

# CCH Monthly Report

to the Cook County Board of Commissioners

June 2022

Item #: 22-3222



COOK COUNTY  
**HEALTH**

# Administrative & Legislative Updates



Presented to the Cook County Health Board on 5/27/2022



COOK COUNTY  
**HEALTH**

# Administrative Updates – CCH Employee Recognition

- Congratulations to CCH physicians **Drs. Larissa Unruh, Sadhana Dharmapuri, and Kenneth Soyemi** for publishing a research paper in PLOS ONE, a premier, open-access, peer-reviewed journal published by the Public Library of Science. The article, *“Health disparities and COVID-19: A retrospective study examining individual and community factors causing disproportionate COVID-19 outcomes in Cook County, Illinois”* was released in May and provides important data and commentary on the need to broadly address issues of health equity. The researchers found that race “is a significant factor for COVID-19 related mortality in Cook County... data indicate that many of the deaths were not inevitable but were the byproducts of ingrained structural inequality resulting in diminished opportunities. We hope that the lessons from this study can help illuminate the persistent inequalities in our country so that, as a society, we can better address these issues.”
- **Nurses Month** As part of a full month of activities celebrating CCH nurses, Cook County Health held its annual **Nurse Excellence Award Ceremony** on May 13. Several CCH nurses were honored for their contribution to CCH and beyond. Congratulations to all the winners!
  - **Leadership:** Blaine Stringer MSN, RN, CEN, NE-BC, Medical Surgical Nursing
  - **Volunteerism:** Joyce Ogunti, RN, BSN, Emergency Services Nursing
  - **Rising Star:** Anu Thomas, RN, General Medicine/Oncology-Unit
  - **Community Care:** Martia Brown, RN, BSN, Englewood Health Center
  - **Clinical Nursing:** Regina Lapcevic, RN, BSN, Adult Cardiology-Clinical
  - **Education and Mentorship:** Cheryl D. Eadie, DNP, RN, Senior Instructor
  - **Correctional Health:** Augustus Alabi, RN, Cermak Health Services
  - **Patient Care Support:** Rosemary Salas, MA, Orthopedics, ACHN

# Administrative Updates – CCH Employee Recognition (Continued)

- Cook County Health has a longstanding reputation for excellence in **medical research and innovation**, which was on display at this month's **Institutional Research Day**. Physicians across a multitude of specialties highlighted their research projects and winners were selected by a multidisciplinary committee.

Congratulations to the winners!

**Dr. Daniel Riggins**, Internal Medicine

**Dr. Preston Banoub**, Surgery

**Dr. Viviana Barquet**, Surgery

**Dr. Teresa Evans**, Trauma & Burn

**Dr. Dae Yong Park**, Internal Medicine

**Dr. Maha Elsebaie**, Internal Medicine

**Dr. Ufuk Vardar**, Internal Medicine

**Dr. Antonia Nemanich**, Emergency Medicine

**Dr. Miao Jenny Hua**, Internal Medicine

- Thank you to the Research Day committee for your time and effort:

**Man Hwa Estelle Hu**, Librarian

**Dr. Steve Aks**, Emergency Medicine/Toxicology

**Dr. Michael Hoffman**, Internal Medicine

**Dr. Juleigh Nowinski-Konchak**, Preventive Medicine

**Dr. Katayoun Rezai**, Infectious Disease Medicine

**Dr. William Trick**, Collaborative Research Unit

**Dr. Elena Gonzalez**, Dermatology

**Dr. Jenny Hua**, Preventive Medicine

**Dr. Prasanth Lingamaneni**, Internal Medicine

**Dr. Rochelle Rennie**, Family Medicine

**Dr. Hafeez Shaka**, Internal Medicine

**Errick Christian**, Emergency Medicine



# Administrative Updates

## COVID-19

- Cases are continuing to rise throughout the region although hospitalizations remain relatively low.
- CCH has administered more than 1 million vaccine doses and is preparing for FDA approval of COVID vaccines for children under 5 which is expected in June. Both CCH and CCDPH continue to offer vaccines, including booster shots, in the community. A full list of locations, dates and times can be found at <https://myshotcookcounty.com/locations/>. A summer promotion is being planned to increase vaccine rates across all populations.
- CCH has earned more than 20,000 COVID media hits since the beginning of the pandemic with an advertising value of more than

## Mental Health Awareness

- On Thursday, May 19, 2022, Cook County Board President Toni Preckwinkle, Cook County Commissioner and CCH Board vice-chair, Cook County Commissioner Bill Lowry and CEO Israel Rocha held a press conference to discuss the County's plan to expand mental health services. Later that evening, Cermak Health Services participated in a virtual forum to discuss the importance of mental health care.

## Marketing Awards

- My Shot Cook County continues to win national awards. The Healthcare Advertising Awards has awarded My Shot Cook County three golds and a silver for the My Shot and Trust Us campaigns, including a gold for total advertising campaign.
- Additionally, CountyCare's We've Got You Covered campaign received a bronze in the category of Total Digital Marketing Campaign.
- More about the Healthcare Advertising Awards can be found [here](#). HAA received more than 4,400 entries and gold awards were given to 512, silver awards to 320 and bronze to 249.

# Administrative Updates – Activities and Announcements (cont.)

## Food As Medicine

- As access to healthy food remains a great need for our patients and communities, the Fresh Truck partnership between Cook County Health (CCH) and the Greater Chicago Food Depository (GCFD) continues. The onset of the COVID-19 pandemic required CCH and GCFD to develop and implement revised protocols for the Fresh Truck distributions that allow for appropriate screenings and social distancing to protect patients, as well as CCH and GCFD staff and volunteers. These revised protocols are in place until further notice.
- Through May 19, 2022, CCH's Fresh Truck partnership with the Greater Chicago Food Depository (GCFD) resulted in 388 visits to CCH health centers – Arlington Heights, Austin, Belmont Cragin, Blue Island, the CORE Center, Cottage Grove, Englewood, North Riverside, Provident/Sengstacke, Prieto, and Robbins.
- Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables, as well as some shelf stable items during the COVID-19 pandemic, to an estimated 42,313 households, representing 139,547 individuals. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

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

- June 2      **Austin Health Center** - 4800 W. Chicago Avenue, Chicago, IL 60651
- June 7      **North Riverside Health Center** – 1800 S. Harlem Avenue, North Riverside, IL 60546
- June 14     **Cottage Grove Health Center** - 1645 Cottage Grove Avenue, Ford Heights, IL 60411
- June 16     **Englewood Health Center** - 1135 W. 69th Street, Chicago, IL 60621
- June 21     **Robbins Health Center** - 13450 S. Kedzie Avenue, Robbins, IL 60472

# Administrative Updates – Community Advisory Councils

- Cook County Health Community Advisory Councils (CAC) include patients, community and religious organizations and serve as an opportunity to promote our services and receive important feedback from various stakeholders. The 2022 second quarter topic presentations include Cardiology, Stroke, Family Planning, and the CountyCare Rewards Program. In addition, updates on Cook County Health, Covid-19 Vaccination and Community Outreach are provided. Each clinic also provides an update on its operations at the meeting.
- Upcoming CAC meeting dates, including the 2022 schedule:
  - **Robbins:** Tuesday at 1:00 PM: June 14, September 13, December 13  
13450 S. Kedzie Road, Robbins, IL 60472
  - **North Riverside:** Wednesday at 1:00 PM: June 15, September 14, December 14  
1800 S. Harlem Avenue, North Riverside, IL 60546
  - **Englewood:** Thursday at 1:00 PM - June 16, September 15, December 15  
1135 W. 69th Street, Chicago, IL 60621
  - **Provident Hospital/Sengstacke Health Center:** Wednesday at 9:00 AM: July 13, October 12  
500 W. 51st Street, Chicago, IL 60609
  - **Cottage Grove:** Tuesday at 1:00 PM: July 26, October 25  
1645 S. Cottage Grove Avenue, Ford Heights, IL 60411
  - **Blue Island:** Wednesday at 1:00 PM: August 17, November 16  
12757 S. Western Ave., Blue Island, IL 60406
  - **Arlington Heights:** Tuesday at 1:00 PM: August 23, November 29  
3520 N. Arlington Heights Road, Arlington Heights, IL 60004

# Administrative Updates – Community Events

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

June 1	Cook County Health and CountyCare promotion at the <b>Greater Auburn-Gresham Development Corporation's Health Fair</b> , 79th and Racine to 79th and May in Chicago.
June 4	Cook County Health and CountyCare promotion at the <b>South Side Summer Fest</b> at Comer Education Campus, Grand Crossing located at 7200 S Ingleside Avenue in Chicago.
June 11	Cook County Health and CountyCare promotion at the <b>Apostolic Faith Church's Healing our Village event</b> , 3823 S. Indiana Avenue in Chicago.
June 11	Cook County Health and CountyCare promotion at the <b>Sinai Community Institute and 25th Chicago Police District's 25th District Senior Expo</b> , 5555 West Grand Avenue in Chicago.
June 18	Cook County Health and CountyCare promotion at the <b>Austin Community Juneteenth</b> sponsored by the West Side Ministers Coalition and will take place at Columbus Park, 5900 W. Adams in Chicago.
June 18	Cook County Health and CountyCare promotion at the <b>Homewood-Flossmoor Juneteenth Festival</b> which is sponsored by the Homewood-Flossmoor School District and will take place at the Homewood-Flossmoor High School, 999 Kedzie Avenue in Flossmoor.
June 23	CountyCare is hosting its quarterly <b>Enrollee Advisory Committee (EAC)</b> which is going to be held virtually at 12:00pm. The EAC is a way to bring 15 CountyCare members together to talk about the plan, what works and what needs improvement and to obtain feedback from the members on their care and other issues.
June 29	CountyCare is hosting its quarterly <b>Community Stakeholder Committee (CSC)</b> which will be held virtually at 8:00am. The CSC is a way to bring 15 community organizations together to make a presentation on the plan, its resources and to obtain feedback on how to reach high-risk populations and to provide better services across Cook County.
June 30	Cook County Health and CountyCare promotion at <b>Representative Lamont Robinson's Senior Appreciation</b> at the Paul G. Stewart Center, 400 E. 41st Street in Chicago.



# Legislative Updates – Local

- On May 11, CCH, along with other County departments and agencies, appeared before the Cook County Human Relations Committee in response to Commissioner Kevin Morrison’s *Proposed Resolution Requesting a Hearing in the Cook County Human Relations Committee to Discuss Violence and Systemic Barriers Against Cook County Transgender Residents*. Chris Balthazar, MA, Project Director from the Department of Psychiatry presented on behalf of CCH.
- On May 11, CCH appeared before the Cook County Health & Hospitals Committee to provide a COVID-19 and Contact Tracing Update. CCH CEO Israel Rocha, CCDPH Co-Leads Dr. Kiran Joshi and Dr. Rachel Rubin presented on behalf of CCH.
- At the May 12 Cook County Board meeting, President Preckwinkle introduced the appointment of Dr. LaMar Hasbrouck to serve as CCDPH Chief Operating Officer. The appointment will be considered by the Legislation and Intergovernmental Affairs Committee at a meeting expected to be scheduled in mid-June. If confirmed by the committee, the appointment will be presented to the County Board for ratification at the June 16 meeting.
  - Dr. Hasbrouck’s professional background includes having worked for the U.S. Centers for Disease Control and Prevention (CDC) where he served as Senior Medical Officer in Chicago and later oversaw daily operations for CDC-Guyana, South America. Dr. Hasbrouck also served as Director of the Illinois Department of Public Health from 2012-2015. Most recently, Dr. Hasbrouck was Senior Advisor to the Secretary General for the Council of Healthcare Insurance in Riyadh, Saudi Arabia.
- On May 20, the Nominating Committee of the Board of Directors of the Cook County Health and Hospitals System (NomCom) met to consider candidates for nomination to the CCH Board of Directors. Four (4) Director terms are scheduled to expire in late fall 2022/early winter 2023 (Gugenheim, Munar, Prendergast, Koetting). Pursuant to County Ordinance, the NomCom is required to submit three (3) candidates for each vacancy to the County Board President for consideration. On May 23 the NomCom submitted ten (10) candidates to President Preckwinkle for consideration.

# Legislative Updates – State

- The Illinois General Assembly adjourned in the early hours of Saturday, April 9. No additional session days have been scheduled, and the legislature is not expected to return to Springfield before the Fall 2022 veto sessions. Veto session dates have not been announced but will likely take place following the November 8 general election. Depending on the outcome of the statewide election, “lame duck” session days may also be scheduled for early 2023, prior to the inauguration of the 103rd General Assembly.
- The General Assembly passed a balanced budget for State Fiscal Year 2023 (HB900) that includes tax relief for working individuals and families and paying down debts to ensure long-term financial stability for the state. The budget bill appropriates the remaining \$1.12B in federal American Rescue Plan Act (ARPA) funds allocated to Illinois, however, these funds do not need to be spent in FY2023. The bill also includes re-appropriations of capital grants originally authorized in the 2019 capital omnibus.
- The Budget Implementation Bill (HB4700) provides additional details on implementing the FY2023 state budget, including language that creates the Pipeline for the Advancement of the Healthcare (PATH) workforce program, which supports and expands opportunities for individuals enrolled in public community colleges to receive education and credentialing for entry into a healthcare pathway; waives licensure fees for health professionals in the FY2023 fiscal year; and authorizes a 47% increase in community-based substance use disorder treatment and intervention services.
- Legislators also passed a Medicaid omnibus bill (HB4343) that expands Medicaid coverage for low-income, non-citizens 42-54 years of age, adds new providers to the Medicaid program (certified professional midwives, acupuncturists, and certified peer support specialists), and directs HFS to apply for federal approval to implement 12 months of continuous eligibility for adults and allow for more individuals to be eligible for the ex-parte (passive) redetermination process.

# Legislative Updates – State (continued)

- Cook County Health had two primary legislative priorities in the Spring 2022 session:
  - HB4645 (Rep. LaToya Greenwood/Sen. Mattie Hunter) – Creates the Equity and Representation in Health Care Act, which authorizes a new loan repayment and scholarship program to promote greater diversity among health care providers when it comes to race, ethnicity, or other demographics. This Act also builds and strengthens the workforce at community-based provider locations that serve a high-proportion of Medicaid and uninsured patients, specifically at FQHCs, FQHC look-alikes, and provider locations operated by CCH, including Cermak Health Services. CCH co-led this effort with the Illinois Primary Health Care Association, which represents FQHCs statewide.
    - **Status:** HB4645 passed both chambers unanimously with dozens of provider associations, advocates, and individuals in support. The bill awaits signature by the Governor, with an effective date of January 1, 2023. While funding was not included in the FY2023 budget, CCH and our partners will be working to advocate for appropriations to be included in future budgets.
  - SB3695 (Sen. Jacqueline Collins/Rep. Robyn Gabel) – Amends the Freedom of Information Act (FOIA) to ensure that HIPAA protected health information is not subject to public records requests.
    - **Status:** While SB3695 passed the Senate unanimously without any opposition, the bill was stalled in the House, due to the volume of bills and the shortened timeframe of the session. The House sponsor indicated that she would work with CCH to pass in a future session.
- Other bills of interest CCH supported included:
  - HB4437 (Rep. Delia Ramirez) – Expands Medicaid to adults 19-54 years who have income at or below 138% FPL, regardless of immigration status. Healthy Illinois leads this effort.
    - **Status:** While this legislation did not pass, authorizing language that provides Medicaid-like coverage to immigrant adults 42-54 years of age was included in the FY2023 budget, with coverage to start July 1, 2022.
  - SB3632 (Sen. Doris Turner) / HB4264 (Rep. Greg Harris) - Getting To Zero Omnibus, which includes a \$15M appropriations request that will support increased access to and uptake of PrEP, keep more people living with HIV in care, and continue funding for supportive services.
    - **Status:** While these individual bills did not pass, a \$10M appropriation was included in the FY2023 budget to support these efforts, which will be administered by the Illinois Department of Public Health.

