



Board of Commissioners of Cook County

Health & Hospitals Committee

Wednesday, January 15, 2020

10:15 AM

**Cook County Building, Board Room
118 North Clark Street, Chicago, Illinois**

NOTICE AND AGENDA

There will be a meeting of the Committee or Subcommittee of the Board of Commissioners of Cook County at the date, time and location listed above to consider the following:

PUBLIC TESTIMONY

Authorization as a public speaker shall only be granted to those individuals who have submitted in writing, their name, address, subject matter, and organization (if any) to the Secretary 24 hours in advance of the meeting. Duly authorized public speakers shall be called upon to deliver testimony at a time specified in the meeting agenda. Authorized public speakers who are not present during the specified time for public testimony will forfeit their allotted time to speak at the meeting. Public testimony must be germane to a specific item(s) on the meeting agenda, and the testimony must not exceed three minutes; the Secretary will keep track of the time and advise when the time for public testimony has expired. Persons authorized to provide public testimony shall not use vulgar, abusive, or otherwise inappropriate language when addressing the Board; failure to act appropriately; failure to speak to an item that is germane to the meeting, or failure to adhere to the time requirements may result in expulsion from the meeting and/or disqualify the person from providing future testimony.

[20-1111](#)

COMMITTEE MINUTES

Approval of the minutes from the meeting of 12/18/2019

[20-0712](#)

Sponsored by: DONNA MILLER, LUIS ARROYO JR, SCOTT R. BRITTON, JOHN P. DALEY, BRIDGET DEGNEN, BRANDON JOHNSON, KEVIN B. MORRISON, SEAN M. MORRISON, PETER N. SILVESTRI, LARRY SUFFREDIN and JEFFREY R. TOBOLSKI, Cook County Board of Commissioners

PROPOSED RESOLUTION

REQUESTING A MEETING OF THE COOK COUNTY HEALTH & HOSPITALS COMMITTEE TO DISCUSS COOK COUNTY HEALTH'S FORMULARY PROGRAM

WHEREAS, the American Society of Health-System Pharmacists defines a formulary, as a “continually updated list of medications and related information, representing the clinical judgment of pharmacists, physicians, and other experts in the diagnosis and treatment of disease and promotion of health; and

WHEREAS, according to the American Society of Health-System Pharmacists: health systems should develop, maintain, and implement a formulary management process, whereby decisions on the management of a formulary system is founded on the evidence-based clinical, ethical, legal, social, philosophical, quality-of-life, safety, and economic factors that result in optimal patient care; and

WHEREAS, the process must include the active and direct involvement of physicians, pharmacists, and other appropriate health care professionals; and

WHEREAS, this evidence-based process should not be based solely on economic factors, rather the formulary system should be standardized among components of integrated health systems when standardization leads to improved patient outcomes and safety; and

WHEREAS, formulary design should be patient-centered, fiscally responsible, and evidence-based; furthermore, the American Academy of Family Physicians (AAFP) guidelines state that drug selection should be based on clinical outcomes, clinical comparability, safety, patient ease of use, and bioequivalence with drug unit cost being a secondary consideration; and

WHEREAS, a comprehensive, well-maintained formulary that is tailored to the organization’s patient care needs, policy framework, and medication-use systems ensures that the six critical processes identified by the Joint Commission (selection and procurement, storage, ordering and transcribing, preparing and dispensing, administration, and monitoring) work in concert to ensure optimal outcomes; and

WHEREAS, over the last decade, insurers have increasingly used step therapy, or “fail-first,” policies as a strategy to contain pharmaceutical costs; and

WHEREAS, step therapy requires patients to begin treatment for a medical condition on a typically less expensive drug, and only progress to costlier second-line drugs when the first-line therapy becomes ineffective or inappropriate, shifting clinical decision-making away from physicians and toward centralized policies that define treatment steps for patient populations based on the potential for more cost-effective care; and

WHEREAS, step therapy can delay access to the most efficacious therapies as well increase the duration of illness and raise the total cost of health care delivery in the long run; and

WHEREAS, in order to regulate the use of step therapy, the State of Illinois passed an amendment to the Health Maintenance Organization Act to provide certain exceptions upon which a step therapy override will always be provided as well as set clinical review criteria that must be used to establish step therapy

protocols; and

WHEREAS, delays in receiving health care, whether caused by step therapy edits or other factors such as rigid formulary policies, have been shown to be significantly detrimental to patient health outcomes such as disease progression, increased symptom severity, poorer patient outcomes, or even death; and

WHEREAS, medication adherence just as overall continuity of care leads to better patient health outcomes as well as saves money; and

WHEREAS, the CCH formulary should be standardized across the system and should be designed to provide a physician- and patient-friendly option to prescribe and receive drugs not included on the formulary, using patient-centered, clinically-based criteria with efficacy given the most weight in assessing medication value, which is consistent with the FDA decision to approve a medication on the basis of a favorable benefit-to-risk assessment, and avoids cost being given undue weight in the evaluation; and

WHEREAS, the mission of Cook County Health (CCH) is 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 the physical, mental and social well-being of the people of Cook County; and

