

Cook County Health Budget Memo
National Nurses United
October 19, 2020

Memo: President Preckwinkle's FY 2021 Budget Proposal
To: Cook County Board of Commissioners
C/O Secretary of the Cook County Board of Commissioners
From: Marti Smith, Executive Director
National Nurses United
msmith@nationalnursesunited.org
Date: October 19th 2020

The FY 2021 Budget Recommendation put forth by President Preckwinkle includes purports to expand lifestyle services and create improved health education opportunities that will advance health outcomes in the long term. But these measures fail to meet the immediate needs of impacted communities, making them less safe. Community members seeing care for diabetes will likely improve health outcomes in the long term due to new programing, but when they arrive at 2am with crashing blood sugar they'll require a form of care unavailable to them if the Provident ER closes. These services are exclusive, not interchangeable. In combination, they are fundamental to a functioning health system.

When federal regulation mandated that seatbelts be standard in the manufacturing of motor vehicles, the intervention succeeded in avoiding nearly 50% of motor vehicle deaths and 60% of major injuries. These improvements did not inspire the closure of trauma centers or emergency rooms. The following document seeks to underscore the likely harm the proposed budget would cause, if approved.

I. This is a Cost-Cutting Budget That Doesn't Cut Costs, But Does Cut Services

The President would like you to reduce a profitable service line at Provident (ER, ICU, Medical Surgical Unit) and lay off employees as a supposed cost saving measure, - but the budget recommendation put forth achieves the opposite.

- 28,000 patients sought emergency care at Provident last year.
- Physicians, nurses, respiratory therapists, pharmacists, environmental services workers and all workers took excellent care of these patients.

Cook County Health Budget Memo
National Nurses United
October 19, 2020

- The President’s new budget recommends a \$5,257,343 increase in overtime
- The President’s new budget recommends \$33,667,346 in ADDITIONAL contractual services

Cook County Affiliate	Overtime Budget FY '20	Overtime FY '21 Recommended Budget	Percent Change
<i>Cermak (CCJ)</i>	\$5,071,751	\$(-686,882)	86.46%
<i>JTDC</i>	\$195,601	\$101,000	151.63%
<i>Provident</i>	\$1,651,532	\$1,052,000	163.69%
<i>ACHN</i>	\$450,002	\$125,000	127.77%
<i>Public Health</i>	\$10,000	\$47,000	570%
<i>Stroger Hospital</i>	\$22,100,742	\$4,619,225	120.90%
TOTALS	\$29,479,629	\$5,257,343	117.83%

Cook County Affiliate	CONTRACTED SERVICES BUDGET FY '20	CONTRACTED SERVICES FY '21 PRESIDENT’S BUDGET	Percent Change
<i>Cermak (CCJ)</i>	\$1,212,400	\$280,970	81%
<i>JTDC</i>	\$159,300	-\$3,873	102%
<i>Provident</i>	\$5,818,910	\$500,000	92%
<i>ACHN</i>	\$5,812,559	-\$1,007,614	121%
<i>Public Health</i>	\$1,108,450	\$1,687,000	40%
<i>Stroger Hospital</i>	\$54,564,061	\$30,194,635	64%
TOTALS	\$68,675,680	\$33,667,346	81%

II. Provident Hospital Operates in the Black Among other Financially Insolvent Hospitals

Provident Hospital isn’t losing money. Provident is just as profitable as neighboring, for-profit hospitals, despite its location in the poorest neighborhoods in Chicago as described below.

Cook County Health Budget Memo
 National Nurses United
 October 19, 2020

Sun-Times: U of C Shunning Poor Patients? Obama's Wife, Aides Tied to Plan to Free Space

The University of Chicago Medical Center (UCMC) is the nearest ER to Provident hospital, and despite possession of net assets eclipsing those of Provident by orders of magnitude, their net income was approximately equivalent in the most recent records, at around \$50 million.