# Legislative Updates – Federal

## FY 2023 Budget and Appropriations

- Congressional committees continue to hold hearings on the President’s FY 2023 Budget Request. The House Appropriations Committee’s deadlines for Members to submit Community Project Funding Requests has passed and work towards FY 2023 bills is underway, though it is highly unlikely that Congress will be able to finish all twelve annual bills before the start of the fiscal year October 1. One or more continuing resolutions are likely to be required, absent a significant bipartisan agreement on top-level amounts and controversial riders.

## Health and Mental Health Legislation

- On May 18, the House Energy and Commerce Committee, which has jurisdiction over Medicaid and public health programs, marked up six pieces of bipartisan legislation, and sent them to the full House for consideration. Of interest to Cook County Health and to the County, is a bill that would ease the Medicaid inmate payment exclusion for eligible juveniles in detention. H.R. 7233, the “Keeping Incarceration Discharges Streamlined for Children and Accommodating Resources in Education Act” or the “KIDS CARES Act” would require state Medicaid plans to provide youth in juvenile detention with mental, behavioral, and physical health services before and after their release from custody. The bill also aims to improve school-based health services by streamlining current administrative processes and improving student access. Repealing or easing the Medicaid inmate payment exclusion has been a long-term goal of CCH, Cook County, and allies such as the National Association of Counties and National Sheriffs’ Association.
- At the same markup, the Committee approved H.R. 7666, the “Restoring Hope for Mental Health and Well-being Act.” This package of legislation would reauthorize mental health and substance use disorder programs at the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA) to address substance use disorder (SUD) and improve mental health. Amendments approved at the markup include provisions reflecting H.R. 1351, the “Mainstreaming Addiction Treatment (MAT) Act,” which removes the requirement that practitioners apply for a separate Drug Enforcement Agency (DEA) waiver to prescribe medically assisted treatment (e.g., buprenorphine) for SUD.
- Other House committees and committees of jurisdiction in the Senate, including the powerful Senate Finance Committee, with jurisdiction over Medicare and Medicaid, are considering bipartisan mental health legislation, and advocates hope that consensus provisions can be passed this year.

# Legislative Updates – Federal (continued)

## Biden Administration

- On May 16, the U.S. Department of Health and Human Services (HHS) did not give states official notice that COVID-19 Public Health Emergency (PHE) would not expire sixty days later on July 15, 2023, the end of the current PHE. PHE declarations enable HHS to waive or modify some requirements in federal health laws and are tied to some statutory changes, including the 6.2 percent Medicaid FMAP enhancement. Since the Administration has reaffirmed its commitment to give at least sixty days' notice before allowing the PHE to end, most observers expect the PHE to be extended to mid-October.
- HHS and the Centers for Medicare and Medicaid Services (CMS) have asked the Federal Communications Commission (FCC) to let certain entities, including state and local government workers and contractors and managed care plans, to communicate with enrollees by automated phone calls or texts without violating the Telephone Consumer Protection Act, in order to minimize coverage losses after the end of the PHE.

## COVID Supplemental Appropriation

- The \$10 billion COVID response package continues to be stalled in the Senate, with Republicans demanding votes on amendments to block the Biden Administration from withdrawing Trump-era regulations, known as "Title 42," used to bar asylum seekers due to public health risks. The Senate package would provide less than half the funding requested by the Administration and is limited to funding for the purchase of testing, vaccines and therapeutics and some preparedness funding for NIH. It did not include funding to replenish the HHS Health Resources and Services Administration (HRSA) program to reimburse providers for COVID testing, vaccination, and treatment for uninsured individuals, which ran out in early April.

## Reconciliation/"Build Back Better"

- Capitol Hill press are reporting that Senate Majority Leader Chuck Schumer (D-N.Y.) and Senator Joe Manchin (D-W.V.) have been having informal discussions around advancing a smaller Budget Reconciliation package with some elements of the President's Build Back Better agenda. No additional details or timelines have been reported.
- Meanwhile insurers and other stakeholders are calling on Congress to include an extension of the Affordable Care Act (ACA) marketplace subsidies provided by the American Rescue Plan Act. The enhanced subsidies expire on January 1, 2023, and insurers need to be able to set rates this summer for publication in the fall—right before the mid-term elections. These provisions are particularly salient in the states that have not expanded Medicaid under the ACA.



# Monthly Media Report



April 25, 2022 – May 23, 2022

Presented to the Cook County Health Board on 5/27/2022



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# Earned Media Dashboard: April 25– May 23, 2022



Total Media Placements

**1,093**



Total Reach

**2.0 Billion People**



Total Media Value

**\$18.3 Million**

## Top 5 Local Media Outlets

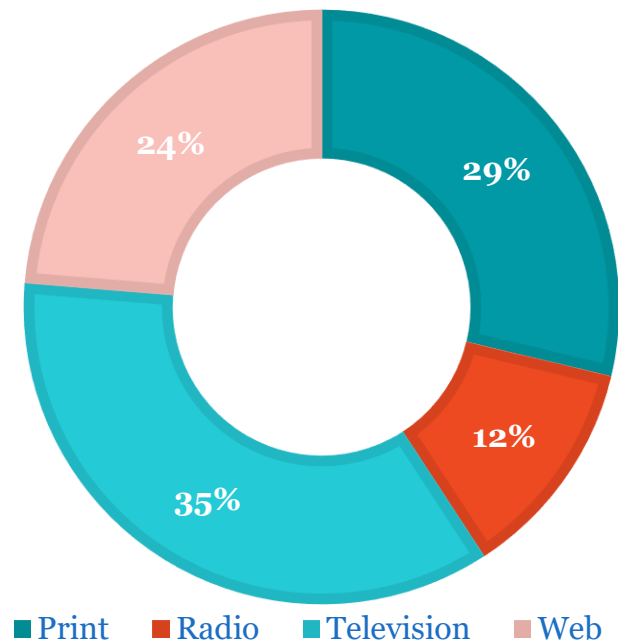
1. *NBC 5 Chicago*
2. *WBEZ*
3. *WBBM*
4. *Fox 32 Chicago*
5. *WGN radio*



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# Media Dashboard: April 25-May 23, 2022

## Media Outlet Type



## Most Common Topics

1. COVID funding
2. COVID cases and local updates
3. COVID and vaccines for kids
4. 1M COVID vaccine doses
5. Provident Scholarship fund

# Recent Cook County Health COVID-19 Media Coverage

20,820 Media Hits on COVID-19 since February 2020



Cook County Celebrating 1 Million COVID Vaccines Administered



Health officials recommend masks indoors in suburban Cook County



Moderna asks FDA to approve COVID-19 vaccine for kids under 6



Cook County Health doctor talks boosters, mitigations as COVID cases rise



CDC COVID Guidelines 2022: Symptoms to Watch for, How Long to Quarantine and More



Letter: Cook County reaches vaccine milestone



COVID coverage for all dries up even as hospital costs rise

# Social Media Report

April 25, 2022 – May 23, 2022

Presented to the Cook County Health Board on 5/27/2022



COOK COUNTY  
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# Social Media Summary

## April – May Activity

During April 25– May 23, the communications team posted content on Facebook, Twitter, Instagram and LinkedIn for Cook County Health.

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

**Facebook – 47 posts**

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

**Instagram – 51 posts (includes stories and IGTV)**

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

**Twitter – 53**

<https://twitter.com/CookCtyHealth>

**LinkedIn – 35 posts**

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

# Social Media Summary

As of May 24

## Twitter

- Impressions: **13.7K**
- Profile visits: **2.9K**
- Engagements: **354**
- Followers: **4,502** (up **14**)

## LinkedIn

- Impressions: **39.8K**
- Page Views: **1.1K**
- Followers: **8.2K** (up **236**)

## Facebook

- Total impressions: **73.3K** (up **20%**)
- Post engagement: **5.7K** (up **159%**)
- Page views: **1.5K**
- Page followers: **7,646** (up **42**)

## Instagram

- Impressions: **15K** (up **1%**)
- Engagement: **480** (up **30%**)
- Profile visits: **426**
- Followers: **2,758** (up **10**)

# Finance Metrics



Presented to the Cook County Health Finance Committee on 5/19/22



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# Executive Summary: Statement of Financial Condition – March 31, 2022

On an accrual basis, interim financials show that CCH ended March with a \$1.2M positive variance to budget. On a cash basis, the County's preliminary cash report on revenues and expenses shows a \$242.5M positive variance primarily due to the timing difference of CountyCare PMPM payments impacting the revenue and claims payments impacting expenses.

- Revenue Commentary:
  - Lower than budgeted NPSR due to lower than budgeted Surgical and OP Volumes
  - County Care has not received retrospective capitation rate adjustment for SFY22
- Expenditures:
  - Negative variance to Budget in Purchased Services expense partially offset by Salaries & Wages under budget due to positions not yet hired
  - Lower than budgeted County Care claims expense creating positive variance
- CountyCare:
  - CountyCare is showing an operating gain of \$10.1M
  - Membership is over 429,000, which is greater than the 391,000 monthly average budgeted

# Financial Results – March 31, 2022

Dollars in 000s	FY2022 Actual	FY2022 Budget	Variance	%	FY2021 Actual (3)
<b>Revenue</b>					
Net Patient Service Revenue (1)	\$207,176	\$243,726	(\$36,550)	-15.00%	\$180,849
CountyCare Elimination (1)	(\$33,654)	(\$39,667)	\$6,013	-15.16%	(\$38,776)
<b>Adjusted NPSR</b>	<b>\$173,522</b>	<b>\$204,059</b>	<b>(\$30,537)</b>	<b>-14.96%</b>	<b>\$142,073</b>
Government Support (2)	\$133,405	\$131,688	\$1,717	1.30%	\$127,384
CountyCare Capitation Revenue	\$899,420	\$892,430	\$6,990	0.78%	\$778,323
Other	\$5,476	\$5,380	\$96	1.79%	\$13,253
<b>Total Revenue</b>	<b>\$1,211,824</b>	<b>\$1,233,557</b>	<b>(\$21,733)</b>	<b>-1.76%</b>	<b>\$1,061,032</b>
<b>Operating Expenses</b>					
Salaries & Benefits	\$222,656	\$263,865	\$41,209	15.62%	\$223,637
Overtime	\$15,116	\$12,998	(\$2,117)	-16.29%	\$15,657
Supplies & Pharmaceuticals	\$46,597	\$49,574	\$2,977	6.01%	\$48,579
Purchased Services & Other	\$189,821	\$128,328	(\$61,493)	-47.92%	\$124,003
Medical Claims Expense (1)	\$781,440	\$829,153	\$47,713	5.75%	\$765,644
Insurance	\$10,944	\$12,301	\$1,356	11.03%	\$10,621
Utilities	\$4,616	\$3,889	(\$727)	-18.70%	\$4,878
CountyCare Elimination (1)	(\$33,654)	(\$39,667)	(\$6,013)	15.16%	(\$38,776)
<b>Total Operating Expenses</b>	<b>\$1,237,536</b>	<b>\$1,260,441</b>	<b>\$22,905</b>	<b>1.82%</b>	<b>\$1,154,244</b>
<b>Operating Margin</b>	<b>(\$25,713)</b>	<b>(\$26,884)</b>	<b>\$1,172</b>	<b>4.36%</b>	<b>(\$93,211)</b>
<b>Non-Operating Revenue</b>	<b>\$45,902</b>	<b>\$45,902</b>	<b>\$0</b>	<b>0.00%</b>	<b>\$40,902</b>
<b>Net Income (Loss)</b>	<b>\$20,189</b>	<b>\$19,017</b>	<b>\$1,172</b>	<b>6.16%</b>	<b>(\$52,309)</b>

## Notes:

- (1) CountyCare Elimination represents the elimination of intercompany activity – Patient Service Revenue and Medical Claims Expense for CountyCare patients receiving care at Cook County Health.
- (2) Government Support includes DSH, BIPA, & Graduate Medical Education payments.
- (3) Does not reflect Pension, OPEB, Depreciation/Amortization, or Investment Income.



