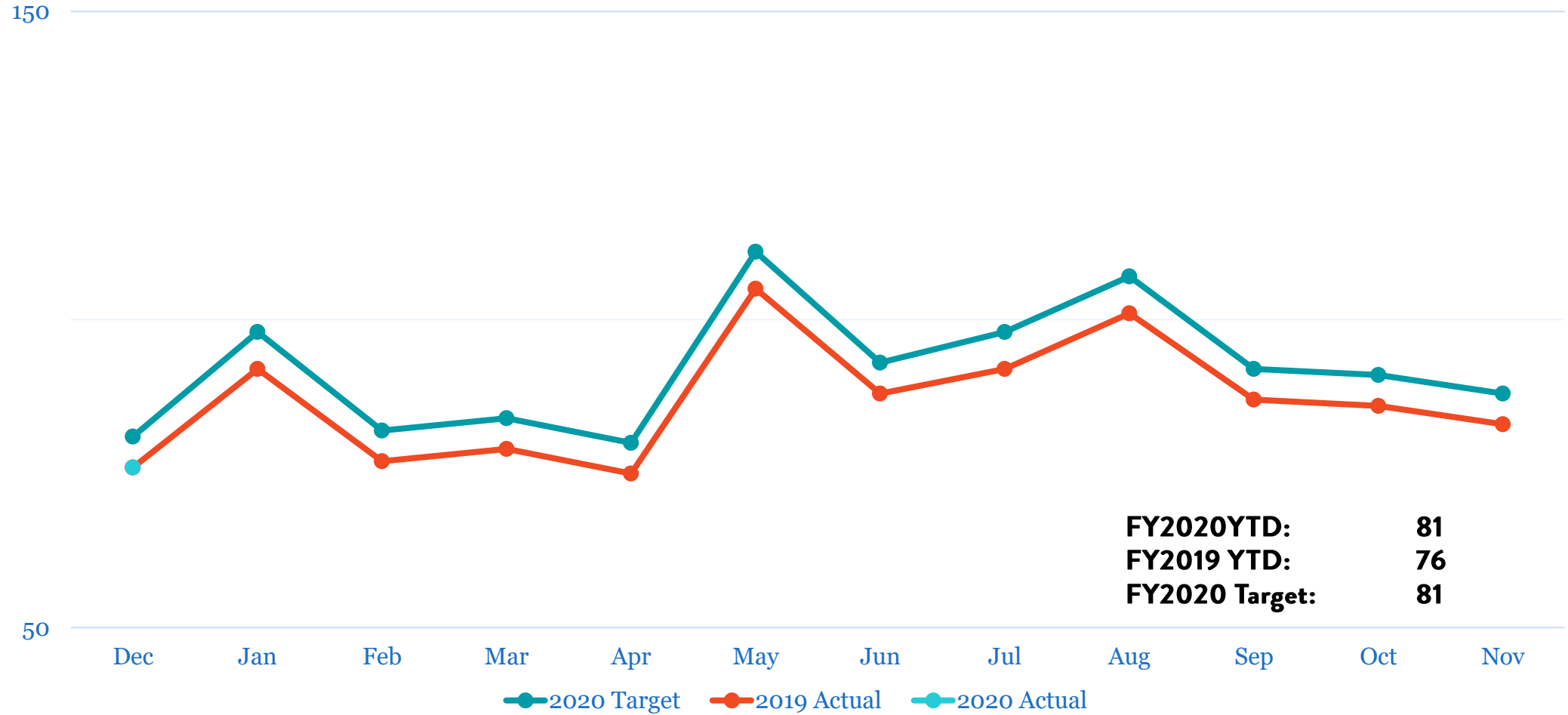
10,000

Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov

—●— 2020Target —●— 2019 Actual —●— 2020 Actual

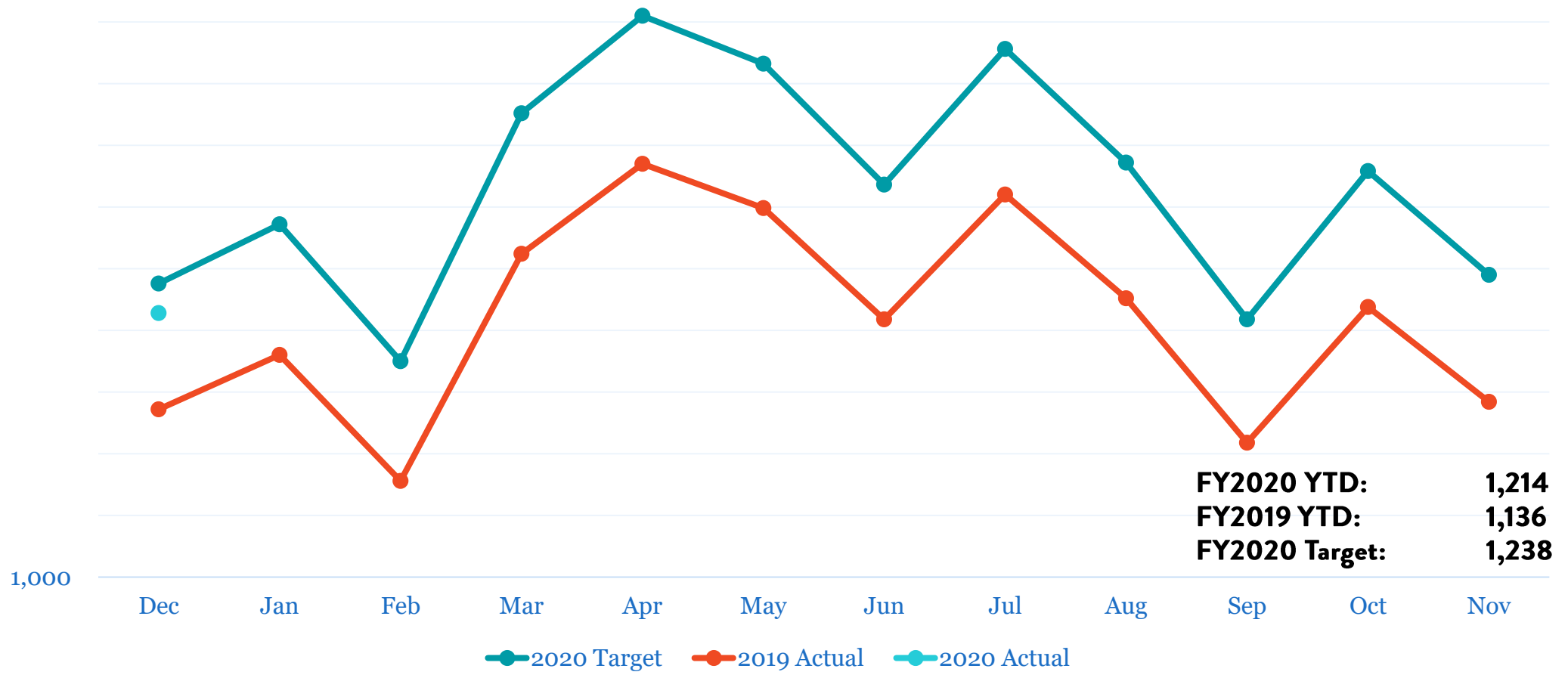
FY2020 YTD: 12,237
FY2019 YTD: 11,908
FY2020 Target: 11,908

Total Deliveries

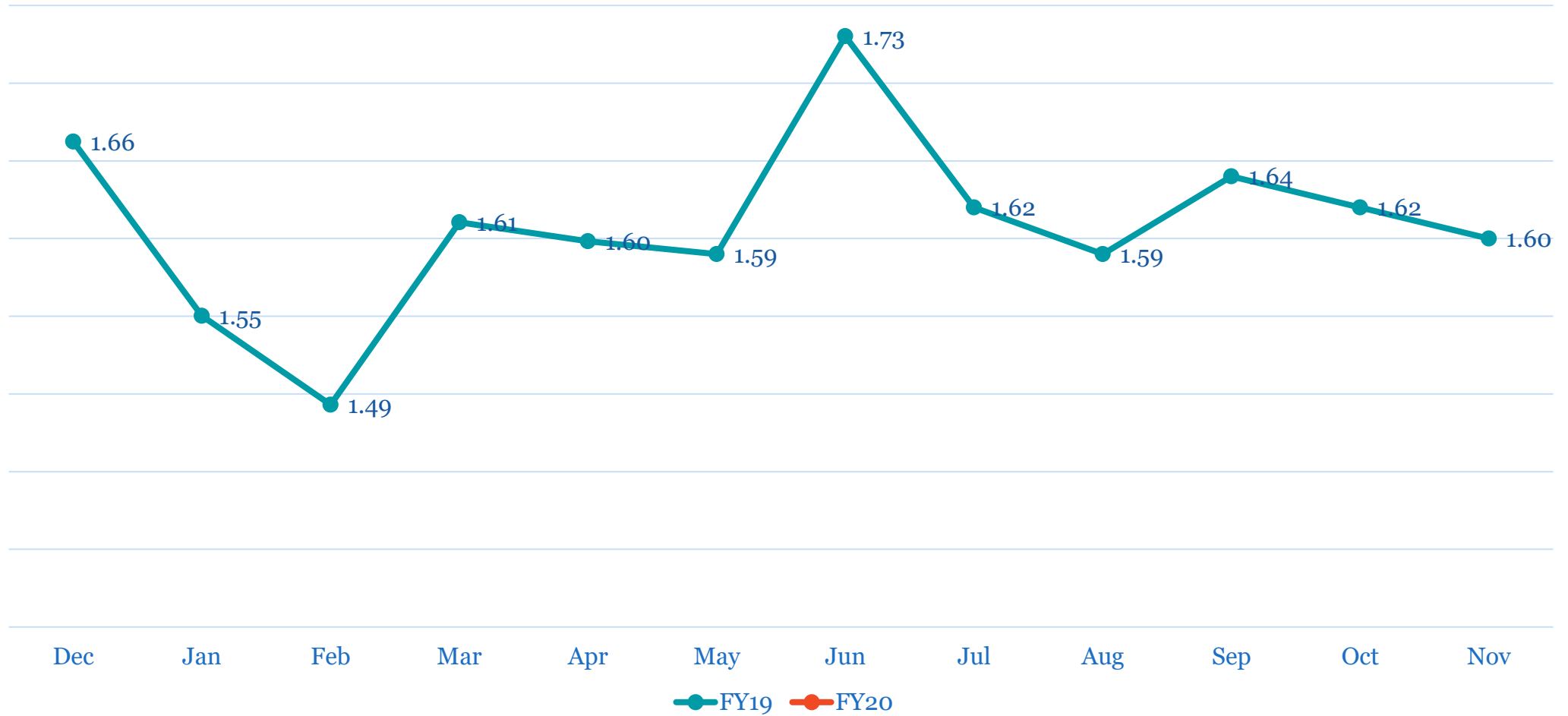


Total Surgical Cases

1,500



Case Mix Index



Questions?