	Inpatient Revenue	Net Patient Revenue	Net income	Total unreimbursed & uncompensated care cost
<i>Provident Hospital</i>	\$127,664,303	\$115,406,928	\$56,385,813	\$43,705,453
<i>Uni. Chicago Medical Center</i>	\$4,353,015,780	\$1,796,247,000	\$44,051,000	\$101,557,284

The graph below demonstrates the precarity of healthcare services for residents of the South Side. **Only two hospitals are financially solvent** (and this bears out through at least five years of financials).

- The hospitals below are the facilities within the boundaries of the planning district used by the Illinois Health Facilities and Services Review Board to determine if adequate services exist within each area to service the needs of the population.
- Last year, hospitals collaborated to request additional state funding to ensure provision of service. They're in trouble. We can't let the neighborhoods dependent on these services lose access.
- These facilities alone cannot support the needs of the community without Mercy and Provident.

HOSPITAL	STAFFED BEDS	TOTAL PATIENT REVENUE (2019)	NET INCOME/LOSS (2019)
<i>Provident</i>	25	\$202,443,198	\$56,385,813
<i>UChicago Medical Center</i>	682	\$8,860,010,394	\$44,051,000
<i>St. Bernard Hospital</i>	190	\$169,844,043	(\$6,437,712)
<i>Mercy Hospital</i>	258	\$666,289,131	(\$37,419,045)
<i>Jackson Park Hospital</i>	201	\$210,832,381	(\$27,872,107)
<i>South Shore Hospital</i>	137	\$102,409,147	(\$1,275,207)

<i>Holy Cross Hospital</i>	221	\$557,241,001	(\$18,103,100)
----------------------------	-----	---------------	-----------------------

HFSRB planning district A-3

III. Outpatient vs Emergency Care – Why Closing the ER at Provident Hospital is Deadly

President Preckwinkle’s budget recommendation for 2021 downgrades the Emergency Room at Provident Hospital, nodding toward a county preference for expanding outpatient care.

- For patients who lack internet access or are on an hourly income, outpatient facilities pose challenges for accessing care.
 - These patients are not always financially or potentially socioeconomically confident to make long-term appointment schedules for myriad reasons relating to work scheduling or ability to pay.
- While the community certainly needs a dialysis center, a patient education center, and more colon cancer screenings, as suggested in the budget recommendation presented by President Preckwinkle, this does not remedy the fact that more than 28,000 patients sought emergency care at Provident last year.
- The many who hold multiple part time jobs, whose housing, transportation, or food is insecure, who live in violent or otherwise unsafe spaces require access to emergency care twenty-four hours a day, even if they don’t require a trauma center.

IV. Community Care Cannot be Safely or Effectively Moved out of Communities

- Cook County provides more than half of the charity care for the entire county, but we can’t expect folks to commute all the way to Stroger Hospital in the West Loop and continue to utilize CCH services.

<i>Neighborhood</i>	Public Transit Commute to Stroger	Commute to Stroger by car
<i>Englewood</i>	55 minutes	20 – 40 minutes
<i>Oak Forest</i>	2 h 41m	35m – 1hr 15m
<i>Hyde Park</i>	57 minutes	18m – 45m

What Happens When Mercy and Provident’s ERs Both Have Closed?

- Neighboring private hospitals are already operating at capacity as indicated by their high rates of **bypass**, explained below. What this translates to is the fact that 30,000 new patients being directed to the University of Chicago could easily mean additional bypass patient orders. This would require patients to travel farther for emergency care.

Hospital Name	Emergency department visits (2019)	Distance from Provident in miles
<i>Provident Hospital of Cook County</i>	28,899	0
<i>University of Chicago Medical Center</i>	101,567	1.3
<i>St. Bernard Hospital</i>	21,251	3.0
<i>Mercy Hospital</i>	51,795	3.3
<i>Jackson Park Hospital</i>	10,510	4.3
<i>South Shore Hospital</i>	4,600	5.4
<i>Holy Cross Hospital</i>	15,064	6.6
<i>University of Illinois Hospital</i>	48,066	7.2

- **Tribune: Abuse of Ambulance Diversion Leads to State Investigation**

Bypass explained:

As of last November, University of Chicago Medical Center (UCMC) was one of three medical centers being investigated for their overuse of ambulance diversion – a practice that closes a facility’s doors to ambulance traffic. It’s a controversial practice across the country, and one that some experts say is being abused to the detriment of patients.