WHEREAS, the advent of the Affordable Care Act (ACA) and resulting County Care program along with State Medicaid has given the County a tool to ensure that the most vulnerable patients have access to coordinated health-care coverage; and

WHEREAS, health plans should constitute Pharmacy and Therapeutics (P and T) committees with plan payers, members, and local practitioners who are credible and respected to review, revise as appropriate and approve formularies, including those provided to the health plan by contracted pharmacy benefit management (PBM) organizations; and

WHEREAS, the goal of a plan's policies should be to promote optimal matching of patients to existing therapies rather than to declare, without medical expertise, that one therapy is better than another for everyone and plan restrictions designed to control costs should be implemented with great caution as unnecessary restrictions on access will lead to worse health outcomes and more health care spending over time; and

WHEREAS, CCH should work collaboratively with the pharmaceutical industry, PBMs, health plans, and physicians to conduct research, publicly share the results and strive to bring as much uniformity and consistency to its drug formulary system as is possible within a competitive health care marketplace; and

WHEREAS, in light of its mission, CCH should strive to deliver clinical evidence-based and best in class healthcare including in the design and use of formularies and should not exclude newly FDA-approved drugs or indications based solely on economic factors;

NOW THEREFORE BE IT RESOLVED, that the Cook County Board of Commissioners does hereby request that a meeting of the Health and Hospitals Committee be convened to discuss the formulary program of Cook County Health, including how it impacts outcomes for the most common disease states of CCH patients such as Heart Disease, Diabetes, Asthma and Sexually Transmitted Infections; and

BE IT FURTHER RESOLVED, that the Chief Clinical Pharmacist, the Chairperson of the Pharmacy and Therapeutics Committee and any other pertinent representatives of Cook County Health appear before the Committee and be prepared to give an overview to the Committee and answer questions related to the formulary program and processes of said program.

Legislative History : 12/19/19 - Board of Commissioners - refer to the Health & Hospitals Committee

[20-0726](#)

Sponsored by: BILL LOWRY, TONI PRECKWINKLE (President) and DENNIS DEER, Cook County Board of Commissioners

PROPOSED RESOLUTION

IN SUPPORT OF COOK COUNTY HEALTH'S PLANNED CONSTRUCTION OF A MODERN REPLACEMENT FACILITY AT PROVIDENT HOSPITAL

WHEREAS, Provident Hospital is one of the most storied and cherished hospitals in Chicago, particularly to the African American community; and

WHEREAS, Daniel Hale Williams, a Black medical doctor, founded the original Provident Hospital in 1891 and Provident Hospital was one of the first non-segregated medical facilities in the country; and

WHEREAS, after its establishment, Provident Hospital trained Black nurses while patients were seen by doctors of all races; and

WHEREAS, on July 9, 1893, Daniel Hale Williams performed the first open heart surgery in the world, repairing the pericardium of James Cornish who suffered a stab wound to the chest; and

WHEREAS, in 1987 Provident Hospital closed; and

WHEREAS, the current Provident Hospital facility is not the original hospital; and

WHEREAS, repeat this for as many Whereas clauses you have; and

WHEREAS, Cook County purchased, renovated, and reopened Provident Hospital in 1993 as a part of the Cook County Health system and since that time, Provident Hospital has served as an important provider of both inpatient and outpatient care; and

WHEREAS, in recent years, Provident Hospital has added extensive outpatient services for the community; and

WHEREAS, in 2016, Cook County Health opened an ophthalmology center and new digital mammography suites at Provident, and will deliver outpatient hemodialysis services beginning in 2020; and

WHEREAS, Provident has more than 127,000 visits annually; and

WHEREAS, the current Provident Hospital facility is dated and requires tens of millions of dollars to update; and

WHEREAS, based upon a needs and demand assessment of Chicago's south side and the south suburbs and an analysis of existing surgical capacity and patient need at Provident Hospital, Cook County Health is proposing to build a smaller, modern facility to replace the current hospital and to include comprehensive outpatient clinical and diagnostic services; and

WHEREAS, this modernized Provident Hospital facility will allow Cook County Health to provide patients with comprehensive, high-quality healthcare close to where they live and eliminating the need for many of them to travel to Stroger Hospital for more complex care; and

WHEREAS, this plan helps fulfill a key component of Cook County Health's strategic plan, *IMPACT 2020*, which calls for significant investments to modernize CCH facilities to attract and retain top-notch clinical staff; and

WHEREAS, the cost for the modernized Provident Hospital facility was included in the Cook County FY2019 Capital Improvement Plan (CIP) budget; and

WHEREAS, the existing Provident Hospital building will not close until the modernized Provident Hospital building opens; and

WHEREAS, Cook County Health and the Cook County Bureau of Asset Management are committed to the inclusion of minority- and woman-owned business hiring goals as well as a community hiring component; and

NOW, THEREFORE, BE IT RESOLVED, that the President and Cook County Board of Commissioners do hereby express their support for Cook County Health's planned construction of a modernized Provident Hospital facility; and

BE IT FURTHER RESOLVED that the Cook County Board Health and Hospitals Committee conduct a hearing to receive an update from Cook County Health and on the Bureau of Asset Management on the Provident Hospital project.