COOK COUNTY
HEALTH

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
February 28, 2020

ATTACHMENT #5

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
 ITEM V(A)
 FEBRUARY 28, 2020 BOARD OF DIRECTORS MEETING
 CONTRACTS AND PROCUREMENT ITEMS

Request #	Vendor/Entity	Service or Product	Fiscal impact not to exceed:	Method of acquisition	Total # of bidders/ RFP responses / GPO companies available	Affiliate / System	Begins on Page #
Accept Grant Award							
1	U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA)	Service - Cook County Offender Re-Entry Program	Grant Award Amount: \$2,125,000.00	n/a	n/a	System	2

Cook County Health

BOARD APPROVAL REQUEST

SPONSOR: N/A		EXECUTIVE SPONSOR: Leticia Reyes-Nash, Director of Programmatic Services	
DATE: 02/24/2020		PRODUCT / SERVICE: Cook County Offender Re-entry Program (CCORP)	
TYPE OF REQUEST: Accept Grant Award		VENDOR / SUPPLIER: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Washington, DC.	
ACCOUNT:		FISCAL IMPACT NOT TO EXCEED:	GRANT FUNDED / RENEWAL AMOUNT: \$2,125,000.00
CONTRACT PERIOD: 01/15/2020 thru 01/14/2025		REVISED CONTRACT PERIOD	CONTRACT NUMBER: 1H79TIO80942-01
<input checked="" type="checkbox"/>	COMPETITIVE SELECTION METHODOLOGY: N/A		
<input checked="" type="checkbox"/>	NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:
No prior contract history for this service.

NEW PROPOSAL JUSTIFICATION:
This is a request to accept a grant from SAMHSA for the Cook County Offender Re-entry Program (CCORP). The CCORP focus over the next five years is to expand and sustain community treatment and services for 475 women offenders/ex-offenders with a Substance Use Disorder (SUD) or SUD with co-occurring mental health disorder who are returning residency in Cook County from the Logan Correctional Center (an Illinois Department of Corrections' (IDOC) female prison), and who face barriers accessing and remaining engaged in care. There are currently 299 women prisoners at Logan with a SUD who will return to Cook County in the next year.

TERMS OF REQUEST:
This is a request to accept grant contract award number 1H79TIO80942-01 in an amount not to exceed \$2,125,000.00 as needed, for a sixty (60) month period from 01/15/2020 thru 01/14/2025

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: N/A

APPROVED

FEB 28 2020

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

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

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

#1

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
February 28, 2020

ATTACHMENT #6

R-20-01

RESOLUTION

WHEREAS, the Cook County Board of Commissioners, pursuant to Ordinance 08-O-35, established Cook County Health ("CCH or System"); and

WHEREAS, the Ordinance established the Cook County Health Board of Directors and delegated governance of the System to that Board; and

WHEREAS, that Board has the legal authority to open and maintain checking and savings accounts at various banks; and

WHEREAS, it is now necessary to update those persons who are authorized to be signatories on these checking and savings accounts; and

WHEREAS, the following checking and/or savings accounts for the John H. Stroger, Jr. Hospital of Cook County Health held at the JP Morgan Chase Bank should be updated:

Restricted Grant Funds Account
Physician Services Account
General Fund Account
Petty Cash Account
Patient Trust Fund

NOW THEREFORE BE IT RESOLVED, that the following are the names of those persons who are authorized to sign checks on the checking and/or savings account and that the signatures of at least two (2) of these persons shall be required on each check:

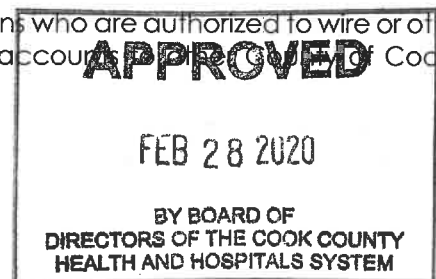
1. Debra Carey, Interim CEO
2. Andrea Gibson, Dir of Proj Mgmt & Opr'l Ex
3. Robert Sumter, Interim Deputy CEO, Operations
4. Dorothy Loving, CPA, Executive Director of Finance

and that the following person(s) be deleted as a signatory:

1. John Jay Shannon, MD., CEO
2. Ekerete Akpan, CFO

BE IT FURTHER RESOLVED, that the following are the names of those persons who are authorized to wire or otherwise transfer funds from the John H. Stroger, Jr. Hospital of Cook County accounts to the Cook County bank accounts:

1. Percy Moss
2. Ardis Brown
3. Kelli Thomas
4. Victor Williamson
5. Dena Townsend



BE IT FURTHER RESOLVED, that the County Auditor be directed to audit the checking accounts of said institution at the close of each Fiscal Year or at anytime it sees fit, and to file report(s) therein with the Cook County Board.

BE IT FURTHER RESOLVED, that the County Auditor be directed to audit the checking accounts of said institution at the close of each Fiscal Year or at anytime it sees fit, and to file report(s) therein with the Cook County Health System Board.

BE IT FURTHER RESOLVED, that any funds drawn on said checking or savings accounts for deposit with the Cook County Treasurer shall be transmitted to the Cook County Comptroller with an itemization of collections and designation of the account in the Office of the Comptroller.

Approved by the Cook County Health and Hospitals System Board of Directors on February 28, 2020.

R-20-02

RESOLUTION

WHEREAS, the Cook County Board of Commissioners, pursuant to Ordinance 08-O-35, established the Cook County Health ("CCH or System"); and

WHEREAS, the Ordinance established Cook County Health Board of Directors and delegated governance of the System to that Board; and

WHEREAS, that Board has the legal authority to open and maintain checking and savings accounts at various banks; and

WHEREAS, it is now necessary to update those persons who are authorized to be signatories on these checking and savings accounts; and

WHEREAS, the following checking and/or savings accounts for the John H. Stroger, Jr. Hospital of the Cook County Health held at the JP Morgan Chase Bank should be updated:

Miscellaneous Refund Account
Patient Refund Account

NOW THEREFORE BE IT RESOLVED, that the following are the names of those persons who are authorized to sign checks on the checking and/or savings account and that the signatures of at least two (2) of these persons shall be required on each check for amounts over \$150.00:

1. Debra Carey, Interim CEO
2. Andrea Gibson, Dir of Proj Mgmt & Opr'l Ex
3. Robert Sumter, Interim Deputy CEO, Operations
4. Dorothy Loving, CPA, Executive Director

and that the following person(s) be deleted as a signatory:

1. John Jay Shannon, MD., CEO
2. Ekerete Akpan, CFO

BE IT FURTHER RESOLVED, that the following are the names of those persons who are authorized to wire or otherwise transfer funds from the John H. Stroger, Jr. Hospital of Cook County accounts to other County of Cook bank accounts:

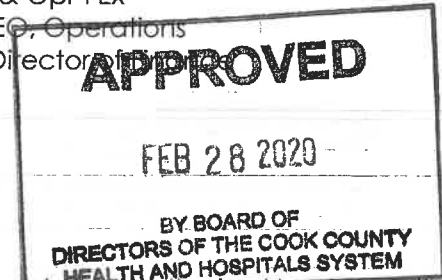
1. Percy Moss
2. Ardis Brown
3. Kelli Thomas
4. Victor Williamson
5. Dena Townsend

BE IT FURTHER RESOLVED, that the County Auditor be directed to audit the checking accounts of said institution at the close of each Fiscal Year or at anytime it sees fit, and to file report(s) therein with the Cook County Board.

BE IT FURTHER RESOLVED, that the County Auditor be directed to audit the checking accounts of said institution at the close of each Fiscal Year or at anytime it sees fit, and to file report(s) therein with the Cook County Health System Board.

BE IT FURTHER RESOLVED, that any funds drawn on said checking or savings accounts for deposit with the Cook County Treasurer shall be transmitted to the Cook County Comptroller with an itemization of collections and designation of the account in the Office of the Comptroller.

Approved by the Cook County Health and Hospitals System Board of Directors on February 28, 2020.



R-20-03

RESOLUTION

WHEREAS, the Cook County Board of Commissioners, pursuant to Ordinance 08-O-35 established Cook County Health (CCH or "System"); and

WHEREAS, the Ordinance established the Cook County Health Board of Directors and delegated governance of the System to that Board; and

WHEREAS, the Cook County Health Board of Directors has legal authority to authorize its departments and officers to open and maintain checking and/or savings accounts at various banks; and

WHEREAS, it is now necessary to update those persons who are authorized to be signatories on these checking and/or savings accounts and to update those persons who are authorized to make wire transfers on these checking and/or savings accounts; and

WHEREAS, the checking and/or savings accounts for the Oak Forest Health Center of Cook County at the Chase Bank, for the following purposes, be updated for the Depository Account; and

NOW THEREFORE BE IT RESOLVED THAT:

The following are the names of those persons who are authorized to sign checks on these checking and/or savings accounts and that the signatures of at least two (2) of the persons shall be required on each check:

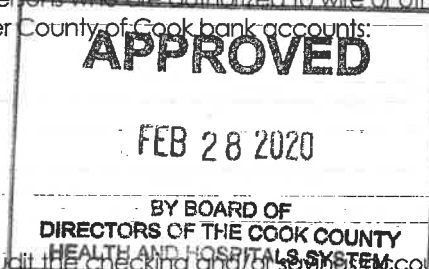
1. Debra Carey, Interim CEO
2. Andrea Gibson, Dir of Proj Mgmt & Opr'l Ex
3. Robert Sumter, Interim Deputy CEO, Operations
4. Dorothy Loving, CPA, Executive Director of Finance

and that the following people be deleted as a signatories:

1. John Jay Shannon, M.D., CEO
2. Ekerete Akpan, CFO

BE IT FURTHER RESOLVED THAT, the following are the names of the persons who are authorized to wire or otherwise transfer funds with the Oak Forest Health Center of Cook County account to other County of Cook bank accounts:

1. Percy Moss
2. Ardis Brown
3. Kelli Thomas
4. Victor Williamson
5. Dena Townsend



BE IT FURTHER RESOLVED THAT, the County Auditor be directed to audit the checking and/or savings accounts of said institution at the close of each Fiscal Year or at anytime it sees fit, and to file report(s) therein with the Cook County Board.

