

Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held Friday, October 25, 2019 at the hour of 9:00 A.M. at 1950 West Polk Street, in Conference Room 5301, Chicago, Illinois.

I. Attendance/Call to Order

Chair Hammock called the meeting to order.

Present: Chair M. Hill Hammock and Directors Hon. Dr. Dennis Deer, LCPC, CCFC; Mary Driscoll, RN, MPH; Ada Mary Gugenheim; Mike Koetting; Robert G. Reiter, Jr.; Layla P. Suleiman Gonzalez, PhD, JD and Sidney A. Thomas, MSW (8)

Absent: Vice Chair Mary B. Richardson-Lowry and Directors David Ernesto Munar and Heather M. Prendergast, MD, MS, MPH (3)

Additional attendees and/or presenters were:

Ekerete Akpan – Chief Financial Officer
Claudia Fegan, MD – Chief Medical Officer
Charles Jones – Chief Procurement Officer
James Kiamos – Chief Executive Officer, CountyCare
Jeff McCutchan – General Counsel
Iliana Mora – Chief Operating Officer, Ambulatory Services

Krzysztof Pierko, MD – John H. Stroger, Jr. Hospital of Cook County
Barbara Pryor – Chief Human Resources Officer
Deborah Santana – Secretary to the Board
John Jay Shannon, MD – Chief Executive Officer
Robert Sumter, PhD, FACHE

II. Employee Recognition

Dr. John Jay Shannon, Chief Executive Officer, recognized employees for outstanding achievements. Details and further information is included in Attachment #6 - Report from the Chief Executive Officer.

Following Dr. Shannon's report, Director Deer briefly provided an update on a district health fair that he recently held.

III. Public Speakers

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

The Secretary responded that there were none present.

IV. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, September 27, 2019

Director Thomas, seconded by Director Gugenheim, moved the approval of the Minutes of the Board of Directors Meeting of September 27, 2019. THE MOTION CARRIED UNANIMOUSLY.

IV. Board and Committee Reports (continued)

B. Human Resources Committee Meeting, October 15, 2019

- i. Metrics (Attachment #1)
- ii. Meeting Minutes

Director Thomas and Barbara Pryor, Chief Human Resources Officer, provided an overview of the Metrics and Meeting Minutes. The Board reviewed and discussed the information.

Director Driscoll, seconded by Director Koetting, moved the approval of the Minutes of the Human Resources Committee Meeting of October 15, 2019. THE MOTION CARRIED UNANIMOUSLY.

C. Managed Care Committee

- i. Metrics (Attachment #2)

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

D. Quality and Patient Safety Committee Meeting, October 18, 2019

- i. Metrics (Attachment #3)
- ii. Meeting Minutes, which included the following action items and report:
 - Medical Staff Appointments/Reappointments/Changes
 - Proposed Amendment to the Bylaws of the John H. Stroger, Jr. Hospital of Cook County Medical Staff

Director Gugenheim and Dr. Claudia Fegan, Chief Medical Officer, provided an overview of the metrics and meeting minutes. The Board reviewed and discussed the information.

The Board took action on this item following the adjournment of the closed meeting.

Director Gugenheim, seconded by Director Reiter, moved the approval of the Minutes of the Quality and Patient Safety Committee Meeting of October 18, 2019. THE MOTION CARRIED UNANIMOUSLY.

E. Finance Committee Meeting, October 18, 2019

- i. Metrics (Attachment #4)
- ii. Meeting Minutes, which include the following action items and report:
 - Contracts and Procurement Items (detail was provided as an attachment to this Agenda)

Director Reiter presented the Meeting Minutes for the Board's consideration. Ekerete Akpan, Chief Financial Officer, reviewed the Metrics and proposed Transfers of Funds considered by the Committee, and Charles Jones, Chief Procurement Officer, provided a brief overview of the contractual requests considered at the Finance Committee Meeting. Additionally, Mr. Jones briefly reviewed the report on minority and women-owned business enterprise participation.

IV. Board and Committee Reports

E. Finance Committee Meeting, October 18, 2019 (continued)

It was noted that there are six (6) contractual requests pending review by Contract Compliance (request numbers 7, 9, 16, 17, 18 and 19 contained within the Finance Committee Meeting Minutes). It was noted that request number 15 was withdrawn at the Finance Committee and is being re-submitted for the Board's consideration as request number 1 under Board Agenda Item V(A) Contracts and Procurement Items. Additionally, request number 8, under the Contracts and Procurements contained within the Finance Committee Meeting Minutes, is being withdrawn from consideration today.

During the discussion of request number 14 regarding Cerner Corporation, Dr. Shannon indicated that the Board will receive an update on Information Systems as a Board Education item, perhaps in December or January. He noted that the last update on that subject was received by the Board in December of 2018.

During the discussion of the grant-related requests contained within the Minutes, Director Driscoll inquired regarding the monitoring of grants. Dr. Shannon stated that the Board will soon begin to receive regular updates on the subject.

Director Reiter, seconded by Director Gugenheim, moved the approval of the Minutes of the Meeting of the Finance Committee of October 18, 2019, with the exception of request number 8 under the Contracts and Procurement Items contained within the Minutes, which was withdrawn. THE MOTION CARRIED UNANIMOUSLY.

V. Action Items

A. Contracts and Procurement Items (Attachment #5)

Director Reiter explained that request number 1 was initially presented to the Finance Committee at the October 18th Meeting but was withdrawn from consideration at that meeting, because further discussion was needed. It is his belief that the scope of the contract has materially changed, and that CCH should rebid the contract right away. Following discussion it was determined that the Board would consider approving exercising the option to extend the contract for twelve (12) months in the amount of \$1,857,927.75, while recognizing that CCH has the ability to exercise early termination of the contract for convenience, and would direct staff to immediately begin its activities to solicit competitive proposals for the provision of these services.

Director Suleiman Gonzalez recommended that the Finance Committee should discuss the process and policy related to matters like this at a future meeting.

With regard to request number 1, under the Contracts and Procurement Items, Director Reiter, seconded by Director Thomas, moved to approve the following:

Approve the exercising of one (1) twelve (12)-month contract extension in the amount of \$1,857,927.75, with no further contract extensions, and recognizing Cook County Health's ability to exercise early termination of the contract for convenience; and

Direct Supply Chain Management to immediately begin activities to solicit competitive proposals for the provision of these services.

THE MOTION CARRIED UNANIMOUSLY.

V. Action Items (continued)

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

VI. Report from Chair of the Board

Chair Hammock stated that the Cook County Health Foundation's annual event held on September 25th was a success; they raised approximately \$200,000 at the event.

Chair Hammock noted that CCH's Impact 2023 Strategic Plan was received and filed by the Cook County Board of Commissioners on October 24th. The Cook County Board is in the midst of their budget season; CCH's departmental hearing is scheduled for Tuesday, October 29th at 9:00 A.M.

VII. Report from the Chief Executive Officer (Attachment #6)

Dr. Shannon provided an update on several subjects; detail is included in Attachment #6.

A. FY2020 Proposed Budget and Impact of Charity Care (Attachment #7)

Dr. Shannon provided an overview of the presentation, which included information on the following subjects:

- Cook County Health (CCH) as Provider, Health Plan, Correctional Health and Public Health
- CCH Mission
- FY2019 Accomplishments
- FY2019 Capital Investments
- FY2020 Proposed Budget: Summary, Revenue and Expense Drivers
- FY2020 Proposed CountyCare Financial Summary
- FY2020 Proposed External Revenue by Source
- Cook County Pension, Debt Service and Operating Allocation
- FY2020 Success Factors
- Operational Realities
- Uncompensated Care = Bad Debt + Charity Care
- Uncompensated Care Trends in the U.S.
- CCH Payor Mix by Visit as of June 2019
- Uninsured Timeline (U.S. and CCH)
- Inpatient Payor Mix Comparison
- CCH Charity Care at Cost
- Uninsured Referrals from Other Hospitals
- Charity Care in Cook County
- How did CCH manage until now?
- Where do we go from here to cover the gap?

VIII. Closed Meeting Items

- A. Claims and Litigation**
- B. Discussion of personnel matters**
- C. October 18, 2019 Quality and Patient Safety Committee Meeting Minutes**

Director Gugenheim, seconded by Director Reiter, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body.”

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chair Hammock and Directors Driscoll, Gugenheim, Koetting, Reiter, Suleiman Gonzalez and Thomas (7)

Nays: None (0)

Absent: Vice Chair Richardson-Lowry and Directors Deer, Munar and Prendergast (4)

THE MOTION CARRIED UNANIMOUSLY and the Board convened into a closed meeting.

Chair Hammock declared that the closed meeting was adjourned. The Board reconvened into the open meeting.

IX. Adjourn

As the agenda was exhausted, Chair Hammock declared that the meeting was ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
M. Hill Hammock, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/Follow-up:

- Follow-up: The Board will receive an update on Information Systems as a Board Education item, perhaps in December or January. Page 3
- Follow-up: The Board will soon begin to receive regular updates on the monitoring of grants. Page 3
- Request: A recommendation was made that the Finance Committee should discuss at a future meeting the process and policy related to decisions to either extend contracts or rebid them, as discussed under Board Agenda Item V(A). Page 3

Cook County Health and Hospitals System
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October 25, 2019

ATTACHMENT #1

Human Resources Metrics CCH Board of Directors

Barbara Pryor
Chief Human Resources Officer

October 25, 2019



COOK COUNTY
HEALTH

Metrics



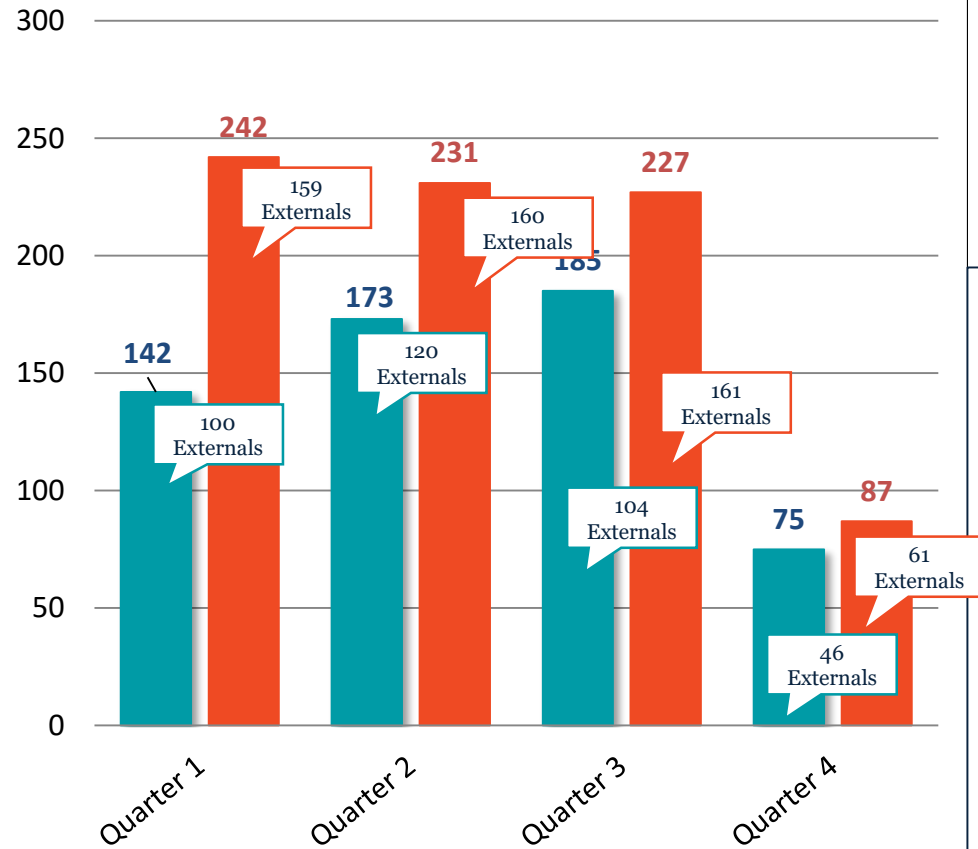
COOK COUNTY
HEALTH

CCH HR Activity Report

Thru 09/30/2019

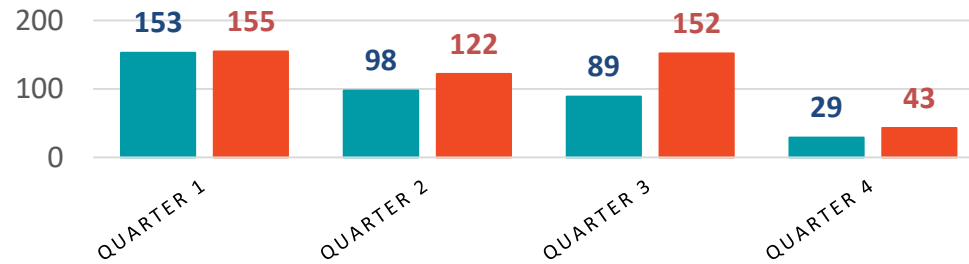
FILLED POSITIONS

■ 2018 Filled (575) | Externals (370)
■ 2019 Filled (787) | Externals (541)

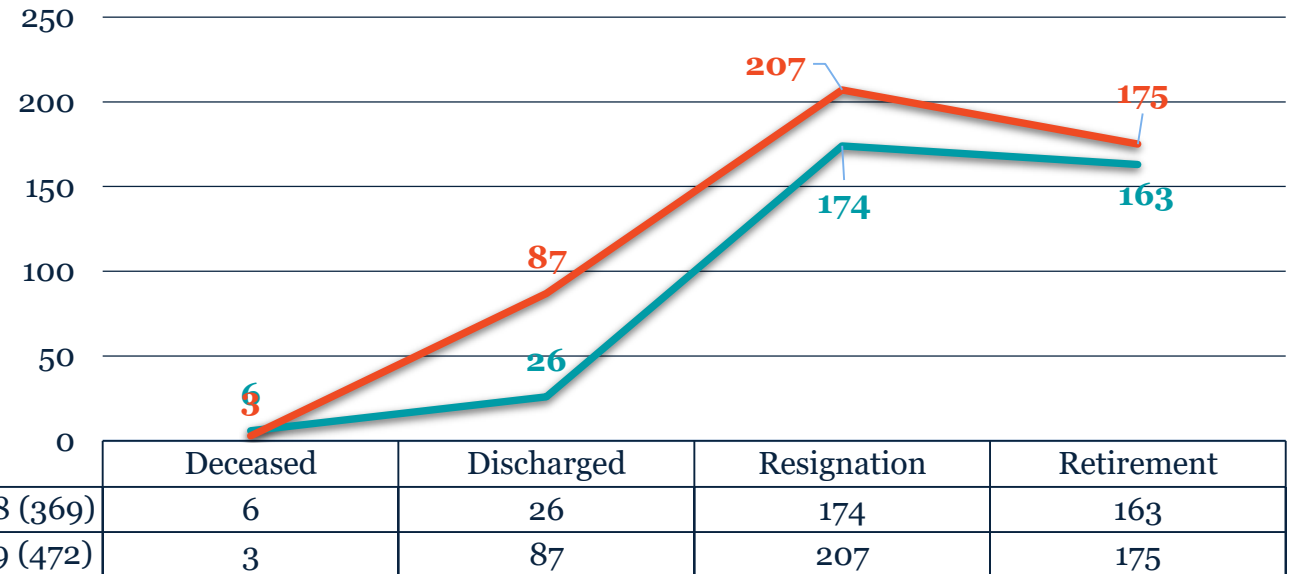
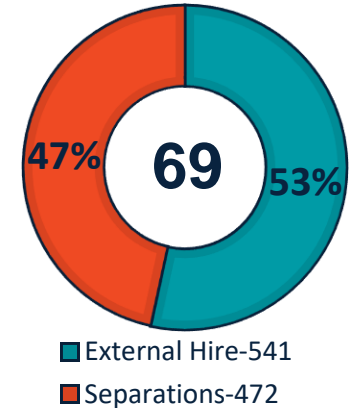


SEPARATIONS

■ 2018 Separations (369) ■ 2019 Separations (472)



NET NEW



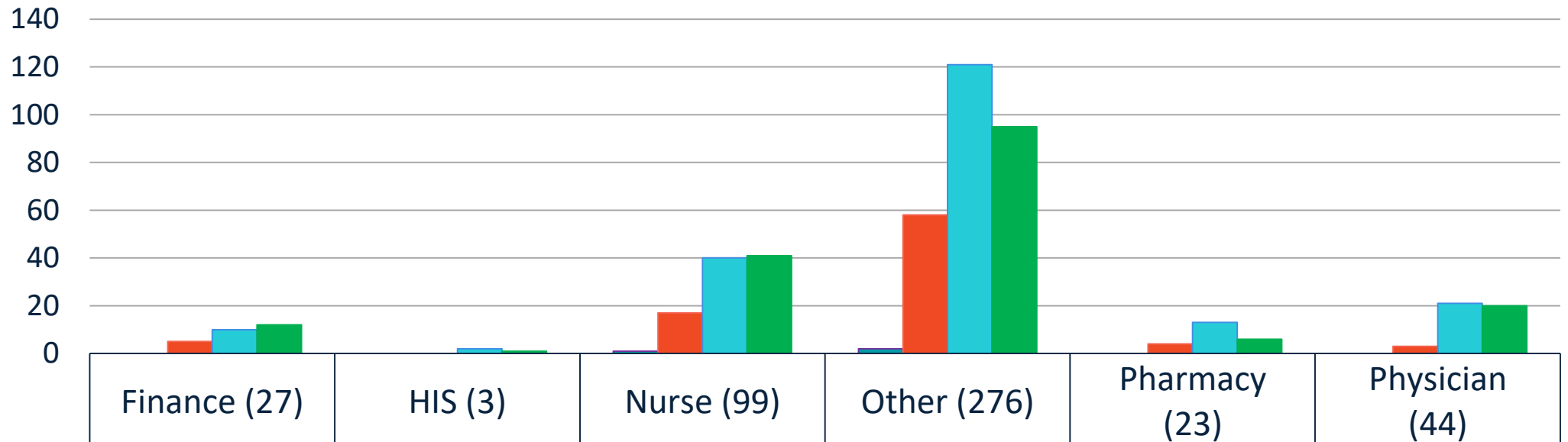
COOK COUNTY
HEALTH

Does not include Consultants, Registry and House Staff

CCH HR Activity Report

Thru 09/30/2019

SEPARATIONS BY CLASSIFICATION - 472

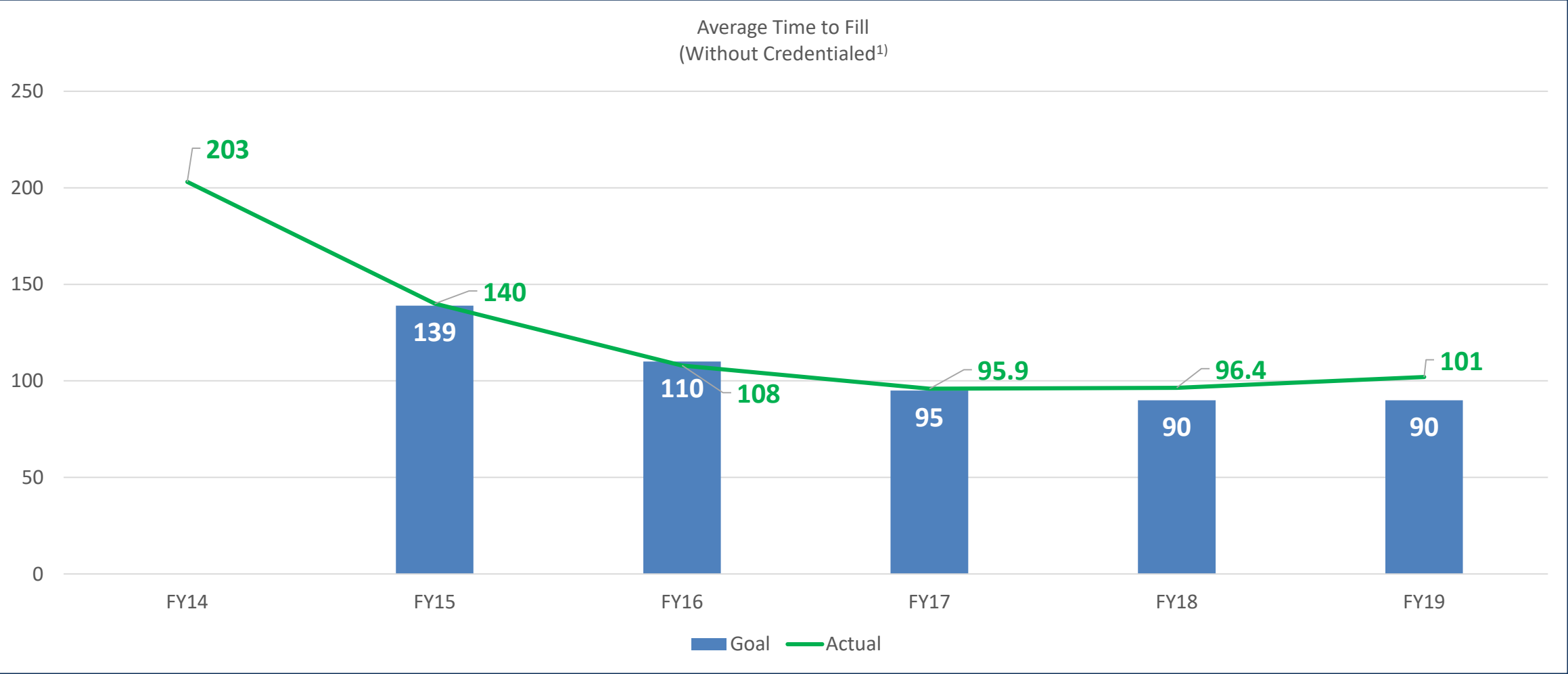


■ Deceased (3)			1	2		
■ Discharged (87)	5		17	58	4	3
■ Resignation (207)	10	2	40	121	13	21
■ Retirement (175)	12	1	41	95	6	20



CCH HR Activity Report – Open Vacancies

Improve/Reduce Average Time to Hire*



¹Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.