- At UCMC, the Adult ER was on diversion for **17% of the year**.
- This is important because UCMC is the only hospital remaining in the area surrounding Provident and Mercy with the capacity *and* the financial stability to be reliably available to the patients of both hospitals.

However – if all the patients from both Mercy and Provident went to U of C, the patient volumes in the ER would increase by 74% - possibly leading to additional time on bypass as UCMC copes with the massive increases in volume.

- **If Mercy closes its doors, and Provident shuts its ER, where will uninsured or homeless patients go once the University of Chicago, seeing more than 100,000 ER patients a year, is on bypass?**

When the ER at UCMC gets busy, we already know what it does – it diverts ambulances to other facilities. In treating trauma patients, time is everything – especially the first hour following injury.

- This hour – the golden hour – is the patient’s best opportunity to survive. Studies show that patients who get to definitive care (a fully equipped ER with an OR crew on call) have higher survival and better outcomes.
 - Kotwal RS et al. “The effect of a golden hour policy on the morbidity and mortality of combat casualties.” *JAMA Surg* 2015 Sep 30; [e-pub]. (<http://dx.doi.org/10.1001/jamasurg.2015.3104>)

CCH will tell you that many of Provident’s patients are just in need of primary care, and that’s true in the majority of ERs in America today.

- **However, an ER that is overrun by a 74% increase in volume (like UCMC could be after Mercy and Provident close), is far more likely to go on ambulance diversion – not just for Provident patients, but for every South Side patient in need of a trauma center.**

V. Why won’t these patients just go to a primary doctor?

Two of the 4 neighborhoods surrounding Provident Hospital have the highest rates of unemployment and therefore very likely the highest number of potential County Care patients and others in need of CCH’s services.

	PROVIDENT HOSPITAL Kenwood 60616	MERCY HOSPITAL Douglas Park 60616	UCHICAGO Hyde Park 60637	The Loop 60611
<i>Poverty as % of population</i>	41.2%	46%	50.7%	20.4%
<i>Unemployment as % of population</i>	8.4%	6.9%	15.9%	2.4%

The poverty rate combined with the unemployment rate pose one clear reason patients don’t go to physicians’ offices, they are working poor. This patient population does not necessarily feel confident or comfortable at University of Chicago because they are uninsured. For undocumented residents this is doubly true, even though the City of Chicago advertises as a sanctuary city.

- Tribune: Initiative to divert patients called 'dangerously close' to breaking law

Reasons for Preferential Use of Hospital Over Ambulatory Care Among Patients of Low Socioeconomic Status

- University of Pennsylvania and Perelman School of Medicine

Transit times to newly relocated CCH specialists are long and unpredictable, wait times for appointments can be long and require unaffordable absences from work.

- During the pandemic, visits are fraught with risk of infection.
- Understaffing and unaddressed staff vacancies lead to longer waits, more overburdened and less patient staff, thereby exacerbating problems perceived by the public.
- This results in low patient confidence and poor outcomes.
- According to the cited study from the University of Pennsylvania:
 - “Reducing avoidable hospitalizations and emergency department visits is a major target for cost control and quality improvement in the health care system.
 - “Hospitalizations for ambulatory care–sensitive conditions —that is, acute conditions that could have been prevented or mitigated by effective ambulatory care —cost approximately \$30.8 billion annually.
 - “At each stage of care, patients with low socioeconomic status are at higher risk for being hospitalized for ambulatory care–sensitive conditions than patients of higher socioeconomic status.”