BE IT FURTHER RESOLVED THAT, the County Auditor be directed to audit the checking and/or savings accounts of said institution at the close of each Fiscal Year or at anytime it sees fit, and to file report(s) therein with the Cook County Health Board.

BE IT FURTHER RESOLVED THAT, any funds drawn on said checking and/or savings accounts for deposit with the County Treasurer shall be transmitted to the Cook County Comptroller with an itemization of collections and designation of the account in the Office of the Comptroller.

Approved by the Cook County Health and Hospitals System Board of Directors on February 28, 2020.

R-20-04

RESOLUTION

WHEREAS, the Cook County Board of Commissioners, pursuant to Ordinance 08-O-35 established Cook County Health (CCH or "System"); and

WHEREAS, the Ordinance established the Cook County Health Board of Directors and delegated governance of the System to that Board; and

WHEREAS, the Cook County Health Board of Directors has legal authority to authorize its departments and officers to open and maintain checking and/or savings accounts at various banks; and

WHEREAS, it is now necessary to update those persons who are authorized to be signatories on these checking and/or savings accounts and to update those persons who are authorized to make wire transfers on these checking and/or savings accounts; and

WHEREAS, the following checking and/or savings accounts for the Provident Hospital of Cook County held at the JP Morgan Chase Bank should be updated:

Provident Hospital
PHCC Petty Cash

NOW THEREFORE BE IT RESOLVED THAT:

The following are the names of those persons who are authorized to sign checks on these checking and/or savings accounts and that the signatures of at least two (2) of the persons shall be required on each check:

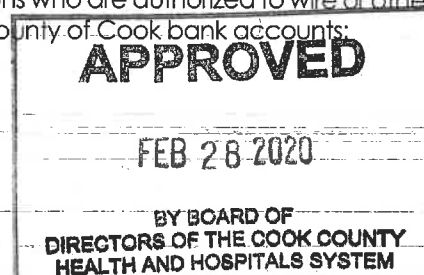
1. Debra Carey, Interim CEO
2. Andrea Gibson, Dir of Proj Mgmt & Opr'l Ex
3. Robert Sumter, Interim Deputy CEO, Operations
4. Dorothy Loving, CPA, Executive Director of Finance

and that the following people be deleted as signatories:

1. John Jay Shannon, MD., CEO
2. Ekerete Akpan, CFO

BE IT FURTHER RESOLVED THAT, the following are the names of the persons who are authorized to wire or otherwise transfer funds with the Provident Hospital of Cook County account to other County of Cook bank accounts:

1. Percy Moss
2. Ardis Brown
3. Kelli Thomas
4. Victor Williamson
5. Dena Townsend
6. Mark Wojciechowski



BE IT FURTHER RESOLVED THAT, the County Auditor be directed to audit the checking and/or savings accounts of said institution at the close of each Fiscal Year or at anytime it sees fit, and to file report(s) therein with the Cook County Board.

BE IT FURTHER RESOLVED THAT, the County Auditor be directed to audit the checking and/or savings accounts of said institution at the close of each Fiscal Year or at anytime it sees fit, and to file report(s) therein with the Cook County Health Board.

BE IT FURTHER RESOLVED THAT, any funds drawn on said checking and/or savings accounts for deposit with the County Treasurer shall be transmitted to the Cook County Comptroller with an itemization of collections and designation of the account in the Office of the Comptroller.

Approved by the Cook County Health and Hospitals System Board of Directors on February 28, 2020.

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
February 28, 2020

ATTACHMENT #7

WEST SIDE UNITED: Building Blocks
to Better Health



**COOK COUNTY
HEALTH**

February 2020

Purpose of our discussion today

DISCUSS the power of hospitals being effective community anchors

- Review how West Side United can help anchor institutions address social determinants of health
- Share examples of successful anchor programs across the country
- Discuss alignment with corporate hospital strategy
- Identify areas for collaboration that can create “win-win” outcomes

ALIGN on how we can work together going forward

There is a 14 year life expectancy gap between the West Side and The Loop



WSU has grown significantly and continues to build advocates for its work

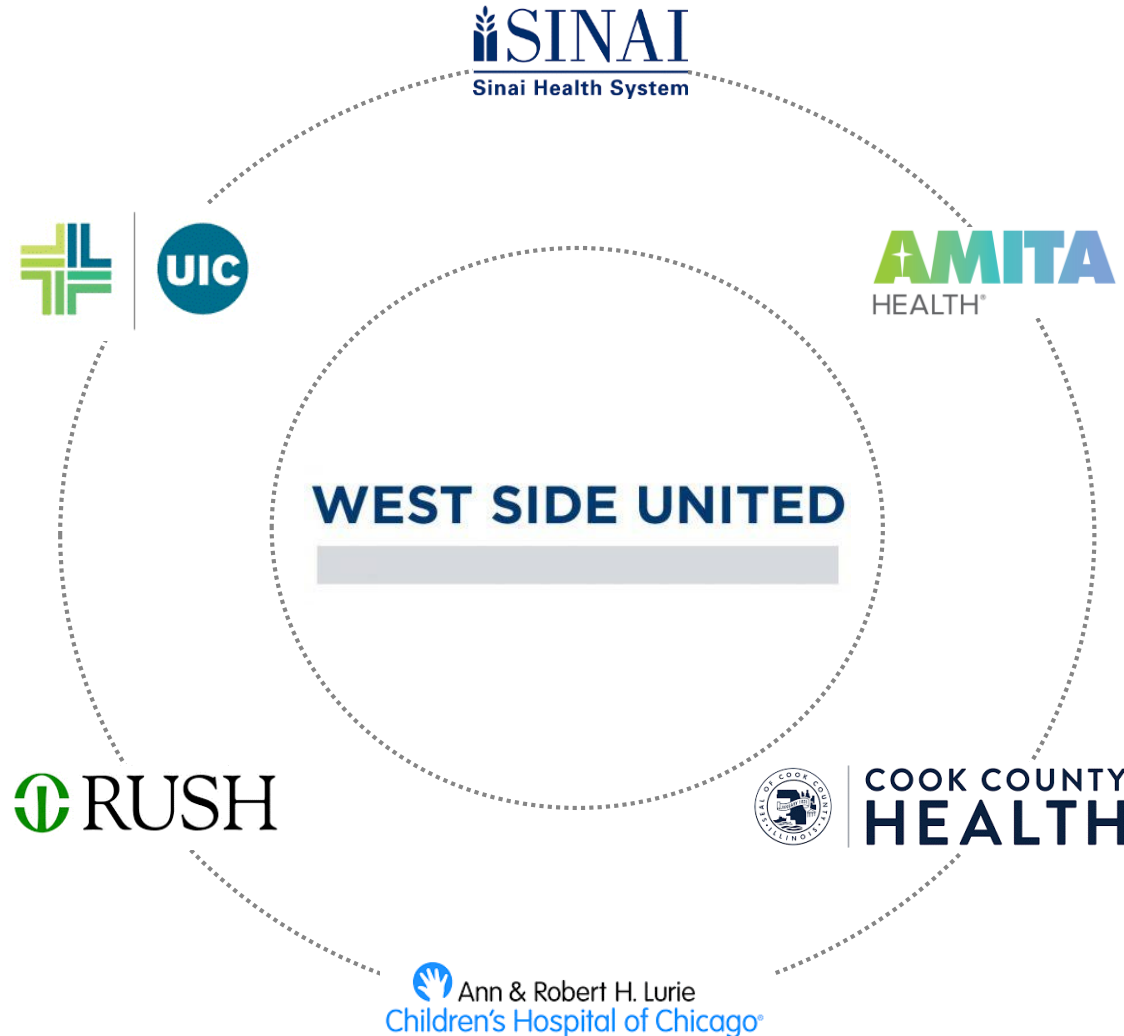
WEST SIDE UNITED

Our 2030 Mission

Reduce the life expectancy gap by 50% by 2030 between the West Side and The Loop

Key statistics

- 6-hospital partnership
- \$3M annual budget with 8 full-time employees
- Community advisory board (18 members from West Side)
- Board comprised of 6 hospital reps and 6 community reps
 - Rush as fiscal sponsor, exploring becoming 501(c)(3)



“Your zip code should not determine your life expectancy, and your race should not determine your access to opportunity, but far too often it does.”

President Toni Preckwinkle

“West Side United has come up with a plan to significantly improve the quality of life and the life expectancy in those neighborhoods.”

Mayor Lori Lightfoot

“Current joint hospital efforts, such as through the West Side United initiative, already represent a clear steppingstone toward [our] goals.”

Senator Dick Durbin

Effective anchor strategies address underlying social determinants of health

Addressing social determinants of health

- **80% of a person's life expectancy** is driven by Social Determinants of Health (SDOH)
- **West Side United supports hospitals** to address SDOH by shifting their operations to benefit their immediate communities
- **Our goal is to shift procurement, hiring, and investing operations** – at zero or minimal additional cost – to improve SDOH on the West Side
- **Partnership with WSU is a “win-win”** where hospitals support the local community without being asked for significant direct financial support

Current West Side investment from hospitals

\$32.8M

Procurement from
West Side businesses

4,147

Employees from the West Side

\$7.6M

Impact investments that fund
community projects on the West Side

WSU has already made significant progress on the West Side

\$7.6M

- **Impact investing pool** raised from hospital partners and large institutional funders

\$3M

- **JP Morgan AdvancingCities grant** to develop small businesses and spur economic growth on the West Side

\$725K

- **Small business and nonprofit grants** allocated to West Side businesses to fund growth projects

640

- **Applicants** to community development grants offered through West Side United in 2019 alone

60

- **Community-based organizations** engaged for direct programming or support, including over 150 individuals that are involved in the effort