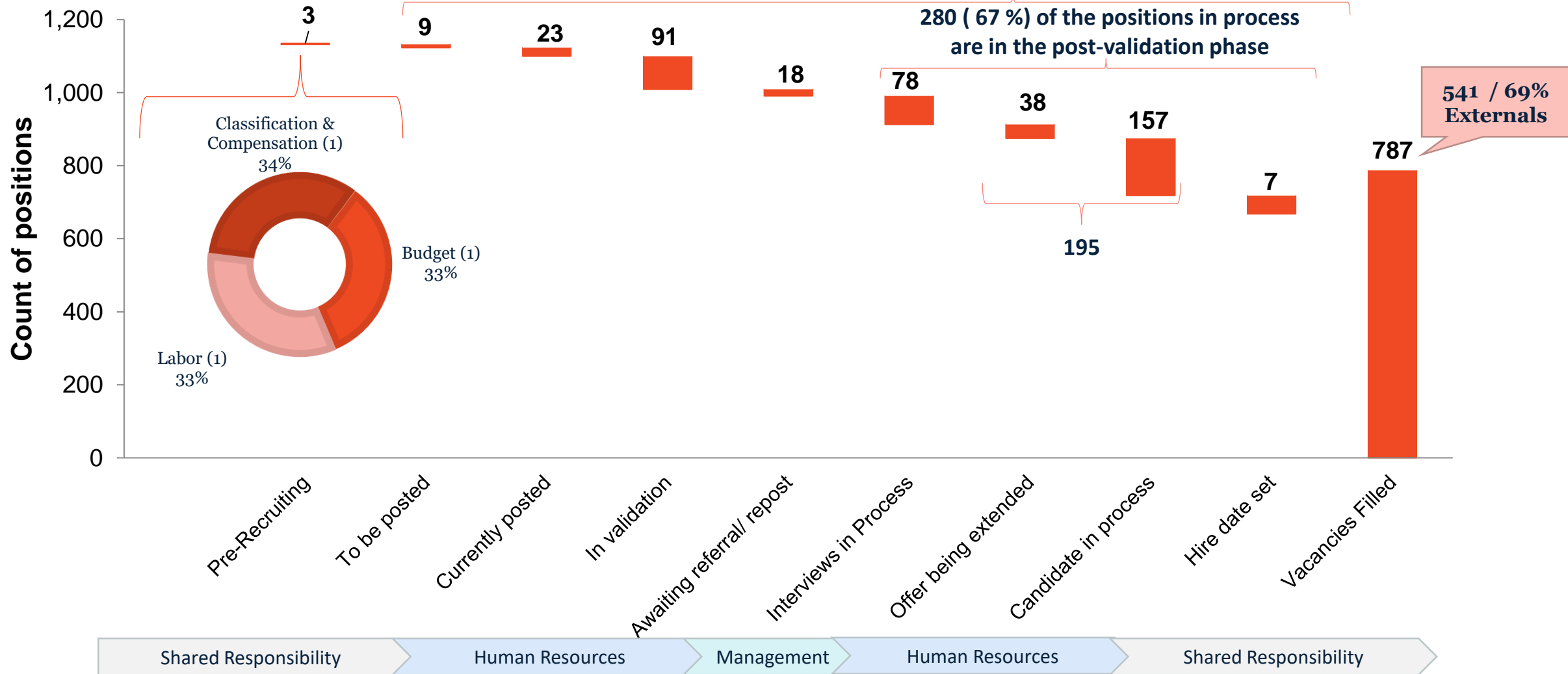
CCH HR Activity Report – Hiring Snapshot

Thru 09/30/2019

Clinical Positions – 297 / 71%

Non-Clinical Positions – 124 / 29%

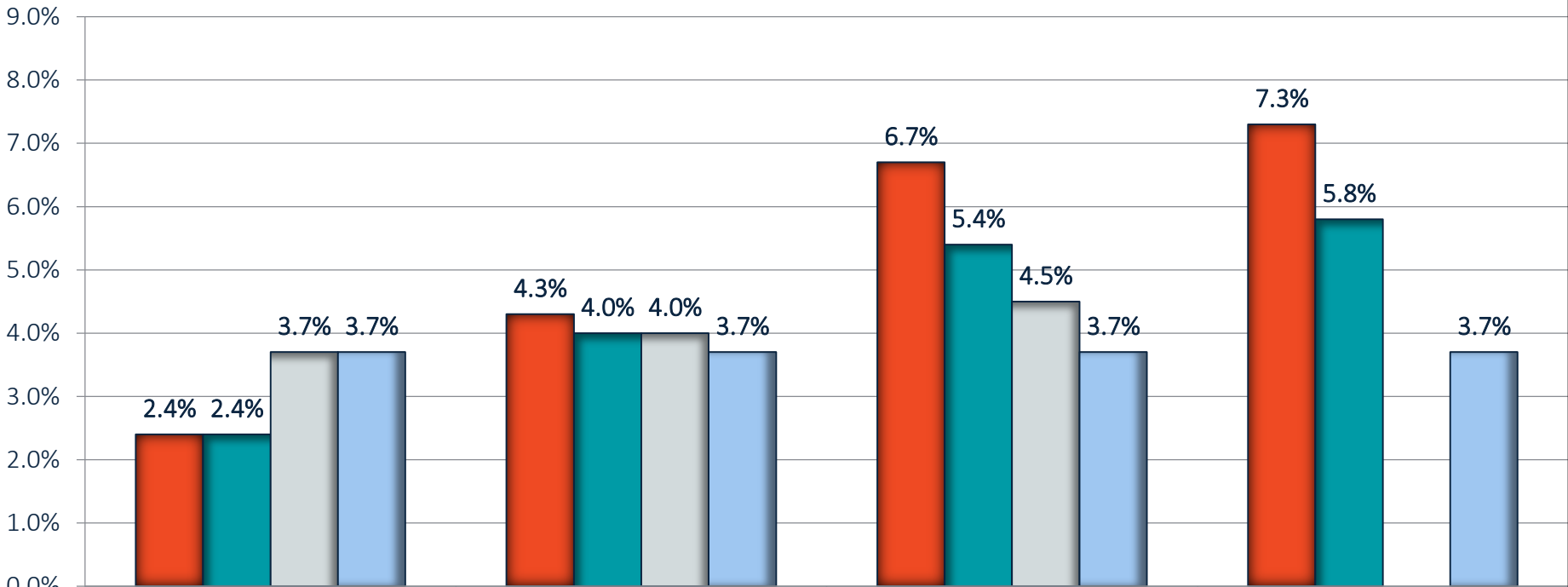
421 Positions in Recruitment



**COOK COUNTY
HEALTH**

CCH HR Activity Report – Turnover

CCH TURNOVER
 Turnover Year-to-Date
 Head Count: 6,435



YTD Cumulative Totals:	Quarter 1	Quarter 2	Quarter 3	Quarter 4
FY19 CCH Turnover	2.4%	4.3%	6.7%	7.3%
FY18 CCH Turnover	2.4%	4.0%	5.4%	5.8%
FY17 U.S. IL Health & Hospital Assoc. Turnover Data	3.7%	4.0%	4.5%	NA
FY19 U.S. Dept. of Labor Turnover Data	3.7%	3.7%	3.7%	3.7%



Thank you.



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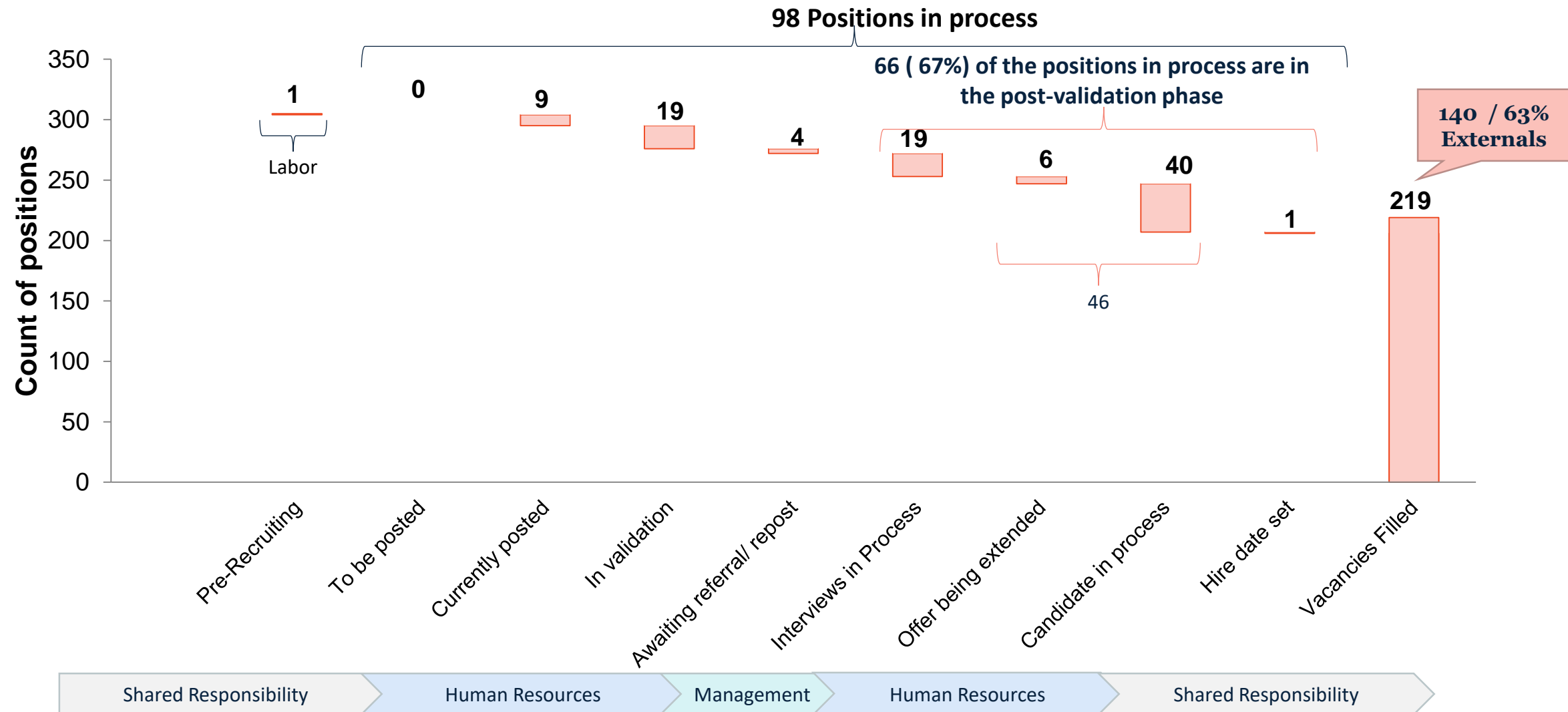
Appendix



COOK COUNTY
HEALTH

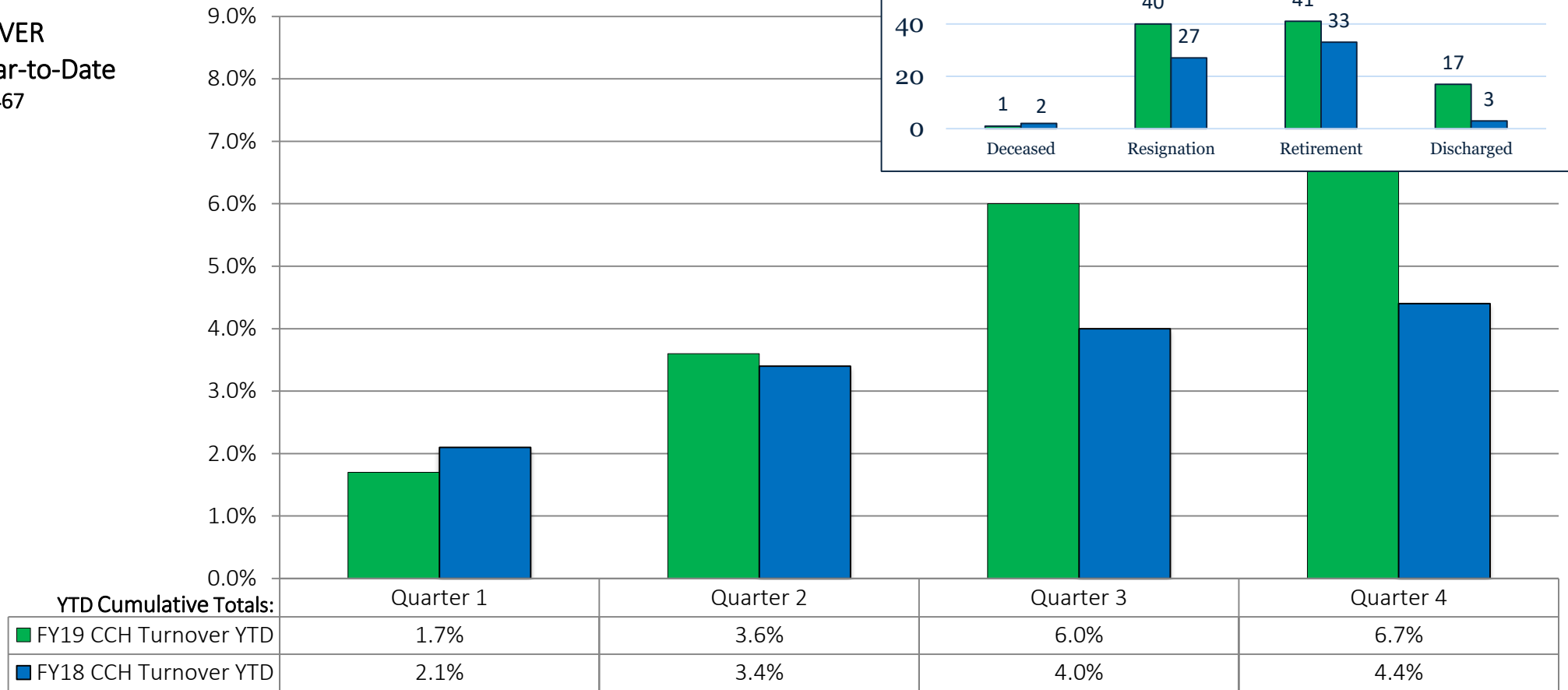
CCH HR Activity Report – Nursing Hiring Snapshot

Thru 09/30/2019



Nursing Activity Report – Turnover

CCH TURNOVER
Turnover Year-to-Date
Head Count: 1,467



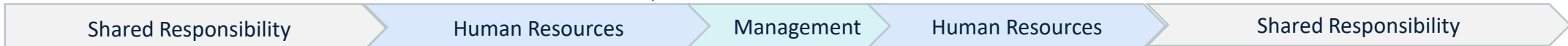
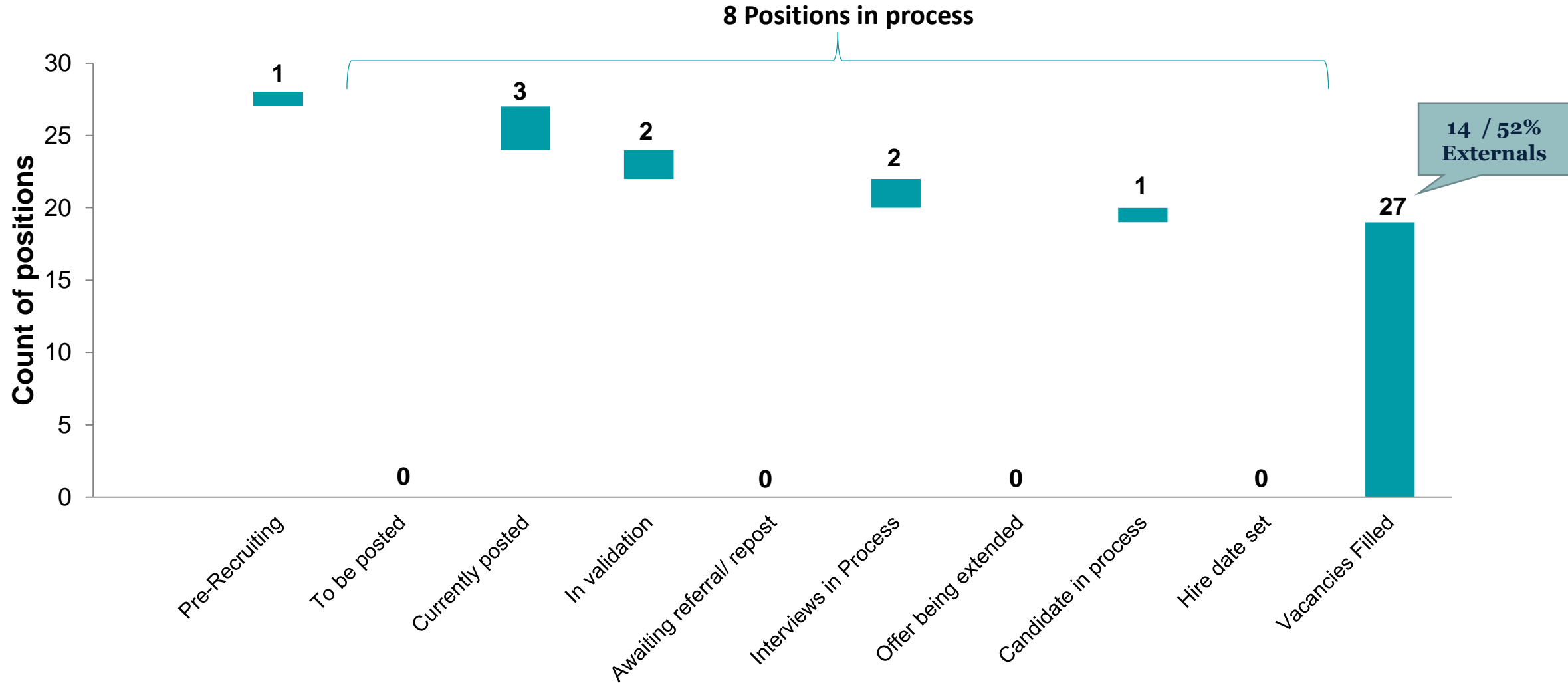
Include Registry

FY19 data is through 09/30/2019



CCH HR Activity Report – Finance Hiring Snapshot

Thru 09/30/2019





Impact 2020

Develop Cultural Competency of Workforce



COOK COUNTY
HEALTH

Impact 2020 – Develop Cultural Competency of Workforce

The Changing Landscape - Benchmark

- According to the US Census Bureau:
 - ❑ The minority population increased from 32.9% of U.S. residents in 2004 to 37.9% in 2014.
 - ❑ Chicago's minority population is 54.7%.
 - ❑ The percentage of minorities in America is projected to exceed 50% by 2056
- A 2015 study by the Centers for Disease Control and Prevention, found that 22% of adults in the US have some form of a disability.
 - ❑ The study also found Black (29%) and Hispanic (25.9%) adults were more likely to have a disability than were White (20.6%) adults (*CSC newsroom, 2015*).
- A 2016 U.S. Gallup Poll of the largest representative sample of LGBT Americans found that more than an estimated 10 million adults now identify as :GBT om the U.S. today, approximately 1.75 million more compared with 2012. This is an increase from 3.5% in 2012 to 4.1% in 2016. LGBT millennials rose from 5.8% in 2012 to 7.3% in 2016 (*Gates,2017*)>

Impact 2020 – Develop Cultural Competency of Workforce

- The Cook County Health Committee on Addressing Bias, Equity , and Cultural Competency has proposed the following definitions for Cultural Competence:


Cultural Competence

An ongoing willingness to acknowledge, identify, and **challenge one's own assumptions**, values, and beliefs to **build understanding** around the unique attributes that make up the **various demographics** of Cook County. This results in effective 2-way communication and **safe, open interactions** amongst community members and County workforce members.