Legislative History : 12/19/19 - Board of Commissioners - refer to the Health & Hospitals Committee

[20-0789](#)

Sponsored by: TONI PRECKWINKLE (President), LUIS ARROYO JR, SCOTT R. BRITTON, JOHN P. DALEY, DENNIS DEER, BRANDON JOHNSON, BILL LOWRY, STANLEY MOORE, PETER N. SILVESTRI, LARRY SUFFREDIN, JEFFREY R. TOBOLSKI, ALMA E. ANAYA, BRIDGET DEGNEN, BRIDGET GAINER, DONNA MILLER, KEVIN B. MORRISON and SEAN M. MORRISON, Cook County Board of Commissioners

PROPOSED RESOLUTION

COOK COUNTY HEALTH & HOSPITALS SYSTEM CEO SELECTION CRITERA AND MANAGEMENT AUDIT

WHEREAS, Cook County is a home rule unit of local government pursuant to Article VII, Section 6(a) of the 1970 Illinois Constitution, and as such may exercise any power and perform any function pertaining to its government and affairs; and

WHEREAS, Cook County by ordinance established the independent Cook County Health & Hospitals System (“CCHHS”) which continued to be an agency of and funded by Cook County; and

WHEREAS, by ordinance, all personnel within CCHHS shall be governed by the Board of Directors, established as the System Board; and

WHEREAS, the System Board was granted the authority to address human resource functions with regard to all employees, and is charged with the hiring and recruitment of the Chief Executive Officer (“CEO”) of CCHHS; and

WHEREAS, the County Board President and County Board recognize that CCHHS operations and personnel matters are conducted free from any political interference, however, due to the policy making nature of the CEO position, it is hereby declared that the System Board should consult with the County Board and the County Board President as well as the public-at-large in advance of recruiting and appointing a new CEO in order to solicit input regarding the responsibilities, background, experience and attributes necessary to consider when recruiting a new CEO at CCHHS; and

WHEREAS, in accordance with the Open Meetings Act, the System Board should solicit input from the County Board President, the County Board and the public-at-large through a Cook County Health and Hospitals Committee Meeting and the System Board should further brief the Cook County Health and Hospitals Committee in that meeting regarding its recruitment process, and recruitment timing for the new CEO in said meeting; and

WHEREAS, in accordance with Sec. 38-88 of the Cook County Code of Ordinances and in order to assist a new CEO in understanding the management and operations at CCHHS and determine whether

the System Board and CCHHS are managing and utilizing its personnel and operational resources in an economical and efficient manner, the County Auditor should undertake a management audit of CCHHS; and

WHEREAS, the Auditor shall be permitted to utilize a professional auditing firm experienced in health care operations to assist in this management audit and shall be authorized to solidify the scope of the management audit consistent with this Resolution in partnership with the System Chair; the Audit expense will be paid by Cook County and

WHEREAS, the Auditor shall report the results of the management audit to both the County Board and System Board. The System Board shall have the opportunity to review the report and comment on it before the report is made public.

NOWHEREFORE BE IT RESOLVED, by the President and the Board of Commissioners of Cook County, that the System Board through its Chair, consult with the County Board and the County Board President in advance of recruiting and appointing a new CEO in order to solicit input regarding the responsibilities, background and attributes necessary to consider when recruiting a new CEO at CCHHS; and

BE IT FURTHER RESOLVED, that within thirty days of passage of this Resolution, the Cook County Health and Hospitals Committee shall convene a meeting whereby the System Board through its Chair will inform the County Board and President regarding its proposed recruitment process and recruitment timing for the CEO and the Chair of the System Board shall also during this meeting solicit input from the County Board President, the County Board and public-at-large regarding the responsibilities, background, experience and attributes that the County Board, President and public may deem necessary for consideration when recruiting a new CEO at CCHHS; and

BE IT FURTHER RESOLVED, that in order to assist a new CEO in understanding CCHHS operations, the Cook County Auditor, through the assistance of a professional auditing firm(s) with experience in health care shall conduct a management audit at CCHHS and shall (a) review the types and number of management positions, including but not limited to the direct appointment positions by the CEO, compared with other large public urban hospitals, (b) review the allocation of personnel and reporting structure at CCHHS compared with other large urban public hospitals, (c) review CCHHS procurement policies, and (d) review the process for determining capital improvement projects; the audit shall make recommendations to the System Board regarding CCHHS practices and operations, including organizational structure, types of positions, allocation of personnel, compliance with procurement policies and methods for determining capital projects; and

BE IT FURTHER RESOLVED, that the Cook County Auditor shall complete its review and issue a report to the President, the County Board and the System Board on or before July 1, 2020 so any recommendations may be considered by the new CEO for the 2021 fiscal year budget.

Legislative History : 12/19/19 - Board of Commissioners - refer to the Health & Hospitals Committee

A handwritten signature in blue ink that reads "Matthew B. DeLeon". The signature is written in a cursive style with a large initial 'M'.

Secretary

Chairman: Deer
Vice-Chairman: Arroyo
Members: Committee of the Whole