WSU is developing a unique model with massive potential impact on the West Side

WEST SIDE UNITED

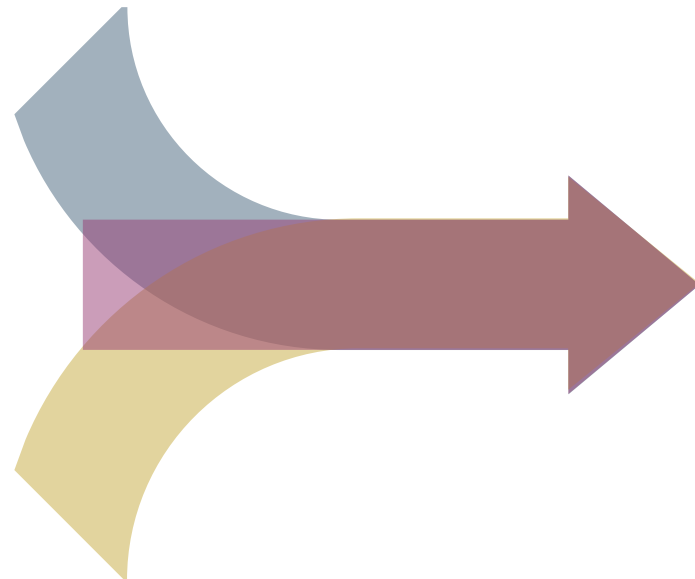
Gov't-affiliated hospitals



Safety-net hospitals



Community-focused hospitals



- **Our unique value proposition:** West Side united is bringing together large institutions and community organizations that serve a variety of constituents in order to build a stronger, healthier West Side
- **Our community focus:** We are focused on the West Side in order to create a model for excellence in galvanizing change

Hospital groups are increasingly making serious commitments to being anchors



\$400M

- Affordable housing
- Goal to remove social barriers to health in underserved communities



\$200M

- Affordable housing and community development



\$200M

- 5% of investable assets allocated each year
- Community development and affordable housing



\$140M

- 2 hospitals and other community partners
- Community revitalization and economic development



Indiana University Health

\$100M

- Population health and neighborhood revitalization



\$69M

- 3 hospitals and other community partners
- Supporting affordable housing and community revitalization



\$50M

- 2% of long-term reserves
- Community Investment Fund



\$34M

- 2.6% of long-term investable assets
- Affordable housing and community revitalization



\$30M

- 5% of long-term savings portfolio
- Achieving 100% renewable energy



\$21.5M

- 6 hospitals
- Building affordable housing in the community

Cook County Health's involvement has been instrumental to WSU's success so far



Leadership

- CCH **serves on WSU's board** (Debra Carey)
- CCH is a key partner with the community, especially at the city and county level



Technical expertise

- CCH has been a **leader on the hypertension working group**
- Supports program design and evaluation around TargetBP

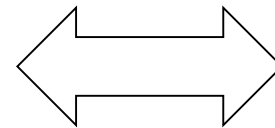


Operational collaboration

- CCH participates on the **procurement and hiring working groups**
- Shares data on procurement and hiring



**COOK COUNTY
HEALTH**



WEST SIDE UNITED:

Building Blocks
to Better Health

WSU can help advance key parts of CCH's overall organizational strategy



**COOK COUNTY
HEALTH**

Mission statement

Our mission is to deliver integrated health services with dignity and respect regardless of a patient's ability to pay. We seek to create partnerships with other health providers and communities to enhance the health of the public. We also advocate for policies that promote the physical, mental, and social well-being of the people of Cook County.

Strategies

- 1 Deliver high quality care**
- 2 Grow to serve and compete**
- 3 Foster fiscal stewardship**
- 4 Leverage and invest in assets**
- 5 Impact social determinants and advocate for patients**

Source: Cook County Health

WEST SIDE UNITED

Accelerate hospital anchor strategies

- Collaborate across the West Side United hospital collective to invest in strengthening the community
- Develop small businesses on the West Side, hire more locally, develop a local workforce, and invest in large community projects

Align hospital efforts to community needs

- Coordinate community programs by convening hospitals and scaling resources
- Facilitate hospital community engagement through key West Side community based organizations

Unite the West Side

- Advocate for the West Side with the city, business and funder communities
- Convene community members and provide a sounding board for needs

Pilot new ideas across domains

- Selectively incubate and implement new health-focused ideas on the West Side

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
February 28, 2020

ATTACHMENT #8

Employment Plan Officer Update

11th Reporting Period: July – December 2019

February 19, 2019



COOK COUNTY
HEALTH

Employment Plan Updates

What's New?

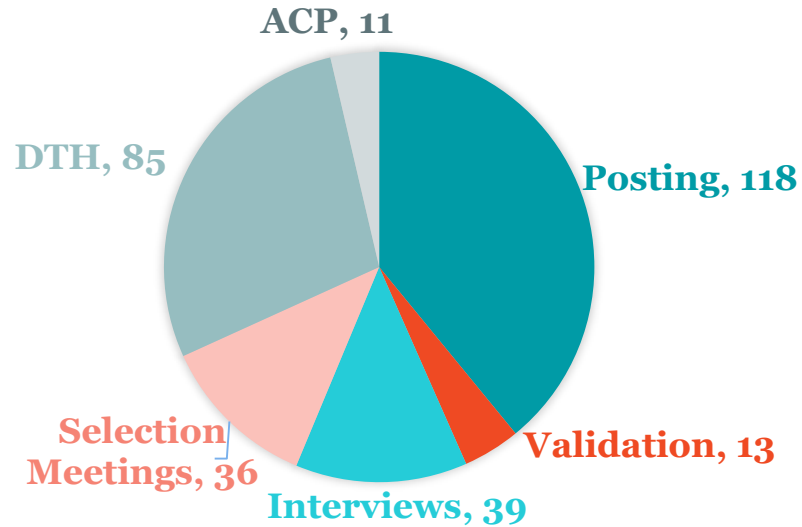
Employment Plan Amendments

1. General Hiring Process Screening Preferences:
 - Preferred Qualification Preference
 - Intern/Extern Preference
 - Vendor/Contractor/Agency Worker Preference
2. Updated Plan Exhibits:
 - Exhibit 1 (*Actively Recruited Positions List*) – added 50 positions
 - Exhibit 5 (*Direct Appointment Positions List*) – added 6 new positions; changed 7 positions
 - Exhibit 13 (*Advanced Clinical Positions List*) – added 16 new positions

Employment Action Monitoring

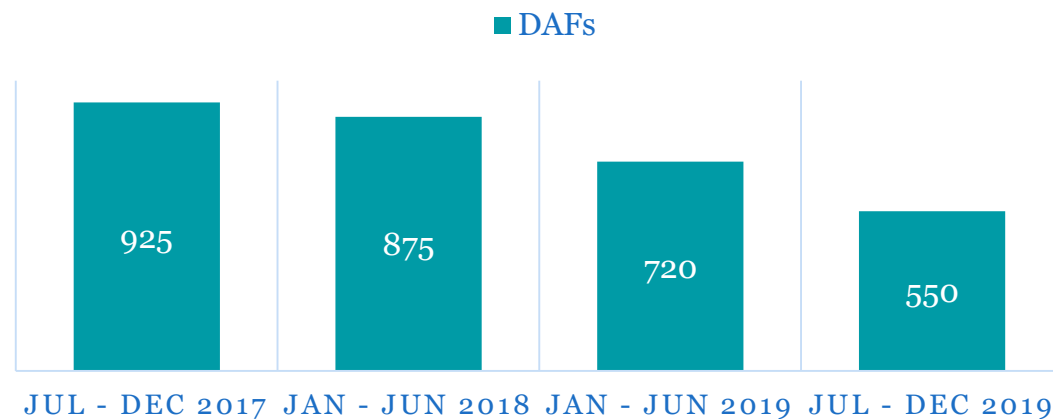
MONITORED HIRING PROCESSES

(~40% OF 400 REQUISITIONS)



Supplemental Policies & Appointments	Volume
Approved Interim Assignments	12
Approved Transfer Requests	3
Demotions	3
Department/Division Chair Appointments	2
Direct Appointments	6
Executive Assistant Appointments	1
Grade 24 Salary Determinations	5
Grade 24 Salary Adjustments, revised	9
Ineligible For Hire List – added, removed	76, 17

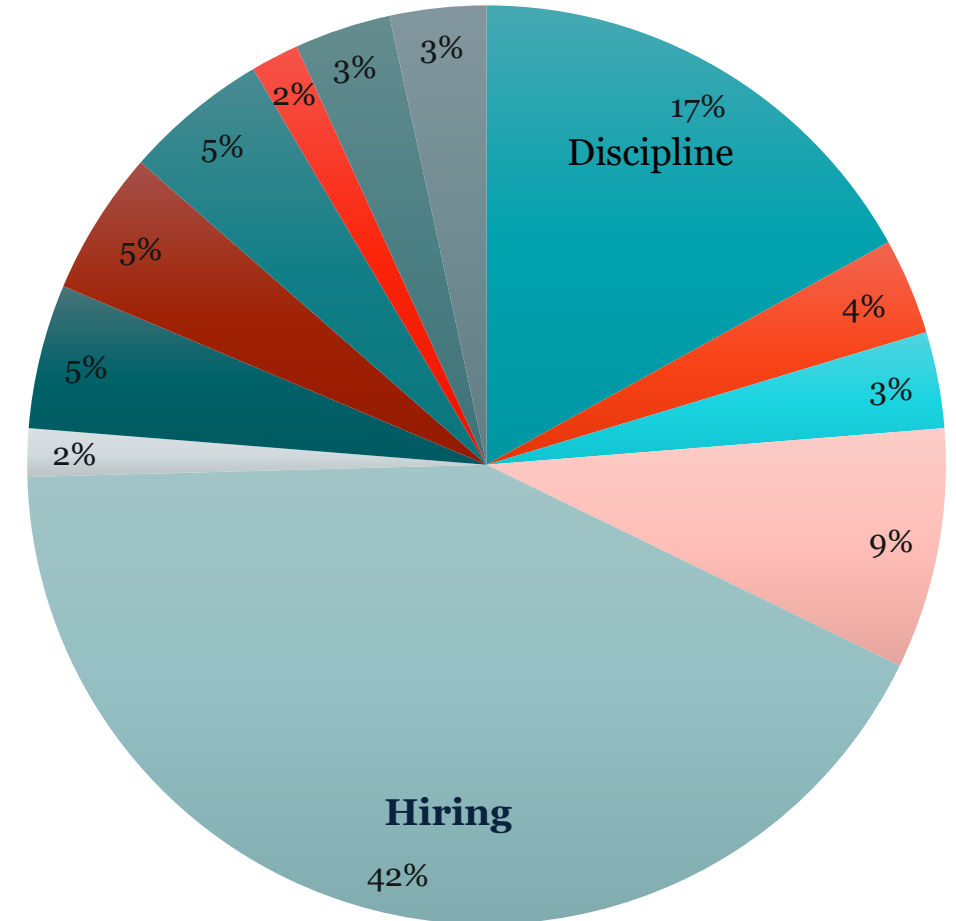
DISCIPLINARY ACTION FORMS ISSUED



Investigations

Statistics	11 th Report	2019
Complaints	27	59
Closed Cases	12	29
Non-Compliance Notices	6	22
Incident Reports	3	7
- <i>Not Sustained Reports</i>	3	5
- <i>Sustained Reports</i>	0	2
2019 rollover to 2020	n/a	33

2019 Allegations



- Discipline
- Hiring
- Transfers
- Discrimination
- Overtime
- Work Place Violence
- EEOC charges
- Pay Issues
- Working out of Class
- Harassment
- Retaliation
- OTHER

Questions?