Cultural Competency & Implicit Bias Training for Leaders

- CCH Organizational Development & Training Department hosted a **Pilot** training session.
- Learning Objectives:
 - Build awareness of implicit bias and its effects
 - Engage in cross-cultural communication and use preferred language
 - Discover and discuss strategies to mitigate implicit bias and improve cultural competence
 - CCH Leaders provide feedback about this high-value new course offering

Pilot Version



COOK COUNTY
HEALTH



THE
EXETER GROUP

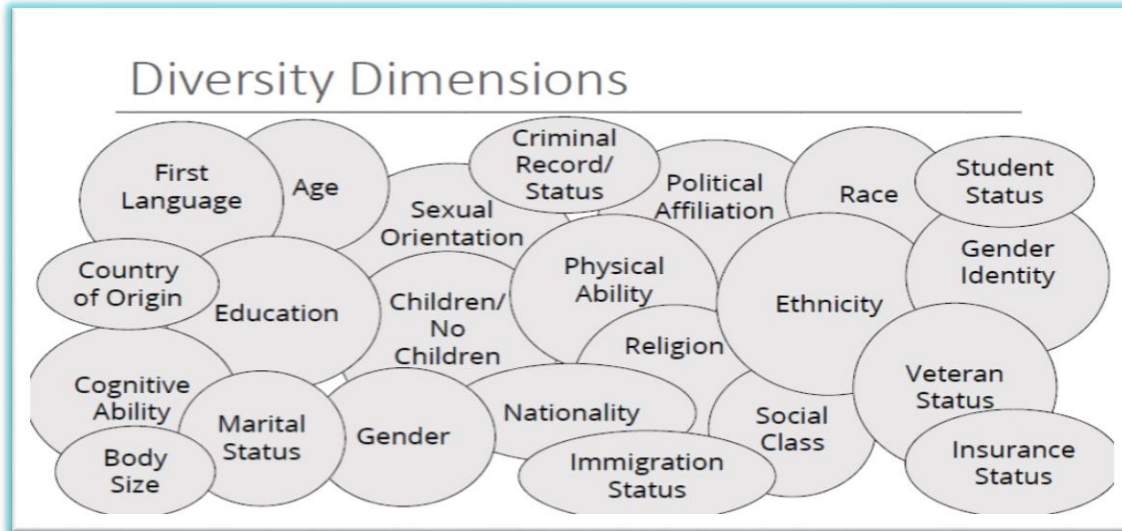
Cultural Competence & Implicit Bias Training for Leaders

The Exeter Group

Wednesday, October 2, 2019

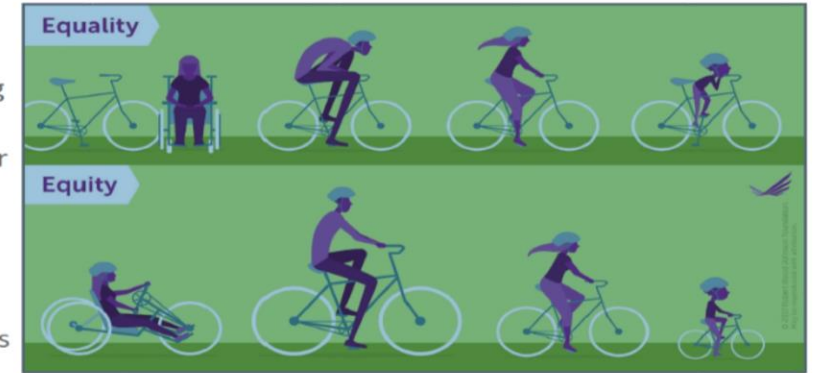
Cultural Competency & Implicit Bias Training for Leaders

- Topics covered:



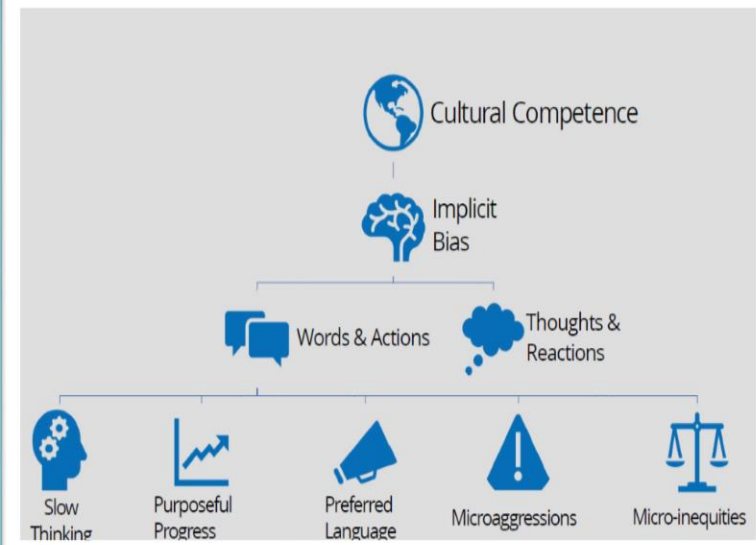
Health Equity

- The absence of avoidable and unfair health differences among groups of people
- Everyone has a fair opportunity to attain their full health potential and no one is disadvantaged from achieving this potential



Preferred Language

Recommended (Person-centered)	Not Recommended
<ul style="list-style-type: none"> Person with a disability Person who uses a wheelchair 	<ul style="list-style-type: none"> Disabled, Handicapped Wheelchair-bound
<ul style="list-style-type: none"> Sexual Orientation Transgender or Cisgender LGBTQ, Lesbian or Gay 	<ul style="list-style-type: none"> Sexual Preference Transsexual or Transgendered Homosexual
<ul style="list-style-type: none"> Person of color Black or African American Asian Hispanic or Latino/a/x White or Caucasian Multi-racial or Interracial 	<ul style="list-style-type: none"> Colored "The Blacks," "The Whites," etc. Oriental Assuming someone is Mexican or Colombian
<ul style="list-style-type: none"> Undocumented Immigrant 	<ul style="list-style-type: none"> Illegal alien



Implicit Bias Defined

Biases are the intentional or unintentional beliefs based on stereotypes that cause someone to perceive traits or characteristics that may or may not be true, which enables the favorable or unfavorable treatment of said person or group.

Implicit biases are:

- Attitudes or stereotypes that unconsciously affect our understanding, actions, and decisions.
- Activated involuntarily and without our awareness or intentional control.



Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
October 25, 2019

ATTACHMENT #2

CountyCare Metrics

Prepared for: CCH Board of Directors

James Kiamos

CEO, CountyCare

October 25, 2019



Current Membership

Monthly membership as of October 6, 2019

Category	Total Members	ACHN Members	% ACHN
FHP	211,925	16,931	8.0%
ACA	72,611	12,953	17.8%
ICP	29,633	5,902	19.9%
MLTSS	6,008	0	N/A
Total	320,177	35,786	11.2%

ACA: Affordable Care Act

FHP: Family Health Plan

ICP: Integrated Care Program

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



Managed Medicaid Market

Illinois Department of Healthcare and Family Services August 2019 Data

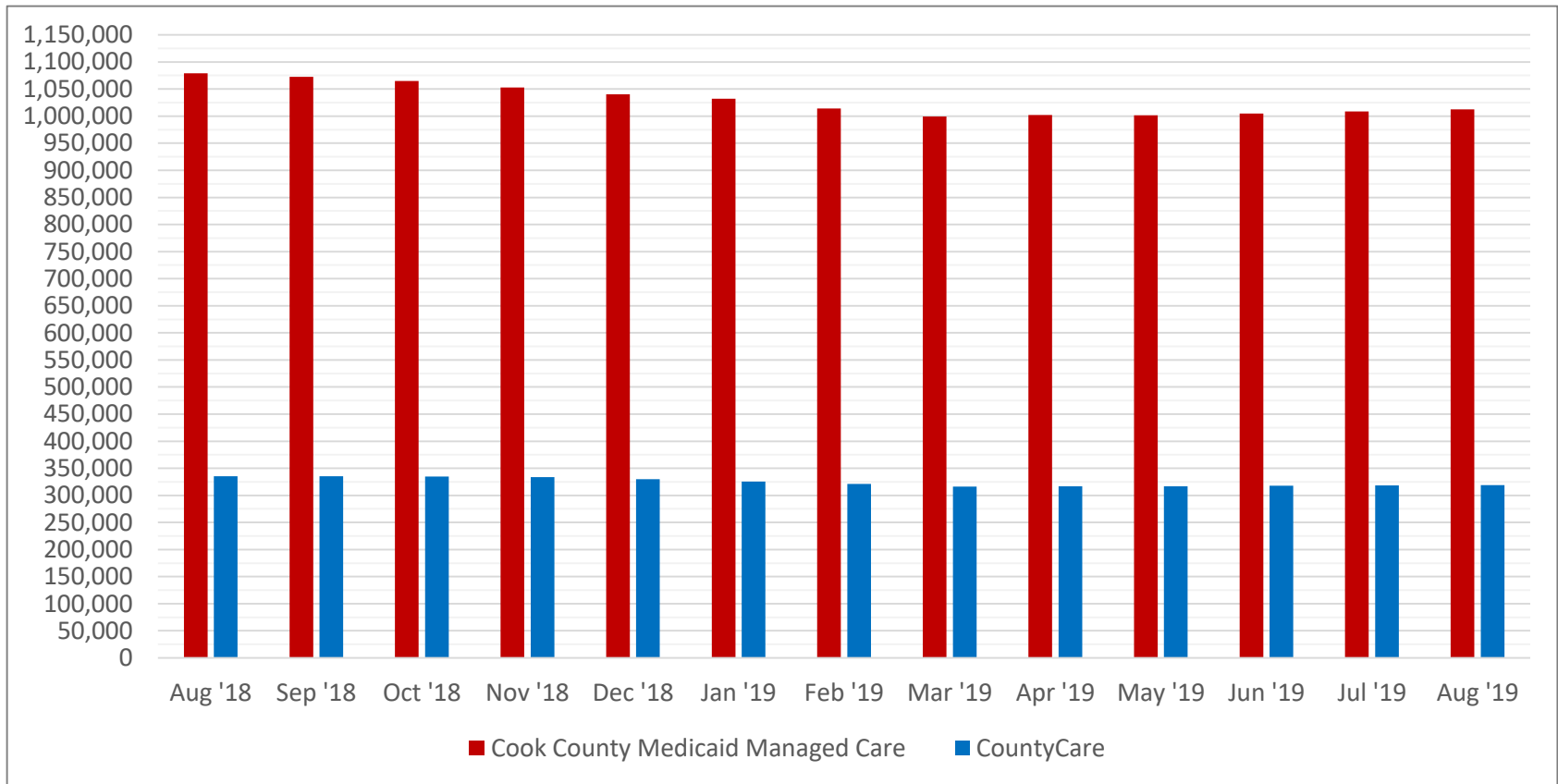
Managed Care Organization	Cook County Enrollment	Cook County Market Share
*CountyCare	319,012	31.5%
Blue Cross Blue Shield	238,041	23.5%
Meridian (a WellCare Co.)	228,530	22.6%
IlliniCare (a Centene Co.)	109,696	10.8%
Molina	66,087	6.5%
*Next Level	51,059	5.0%
Total	1,012,425	100.0%

* Only Operating in Cook County

Meridian and WellCare (dba Harmony) merged as of 1/1/2019. Pending Merger with Centene (dba IlliniCare)



IL Medicaid Managed Care Trend in Cook County



- Despite managed care membership declining by 6.2% within the past year, CountyCare has only experienced a decline of 4.9%.
- Overall Cook County Medicaid Managed Care enrollment is down 17% since January 2018.

2019 Operations Metrics: Claims Payment

		Performance		
Key Metrics	State Goal	Jun	Jul	Aug
Claims Payment Turnaround Time & Volumes				
% of Clean Claims Adjudicated < 30 days	90%	97.4%	97.4%	95.8%
% of Claims Paid < 30 days	90%	40.7%	44.9%	32.2%

Operations Metrics:

Overall Care Management Performance

		Performance		
Key Metrics	Market %	Jun	Jul	Aug
Completed HRS/HRA (all populations)				
Overall Performance	40%	63.3%	64.6%	66.3%
Completed Care Plans on High Risk Members				
Overall Performance	65%	61.5%	61.7%	62.2%

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



Cook County Health and Hospitals System
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ATTACHMENT #3

QPS Quality Dashboard



October 18, 2019



COOK COUNTY
HEALTH

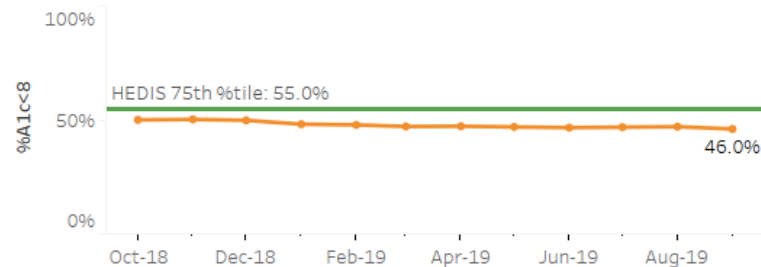


COOK COUNTY HEALTH

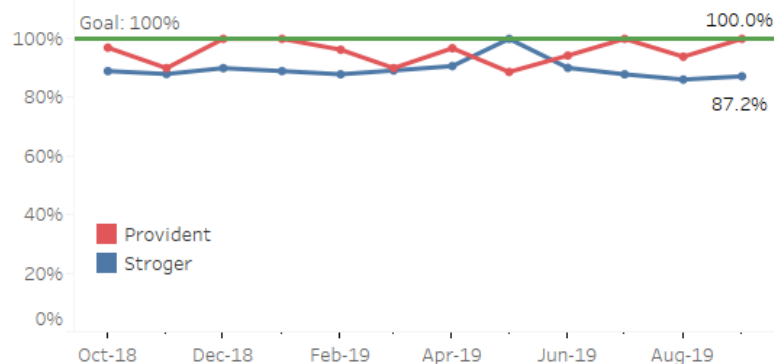
Quality Dashboard
October 18, 2019

Health Outcomes

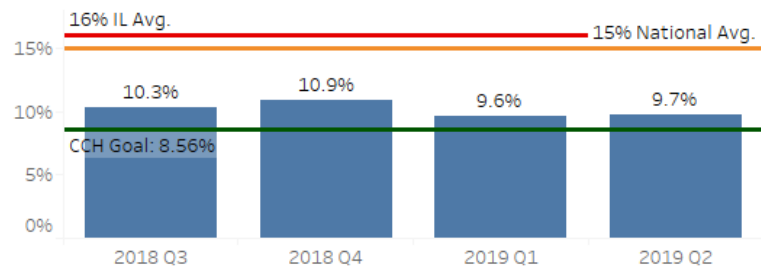
HEDIS - Diabetes Management: HbA1c < 8%



Core Measure - Venous Thromboembolism (VTE) Prevention

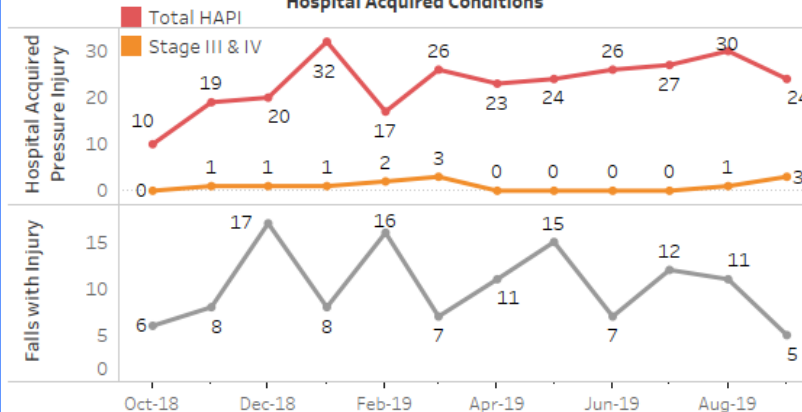


30 Day Readmission Rate

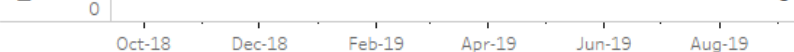


Patient Safety

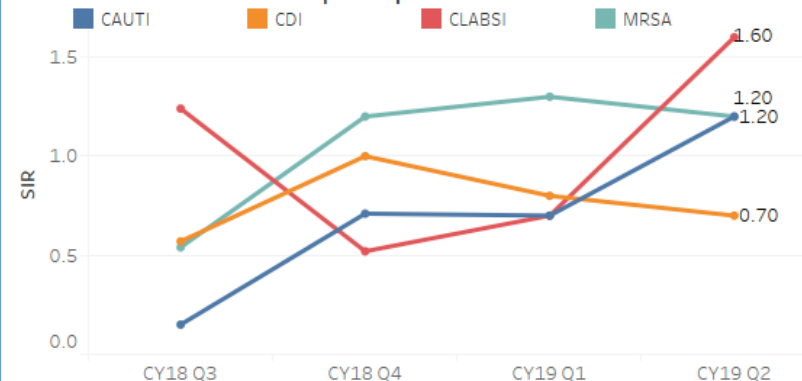
Hospital Acquired Conditions



Falls with Injury



Hospital Acquired Infections

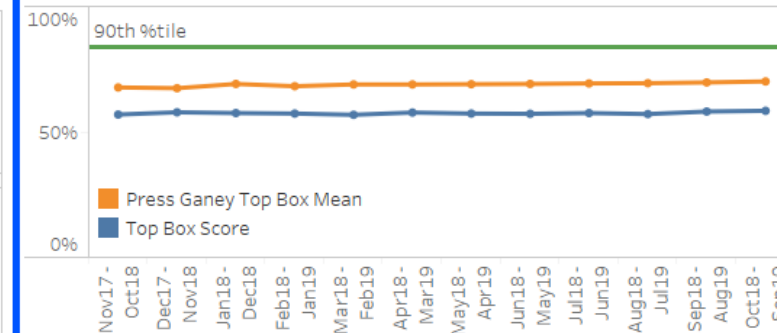


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs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

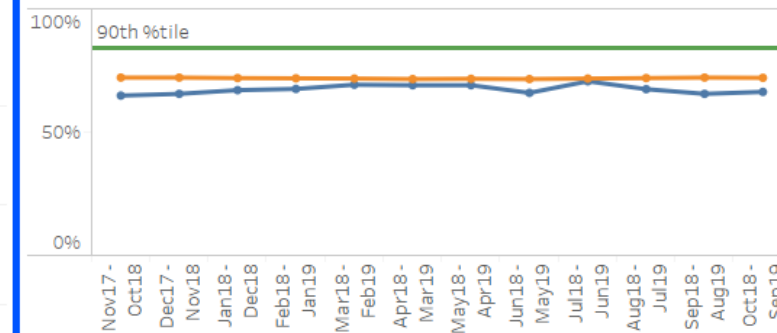
	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
CAUTI	0	0	1	3	1	1	2	1	2	5	6	2
CDI	2	10	4	4	6	2	6	5	4	4	9	5
CLABSI	0	0	0	2	1	0	2	2	2	3	2	4
MRSA	0	0	1	0	1	0	1	0	0	2	0	0

Utilization

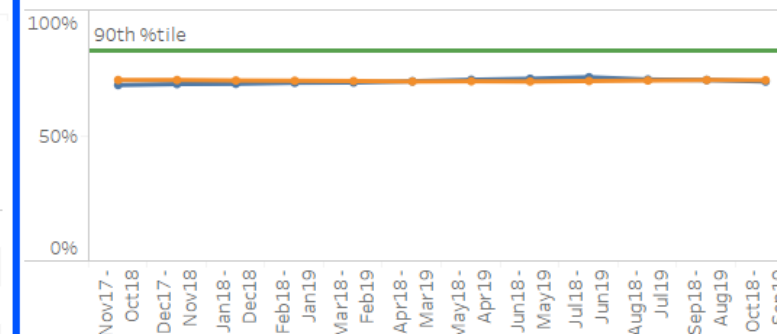
ACHN--Overall Clinic Assessment



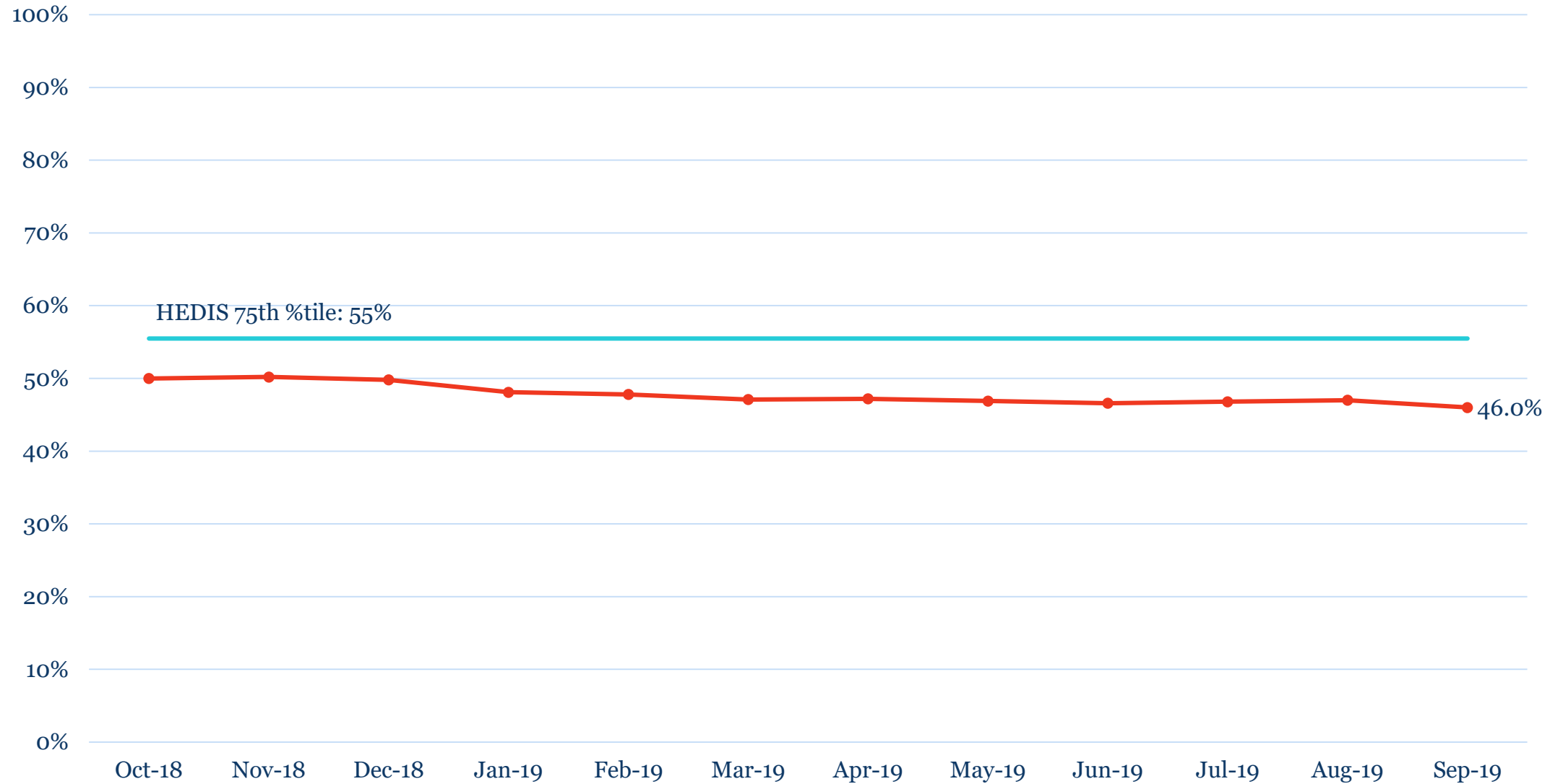
Provident--Willingness to Recommend Hospital