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# Cook County Health

## Volumes: March 31, 2022

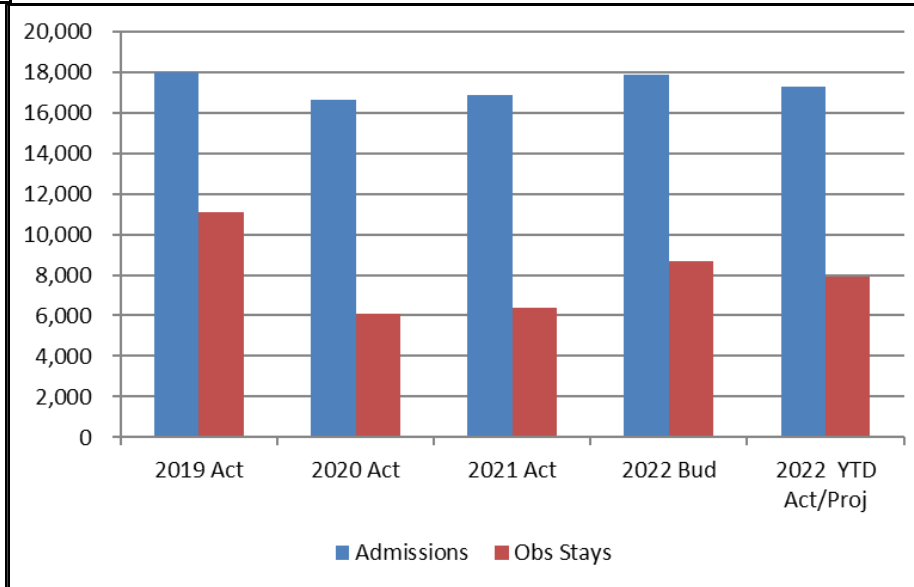
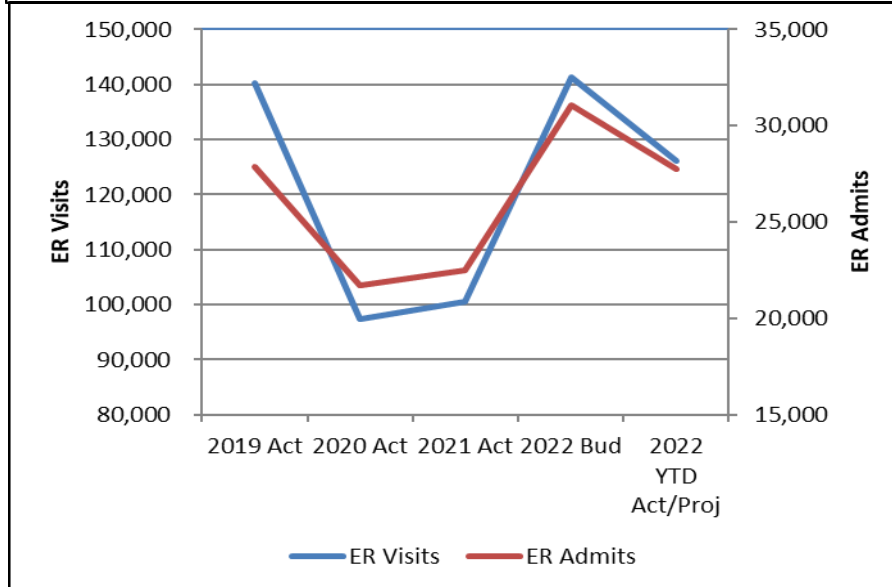
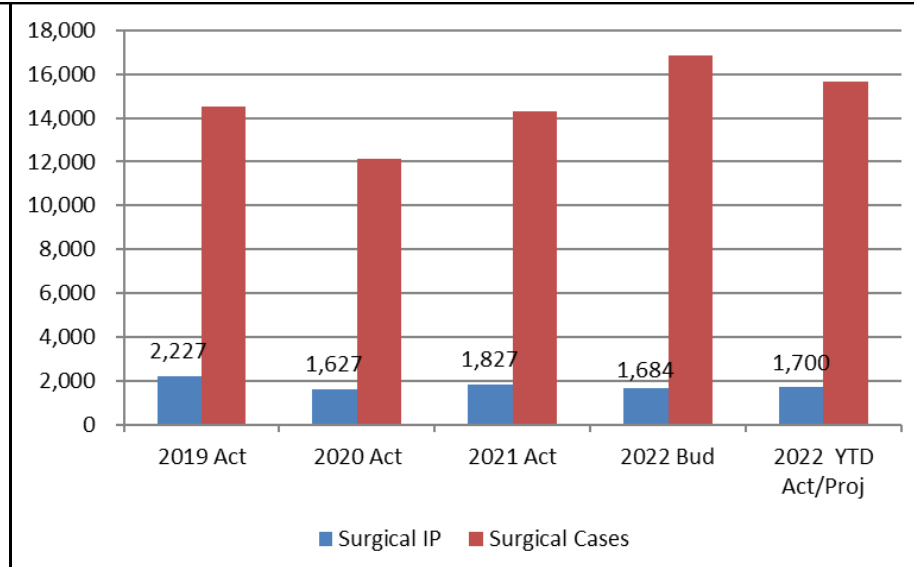
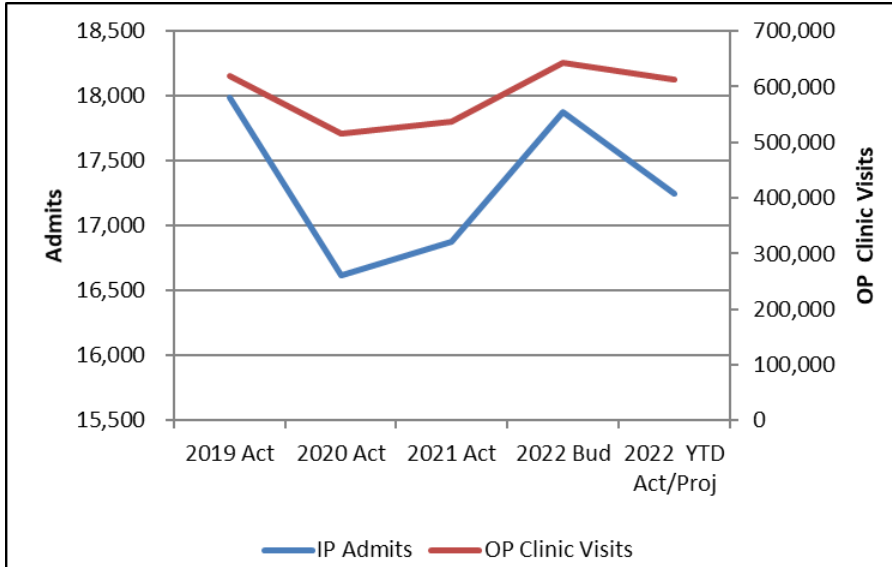
### Revenue Operating Indicators

Patient Activity	2022 YTD Actual	2022 YTD Budget	%	2021 YTD Actual	2020 YTD Actual		Mar 2022 Actual	Mar 2021 Actual
Admissions *	7,417	7,328	1.2%	7,012	9,182		1,980	1,982
Patient Days *	34,387	38,841	-11.5%	29,947	37,078		8,320	7,518
Average Daily Census *	284	321	-11.5%	247	306		268	243
Emergency Room Visits	31,668	46,815	-32.4%	29,033	43,422		8,639	8,220
Surgeries	4,413	5,582	-20.9%	4,305	4,459		1,321	1,294
Ambulatory Clinic Visits	183,445	213,412	-14.0%	186,647	196,875		54,760	53,497

\* Includes IP + Observations

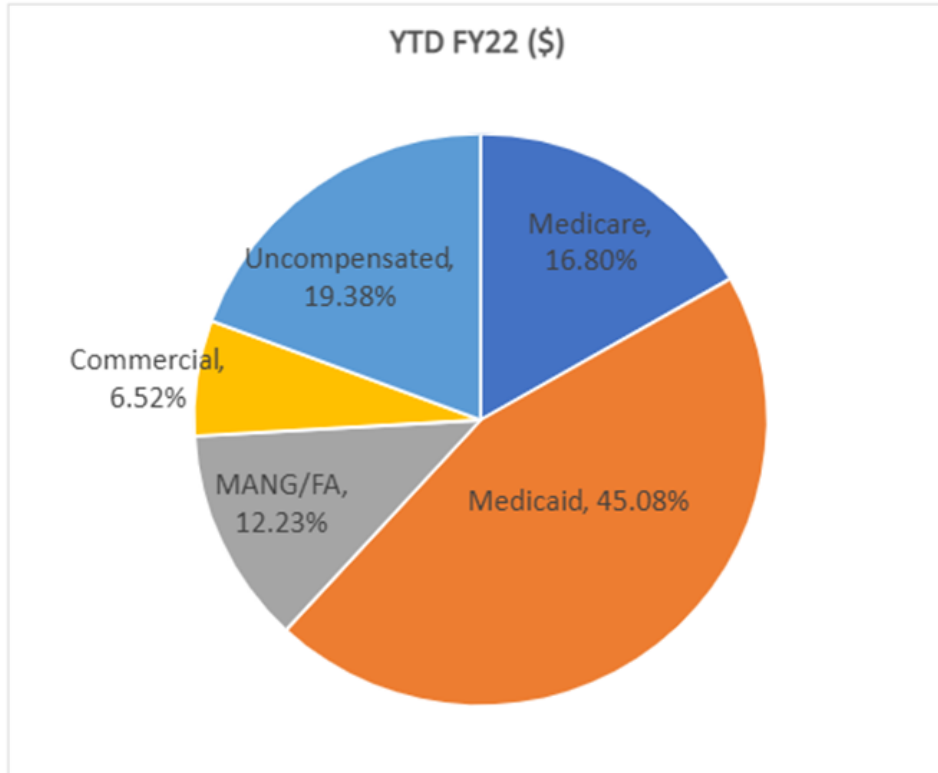
# Cook County Health

## Operating Trends

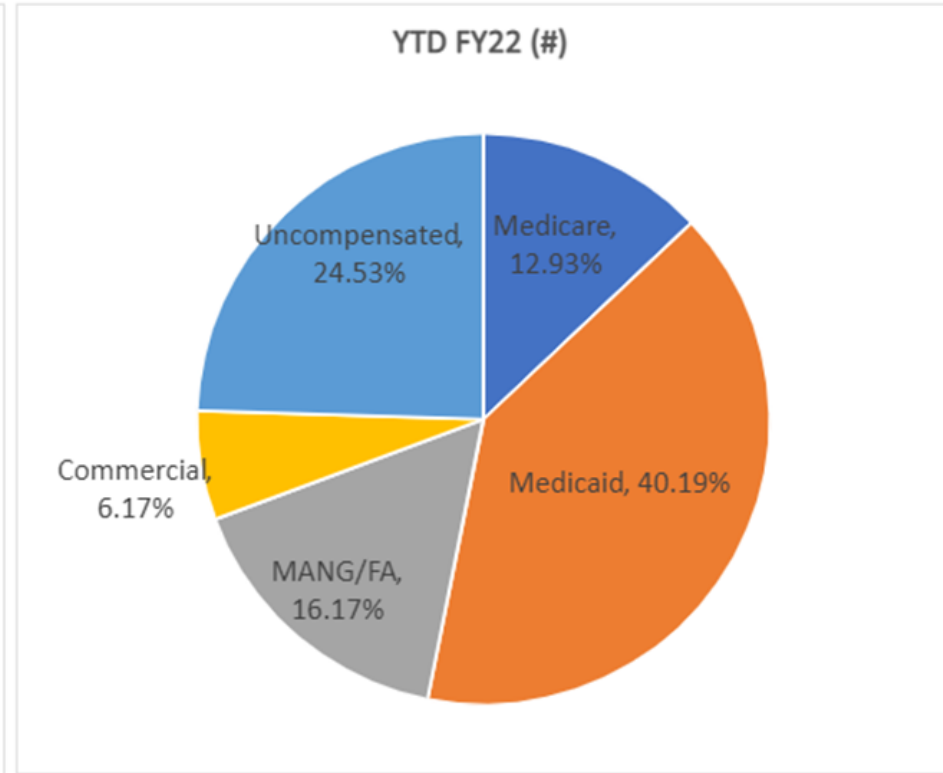


# Payer Mix – YTD March 2022

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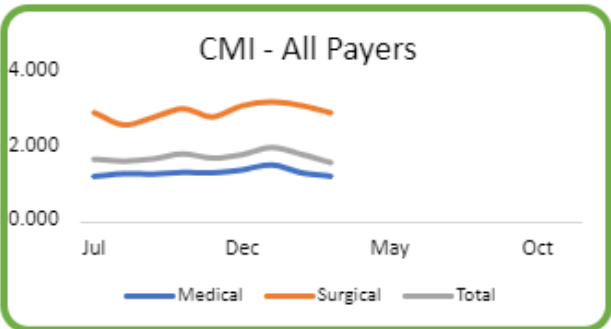
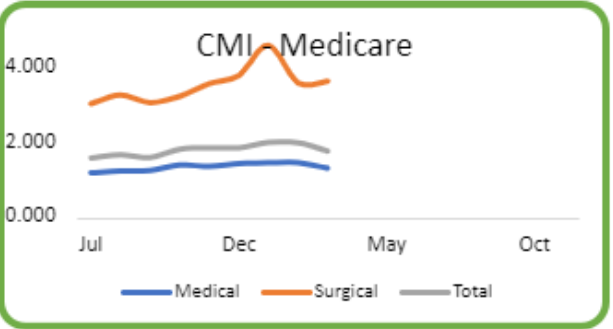
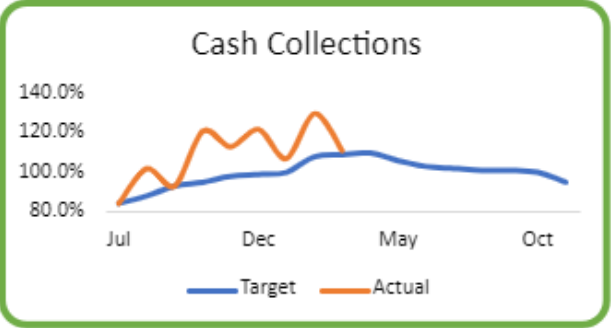
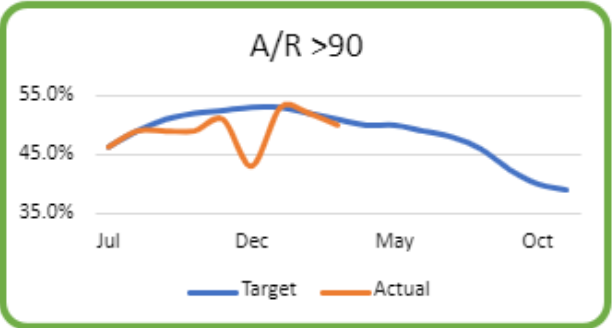
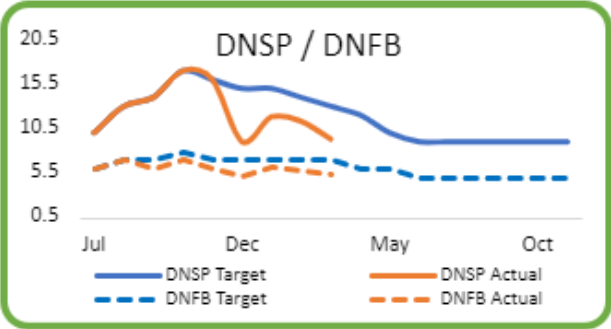
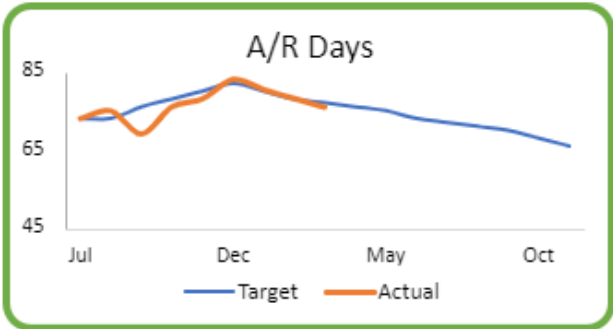


## Commentary

- The YTD payer mix using total charges (\$) and total encounters (#).
- Increase in MANG/FA population is a result of improved patient cooperation with processing applications.