COOK COUNTY
HEALTH

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
February 28, 2020

ATTACHMENT #9

Cook County Health

Chief Executive Officer



March 2020

Heidrick & Struggles advises client companies on the basis of an exclusive consulting assignment. The following details are for personal review and should be kept confidential.

The Company

Company	Cook County Health
Purpose	<p><i>Mission:</i> 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 that promote and protect the physical, mental and social well-being of the people of Cook County.</p> <p><i>Vision:</i> In support of its public health mission, Cook County Health will be recognized locally, regionally and nationally – and by patients and employees – as a 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.</p>
Ownership	Public entity
Year Founded	1834 as Cook County Hospital
Company Location	Chicago, Illinois
Website	https://cookcountyhealth.org/
Management Team	https://cookcountyhealth.org/about/senior-leaders/
Governance	https://cookcountyhealth.org/about/board-of-directors/
Organization Overview	<p>Cook County Health and Hospitals System (CCHHS) is one of the largest public health systems in the United States, providing a range of health services regardless of a patient's ability to pay. Through the health system and the CountyCare Health Plan, CCHHS serves more than 500,000 unique individuals annually.</p> <p>CCHHS has served the people of Cook County for over 180 years. Today, it is home to top doctors and excellent staff who fulfill the mission and change lives. The broad network includes two hospitals: John H. Stroger, Jr. Hospital and Provident Hospital. It also includes more than a dozen community health centers.</p> <p>John H. Stroger is the 450-bed teaching hospital that serves as the hub for Cook County Health for delivery of specialty and sub-specialty care. It is home to one of the busiest Level 1 trauma centers in the nation and the hospital's emergency room treats approximately 120,000 adults and children annually.</p> <p>Provident Hospital of Cook County provides a wide array of health care services to the residents of Cook County, particularly residents in the Grand Boulevard neighborhood and on the South Side of Chicago. Provident has a storied history. It opened nearly 130 years ago, in 1891 as an African-American Hospital and is renowned for its medical breakthroughs and breaking barriers in the training of African American doctors and nurses.</p> <p>The System includes a large network of community health centers:</p> <ul style="list-style-type: none"> • Austin Health Center • Cottage Grove Health Center

- Dr. Jorge Prieto Health Center
- Englewood Health Center
- John Sengstacke Health Center
- Logan Square Health Center
- Morton East Adolescent Health Center
- Near South Health Center
- North Riverside Health Center – formerly Cicero
- Professional Building
- Oak Forest Health Center
- Robbins Health Center
- Specialty Care Center
- Woodlawn Health Center

CCHHS is investing in its network and modernizing services for patients. CCHHS is leading the field in cutting-edge technology, increased capacity and innovative research.

As CCHHS has evolved over the past 180 years, so has the mission. The priority has always been the health and well-being of those served. CCHHS aims to elevate the health of Cook County, secure the future of the health system and build a place where everyone will want to receive care regardless of a patient's ability to pay.

The System operates:

- **John H. Stroger, Jr. Hospital of Cook County**, a 450- bed tertiary, acute care hospital in the Illinois Medical District;
- **Provident Hospital of Cook County**, 79-bed community acute care hospital on the South Side of Chicago; More than a dozen community health centers, which offer primary and specialty care, along with diagnostic services;
- **Health Centers**, more than a dozen community health centers, which offer primary and specialty care, along with diagnostic services;
- **The Ruth M. Rothstein CORE Center**, a comprehensive care center for patients with HIV and other infectious diseases. The CORE Center is the largest provider of HIV care in the Midwest and one of the largest in the nation;
- **Cook County Department of Public Health**, a state and nationally certified public health department serving suburban Cook County;
- **Correctional Health Services**, which provides health care services to the detainees at the Cook County Jail and residents of the Juvenile Temporary Detention Center; and
- **CountyCare**, the largest Medicaid managed care plan in Cook County. The System's hospitals and ambulatory network, including its Primary Care Medical Home model, are Joint Commission accredited. Stroger Hospital also holds certifications in stroke, burn, perinatal and oncology care.

The Cook County Department of Public Health (CCDPH) serves 2.5 million residents in 124 municipalities and serves the public health needs of its jurisdiction through effective and efficient disease prevention and health promotion programs. CCDPH's approach to protecting and promoting health brings residents, partners and resources together to address issues facing the communities it serves. The department is responsible for the prevention of the spread of nearly 70 reportable communicable diseases and the enforcement of Cook County and Illinois public health laws, rules and regulations.

Recognitions & Accreditations

In fall 2012, leveraging the Affordable Care Act (ACA), CCHHS launched CountyCare as a demonstration project through a U.S. Centers for Medicare and Medicaid Services (CMS) 1115 Waiver granted to the state of Illinois to early-enroll newly eligible low-income Cook County adults into a Medicaid managed care program. Many of CountyCare’s 300,000+ members are long-standing CCHHS patients who previously received care.

CountyCare is operated by CCHHS. Through CCHHS, CountyCare receives a capitated per-member per-month payment and pays for services rendered to members within the network. CountyCare’s provider network includes all CCHHS facilities, every Federally Qualified Health Center in Cook County, community mental health centers and drug treatment centers, 4,000 primary care providers, 16,000 specialists and more than 50 hospitals. CountyCare also covers approved home- and community- based services, vision and dental services, and allows members to fill prescriptions at local pharmacies or use CCHHS pharmacy services, including a mail-order system.

CCHHS is recognized for providing a high-quality, safe system of care. Recognitions and accreditations:

AMBULATORY AND COMMUNITY HEALTH NETWORK

- Ambulatory Care Certification, The Joint Commission
- Primary Care Medical Home Certification, The Joint Commission

PROVIDENT HOSPITAL

- Hospital Accreditation, The Joint Commission

JOHN H. STROGER, JR. HOSPITAL

- Hospital Accreditation, The Joint Commission
- Advanced Certification for Primary Stroke Centers, The Joint Commission and The American Heart Association/American Stroke Association
- Academic Comprehensive Cancer Care Program Accreditation, American College of Surgeons, Commission on Cancer; American College of Surgeons
- National Burn Center Verification, American Burn Association
- Level III NICU and Administrative Perinatal Hospital designation, Illinois Department of Public Health
- Level 1 Adult and Pediatric Trauma Center, Illinois Department of Public Health
- Dialysis Unit Certification, Illinois Department of Public Health
- U.S. News and World Report, High Performing Hospital for heart failure care

Facts & Figures

Cook County Health by the numbers:

FY2018 Total Operating Revenue	\$2.56B
Employees/FTEs	6,272
Employed Physicians	497
Nurses	1467
Allied Health Professionals	1192
Residents/Interns	397 Resident/Interns
Emergency	142,735
Outpatient Registrations	873,822
Inpatient	18,146
Observation	10,971

FY2018 Charity Care at Cost	\$347.9M
CCHHS Percentage of Charity Care in Cook County	>50%
Uninsured at the time of care	45%
CountyCare	316,000 members
Payor Distribution by Gross Charges as of FY2018	16% Medicare 4% Commercial 35% Medicaid 2% Other 43% Uninsured

The Position

Position Title	Chief Executive Officer
Location	Chicago, Illinois
Reports To	Cook County Health Board of Directors
Position Summary	<p>The Chief Executive Officer (CEO) sets the leadership tone of the organization and creates a culture of service and excellence to provide the highest quality of care to the residents of Cook County. The CEO oversees the operation and management of CCHHS consistent with the budgets and financial plans approved by the County Board. The CEO will:</p> <ul style="list-style-type: none"> • Drive the achievement of diversity in all areas of employment at CCHHS. • Lead a commitment to support the delivery of high-quality, accessible behavioral health services. • Create an environment that values and seeks excellence. • Effectively work with executive leadership, Board, medical staff and unionized staff to assure that systems are in place to continuously assess and improve the quality of care and patient satisfaction with services provided. • Work with community leaders and other county health care providers to insure comprehensive care for all in the County. • Work closely with Cook County government to insure strong communication, oversight, and financial support. • Work with national, state, and local government agencies to influence the direction of national health policy and the appropriate funding. <p>The CEO will provide dynamic, transparent, strategic leadership, leading the development and fulfillment of the vision, ensuring that CCHHS delivers the highest safety and quality healthcare as well as assuring the system’s operational and fiscal success.</p>
Responsibilities	<p>The role of the Chief Executive Officer will include a wide range of responsibilities including, but are not limited, to the following:</p> <ul style="list-style-type: none"> • Governance – Has full operational and managerial authority of CCHHS, consistent with existing County, federal and state laws, court orders and county ordinances. The CEO provides leadership and direction for CCHHS and prepares and submits to the Board and County the budgets and strategic and financial plans. The CEO will ensure that the plans established are implemented. CCHHS has a storied history in

the local, state and national health care landscape. As such, the decisions, policies and actions of public officials, private health systems, insurance carriers and others must be carefully monitored and used to inform strategies that will enable CCHHS to stay true to its mission to care for all County residents regardless of income, insurance or immigration status.