Stroger--Willingness to Recommend Hospital

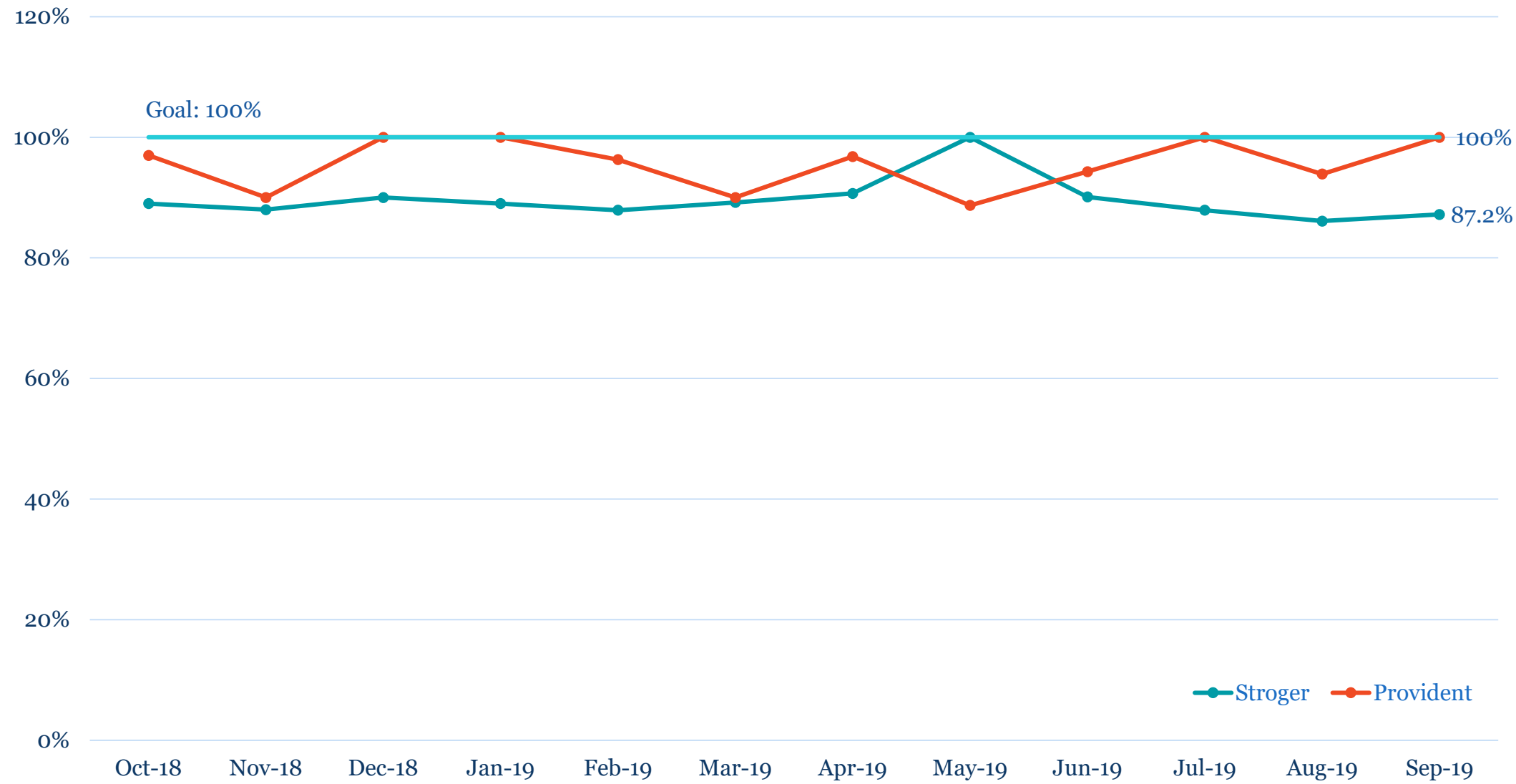


HEDIS – Diabetes Management: HbA1c < 8%



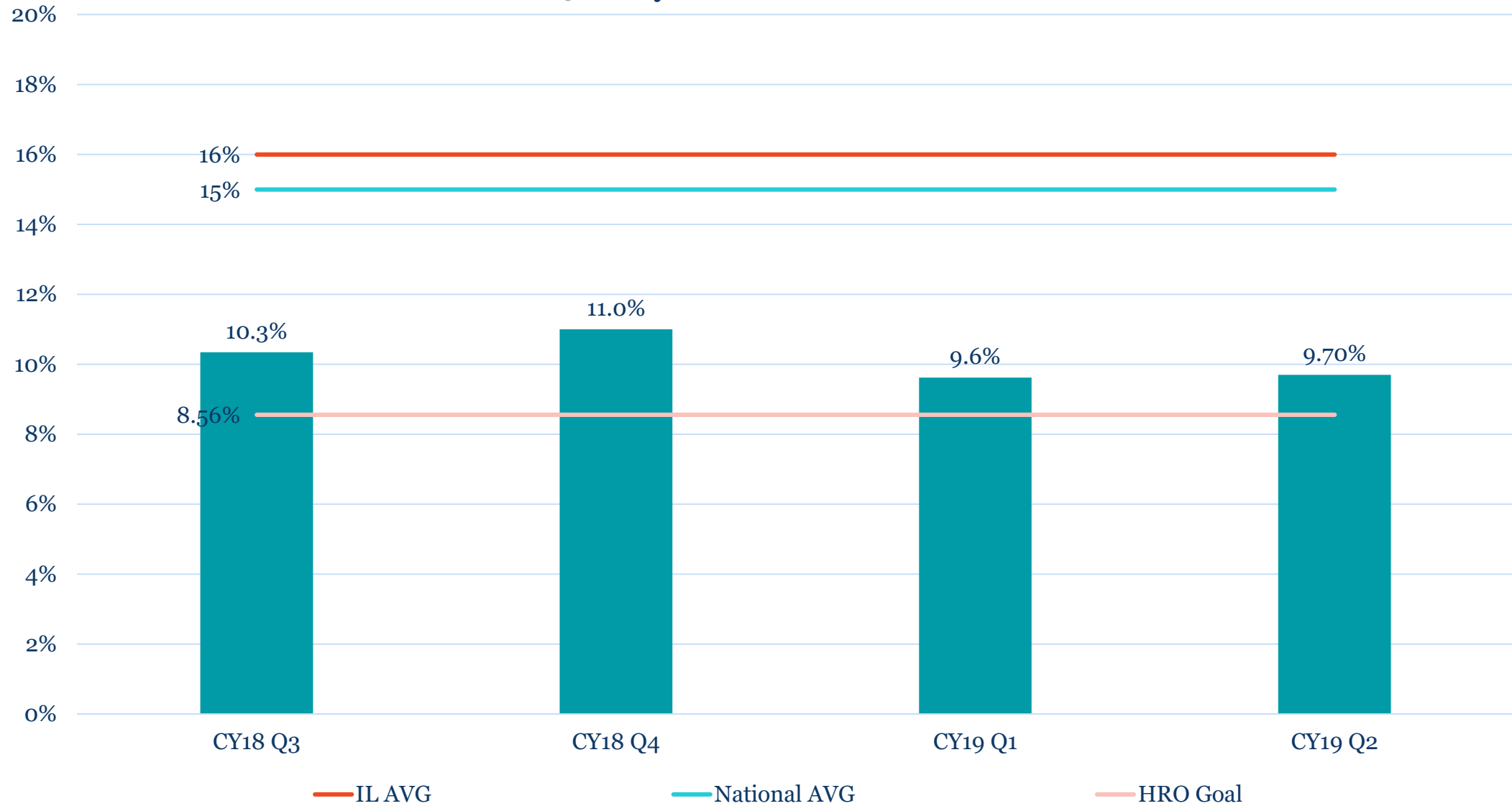
Source: Business Intelligence

Core Measure – Venous Thromboembolism (VTE) Prevention



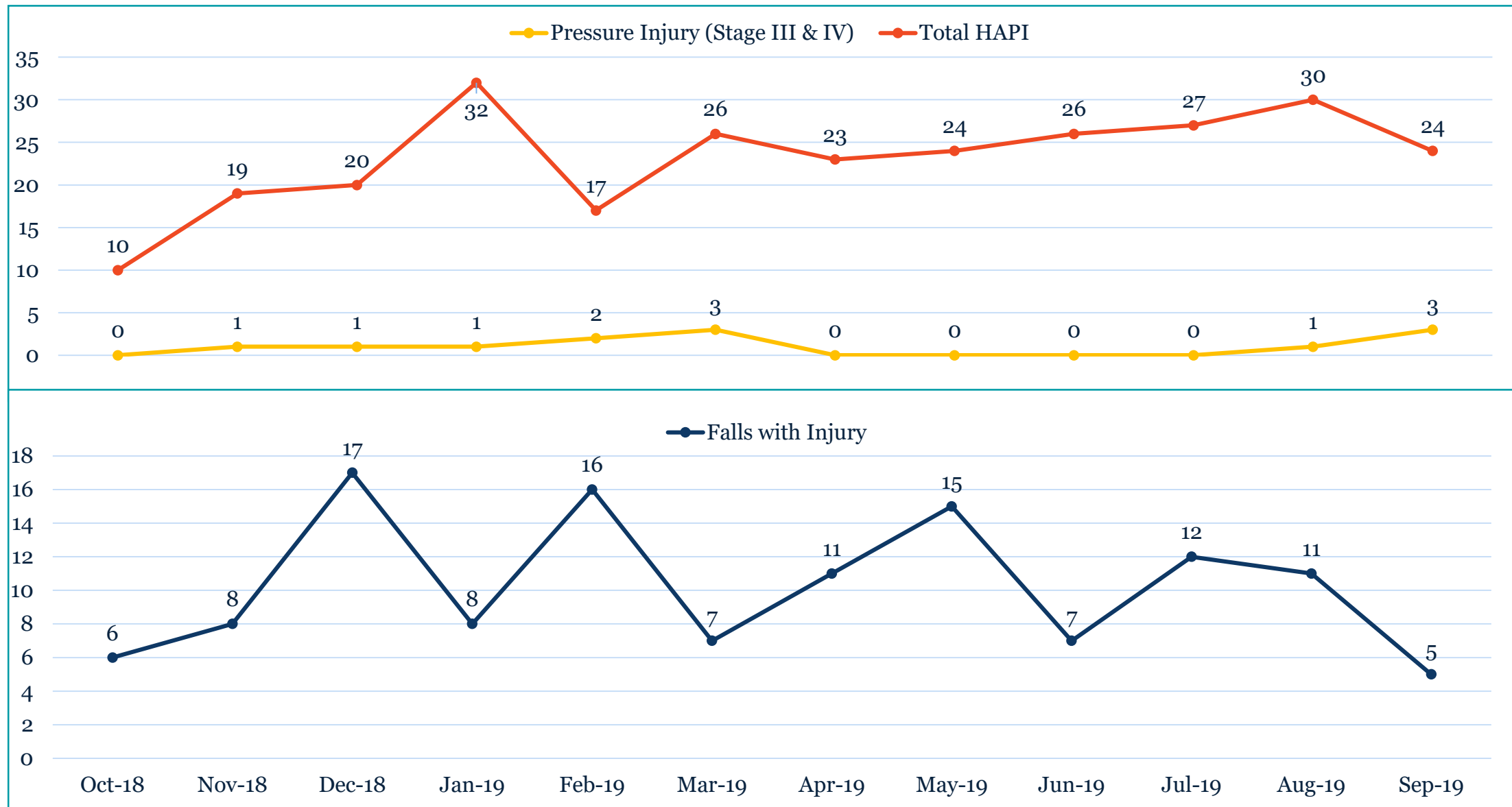
Source: Quality Dept.

30 Day Readmission Rate

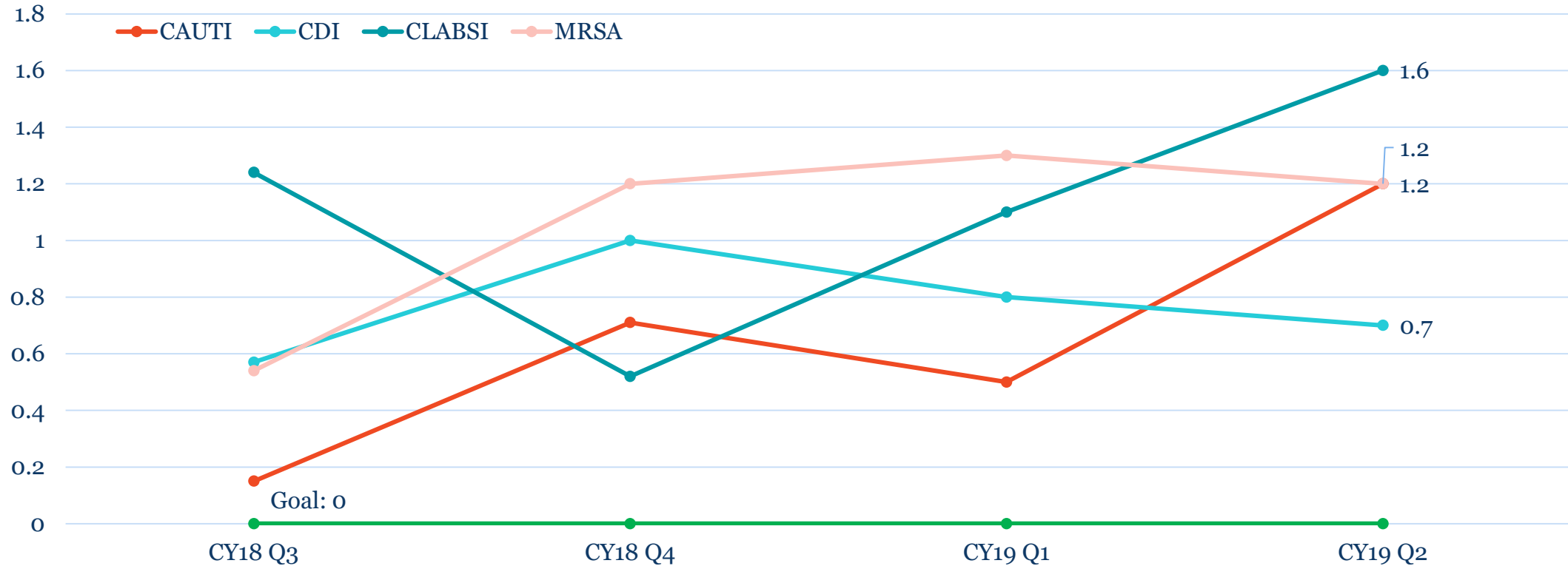


Source: Business Intelligence

Hospital Acquired Conditions



Hospital Acquired Infections



	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
CAUTI	0	0	1	3	1	1	2*	1	2*	5	6	2
CDI	2	10	4	4	6	2	6	5	4	4	9	5
CLABSI	0	0	0	2	1	0	2*	2	2	3	2	4
MRSA	0	0	1	0	1	0	1	0	0	2	0	0

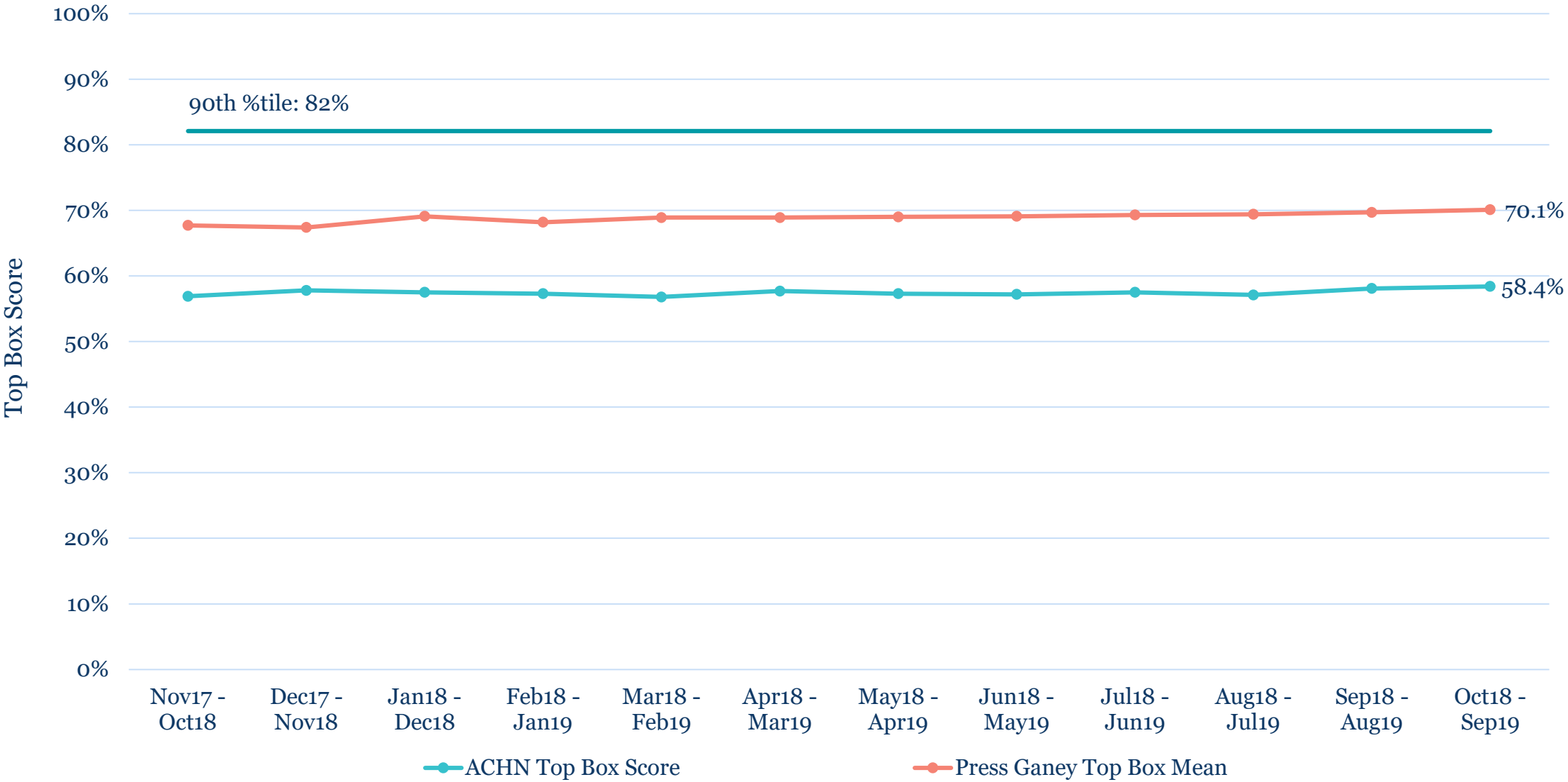
*Amended

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

Source: Infection Control Dept.