Indicator	Chicago	South Shore	Douglas	Oakland	Washington Park	Kenwood	Woodlawn	Bridgeport	Armour Square	Hyde Park
								Majority White for Contrast		
Race-Ethnicity										
Non-Hispanic African American or Black	--	93.60%	70.30%	91.90%	94.40%	68.50%	84.10%	2.60%	9.20%	28.70%
Non-Hispanic Asian or Pacific Islander	--	0.30%	12.90%	1.90%	0.10%	8.40%	3.10%	37.20%	75.40%	12.20%

Cook County Health Budget Memo
National Nurses United
October 19, 2020

Hispanic or Latino	--	1.70%	3.20%	3.70%	1.80%	2.90%	3%	24.90%	3%	7.90%
Non-Hispanic White	--	2.70%	11.50%	1.90%	0.40%	17.10%	7.90%	33.40%	11.50%	47.20%
Indicator	Chicago	South Shore	Douglas	Oakland	Washington Park	Kenwood	Woodlawn	Bridgeport	Armour Square	Hyde Park
Quality Of Care										
Health care satisfaction	68%	68.10%	54%	46.20%	64.80%	68.20%	63.30%	79.60%	62.40%	70.30%
Received needed care	83.70%	79.70%	64.90%	95%	56.40%	75.30%	78.90%	85.70%	66.90%	90.90%
Access To Care										
Routine checkup	77.90%	86.10%	83.70%	81.50%	93.50%	69.50%	71.80%	74.50%	82.30%	71.40%
Early and adequate prenatal care	65.30%	57.70%	59.30%	61.70%	56.10%	71.20%	63.30%	71.30%	66.40%	80.70%
Prenatal care in first trimester	69.70%	67.10%	71.20%	75.40%	66%	76.20%	71.60%	77.50%	74.60%	82.40%
Indicator	Chicago	South Shore	Douglas	Oakland	Washington Park	Kenwood	Woodlawn	Bridgeport	Armour Square	Hyde Park
Community Safety										
Neighborhood safety	75.90%	54.80%	78.40%	64.50%	38.80%	85.80%	63.50%	81.70%	76.50%	90.80%
Income										
Unemployment	8.30%	20.80%	16%	21.20%	26.70%	12.90%	18.20%	9.90%	12.10%	6.70%
Indicator	Chicago	South Shore	Douglas	Oakland	Washington Park	Kenwood	Woodlawn	Bridgeport	Armour Square	Hyde Park

Cook County Health Budget Memo
National Nurses United
October 19, 2020

Behavioral Health

Drug induced deaths	28.4	23.2	27.2	22.4	35.6	11.4	17.1	14.1	5.9	8.1
Alcohol induced deaths	8.5	5.7	5.9	12.2	15.9	5.5	7.7	7.8		2.8
Opioid-related overdose deaths by location	796	19	10	2	7	4	6	4	2	2
Suicide	7.9	6.2	14.1			7.4	4.5	12.4	1.4	5.6
Drug overdose deaths	28.1	23	27.2	22.4	35.6	11.4	17.1	14.1	5.9	8.1
Opioid-related overdose deaths	23.4	34.8	37.3	51	29	15.6	21.6	15.6	14.7	6.3

Maternal, Infant Child & Adolescent Health

Infant mortality	6.6 per 1,000 live births	13.3 per 1,000 live births	5.1 per 1,000 live births	12.1 per 1,000 live births	13.3 per 1,000 live births	11.2 per 1,000 live births	10.2 per 1,000 live births	5.6 per 1,000 live births	5.9 per 1,000 live births	8.1 per 1,000 live births
------------------	---------------------------	----------------------------	---------------------------	----------------------------	----------------------------	----------------------------	----------------------------	---------------------------	---------------------------	---------------------------

Infectious Disease

Influenza and pneumonia deaths	18.6	20.9	24	15.4	20.1	12.2	14.8	15.7	20.3	11.1
--------------------------------	------	------	----	------	------	------	------	------	------	------

Quality Of Life

Years of potential life lost (YPLL)	8,131 years	14,627 years	11,277 years	12,293 years	15,689 years	8,405 years	12,684 years	5,991 years	4,989 years	4,462 years
-------------------------------------	-------------	--------------	--------------	--------------	--------------	-------------	--------------	-------------	-------------	-------------

Quality Of Life

Cook County Health Budget Memo
National Nurses United
October 19, 2020

Life expectancy	77 years	71 years	74 years	70 years	69 years	77 years	74 years	79 years	80 years	82 years
-----------------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------