- **Culture** – Develops and fosters an environment of collaboration, respect, competence, transparency, innovation, and principle-driven management. The CEO will be a visible leader and champion across the organization so that employees engage in the strategies and work of the organization.
- **Business and Operations** – Provides direction to the financial, operational, and strategic management of Cook County Health by developing appropriate facilities, human infrastructure, and systems necessary to support the mission of CCHHS. The CEO will ensure the maintenance of a positive work environment, maintaining strong employee and faculty morale. Operations will meet a high standard of excellence; the CEO will be responsible for assuring CCHHS is operated in a manner that is ethical, efficient, and financially sound. As a public institution competing with private health systems, CCHHS must carefully balance every strategy to succeed.
- **Organizational Relationships** – Optimizes the internal organization of Cook County Health, establishing clear structures of responsibility and authority to support highly efficient and effective patient care services, financial management, operations, and medical direction. The CEO will actively interact with staff to keep in touch with challenges of the caregivers and ensure the organization’s focus on continued improvement in quality, safety and patient experience. Employees are the heart of any organization and the primary determinant of its success. With more than 6,000 employees working in a 24-7 operation spread across one of the nation’s largest counties, CCHHS must be intentional in leveraging and investing in a workforce that is committed to the historical mission of the organization, while applying modern business practices that will achieve success in a competitive environment and establish CCHHS as an employer of choice.
- **Physician Relations** - Continuously assesses the climate of physician relations across the health system and the communities it serves. The CEO will be transparent in these relationships and proactively engage physicians in communication and will seek creative partnerships ensuring CCHHS is seen as an open, collaborative partner with the medical staff. Physician providers in the System are Unionized and a close working relationship is essential.
- **Nursing and Staff Leadership**– Leverages highly developed interpersonal and communication skills to foster interactions, forge alliances, counsel, inspire and build confidence in others, develop effective, collaborative and productive working relationships with the nursing workforce and all levels of staff.
- **Diversity and Inclusion** – Continues to expand efforts to reflect and understand its diverse community and to identify and eliminate disparities by providing effective, high-quality health care. The CEO will implement successful diversity and health care equity initiatives as an organization-wide effort.
- **Labor Relations** - Actively engages in and in consultation with BHR and union representation. Supports the successful negotiation of the collective bargaining agreements.
- **Community Relationships** – Establishes and cultivates strong, credible and trusting relationships with various community constituencies, building them as a basis for fulfilling the mission of Cook County Health. The CEO will act as an effective representative, advocate and spokesperson for CCHHS with various community, governmental and citizen organizations. CCHHS fully recognizes that health equity goes beyond the walls of a hospital or the doors of a clinic. Providing

“whole person” care means understanding the circumstances of every individual and working to address the issues that impact their health status.

- **Management Team** – Develops and maintains an organizational environment for attracting and retaining resources and personnel to enable the System to achieve goals and to create a synergistic multi-site integrated health care system. The CEO will attract, retain, motivate and develop top talent; focusing on cultivating a best-in-class senior leadership team.
- **Strategic Vision** – Energizes the organization toward a new future – creating and articulating a clear vision of the strategic tactics the organization will take to achieve the strategic priorities. The CEO will develop the strategic plan with the Board and members of the senior leadership team to create and implement operational efficiencies and innovative approaches to achieve financial sustainability. As a provider of complex specialty care operating in a managed care environment, CCHHS has developed a growth strategy to increase the number of patients it serves in a primary care capacity and to increase services to those referred by external primary care providers.

The Person

Pivotal Experience & Expertise

Industry Knowledge

- Successful senior management experience and accomplishments in the operations of complex healthcare organization.
- Experience working closely and effectively with physicians, unions, hospitals, payor community, and other healthcare providers; with a preference for a background that also includes public health.
- Extensive knowledge and understanding of current health care trends and best practices, including community health, healthcare reform, integration of health care delivery systems, clinical/medical advancements, healthcare financing, performance improvement and change management.
- Commitment/understanding of population health, behavioral health and values-based medicine.
- A graduate degree(s) in hospital administration, business administration, medicine, and/or related field(s) preferred.
- A history of proven leadership as a CEO, COO or CMO of a large healthcare system with a unionized workforce preferred.

Patient/Customer Focus

- A passion for the mission of CCHHS.
- Unquestionable focus and intent on aligning strategic decisions with CCHHS’s 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 that promote and protect the physical, mental and social well-being of the people of Cook County.
- Ability to champion the mission while balancing that mission with the economic needs of the clinical operations.
- Extensive experience working in a diverse community with a diverse socio-economic population.

Leadership Capabilities**Adaptability**

- Readily adapts to frequently changing work priorities and can prioritize and balance the requirements of working within and throughout various functions and entities in an organization to achieve operational success.
- Experience in implementing change management and process improvement initiatives.

Business Financial Acumen

- Ability to navigate county politics and manage a diverse set of stakeholders.
- Adept at working with national, state, and local government agencies to influence appropriate policy and funding.
- Advanced business and analytical skills to oversee clinical and operational strategies, business plans, policies and programs.
- Strategic, conceptual and project management skills to lead varied initiatives, identify business needs, design effective solutions, garner appropriate resources and develop responses to complex business issues.

Internal/External Credibility

- Ability to maintain a highly credible and close working relationship with Cook County political leadership.
- Comfortable being embedded and engaged in the community with a vision of what CCHHS means to Cook County.
- Experience in promoting, recruiting, retaining, and motivating executive leadership and staff.
- Highly developed interpersonal and communication skills to foster interactions, forge alliances, counsel, inspire and build confidence in others.
- Demonstrated track record engaging physicians and staff around a forward thinking and positive vision.

Transformational Leader

- Demonstrates ability to balance the demands of diverse responsibilities and a political environment, including effective delegation, capitalizing on organizational resources and finding innovative solutions to complex challenges.
- Ability to pivot the organization as needed; creates disruptive change; navigates complexity.
- Operates with a sense of purpose and openness with a futurist attitude toward changes happening in healthcare.

Strategic Mental Agility/Visionary

- Highly familiar with health care public policy and actively involved in strategic policy development at all levels of government.
- Ability to create a clear and compelling vision and strategy for CCHHS that provides focused priorities; effectively translates strategy into execution and establishes clear goals and metrics reinforced through rewards and action.
- Forward thinking and growth-oriented with expanded critical thinking abilities to understand the long-term (5 to 10 year) impact of decisions while being effective in a dynamic environment that requires discipline and mature professional judgment and action.

Agility & Potential**Inspire & Influence/Communication Credibility**

- Sensitive to the importance of providing communication in multiple languages and conveys the importance of providing multi-language services to meet the needs of a wide variety of immigrant groups in Cook County.
- Personal presence reflecting transparency, integrity and caring coupled with the ability to inspire and motivate others to promote the mission, vision, goals and values of CCHHS.
- Authentic, passionate leadership that inspires and engages others to commit to aspirations on behalf of the communities served.
- Courage to care, to speak for those without the ability to speak for themselves, to challenge the status quo, and to persevere through adversity and overcome obstacles.

Culture & Talent Builder

- Fosters a culture that supports a high-reliability organization and possesses a high emotional intelligence with the ability to create a sense of community to enlist the hearts and minds of staff to maintain high-levels of engagement and consumer quality, safety and satisfaction.
- Fosters an organizational culture that enhances talent development, inclusion and competencies reflecting CCHHS's vision as a 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.

Relationship Development

- Highly developed interpersonal and communication skills to forge alliances, inspire and build confidence in others, develop effective, collaborative partnerships with all levels of staff, management and Board to represent the market and system to diverse internal and external groups on diverse and complex topics.
- Operates effectively in a collaborative, shared leadership environment within a highly matrixed organization. Ability to translate market needs to CCHHS and system priorities to the market.
- Demonstrates open-mindedness, flexibility, and a willingness to pioneer new approaches and opportunities.

Foresight

- Futurist and visionary; ability to develop creative new ideas, programs and solutions
- Entrepreneurial; thinks expansively
- Transformative; considers unassuming partnerships

Learning

- High self-awareness and curiosity
- Demonstrates leadership courage

Adaptability

- Shows empathy, flexibility and transformation
- Tolerant of ambiguity and uncertainty; embraces change

**Culture Fit
& Impact****Resilience**

- Ownership mindset
 - Accountable and data-driven
 - Persists with high-level of energy
-
- Encourages innovation and curiosity
 - Acts with courage
 - Demonstrates integrity and trustworthiness
 - Champions diversity and inclusion
 - Inspires and coaches team members
 - Owns safety and reliability
 - Communicates with empathy and transparency
 - Ensures outcomes and accountability

Engagement Team

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Heidrick & Struggles serves the executive leadership needs of the world's top organizations as a trusted advisor for leadership consulting, culture shaping and senior-level executive search services. Our data driven solutions empower senior executives and boards of directors to transform their organizations by leveraging top talent and accelerating performance across all layers of the business.

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
February 28, 2020

ATTACHMENT #10



COOK COUNTY HEALTH

DEBRA CAREY
INTERIM CHIEF EXECUTIVE OFFICER
COOK COUNTY HEALTH
REPORT TO THE BOARD OF DIRECTORS
February 28, 2020

Employee Recognition

Mildred Williamson, PhD, MSW, Executive Director of HIV Services for the Ruth M. Rothstein CORE Center, recently received the Community Leadership Award from the Chicago Health Executives Forum (CHEF) and the Metropolitan Chicago Regent. The award recognizes the contributions of health leaders who are making an impact on their communities. For more than 25 years, Mildred has developed and led public health safety-net programs for vulnerable populations. The award was presented at the 44th CHEF Annual Meeting on Thursday, February 27, 2020 at the Soldier Field United Club.

The **Employee Engagement Committee** has launched a new program to recognize employees who go above and beyond at CCH every day. The **I.C.A.R.E. Program**, which stands for the five qualities of an amazing employee: Integrity, Collaboration, Accountability, Respect and Excellence. Each month, the Employee Engagement Committee will accept nominations and select up to five winners – one for each of the five categories. Winners will be recognized with a pin, a traveling trophy and a certificate. In addition, they will be recognized at both the Leadership Forum and the Board of Directors meeting. At the end of the year, all I.C.A.R.E. winners will be eligible to win Employee of the Year.

January I.C.A.R.E. Award Winners:

- **Integrity** – Richard Nwaorgu, Clinical Nurse, General Medicine 6 West
- **Collaboration** – Pierre Nunez, Correctional Psychologist, Mental Health Services
- **Accountability** – Anthony Canady, Sanitarian, Administration
- **Respect** – Rekiya Randle, In-House Registry Nurse, Patient Care Services
- **Excellence** – Francisco “Chico” Adame, Building Service Worker, Environmental Services

February I.C.A.R.E. Award Winners:

- **Integrity** – Mary Stadeker, Clerk, Renal Dialysis
- **Collaboration** – Dred McCurry, Storekeeper, Materials Management
- **Accountability** – Melissa Rho, Clinical Laboratory Transfusion Service System Manager, Pathology
- **Respect** – Daisy Coronel, Building Service Worker, Environmental Services
- **Excellence** – Linda Churchillminor, Mental Health Specialist, Mental Health Services

Activities and Announcements

- On February 21, the **United States Supreme Court** ruled 5-4 to lift the Illinois injunction that was preventing the final **public charge** inadmissibility rule from taking effect locally. As a result, the new rule took effect nationwide, including in Illinois, on Monday, February 24. The new test applies to applications and petitions filed on and after February 24, 2020.