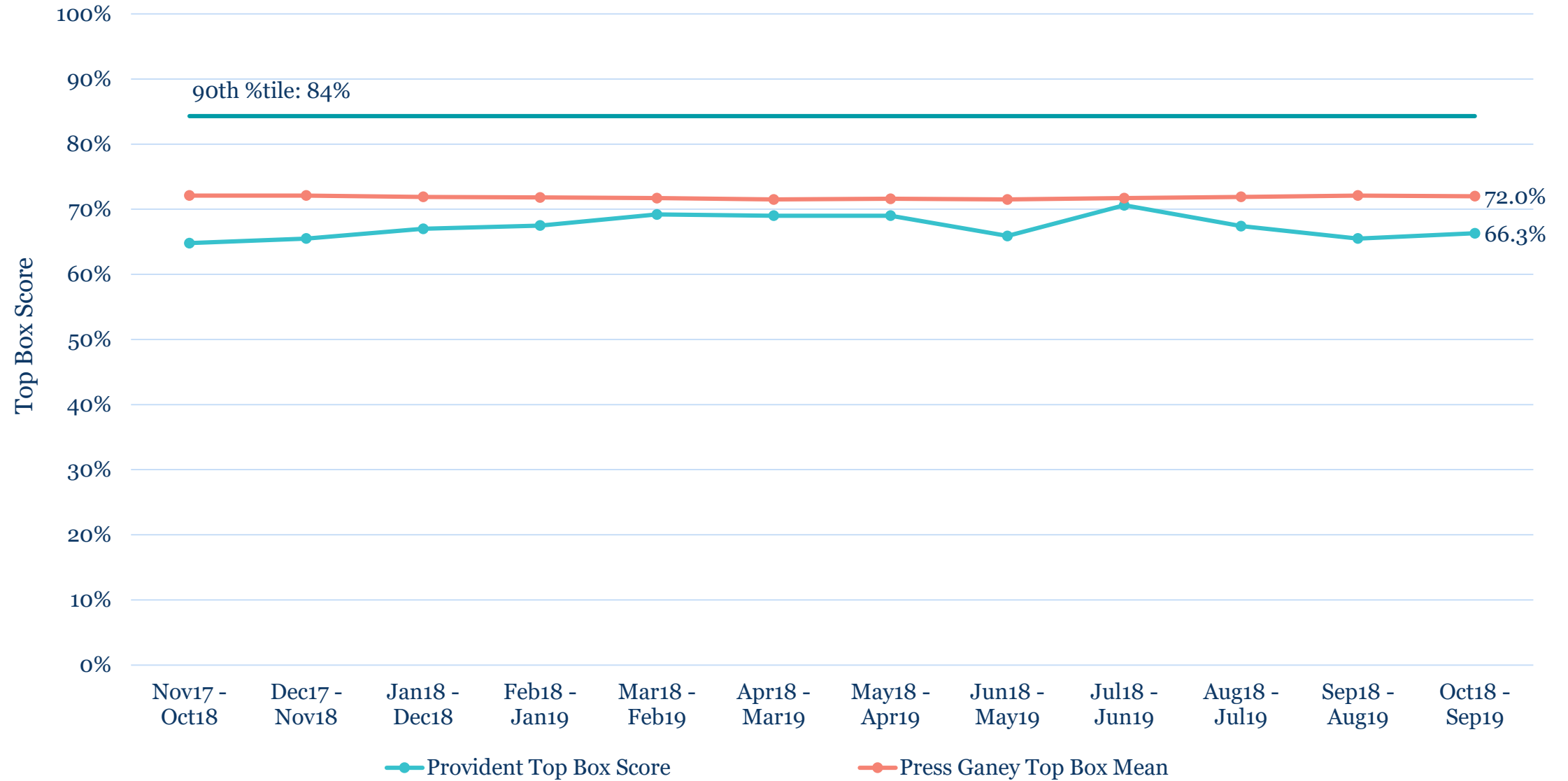


ACHN – Overall Clinic Assessment

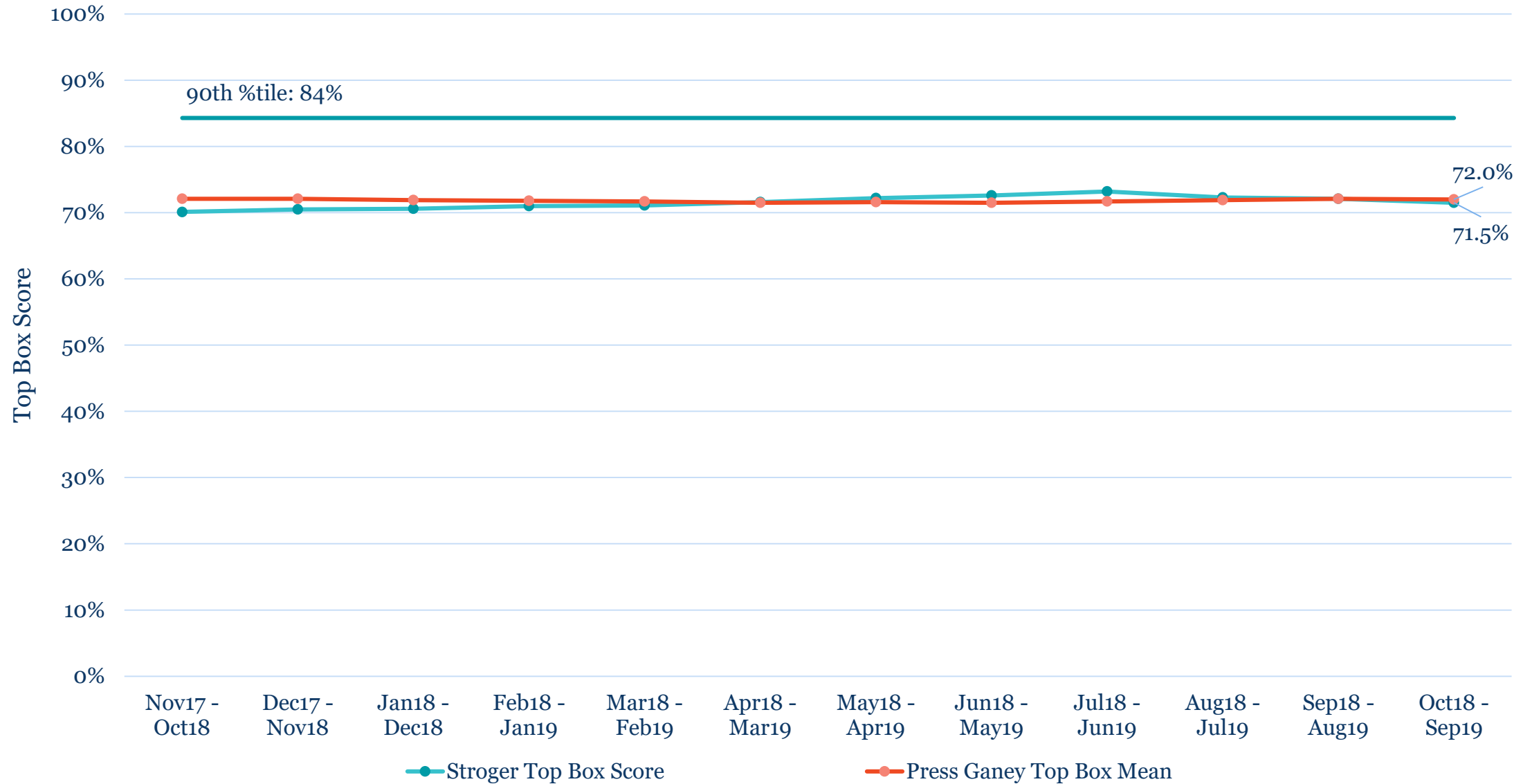


Source: Press Ganey

Provident – Willingness to Recommend the Hospital



Stroger – Willingness to Recommend the Hospital



Source: Press Ganey

QPS Measure Name	Measure Definition	Source
Diabetes Management HbA1c <8%	Adults ages 18-75 with diabetes (type 1 or type 2) where HbA1c is in control (<8.0%). Qualifying patients: - Age 18-75 years as of December 31 of current year AND -Two diabetic Outpatient/ED visits in the current year or previous year OR -One diabetic Inpatient visit in the current year or previous year OR -Prescribed insulin or hypoglycemic or antihyperglycemics in the current year or previous year	NCQA, HEDIS
Core Measure-Venous Thromboembolism (VTE) Prevention	Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated, who had an order for Low Molecular Weight Heparin (LMWH), Low- Dose Unfractionated Heparin , adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time	CMS
Readmission Rate	The readmission measures are estimates of unplanned readmission to an acute care hospital in the 30 days after discharge from a hospitalization. Patients may have had an unplanned readmission for any reason.	CMS
Hospital Acquired Pressure Injuries	A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. Full thickness pressure injuries involve the epidermis and dermis, but also extend into deeper tissues (fat, fascia, muscle, bone, tendon, etc.)	CMS, AHRQ
Falls with Injury	A patient fall is an unplanned descent to the floor (or extension of the floor, e.g., trash can or other equipment) with injury to the patient.	TJC, NDNQI
Hospital Acquired Infections - CAUTI	Catheter-associated urinary tract infections	NHSN
Hospital Acquired Infections - CDI	Clostridium difficile intestinal infections	NHSN
Hospital Acquired Infections - CLABSI	Central line-associated bloodstream infections	NHSN
Hospital Acquired Infections - MRSA	Methicillin-resistant Staphylococcus Aureus blood infections	NHSN
Press Ganey Patient Satisfaction Top Box Score	The percentage of responses in the highest possible category for a question, section, or survey (e.g. percentage of 'Very Good,' or 'Always' responses).	Press Ganey
Press Ganey Patient Satisfaction Percentile Rank	A percentile rank tells you where your score falls in relationship to other scores. Percentile rank for any given metric in any peer group is determined by ordering all facilities' scores from highest to lowest, then each score receives a percentile rank by determining the proportion of the database that falls below that score. For example, if your percentile rank is 30, you are scoring the same as or better than 30% of the organizations you are compared to.	Press Ganey
ACHN Patient Satisfaction-Overall Assessment	Includes two questions: 1. How well the staff worked together to care for you. 2. Likelihood of your recommending our practice to others.	Press Ganey
Hospital Patient Satisfaction-Willingness to Recommend Hospital	The likelihood that a patient will recommend a hospital to family members and friends.	Press Ganey



Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
October 25, 2019

ATTACHMENT #4

CCH Board Meeting October 2019



Ekerete Akpan, Chief Financial Officer

October 25, 2019



**COOK COUNTY
HEALTH**

Observations on Financials

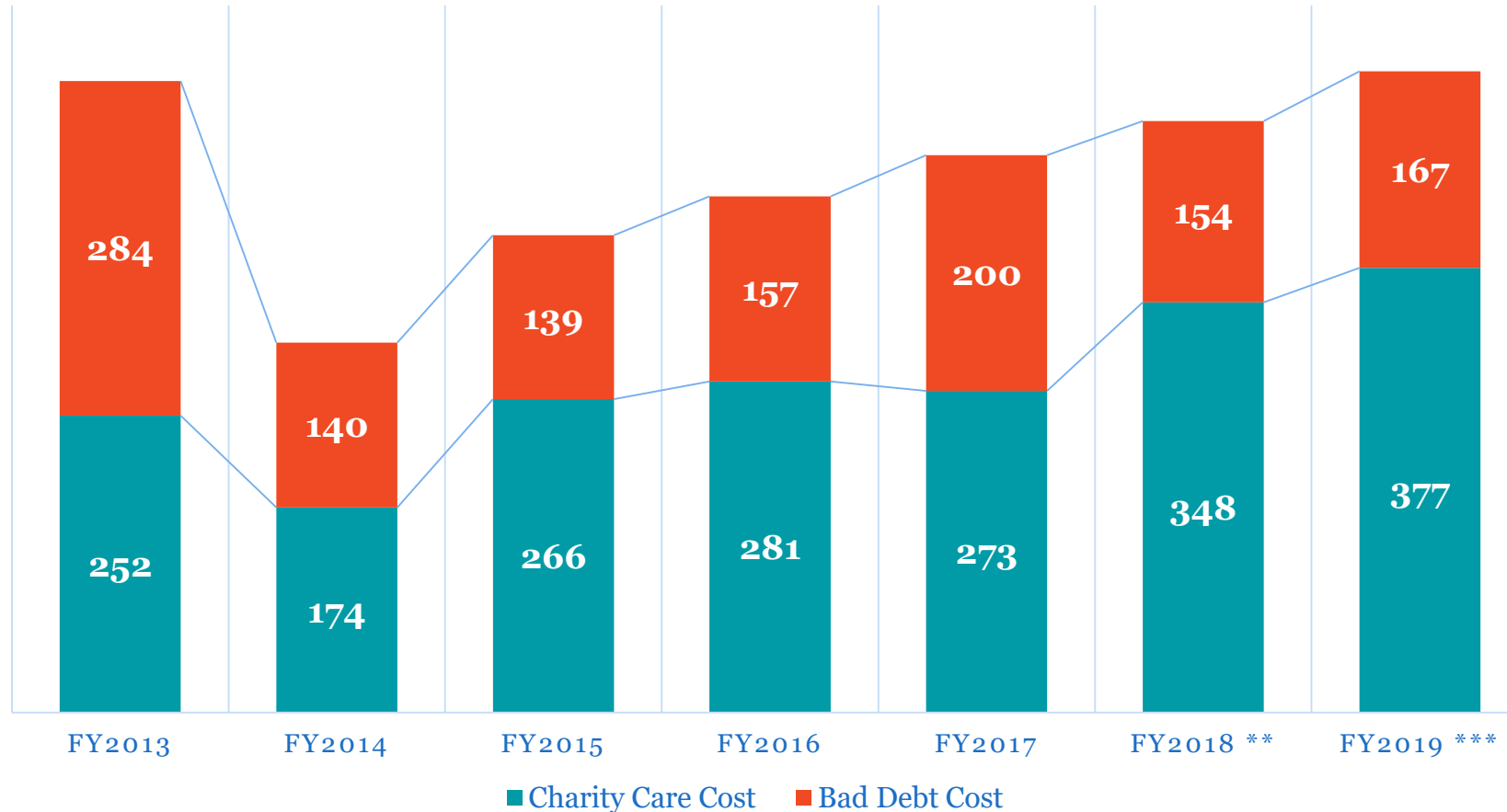
Revenues

- Net Patient Service Revenues - \$506M, 6% unfavorable to target due to increasing and unsustainable growth in charity care, some lower clinical activity and lower revenue cycle activity
 - System-wide uninsured numbers
 - Captured by Visits, held at 44%
 - Captured by Charges, held at 40%
- CountyCare Capitation Revenues - \$1.3B, 5% unfavorable to target due to lower than budgeted enrollment as a result of lower State/County MCO enrollment
- Other Revenues - \$13M , trending to exceed FY2019 target

Expenses

- Cost of Pharma - \$63M, unfavorable by 3% compared to budget and closely monitored/managed to get to target

CCH Uncompensated Care* (in \$millions)



* Uncompensated Care is Charity Care + Bad Debt at cost

** FY2018 Actual from Audited Financials

***FY2019 projected



Income Statement for the Nine Months ending August 2019 (in thousands)

CCH Systemwide	Year-To-Date		Variance	
	Actual	Budget	\$	%
<u>Operating Revenue</u>				
Net Patient Service Revenue	506,457	536,118	(29,661)	-6%
County Care Access Payments	310,428	-	310,428	n/a
CountyCare Capitation Revenue	1,303,021	1,366,312	(63,292)	-5%
Cook County Access Payments	51,132	51,132	-	0%
Other Revenue	12,709	9,750	2,959	30%
Total Operating Rev	2,183,747	1,963,312	220,435	11%
<u>Operating Expenses</u>				
Salaries & Benefits	501,034	534,853	33,819	6%
Overtime	35,319	26,851	(8,468)	-32%
Contracted Labor	50,659	25,590	(25,069)	-98%
Pension*	82,446	245,522	163,076	66%
Supplies & Materials	36,615	56,270	19,656	35%
Pharmaceutical Supplies	62,633	60,621	(2,012)	-3%
Purch. Svs., Rental, Oth.	182,474	251,159	68,685	27%
External Claims Expense	1,141,001	1,062,427	(78,574)	-7%
County Care Access Expense	310,428	-	(310,428)	n/a
Insurance Expense	20,011	22,077	2,066	9%
Depreciation	26,028	26,028	-	0%
Utilities	7,385	7,414	29	0%
Total Operating Exp	2,456,034	2,318,813	(137,221)	-6%
Operating Margin	(272,287)	(355,501)	83,214	23%
Operating Margin %	-12%	-18%	6%	31%
Non Operating Revenue	148,669	194,664	(45,995)	-24%
Net Income/(Loss)	(123,618)	(160,837)	37,219	23%



Balance Sheet for the Nine Months ending August 2019 (in thousands)

CCH - Balance Sheet Summary	Aug 2019	Aug 2018	Variance
<u>Current Assets</u>			
Cash and Cash equivalents	11,844	227,258	(215,415)
Property Taxes Receivable	57,160	94,942	(37,782)
Receivables	472,239	245,303	226,936
Inventory	15,086	27,641	(12,555)
Total Current Assets	556,329	595,145	(38,816)
Refundable Deposit	55,000	50,000	5,000
Intangible Assets	20,435	30,318	(9,883)
Capital Assets	489,575	434,561	55,014
Total Assets	1,121,338	1,110,024	11,315
<u>Deferred Outflow</u>			
Deferred Outflow	372,465	630,938	(258,473)
Total Deferred Outflow	372,465	630,938	(258,473)



Balance Sheet for the Nine Months ending August 2019 (in thousands)

CCH - Balance Sheet Summary	Aug 2019	Aug 2018	Variance
Current Liabilities			
Cash Due to Treasurer	27,849	-	27,849
Accounts Payable	155,942	229,981	(74,039)
Accrued Salaries, wages and other liabilities	18,322	15,850	2,472
Claims payable	296,477	375,563	(79,086)
Compensated Absences	6,676	6,654	22
Pension Contribution Payable	66,386	51,274	15,113
Unearned revenue	15,726	15,985	(259)
Due to State of Illinois	-	-	-
Due to other county governmental funds	43	43	-
Due to others	6,994	-	6,994
Self-insurance claims payable	41,897	32,765	9,132
Total Current Liabilities	636,313	728,116	(91,803)
Compensated Absences	37,829	37,705	124
Self-insurance claims payable	137,913	138,832	(919)
Reserve for tax objection suits	12,342	13,003	(661)
Net pension liability	4,798,386	4,504,508	293,877
Total Liabilities	5,622,782	5,422,163	200,619
Deferred Inflow			
Deferred Inflow	757,108	561,886	195,222
Total Deferred Inflow	757,108	561,886	195,222
Net position			
Contributed Capital	500,687	445,806	54,881
Unrestricted	(5,386,774)	(4,688,893)	(697,881)
Total net position	(4,886,086)	(4,243,087)	(642,999)



Financial Metrics

Metric	As of end Aug-18/YTD	As of end Aug-19/YTD	CCH Target	Best Practice Target
Days Cash On Hand*	30	2	60	204.7
Operating Margin**	-5.4%	-10.1%	-5.4%	2.7%
Overtime as Percentage of Gross Salary***	7.5%	7.5%	5.0%	2.0
Average Age of Plant (Years)****	24.4	23.2	20	11.2

*Days Cash in Hand – Point in time i.e. as of end of each month. Note State owed CCH \$246.2M in payments as of end August 2019

Excludes Pension Expense-Target based on compare group consisting of 'like' health systems : Alameda Health System, Nebraska Medical Center, Parkland Health & Hospital System, and UI Health. (Best Practice Target**)-Moody's report, August 2017 2.7%

***Overtime as percentage of Gross Salary – CCH target 5% , Moody's 2% Report, August 2017

**** Average age of plant (years) (**Best Practice Target**)-Moody's report, August 2017 11.2 years



Revenue Cycle Metrics

Metric	Average FYTD 2019	July-19	Aug.-19	Sept.-19	CCH Benchmark /Target	Best Practice Target
Average Days in Accounts Receivable <i>(lower is better)</i>	98	102	103	96	45.85 – 54.9*	47.8**
Discharged Not Finally Billed Days <i>(lower is better)</i>	11	12	13	12	7	5*
Claims Initial Denials Percentage <i>(lower is better)</i>	20%	15%	19%	21%	20%	5-10%***

Definitions:

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

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

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

* Source HFMA Key Hospital Statistics and Ratio Margins – Posted 2014

** *(Best Practice Target)*-Moody's report, August 2017 47.8 days

****(Best Practice Target)*-American Academy of Family Physicians, 5-10% industry average

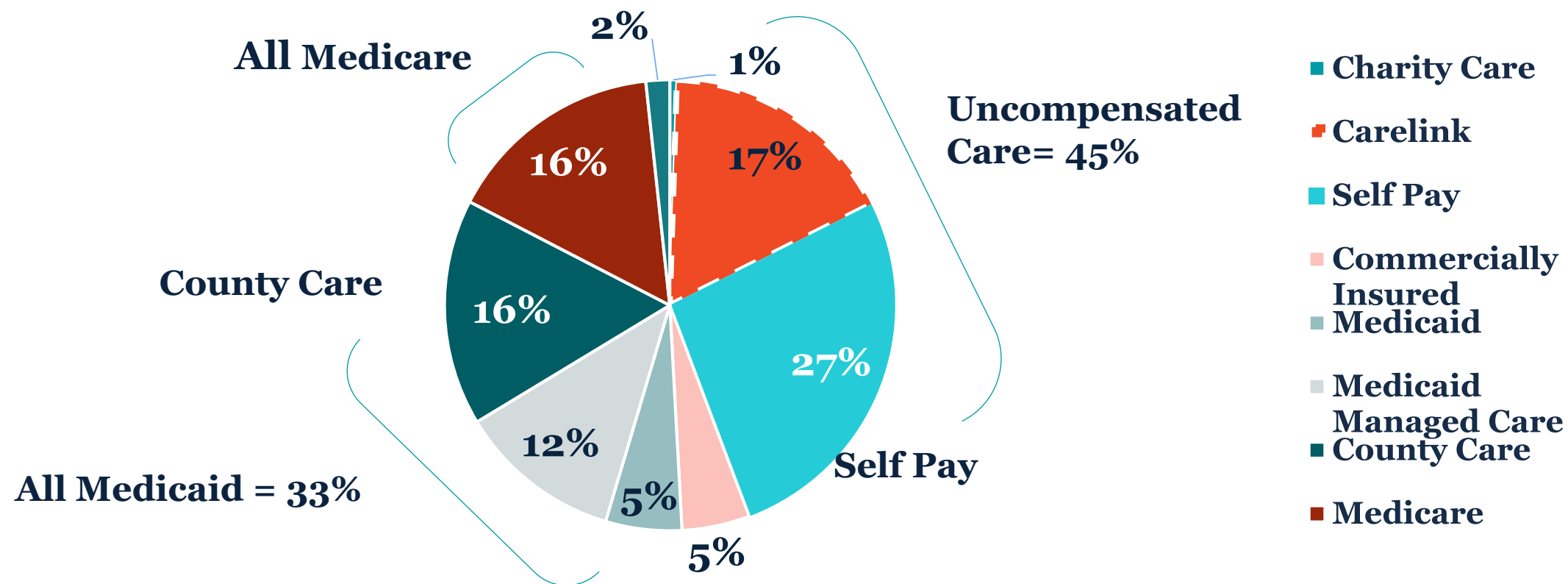


Clinical Activity Observations

- Primary Care visits are up by 10% versus FY18, and up 4% versus FY19 target
- Specialty Care visits are up by 6% versus FY18 up 1% versus FY19 target
- Surgical Cases are down by 4% versus FY18, and down 9% versus FY19 target
- Inpatient Discharges are down 5% versus FY18
- Length of Stay is up 1% versus FY18, and up 1% versus FY19 target
- Emergency Department visits are down 2% versus FY18
- Deliveries are up by 5% versus FY18, and down 5% versus FY19 target
- CMI is up by 6% versus FY2018



System Payor Mix By Visit as of August 2019



Questions?