# Revenue Cycle KPI Trending

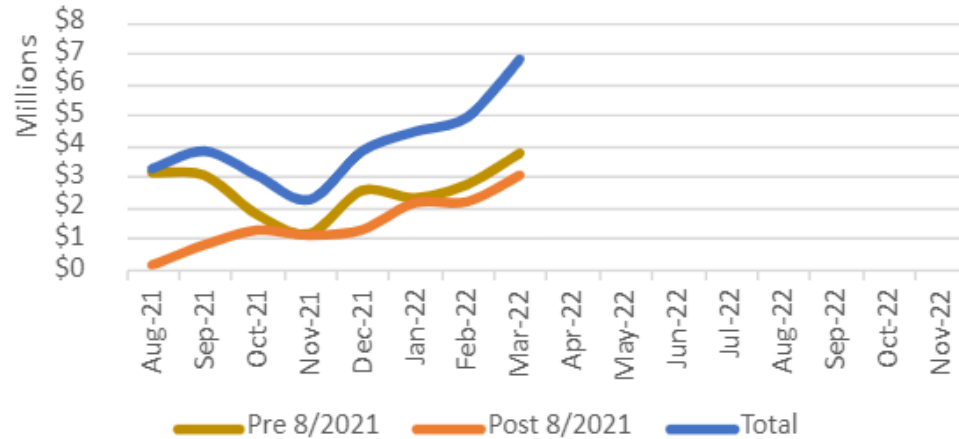


## Commentary

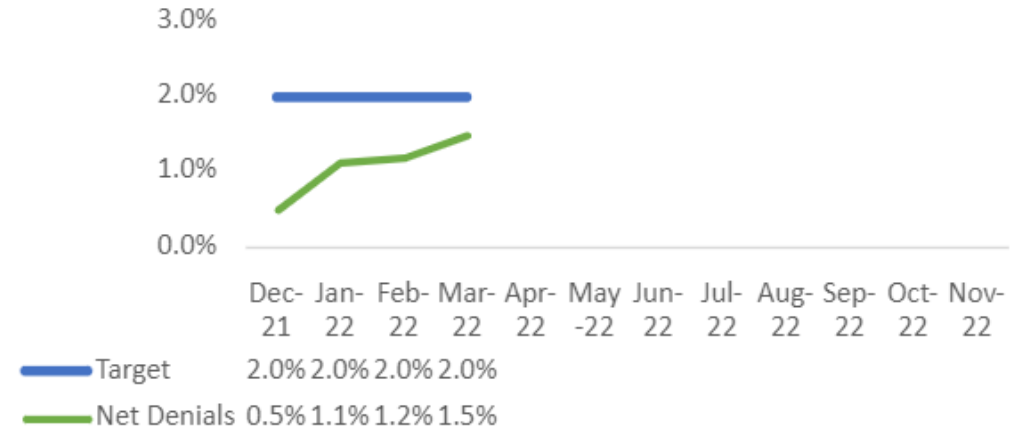
- A/R Days is expected to begin to decline early summer as we ramp up additional support and optimize back-end operations.
- DNSP / DNFB are ahead of the improvement schedule.
- A/R Days is trending inline with the improvement schedule.
- Cash Collections is trending ahead of schedule.
- CMI total is trending upward for all payers and Medicare specific services.

# Denial Trending

## Final Denials



## Net Final Denials



## Commentary

The addition of the net final denials graph/data is intended to illustrate the estimated net cash associated to a given month's denials. This net calculation utilizes our reserve model against a given month's actual cash collection. The industry target is to be below 2% of actual cash collections.

	Feb-22	Mar-22
<b>Pre 8/2021</b>	55.7%	55.2%
<b>Post 8/2021</b>	44.3%	44.8%
<b>Total</b>	\$4,927,305	\$6,802,988
Case Management	\$1,063,637	\$2,155,637
Coding	\$27,921	\$329,161
Contracting	\$3,838	\$12,611
Medical Necessity	\$263,412	\$359,951
Non Covered	\$550,909	\$792,462
Patient Access	\$1,494	\$734
Other	\$188,986	\$379,256
Prior Authorization	\$803,281	\$862,756
Untimely Filing	\$2,023,827	\$1,910,420





# Cook County Health

## 2022 Charitable & Public Program Expenditures

### Budget/Projection (\$000s)

	2020 Actual Net Benefit	2021 Actual Net Benefit	2022 Budget Net Benefit	2022 Actual/Proj Net Benefit
<b><u>Charitable Benefits and Community Programs</u></b>				
Traditional Charity Care	\$ 173,423	\$ 162,626	\$ 152,827	\$ 116,029
Other Uncompensated Care	121,634	100,894	109,162	81,164
Cermak & JTDC Health Services	88,722	104,465	106,405	106,405
Department of Public Health	10,235	16,908	17,763	17,763
Other Public Programs & Community Services	15,006	68,750	66,321	66,321
<b>Totals</b>	<b>\$ 409,020</b>	<b>\$ 453,643</b>	<b>\$ 452,478</b>	<b>\$ 387,682</b>
% of Revenues *	37.0%	38.6%	36.3%	36.2%
% of Costs *	27.3%	27.9%	36.3%	25.3%

\* Excludes Health Plan Services



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# Cook County Health

## Savings Initiatives: March 31, 2022

Current Activities in Progress	Budgeted FY22 Impact	YTD Mar Achieved	Status
<b><u>Revenue Cycle:</u></b>			
Chargemaster Review/Changes	-	1,235,333	●
Payer Contracting Re-negotiation	-	213,333	●
Charge Capture Improvement	-	833,333	●
Vendor Contract Negotiations	-	83,333	●
<b><u>County Care:</u></b>			
Care Mgmt System In-Sourcing	-	125,000	●
Network Contract Savings	-	300,000	●
Vendor Contract Negotiations	12,500,000	4,000,000	●
<b><u>Health System:</u></b>			
Vendor Contract Negotiations	12,000,000	1,578,667	●
Property Lease Savings	675,000	225,000	●
Equipment Lease Savings	308,472	77,118	●
	<u>\$ 25,483,472</u>	<u>\$ 8,671,118</u>	34%
		4/12ths Goal	33%

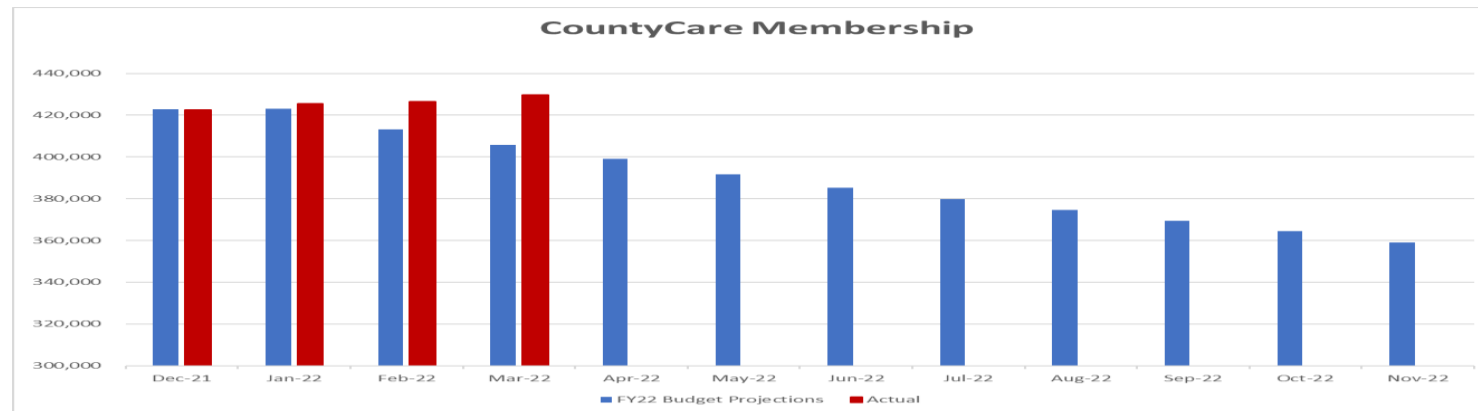


# Health Plan Services Financial Results – March 31, 2022

Dollars in 000s except PMPM amounts	FY2022 Actual	FY2022 Budget	Variance	%	Fy21 Actual
<b>Capitation Revenue</b>	\$899,420	\$892,430	\$6,990	0.78%	\$778,323
<b>Operating Expenses</b>					
Clinical - CCH	\$33,654	\$39,254	\$5,599	14.26%	\$38,776
Clinical - External	\$813,201	\$789,899	(\$23,302)	(2.95%)	\$696,360
Administrative	\$42,435	\$51,551	\$9,116	17.68%	\$38,938
Total Expenses	\$889,290	\$880,704	(\$8,586)	(0.97%)	\$774,074
Operating Gain (Loss)	\$10,131	\$11,727	(\$1,596)	(13.61%)	\$4,249
<b>Activity Levels</b>					
Member Months	1,704,245	1,669,208	35,037	2.10%	1,537,559
Monthly Membership	429,734	405,841	23,893	5.89%	392,401
CCH CountyCare Member Months	177,627	N/A	N/A	N/A	158,294
CCH % CountyCare Member Months	10.42%	N/A	N/A	N/A	10.30%
<b>Operating Indicators</b>					
Revenue Per Member Per Month (PMPM)	\$527.75	\$534.64	(\$6.89)	(1.29%)	\$506.21
Clinical Cost PMPM	\$496.91	\$496.73	(\$0.18)	(0.04%)	\$478.12
Medical Loss Ratio (1)	92.2%	93.40%	1.24%	1.33%	92.27%
Administrative Cost Ratio	4.6%	6.35%	1.70%	26.77%	4.55%

## Commentary

- Total YTD member months are exceeding budget by 35,037 members.
- CountyCare enrollment projected to exceed budget due to 50% auto-assignment as well as continued re-determination suspension.
- Revenue per member per month (PMPM) is lower than budget due to population mix.
- CountyCare's reimbursement to CCH for domestic spend is under budget.
- Operating Gain of \$10.1M consists of \$12.9M from CountyCare and a loss of \$(2.8)M from Medicare.



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## Notes:

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

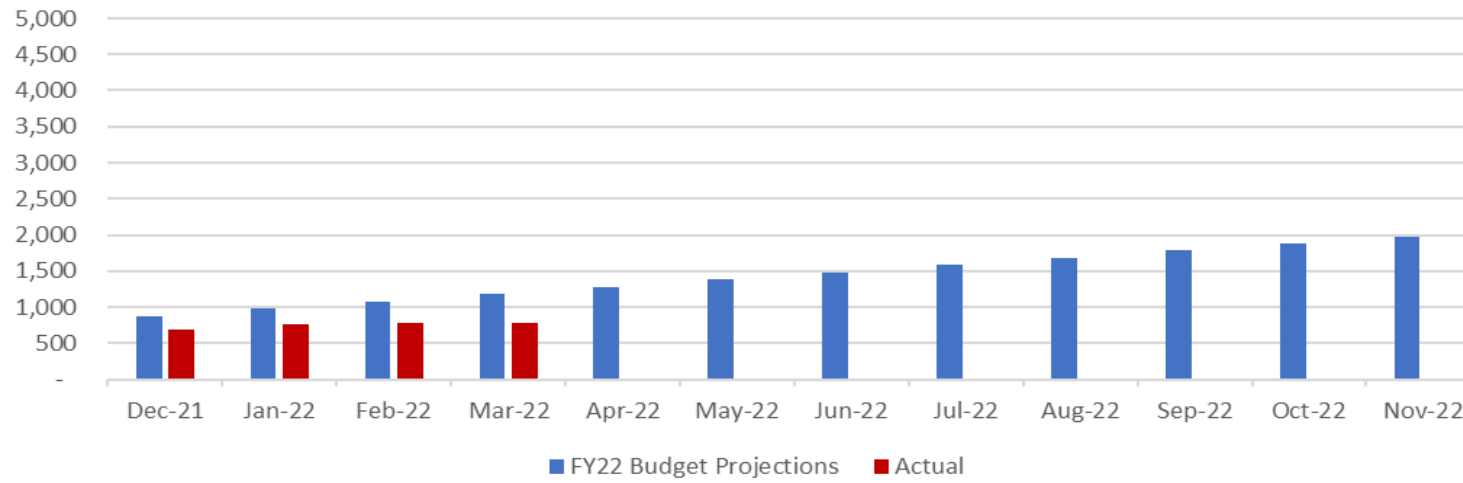
# Medicare Financial Results – March 31, 2022

Dollars in 000s except PMPM amounts	FY2022 Actual	FY2022 Budget	Variance	%
<b>Capitation Revenue (Total dollar amount)</b>	\$6,327	\$7,087	(\$760)	(10.72%)
<b>Operating Expenses</b>				
Clinical Expenses	\$5,785	\$7,829	\$2,044	26.11%
Administrative	\$3,355	\$1,986	(\$1,369)	(68.95%)
<b>Total Expenses</b>	\$9,140	\$9,815	\$675	6.88%
<b>Operating Gain (Loss)</b>	(\$2,812)	(\$2,728)	(\$85)	3.10%
<b>Activity Levels</b>				
Member Months	3,017	4,120	(1,103)	(26.77%)
Monthly Membership	774	1,180	(406)	(34.41%)
<b>Operating Indicators</b>				
Revenue Per Member Per Month (PMPM)	\$2,097.17	\$1,720.17	\$377.00	21.92%
Clinical Cost PMPM	\$1,917.42	\$1,900.30	(\$17.12)	(0.90%)

## Commentary

- Membership is lower than budget target by 1,103 members.
- Total operating loss is above budget by \$85K.

MoreCare Membership



# Human Resources Metrics



Presented to the Cook County Health Human Resources Committee on 5/19/2022



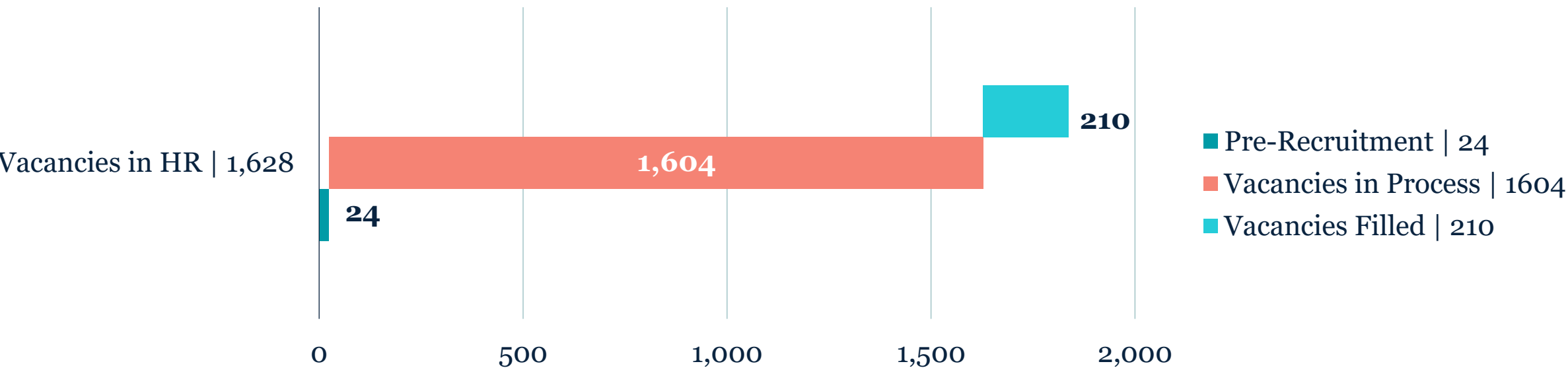
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# HR Metrics