The final public charge inadmissibility rule permits immigration officials to deny green cards or visas to legal immigrants who receive public assistance they are otherwise eligible for, including Medicaid (with exceptions for children and pregnant women, as well as use of emergency Medicaid) and the Supplemental Nutrition Assistance Program (SNAP). While only a small number of immigrants are directly impacted by this new rule, many more may “chilled” from applying or re-applying for programs. Cook County Health is updating its public and staff informational flyers and is hosting another training for staff in March.

The Supreme Court’s decisions only impact the ability of the final rule to be implemented while ongoing litigation proceeds through the court process. This applies to the legal challenge in Illinois as well as suits filed throughout the nation.

CCH has been educating patients and staff on this matter for many months. Updated patient flyers are available in English and Spanish and can be found on the CCH website. The staff flyer can be found on the Intranet. The flyers include general information about public charge, and a link to a resource directory on the Illinois Department of Human Services’ website, that includes a list of community-based agencies that have been trained to provide technical assistance and answer questions about public charge.

On March 16th, CCH will host a webinar conducted by the Shriver Center on Poverty Law and Legal Council for Health Justice; both organizations are active with Protecting Immigrant Families Illinois and are involved in the Illinois lawsuit challenging the final rule.

IMPACT 2023 Objective 5.1

- CCH continues to monitor the outbreak of the **2019 Novel Coronavirus (COVID-19)**. Guidance to CCH staff and patients comes largely from the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO) and the Illinois Department of Public Health. WHO and CDC continue to indicate that the general risk of exposure to COVID-19 is very low in the U.S.

As of February 25, there are 80,350 confirmed cases globally, the majority of which are in China. In the U.S., there have been 53 confirmed cases, including two in Cook County. On January 24, the first Chicago-area patient was announced, a woman who had recently traveled to Wuhan, China. The patient’s husband was the second case, and the first confirmed instance of person-to-person transmission of COVID-19 in the U.S. The two patients have since recovered and were released from home isolation on February 14. There has been no confirmed spread of the virus related to these two patients.

- In February, CCH recognized **Wear Red Day**, a day to bring attention to **heart disease in women**. Employees donned red to raise awareness about cardiovascular disease, which is the most common cause of death for women, responsible for 1 in 3 deaths among women each year.

IMPACT 2023 Objective 5.3C

- Beginning this summer, CCH will join select hospitals and emergency medical service (EMS) agencies from eight cities around the country to participate in a **Department of Defense-funded clinical trial** aimed at improving the survival rates of people who have suffered a trauma that makes breathing difficult. The **Prehospital Airway Control Trial (PACT)** is a four-year, \$8.8 million study to test different strategies for securing a patient’s airway at the scene of a trauma to increase survival rates.

IMPACT 2023 Objective 1.1H

- As part of a \$4.5 million grant, CCH, the Cook County Department of Public Health and the Illinois Department of Healthcare and Family Services will hold two **community forums** to get feedback on improving **substance use disorder treatment for Medicaid recipients**
 - March 18 – 1:30PM – 3:30PM
Matteson Public Library – 801 School Avenue, Matteson, IL 60443
 - March 25 – 2:30pm-4:30pm
Maywood Public Library – 121 South 5th Avenue, Maywood, IL 60153

Sessions are open to all and the input of people with lived experiences, advocates, treatment and recovery support providers and stakeholders is particularly requested. For questions or to RSVP, contact Christie Edwards at credwards@cookcountyhhs.org or 312-864-4446.

IMPACT 2023 Objective 5.3C

- The **Cook County Health Foundation** partnered with some of Chicago’s top community chefs and the team at CCH Lifestyle Centers to create a **cookbook filled with simple, healthy recipes** made from accessible ingredients to help bridge the nutrition gap that exist for many patients with diabetes and heart disease. The cookbook can be downloaded [here](#).

IMPACT 2023 Objective 5.1C

- Through February 11, CCH’s Fresh Truck partnership with the Greater Chicago Food Depository (GCFD) resulted in 241 visits to 13 CCH health centers – Arlington Heights, Austin, the CORE Center, Cottage Grove, Englewood, Logan Square, Near South, North Riverside, Oak Forest, Provident/Sengstacke, Prieto, Robbins, and Woodlawn.

Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables to 31,937 individuals, representing 106,514 household members, totaling more than 640,000 pounds of fresh produce. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

Earlier this month, CCH began a new pilot project with the Greater Chicago Food Depository that provides nutritious, prepared meals to a small group of CCH patients. CCH patients participating in the pilot receive a weekly delivery of prepared meals and fresh produce, produced and delivered by the Greater Chicago Food Depository, along with regular health coaching and check-in sessions by CCH community health workers who are part of the Integrated Care Department. The 6-month pilot project is supported by a grant from Feeding America, and seeks to measure whether the intervention results in improved health outcomes for patients.

Production of the meals is supported by students in Chicago's Community Kitchens, a 14-week job training program for unemployed and underemployed adults in Cook County. The program prepares students for a productive career in culinary and hospitality fields.

IMPACT 2023 Objective 5.1C

- Last month, Dr. Paul Rubinstein participated in a panel organized by **The Leukemia Research Foundation**. The free town hall event invited patients, survivors and caregivers to ask questions of experts about blood cancers. More than 150 people attended the event in Skokie.

IMPACT 2023 Objective 5.3C

- CCDPH is engaging in a community health planning process, which will outline **community health improvement issues for suburban Cook County**. To date, CCDPH and its partners have formalized a vision and values, as well as have identified a list of community health improvement topic areas. Topics include education, employment, justice involved, natural and built environment, access to health care and community resources, and behavioral health. A key component of the plan is ensuring communities and populations that are most affected by inequities have input. CCDPH is engaging with power building organizations, grassroots coalitions and community-based agencies that work with those whose voices are often overlooked.

IMPACT 2023 Objective 5.3B, 5.3C

- CCH's Englewood Health Center holds a monthly **Men's Health Initiative Program** designed to target the social determinants of health that affect the holistic wellness of African American men in the Englewood community. Following a formal discussion presented by a health care provider on a specific topic, Dr. Brian Humphrey, a clinical psychologist at CCH, leads an informal discussion on the topic. Each topic embodies three critical pillars of health that affect the overall wellness of men: physical health, mental health and community health. The Men's Health Initiative meets on the fourth Tuesday of every month at Englewood Health Center from 2 – 4 p.m. For more information, contact Dr. Humphrey at 773-423-5011.

IMPACT 2023 Objectives 5.1H, 5.3B

- On February 19, Cook County Health hosted its fourth **Research and Innovation Summit: Achieving Health Equity by Addressing Social Needs**. The summit featured a variety of experts committed to understanding the social determinants of health and working toward health equity. Panels focused on food and housing insecurity, medical-legal partnerships and workforce development. The event included the following speakers:

Toni Preckwinkle, President, Cook County Board of Commissioners

Dr. Aletha Maybank, Chief Health Equity Officer, American Medical Association

Honorable Dr. Dennis Deer, Cook County Board Health and Hospitals Committee and Commissioner, Cook County Board 2nd District

Debra Carey, Interim CEO, Cook County Health

Dr. Layla P. Suleiman Gonzalez, Director of Human Services, Loyola University Chicago

IMPACT 2023 Objective 5.2A

- Cook County is committed to ensuring a complete count with the 2020 Census. As part of the County's **Complete Count Census Commission**, CCH is working to raise awareness and encourage participation in the Census.

This year's Census will determine congressional representation and the allocation of billions of dollars in federal funding for education, public health, infrastructure and countless other programs that our residents depend on. A recent George Washington Institute of Public Policy report cited more than \$34 billion tied to Census figures are distributed to Illinois through federal programs. Congressional districts and the boundaries of Cook County commissioner districts as well as city wards are determined by Census data. With nearly 40 percent of the state's population residing in Cook County, the impact and stakes could not be greater if our residents are not counted accurately. The County is home to many "hard to count" communities, including people of color, children under the age of five, immigrants, non-native English speakers, renters, students and LGBTQ communities; therefore, County-led initiatives are critical for working toward the accurate enumeration of our residents.

IMPACT 2023 Objective 5.2C

Select newsletters, patient education and media clips are attached.

Legislative Update

Local

- The Cook County Board's Health & Hospitals Committee held a meeting on February 26 to consider amendments to the Cook County Health and Hospitals System Ordinance. A substitute amendment was offered that incorporated input from various stakeholder groups including the Cook County Health Board of Directors. The substitute amends a number of sections of the ordinance including those pertaining to the composition of the System Board, the selection of the CEO, human resource processes and collaboration with County agencies.

The substitute ordinance amendment was approved.

- At the February 26 Cook County Board's Health & Hospitals Committee meeting Commissioners also considered a proposed ordinance amendment to the General Powers of the System Board section of the Cook County Health and Hospitals System Ordinance. This amendment requires that compensation be consistent with the Illinois Government Severance Pay Act and that any contracts with CCH executive staff that contain a severance provision be submitted to the Cook County Board of Commissioners for ratification prior to taking effect. The amendment also clarifies that the delegation of authority to the Cook County Health and Hospitals System Board from the Cook County Board of Commissioner shall not be considered a grant of home rule authority.

The ordinance amendment was deferred.

State

- The Spring 2020 Illinois General Assembly session is underway and scheduled to run through May 31. More than 3,700 new bills and resolutions have been filed since January 1, 2020. CCH is currently tracking 309 bills and resolutions.
- Governor Pritzker delivered his "state of the state" address on January 29, which outlined his priorities for the next year, including property tax relief, ethics reforms, and clean energy/climate change legislation, as well as highlighted the accomplishments of the past year. Several health care achievements were mentioned including raising the age for tobacco purchases to 21 years, reducing opioid-related deaths, expanding access to mammograms and reproductive health, and capping out-of-pocket insulin costs.
- Governor Pritzker delivered his FY2021 budget address on February 19. The budget is structured so that if the Fair Tax is approved by voters in November 2020, an additional \$1.4B will be used to fund education, Medicaid provider rate increase (\$42M), funding for local governments, and additional pension payments. The FY2021 HFS budget has been described as a maintenance budget which maintains program eligibility and coverage.
- Last month, Governor Pritzker signed Executive Order (EO) 2020-02, which establishes the Governor's Overdose Prevention and Recovery Steering Committee, which will oversee the work of the State Opioid Action Plan (SOAP). The EO also establishes the Opioid Social Equity Committee to address the social and racial disparities of the crisis. The Steering Committee is expected to meet on a quarterly basis. The Governor also announced additional initiatives and investments to address the crisis including:
 - Making 50,000 new doses of naloxone available
 - Expanding the number providers who can administer Medication Assisted Treatment

- Creating a rapid response system that will notify physicians when their patient experiences an overdose
- Piloting a study on safe consumption sites
- HFS held town halls on Integrated Health Homes (IHHs) and announced their intent to start IHHs on July 1, 2020. Separate IHHs will serve children and adults; the children's IHH will require training and adherence to a high fidelity model. The tiered IHH per member per month (PMPM) rates were shared at the town hall, and will be posted to the HFS website.