COOK COUNTY
HEALTH

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
October 25, 2019

ATTACHMENT #5

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
ITEM V(A)
OCTOBER 25, 2019 BOARD OF DIRECTORS MEETING
CONTRACTS AND PROCUREMENT ITEMS

Request #	Vendor/Entity	Service or Product	Fiscal impact not to exceed:	Method of acquisition	Total # of bidders/ RFP responses / GPO companies available	Affiliate / System	Begins on Page #
Amend, Extend and Increase Contract							
1	Dayspring Professional Janitorial Service, Inc.	Service - janitorial cleaning	\$1,993,700.36	This request - noncompetitive process leveraging existing contract	Original contract - competitive RFP process in 2016/7 responses	ACHN	2

Cook County Health

BOARD APPROVAL REQUEST AS AMENDED

SPONSOR: Iliana A. Mora, Chief Operating Officer, Ambulatory Services		EXECUTIVE SPONSOR: Debra D. Carey, Deputy Chief Executive Officer of Operations	
DATE: 10/10/2019		PRODUCT / SERVICE: Service – Janitorial Cleaning	
TYPE OF REQUEST: Amend, Extend and Increase Contract		VENDOR / SUPPLIER: Dayspring Professional Janitorial Service, Inc., Chicago, IL	
ACCOUNT: 540345	FISCAL IMPACT NOT TO EXCEED: \$1,993,700.36 <u>\$1,857,927.75</u>	GRANT FUNDED / RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 11/15/2016 thru 11/14/2019		REVISED CONTRACT PERIOD: 11/15/2019 thru 11/14/2020	CONTRACT NUMBER: H16-25-158
COMPETITIVE SELECTION METHODOLOGY:			
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: RFP (2016-7)			

PRIOR CONTRACT HISTORY:

The Cook County Health (CCH) Board of Directors approved contract number H16-25-158 on 09/30/2016 in the amount of \$2,737,390.61 for a thirty-six (36) month period from 11/15/2016 thru 11/14/2019. The Office of Supply Chain Management executed an amendment on 01/01/2017 to add the second floor of the Roseland CTC and another amendment on 11/19/2018 to add the Arlington Heights Health Center.

NEW PROPOSAL JUSTIFICATION:

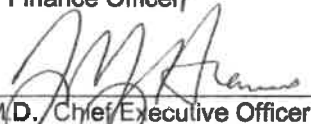
This request is to exercise the first of two extension option for janitorial cleaning at the Cook County Health Centers in order to continue to provide a clean environment for our patients. In addition, Blue Island and North Riverside Health Centers will be added to the contract. Vendor is a County certified MWBE.

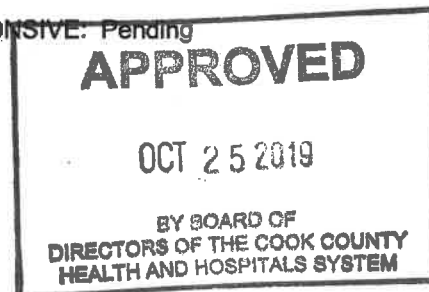
TERMS OF REQUEST:

This is a request to amend, extend and increase contract number H16-25-158 in an amount not to exceed ~~\$1,993,700.36~~, as needed, for twelve (12) months from 11/15/2019 thru 11/14/2020.
\$1,857,927.75

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

CCH CFO: 
Ekerete Akpan, Chief Finance Officer

CCH CEO: 
John Jay Shannon, M.D., Chief Executive Officer



Request #

1

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
October 25, 2019

ATTACHMENT #6



COOK COUNTY HEALTH

JOHN JAY SHANNON, MD
CHIEF EXECUTIVE OFFICER
COOK COUNTY HEALTH
REPORT TO THE BOARD OF DIRECTORS
October 25, 2019

Employee Recognition

Becoming a Sexual Assault Nurse Examiner (SANE) requires a nurse to complete extensive training. It is only after a nurse completes 40 hours of didactic training and a year of clinicals that they can submit an application to the Illinois Attorney General to be certified as a SANE nurse. Recently, Cook County Health had its first two nurses, **Tracey Ross** and **Nicole Mattes**, receive their SANE certification.

Recently, The Joint Commission certified John H. Stroger, Jr., Hospital of Cook County as an Advanced Primary Stroke Center. Congratulations to the CCH neurology and regulatory teams, including **Dr. Lakshmi Warrior**, Chair of Neurology; **Sonya Watkins**, Director of Regulatory Affairs and Accreditation; and attending physician **Dr. Peter Egofski** for all your hard work on this achievement, reflecting the high-quality care CCH provides.

CCH has been awarded \$750,000 by the Office for Victims of Crime to help combat child abuse and neglect. In Cook County alone, 25,918 cases of child abuse and neglect were reported for fiscal year 2019. Thank you to **Dr. Marjorie Fujara**, Chair of Child and Family Wellness for CCH, and **Margo Chavez-Easley**, a child and family wellness social worker, for recognizing the urgency of this issue and leading this grant effort.

Dr. Gail Floyd, Program Director for CCH's family medicine residency program, was one of four honored with the Illinois Academy of Family Physicians 2019 President's Award, their highest honor, on October 19. The award is given at the discretion of the president to honor individuals or organizations that have contributed to the mission of the IAFP of promoting the value of the specialty of Family Medicine and improving health for all through advocacy, education and action.

The American College of Physicians has announced **Dr. Franklin Saksena**, a voluntary attending physician at CCH, as the winner of their Outstanding Volunteer Clinical Teacher Award. During his time at CCH, Dr. Saksena served as an attending on the medical wards and cardiology clinical services and taught students, residents and fellows from 1973 to 2005; he also authored several cardiology textbooks and papers. Since his retirement, Dr. Saksena has diligently spent every week at CCH to teach and lecture medical students, residents and fellows on his experience in cardiology and relevant case studies over the course of several decades in medicine.

CCH trauma program coordinator **Justin Mis** has been selected as the 2020 Nurse Fellow for Society of Trauma Nurses (STN) and the Eastern Association for the Surgery of Trauma (EAST). Justin was nominated by his one of his peers for his work at CCH and will be acknowledged at a reception on January 16, 2020.

Congratulations to **Tony Leung**, assistant director of pharmacy for CCH, and his pharmacy students **Stefanie Colyer** and **Svetozara Zehireva**, on their manuscript titled "An Outcome Study on Naloxone Education / Dispensing Program for Departure Patients" that has been accepted for publication in the *Journal of Correctional Health Care*. The manuscript is tentatively scheduled to appear in the Journal's July 2021 publication and details the study's positive outcomes with dispensing naloxone to patients upon release from the Cook County Jail.

CCH is expanding their efforts to reduce the cycle of incarceration for individuals with mental illness or substance use disorder in Cook County through Category 3 funding for the Justice and Mental Health Collaborative grant. CCH and its partners propose an evaluation and strategic expansion of the misdemeanor diversion court program to other branch courts, thereby safely diverting more people from unnecessary incarceration and enhancing linkage to services at these critical intercepts. To assist with this initiative, the Department of Justice has awarded CCH \$750,000 for three years. Thank you to Office of Programmatic Services and Innovation Team of **Leticia Reyes-Nash**, **Whitney Towey** and **Kelsey Moore**, as well as **Dr. Diane Washington**, executive director of behavioral health.

Activities and Announcements

The Illinois Health Facilities Services Review Board **officially and unanimously approved Cook County Health's Certificate of Need application for a new inpatient and outpatient facility to modernize Provident Hospital**. The new facility will include a smaller replacement hospital with 42 medical/surgical beds and 6 ICU beds; 8 operating suites as well as 70 outpatient exam rooms for the provision of comprehensive outpatient primary and specialty care, laboratory, diagnostic, dental, behavioral health and pharmacy services. A comprehensive emergency department with 18 bays is also planned. We expect that the new facility will reduce the number of Provident patients having to travel to the Stroger campus for services not currently provided at Provident. CCH hopes to open the new hospital in 2023.

MoreCare, a new Medicare Advantage health plan, has partnered with CCH to bring more coordinated, individualized care to Medicare-eligible persons in Cook County. With more than 14,000 patients aging into Medicare each year, CCH will be the provider of a continuum of care to patients, like those currently served by CountyCare, looking for Medicare coverage. MoreCare brings a unique, coordinated approach to healthcare, making it easier for Medicare-eligible patients to get the quality, whole person care they deserve. The new Medicare Advantage health plan will offer four products including a traditional Medicare Advantage Plan with Prescription Drugs, a chronic condition special needs (C-SNP) plan for Medicare-eligible Cook County residents with a positive diagnosis of HIV (HIV-SNP) and an institutional special needs plan (I-SNP) for Cook County residents living in a long term care facility. The MoreCare HIV-SNP will be the first HIV-specific C-SNP offered in Cook County. MoreCare began enrolling members on October 15 for coverage starting January 1, 2020.

Recently, the **American Heart Association** awarded CCH with the **2019 Mission Lifeline Silver Receiving** and the **2019 Get with the Guidelines® Heart Failure Bronze quality achievement awards**. The Mission Lifeline Silver Receiving quality achievement is awarded for implementing specific quality improvement measures outlined by the American Heart Association for the treatment of patients who suffer severe heart attacks. To earn the award, CCH met specific criteria and standards of performance for quick and appropriate treatment through emergency procedures to re-establish blood flow to blocked arteries in heart attack patients coming into the hospital directly or by transfer from another facility. The Get with

the Guidelines® Heart Failure Bronze award recognizes CCH's commitment to ensuring heart failure patients receive the most appropriate treatment according to nationally recognized, research-based guidelines. The goal is to speed up recovery and reduce hospital readmissions for heart failure patients. As we continue to advance the care at CCH, our Cardiology Team is an integral part of this mission to ensuring high quality cardiac care for all of Cook County.

The National Committee for Quality Assurance (NCQA) released their 2019-2020 Health Insurance Plan Ratings, ranking **Cook County Health's Medicaid managed care plan, CountyCare, as one of the top-rated Medicaid plans in Illinois**. Plans are scored on a scale of 0 to 5, with ratings measuring quality of care and patient satisfaction. Overall, CountyCare tied for the top rating in Illinois, with a score of 3.5. CountyCare also scored the highest in the state for preventive care and treatment and tied for second for consumer experience.

On October 16 and 24, CCH hosted **Community Forums on Trauma and Stop the Bleed Trainings** to showcase the work done by the system's Trauma Unit and provide training to members of the community. The Trauma Unit, which is one of the busiest in the nation, has been caring for the residents of Cook County for more than 50 years. The Stop the Bleed course, held by CCH clinical staff, teaches people how to control bleeding until emergency services arrive. This training provides participants with tools that can make the difference between life and death. The Forums on Trauma offer members of the community the chance to learn more about what our trauma team does both inside and outside the hospital, including groundbreaking research.

CCH hosted its **12th Annual Breast Cancer Survivor Gala** on October 18. Survivors and patients currently undergoing treatment gathered together for music, dance and educational panels. Altogether, more than 150 people attended.

Upcoming Events

Dr. Jay Shannon, CEO of CCH, will speak at the **Civic Federation** on Friday, October 25. The Civic Federation is an independent, non-partisan government research organization that provides analysis and recommendations on government finance issues for the Chicago region and State of Illinois.

On Monday, October 28, **Dr. Jay Shannon** will speak at the **City Club of Chicago**. The City Club of Chicago is a non-profit, non-partisan organization, whose goal is to provide a forum for the discussion of civic and public affairs in Chicago, the metropolitan area and the State of Illinois.

The **Cook County Health Foundation Associate Board** is holding **A Night Out for County Health** on Friday, November 8, 6-9pm at mHUB, 965 W. Chicago Ave., Chicago. All proceeds benefit The Cook County Health Foundation's work to address the social determinants of health around healthy food access.

Legislative Update

Local

Through October 14, CCH's Fresh Truck partnership with the Greater Chicago Food Depository (GCFD) has resulted in 217 visits to 13 CCH health centers – Arlington Heights, Austin, Cicero, the CORE Center, Cottage Grove, Englewood, Logan Square, Near South, Oak Forest, Provident/Sengstacke, Prieto, Robbins, and Woodlawn.

Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables to 28,716 individuals, representing 95,504 household members, totaling more than 580,000 pounds of fresh produce. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

- The Fresh Market schedule is listed below, note updated dates and times:
 - Oak Forest Health Center on Wednesdays, 9am-2pm
 - Robbins Health Center on Thursdays, 11am-3pm
 - Cottage Grove Health Center on Fridays, 9am-2pm

Fresh produce is supplied by Black Oaks Center, a nonprofit that seeks to create a just, holistic, and local food system through education, entrepreneurship, and access to healthy, affordable foods. CCH partners with Experimental Station's Link Up Illinois Link Match program to offer SNAP users a match on all purchases at CCH Fresh Markets, up to \$20/market/week.

- On October 23 the Cook County Health & Hospitals Committee met to consider Impact 2023, CCH's strategic plan. Dr. Shannon provided an overview of the plan and responded to questions from Commissioners. The plan was approved unanimously.
- The Cook County Finance Committee has scheduled Departmental Review Hearings on the fiscal year 2020 Executive Budget Recommendation beginning the week of October 28. CCH is scheduled to appear before the committee on October 29.

State

- The Illinois General Assembly is scheduled to return to Springfield October 28-30 and November 12-14 for the Fall Veto Session. Legislation related to ethylene oxide along with cleanup/trailer bills concerning adult use cannabis and gaming are expected to be debated.
- The schedule for the 2020 Spring Session legislative session has yet to be announced, but will likely start in mid-January 2020 and run through May 31.
- The Illinois Department of Healthcare and Family Services (HFS) announced that they would be delaying the start of mandatory Medicaid managed care enrollment for Illinois Department of Children and Family Services (DCFS) youth in care and former youth in care, as well as CORE children managed by the Division of Specialized Care for Children (DSCC), until February 1, 2020 (from the original start date of November 1, 2019).

Current DCFS youth in care will be auto-assigned to IlliniCare with no other managed care plan option; former DCFS youth in care will be auto-assigned to IlliniCare, but will be allowed to choose

another plan if they want to switch; and DSCC CORE children will be provided with a choice period and then auto-assigned to a plan if they do not make a choice.

Federal

- **Continuing Resolution** – Before going out on a two-week recess at the end of September, Congress passed a short-term continuing resolution (CR) to fund the government after the beginning of the new federal fiscal year (FY) on October 1. The CR expires November 21 at midnight. The CR includes a short-term delay of the statutory Medicaid DSH cuts, which were scheduled to begin October 1.

Congressional leaders and appropriators are currently working to negotiate a path forward for the 12 appropriations bills, including the Labor-HHS-Education bill, which is considered one of the most controversial.

- **Prescription Drug Pricing** – On October 17, HR 3, the Lower Drug Costs Now Act, developed by House Speaker Nancy Pelosi (D-Calif.) was passed out of the Energy and Commerce and Education and Labor committees on party line votes. The bill would allow Medicare to negotiate the prices of at least 25 of the most expensive drugs with drug makers. Before going to markup committee leaders introduced an amended version that struck a provision that could have limited the ability of 340B covered entities to get 340B discounts for negotiated drugs and rejected efforts to add restrictions during the markup. The House Ways and Means Committee also plans to markup the bill and leadership plans to take it to the floor for consideration before the end of October.

The Senate Finance Committee has approved a narrower bipartisan package which focuses on capping Medicare costs for seniors. While the Senate will not take up HR 3, House leaders' goal is to put down a marker in the event that the Senate does pass its bill.

Meanwhile, a bipartisan group of House moderates met with Administration officials as well as a handful of Senate moderates to discuss drug pricing legislation, with a view to finding compromise. House leadership staff have suggested that the savings from this bill – which the Congressional Budget Office estimates could be more than \$300 billion over ten years – could be used as an offset for health care priorities, including the Medicaid DSH cut delay.

- **Texas, et al. v. Azar** – As the US Appeals Court for the Fifth Circuit deliberates on the appeal of Texas, et al. v. Azar, the White House signaled that it is no longer planning to roll out a major replacement plan, prior to the November elections. Health & Human Services (HHS) Secretary Azar has said that instead, the department will focus on promoting alternative policies that they have already rolled out, including short-term plans. Meanwhile the conservative House Republican Study Committee has announced that it plans to publish a detailed health plan on October 22 that House conservatives can promote on the campaign trail. With a divided Congress and the lawsuit winding its way towards the Supreme Court, nothing is likely to change until after the 2020 elections.
- **Public Charge** – To date, five federal courts have issued decisions that blocked the new public charge rule from taking effect on October 15, 2019. This includes a lawsuit filed in the Northern District of Illinois where Cook County participated as a plaintiff. The Illinois Coalition for Immigrant and Refugee Rights was also part of this lawsuit, which was represented by the Cook County State's Attorney Office, the Shriver Center on Poverty Law, Legal Council for Health Justice, and several firms serving in a pro bono capacity. The Trump Administration is expected to appeal these

decisions and the court orders could be overturned at a future date. The issue is ultimately likely to be decided by the U.S. Supreme Court.

CCH hosted two public charge trainings for our staff delivered by attorneys from the Shriver Center on Poverty Law and Legal Council for Health Justice. A total of 118 CCH staff participated in the trainings. A one-page flyer for patients, available in English and Spanish, is posted to the CCH website and a one-page info sheet for staff is posted on the CCH Intranet.

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

Community Outreach

- | | |
|-------------|--|
| November 1 | CountyCare promotion at Riveredge Hospital's 13th Annual Resource Fair , which takes place at the hospital located at 8311 W Roosevelt Rd. in Forest Park. |
| November 2 | Cook County Health and CountyCare promotion at the Chicago Heights Public Library's 1st Annual Day of the Dead Celebration which takes place at the library located at 25 W. 15 th St. in Chicago Heights. |
| November 2 | Cook County Health and CountyCare promotion at the Metropolitan Chicago Breast Cancer Task Force's Beyond October Future Forward which takes place at Illinois Institute of Technology located at 3214 S. Federal St. in Chicago. |
| November 6 | Cook County Health and CountyCare promotion at the Malcolm X College Free Service Days , which is hosted by its Wellness Center and takes place in the college located at 1900 W. Jackson Blvd in Chicago. |
| November 9 | Cook County Health and CountyCare promotion at the Sisters Working It Out's 5th Annual Day of Beauty which takes place at Liberty Temple Full Gospel Church located at 2233 W. 79th St. in Chicago. The 5th Annual Day of Beauty celebrates cancer survivors and will have seminars that discuss financial resources, strategies on how to speak with health care providers about what's important to them in treatment and other topics. |
| November 23 | Cook County Health and CountyCare promotion at the Community Health and Information Fair hosted by Cook County Commissioner Bridget Degnen, Alderman Rossana Rodriguez-Sanchez, Alderman Samantha Nugent, Alderman Andre Vazquez, and State Representative Jaime Andrade which takes place at Northside College Prep located at 5501 N. Kedzie Ave. in Chicago. |
| November 23 | Cook County Health and CountyCare promotion at the BCBS Community Care Fair which takes place at the Blue Door Neighborhood Center located at 756 E 111th St. in Chicago. |

The quarterly **Advisory Council meetings** for the following health centers will take place this month:

- November 19 – **Robbins Health Center** – 13450 S. Kedzie Ave., Robbins, IL 60472

- November 20 – **Arlington Heights Health Center** – 3250 N. Arlington Heights Rd., Suite 300, Arlington Heights, IL 60004

The **GCFD Fresh Food Truck** visits for the month of November include the following ACHN Health Centers.

- November 7 – **Prieto Health Center** – 2424 S. Pulaski Rd., Chicago, IL 60623
- November 12 – **Provident Hospital/Sengstacke Health Center** – 500 W. 51st St., Chicago, IL 60615
- November 19 – **Woodlawn Health Center** – 6337 S. Woodlawn Avenue, Chicago, IL 60634
- November 15 – **CORE Center** – 2020 W. Harrison St., Chicago, IL 60612
- November 21 – **Arlington Heights Health Center** – 3250 N. Arlington Heights Rd., Arlington Heights, IL 60004
- November 22 – **Oak Forest Health Center** - 15900 S. Cicero Ave. Oak Forest, IL 60452
- November 26 – **Logan Square Health Center** - 2840 W. Fullerton Avenue, Chicago, IL 60647

Cook County is holding **public hearings on the fiscal year 2020 Executive Budget Recommendation**. Cook County Health and CountyCare partners usually attend these hearings to provide testimonials in support of the System's budget.