## Hiring Updates

Thru 04/30/2022

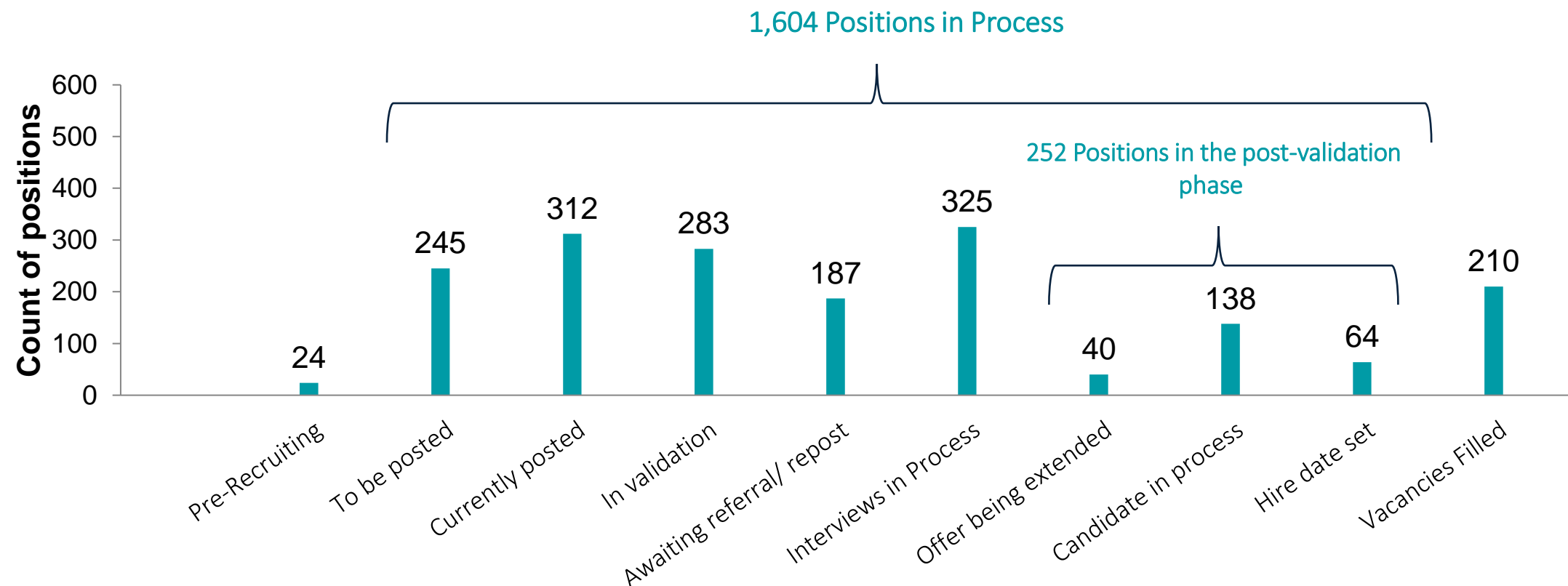
- Human Resources received 1,838 Vacancies (Request to Hires)
- Hired 210 employees
  - 58% | 119 External Hires
  - 42% | 91 Internal Hires



# HR Metrics – FY22 Activity Report

Thru 04/30/2022

## CCH Hiring Funnel & Snapshot



## FY22 Metrics Snapshot

Vacancies (Request to Hires)	Posted	Postings Closed	Validation Completed	Referred for Interview	Interviews Completed	Candidate Offers	Vacancies Filled
1,838	1,559	1,247	964	777	452	274	210

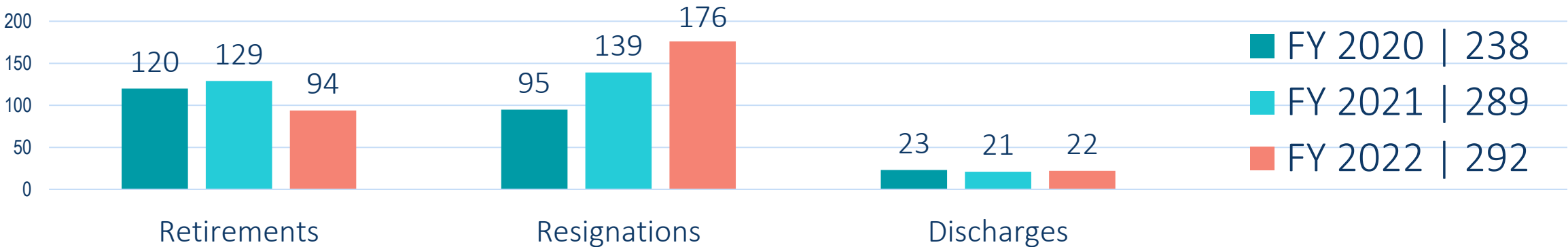
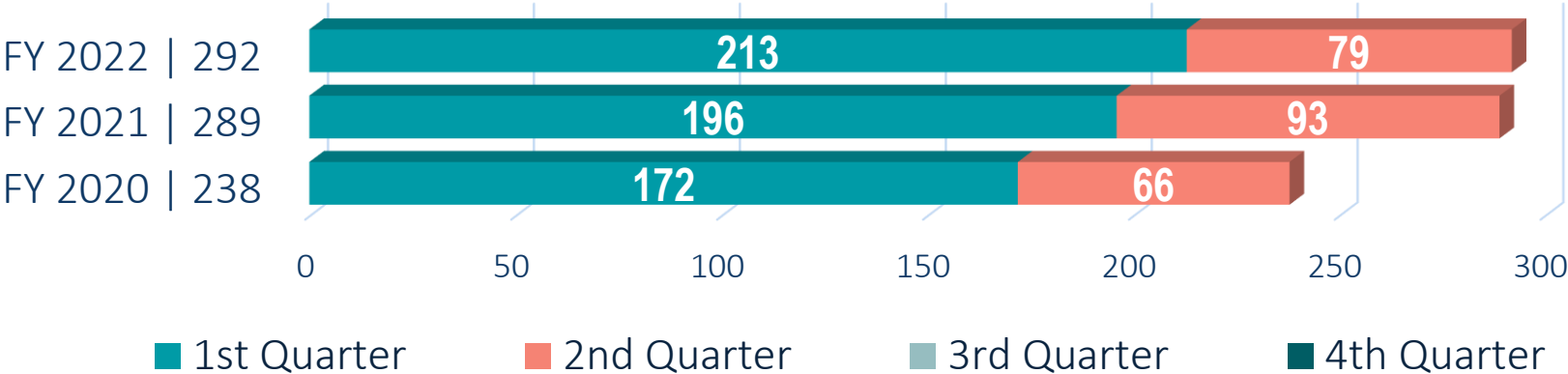


# HR Metrics – FY22 Activity Report

Thru 04/30/2022

## Separations

Net Loss = -173  
Separations (292) & External Hires (119)



Does not include Consultants, Registry and House Staff

# HR Optimization Review

## WHY?

CCH must **hire over 2,000 new employees** and the current hiring process is challenging and takes an average of 4-6 months per position

## WHAT?

Streamline **current HR processes and technology** landscape to:

- Increase the velocity to hire talented people
- Digitize and simplify the hiring process using technology automation
- Provide a great candidate experience

## WHO?

Secured **consulting partners**:

- Slalom
- Cross Country (RPO)
- Deloitte
- Incredible Health

# Key Focal Areas



## Resources

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Our current system is under resourced and we rely heavily on agency support.



## Recruiting

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We have an opportunity to invest in recruiting to get more people to CCH faster.



## Technology

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We have an opportunity to modernize our technology, making us more competitive in the market.



## Retention

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We have an opportunity to provide more employee recognition, training/career growth and development to decrease attrition.

# Transformation Updates

Focus Area	Highlights	Key Performance Metrics
Resourcing	<ul style="list-style-type: none"> <li>• <b>Cross Country (RPO) support</b> : 6 Recruiters + 4 Talent sourcing support</li> <li>• CCH HR former Recruiters: 5 per diem = 1.7 FTE</li> <li>• CCH Perm Recruiters: 4 (1 on LOA)</li> <li>• <b>Deloitte</b>: Adding a team of 8+ resources (TBD - contract in final stages)</li> </ul>	<ul style="list-style-type: none"> <li>• # of Recruiters: <b>10.7 FTEs (1 LOA)</b></li> <li>• # of HR Employees: <b>36</b></li> <li>• HR to FTE ratio: <b>111:1</b> (<i>v 50-80:1 benchmark data</i>)*</li> </ul>
Recruiting	<ul style="list-style-type: none"> <li>• Short term: Partner with <a href="#">Incredible Health</a> for immediate nurse recruitment</li> <li>• Short term: Job Fairs and Interviewing blitzes</li> <li>• Short term with Long term effects: Recruiting process efficiencies and business transformation</li> <li>• Short term with Long term effects: Outreach campaigns/partnering with colleges/universities for new grads and alumni</li> <li>• Long term: <i>Employer of Choice</i> Brand Campaign</li> </ul>	<ul style="list-style-type: none"> <li>• Cycle time from approval of Request to Hire to acceptance of job offer: <b>&gt;120 days</b></li> <li>• # Vacancies: <b>1828</b></li> <li>• # Hires: <b>210</b></li> <li>• # Declinations (Reasons): <i>Tracking started</i></li> <li>• Offer Acceptance Rate: TBD</li> <li>• Recruiter ratio</li> </ul>
Technology	<ul style="list-style-type: none"> <li>• <b>Slalom</b>: Job Tracker Metrics Dashboards using Tableau; piloting Hiring Manager Dashboard with a group of 10-15</li> <li>• Drafted HR Technology Strategy</li> <li>• Proposed configuration changes needed within the current Applicant Tracking System (Taleo)</li> </ul>	<ul style="list-style-type: none"> <li>• # of HR Systems: <b>13</b></li> <li>• # of System Integrations: <b>0</b></li> </ul>
Retention	<ul style="list-style-type: none"> <li>• Conducting competitive analysis in the market for recruiting and retention strategies in public and private healthcare</li> <li>• Creating a system-wide proposal for engagement and retention</li> </ul>	<ul style="list-style-type: none"> <li>• Turnover Rate: <b>13.9% (April 21 – pres)</b></li> <li>• Market Scan: Salary/Benefits : <i>in progress</i></li> <li>• Employee Engagement = <b>3.83/5</b></li> </ul>

# Recruiting Event Highlights

Nursing Job Fair : April 22, 2022

29

Event Attendees



11

# of Minimally  
Qualified Candidates



11

Offers



11

Offers Accepted



0

Offers in Progress/  
Awaiting Response



0

Offers Declined



158

Event Positions

Position Titles

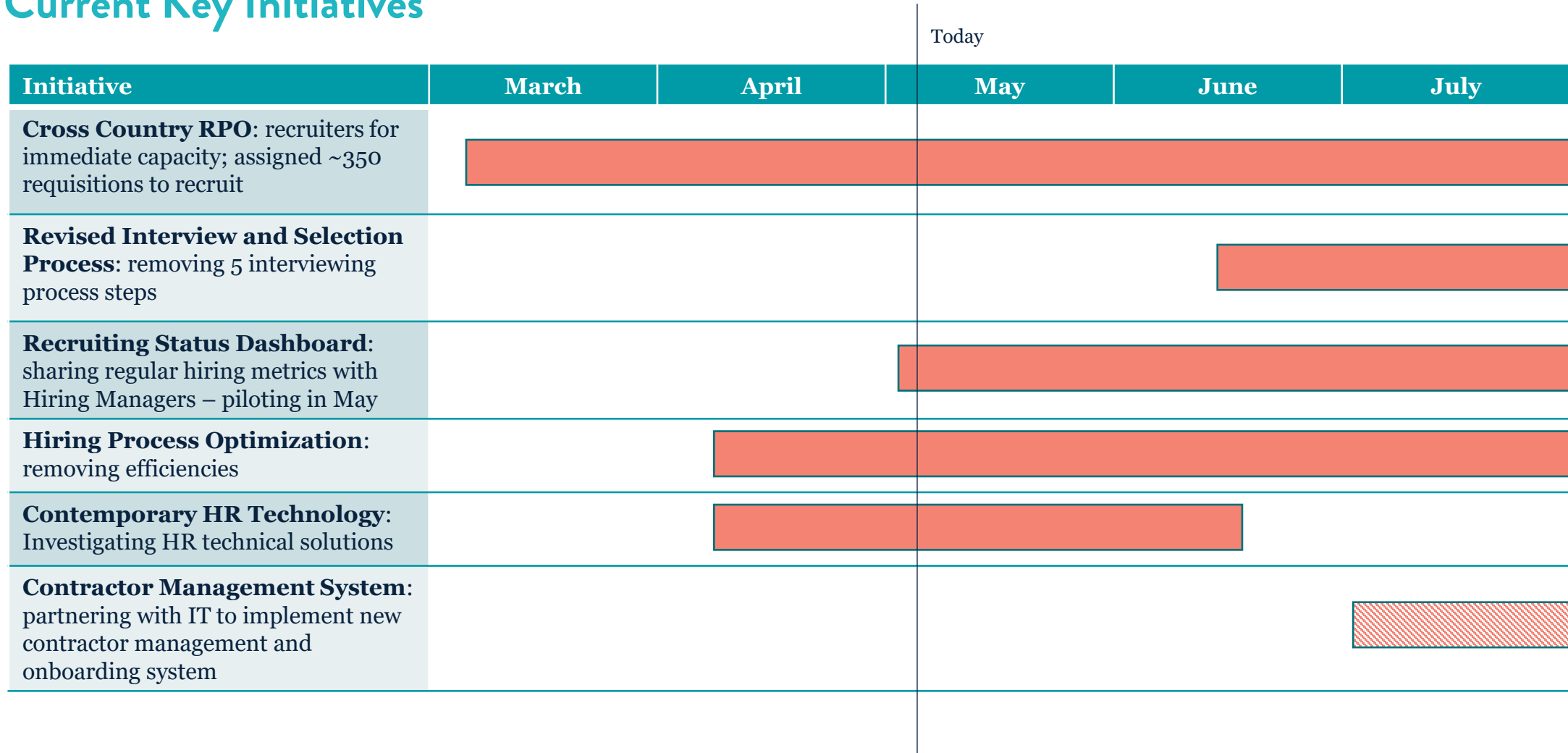
- Critical Care & Emergency Department
- Clinical Nurse 1



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# HR Optimization In Progress

## Current Key Initiatives



# Employee Engagement Events throughout the year

## January



Chinese New Year -  
Fortune Cookies

## February



Leaders handout H<sub>2</sub>O



Black History Month -  
Special Presenters on  
Facebook



National Pizza Day -  
Free Pizza for the Staff

## March



National Doctors Day

## April



Patient Access -  
Cupcakes for Clerks

## May



RN Month



Mental Health  
Awareness Month -  
Schwartz Rounds



Hospital Week - ice  
cream and Tumblers



White Sox Staff Outing

## August



Food Truck Event

## November



Veterans Day -  
Cupcakes & Gathering  
to share their journey



Thanksgiving -  
Complimentary Meal



Years of Service

## December



Tree Lighting



Kwanzaa Ceremony





# Managed Care Metrics



Presented to the Cook County Health Board on 5/27/2022



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# Current Membership

Monthly membership as of May 6<sup>th</sup>, 2022

Category	Total Members	ACHN Members	% ACHN
FHP	266,975	20,352	7.6%
ACA	120,432	18,485	15.3%
ICP	30,380	5,091	16.8%
MLTSS	8,516	0	N/A
SNC	7,718	776	10.1%
<b>Total</b>	<b>434,021</b>	<b>44,704</b>	<b>10.3%</b>