IHHs will not go through a formal credentialing process or have to register with IMPACT, as they are not required to be Medicaid providers. Instead, IHHs will work and contract directly with MCOs.

Medicaid MCOs, including CountyCare, will be responsible to administer the IHH program through contracts with providers who qualify to provide the full continuum of care coordination services in the model. The IHH program requires both an administrative and programmatic implementation. CountyCare is well-positioned to build on our care management model with the goal to improve outcomes for members whose unmet needs make them most challenging to engage.

- HFS Medicaid Administrator Doug Elwell left HFS effective February 14. Kelly Cunningham will serve as Interim Medicaid Administrator; she currently serves as Deputy Administrator for Long Term Care.

Federal

- February began as January ended, with all eyes on the Senate impeachment trial. The Senate voted to acquit the President on February 5. The impact of the divisive process on the ability of Congress and the Administration to negotiate major initiatives during an election year remains to be seen. The President delivered the State of the Union address to a joint session of Congress on February 4 and published his fiscal year (FY) 2021 budget proposal on February 10.
- **FY 2021 budget proposal** - The \$4.8 trillion proposed budget for FY 2021 outlines the Administration's funding requests and policy proposals for each federal agency. The \$4.8 trillion proposal would increase defense discretionary spending by 0.3 percent and would decrease non-defense discretionary spending by 5.1 percent.
 - **Medicaid disproportionate share hospital (DSH) payments:** The budget proposes significant changes to the Medicaid program that would impact CCH. First it proposes to extend the current statutory DSH cuts through 2030. Congress recently acted to delay the current cuts and leadership have indicated openness to a multi-year repeal, so this proposal appears unlikely to gain traction. Cook County and CCH will continue to advocate for repeal or delay of the DSH cuts.
 - **Medicaid policy proposals:** Similarly, the budget proposes to impose work requirements on Medicaid. It also signals the intention to issue a proposed rule to allow states the option to conduct more frequent Medicaid eligibility redeterminations along with other eligibility determination and renewal process changes. Work requirements have been approved for a number of state Medicaid programs under section 1115 waivers, but these waivers have so far been successfully challenged in federal courts. Congress is not likely to take up legislation to impose the requirements nationwide. We will continue to watch for the promised eligibility rule.

- **Opioid epidemic:** The budget also proposes \$5.0 billion for programs to address the opioid epidemic, including research, surveillance, prevention, treatment, access to overdose reversal drugs, and recovery support services. This funding would include \$1.6 billion, an \$85.0 million increase over FY 2020, for State Opioid Response grants. The FY 2020 consolidated appropriations bill enacted in December 2019 permits these grant funds to be used for methamphetamine, cocaine and other drugs, as needed.
- **HIV/AIDS:** Additionally, the budget proposes \$1.6 billion for CDC programs for the prevention and control of HIV, viral hepatitis, STIs, and other infectious diseases such as tuberculosis, an increase of \$279.0 million over FY 2020. Of this funding, \$371.0 million is proposed for the CDC program supporting the President's initiative to end the HIV epidemic in the U.S., an increase of \$200,000 over the FY 2020 level.

Over the next few weeks cabinet secretaries will appear before the various committees of Congress to present and defend the President's proposals. The House appropriations committee will begin its formal work at the end of April with the goal of getting all twelve bills marked up in subcommittee, full committee and voted on the floor of the House by the end of June. The Senate will likely move a bit slower, with the goal of passing bills before the August recess. With the overall discretionary spending caps set for FY 2021 by the Bipartisan Budget Act of 2019, most accounts will likely be funded close to FY 2020 levels. The election year calendar makes it likely that at least one continuing resolution (CR) will be required at the end of the fiscal year, with a final action coming in a lame duck session or even early in the new year.

- **Surprise billing, prescription drug pricing and Medicaid DSH cut delay** – Before the weeklong Presidents Day recess, the House Ways and Means Committee and Education and Labor Committee both passed their own versions of legislation to address surprise billing. Leaders will attempt to reconcile the versions along with the bipartisan bill reported out by the Energy and Commerce Committee last year, amid intense lobbying from hospitals, insurers and provider groups. House Leadership had wanted an agreement by Presidents Day. Meanwhile in the Senate, Finance Committee Chairman Chuck Grassley (R-Iowa) is seeking to secure support for the bipartisan drug pricing bill he crafted with Ranking Member Ron Wyden (D-Ore.). Senate Majority Leader Mitch McConnell is reported to be demanding 25 Republican co-sponsors to bring the bill to the Senate floor. Senator Grassley currently has 13. Were the White House to weigh in that could change the dynamic. The House passed its version of drug pricing legislation, H.R. 3, last year. Prescription drug pricing and/or surprise billing legislation could provide a vehicle for health care extenders, including the Medicaid DSH cut delay.
- **Texas, et al. v. U.S.** – On February 21 the Supreme Court met in conference to decide, among other things, whether to take up the appeal of the Fifth Circuit ruling on the Texas ACA case on an expedited basis. In a petition filed February 14, the Republican AGs and Texas plaintiffs argued that the court should deny the Democratic AGs request to take up the case and leave the case to the lower court for now. They also argue that if the court does take up the case it should rule on the severability question – whether the whole ACA falls because it cannot be severed from the unconstitutional mandate. If the Supreme Court does take the case, oral arguments could be scheduled this spring with a decision in June, as the Democrats requested, but it is more likely that the arguments would be heard in October.

Protection of Medicaid remains a key priority for CCH at both the State and Federal level.

Community Outreach

CCH currently has four advisory councils at the Arlington Heights, Cottage Grove, Englewood, and Robbins Health Centers. The advisory councils meet quarterly and their current meeting schedule is the following:

Englewood: Thursday at 1:00 PM - **March 19**, June 18, September 17, December 17
1135 W. 69th Street, Chicago, IL 60621

Cottage Grove: Wednesday at 1:00 PM: **April 22**, July 22, October 21
1645 S. Cottage Grove Avenue, Ford Heights, IL 60411

Arlington Heights: Tuesday at 1:00 PM: **May 12**, August 11, November 10
3520 N. Arlington Heights Road, Arlington Heights, IL 60004

Robbins: Tuesday at 1:00 PM: **May 19**, August 18, November 17
13450 S. Kedzie Road, Robbins, IL 60472

IMPACT 2023 Objective 4.7A

- March 2 & 3 Cook County Health and CountyCare promotion at the **Affordable Housing Forum** which is hosted by **Illinois Housing Council** and will take place at the Hyatt Regency Hotel Chicago located at 151 E. Wacker Drive in Chicago. The Forum brings together leaders to discuss relevant topics and advance the affordable housing mission and agenda throughout Illinois. Organizers also have invited non-profit organizations to share information with visitors to share with their clients.
- March 4 Cook County Health and CountyCare promotion at **Prairie State College's 2020 Veteran Resource Fair** that takes place at the school located at 202 S. Halsted in Chicago Heights. A variety of vendors will share resource information for Veterans and their families to help them improve their quality of life.
- March 4 Cook County Health and CountyCare promotion at the **Malcolm X College Service Days**, which is hosted by the **Wellness Center of Malcolm X College** at the school, located at 1900 W. Jackson Boulevard in Chicago. This event for the students and community will provide services such as health insurance enrollment, counseling, mental health support services and nutrition education, to name a few. The **Core Center CCHIP team** will do HIV testing at the event.
- March 5 Cook County Health and CountyCare promotion at the **Berwyn South School District 100 and Berwyn Park District's 13th Annual Wellness Fair** which will take place at the Heritage Middle School located at 6850 31st Street in Berwyn.
- March 11 Cook County Health and CountyCare promotion at the **Riley Early Childhood Center's Community Resource Fair** and will take place at the center located at 16001 S Lincoln Avenue in Harvey. This event promotes health in the community and informs parents and residents about resources available to them and their children.
- March 12 Cook County Health and CountyCare promotion at **World Kidney Day**, which is hosted by the National Kidney Foundation of Illinois and will take place at the Gwendolyn Brooks Library of Chicago State

University located at 9501 S. Kind Drive in Chicago. The SSHARC (South Suburban HIV/Aids Regional Clinics) team will do testing at the event.

- March 20 Cook County Health and CountyCare promotion at the **Spring into Good Health Senior Fair** which is hosted by Cook County Commissioner Donna Miller, Senator Hastings, State Representative Meyers-Martin and Richton Park President Reingold which takes place at Richton Park Community Center located at 4455 Sauk Trail in Richton Park. This first annual senior event will offer a variety of health related presentations and vendors including hospitals, health centers and insurance providers as well as useful health screenings.
- March 26 Cook County Health and CountyCare promotion at the **Catholic Charities Health Fair** which will take place at the St. Brendan Apartments located at 6718 S. Racine in Chicago.

The Fresh Truck visits for the month of March include the following ACHN Health Centers.

- March 5 – **Prieto Health Center** – 2424 S. Pulaski Road, Chicago, IL 60623
- March 10 – **Provident Hospital/Sengstacke Health Center** – 500 W. 51st Street, Chicago, IL 60615
- March 17 – **Woodlawn Health Center** – 6337 S. Woodlawn Avenue, Chicago, IL 60634
- March 19 – **Arlington Heights** – 3520 N. Arlington Heights Road, Arlington Heights, IL 60004
- March 20 – **CORE Center** – 2020 W. Harrison Street, Chicago, IL 60612
- March 24 – **Logan Square Health Center** – 2840 W. Fullerton Avenue, Chicago, IL 60647
- March 26 – **Oak Forest Health Center** – 15900 S. Cicero Ave. Oak Forest, IL 60452