- **October 28, 2019 (Evening)**
Location: Second District Courthouse, 5600 Old Orchard Rd., **Skokie**, IL 60077
When: 6:30pm
- **October 30, 2019 (Evening)**
Location: Fourth District Courthouse, 1500 S. Maybrook Dr., **Maywood**, IL 60602
When: 6:30pm
- **November 4, 2019 (Morning)**
Location: 118 N. Clark St., County Board Room - Rm 569, **Chicago**, IL 60602
When: 10:30am
- **November 4, 2019 (Evening)**
Location: Sixth District Courthouse, 16501 S. Kedzie Ave., **Markham**, IL 60428
When: 6:30pm

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
October 25, 2019

ATTACHMENT #7

FY2020 Proposed Budget & Impact of Charity Care

Dr. Jay Shannon, CEO

October 25, 2019



COOK COUNTY
HEALTH

Cook County Health

Provider	Health Plan	Correctional Health	Public Health
<ul style="list-style-type: none">• 1M outpatient visits• 140,000 ED visits• 120,000 inpatient days• 1.5M prescriptions• 45% uninsured• 50% of all charity care in Cook County	<ul style="list-style-type: none">• 1 in 3 Cook County residents enrolled in Medicaid are members of CountyCare• 320,000 members from nearly every zip code in Cook County• Network includes more than 70 hospitals and 15,000 specialists• Contributed more than \$1B to CCH since 2014	<ul style="list-style-type: none">• 50,000+ intake screenings at the Cook County Jail and the Juvenile Temporary Detention Center• 30%+ detainees with behavioral health needs• 5,000 naloxone kits distributed• 6M doses of medication annually• 10,000 detox patients annually	<ul style="list-style-type: none">• State and nationally certified public health authority for 2.3 million residents in 125 suburbs• Responsible for the prevention and spread of more than 70 diseases, emergency preparedness and environmental health

180 Year Mission

To deliver integrated health services with dignity and respect **regardless of a patient's ability to pay; foster partnerships** with other health providers and communities to enhance the health of the public; and **advocate for policies** that promote and protect the physical, mental and social well-being of the people of Cook County.

FY2019 Accomplishments



COOK COUNTY
HEALTH

FY2019 Accomplishments

- 16% increase in primary care visits over FY19 target. Majority of growth due to growth in uninsured demand.
- Provision of an additional \$30M in charity care over budget. Charity Care has grown by more than \$100M in last two years alone.
- Grew CountyCare to be the largest Medicaid managed care plan in the county.
- Cook County Health remains the largest provider of care in the CountyCare network.
- U.S. News and World Report Recognition for heart failure, gastroenterology and neurology at Stroger Hospital.
- Facility modernization milestones achieved with replacement of health center at Arlington Heights with substantial work done at North Riverside (Cicero clinic replacement) and Blue Island (Oak Forest Clinic replacement). Broke ground on the new CCH Belmont-Cragin Health Center.

FY2019 Accomplishments

- National Commission on Correctional Health Care recertification at JTDC.
- Distributed more than 4,000 naloxone (Narcan) kits to at-risk individuals upon discharge from Cook County Jail.
- Awarded more than \$9M in extramural funding to support strategic initiatives in correctional health, behavioral health, housing and maternal child health services.
- Opened Intensive Care Unit at Provident Hospital.
- Hosted Research and Innovation Summits on opioids and housing. Summit on the Justice-Involved population scheduled for September 18, 2019.
- Filed Certificate of Need application with the state of Illinois for the construction of new inpatient and outpatient facility on the Provident campus.
- Continuation of trauma training partnership with US Navy.

FY2019 Accomplishments

- Expansion of Social Determinants of Health initiatives (Housing, Food Insecurity, Opioid-Use Disorders, Justice-Involved).
- Surpassed the distribution of 500,000 pounds of fresh produce at CCH health centers through our partnership with the Greater Chicago Food Depository.
- CCH achieved full implementation of Health Information Exchange (HIE) between Cerner CommonWell and Epic Carequality allowing CCH providers to access patient information at all clinical and hospitals connected to HIE.
- Participated in several workforce development programs aimed at exposing young people to careers in healthcare.
- Provided more than 14,000 hours of training to the CCH workforce through 97 classroom sessions and 253 online courses.
- Executed public education and marketing campaigns focused on adolescent health, Sexually Transmitted Infections, Cook County Health and CountyCare.

FY2019 Capital Investments

- Prior to FY2016, Cook County Government provided a separate capital allocation to Cook County Health. In the last four years, Cook County Health has funded millions in overdue capital equipment out of its operating budget.
- CCH continues to substantially invest in new facilities, medical equipment and technology to improve patient safety, quality and experience. In FY2019, CCH has completed procurement processes / actual spend for over \$74M in cost using lease finance mechanism;
 - Combined spend of capital medical equipment purchases - \$56M
 - Information Technology upgrades -\$7M
 - Arlington Heights Community Health Center medical equipment /IT Costs - \$3M
 - Arlington Heights Community Health Center final construction cost - \$5M (including Landlord contribution of \$1M)
 - Blue Island and North Riverside Community Health Center construction in progress - \$4M

FY2020 Proposed Budget



COOK COUNTY
HEALTH

FY 2020 Proposed Budget Summary

- The \$2.8B FY2020 budget proposal moves CCH into the first year of the recently approved strategic plan, IMPACT 2023. The FY2020 budget includes:
 - \$590M in uncompensated care (\$409M charity care and \$181M in bed debt)
 - 6,589 FTEs
 - 326,000 CountyCare Members
 - No layoffs
 - \$74M in capital equipment
 - \$11M in extramural funding
 - Underlines organizational focus on quality improvements, patient satisfaction and regulatory compliance.
 - Continues efforts to build, realign, and integrate clinical and managed care capacity across all care settings.
 - Supports organizational capacity to improve clinical documentation, billing, coding, collections and other revenue cycle activities.

FY2020 Proposed Budget

Revenue Drivers

- CountyCare membership growth to 326,000. Current membership at 318,000 and trending up since new state administration focus on application processing.
- Initiatives in the following areas expected to drive additional revenues:
 - Dialysis services at Provident
 - Surgery at Provident and Stroger
 - New larger community health centers in the community at Blue Island and North Riverside with enhanced services
 - Specialist physicians deployed to CCH community health centers
 - Restoring Provident Ambulance services
 - CountyCare network adjustments
- Professional and facility billing improvements

FY2020 Proposed Budget

Expense Drivers

- \$590 M in uncompensated care costs
 - \$409M charity care, \$181M bad debt
- Wage and benefits increases, driven by negotiated changes
- Additional mental health services at the Juvenile Temporary Detention Center
- Pharmacy, medical supplies and equipment inflation
- Increased expenses in CountyCare as membership increases
- Information Technology investments to adapt to industry changes in security and reliability
- Ongoing investments in new revenue cycle billing system
- Continued overhead cost of operating Oak Forest campus

FY2019-FY2020 Budget (in Millions)

	FY2019 Adjusted Appropriation*	FY2019 Projected Year End	FY2020 Proposed
Revenues	\$2,690	\$2,629	\$2,824
Expenses	\$2,690	\$2,629	\$2,824
Net Surplus/(Deficit)	\$0	\$0	\$0

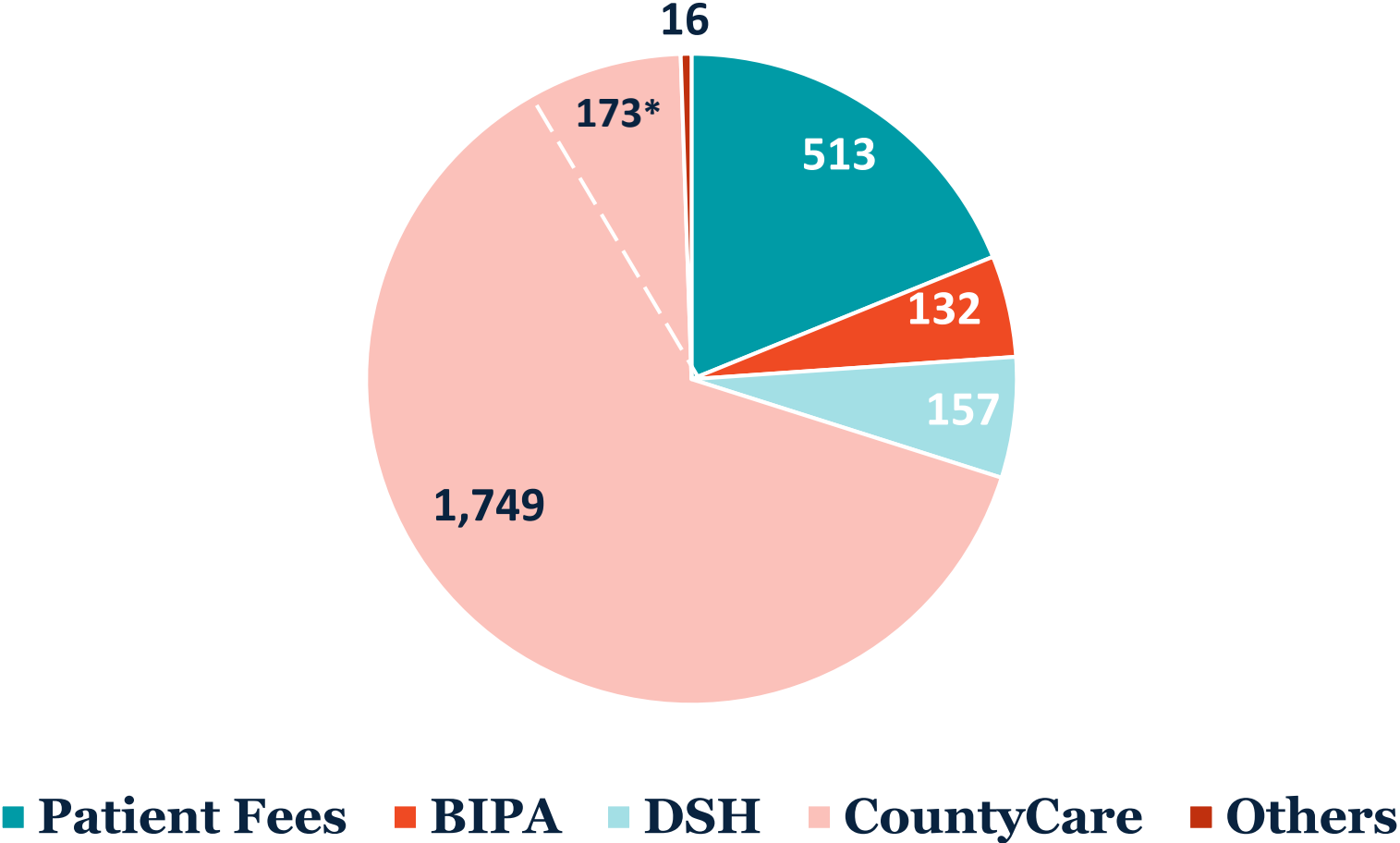
**Assumes projected adjustments for CountyCare based on higher than expected membership*

FY2020 Proposed CountyCare Financial Summary (in millions)

	ACA Adult	FHP	SPD	MLTSS/LTSS/ IMD	TOTAL
Projected 2020 Membership	72,993	216,519	30,350	6,172	326,034
Revenue (in millions)	\$474	\$542	\$567	\$169	\$1,752
Medical Expense (CCH)	71	26	58	19	173
Medical Expense (Network)	391	476	490	146	1,502
Administrative Expense	20	30	19	5	74
Total Expenses (in millions)	\$483	\$532	\$466	\$169	\$1,751
Profit/(Loss)	(\$4)	\$4	\$1	\$0	\$1
Total CCH Contribution	\$68	\$30	\$57	\$19	\$173



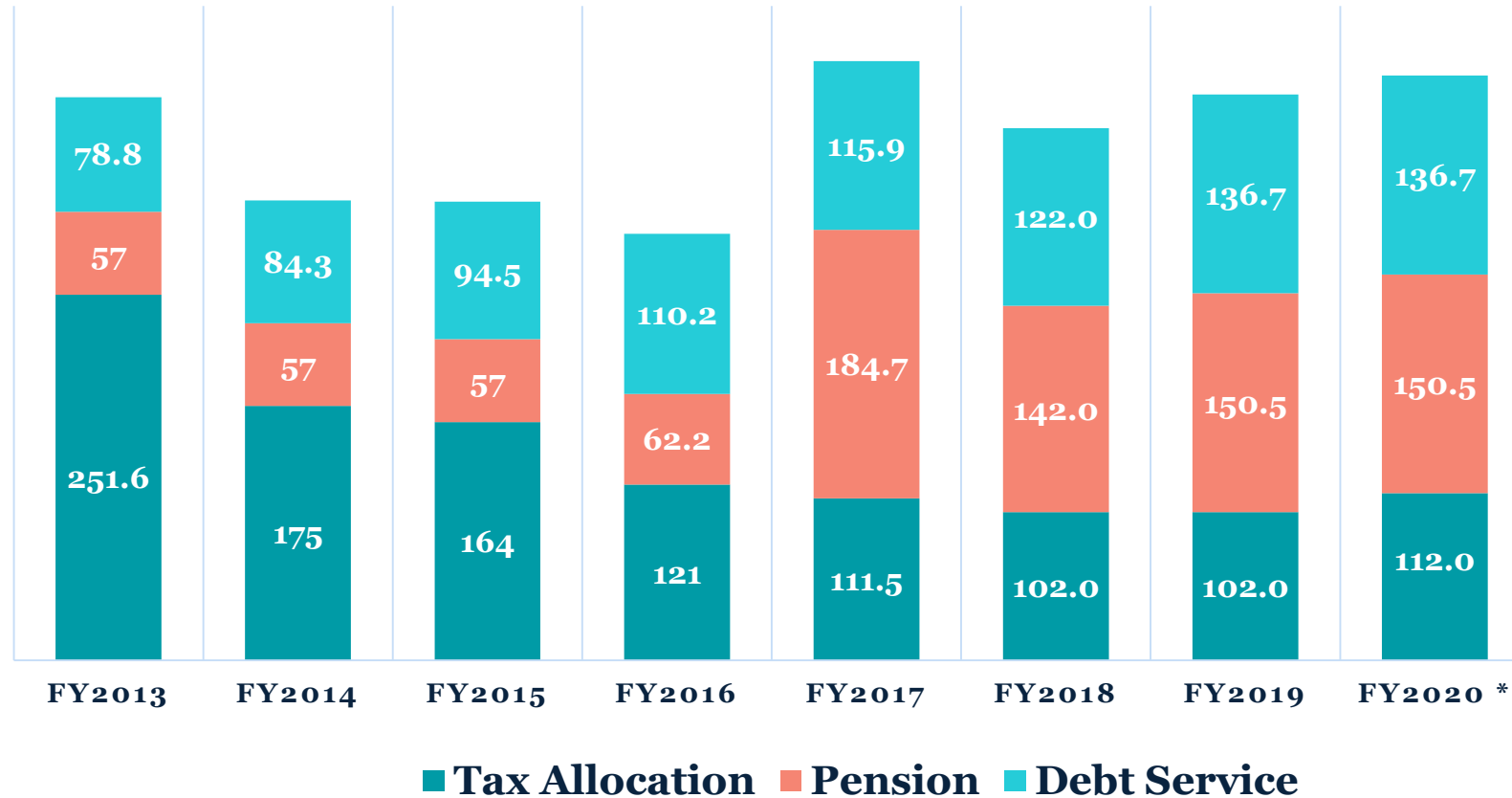
FY2020 Proposed External Revenue by Source (in millions)



DSH: Disproportionate Share Hospital Payments
BIPA: Benefits Improvement and Protection Act Payments
* Revenue from CountyCare members served at CCH facilities

Cook County Pension, Debt Service & Operating Allocation

(in \$ millions)

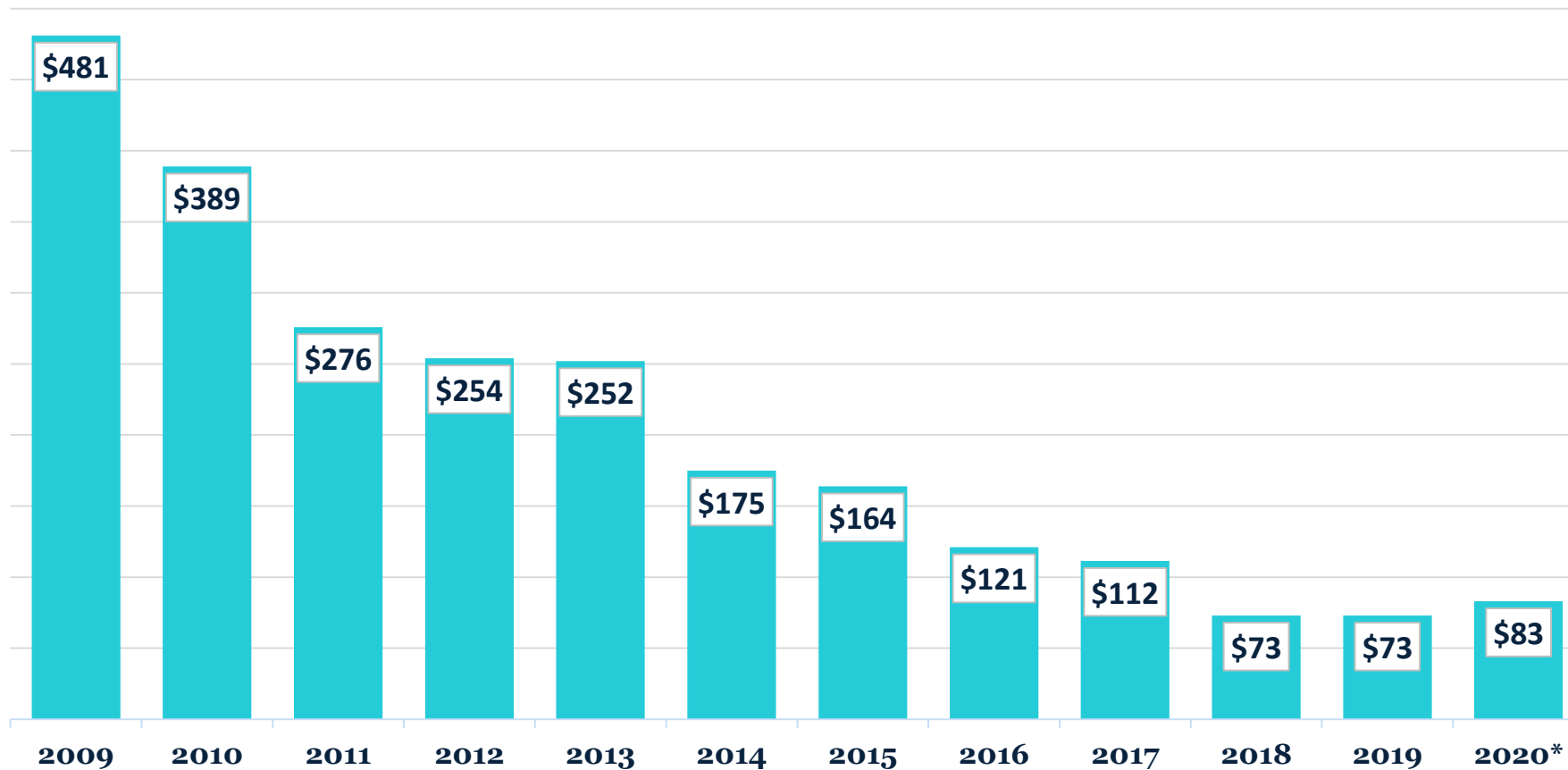


*FY2020 Projected

NOTE: The CCH FY2020 budget anticipates an operating allocation of \$112M of which \$29M will go to CCH current pensions. In 2018 and 2019, CCH directed \$29M from the operating allocation to the pension. This pension contribution reduces the amount available for operations to \$73M for 2018, 2019 and \$83M for 2020.

Cook County Operating Allocation (in millions)

The operating allocation is directed to the operations of Correctional Health & Public Health, services CCH provides on behalf of Cook County Government.



COOK COUNTY
HEALTH

** Proposed*

Note: Pension and Debt Service not included. Until 2016, Cook County Government provided capital funding in addition to the allocation.

FY2020 Success Factors

- The FY2020 budget proposal aligns with the recently approved CCH strategic plan, IMPACT 2023, however, success will depend on:
- The ability to meet the uncompensated care demand. Growth in uncompensated care is unsustainable with current revenues. Public Charge rule may further impact uncompensated care.
- Partnerships with labor, working on efficiencies and process improvements, and patient-centered focus
- Entering into strategic partnerships with other providers to drive volume, expand access and enhance quality
- Stability of state and federal programs including the 340B prescription drug program, Affordable Care Act and Medicaid including DSH (Disproportionate Share Hospital)
- Implementing identified revenue cycle improvements based on best practices
- Modest Medicaid membership growth and stable Medicaid rates
- CountyCare members' use of CCH services
- Adapting to the dynamic larger healthcare environment

Operational Realities

Reduced reliance on local taxpayer support despite significant budget growth.

- Annual growth in Correctional Health & Public Health beyond allocation.
- Salary and benefit increases related to Collective Bargaining Agreements.
- Like all health systems, CCH is subject to cost increases in pharmaceuticals, equipment and supplies.
- Reduction in local tax allocation has allowed Cook County to reallocate more than \$2.5B since 2009. No other County agency has done this.

Significant growth in demand for Charity Care (grew by more than \$100M since 2017).

- CCH provides more than 50% of the charity care in Cook County.
- Growing patient care revenue is CCH's only source to fund continued growth in charity care. To generate these revenues requires CCH to compete with organizations that have considerably more resources/amenities and may require limits on charity care.