**ACA:** Affordable Care Act

**FHP:** Family Health Plan

**ICP:** Integrated Care Program

**MLTSS:** Managed Long-Term Service and Support (Dual Eligible)

**SNC:** Special Needs Children

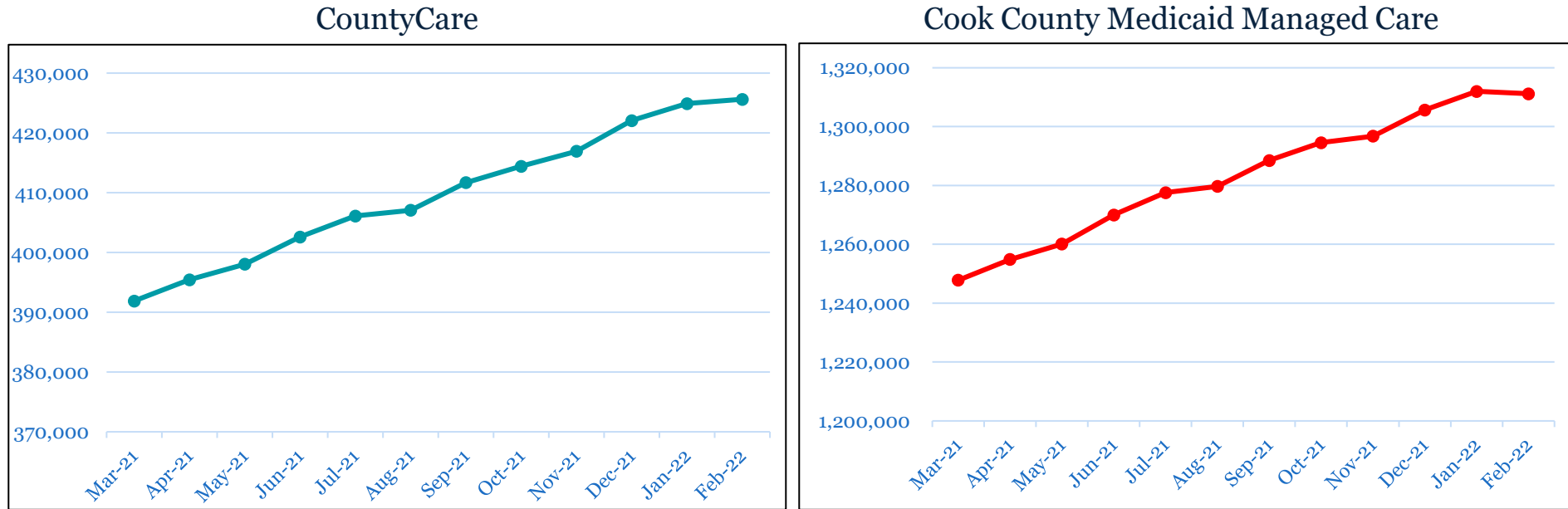
# Managed Medicaid Market

Illinois Department of Healthcare and Family Services February 2022 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	425,608	32.5%
Blue Cross Blue Shield	336,328	25.7%
Meridian (a WellCare Co.)	315,302	24.0%
IlliniCare (Aetna/CVS)	127,590	9.7%
Molina	96,587	7.4%
YouthCare	9,735	0.7%
<b>Total</b>	<b>1,311,150</b>	<b>100.0%</b>

\* Only Operating in Cook County

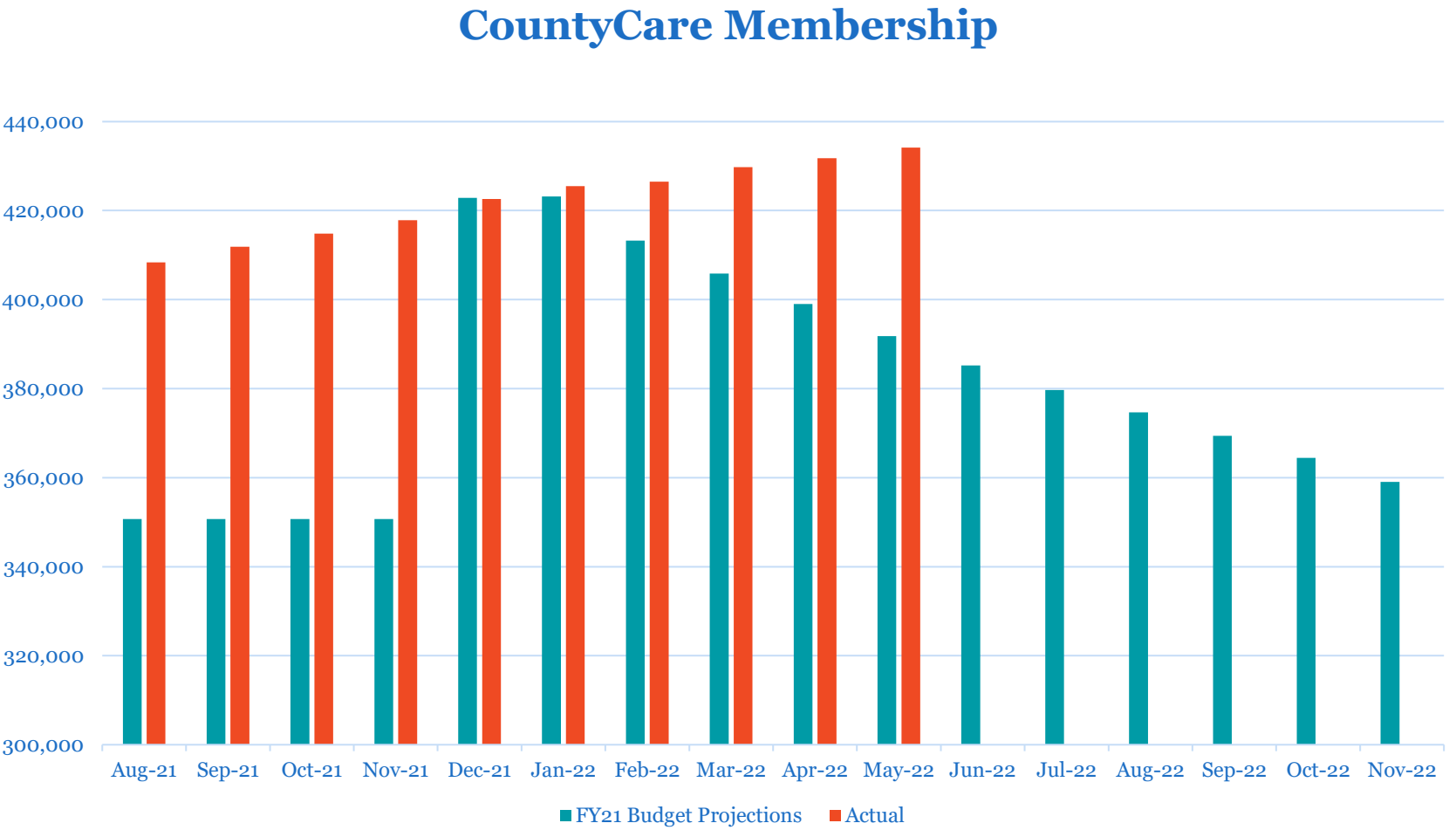
# IL Medicaid Managed Care Trend in Cook County (charts not to scale)



- CountyCare's enrollment has increased 9% over the past 12 months, ahead of the Cook County increase of 5%
- CountyCare's enrollment increased 0.2% in February 2022 compared to the prior month

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

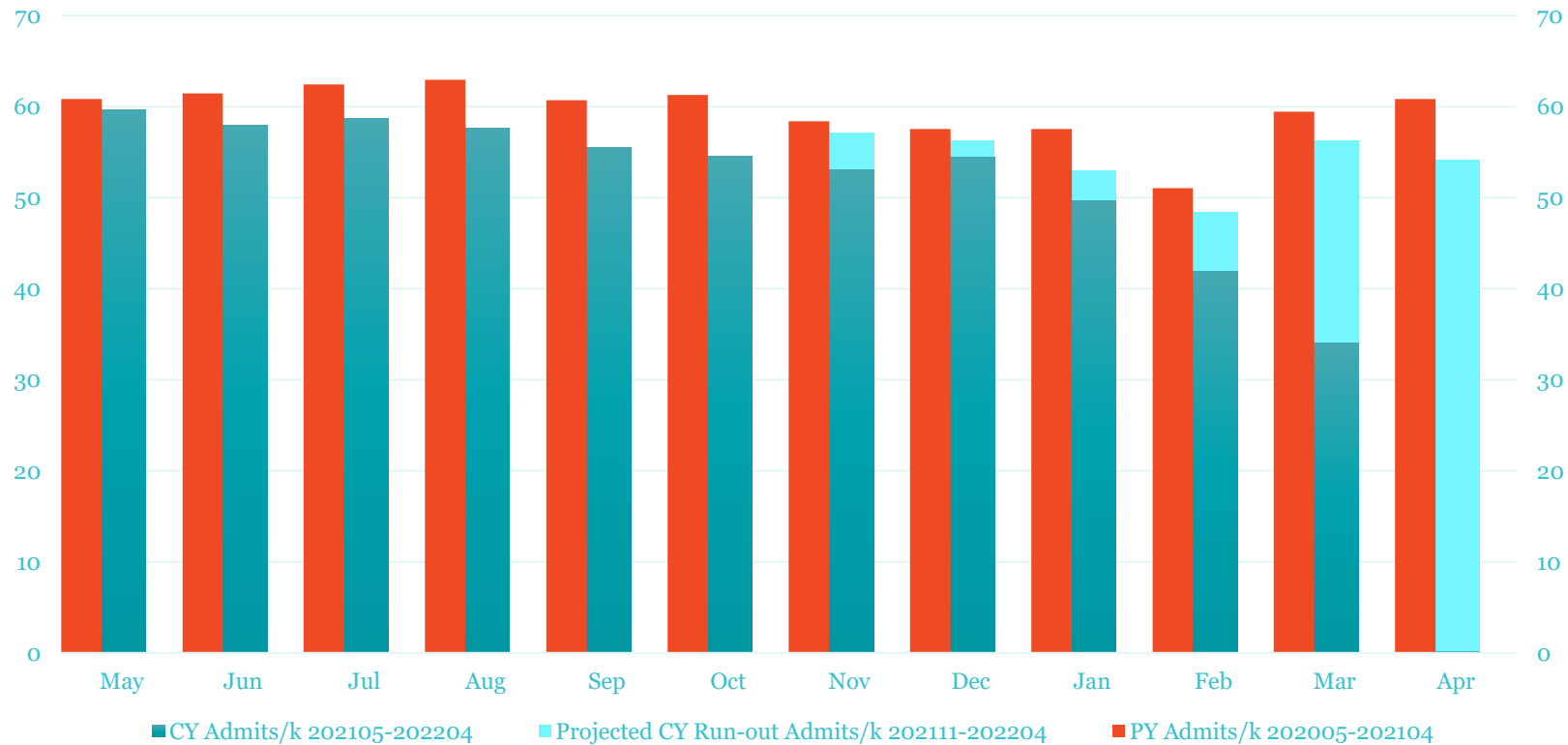
# FY 22 Budget | Membership



# Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	Feb 2022	Mar 2022	Apr 2022
<b>Member &amp; Provider Services Call Center Metrics</b>				
Abandonment Rate	< 5%	1.73%	0.57%	1.20%
Hold Time (minutes)	1:00	0:14	0:04	0:09
% Calls Answered < 30 seconds	> 80%	91.01%	97.74%	93.15%
<b>Quarterly</b>				
Claims/Encounters Acceptance Rate	98%	98%		

# Current v. Prior Year: IP Acute Admits/1000



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

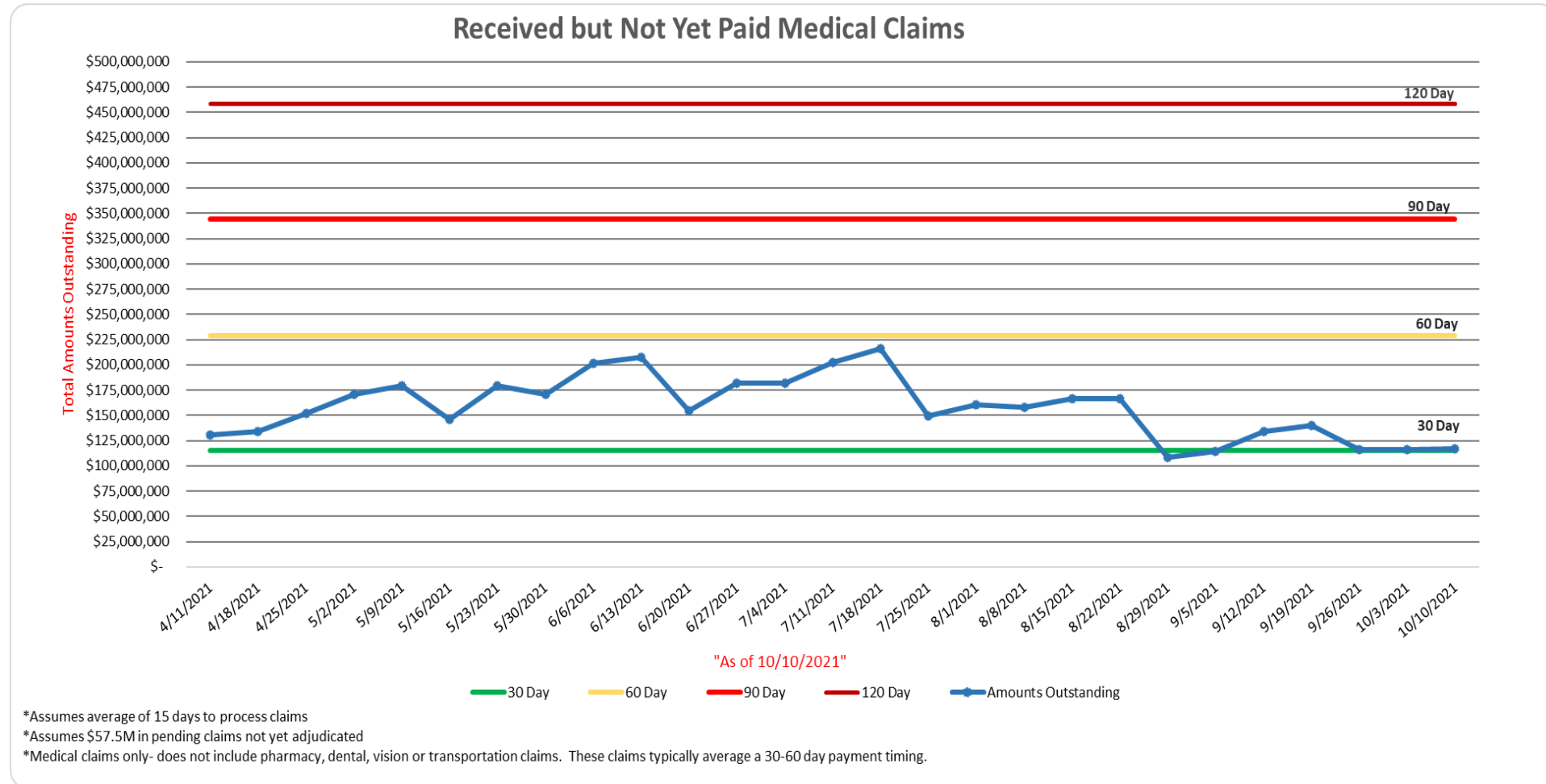


# CountyCare COVID Vaccination Rates

Vaccination Phase	Count of Membership	Percent of Total Membership (431k)	Percent of Vaccine-Eligible Membership (384k)
1st of 2 doses only:	21,947	5.06%	5.68%
Fully Vaccinated:	192,745	44.44%	49.85%
Vaccinated with at least 1 dose:	215,366	49.66%	55.70%

Data as of 5/13/2021

# Claims Payments



# Claims Payments

## Received but Not Yet Paid Claims

Aging Days	0-30 days	31-60 days	61-90 days	91+ days	Grand Total
Q1 2020	\$ 109,814,352	\$ 53,445,721	\$ 46,955,452	\$ 9,290,569	\$ 219,506,093
Q2 2020	\$ 116,483,514	\$ 41,306,116	\$ 27,968,899	\$ 18,701,664	\$ 204,460,193
Q3 2020	\$ 118,379,552	\$ 59,681,973	\$ 26,222,464	\$ 71,735	\$ 204,355,723
Q4 2020	\$ 111,807,287	\$ 73,687,608	\$ 61,649,515	\$ 1,374,660	\$ 248,519,070
Q1 2021	\$ 111,325,661	\$ 49,497,185	\$ 4,766,955	\$ 37,362	\$ 165,627,162
Q2 2021	\$ 131,867,220	\$ 49,224,709	\$ 566,619	\$ 213,967	\$ 181,872,515
Q3 2021	\$ 89,511,334	\$ 25,733,866	\$ 38,516	\$ 779,119	\$ 116,062,835
Week of 10/10/2021	\$ 97,272,348	\$ 19,154,193	\$ 29,912	\$ 786,940	\$ 117,243,393

\*0-30 days is increased for an estimated \$57.5M of received but not adjudicated claims

\*Medical claims only-does not include pharmacy, dental, vision or transportation claims

\*The amounts in the table are clean claims

# Quality & Patient Safety Metrics



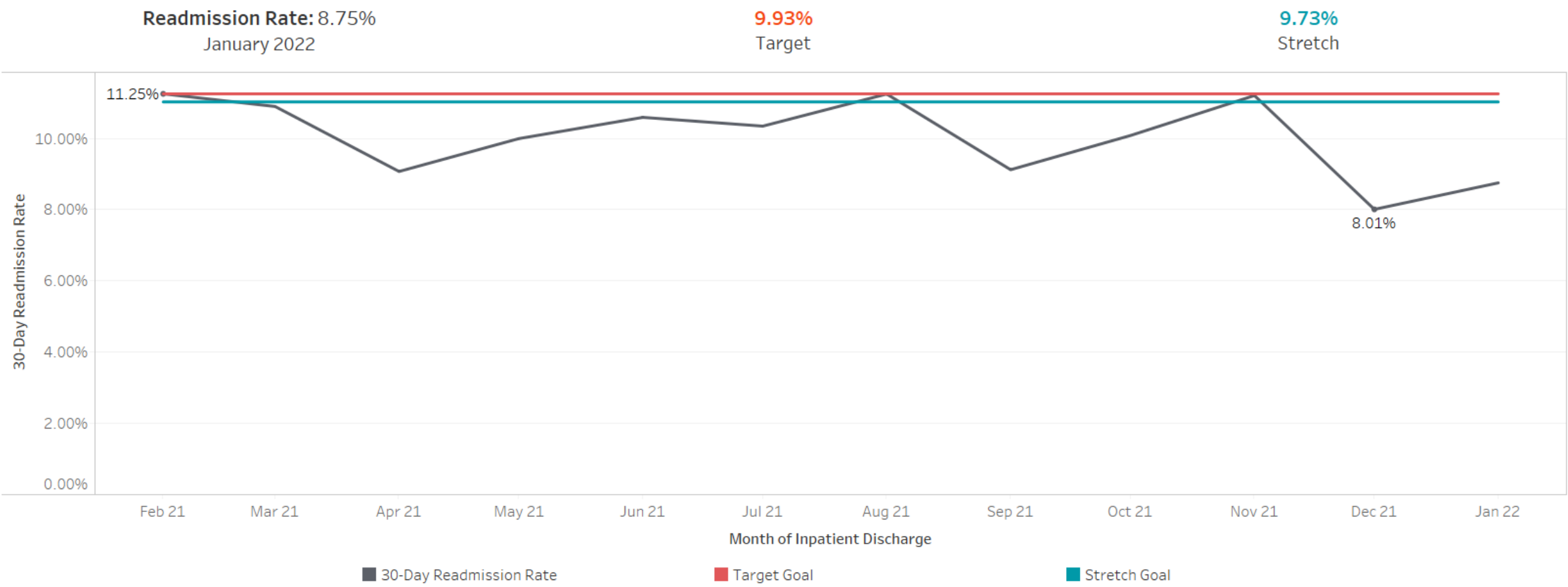
Presented to the Cook County Health Quality and Patient Safety Committee on 5/19/2022



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# 30-Day Readmission Rate (Stroger Hospital)

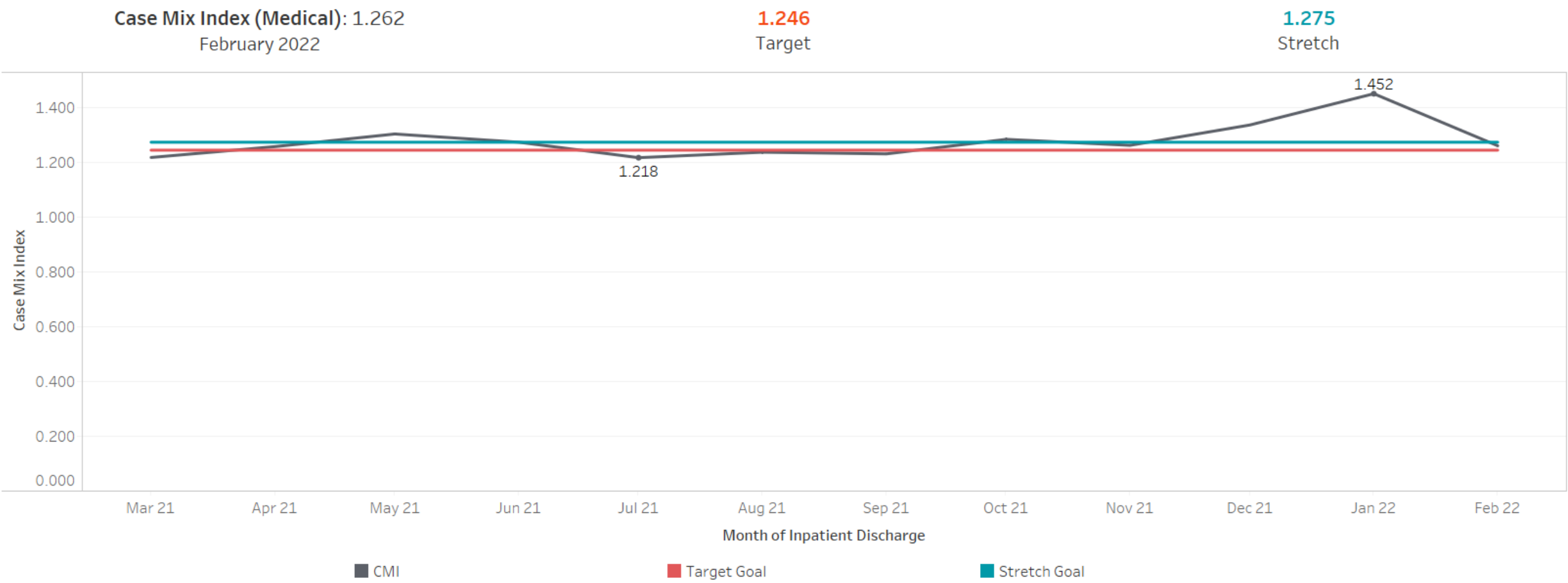
HRO Domain: Readmissions



\*Lower readmission rate is favorable

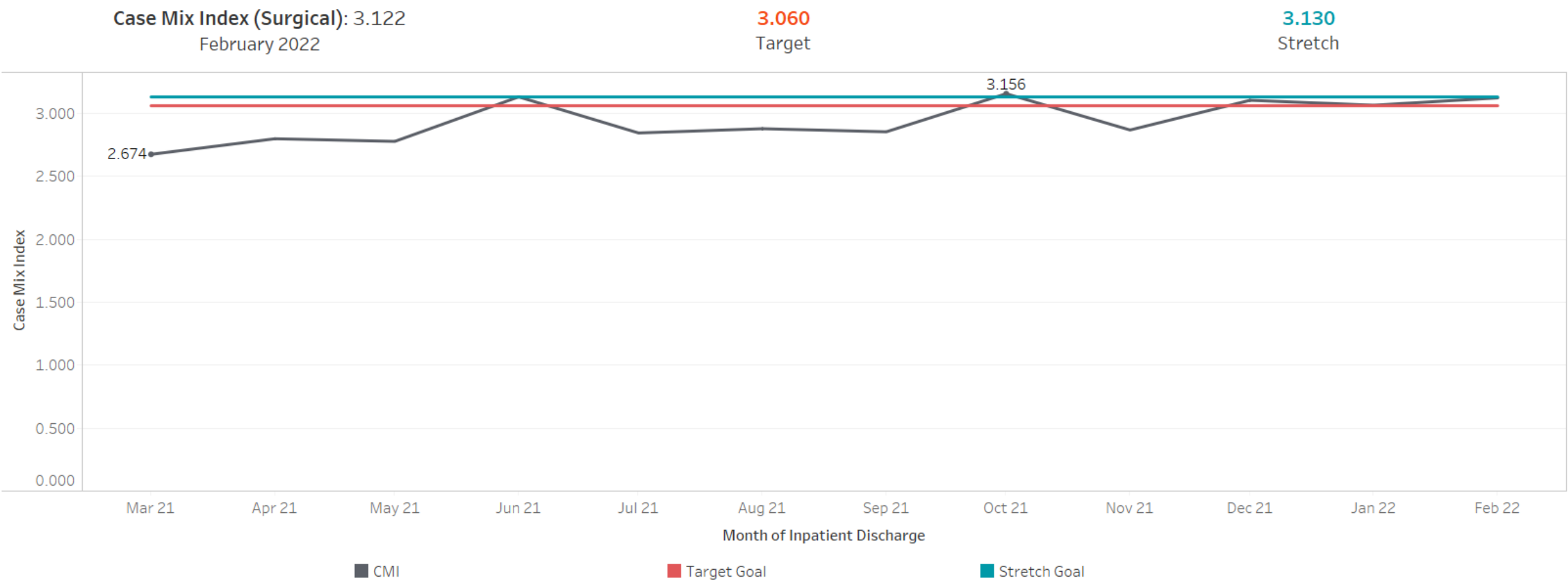
# Case Mix Index, Medical MS-DRG (Stroger Hospital)

HRO Domain: Clinical Documentation



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

HRO Domain: Clinical Documentation

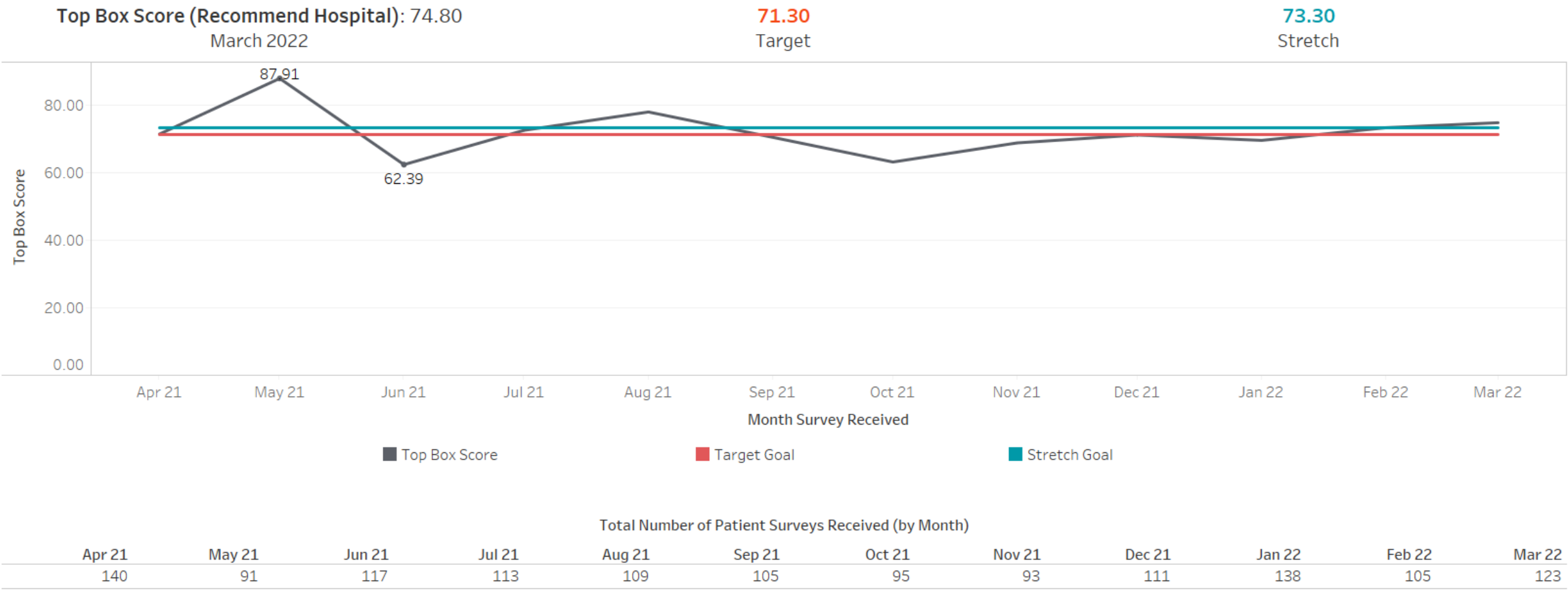


\*Higher case mix index is favorable



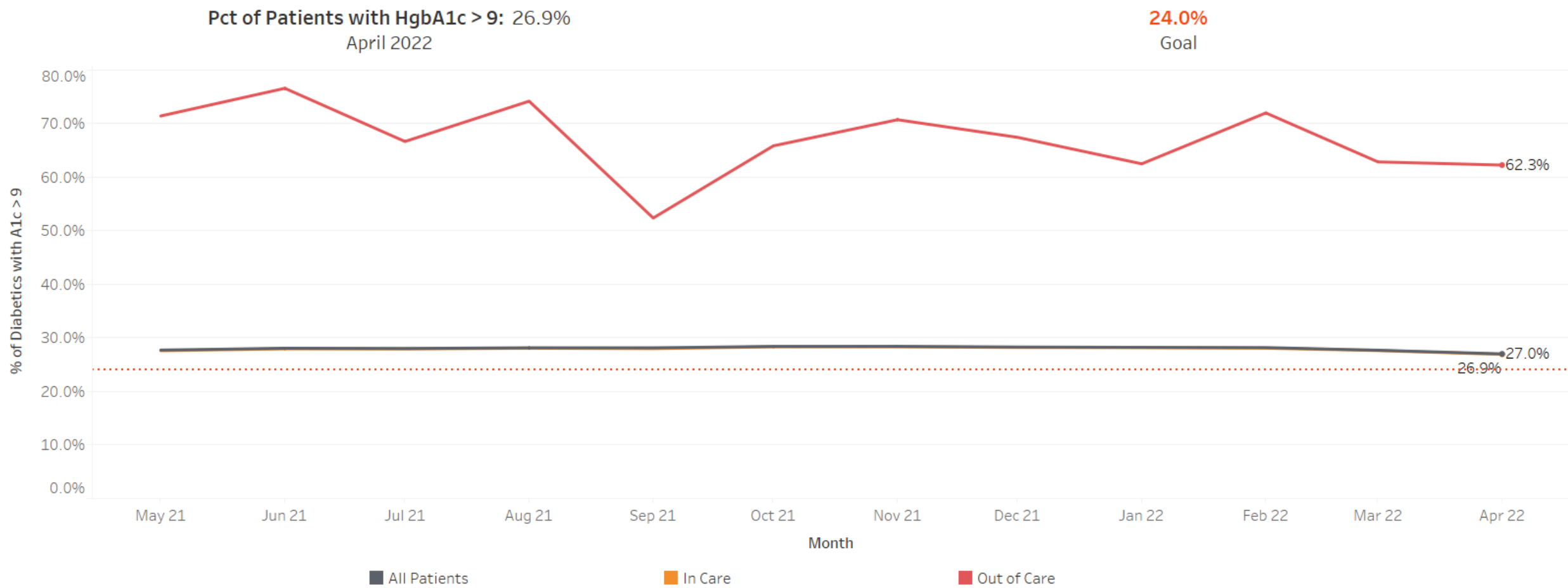
# Top Box Score, Recommend the Hospital (Stroger Hospital)