**Uncompensated Care =
Bad Debt + Charity Care**



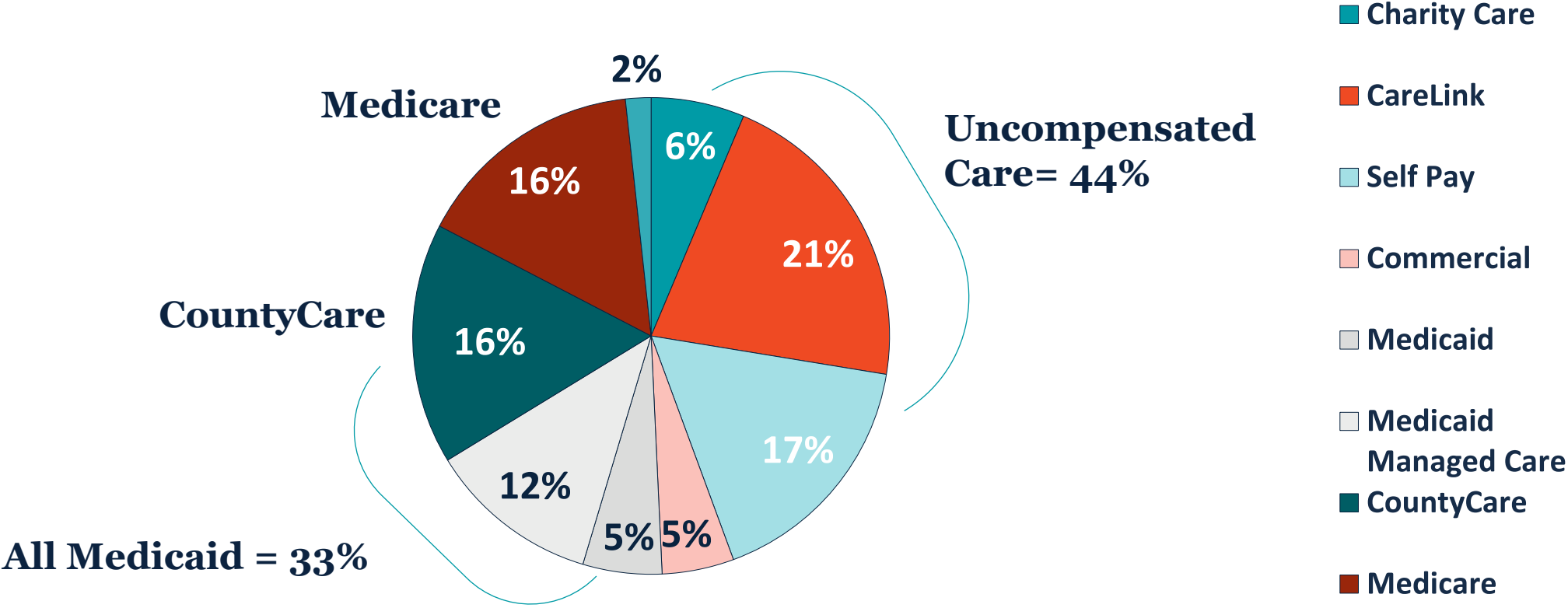
**COOK COUNTY
HEALTH**

Uncompensated Care Trends in the US

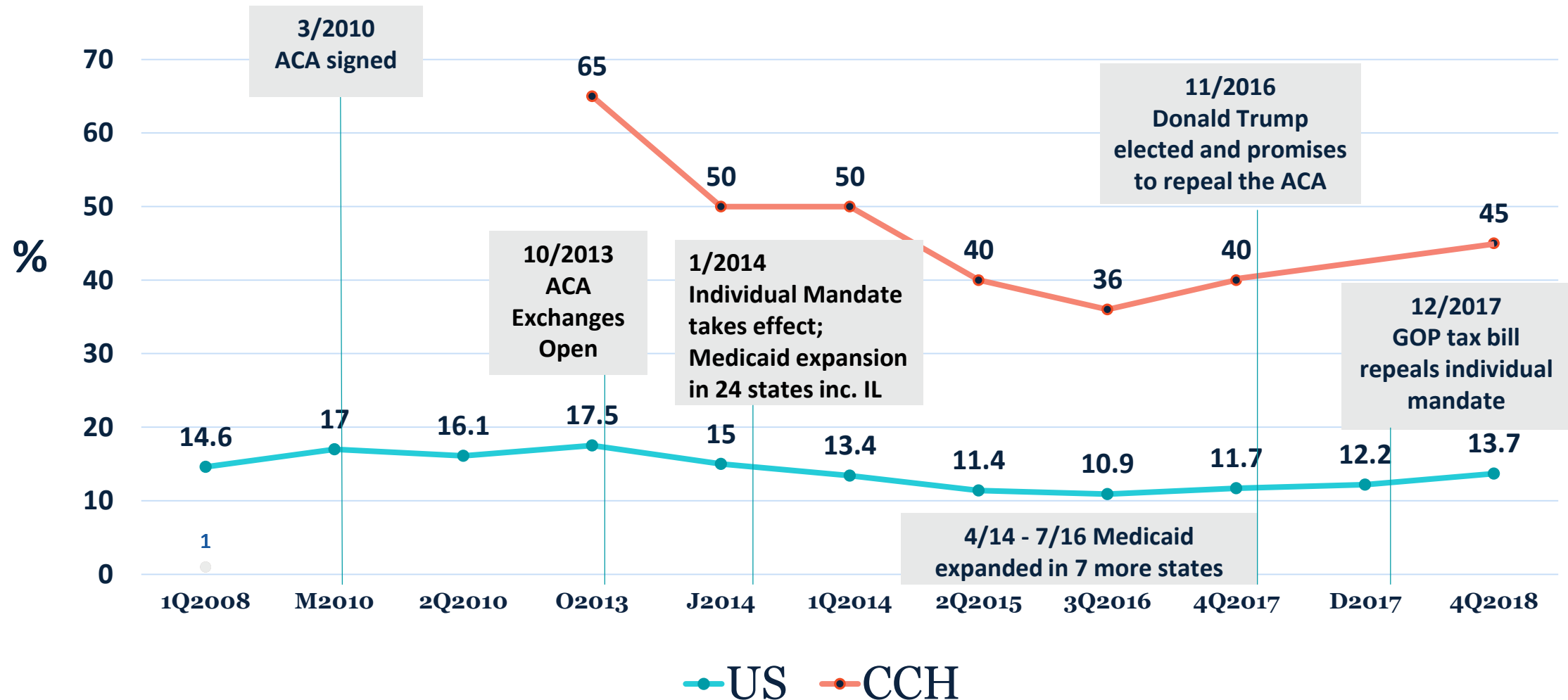
Uncompensated care (bad debt + charity care) costs increased in 2016, for the first time since the 2014 expansion of Medicaid. From 2015 to 2016, uncompensated care costs increased by \$2.3B (6.4%) from \$36.1B to \$38.4B.

Source: American Hospital Association, [Uncompensated Hospital Care Cost Fact Sheet](#), January 2019.

CCH Payor Mix By Visit as of June 2019

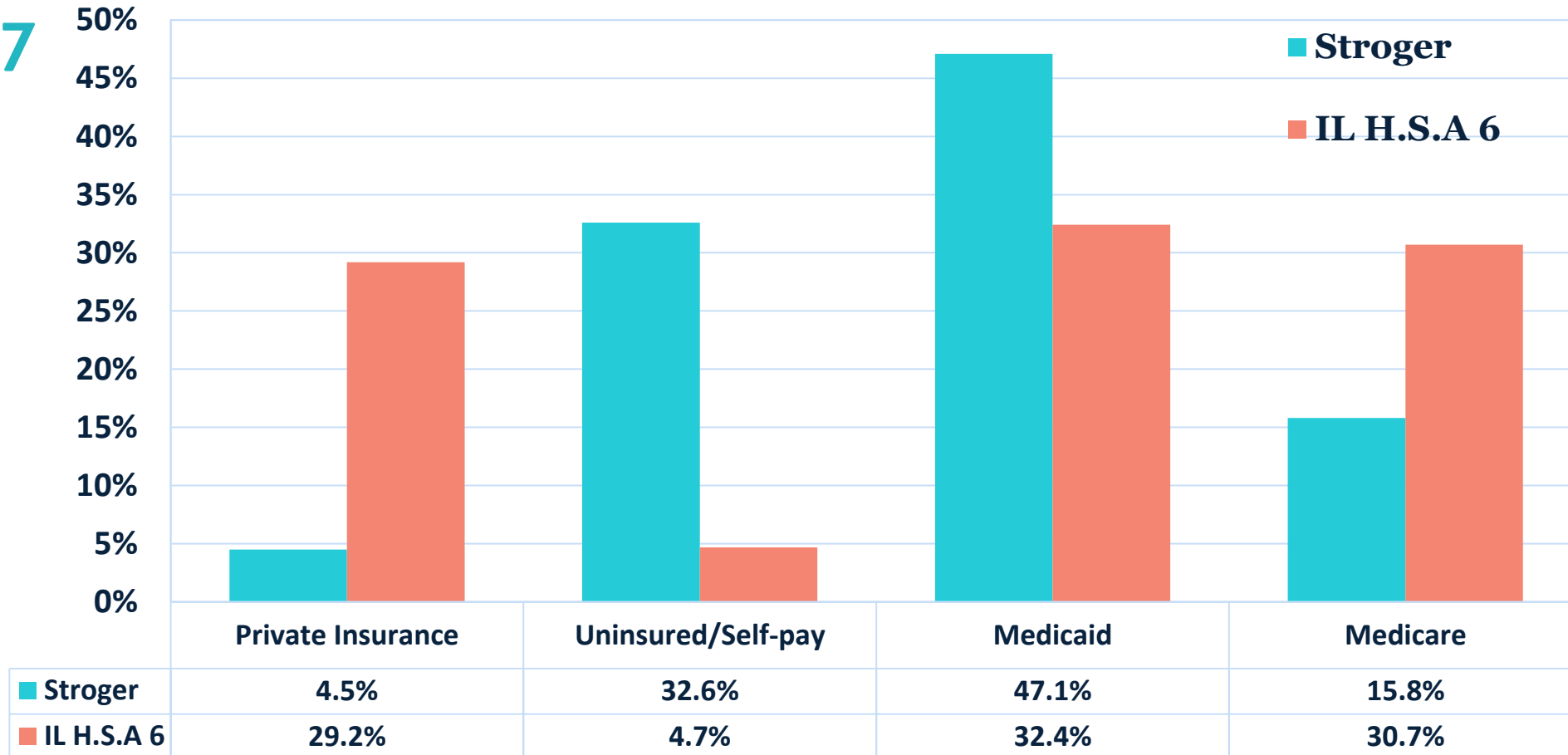


Uninsured Timeline (US & CCH)



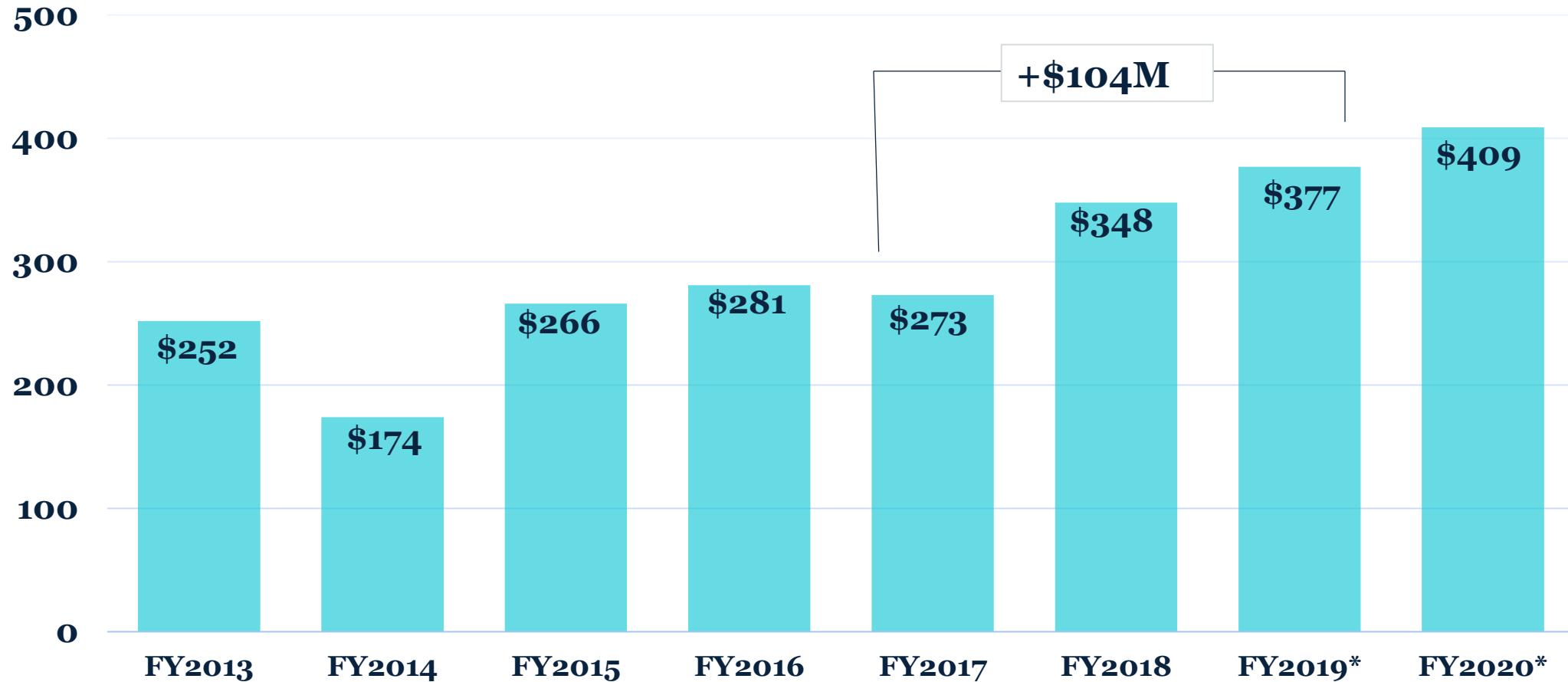
Inpatient Payor Mix Comparison

2017



CCH Charity Care at Cost

(in \$ millions)



Uninsured Referrals from Other Hospitals

Patient from a hospital that provided less than \$10M in charity care in 2017.

Estimated cost of care: \$85,000/year

“Pt will need to present to Cook County hospital for dialysis for a three-day-a-week schedule...”

HOSPITAL DISCHARGE SUMMARY

I. IDENTIFYING DATA:

Patient: [REDACTED]
Sex: [REDACTED]
MRN: [REDACTED]
DOB: [REDACTED]
Admission date: [REDACTED]
Discharge date: [REDACTED]

II. SUCCINCT SUMMARY OF ADMISSION STATUS AND HOSPITAL COURSE

Pt was admitted [REDACTED] with LLE redness and swelling. [REDACTED] seen by ID who treated [REDACTED] for cellulitis, initially ceftriaxone and de-escalated to cephalexin which [REDACTED] also noted to have a metabolic acidosis, severe AKI with persistent [REDACTED]

Ultimately [REDACTED] discharged [REDACTED]

Pt will need to present to Cook County hospital for dialysis for a three-day-a-week schedule, his last session being [REDACTED].

III. PATIENT'S MEDICAL CONDITION AT DISCHARGE

Fair

IV. SUMMARY OF PROCEDURE(S) PERFORMED

- A. Bedside procedures: None
- B. Operative procedures: IR placement of tunneled HD catheter and renal biopsy

V. DISCHARGE DIAGNOSES

- A. Problems List:
 - Hospital Problem List:
 - Cellulitis of left lower leg ()
 - Chronic ulcer of left ankle limited to breakdown of skin ()
 - Myositis of left lower leg ()
 - ESR raised ()
 - CRP elevated ()
 - Protein malnutrition ()
 - Therapeutic drug monitoring ()
 - E coli infection ()

B. Diagnoses utilized during the encounter:



COOK COUNTY
HEALTH

Patient from a hospital that provided less than \$3M in charity care in 2017.

Estimated cost of care: >>\$100,000

1. Malignant neoplasm of sigmoid colon (CMS/HCC)

Cancer Staging Summary for

Malignant neoplasm of sigmoid colon (CMS/HCC)

Stage Date	Classification	Stage	Status
9/5/19	Pathologic	Stage IVA (pT3, pN0, cM1a)	Signed by

“Follow-up at Cook County Hospital”

Plan

1. Follow-up at Cook County Hospital
2. Repeat imaging of the liver to evaluate for resectability of liver metastasis
3. If the liver lesion is resectable patient will require 6 months of adjuvant chemotherapy
4. If unresectable, patient can receive palliative FOLFIRI or FOLFOX plus Avastin as patient is a good performance status.

Risks, benefits, alternatives, expectations and preparations were discussed with the patient, who understands and agrees.
Medical compliance with plan discussed and risks of non-compliance reviewed.
Patient education completed on disease process, etiology & prognosis.
Patient expresses understanding of the plan.
Return to clinic as clinically indicated as discussed with patient who verbalized understanding of & agreement with the plan.



Progress Notes Signed Encounter Date:

Physician
Hematology & Oncology

New Patient Visit
Date of visit:
Diagnosis: Sigmoid colon ca
Mutation status:
Stage: IV; pT3pN0M1a (liver oligometastasis)
Date of diagnosis:
Treatment:
Laparoscopic assisted sigmoid colon resection
PCP:
Surgeon:

History of Present Illness
This is a pleasant with no past medical or surgical

Patient is recovering well from the surgery. Patient had a port placed prior to discharge. Plan was for patient to get have repeat imaging of the liver and referral to surgery for resection of oligo- metastasis of the liver. However patient does not have insurance at present which is caused a delay in follow-up.

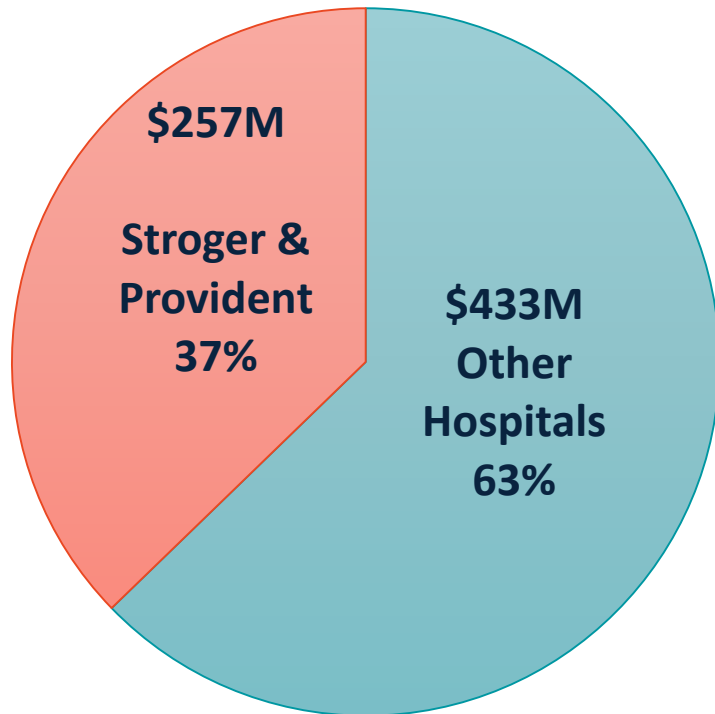
Review of Systems
Review of Systems
Constitutional: Negative for weight change, appetite change, chills, diaphoresis, fatigue, fever and unexpected change.

“Plan was for patient to have repeat imaging...and referral to surgery... However patient does not have insurance at present which has caused a delay in follow-up”

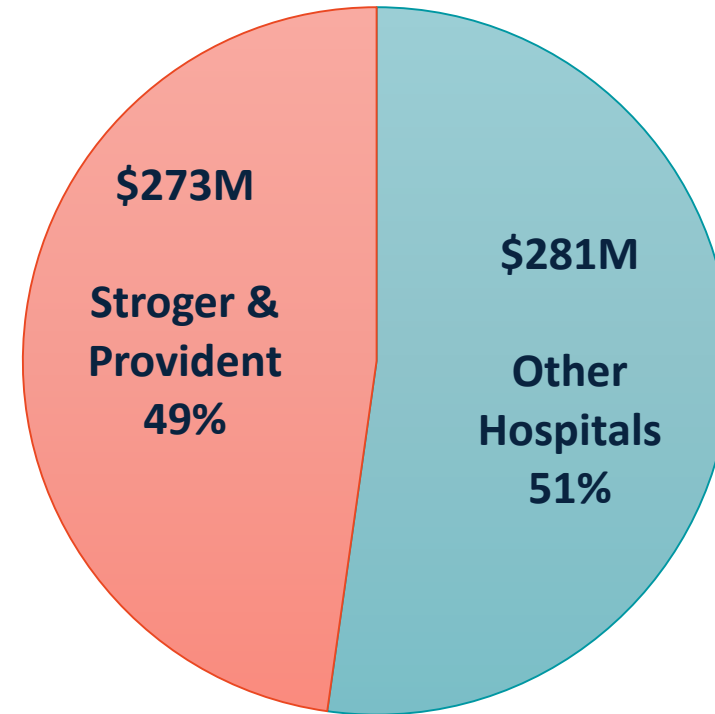
neck stiffness.

Charity Care in Cook County

2013 Charity Care(Pre-ACA)



2017 Charity Care(Post-ACA)



How did CCH manage until now?

CountyCare contributions to CCH

- CountyCare has contributed more than \$1B to CCH since 2014

Attracting and billing for more insured patients

- In 2014, the health system generated 853K bills versus 1.344 million in 2017
 - a 58% increase in just three years.

Federal Funds:

- Benefits Improvement Protection Act (Federal)
- Disproportionate Share Hospital Payments (DSH)

Where do we go from here to cover the gap*?

State & Federal Policy Options

- Universal coverage
- Requirements for private, non-profit hospitals to do more

Potential CCH Strategies

- Additional Federal funding
- Additional State funding
- Additional County funding
- Growth and increased capture of insured patient revenue.
- Limit charity care to BIPA+DSH
- Discontinue services and/or consolidate facilities