## HRO Domain: Patient Experience



# HbA1c >9%

HRO Domain: HEDIS



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

Metric	Definition
30-Day Readmission Rate	<ul style="list-style-type: none"> <li>• <i>Patient unplanned admission to Stroger within 30 days after being discharged from an earlier hospital stay at Stroger</i></li> <li>• <b>Calculation:</b> Raw unplanned readmission rate (# of readmissions / total # of eligible discharges)</li> <li>• <b>Population included:</b> all inpatient discharges from <u>Stroger</u></li> <li>• <b>Cohort inclusions:</b> any payer; any age; alive at discharge</li> <li>• <b>Cohort exclusions:</b> Admitted for primary psychiatric dx; admitted for rehabilitation; admitted for medical treatment of cancer (chemotherapy, radiation therapy); admitted for dialysis; admitted for delivery/birth</li> <li>• <b>Reporting timeframe:</b> reported monthly with a 1-month lag to allow for 30-day readmission window; reported by month of patient discharge</li> <li>• <b>Data source:</b> Vizient Clinical Data Base</li> </ul>
Case Mix Index	<ul style="list-style-type: none"> <li>• <i>Average relative DRG weight of a hospital's inpatient discharges, calculated by summing the Medicare Severity-Diagnosis Related Group (MS-DRG) weight for each discharge and dividing by the total number of discharges</i></li> <li>• <b>Population included:</b> all inpatient discharges from <u>Stroger</u></li> <li>• <b>Cohort inclusions:</b> any payer; any age; reported by Medical MS-DRG and Surgical MS-DRG (<i>Surgical: an OR procedure is performed</i>)</li> <li>• <b>Cohort exclusions:</b> none</li> <li>• <b>Reporting timeframe:</b> reported monthly by most current month available; reported by month of patient discharge</li> <li>• <b>Data source:</b> Vizient Clinical Data Base</li> </ul>
Recommend the Hospital	<ul style="list-style-type: none"> <li>• <i>Percent of patient responses with "Definitely Yes" (top box response) for Recommend the Hospital item in HCAHPS survey</i></li> <li>• <b>Calculation:</b> Percent of patient responses with "Definitely Yes" (top box) / total survey responses</li> <li>• <b>Population included:</b> Stroger; 18 years or older at time of admission; non-psychiatric MS-DRG/principal diagnosis at discharge; alive at discharge; &gt;1 overnight stay in hospital as inpatient</li> <li>• <b>Cohort exclusions:</b> discharged to hospice care; discharged to nursing homes or SNFs; court/law enforcement patients; patients with a foreign home address; "no-publicity" patients"; patients who are excluded because of rules and regulates of state in which hospital is located</li> <li>• <b>Reporting timeframe:</b> reported monthly by most current month available; reported by month of survey received date</li> <li>• <b>Data source:</b> Press Ganey</li> </ul>
HbA1c >9%	<ul style="list-style-type: none"> <li>• <i>Percent of adults (ages 18-75) with diabetes Type 1 or Type 2 where HbA1c is not in control (&gt;9.0%)</i></li> <li>• <b>Calculation:</b> Percent of diabetic patients with HbA1c not in control / total diabetic patients</li> <li>• <b>Population included:</b> (Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year) OR (One diabetic Inpatient visit in the current year or previous year) OR (Prescribed insulin or hypoglycemic or anti-hyperglycemics in the current year or previous year)</li> <li>• <b>Cohort exclusions:</b> none</li> <li>• <b>Reporting timeframe:</b> reported monthly by most current month available; reported by month of patient visit</li> <li>• <b>Data source:</b> NCQA, HEDIS</li> </ul>

# Divisional Reports

Strategic Highlights & Opportunities  
For CCH Operating Divisions for April 2022

May 15, 2022



COOK COUNTY  
**HEALTH**



# Ambulatory Care

# Strategic Highlights

## April 2022

### COVID

- We marked our 1 millionth vaccine dose at the North Riverside Health Center.
- We completed eighteen pop-up events, vaccinating 303 people in community-based clinics.
- In April, our COVID vaccine clinics including mobile unit administered a total of 4,453 vaccines: 195 first doses, 276 second doses, 1,144 Booster 1, 2,838 booster 2.

### Financial Highlights or Challenges

#### Primary Care

- In April 2022, we are behind budget for the month by 2,595 visits totaling 72,007 visits in FY2022, which is behind budget for the year by 13,753 visits.

#### Specialty Care

- In April 2022, we are above budget for the month by 671 visits totaling 30,799 visits in FY2022, which is behind budget for the year by 9,287 visits.

### Operating Highlights and Challenges

#### Primary Care

- We finalized details to provide hot meals to address food insecurity for families at our Robbins Health Center. Between June 6 and September 2, meals will be offered on Monday, Tuesday, and Thursday.
- For Diabetes a1c > 9 data: as an organization we are already in the top ten percent decile compared to other organizations. We are targeting control at the top five percent level if we hit the twenty-four percent level.

#### Specialty Care

- Our volumes continue to trend in the right direction as we focus on scrubbing schedules to reflect our true volume and productivity benchmarks.
- We are opening TB clinic at our Arlington Heights Health Center.

# Strategic Highlights

## April 2022

### **Women and Children’s Clinics**

- In April, we completed a walk through at Arlington Heights and submitted documentation for site approval through IDPH. We attended the Community Advisory Council meetings for Provident/Sengstacke and Cottage Grove to highlight Family Planning services and continued our community outreach efforts and attended the Sisters Working It Out First Annual Breast Cancer awareness 5k walk, where we provided health education and clinic resources.

### **Healthy Families**

- After closing Q3, the Healthy Families Initiative has 18 families enrolled and conducted 66 virtual visits with families on various early childhood development topics.

### **Patient Support Services**

Our Patient Support Center (PSC) answered 37,300 patient calls in April with an average answer time under sixty seconds.

- Our merged COVID-19 testing, and vaccination call center answered 3,000 calls in April, which continues a trend of decreasing volume across the last three months.
- We converted 1,150 lightly used “walk-in” primary care appointment slots for new and follow up patients in primary care with 89% utilization.
- Efforts supporting Radiology MRI resulted in a nearly seven percent increase in the number of patients scheduled and nearly four percent increase in patients seen. comparing April to March. May will be the first full month making MRI reminder calls for the PSC.

### **Infectious Disease and HIV/AIDS Care**

- At CORE, we opened a new clinic—COVID Long Term Clinic to serve patients who were previously treated for COVID but continue to experience on-going symptoms or issues related to COVID.
- Our Cook County HIV Integrated Program/CCHIP expanded Hepatitis/FibroScan services to Provident; hosted a Pre-Exposure Prophylaxis (PrEP) Provider Champion training for staff at Englewood Health Center and participated in several community outreach events across the Chicago area and the South Suburbs to raise program awareness.

### **Community Vaccination Program**

- We completed eighteen pop-up events, vaccinating 303 people in community-based clinics.
- In April, our COVID vaccine clinics including mobile unit administered a total of 4,453 vaccines: 195 first doses, 276 second doses, 1,144 Booster #1, 2,838 booster #2.

A stylized, light orange graphic on the left side of the image. It depicts two hands, one on the left and one on the right, with fingers slightly curled as if holding something. Between the hands is a heart shape, and inside the heart is a cross symbol. The entire graphic is composed of thick, rounded lines.

# Cermak Health Services



# Strategic Highlights of Challenges

## April 2022

- Ongoing Patient Vaccination. From February 2021 through April 2022, 15871 COVID Vaccination doses have been dispensed.
- Current vaccination rates of active patients housed in the jail are 62.3% have received at least one dose and 55.4% have received two doses.

# Operating Highlights and Challenges

## April 2022

- Jail census has decreased due to IDOC accepting patients. Currently housing 183 detainees remanded to the custody of IDOC.



# Cook County Department of Public Health

# Strategic Highlights

## April 2022

### COVID-19 Response

- 50,465 of vaccinations at 1,579 mobile clinics to date (since Jan 2021)
- 4,676 of in-home vaccinations to date (since Jan 2021)
- 380,320 of rapid antigen tests (BinaxNOW & iHealth) distributed

### COVID-19 Response Highlights

- Cases remained in “LOW” per CDC until 4/28/22 when suburban Cook County moved into the “Medium” community level (more than 200 cases per 100,000 in the past seven days)

### Agency Wide

- On April 12, the Building Healthy Communities Request for Proposal was posted. Funding through Building Healthy Communities will support on-going COVID-19 response, resiliency and recovery. It aims to continue to prevent and control the spread of COVID-19, lessen the health, social and economic impacts, and reduce COVID-19 disparities. April 12, 2022; information sessions for community-based organizations were held April 19<sup>th</sup> and 20<sup>th</sup> for Suburban Cook County with attendance with 90 participants for each call.

# Strategic Highlights

## April 2022

### Environmental Health

- Routine inspections: 303; Emergency Food Borne inspections: 0; Nuisance complaints responded to: 43; COVID mitigation violations received & responded to: 0; COVID Order tickets/citations issued: 0
- The State of Illinois expanded the Cottage Food Law, which caused an increase in applications that CCDPH received and needed to respond to/process.
- **Highlight**
- Finalized survey instruments for the Cook County Health Survey (Healthy Suburban Cook County Survey) and the Youth Risk Behavioral Survey.

### Lead Poison Prevention

- The HUD grant program began work on nine housing units in April

### Financial Highlights or Challenges

- CCDPH, as the managing department, submitted a Year 2 Continuation Grant in the amount of \$3 million as part of the CDC Community Health Workers for COVID-19 Response & Resilient Communities awarded to CCH.

### Looking Ahead

- The Epidemiology Unit will launch the Cook County Health Atlas website for the public by the end of May.



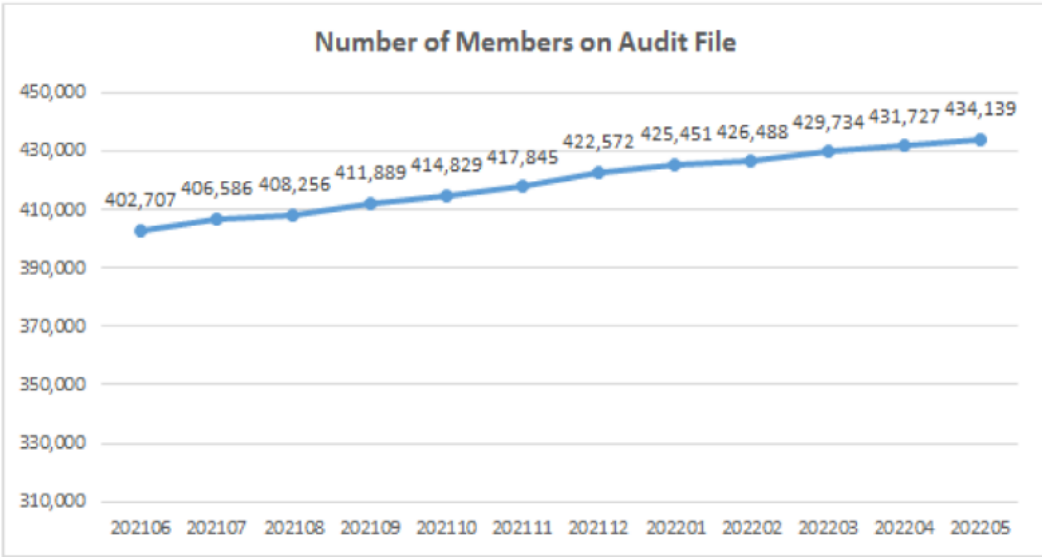
# Health Plan Services

# Strategic Highlights

## March 2022

- Between June 2021 and May 2022, CountyCare saw a net growth of over 31K members while maintaining service levels for members and providers.

**CountyCare membership, June 2021-May 2022**



- In March, CountyCare kicked off an initiative to prepare for the resumption of Medicaid redetermination at the end of the PHE. After the end of the PHE, approximately ~25K members will be up for redetermination each month.
- CountyCare continues to prepare in anticipation that the PHE will likely be extended through mid-October, which would potentially delay Medicaid redetermination resumption to December 2022.

# Strategic Highlights and Challenges

## March 2022

### Admission, Discharge, and Transfer Implementation:

- In alignment with the HFS implementation of the new admission, discharge, and transfer (ADT) vendor, CountyCare established a no-cost data sharing agreement in November.
- This will allow the care management and utilization management teams to access real-time alerts for CountyCare members' emergency department and admission activity at the >200 hospitals and >500 skilled nursing facilities (SNFs) statewide.

### Call Center Highlights

- In Q1 of 2022, CountyCare's call center answered 86% of calls within 30 seconds or less and had a <3% abandonment rate (exceeding the state targets of 80% within 30 seconds and abandonment rate of <5%).

### Looking Ahead

- CountyCare is continuing to implement initiatives to improve its Medical Loss Ratio (MLR) through its medical cost action plan process.
- CountyCare is completed a Social Risk Factors of Health Workplan in alignment with HFS's most recent contract amendment with Cook County Health, has submitted the Plan to HFS, and is starting implementation.



# Provident Hospital



# Strategic Highlights

## April 2022

- The Provident ICU opened on Tuesday, April 5, 2022 and admitted its first patient on April 11, 2022.
- Provident Operations and Laboratory leadership collaborated with CCH Operations, Regulatory, and Laboratory leadership to prepare for the upcoming CAP survey on May 12, 2022.

## Looking Ahead

- Convening a steering committee to coordinate necessary activities to resume ambulance runs.
- Resume in-patient hemodialysis services at Provident.



John. H. Stroger, Jr. Hospital

# Strategic Opportunities/Challenges

## April 2022

### Operating Highlights and Challenges

#### **Physical Capacity:**

- Closely monitoring global contrast media shortage for radiology.
- Ample capacity for inpatients, given April Covid declines.

#### **Throughput:**

- Transport time response now down to half of prior response time, and just above target using new dispatch software. Will roll out system/methodology to housekeeping next.
- Reduced 3-month lead-time for outpatient MRI scheduling for making the 3<sup>rd</sup> next available appointments down to 2 months.

#### **Regulatory:**

- Planning for Stroke Center survey in May.
- Coordinating with external agencies to conduct annual training exercise in June for a mock “mass casualty” event.

#### **Patient Satisfaction:**

- Held additional Patient Family Advisory Council to gain additional perspectives about scheduling, experiences, translator services, etc.